



IDA's Compilation of CRPD Committee's Concluding Observations

*Article 25 CRPD
(Health)*

April 2024

Article 25 – Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;*
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;*
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;*
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;*
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;*
- (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.*

AZERBAIJAN (2024)
BAHRAIN (2024)
COSTA RICA (2024)
KAZAKHSTAN (2024)
NICARAGUA (2024)
SWEDEN (2024)
ZAMBIA (2024)
ANDORRA (2023)
AUSTRIA (2023)
GERMANY (2023)
ISRAEL (2023)
MALAWI (2023)
MAURITANIA (2023)
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PARAGUAY (2023)
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BANGLADESH (2022)
CHINA (2022)
INDONESIA (2022)
JAPAN (2022)
LAO PEOPLE'S DEMOCRATIC REPUBLIC (2022)
NEW ZEALAND (2022)
REPUBLIC OF KOREA (2022)

SINGAPORE (2022)
HUNGARY (2022)
JAMAICA (2022)
MEXICO (2022)
SWITZERLAND (2022)
VENEZUELA (2022)
DJIBOUTI (2021)
FRANCE (2021)
ESTONIA (2021)
ALBANIA (2019)
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EL SALVADOR (2019)
GREECE (2019)
INDIA (2019)
IRAQ (2019)
KUWAIT (2019)
MYANMAR (2019)
CUBA (2019)
NIGER (2019)
NORWAY (2019)
RWANDA (2019)
SAUDI ARABIA (2019)
SENEGAL (2019)
SPAIN (2019)
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PHILIPPINES (2018)
POLAND (2018)
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NORTH MACEDONIA (2018)
HAITI (2018)
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UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND (2017)
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IRAN (ISLAMIC REPUBLIC OF) (2017)
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GUATEMALA (2016)
ITALY (2016)
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GABON (2015)
KENYA (2015)
MAURITIUS (2015)
QATAR (2015)
UKRAINE (2015)
COOK ISLANDS (2015)
CROATIA (2015)
CZECH REPUBLIC (2015)
DOMINICAN REPUBLIC (2015)
GERMANY (2015)
MONGOLIA (2015)
NEW ZEALAND (2014)
DENMARK (2014)
REPUBLIC OF KOREA (2014)
ECUADOR (2014)

MEXICO (2014)

COSTA RICA (2014)

EL SALVADOR (2013)

PARAGUAY (2013)

ARGENTINA (2012)

CHINA (2012)

PERU (2012)

Please note there are no recommendations in the Concluding Observations on art. 25 on Turkmenistan, Belgium, Sweden, Azerbaijan, Australia, Austria, Hungary, Spain and Tunisia.

[Azerbaijan \(2024\)](#)

55. The Committee is concerned about:

- (a) The inconsistent access to and low quality of health services, including sexual and reproductive health services due to lack of availability of health services, prevailing gender and disability stereotypes;
- (b) The lack of mental health services in the community and the prevalence of psychiatric services in close settings, including sanatoriums;
- (c) The lack of access by persons with disabilities to health services in the private health system.

56. Recalling targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party, in close consultation with and with the active involvement of persons with disabilities, through their representative organizations:

- (a) Ensure universal health care coverage for persons with disabilities in rural and urban areas, access to sexual and reproductive health services and rights, including maternal and child health services, accessible equipment, including gynaecological equipment, and that specialized health services are provided on an equal basis with others;**
- (b) Provide training for health care professionals on gender equality and the human rights model of disability;**
- (c) Adopt the community-based support as the basis of programmes for the provision of mental health, dismantle sanatoriums and other facilities for the purpose of mental health treatment;**
- (d) Adopt measures to ensure equal access to health and non-discrimination in the provision of disability related health-care services in the national health-care schemes ensuring that private service providers facilitate access to health services.**

[Bahrain \(2024\)](#)¹

50. The Committee is concerned at the lack of:

- (a) Accessible health care services for persons with disabilities.
- (b) Accessibility in a number of health service delivery facilities.
- (c) Lack of trained personnel to provide health services, especially emergency care and reproductive health services to persons with disabilities.
- (d) Lack of a legislative framework that guarantees free and informed consent of persons with disabilities before any medical intervention is performed on them.
- (e) Forced hospitalization and treatment of persons with psychosocial disabilities without any controls governing this practice in the Public Health Law No. 34 of 2018, except for what is stipulated in Article (50) at the end, which authorizes forced hospitalization and treatment at the discretion of the doctor and for the purpose of protecting others.

51. The Committee recommends that the State party

- (a) Develop a national strategy and implementation plan for the comprehensive and inclusive provision of health care and specialized health services for persons with disabilities.**
- (b) Provide accessibility in public and private health facilities**
- (c) Developing and implementing specialized training for health professionals in the provision of health services to persons with disabilities.**
- (d) Develop a practice framework that ensures the free and informed consent of persons with disabilities to any medical procedure or intervention before it is carried out.**
- (e) Enact the Mental Health Law and include measures to ensure that persons with disabilities have the right to free and informed consent or refusal of treatment and prohibit**

¹ When compiling the recommendations, the Concluding Observations were only available in Arabic. This document includes an automated translation to English by [DeepL](#).

forced placement and treatment on the basis of disability, as well as the use of physical and chemical restraints and electric shocks in the mental health sector.

Costa Rica (2024)

41. El Comité toma nota de las aclaraciones por escrito proporcionadas por el Estado parte al concluir el dialogo constructivo. Sin embargo, observa con preocupación:

- a) La falta de accesibilidad a los servicios de salud para personas con discapacidad, en particular la escasez de equipo médico, instalaciones y mobiliario inadecuado;
- b) La insuficiente inclusión de personas con discapacidad en políticas, programas y servicios de salud sexual y reproductiva, incluyendo los relacionados con el VIH/SIDA, que afecta desproporcionadamente a mujeres y niñas con discapacidad;
- c) Que el abordaje de la salud mental sigue centrado en el modelo médico y la falta de medidas coordinadas para implementar el modelo de salud mental comunitaria;
- d) La falta de programas regulares de capacitación para médicos y otros profesionales de la salud que trabajan con personas con discapacidad en el modelo de derechos humanos de la discapacidad.

42. Teniendo en cuenta la relación existente entre el artículo 25 de la Convención y las metas 3.7 y 3.8 de los Objetivos de Desarrollo Sostenible, el Comité recomienda al Estado parte:

- a) Garantizar que todas las personas con discapacidad tengan acceso a servicios de salud de calidad, con perspectiva de género e intercultural, tanto en zonas rurales como remotas, entre otras cosas, asegurando que se apliquen las normas de accesibilidad y se realicen ajustes razonables, que los equipos y el mobiliario sean adaptados a las necesidades específicas de cada discapacidad, y que la información sobre los servicios sanitarios se facilite en formatos accesibles como el braille, la lengua de señas y los formatos de lectura fácil, y se capacite al personal sanitario en el trato correcto a las personas con discapacidad;**
- b) Redoblar los esfuerzos para garantizar la plena accesibilidad de todas las políticas, programas y servicios de salud, incluyendo la salud sexual y reproductiva y los relacionados con el VIH/SIDA con enfoque de género, especialmente en las áreas rurales y en los niveles comunitarios, conforme recomendación CRPD/C/CRI/CO/1, párr. 50;**
- c) Elaborar un plan de acción, con la asignación de recursos humanos y financieros suficientes, para la implementación de la Política Nacional de Salud Mental con base en el modelo de salud mental comunitaria;**
- d) Implementar programas de capacitación continua para médicos y otros profesionales de la salud que trabajan con personas con discapacidad sobre el modelo de derechos humanos de la discapacidad, y consultar estrechamente e involucrar activamente a las organizaciones de personas con discapacidad en el diseño e implementación de la capacitación.**

Kazakhstan (2024)

53. The Committee is concerned about:

- (a) The physical obstacles and attitudinal barriers depriving women and men with disabilities of their sexual and reproductive rights and hinder their access to available services, on equal basis with others;
- (b) Barriers for persons with disabilities, particularly persons with disabilities in rural areas, to access health services, including specialized health care, the lack of interpreters for deafblind persons with disabilities in these settings, and a lack of information in accessible formats;

54. The Committee recommends that the State party, in close consultation with and with the active involvement of persons with disabilities, through their representative organizations:

- (a) Provide persons with disabilities with accessible sexual and reproductive health services, including for women and girls with disabilities and persons with intellectual and/or psychosocial disabilities;**

(b) Provide affordable, accessible, quality health services, including assistive and adaptive technology, information in Braille, sign language interpretation and Easy Read, for persons with disabilities, including women and girls with disabilities in rural areas.

Nicaragua (2024)

52. El Comité observa con preocupación:

- a) Las barreras que enfrentan las personas con discapacidad para acceder a los servicios de salud, entre las que figuran la inaccesibilidad física, las formas de comunicación e información, la falta de ajustes razonables y la falta de capacitación de los profesionales del sector sanitario, especialmente en zonas rurales y remotas;
- b) La falta de cobertura suficiente de los servicios sanitarios y la escasez de medicamentos que afectan especialmente a las mujeres en la Costa Caribe;
- c) Las altas tasas de mortalidad materna entre las mujeres sin medios suficientes, las mujeres rurales, las mujeres con discapacidad, las mujeres indígenas y afrodescendientes;
- d) La prevalencia de embarazos adolescentes de mujeres de entre 15 y 19 años, y de casos de embarazos de niñas menores de 15 años, así como la falta de programas educativos sobre salud sexual y reproductiva entre las mujeres y niñas en general y en especial entre aquellas con discapacidad, y que su política en este rubro se limite a la provisión de anticoncepción y la ampliación de servicios de casas maternas.

53. Teniendo en cuenta la relación existente entre el artículo 25 de la Convención y las metas 3.7 y 3.8 de los Objetivos de Desarrollo Sostenible, el Comité recomienda al Estado parte:

- a) Garantizar que todas las personas con discapacidad tengan acceso a servicios de salud de calidad, con perspectiva de género e intercultural, tanto en zonas rurales como remotas entre otras cosas asegurando que se apliquen las normas de accesibilidad y se realicen ajustes razonables, que los equipos y el mobiliario sean adaptados a las necesidades específicas de cada discapacidad, y que la información sobre los servicios sanitarios se facilite en formatos accesibles como el braille, la lengua de señas y los formatos de lectura fácil y se capacite al personal sanitario en el trato correcto a las personas con discapacidad;**
- b) Garantizar que todas las personas con discapacidad tengan acceso a servicios de atención médica oportunos y de calidad tanto en áreas rurales como urbanas, incluyendo el acceso a medicamentos y servicios de rehabilitación;**
- c) Investigar y abordar las causas de las altas tasas de mortalidad materna, estableciendo medidas preventivas que incluyan la capacitación a parteras rurales e indígenas;**
- d) Fomentar la educación sexual y reproductiva adecuada, brindar información y servicios sobre planificación familiar, especialmente a mujeres y niñas con discapacidad con el objetivo de evitar los embarazos precoces.**

Sweden (2024)

55. The Committee is concerned:

- (a) That compared to the general population, persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities, persons with disabilities living in remote areas, persons with disabilities living in institutions and children and women with disabilities, are in significantly poorer health, have higher rates of mortality and suicides, and face barriers in accessing health services, including sexual and reproductive health, dental care, information and equipment;
- (b) About a gradual return to a medical approach to disability, and the lack of measures taken to ensure that individual needs, preferences and self-determination are respected.

56. Recalling the link between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

- (a) Take measures to ensure that all persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities, persons with disabilities living in remote areas, persons with disabilities living in institutions and children and women with disabilities, have**

access to information on an equal basis with others and to affordable, accessible, quality and culturally sensitive medical equipment and health services, including sexual, reproductive and mental health services;

(b) Strengthen the requirements for systematic participation of persons with disabilities in the planning, design, monitoring and evaluation of accessibility, care processes and working methods in healthcare, and strengthen the implementation of the human rights model of disability.

Zambia (2024)

49. The Committee is concerned:

(a) At the limited access of persons with disabilities, in particular women and girls with disabilities, including persons with intellectual and/or psychosocial disabilities to sexual and reproductive health-care services, and to sensitization and awareness-raising programmes on HIV/AIDS;

(b) At the insufficiency of mental health services for persons with disabilities as part of general health services;

(c) At the lack of availability of medication and protective items, including sunscreen and sunglasses, for persons with albinism across health services;

(d) At the lack of training for medical professionals on the rights of persons with disabilities.

50. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Provide persons with disabilities, in particular women and girls with disabilities, with access to sexual and reproductive health care and services, including to sensitization and awareness-raising on HIV/AIDS, and ensure supported decision-making for women with intellectual and/or disabilities and women with psychosocial disabilities so they can reaffirm their sexual and reproductive autonomy and self-determination;

(b) Ensure availability of mental health services and allocate adequate resources for quality facilities and services of mental health care provision;

(c) Take appropriate measures to address the challenges of adequately providing health services for persons with albinism in view of their health needs, including the provision of sunglasses and appropriate sunscreen as an essential product for prevention and treatment of skin cancer;

(d) Develop training for health-care professionals on the rights of persons with disabilities, including on their skills, support measures, and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual and/or psychosocial disabilities and women and girls with disabilities, including ensuring the physical accessibility of health facilities and equipment.

Andorra (2023)

51. The Committee notes that Act No. 20/2017 on the rights and duties of users and professionals of the healthcare system and on medical records (2017) recognizes the right to information of persons with disabilities. Nevertheless, it is concerned about the following: (

a) Article 16 of the Act Guaranteeing the Rights of Persons with Disabilities allows the consent given by a representative of the person with disabilities if the applicable law requires it;

(b) The barriers faced by persons with disabilities, particularly persons with intellectual and/or psychosocial disabilities, in accessing health-care services, which include inaccessible health-care facilities and information, and lack of reasonable accommodation;

(c) The limited access to sexual and reproductive health-care services for persons with disabilities, particularly women and girls with disabilities, and the lack of information on the incorporation of the disability perspective in the actions carried out by the Integral Service for the Attention of Women (SIAD);

(d) The insufficient training for health-care personnel on the rights of persons with disabilities.

52. The Committee recommends that the State party:

(a) Review article 16 of the Act Guaranteeing the Rights of Persons with Disabilities and other legislation and health-care policies, ensuring the right of persons with disabilities to free and informed consent for any medical and surgical treatment, on an equal basis with others;

(b) Strengthen action plans to ensure the accessibility and availability of quality health services, information and equipment for persons with disabilities, including the provision of reasonable accommodation by public and private health-care providers;

(c) Ensure gender-sensitive and disability-inclusive sexual and reproductive health-care services for persons with disabilities, particularly women and girls with disabilities, and guarantee the incorporation of the disability perspective in the actions carried out by the Integral Service for the Attention of Women (SIAD);

(d) Integrate a human rights model of disability into the systematic training of health professionals.

[Austria \(2023\)](#)

57. The Committee is concerned about:

(a) The negative impact of seemingly structural deficiencies of child and adolescent mental health services on children and adolescents with disabilities, particularly pronounced after the COVID-19 pandemic, and about the lack of reliable information and data on it;

(b) Restrictive access of women and girls with disabilities, particularly women and girls with disabilities in institutions, to sexual and reproductive health services, including contraception, and sex education;

(c) The lack of qualified sign language interpretation services in the provision of health services for persons with disabilities, including for refugee and stateless persons with disabilities, and persons with disabilities in refugee-like situations;

(d) The inaccessibility, including physical inaccessibility, of many health facilities and services.

58. The Committee recommends that the State party:

(a) Significantly improve access to mental health services for persons with disabilities, especially for children with disabilities, and collect data on the provision of such services and their results, disaggregated by age, sex, region and type of impairment;

(b) Ensure access for women and girls with disabilities, particularly women and girls with disabilities in institutions, to sexual and reproductive health services, including contraception, and sex education;

(c) Provide quality sign language interpretation in health services to persons with disabilities, including refugees and stateless persons with disabilities and persons with disabilities in refugee-like situations;

(d) Effectively guarantee accessibility, including physical accessibility, of health facilities and services.

[Germany \(2023\)](#)

57. The Committee is concerned about:

(a) The lack of accessibility and trained health practitioners on communication and on providing information in accessible methods and formats in the health care facilities, in particular for women with disabilities and in rural areas and the fact that persons with disabilities may have to travel long distances to obtain accessible medical services;

(b) The fact that persons with psychosocial disability, persons with intellectual disability and deaf and hard of hearing persons are less likely to receive quality health care due to the lack of training of, and discriminatory approach taken by, health professionals;

(c) The absence of legal provisions, in particular in the Civil Code BGB, concerning the delivery of medical information for persons with disabilities in accessible formats to ensure their free and informed consent is obtained prior to any medical intervention on an equal basis with others;

(d) The access to health services for asylum seekers, who may receive acute care but not “complementary” services such as physiotherapy, occupational therapy, and mental health treatment.

58. The Committee recommends that the State party:

(a) Take measures to guarantee the availability and accessibility of health services across the Länder, in particular for women with disabilities and in rural areas, without discrimination, by identifying and removing barriers and providing accessible medical equipment;

(b) Strengthen mechanisms for the regular training of health professionals about human rights, dignity, autonomy and the requirements of persons with disabilities;

(c) Enforce regulations on the legal protection of persons with disabilities against discrimination in health-care services and define standardized protocols concerning the delivery of medical information to persons with disabilities and their free and informed consent for medical interventions in accordance with the Convention and the Committee’s general comment No. 1 (2014);

(d) Ensure asylum seekers with disabilities have access to comprehensive health services upon their arrival on an equal basis with others.

Israel (2023)

53. The Committee is concerned about:

(a) Insufficient measures to respond to situations of mental distress among children and adolescents with disabilities in conflict affected areas;

(b) Lack of access to health care for persons with disabilities, limited public health services and financial constraints to access private health services, particularly affecting persons with disabilities in Arab communities and persons with disabilities requiring complex support needs;

(c) Barriers for women and girls with disabilities to access sexual and reproductive health services, including in cases of sexual violence;

(d) Attitudinal barriers among the medical profession concerning access to health by persons with disabilities;

(e) Discrimination in the provision of health and life insurance by private companies.

54. The Committee recommends that the State party, in close consultation and the active involvement of organizations of persons with disabilities:

(a) Strengthen measures to address the detrimental health impacts of the protracted occupation, hostilities, violence and insecurity on children with disabilities and ensure that programmes and support measures address the situation of children with disabilities in Arab communities and are accessible for all children with disabilities;

(b) Increase budget allocations for improving accessibility of health services and facilities for persons with disabilities, and adopt programmes at the national and local level to provide affordable, accessible, quality and culturally sensitive health services, including assistive and adaptive technology;

(c) Implement measures to provide women and girls with disabilities with appropriate and accessible sexual and reproductive health services, and ensure that responses and counselling in cases of gender-based violence are accessible, inclusive, and age- and gender-appropriate;

(d) Ensure that the human rights-based approach to disability and the respect for the dignity, autonomy and requirements of persons with disabilities are included in the training curricula of all medical and health professionals;

(e) Take all legislative, policy and administrative measures to provide health insurance for all persons with disabilities without discrimination.

Malawi (2023)

51. The Committee is concerned about:

- (a) The absence of specific provisions on disability to address stigma, prejudice and discriminatory attitudes affecting persons with disabilities in policy instruments adopted by the Ministry of Health;
- (b) Information indicating that women and girls with disabilities experience discriminatory and dismissive attitudes by medical health professionals in seeking healthcare for pregnancy and sexual and reproductive health, which is often fuelled by stigma that women with disabilities should not be engaging in sexual relations;
- (c) Barriers for persons with disabilities through their representative organizations to participate in the development of health-related legislations and policies including in the development of the recent Health Sector Strategic plan II;
- (d) Unavailability of medicine, including protective and sun screen, for persons with albinism across health services.

52. The Committee recommends that the State party:

- (a) Ensure specific provisions in the existing health legislations, policies and programmes which address stigma, prejudice and discriminatory attitudes by health personnel against persons with disabilities, particularly women with disabilities who seek sexual and reproductive health services;**
- (b) Raise awareness among health personnel at all levels and particularly the nurses on the health rights of persons with disabilities, including through appropriate training;**
- (c) Ensure close consultations and active involvement of persons with disabilities through their representative organisations in the development of health-related legislation, policies and programmes to reaffirm the effective inclusion of their concerns in relation to health ;**
- (d) Take appropriate measures to address the challenges in adequately providing health services to persons with albinism in terms of their health needs and in providing the necessary health services for persons with psychosocial disabilities by addressing the acute shortage of the necessary medical personnel;**
- (e) Address the problem of inaccessible built environment and equipment in health facilities both in rural and urban areas including providing appropriate beds for women with physical disabilities in labour wards.**

Mauritania (2023)

43. The Committee is concerned:

- (a) That persons with disabilities must obtain a Disability Card to benefit from subsidized health care, and currently only 13 per cent of persons with disabilities in the State party obtained a Disability Card;
- (b) Despite the adoption of health protocols, standards and procedure on reproductive health, persons with disabilities, particularly women and girls with disabilities, including women and girls with intellectual disabilities and women and girls with psychosocial disabilities, face barriers in accessing sexual and reproductive health-care services;
- (c) The lack of awareness among health-care service providers and medical staff of the rights of persons with disabilities and the absence of accessible forms of communication with users of health services;

44. The Committee recalls the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, and recommends that the State party:

- (a) Simplify the administrative measures for obtaining the Disability Card and for becoming affiliated with the social security system, and establish regional and local bodies to facilitate the application and issuance of the Disability Card;**

(b) Provide access for persons with disabilities, in particular women and girls with disabilities, to sexual and reproductive health-care services, on an equal basis with others, and ensure supported decision-making for women with intellectual disabilities and women with psychosocial disabilities to enable them to exercise their sexual and reproductive rights and self-determination;

(c) Develop training for health-care professionals on the rights of persons with disabilities, throughout the territory of the State party, in particular in rural areas, including on their skills, support measures, and means and methods of information and communication, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual disabilities, persons with psychosocial disabilities, and women and girls with disabilities.

Mongolia (2023)

49. The Committee remains concerned about the limited access for persons with disabilities, in particular women with disabilities, to sexual and reproductive health, particularly in rural and remote areas. It also remains concerned at the lack of progress made to ensure that persons with disabilities exercise their right to free and informed consent.

50. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee reiterates its previous recommendation (CRPD/C/MNG/CO/1, para.39) and recommends that the State party take measures to ensure access for all persons with disabilities to health services, in particular sexual and reproductive health services, maternal and child health services, in particular in rural and remote areas. The Committee also recommends that the State party takes measures to ensure that all persons with disabilities, regardless of the nature of their impairment, have the right to free and informed consent.

Paraguay (2023)

45. El Comité observa con preocupación:

a) Las barreras que enfrentan las personas con discapacidad para acceder a los servicios de salud, entre las que figuran la inaccesibilidad física, las formas de comunicación e información, la falta de ajustes razonables y la falta de capacitación de los profesionales del sector sanitario, especialmente en zonas rurales y remotas, situación que se agudizó durante la pandemia;

b) Que los servicios de salud y rehabilitación para personas con discapacidad se encuentren dependiendo de la SENADIS y no del Ministerio de Salud Pública y Bienestar Social;

c) La centralización de los servicios de salud para las personas con discapacidad, así como la falta de implementación del Eje/área 12 del Plan de Acción Nacional para los Derechos de las Personas con Discapacidad, lo que afecta a las personas con discapacidad, especialmente a las personas indígenas y a aquellas que viven en regiones remotas y rurales;

d) La falta de reglamentación y control de los seguros de salud privados quienes se niegan a cubrir a las personas con discapacidad;

e) La limitada implementación del Plan Nacional de Salud Sexual y Salud Reproductiva 2019-2023 y la falta de aprobación del proyecto de Ley sobre Salud Sexual, Reproductiva, Maternal y Perinatal;

f) Que en la Ley No. 7018/2022 de Salud Mental persista el modelo médico de la discapacidad.

46. Teniendo en cuenta la relación existente entre el artículo 25 de la Convención y las metas 3.7 y 3.8 de los Objetivos de Desarrollo Sostenible, el Comité recomienda al Estado parte:

a) Garantizar que todas las personas con discapacidad tengan acceso a servicios de salud de calidad, con perspectiva de género e intercultural, entre otras cosas asegurando que se apliquen las normas de accesibilidad y realicen ajustes razonables, y que la información se

- facilite en formatos accesibles como el braille, la lengua de señas y los formatos de lectura fácil y se capacite al personal de salud en el trato correcto a las personas con discapacidad;
- b) Realizar las acciones pertinentes para que los servicios de salud y rehabilitación para las personas con discapacidad dependan del Ministerio de Salud Pública y Bienestar Social y no de la SENADIS;
- c) Implementar las acciones necesarias para lograr la descentralización de los servicios de salud para que sean accesibles a las personas con discapacidad, especialmente aquellas que viven en regiones remotas y rurales, dando especial enfoque a la atención de las personas indígenas con discapacidad;
- d) Reformar la legislación para sancionar a los seguros médicos privados que le rechacen la cobertura a personas con discapacidad;
- e) Acelerar la implementación del Plan Nacional de Salud Sexual y Salud Reproductiva 2019-2023 y aprobar el proyecto de Ley sobre Salud Sexual, Reproductiva, Maternal y Perinatal a la brevedad posible;
- f) Ajustar la Ley N.º 7018/2022 de Salud Mental y su reglamento al modelo de la discapacidad basado en derechos humanos de la Convención.

Angola (2023)

41. The Committee notes with concern:

- (a) Information about barriers faced by persons with disabilities in gaining access to health-care services and equipment, including physical barriers faced by persons with vision impairments and attitudinal barriers and the lack of solar protection and skin cancer preventive measures for persons with albinism;
- (b) The lack of specific access to sexual and reproductive health-care services for persons with disabilities, particularly all women with disabilities, including those with psychosocial and/or intellectual disabilities;
- (c) Information about the lack of awareness of health-care service managers and medical staff on the rights of persons with disabilities, including persons with hearing impairments, and the lack of accessible communication with users of health services;
- (d) The obstacles for persons with disabilities in procuring specific medication, as well as long delays for scheduling and waiting for medical appointments;
- (e) That persons with disabilities have faced obstacles in gaining access to health care throughout the COVID-19 pandemic;
- (f) The insufficient early intervention and alternative care with regard to leprosy, including support from families;
- (g) That between 2019 and 2020, only 454 persons with disabilities were referred by MASFAMU to various services, with references on health.

42. **Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:**

- (a) Strengthen action plans to ensure the accessibility and availability of health services including preventive services and equipment for persons with disabilities, including protection and treatment for persons with albinism;**
- (b) Provide persons with disabilities, in particular women and girls, with access to sexual and reproductive health care and services and ensure supported decision-making for women with psychosocial and/or intellectual disabilities so that they can reaffirm their sexual and reproductive autonomy;**
- (c) Develop training for health-care professionals on the rights of persons with disabilities, support measures and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for those persons, particularly persons with psychosocial and/or intellectual disabilities and women and girls with disabilities;**
- (d) Ensure that there is available medication for disability related health conditions;**

- (e) Provide all persons with disabilities with access to all the health-care services available for the general population during the COVID-19 pandemic, prioritising access to diagnostic, vaccination and recovery treatments;**
- (f) Intensify campaigns on leprosy awareness to destigmatize leprosy and encourage early use of health services by all members of the community.**

Argentina (2023)

47. El Comité observa con preocupación:

- a) Las barreras que enfrentan las personas con discapacidad para acceder a los servicios de salud, entre las que figuran la inaccesibilidad de los establecimientos de salud, las formas de comunicación e información, la falta de ajustes razonables y los prejuicios de los profesionales del sector sanitario;
- b) La Ley 25.929 sobre parto humanizado y la Ley 26.862 sobre reproducción asistida no incorporan la perspectiva de discapacidad;
- c) Las brechas en la provisión de servicios de salud sexual y reproductiva entre las distintas provincias, incluyendo en materia de accesibilidad de los servicios de ginecología y obstetricia, incluidas instalaciones, mobiliario y equipos, así como el poco acceso a información en formatos accesibles sobre métodos anticonceptivos y prevención de enfermedades de transmisión sexual;
- d) Que la línea 0800 Salud Sexual no sea accesible a todas las personas con discapacidad;
- e) La Ley 26.529 de derechos del paciente señala que, en el supuesto de incapacidad del paciente, o imposibilidad de brindar el consentimiento informado a causa de su estado físico o psíquico, el consentimiento puede ser reemplazado por familiares o representantes legales;
- f) El insuficiente avance en el marco de la Ley Nacional de Salud Mental, debido entre otras cosas, a la fragmentación del sistema de salud; la persistencia del modelo médico en las reformas en salud mental; a que casi la mitad de las provincias no cuentan con órganos de revisión local de salud mental, la falta de servicios y apoyos de salud basados en la comunidad, y el insuficiente presupuesto asignado a la Estrategia Federal de Abordaje Integral de la Salud Mental;
- g) La insuficiencia de los subsidios para sufragar los costos médicos de las personas con discapacidad;
- h) La limitada información sobre los beneficios y riesgos del medicamento Voxzogo, utilizado para aumentar el crecimiento de las personas de talla baja, y la falta de regulación y seguimiento de su uso.

48. Teniendo en cuenta la relación existente entre el artículo 25 de la Convención y las metas 3.7 y 3.8 de los Objetivos de Desarrollo Sostenible, el Comité recomienda al Estado parte:

- a) Garantizar que todas las personas con discapacidad tengan acceso a servicios de salud de calidad, con perspectiva de género e intercultural, entre otras cosas asegurando que los proveedores de atención de la salud públicos y privados apliquen las normas de accesibilidad y realicen ajustes razonables, y que la información sobre los servicios sanitarios se facilite en formatos accesibles para las personas con discapacidad, como el braille, la lengua de señas y los formatos de lectura fácil;**
- b) Integrar un modelo de la discapacidad basado en los derechos humanos en la formación sistemática de los profesionales de la salud;**
- c) Incorporar la perspectiva de discapacidad en la Ley 25.929 y en la Ley 26.862 y facilitar los apoyos necesarios a las gestantes con discapacidad;**
- d) En el marco del Programa Salud Sexual y Procreación Responsable, incrementar esfuerzos para que las mujeres y niñas con discapacidad en todas las provincias puedan acceder a servicios de salud sexual y reproductiva de calidad y apropiados para la edad, incluyendo instalaciones, mobiliario y equipos accesibles en los servicios de ginecología y**

obstetricia y el acceso a información en formatos accesibles sobre métodos anticonceptivos y prevención de enfermedades de transmisión sexual;

e) Garantizar la accesibilidad de los mecanismos de información y comunicación sobre salud sexual y reproductiva, incluyendo la Línea 0800, para las niñas y mujeres con distintas discapacidades;

f) Revisar la Ley 26.529 (artículo 6) a fin de reconocer el derecho de todas las personas con discapacidad a que se exija su consentimiento informado para cualquier tratamiento médico;

g) Acelerar el cierre de hospitales psiquiátricos públicos y privados en todas las jurisdicciones y la implementación de servicios y apoyos de salud mental en la comunidad en línea con la Convención y en estrecha consulta con las organizaciones de personas con discapacidad psicosocial; avanzar en un modelo de atención unificado en materia de salud mental; asegurar que todas las provincias cuenten con órganos de revisión local de salud mental, y que la Estrategia Federal de Abordaje Integral de la Salud Mental cuente con los recursos suficientes para su implementación;

h) Incrementar los subsidios para asumir los costos médicos de la discapacidad, en particular de quienes requieren un apoyo más intenso;

i) Investigar de manera adecuada los beneficios y riesgos asociados con el Voxzogo, regular y dar seguimiento efectivo al uso de este medicamento.

[Georgia \(2023\)](#)

51. The Committee is concerned about:

(a) Domestic legislation infringing on the right to sexual and reproductive rights of women and girls with disabilities, including the right to retain fertility, on equal basis with others;

(b) Information that women with disabilities are significantly less likely to receive quality health care due to lack of training and a discriminatory approach of medical staff. They are disproportionately affected by barriers such as lack of information and accessibility, particularly concerning their sexual and reproductive health;

(c) Discriminatory language in health care laws, contributing to disability stigma;

(d) The absence of priority testing for persons with disabilities during the COVID-19 pandemic, and a lack of information about ensuring access to health services in the recovery plans.

52. The Committee recommends the State party to:

(a) Give effect to all provisions in the Convention about the right to health, in domestic legislation and health care policies, ensuring the recognition of sexual and reproductive health and rights of women with disabilities, including their right to retain fertility, on an equal basis with others;

(b) Strengthen mechanisms for regular training of medical personnel about human rights, dignity, autonomy and the requirements of persons with disabilities, particularly women with disabilities; take measures to guarantee the availability of health services for women with disabilities, without discrimination, by identifying and removing barriers and providing accessible medical equipment, including adapted gynaecological chairs;

(c) Rid the legislative framework on health services of discriminatory language, enforce regulations on legal protection against discrimination in health care services, and define the meaning of informed consent in accordance with the Convention and the Committee's General comment No. 1 (2014) on Equal recognition before the Law;

(d) Ensure that recovery plans after the COVID-19 pandemic include measures to address barriers and prioritize health care, including testing, for persons with disabilities.

[Peru \(2023\)](#)

50. Al Comité le preocupa el hecho de que las personas con discapacidad que están afiliadas al Seguro Integral de Salud (SIS) no tengan acceso a los servicios de salud integrales,

incluyendo los servicios de salud especializados y que no se respete el requisito al consentimiento libre e informado en todas las intervenciones médicas y no se apliquen las voluntades anticipadas y el acceso a los apoyos, tal y como establece la normativa vigente.

51. El Comité insta al Estado parte a que establezca regulaciones en el Seguro Integral de Salud (SIS) para fortalecer la oferta y cobertura de servicios de salud para las personas con discapacidad, incluyendo los servicios especializados y los requeridos por las personas con enfermedades crónicas y las que viven con enfermedades poco frecuentes, y a que garantice el cumplimiento del requisito de consentimiento libre e informado con respecto a todas las personas con discapacidad, incluso en los servicios de salud mental, y aplique las voluntades anticipadas y el acceso a los apoyos.

Togo (2023)

49. The Committee is concerned at the limited access of persons with disabilities, in particular women with disabilities, to sexual and reproductive health-care services, including those with intellectual and/or psychosocial disabilities, as well as at the lack of training for medical professionals on the rights of persons with disabilities.

50. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Provide persons with disabilities, in particular women and girls, with access to sexual and reproductive health care and services and ensure supported decision-making for women with intellectual and/or disabilities and women with psychosocial disabilities so they can reaffirm their sexual and reproductive autonomy and self-determination;

(b) Develop training for health-care professionals on the rights of persons with disabilities, including on their skills, support measures, and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual and/or psychosocial disabilities and women and girls with disabilities, including ensuring the physical accessibility of health facilities and equipment.

Tunisia (2023)

45. The Committee is concerned that for persons with disabilities to benefit from either free health care or reduced rates, they have to obtain a disability card and be affiliated to the social security system, conditions which constitute a barrier that limits the enjoyment of these benefits by persons with disabilities. It is further concerned that the preference and will of persons with disabilities in regard to health service provision is not observed particularly for persons with psychosocial or intellectual disabilities, as the code of medical ethics article 103 authorises the health professional to have the agreement of the guardian or legal representative to make decision without the consent of the person concerned. It is further concerned that specialised medical services are only available in the major cities, hindering the access to these services of persons with disabilities from the rural and remote areas, further complicated by the absence of safe public transport outside urban areas.

46. The Committee recommends the State party to:

(a) Simplify the administrative measures for obtaining the disability card and for affiliation to the social security system;

(b) Put in place measures, including amending Decree 93 of the medical ethics to align it with the Convention, to ensure that health services and treatments, particularly sexual and reproductive health services, are provided to persons with disabilities including person with psychosocial or intellectual disabilities on the basis of their free will and informed consent;

(c) Train doctors and other health professionals on the rights of persons with disabilities, throughout the territory of the State party, including in rural areas;

(d) Take all appropriate measures to ensure all persons with disabilities, particularly women and girls with disabilities, have access to the full variety of health and rehabilitation services

in their own communities, including rural areas to avoid their having to travel far to the urban centres for these services.

Bangladesh (2022)

49. The Committee notes with concern:

(a) The lack of accessible hospitals and health centres for persons with disabilities, especially persons with intellectual and/or psychosocial disabilities, women and girls with disabilities, persons with disabilities who belong to minorities, persons affected by leprosy, and migrants and refugees with disabilities;

(b) Deficient health-care services for women and girls with disabilities, including those relating to sexual and reproductive health rights and HIV/AIDS prevention;

(c) The lack of meaningful consultation and effective participation of representative organisations of persons with disabilities, in the preparation of health policies and programmes, including in the new health policy that the State party is developing;

(d) Insufficient budgetary allocations in the health-care system for the training of health professionals to understand the requirements of persons with disabilities.

50. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Adopt and implement a national strategy on accessible quality health-care services, including accessible hospitals and health centres for persons with disabilities, particularly persons with intellectual and/or psychosocial disabilities, women and girls with disabilities, persons with disabilities who belong to minorities, persons affected by leprosy, migrants and refugees with disabilities;

(b) Take concrete measures to provide women and girls with disabilities appropriate and accessible information on sexual and reproductive health and HIV/AIDS prevention, including counselling that is accessible, inclusive, and age-gender-sensitive;

(c) Ensure the meaningful consultation and effective participation of representative organisations of persons with disabilities, in the preparation of health policies and programmes, including in the new health policy that the State party is developing;

(d) Provide budgetary allocations in the health-care system, particularly for training of health professionals on the human rights model of disability and to understand the requirements of persons with disabilities.

China (2022)

52. The Committee regrets the lack of information provided on the measures taken to implement the Committee's previous concluding observations and recommendations (CRPD/C/CHN/CO/1 and Corr.1, para. 38), in particular to ensure that individuals' autonomy, choices, dignity and privacy are respected. It is further concerned about the restrictions for persons with disabilities in access to health care, including sexual and reproductive health services; and about reports of health professionals' non-adherence to the requirement of free and informed consent with regard to persons with disabilities.

53. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Ensure accessibility and availability of healthcare facilities, services and equipment for persons with disabilities across the State party, with specific emphasis on the sexual and reproductive health of women and girls with disabilities; and ensure accessible information and communication for all persons with disabilities in general treatment in the healthcare system;

(b) Integrate a human rights-based approach to disability into the training curriculum of all health professionals.

Hong-Kong (2022)

75. The Committee is concerned about the reported increase in the number of persons with disabilities experiencing PTSD, anxiety and depression, and the rising rate of suicide, in persons with disabilities. The Committee further notes with concern the lack of a comprehensive, long term mental health strategy to address this context.

76. The Committee recommends that Hong Kong SAR, China allocate sufficient funds to developing a multi-year mental health care plan that includes the establishment of community and human rights-based mental health services and support across Hong Kong SAR, China.

Indonesia (2022)

54. The Committee notes with concern:

(a) Information about physical barriers faced by persons with disabilities in gaining access to health services and equipment, particularly in rural and remote areas;

(b) The lack of access to sexual and reproductive health services and age-appropriate education for children and adults with disabilities, particularly for indigenous persons with disabilities and women and girls with disabilities, including those with intellectual or psychosocial disabilities;

(c) Information about persons with disabilities not qualifying as Health Insurance Assistance beneficiaries, according to the Minister of Social Affairs Decree No.146/HUK/2013 on Stipulation of Criteria and Documenting the Poor and Vulnerable People, resulting in lower standards of health services;

55. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Strengthen action plans to ensure the accessibility and availability of health services and equipment for persons with disabilities, particularly in rural and remote areas;

(b) Provide children and adults with disabilities, in particular indigenous persons with disabilities and women and girls with disabilities, with access to sexual and reproductive health services and age-appropriate education;

(c) Ensure that public health insurance guarantees full coverage of all persons with disabilities, including persons with intellectual or psychosocial disabilities.

Japan (2022)

53. The Committee notes with concern the:

(a) Barriers faced by persons with disabilities, particularly women and girls with disabilities, persons with psychosocial or intellectual disabilities, in accessing health-care services, including inaccessible health-care facilities and information, lack of reasonable accommodation, and prejudices about persons with disabilities across professionals in the health sector;

(b) Segregation of psychiatric care from general medical care, as provided by the Mental Health and Welfare Act for the Mentally Disabled, and the lack of sufficient community-based, health services and support;

(c) Limited measures to ensure access, on an equal basis with others, to quality, age-appropriate sexual and reproductive health services and sex education for all persons with disabilities, particularly women and girls with disabilities;

(d) Insufficient medical expense subsidies for persons with disabilities, including those with more intensive support.

54. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Ensure quality and gender-sensitive health-care services for all persons with disabilities, including by ensuring the implementation of accessibility standards and the provision of reasonable accommodation by public and private health providers;

- (b) Guarantee that information is provided in accessible formats for persons with disabilities, including in Braille, sign language and Easy Read, regarding health services;**
- (c) Integrate a human rights- model of disability into the training of health professionals, emphasizing that all persons with disabilities have the right to free and informed consent for any medical and surgical treatment;**
- (d) Develop, in close consultation with organizations of persons with psychosocial disabilities, non-coercive, community-based mental health support, and adopt the necessary legislative and policy measures to dismantle systems that separate mental health care from general medical care;**
- (e) Ensure that high-quality, age-appropriate sexual and reproductive health services and comprehensive sexuality education are inclusive of and accessible to all persons with disabilities, in particular women and girls with disabilities;**
- (f) Establish a mechanism of medical expense subsidies based on the person's capacity to cover the costs, and expand these subsidies for all persons with disabilities, including those with more intensive support.**

[Lao People's Democratic Republic \(2022\)](#)

46. The Committee notes with concern:

- (a) That the National Health Insurance Strategy 2017-2020 does not include persons with disabilities in the priority groups, as well as the barriers faced by persons with disabilities in accessing health-care services at all levels, especially in rural areas, including physical, communication and financial barriers, and obstacles due to the lack of accessible and affordable public transportation;
- (b) That the majority of healthcare services available to persons with disabilities, is focused on physical disabilities and continue catering to persons affected by UXO accidents, with a strong emphasis on rehabilitation and assistive products;
- (c) The gaps in the provision of healthcare services, being substantial health facilities with more quality services located in Vientiane, as well as limited availability of primary healthcare services for blind or deaf persons, persons with intellectual and/or psychosocial disabilities and autism;
- (d) The lack of access to sexual and reproductive health-care services for persons with disabilities, particularly all women and girls with disabilities, including women and girls with intellectual and/or psychosocial disabilities;
- (e) The lack of availability and accessibility of human rights-based mental health services;
- (f) The insufficient training of health-care personnel on the rights of persons with disabilities, and the lack of information about protocols for persons with disabilities to exercise and express their free and informed consent with respect to medical treatment;
- (g) Lack of systematization of official statistics on persons with disabilities accessing public healthcare services.

47. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

- (a) Adopt and implement a strategy, with sufficient human, technical and financial resources, to remove the physical, communication and financial barriers faced by persons with disabilities in accessing health-care services, and guarantee their access to disability- and gender-sensitive health-care services and information, especially in rural areas, and include persons with disabilities as a priority group under the National Health Insurance Strategy 2017-2020;**
- (b) Ensure quality and inclusive health care service in all the State party, including rural and remote areas, and for all the diversity of persons with disabilities, including blind or deaf persons, persons with intellectual and/or psychosocial disabilities and autistic persons;**
- (c) Provide persons with disabilities, in particular women and girls with disabilities, with access to sexual and reproductive health care and services and ensure supported decision-**

making for women with intellectual and/or psychosocial disabilities so that they can reaffirm their sexual and reproductive autonomy and self-determination;

(d) Develop community and human rights-based mental health services and support across the State party;

(e) Provide systematic training to medical personnel on the rights of persons with disabilities, including the human rights model of disability, accessible formats and alternative communication methods, and improve healthcare service information packages, and community engagement with persons with disabilities and their families;

(f) Collect and disaggregate, systematically, data on persons accessing the public health services, by gender, age, and disability.

[New Zealand \(2022\)](#)

49. The Committee is concerned about the poorer health outcomes and life expectancy, compared to the general population, experienced by persons with disabilities, in particular persons with intellectual disabilities, and Māori and Pasifika persons with disabilities.

50. The Committee recommends that the State party progress development of the Health of Disabled People Strategy and strengthen and expedite measures within the New Zealand Disability Strategy, the Health Services and Outcomes Kaupapa Inquiry and the Pathways to Pacific Health and Wellbeing strategy, to increase access to health services and improve health outcomes for persons with disabilities.

[Republic of Korea \(2022\)](#)

51. The Committee remains concerned that article 732 of the Commercial Act recognizes life insurance contracts for persons with disabilities only if the person “possesses mental capacity”, which constitutes a discrimination against persons with disabilities. It is also concerned that under the Act on the Right to Health of Persons with Disabilities, women’s right to health is limited to pregnancy, childbirth and maternity.

52. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee reiterates its previous recommendation (CRPD/C/KOR/CO/1, para. 47) and recommends that the State party:

(a) Repeal article 732 of the Commercial Act and develop and implement specific programs on different aspects of women’s right to health, including access to sexual and reproductive health care and services and mental health services;

(b) Develop training for health-care professionals on the rights of persons with disabilities, including on their skills, support measures, and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual disabilities, persons with psychosocial disabilities and women and girls with disabilities.

[Singapore \(2022\)](#)

49. The Committee notes with satisfaction the information provided by the State party that it is planning to withdraw its reservation to article 25 (e) of the Convention upon the adoption of the Guidelines for private insurers. However, it is concerned about:

(a) Information on barriers faced by autistic persons in their access to private health and life insurance schemes and the respective conditions;

(b) Barriers in access to sexual and reproductive health-care services for persons with disabilities, particularly women and girls with disabilities, including women and girls with intellectual and psychosocial disabilities;

(c) Information about the lack of awareness by health-care service providers and medical staff on the rights of persons with disabilities and the absence of accessible communication with users of health services;

(d) That persons with disabilities have faced obstacles in gaining access to health care throughout the COVID-19 pandemic, in particular persons with disabilities in places of deprivation of liberty.

50. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Enact legislation ensuring that all persons with disabilities, including persons with intellectual disabilities, persons with psychosocial disabilities, and autistic persons, have access to health and life insurance on an equal basis with others, and that they are guaranteed equal conditions, without discrimination; and establish an effective monitoring mechanism with adequate measures for the enforcement of this legislation, and remedies and sanctions in cases non-compliance; the Committee encourages the State party to withdraw its reservation to article 25 (e) of the Convention, as planned;

(b) Provide persons with disabilities, in particular women and girls with disabilities, with access to sexual and reproductive health care and services, on an equal basis with others, and ensure supported decision-making for women with intellectual and psychosocial disabilities allowing them to exercise their sexual and reproductive rights and self-determination;

(c) Develop training for health-care professionals on the rights of persons with disabilities, including on their skills, support measures, and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual disabilities, persons with psychosocial disabilities, and women and girls with disabilities;

(d) Provide all persons with disabilities, including persons with disabilities deprived of their liberty, with access to all health-care services available for the general population during the COVID-19 pandemic, and ensure priority access to diagnostic, vaccination and recovery treatment for persons with disabilities.

[Hungary \(2022\)](#)

50. The Committee is concerned about:

(a) The insufficient accessibility of health-care facilities, services and medical equipment, including physical and informational accessibility, for all persons with disabilities across the State party, particularly for persons with intellectual disabilities and autistic children in general treatment and women with disabilities in relation to their sexual and reproductive health;

(b) The attitudinal barriers and limited knowledge of the rights and requirements of persons with disabilities among health-care professionals.

51. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Develop action plans to ensure the accessibility and availability of health-care facilities, services and equipment for persons with disabilities across the State Party, with a specific emphasis on the sexual and reproductive health of women with disabilities, as well as on accessible information and communication for autistic persons, persons with intellectual disabilities and persons with visual and hearing impairments in general treatment in the health-care system;

(b) Develop training programmes, including in universities and in-service training curricula, for health-care professionals on the needs and rights of persons with disabilities.

[Jamaica \(2022\)](#)

44. The Committee notes with concern:

(a) Information about barriers faced by persons with disabilities in gaining access to health-care services and equipment, including physical barriers faced by persons with vision impairments;

- (b) The lack of access to sexual and reproductive health-care services for persons with disabilities, particularly all women with disabilities, including those with intellectual or psychosocial disabilities;
- (c) Information about the lack of awareness by health-care service managers and medical staff on the rights of persons with disabilities, including persons with hearing impairments, and the lack of accessible communication with users of health services;
- (d) The obstacles for persons with disabilities in procuring medicines for the treatment of disability-related health conditions, as they are not considered to be on the essential list, as well as long delays for scheduling and waiting for medical appointments;
- (e) That persons with disabilities have faced obstacles in gaining access to health care throughout the COVID-19 pandemic;
- (f) The insufficient early intervention and alternative care with regard to mental health, including support within families.

45. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

- (a) Strengthen action plans to ensure the accessibility and availability of health-care services and equipment for persons with disabilities;**
- (b) Provide persons with disabilities, in particular women and girls, with access to sexual and reproductive health care and services and ensure supported decision-making for women with intellectual or psychosocial disabilities so that they can reaffirm their sexual and reproductive autonomy and self-determination;**
- (c) Develop training for health-care professionals on the rights of persons with disabilities, including on their skills, support measures, and information and communication means and methods, and provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual or psychosocial disabilities and women and girls with disabilities;**
- (d) Ensure that the National Health Fund is comprehensive and covers all essential services and drugs, including those needed to specifically treat disability-related health problems;**
- (e) Provide all persons with disabilities with access to all the health-care services available for the general population during the COVID-19 pandemic, ensuring priority access to diagnostic, vaccination and recovery treatments;**
- (f) Intensify campaigns on mental health awareness to destigmatize mental health and encourage early use of services by all members of the community.**

[Mexico \(2022\)](#)

56. The Committee is concerned about serious restrictions for persons with disabilities in access to health care, including mental health services and sexual and reproductive health services. It is further concerned about legal exceptions to free and informed consent to medical interventions, and about reports of non-adherence to the requirement of free and informed consent with regard to persons with disabilities.

57. The Committee recommends that the State party:

- (a) Remove legal exceptions to the requirement of free and informed consent of all persons with disabilities to medical interventions, including hospitalization, and ensure adherence to the requirement of free and informed consent with regard to all persons with disabilities;**
- (b) Ensure available, accessible and quality health-care services, including sexual and reproductive health services, for persons with disabilities, particularly for women and girls with disabilities, make hospitals and health centres accessible to persons with disabilities in urban and rural areas, and protect pregnant women with disabilities from being pressured to undergo abortions;**
- (c) Compile disaggregated data on the access of women with disabilities to safe sexual and reproductive health services, and on infringements on their right to decide on whether to have an abortion;**

(d) Provide accessible, effective remedies to persons with disabilities alleging a violation of their rights under article 25, in particular to women with disabilities alleging a violation of their sexual and reproductive health rights.

58. The Committee is concerned about serious curtailments of health services for persons with disabilities during the COVID-19 pandemic, and about a lack of emergency medical services in cases of sexual violence against persons with disabilities.

59. The Committee recommends that the State party:

(a) Restore all health services for persons with disabilities that were curtailed during the COVID-19 pandemic, and compile disaggregated data on the effects of the pandemic on the health situation of persons with disabilities and on their access to health services;

(b) Provide emergency medical services for persons with disabilities who are victims of sexual violence.

Switzerland (2022)

49. The Committee notes with concern:

(a) The barriers faced by persons with disabilities in gaining access to gender-sensitive, accessible health care, including accessibility in primary and specialist health services, the lack of reasonable accommodation, prejudices about persons with disabilities across medical specialities, and fee restrictions that prevent compensation for additional disability-related expenses;

(b) The lack of sufficient community-based, non-coercive mental health services and support, and the fact that 400 new places are being established in mental health institutions;

(c) The insufficient measures to ensure access, on an equal basis with others, to high-quality, age-appropriate sexual and reproductive health services and sex education for all persons with disabilities, particularly women and girls with disabilities.

50. The Committee recommends that the State party:

(a) Ensure that persons with disabilities have access to high-quality, gender-sensitive and affordable health-care services at the federal and cantonal levels without discrimination, including by ensuring the implementation of accessibility standards and the provision of reasonable accommodation by public and private health providers;

(b) Develop professional training and continuing education for public and private health professionals on the human rights of persons with disabilities and the requirement for accessibility and reasonable accommodation in all aspects of health-care provision;

(c) Take effective measures to eliminate fee restrictions that prevent compensation for additional disability-related expenses;

(d) Develop, in close consultation with organizations of persons with psychosocial disabilities, non-coercive, community-based mental health support, in all cantons, that is based on the principles and standards of the Convention;

(e) Ensure that high-quality, age-appropriate sexual and reproductive health services and sex education are inclusive of and accessible to all persons with disabilities, in particular women and girls with disabilities and those still in institutions.

Venezuela (2022)

44. The Committee is concerned about:

(a) The lack of information about the impact of the COVID-19 pandemic on persons with disabilities in terms of the implementation of preventive measures and accessibility of the physical environment, information and communications, trained personnel in health-care centres and disaggregated data on how many persons with disabilities contracted the virus, how many required a mechanical ventilator and how many died;

(b) The shortage of medicines, which is causing severe complications such as ulcer infections in persons with spinal cord injuries;

(c) Insufficient technical, human and economic measures and resources for guaranteeing access to sexual and reproductive health for persons with disabilities, especially women and children with disabilities.

45. The Committee recommends that the State party:

(a) Carry out a specific study on the extent to which persons with disabilities have been affected by the pandemic, including whether they were consulted about the implementation of preventive measures, how many contracted the virus, how many had access to a mechanical ventilator, how sequelae were monitored and how many died;

(b) Adopt measures and allocate technical resources to ensure the accessibility of the physical environment, equipment, information and communications in all places where health-care services are provided and to ensure the availability of information in accessible means and modes, including documents in Braille and Easy Read, trained personnel and certified sign language interpreters;

(c) Take specific measures to avoid medical complications for persons with disabilities as a result of the shortage of medicines;

(d) Design specific health-care protocols for persons with disabilities, especially training programmes on sexual and reproductive health, with a cross-cutting gender and intersectional perspective

[Djibouti \(2021\)](#)

43. The Committee notes with concern:

Lack of a comprehensive policy to effectively implement provision of the Act No. 207/AN/17/7ème L (2018) to tackle barriers faced persons with disabilities, including persons with psychosocial or intellectual disabilities, women and girls with disabilities and persons with disabilities in rural areas and in refugee camps, in accessing quality public health-care services and the lack of accessibility to health-care facilities;

Lack of access to sexual and reproductive health-related services for persons with disabilities, particularly women and girls with disabilities;

Lack of measures adopted to ensure the right to free and informed consent of persons with disabilities, particularly persons with intellectual or psychosocial disabilities, with respect to medical treatment and intervention;

Lack of an action plan to provide training for health-care personnel and traditional healers on the rights of persons with disabilities, in line with article 30 of Act No. 207/AN/17/7ème L (2018);

Lack of information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities.

44. The Committee recommends that the State party:

Develop and adopt comprehensive policy, with clear targets and sufficient budget allocation, to ensure provision of quality public health-care services to persons with disabilities, including persons with psychosocial or intellectual disabilities, women and girls with disabilities and persons with disabilities in rural areas and refugee camps, and ensure their accessibility to health-care facilities, services and information;

Provide women and girls with disabilities with access to sexual and reproductive health-care, including in rural areas and in refugee camps;

Integrate the rights based approach to disability into the training curriculum of health-care professionals, emphasizing that all persons with disabilities have the right to free and informed consent;

Provide information in accessible formats, including Braille, sign language and Easy Read, for persons with disabilities, particularly persons with intellectual or psychosocial disabilities and women and girls with disabilities.

[France \(2021\)](#)

52. The Committee notes with concern the information about insufficient access of persons with disabilities to vaccines against COVID-19, particularly for persons with disabilities still in institutions, and prevailing barriers to accessibility of health services by persons with disabilities, particularly:

That universal design and accommodations for persons with disabilities, particularly hard of hearing or deaf persons remain insufficient;

Barriers in access health care for persons in institutions and in penitentiary settings, particularly during the COVID-19 pandemic;

Obstacles facing women with disabilities to access sexual and reproductive health, access to sexual education, contraception and gynaecological services;

Lack of awareness and training of medical and health administrative staff about diversity and rights of persons with disabilities.

53. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party ensure equal access to persons with disabilities to vaccines against COVID-19 and to ensure accessibility of health services for persons with disabilities:

Ensure the development and promote investment in universal design of medical devices, equipment as well as health care facilities and reinforce measures to provide persons with disabilities with information about health care in accessible formats;

Ensure that plans for recovery include measures to ensure access of persons with disabilities to health care, paying particular attention to persons still in institutions, penitentiary facilities;

Provide women and girls with disabilities with appropriate and accessible sexual and reproductive health care, and consult with organizations of women with disabilities about gaps and measures to ensure progress in this regards;

Develop awareness and training programs, including in health-related higher education curriculums, for medical and health administrative staff about diversity and rights of persons with disabilities in close cooperation with organisations of persons with disabilities.

Estonia (2021)

48. The Committee notes with concern:

Information about barriers faced by persons with disabilities in gaining access to health-care services and equipment, including physical barriers faced by persons with vision impairments;

That women with disabilities subject to guardianship face greater barriers in gaining access to sexual and reproductive health-related services and to expressing their free and informed consent concerning health treatments;

Information about the lack of awareness of health-care service managers and medical staff on the rights of persons with disabilities, including persons with hearing impairments, and the lack of accessible communication with users of health services;

Reports indicating that persons with disabilities requiring higher levels of support receive lower-quality health services;

That persons with disabilities have faced obstacles in gaining access to health care throughout the COVID-19 pandemic;

The lack of information about protocols for persons with disabilities to exercise and express their free and informed consent with respect to medical treatment.

49. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party:

Strengthen action plans to ensure the accessibility and availability of health-care services and equipment for persons with disabilities;

Provide women and girls with disabilities with access to sexual and reproductive health care and services and ensure supported decision-making for women with intellectual or psychosocial disabilities so that they can reaffirm their sexual and reproductive autonomy and self-determination;

Develop training for health-care professionals on the rights of persons with disabilities, including their skills, support measures and information and communication means and methods;

Allocate human, technical and financial resources for the development of quality health services and for health-related supervision for persons requiring higher levels of support;

Provide all persons with disabilities with access to all the health-care services available for the general population during the COVID-19 pandemic, ensuring priority access to diagnostic, vaccination and recovery treatments;

Ensure that persons with disabilities can gain access to medical services on the basis of their free and informed consent.

Albania (2019)

41. The Committee is concerned about the insufficient accessible health care services and facilities in the community for persons with disabilities, particularly those with intellectual disabilities and those that require extensive support. It is particularly concerned about the lack of:

Information on achievements of the National Health Strategy (2017–2021) together with the National Action Plan for Persons with Disabilities (2016–2020) and Action Plan for the Development of Mental Health Services in Albania (2013–2022), particularly with regard to the sufficiency of programmes for early identification, for autistic persons, and for persons with disabilities living in rural areas;

Measures taken to ensure access of persons with disabilities, particularly older persons, Roma persons, and women and girls with disabilities, to comprehensive health-care services, including concerning sexual and reproductive health and rights, on an equal basis with others.

42. The Committee recommends that the State party:

Review plans and strategies and take effective and coordinated measures to ensure that health services adhere to the Convention;

Ensure, in practice, access to health care for persons with disabilities, including older persons, and Roma persons with disabilities, as well as early identification and intervention for children with disabilities and access to accessible health care services for all persons with disabilities;

Effectively ensure and monitor that health services providers offer health services to persons with disabilities without discrimination and on an equal basis with others by making the necessary equipment and instruments, assistive technologies included, available and accessible in order for persons with disabilities, particularly women, to access services, including reproductive health services, as close to home as possible, in close consultation with representative organisations of persons with disabilities.

Australia (2019)

47. The Committee is concerned about the fact that, compared to the general population, persons with disabilities, in particular persons with disabilities living in remote areas, Aboriginal and Torres Strait Islander persons with disabilities, persons with intellectual or psychosocial disabilities, persons with disabilities living in institutions and children and women with disabilities, are in significantly poorer health and have less access to information and to adequate, affordable and accessible health services and equipment.

48. The Committee recommends that the State party adhere to article 25 of the Convention in its efforts to achieve targets 3.7 and 3.8 of the Sustainable Development Goals and ensure that:

All persons with disabilities, in particular persons with disabilities living in remote areas, Aboriginal and Torres Strait Islander persons with disabilities, persons with intellectual or psychosocial disabilities, persons with disabilities living in institutions and women and children with disabilities, have access to information on an equal basis with others and to affordable, accessible, quality and culturally sensitive medical equipment and health services, including sexual, reproductive and mental health services;

All health-care services are based on a non-discriminatory, human rights model of disability and that any medical treatment is provided with the free and informed consent of the person concerned prior to any medical treatment;

Health-care practitioners receive training on the human rights model of disability to enhance their capacity to provide accessible, quality health care to persons with disabilities.

Ecuador (2019)

45. The Committee is concerned that:

Health programmes do not expressly include persons with disabilities, in particular women and girls living in rural communities and areas;

The physical environment, information and communications for health care have not been made accessible, and public programmes and policies are predominantly welfare-based;

Insufficient technical, human and economic measures and resources are in place for guaranteeing access to sexual and reproductive health for persons with disabilities, especially girls, adolescents and women with disabilities, and disability prevention measures continue to be prioritized as a means of implementing the right to health.

46. The Committee recommends that the State party:

Design specific health-care protocols for persons with disabilities based on a cross-cutting gender and intersectional perspective;

Adopt measures and allocate technical resources to ensure the accessibility of the physical environment, infrastructure, information and communications in all places where health-care services are provided and to ensure the availability of information in accessible means and modes, including Braille, trained personnel and accredited sign language interpreters;

Exclude disability prevention measures, which do not form part of the implementation of the Convention.

[El Salvador \(2019\)](#)

48. The Committee is concerned that the State party highlights various programmes to contribute to women's health, but makes no specific reference to access to health insurance on an equal basis with others and access to sexual and reproductive health services for girls and women with disabilities, persons with psychosocial or intellectual disabilities, and deaf, blind and deafblind persons. The Committee remains concerned at the lack of adaption to health-care infrastructure and equipment.

49. The Committee recommends that the State party ensure that in its nationwide health programmes, including its sexual and reproductive health programmes, it include persons with disabilities, especially women and girls with disabilities, persons with psychosocial or intellectual disabilities, and deaf, blind and deafblind persons. It also recommends that persons with disabilities have access to health insurance on an equal basis with others. The Committee recommends that the State party allocate resources to ensure accessibility of health services and equipment and that medical professionals be duly trained on the rights of persons with disabilities when providing them with treatment and counselling, in both urban and rural locations.

[Greece \(2019\)](#)

36. The Committee is concerned about:

The insufficient access of persons with disabilities to health service facilities and medical equipment;
The insufficient measures taken to effectively guarantee persons with disabilities, particularly older persons with disabilities and women and girls with disabilities, access to comprehensive health-care services (see also the report of the Commissioner for Human Rights of the Council of Europe, Dunja Mijatović, following her visit to Greece from 25 to 29 June 2018, para. 117), including sexual and reproductive health services, on an equal basis with others.

37. The Committee recommends that, taking into account targets 3.7 and 3.8 of the Sustainable Development Goals, the State party:

Put in place a stable, continuous, long-term strategy containing effective and harmonized measures to guarantee persons with disabilities access to health services;

Effectively monitor the implementation of the provision of health services by health service providers to persons with disabilities on an equal basis with others. The Committee also recommends that the State party render health facilities, equipment and instruments accessible, particularly to ensure that women and girls with disabilities have access to sexual and reproductive health services in urban and rural areas.

[India \(2019\)](#)

52. The Committee is concerned about:

The lack of gender-sensitive programmes on sexual and reproductive health and rights for women and girls with disabilities;

The insufficient coverage of the national health protection scheme in relation to persons with disabilities, and lack of affordable insurance for persons with intellectual disabilities;

Discrimination in disability-related health-care services in national health-care schemes, particularly affecting persons affected by leprosy and women and girls with intellectual or psychosocial disabilities.

53. The Committee recommends that the State party:

Adhere to article 25 of the Convention in its efforts to achieve targets 3.7 and 3.8 of the Sustainable Development Goals;

Adopt measures to provide women and girls with disabilities with appropriate and accessible sexual and reproductive health care, and ensure that response and counselling in cases of gender-based

violence against women and girls with disabilities is accessible, inclusive and age- and gender-sensitive;

Ensure universal health-care coverage and access for all persons with disabilities in rural and urban areas;

Adopt measures to ensure equal access to health services and non-discrimination in the provision of disability-related health-care services in national health-care schemes, including for persons affected by leprosy and women and girls with intellectual or psychosocial disabilities, ensuring that service providers facilitate access to health services.

Iraq (2019)

45. The Committee is concerned that:

Persons with disabilities, in particular persons with intellectual or psychosocial disabilities, children with disabilities, persons with disabilities living in rural areas and persons with disabilities who are internally displaced, have insufficient access to health-care services, health facilities and medical equipment;

Persons with disabilities are not provided with accessible information on health care and hence cannot access the health-care system on an equal basis with others;

Women and girls with disabilities face challenges in accessing health-care services, including sexual and reproductive health services, as a result of the considerable distances to health-care centres, the physical, financial and attitudinal barriers and the lack of accessible information on health-care services;

Medical and paramedical staff are insufficiently trained on the rights of persons with disabilities.

46. The Committee recommends that the State party:

Increase the number and strengthen the capacity of comprehensive community-based health-care services to provide services for persons with disabilities, in particular persons with intellectual or psychosocial disabilities, children with disabilities, persons with disabilities living in rural areas and persons with disabilities who are internally displaced;

Ensure that information on health-care services is available to persons with disabilities in accessible formats;

Take measures to ensure universal coverage of health-care services, including sexual and reproductive health care services, for all women and girls with disabilities, in line with article 15 (1) of Law No. 38 (2013);

Allocate sufficient human, technical and financial resources to implement articles 3 (6) and (8) and 9 (h) (1) of Law No. 38 (2013) and to train medical and paramedical staff on the rights of persons with disabilities, including on the right to free and informed consent and the right to access the health-care system on an equal basis with others.

Kuwait (2019)

48. The Committee is concerned about:

Insufficient access to quality and affordable health-care services for Bidoon and non-Kuwaiti children and adults with disabilities, who are therefore obliged to seek private health care at their own expense;

The shortage of health professionals trained in the rights of persons with disabilities;

The fact that the State party, including during the dialogue and in its initial report submitted to the Committee, does not clearly separate those issues that affect all aspects of the lives of persons with disabilities from issues that pertain strictly to their health – including access to health-care facilities, services and equipment, access to information and to accessible formats, modes and means of communication, and the training of personnel – and that there is a narrow focus on habilitation and rehabilitation.

49. The Committee recommends that the State party:

Ensure that all persons with disabilities, including Bidoon and non-Kuwaiti children with disabilities, can access health-care services, including sexual and reproductive health-care services, throughout the State party;

Build the capacity of health professionals on the rights of persons with disabilities, including their right to give their free and informed consent, through systematic training and awareness-raising programmes;

Take the measures necessary to ensure that persons with disabilities have access to health facilities, services and equipment, including physical accessibility, and access to information and to accessible formats, modes and means of communication, and train staff on the health requirements of persons with disabilities.

Myanmar (2019)

47. The Committee is concerned about:

The barriers faced by persons with disabilities in accessing health-care services, especially in rural areas, including physical, communication, and financial barriers;

The lack of systematic training of health-care personnel on the rights of persons with disabilities.

48. The Committee recommends that the State party:

Adopt and implement a strategy, with sufficient human, technical and financial resources, to remove physical, communication, and financial barriers faced by persons with disabilities in accessing health-care services, and guarantee their access to disability- and gender-sensitive health-care services and information, especially in rural areas;

Provide systematic training to medical personnel on the rights of persons with disabilities, including the human rights model of disability and alternative communication methods.

Cuba (2019)

43. The Committee is concerned about the deficiencies in access to health-care services for persons with disabilities and the lack of knowledge among health care personnel concerning the specific requirements and rights of persons with disabilities.

44. The Committee recommends that the State party implement measures to guarantee accessible health-care services for all persons with disabilities, including information on sexual and reproductive health and specifically for persons living in rural areas on an equal basis with others.

Niger (2019)

41. The Committee is concerned about:

The lack of accessibility of hospitals and health centres for persons with disabilities, particularly persons with physical disabilities; insufficient access to quality health care especially for persons with disabilities in rural areas; the lack of training for health professionals on the human rights of persons with disabilities; and the lack of professional sign language interpreters;

The lack of information in accessible formats including Braille, sign language and Easy Read, for persons with disabilities, regarding health services and educational programmes, particularly for women, girls and young persons with disabilities concerning sexual and reproductive health rights, HIV/AIDS prevention and their right to free and informed consent.

42. The Committee recommends that the State party:

Ensure quality health care services for persons with disabilities, and make hospitals and health centres physically accessible to persons with disabilities, including in rural areas, for women and girls, as well as migrant and refugees with disabilities;

Integrate the human rights model of disability into the training curriculum of all health professionals, emphasizing the free, prior and informed consent of all persons with disabilities;

Provide information in accessible formats for persons with disabilities, including Braille, sign language and Easy Read, regarding health services, educational programmes, their right to free and informed consent, and to sexual and reproductive health;

Pay attention to the links between article 25 and Sustainable Development Goal 3, target 7, to ensure universal access to sexual and reproductive health care services.

Norway (2019)

39. The Committee is concerned about the lack of:

Awareness of the rights of persons with disabilities among medical professionals and that health-care services and facilities remain largely inaccessible and unavailable to persons with disabilities, including for persons with disabilities still living in institutions;

Accessibility of information on medical services and facilities, particularly relating to sexual and reproductive health and rights, for women with disabilities.

40. The Committee recommends that the State party adhere to article 25 of the Convention in its efforts to achieve targets 3.7 and 3.8 of the Sustainable Development Goals and:

Strengthen measures to ensure the accessibility of health-care services and facilities in the community, including to persons with intellectual or psychosocial disabilities and those that require extensive support, and provide information in accessible formats;

Raise awareness about the rights of persons with disabilities among medical professionals;

Take measures to provide persons with disabilities, especially women, with information in accessible formats, on accessible health-care services and facilities, including in the area of sexual and reproductive health and rights.

Rwanda (2019)

45. The Committee notes with concern:

The lack of accessible public health education, health care facilities and services, including emergency services, sexual and reproductive health services, and HIV/AIDS prevention, treatment, care and support programmes, particularly in remote, rural areas;

The lack of adequate training of health professionals on the human rights of persons with disabilities, including on free and informed consent;

That refugees with disabilities do not benefit from health care coverage;

The lack of specific measures on persons with albinism in policies governing health and disability, in particular concerning the prevention and treatment of skin cancer.

46. The Committee recommends that the State party:

Adopt and implement a strategy to ensure the availability and accessibility of public health education, health care services and facilities for all persons with disabilities throughout the country, including emergency services, sexual and reproductive health services, and HIV/AIDS prevention, treatment, care and support programmes;

Raise awareness of the rights of persons with disabilities among medical professionals through training and the promulgation of ethical standards, including on the right to free and informed consent;

Take measures to ensure universal, affordable, non-discriminatory access to quality health care services for all persons with disabilities, including refugees with disabilities;

Adopt specific measures on persons with albinism in policies governing health and disabilities, ensuring the availability, accessibility, affordability and quality of prevention and treatment for skin cancer.

Saudi Arabia (2019)

45. The Committee is concerned at:

Barriers faced by persons with disabilities in accessing health services, especially in rural areas, due to geographic distance, physical obstacles and lack of related information in accessible formats;

The lack of information on the availability of accessible sexual and reproductive health services;

The limited availability and the high costs of specialized health care services related to disabilities.

46. The Committee recommends that the State party:

Adopt and implement a strategy to guarantee the access of all persons with disabilities, especially those residing in rural areas, to disability- and gender-sensitive health care services and information, and ensure that this strategy includes capacity building of medical personnel on the rights of persons with disabilities, on the human rights-based approach to disability and alternative communication methods;

Ensure the availability of gender- and disability sensitive and accessible sexual and reproductive health services in all medical facilities throughout the State party, and disseminate accessible information on sexual and reproductive health and rights;

Guarantee the availability and affordability of specialized health care services related to disabilities.

Senegal (2019)

43. The Committee is concerned about:

The challenges faced by persons with disabilities in accessing health care services, particularly women and girls with disabilities and persons with psychosocial or intellectual disabilities, migrant workers and their families, and the overall inaccessibility of the physical environment of health care facilities;
The insufficient resources allocated to the health services required by persons with disabilities, because of their disabilities, particularly persons with albinism, to have access to sunscreens;
The lack of training for health personnel on the rights of persons with disabilities and, particularly, how to ensure persons with disabilities are treated in a respectful manner;
The absence of information in accessible formats for persons with disabilities, including Braille, sign language and Easy Read regarding services and educational programmes, particularly concerning sexual and reproductive health and rights, including their right to free and informed consent on health matters.

44. The Committee recommends that the State party:

Adopt concrete measures to ensure that the built environment, including health care environment and all health care facilities are accessible to all persons with disabilities in all regions of the State party, including rural areas, and that quality health care is made available to all persons with disabilities, including women and girls with disabilities, as well as migrant workers and members of their families; Ensure the provision of significant budgetary allocations for the health sector to provide health care for persons with disabilities on an equal basis with others, particularly to cover the costs of services required because of their disabilities, such as sunscreen for persons with albinism;

Integrate the human rights model of disability into the training curriculum of health professionals, emphasizing that medical services and treatment to persons with disabilities should be provided with the free, prior and informed consent of all persons with disabilities, and the respectful and dignified treatment of persons with disabilities;

Ensure the provision of information in accessible formats for persons with disabilities, including Braille, sign language and Easy Read regarding services and educational programmes available, particularly for persons with sensory or intellectual disabilities, women, girls and young persons with disabilities concerning sexual and reproductive health and rights in line with Sustainable Development Goal 3 (target 7).

[Spain \(2019\)](#)

48. The Committee is concerned about the limited:

Access to health care services for persons with disabilities, particularly in rural areas;

Accessibility of health-related information and appropriate means of communication, particularly for persons who are deaf- or blind, as well as for persons with intellectual disabilities;

Access to gynaecological and obstetric care for women with disabilities.

49. The Committee recommends that the State party:

Ensure the accessibility and availability of health services for all persons with disabilities, particularly in rural areas;

Ensure that persons with disabilities have accessible information and that health services are provided with alternative means of communication such as sign language interpretation, Braille, Easy Read and all required augmentative means for this purpose;

Guarantee universal access to accessible sexual and reproductive health-care services, including family planning, information and education, particularly for women and girls with disabilities, and integrate the right to reproductive health into national strategies and programmes, as set out in target 3.7 of the Sustainable Development Goals.

[Türkiye \(2019\)](#)

50. The Committee is concerned about:

The insufficient availability, affordability and accessibility of hospitals and other health care services for persons with disabilities, particularly concerning access to specialized treatments, physiotherapy, equipment for examination, and accessible information;

Attitudinal barriers and prejudices among health care personnel preventing persons with disabilities' access to sexual and reproductive health, and lack of measures to ensure privacy of persons with disabilities during consultations or examinations;

The lack of disaggregated data by sex, age, ethnic origin, migration status of persons with disabilities taking part in the family practice systems, mobile health care, patient transportation service, and conditional cash transfers to facilitate access to health services, in particular in rural areas.

51. The Committee recommends that the State party:

Improve availability, accessibility and affordability of health care for persons with disabilities, and take measures to ensure that investments in health care infrastructure address universal coverage, accessible equipment, specialized care, and accessible information and interpretation services required by persons with disabilities;

Strengthen training and awareness raising among health professionals on the rights of persons with disabilities, including their sexual and reproductive rights and adopt protocols on the conduct of medical examinations and consultation respecting the right to privacy of persons with disabilities;

Implement monitoring mechanisms for community-based health care, such as the family practice system, mobile health care, and patient transportation systems to identify the extent to which persons with disabilities, particularly in rural areas, access these programmes and the health services provided.

Vanuatu (2019)

42. The Committee is concerned about:

The limited access to health care services by persons with disabilities;

The insufficient training of health personnel on the rights of persons with disabilities;

The lack of access to sexual and reproductive health care services by persons with disabilities, particularly all women with disabilities including those with intellectual or psychosocial disabilities;

The lack of data on health care services provided to persons with disabilities.

43. The Committee recommends that the State party:

Adopt measures to implement Health Sector Strategy (2017-2020) and other legislative measures, to ensure that persons with disabilities have access to affordable, accessible and quality health services on an equal basis with others;

Ensure that medical and health professionals receive regular and compulsory training on the rights of persons with disabilities, including on the individual requirement of health care on the basis of free and informed consent;

Ensure that persons with disabilities, particularly all women with disabilities including those with intellectual or psychosocial disabilities, have access to sexual and reproductive health care services in their communities, as set out in target 3.7 of the Sustainable Development Goals;

Collect disaggregated data, by age, sex and type of impairment, to monitor medical treatment and health services for persons with disabilities.

Algeria (2018)

42. The Committee is concerned about discrimination against persons with disabilities which limits their access to health care services, including sexual and reproductive health services, and in particular: The lack of capacity of health care services, in particular for children with disabilities and in rural areas; Information and communications which are not tailored to the requirements of persons with disabilities;

The insufficiency of trained health care personnel to address the multiple barriers faced by persons with disabilities.

43. The Committee recommends that the State party be guided by the Convention in its implementation of Sustainable Development Goal 3 and:

Increase the availability and capacity of comprehensive community-based health care services to respond to the requirements of persons with disabilities, in particular for children and in rural regions;

Ensure the provision of information in accessible formats for persons with disabilities such as Braille, sign language, accessible digital formats, and Easy Read, regarding available health care services and programmes, in particular concerning sexual and reproductive health and rights, maternal and child health services and psychosocial support services;

Allocate sufficient resources to train medical and paramedical staff on the rights of persons with disabilities, including on free and informed consent and the right to access the healthcare system on an equal basis with others.

Bulgaria (2018)

51. The Committee notes with concern the lack of training for health care professionals on human rights of persons with disabilities, especially persons with intellectual, and persons with psychosocial

disabilities. It is also concerned about the lack of accessible information and services on sexual and reproductive health and rights for women with disabilities.

52. The Committee recommends that the State party raise awareness of the human rights model of disability among all health professionals, including training on the right to free and informed consent and to take note of article 25 of the Convention in the implementation of target 3 of the Sustainable Development Goals. It also recommends that the State party adopt a policy framework and a time bound strategy to provide women with disabilities with accessible sexual and reproductive health care and information, and services appropriate to their age.

53. The Committee notes with concern the limited access to diagnostics, health care and medical rehabilitation to persons with disabilities, in particular those with chronic, genetic and rare diseases.

54. The Committee recommends that the State party ensure access to diagnostics, health care and medical rehabilitation to persons with disabilities, especially those with chronic, genetic and rare diseases.

Malta (2018)

37. The Committee is concerned about the interpretative declaration that the State party has made on article 25 (a) of the Convention, according to which the State party interprets the phrase “sexual and reproductive health” in Art 25 (a) of the Convention as not constituting recognition of any new international law obligation, creating any abortion rights nor constituting support, endorsement, or promotion of abortion.

38. The Committee urges the State party to withdraw its interpretative declaration on article 25 (a) of the Convention in order to allow persons with disabilities to enjoy the right to health on an equal basis with others.

Philippines (2018)

42. The Committee is concerned about the limited sexual reproductive health education, services and rights faced by women and girls with disabilities on account of ineffective implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (Reproductive Health Law). It is also concerned about prejudices and discrimination from families, service providers, and the wider public that prevent women and girls from accessing health care.

43. The Committee recommends that the State party:

Ensure women, girls and persons with psychosocial disabilities comprehensive access to sexual reproductive health and community-based rehabilitation services for rural and remote areas without being confronted with prejudices;

Increase the training and sensitivity of healthcare professionals on providing sexual and reproductive healthcare education and services to women, girls and persons with psychosocial with disabilities, in line with the Convention;

Strengthen training for all regional health workers nationwide and by reactivating the Responsible Parenthood and Reproductive Health Act of 2012 (Reproductive Health Law).

Poland (2018)

The Committee is deeply concerned about the State Party’s reservation to article 25(a) of the Convention and by:

The lack of health services accessible to all persons with disabilities especially in rural areas, including the lack of sign language interpretation,

The lack of health care information and services, tailored to the needs of women with disabilities, especially for blind women or women with psycho-social and/or intellectual disability, and of adapted health care equipment, adequate sexual and reproductive health services and gynaecological rooms equipped for them;

Lack of affordable high quality healthcare products and the unequal access to such products among all persons with disabilities having similar needs;

Lack of awareness and willingness of health-care personnel to provide health related services to women with disabilities;

The barriers faced by women with disabilities in accessing services for safe abortion, owing to a lack of access to information on and services related to sexual and reproductive health rights;

The implementation of the National Mental Health Programme resulting in neglect for the health needs of persons with psychosocial disabilities.

42. The Committee recommends that the State party withdraw its reservation to Article 25 (a) of the Convention and:

Ensure access to health services by all persons with disabilities and their availability, regardless of the types of impairment;

Adopt measures to ensure universal coverage of health services for all women and girls with disabilities, including information in accessible formats on their sexual and reproductive health and rights, gynaecological services, perinatal care and adapted health care equipment, such as gynaecological rooms;

Adopt measures to ensure that persons with disabilities can access high quality healthcare products at affordable price and eliminate difference in health care coverage between different groups of persons with disabilities;

Conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities, particularly women with disabilities, under the Convention;

Take the necessary measures to ensure that the autonomy and decisions of women with disabilities are respected, that women's rights in relation to reproductive health are secured, that access to safe abortion is provide; and that women with disabilities are protected from forced sterilization and forced abortion;

Ensure that the implementation of the National Mental Health Programme results in increasing access to community-based health services for persons with psychosocial disabilities, and provide adequate resources to these services.

[South Africa \(2018\)](#)

42. The Committee notes with concern:

Challenges faced by persons with disabilities, especially women, girls and youth with disabilities and persons with psychosocial and/or intellectual disabilities, in accessing health services as a result of geographic distance to health centres, physical, financial and attitudinal barriers and lack of information and health-care services, including with regard to sexual and reproductive health and rights, and abortion.

The lack of information on sexual and reproductive rights in accessible formats for persons with disabilities, including the absence of adequate training for children, teachers and healthcare workers on sexual and reproductive rights and the recognition of the sexual and reproductive rights of persons with disabilities.

43. The Committee recommends that the State party be guided by Sustainable Development Goal 3, especially target7, and:

Adopt measures to ensure universal coverage of health services for all persons with disabilities, and that such services are accessible, affordable and culturally sensitive, and prevent the denial of health-care services;

Take measures to provide all persons with disabilities with information in accessible formats about their sexual and reproductive health and rights;

Conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities under the Convention and have the tools to provide appropriate advice for persons with disabilities, including on sexual and reproductive rights.

[North Macedonia \(2018\)](#)

44. The Committee is concerned that disability is not a ground for discrimination in the Law on Protection of Patients' Rights, and the overall lack of accessibility in mainstream health services, in particular:

The age constraints to accessing free health care and treatment, coupled with the exemptions in the Law on Health that discriminates against persons with disabilities;

The absence of frameworks to guarantee access of persons with disabilities to free and informed consent with regard to health services;

The lack of early identification, availability and affordability of specialized health care services related to disabilities;

The lack of access to basic medical products necessary to maintain the best possible lifelong conditions;

The lack of information on sexual and reproductive health in accessible formats for persons with disabilities, including women and girls and the lack of specialized services for girls and women with disabilities in all parts of the State party;

Poor access to health care and the lack of specialized services to children with disabilities.

45. The Committee recommends that the State party:

Include disability as a ground for discrimination in the Law on Protection of Patients' Rights;

Remove age constraints to accessing free health care and treatment, as well as any exemptions in the Law on Health that discriminates against persons with disabilities;

Adopt a strategy to ensure free or affordable access to all required health services by persons with disabilities, including by training medical personnel on the rights of persons with disabilities, the human rights-based approach to disability;

Adopt health protocols aimed at ensuring the right of persons with disabilities to free and informed consent to medical treatments;

Take measures to ensure early identification, the availability and accessibility of health care facilities and services, including by removing physical obstacles to health centres and providing information in accessible formats;

Ensure the dissemination of information on sexual and reproductive rights in appropriate formats for all persons with disabilities, and the availability of gender and age-sensitive services, and ensure specialised services for persons with disabilities available in all parts of the State party;

Promptly adopt and implement a new action plan on improving health care for children with disabilities;

Promote the availability and affordability of specialized health care services related to disabilities.

Haiti (2018)

44. The Committee is concerned by:

Systemic, physical, attitudinal and communication barriers which impede the access of persons with disabilities to health services on an equal basis with others, particularly in rural areas and for persons with psychosocial and/or intellectual disabilities;

The absence of health care services, equipment, information and communications tailored to the requirements of persons with disabilities as well as the insufficiency of trained personnel to address the multiple barriers faced by persons with disabilities;

The inaccessibility of health programs or prevention campaigns against HIV/AIDS, sexually transmitted infections, and reproductive health services.

45. The Committee recommends that the State party:

Develop a targeted, measurable and financed plan of action aiming at the elimination of barriers faced by persons with disabilities, particularly persons with psychosocial and/or intellectual disabilities, in access to health care services;

Increase efforts to ensure that health care services for persons with disabilities, including, are accessible, especially in rural areas;

Raise awareness of the rights of persons with disabilities under the Convention among medical professionals through the promulgation of ethical standards and set up regular and mandatory trainings for health personnel;

Take measures to provide persons with disabilities, especially women, with information in accessible formats, on health care services and facilities, including in the area of sexual and reproductive health, their right to free and informed consent, sexual and reproductive health and rights and HIV/AIDS and other sexually transmitted infections;

Draw on article 25 of the Convention to achieve 3.7 and 3.8 of the Sustainable Development Goals.

Nepal (2018)

(Recommendation regarding articles 25 and 26 together)

37. The Committee is concerned about the limited access to comprehensive health and rehabilitation services by persons with disabilities, particularly in rural and remote areas.

38. The Committee recommends that the State party develop measures to ensure comprehensive access to health services for persons with disabilities, particularly sexual and reproductive health services, maternal and child health centres, psychosocial services, and intensify the provision of comprehensive community-based rehabilitation services including in rural and remote areas.

Oman (2018)

45. While welcoming the improvement and expansion of health care services, including rehabilitation programmes and mental health care services, for persons with disabilities in the State party, the Committee is concerned about:

Inadequate accessibility of hospitals and health centres for persons with disabilities in the State party, including those with motor impairments, and insufficient access to quality health care for persons with disabilities living in rural areas and for children of migrant workers;

The insufficient training for primary health care staff;

The special requirements of women and girls with disabilities are not identified and addressed;

The lack of information in accessible formats for persons with disabilities, including Braille, sign language and Easy-Read for persons with sensory and persons with intellectual disabilities, regarding services and educational programmes, in particular with respect to women, girls and young persons concerning sexual and reproductive health and rights, including their right to free and informed consent on health matters.

46. The Committee recommends that the State party:

Adopt measures to ensure that all hospitals and other health facilities are physically accessible to all persons with disabilities in all regions of the State party, including rural areas, and that quality health care is made available to all persons with disabilities, including women and girls, as well as migrant workers and members of their families;

Integrate the human rights-based model of disability into the training curriculum of all health professionals, emphasizing that medical services and treatment to persons with disabilities should be provided with the free, prior and informed consent of all persons with disabilities;

Ensure the provision of information in accessible formats for persons with disabilities, including Braille, sign language and Easy-Read for persons with sensory and mental impairments, regarding services and educational programmes available to persons with disabilities, in particular for women and girls and young persons concerning sexual and reproductive health and rights in line with Sustainable Development Goal 3 (target 7), including their right to free and informed consent on health matters.

Russian Federation (2018)

(Recommendation regarding articles 25 and 26 together)

51. The Committee is concerned about the insufficient and unequal access to quality health care and rehabilitation services in all regions of the State party and notes the recommendation of the Committee on Economic, Social and Cultural Rights for the Russian Federation (E/C.12/RUS/CO/6), paragraphs 50-51. The Committee is also concerned that there is no information available regarding the legislation formulating the characteristics of the Technical Means of Rehabilitation (TMR).

52. The Committee recommends that the State party take measures to ensure access to quality health care and rehabilitation services to persons with disabilities in all regions of the State party. The Committee recommends that the State party revise the current legislation and practice in terms of drug policy and preventive measures by taking into account the recommendations of the Committee on Economic, Social and Cultural Rights for the Russian Federation (E/C.12/RUS/CO/6), paragraphs 50-51 in particular. It also recommends that the State party elaborate legislation on the TMR system which should provide for transparent decision making process with regard to relevant safeguards.

Seychelles (2018)

43. The Committee notes that health services and health information are not accessible to persons with disabilities, including services and information relating to sexual and reproductive health and rights and HIV/AIDS. It is also concerned that:

(a) Under existing legislation, the consent to medical treatment of the person with a disability can be waived and the decision can be made by a third party;

(b) Health-care professionals are not sufficiently trained on the human rights of persons with disabilities;

(c) Primary prevention of disability is misunderstood as an implementation measure of the Convention.

44. The Committee recommends that the State party continue improving the accessibility of timely and quality health-care services for persons with disabilities, including in the areas of sexual and

reproductive health and rights and HIV/AIDS prevention and care. It also recommends that the State party:

- (a) Ensure that all medical treatments and interventions are undertaken with the free, prior and informed consent of the person with a disability concerned;
- (b) Carry out accessible public health campaigns directed at persons with disabilities;
- (c) Provide the services for persons with disabilities that are required by their specific disabilities as well as other services designed to minimize and prevent further disabilities, including among children;
- (d) Ensure that personnel in hospitals and health-care centres receive regular and compulsory training on the rights of persons with disabilities, including on the individual right to free and informed consent, sexual and reproductive health and rights, HIV/AIDS and sexually transmitted infections;
- (e) Take into account article 25 of the Convention while implementing targets 3.7 and 3.8 of the Sustainable Development Goals.

Slovenia (2018)

41. The Committee is concerned about the lack of access to health services for persons with disabilities and its availability, especially for deaf, blind persons and persons with psychosocial and/or intellectual disabilities.

42. The Committee recommends that the State party ensure access to health services by all persons with disabilities and its availability, regardless type of impairment, wherever they live, including in institutions. It further recommends that the State party ensures universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of the right to reproductive health into national strategies and programmes as set out in target 3.7, goal 3 of the Sustainable Development Goals. The Committee also recommends that the State party pay attention to the links between article 25 of the Convention and target 3.8, of the Sustainable Development Goals and it ensure the implementation of the health care and health insurance act.

Sudan (2018)

49. The Committee is concerned about the overall lack of accessibility in mainstream health services, and in particular:

The general lack of awareness among medical personnel about the rights of persons with disabilities and their lack of training in other communication methods;

The absence of protocols to ensure the free and informed consent of persons with disabilities with regard to health services;

Barriers faced by persons with disabilities in accessing health services, especially in rural areas, as a result of geographic distance to health centres, physical obstacles to health centres and lack of information in accessible formats;

The lack of information on sexual and reproductive health in accessible formats for persons with disabilities, including women and girls;

The limited availability and the high costs of accessing specialized health care services related to disabilities.

50. The Committee recommends that the State party:

Adopt a strategy to ensure access to health services by persons with disabilities, including by training medical personnel on the rights of persons with disabilities, the human rights-based approach to disability and in other communication methods;

Adopt health protocols aimed at ensuring the right of persons with disabilities to free and informed consent to medical treatments;

Take measures to ensure the availability and accessibility of health care facilities and services, including in rural areas, including by removing physical obstacles to health centres and providing information in accessible formats;

Ensure the dissemination of information on sexual and reproductive health rights in appropriate formats for all persons with disabilities, and the availability of gender and age-sensitive services, including in rural areas;

Promote the availability and affordability of specialized health care services related to disabilities.

Latvia (2017)

42. The Committee is concerned about the critical unavailability, inadequacy and inaccessibility of general health services for all persons with disabilities throughout the country

43. The Committee recommends that the State party ensure the availability, adequacy and accessibility of general health-care services and facilities for all persons with disabilities throughout the country.

Luxembourg (2017)

44. The Committee is concerned about insufficient accessible health-care services and facilities in the community for persons with disabilities, particularly those with intellectual disabilities and those that require extensive support. It is also concerned about:

The insufficient training of health personnel on the rights of persons with disabilities and human rights in general;

The inadequate access to information on health-care services and facilities, including about sexual and reproductive health and rights and related services, especially for women with disabilities who are still living in institutions.

45. The Committee recommends that the State party take measures to ensure the accessibility of health-care services and facilities in the community, particularly persons with intellectual disabilities or psychosocial disabilities and those that require extensive support. Specifically, it recommends that the State party:

Raise awareness of the rights of persons with disabilities under the Convention among medical professionals through training and the promulgation of ethical standards;

Take measures to provide persons with disabilities, especially women, with information in accessible formats, on accessible health-care services and facilities, including in the area of sexual and reproductive health.

Montenegro (2017)

46. The Committee is concerned about the limited and unequal access to health services for persons with disabilities, especially persons in institutions. It is also concerned about:

The unequal access to sexual and reproductive health services, particularly at the local level and especially for women, which is illustrated, inter alia, by the very small number of gynaecological chairs;

The lack of adequate training of health professionals on the human rights of persons with disabilities;

The lack of information on measures in place to ensure that health professionals act on the basis of individual, free and informed consent in all decision-making regarding the right to health for persons with disabilities;

The lack of information on whether the sterilization of persons with disabilities without their consent is fully prohibited.

47. The Committee recommends that the State party adopt all necessary legislative and policy measures and action plans, and allocate adequate resources to their implementation in order to ensure that:

All persons with disabilities have access to timely and quality health-care services, including at the local level;

Sexual and reproductive health services and information are fully accessible to persons with disabilities, including by increasing the number of accessible gynaecological chairs and ensuring that adequate information is provided in accessible formats and alternative methods of communication to all women and girls with disabilities concerning their sexual and reproductive rights;

Forced sterilization is fully prohibited under all circumstances;

Professionals in mainstream health services receive training on the rights enshrined in the Convention that includes training on the right to free and informed consent with particular regard to reasonable accommodation, and that such training be also provided by persons with disabilities and their representative organizations;

All health care and services provided to persons with disabilities, including all mental health care and services, are based on the free and informed consent of the individual concerned, that third party

consent is explicitly prohibited, and that any failure to act in line with the free and informed consent of the patient is punished.

Morocco (2017)

48. The Committee notes with concern:

Barriers faced by persons with disabilities in accessing health services as a result of geographic distance from health centres, a lack of specialized medical services and a lack of accessible health-care facilities for persons with disabilities;

The lack of information on sexual and reproductive rights in accessible formats for persons with disabilities;

The lack of information on the administration of health-care treatments in the absence of protocols to ensure the free and informed consent of persons with disabilities with regard to health services.

49. The Committee recommends that the State party:

Adopt a strategy to ensure access to health services by persons with disabilities, including components covering, inter alia, the development of accessible facilities, training for health professionals on the rights of persons with disabilities, and the provision of information on health treatments in accessible formats, including for persons with intellectual and/or psychosocial disabilities;

Ensure the dissemination of information on sexual and reproductive rights in appropriate formats for all persons with disabilities;

Set up protocols aimed at ensuring the right of persons with disabilities to free and informed consent in the implementation of the national health and disability plan for the period 2015-2021;

Pay attention to the links between article 25 of the Convention and target 3.7 of the Sustainable Development Goals, with a view to ensuring universal access to sexual and reproductive health-care services.

Panama (2017)

50. The Committee is concerned that, despite the fact that Act No. 42 of 27 August 1999, subsequently amended by Act No. 15 of 31 May 2016, provides for priority access to prompt health care for persons with disabilities, this provision is not being adequately implemented. It is further concerned at the lack of access to accessible health-care services for persons with disabilities.

51. The Committee recommends that the State party guarantee, in practice, priority access to health care for persons with disabilities and access to accessible health-care services for all persons with disabilities, including in rural areas and indigenous regions, on an equal basis with others.

United Kingdom of Great Britain and Northern Ireland (2017)

54. The Committee is concerned about the uneven access to health across the State party, including under the devolved governments, and about:

Systemic, physical, attitudinal and/or communicative barriers preventing persons with disabilities from accessing mainstream health services, such as inaccessible furnishing, training and treatment equipment, medicine and supplies, means of information and communication, limited access to clinics and health-care professionals, hospitals, dentists, gynaecologists and obstetricians;

Barriers for persons with disabilities to obtain privacy regarding management of personal health-related data;

Multiple barriers to access to sexual and reproductive health-care services and insufficient information and education on family planning in accessible formats for persons with disabilities, particularly women and girls;

Reports of cases in which no attempt was made to resuscitate persons with intellectual and/or psychosocial disabilities;

The suicide rate among persons with disabilities, particularly in Northern Ireland.

55. The Committee recommends that the State party, in close collaboration with representative organizations of persons with disabilities:

Develop a targeted, measurable and financed plan of action aiming at eliminating barriers in access to health care and services, and monitor and measure its progress, especially in relation to persons with intellectual and/or psychosocial disabilities and those with neurological and cognitive conditions;

Set up protocols for medical services that respect the right of persons with disabilities to privacy in information about health;

Ensure equal access to sexual and reproductive health-care services, as set out in target 3.7 of the Sustainable Development Goals, and provide information and education on family planning for persons with disabilities in accessible formats, including Easy Read;

Ensure that medical professionals are under the obligation to enforce standards set in guidance and criteria on “do not resuscitate” orders for persons with disabilities on an equal basis with others; (e)

Address the high suicide rate among persons with disabilities, especially persons with intellectual and/or psychosocial disabilities.

[Armenia \(2017\)](#)

43. The Committee is concerned about the lack of awareness among medical professionals of the rights of persons with disabilities and that health-care services and facilities, including emergency services and HIV/AIDS prevention, treatment, care and support programmes, remain inaccessible and unavailable to many persons with disabilities, especially in rural areas. It is also concerned about the lack of accessibility of medical services and facilities for women with disabilities, particularly in the area of sexual and reproductive health.

44. The Committee recommends that the State party: (a) Adopt training courses and ethical standards on the rights of persons with disabilities for medical professionals.

Ensure the availability and accessibility of health-care services and facilities for all persons with disabilities throughout the country, including emergency services and HIV/AIDS prevention, treatment, care and support programmes;

Take measures to ensure that women with disabilities have accessible medical services and facilities, including in the area of sexual and reproductive health.

[Bosnia and Herzegovina \(2017\)](#)

44. The Committee is concerned about the limited and unequal access to health services for children with disabilities in the State party. It is also concerned about the unequal access to sexual and reproductive health services and the lack of adequate training of health professionals on the rights of persons with disabilities, as well as about the inaccessibility of medical services and health facilities.

45. The Committee recommends that the State party take effective and harmonized measures to provide early intervention services to all children with disabilities and that it ensure adequate training of health professionals on the rights of persons with disabilities. It also recommends that the State party require providers of health services to offer health services to persons with disabilities on an equal basis with others by making the necessary equipment and instruments available and accessible in order for women with disabilities to access services, including reproductive health services, as close to home as possible.

[Canada \(2017\)](#)

45. The Committee is concerned about barriers faced by women with disabilities in accessing services for safe abortion, owing to a lack of access to information on and services related to sexual and reproductive health rights and the limited number of clinics that provide termination of pregnancy services. The Committee also notes with concern the stigma and attitudinal barriers faced by persons with disabilities in gaining access to medical tests and treatment for sexually transmitted diseases, owing to prejudices that consider persons with disabilities “asexual” and the refusal of health-care services. It is further concerned that persons with disabilities continue to face physical, financial and attitudinal barriers in accessing information and health-care services, including with regard to sexual and reproductive health and rights, and notably abortion, and that the cost of medication remains a significant obstacle.

46. The Committee recommends that the State party:

Adopt measures to ensure universal coverage of health services for all persons with disabilities, including indigenous persons with disabilities, and that services are accessible, affordable and culturally sensitive, and prevent the denial of health-care services, including abortion;

Take measures to provide persons with disabilities with information in accessible formats about their sexual and reproductive health;

Conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities under the Convention and have the tools to provide appropriate advice for persons with disabilities, including women with disabilities;
Establish special measures to ensure that people with disabilities, including transgender and gender-diverse persons with disabilities, have equal access to health services, including surgical and medical abortion services, and gender- affirming comprehensive health care.

Cyprus (2017)

51. The Committee is concerned about the insufficient accessibility to health-care services by persons with disabilities. It also notes with concern that information regarding sexual and reproductive health is insufficiently accessible and that women and girls with disabilities are subjected to discrimination and stereotyping in this field. Furthermore, the Committee is concerned that relevant legislation does not systematically apply a human rights-based approach to disability.

52. The Committee recommends that the State party, in close collaboration with representative organizations of persons with disabilities with a special focus on the collaboration with women and girls with disabilities, and in line with article 4 (3) of the Convention, ensure accessibility to health services and facilities, and to information and communication regarding sexual and reproductive health rights and services on an equal basis with others, and that the health personnel be educated and trained on the rights of persons with disabilities. The Committee also recommends that the State party strengthen and implement mechanisms to combat discrimination and stereotyping in line with general comment No. 3 (2016) and targets 3.7, 3.8 and 5.6 of the Sustainable Development Goals in the field of access to health services. Furthermore, the Committee recommends that the State party apply a human rights- based approach to disability in the provision of health services to persons with disabilities.

Honduras (2017)

53. Al Comité le preocupa que los servicios generales de salud no sean accesibles para las personas con discapacidad, especialmente en zonas rurales y comunidades afrohondureñas e indígenas. También le preocupa la falta de profesionales debidamente formados para brindar una atención de salud incluyente y atender los requerimientos específicos de las personas con discapacidad, especialmente las personas con discapacidad intelectual y/o psicosocial, así como los estereotipos que existen en cuanto a la salud sexual y reproductiva de las mujeres con discapacidad.

54. El Comité recomienda al Estado parte que adopte planes y asigne recursos para garantizar que los servicios generales de salud, incluidos los servicios de salud sexual y reproductiva y la información a este respecto, sean accesibles para las personas con discapacidad en su territorio, especialmente en zonas rurales y comunidades afrohondureñas e indígenas. Recomienda además que el personal de los servicios de salud destinados a la población en general reciba capacitación en lo referente al trato de las personas con discapacidad, particularmente a las personas con discapacidad intelectual y/o psicosocial, y el respeto de los derechos consagrados en la Convención.

Iran (Islamic Republic of) (2017)

48. The Committee observes with concern:

The absence of strategies to provide all persons with disabilities access to health services;
The absence of information about accessible information and equipment including gynecological services for women with disabilities;
The lack of information about coverage of early identification programmes among children with disabilities in rural and urban areas; and
The lack of health insurance beyond basic one for persons with disabilities who do not qualify as 'war disabled veterans' and/or martyrs.

49. The Committee recommends that the State party:

Ensure that all persons with disabilities, including women, girls and boys with disabilities have access on an equal basis with others to affordable, accessible, quality and culturally sensitive health services, in urban and rural areas;

Strengthen its efforts to ensure that sexual and reproductive health services and information, are fully accessible and incorporate a gender perspective;

Introduce a data collection system based on international standards on the health status of persons with disabilities, including identification and follow-up mechanism for children with disabilities; and Implement a strategy to provide health insurance to all persons with disabilities regardless of their impairment, cause of impairment, place of living, age, sex, gender or refugee status.

Jordan (2017)

47. The Committee notes with concern the restrictions imposed on persons with disabilities, in particular those with psychosocial or neurological disabilities, to subscribe to private health insurance. It is also concerned that health-care professionals lack training on the human rights of persons with disabilities, particularly those with intellectual and/or psychosocial disabilities.

48. In line with article 25 of the Convention and Sustainable Development Goal 3, the Committee recommends that the State party:

Enact legislation explicitly recognizing the right of persons with disabilities to enjoy all private health insurance services covered by private insurance companies on an equal basis with others;

Integrate the human rights-based model of disability into the training curriculum of all health professionals, emphasizing that medical services and treatment to persons with disabilities should be provided with the free, prior and informed consent of all persons with disabilities.

Republic of Moldova

46. The Committee is concerned that there is a general lack of awareness of the rights of persons with disabilities among medical professionals and that health-care services and facilities, including emergency services, remain inaccessible and unavailable to persons with disabilities, especially in rural areas and for persons with disabilities still living in residential institutions. It is also concerned about the lack of accessibility of medical services and facilities, particularly relating to sexual and reproductive health, for women with disabilities.

47. The Committee recommends that the State party raise awareness of the rights of persons with disabilities among medical professionals through training and the promulgation of ethical standards and:

Ensure the availability and accessibility of health-care services and facilities, including emergency services, for all persons with disabilities throughout the country;

Take measures to ensure that women with disabilities have access to accessible medical services and facilities, including in the area of sexual and reproductive health.

Bolivia (2016)

57. The Committee is concerned about:

The absence of measures for the inclusion of persons with disabilities in the health services at all levels, and in particular the lack of protocols, the lack of accessibility in facilities and equipment, the lack of settings for the use of sign language and the lack of training for health personnel on the rights of persons with disabilities;

The continuing discrimination against persons with disabilities by denying them some or all medical services and treatment;

The lack of policies on the secondary prevention of the emergence of new impairments in persons with disabilities or the aggravation of existing disabilities;

The failure to provide universal health coverage, as provided for in Act No. 475 on comprehensive health service provision.

58. The Committee recommends that the State party take measures to promote physical and mental health and well-being, and:

Implement a strategy to ensure the accessibility of medical facilities and furnitures, information and communication for persons with disabilities;

Launch a training and promotion campaign on the rights of persons with disabilities for health professionals and staff throughout the national territory, including the right to free and informed consent and the adoption of treatment protocols that also cover sexual and reproductive health services;

Allocate sufficient human and material resources to give effect to universal health service coverage, including specialized services in the field of disability, focusing on the secondary prevention of the emergence of new impairments and the aggravation of existing disabilities.

Be guided by article 25 of the Convention in its efforts to achieve targets 3.7 and 3.8 of the Sustainable Development Goals.

Colombia (2016)

56. The Committee is concerned at:

The low level of compliance with Act No. 1616 on mental health, in relation to informed consent for invasive surgical procedures and psychiatric treatment;

The lack of accessibility in the provision of sexual and reproductive health services, including those relating to HIV/AIDS;

The prejudice and negative attitudes of health-care service providers, both generally and in services specializing by type of disability;

Inadequate or non-existent coverage in rural areas and very remote locations.

57. The Committee recommends that the State party:

Ensure the observance of the right of free and informed consent of persons with disabilities regarding health care, including sexual and reproductive health, services related to HIV/AIDS, and psychiatric services and interventions, through the use of protocols;

Train health personnel on the rights and dignity of persons with disabilities, including the right to free and informed consent;

Take steps to ensure the accessibility of all health-care services, in terms of both information and communications, and physical facilities, equipment and furniture;

Provide the financial and human resources necessary to extend health care to all persons with disabilities, in particular those who are victims of armed conflict, women, children or older persons with disabilities; Afro-Colombian, Raizal or indigenous persons; living in rural and remote areas; or lesbian, gay, bisexual, transgender or intersex;

Be guided by article 25 of the Convention in pursuing targets 3.7 and 3.8 of the Sustainable Development Goals.

Ethiopia (2016)

53. The Committee is concerned that access to health care and the capacity of health and social services to provide care for children with disabilities is not sufficient, in particular in rural zones.

54. The Committee recommends that the State party ensure sufficient capacity of health and social services to provide care for children with disabilities, in particular in rural regions.

55. The Committee is concerned that training for staff of hospitals and health-care centres on the rights of persons with disabilities, including on free and informed consent, sexual and reproductive health, HIV and sexually transmitted infections, is neither regular nor compulsory. The Committee is further concerned that education and information on health-care services is neither accessible nor available across all states, including in rural regions.

56. The Committee recommends that the State party ensure that hospital and health-care centre staff are given regular and compulsory training on the rights of persons with disabilities, including on the individual right to free and informed consent, sexual and reproductive health, HIV and sexually transmitted infections. It also recommends that the State party take into account article 25 of the Convention while implementing targets 3.7 and 3.8 of the Sustainable Development Goals.

Guatemala (2016)

61. The Committee is concerned by the inadequacy of the health system and the barriers to health service access faced by persons with disabilities, especially in rural areas and indigenous communities. It is also concerned by the fact that the Federico Mora National Mental Health Hospital is the only mental health care solution provided by the State party. It is further concerned by the restrictions and the stereotypes that persist among health professionals with regard to access to sexual and reproductive health services for women with disabilities.

62. The Committee recommends that the State party:

Ensure the appropriate provision of community health services for persons with disabilities throughout the country, on the basis of free and informed consent, and ensure that the pharmacological treatments needed on account of disability are provided as part of the support system, at a low cost or free of charge;

Develop community mental health services, adopting a human rights approach;

Ensure that women with disabilities are provided with safe and accessible sexual and reproductive health services in both urban and rural areas;
Provide training for all health system personnel on the rights of persons with disabilities in terms of health service access;
Take into account article 25 of the Convention in the implementation of targets 3.7 and 3.8 of the Sustainable Development Goals.

Italy (2016)

61. The Committee is concerned about the lack of physical accessibility and information regarding sexual and reproductive health services, including discrimination and stereotyping, particularly to women and girls with disabilities.

62. The Committee recommends that the State party, in close collaboration with organizations representing persons with disabilities and particularly those representing women with disabilities, ensure accessibility to facilities and equipment, information and communications regarding sexual and reproductive health services, and that it provide training to health personnel about the rights of persons with disabilities. It also recommends that the State party strengthen mechanisms to combat discrimination and stereotyping in line with its general comment No. 3.

63. The Committee is concerned about the lack of data on medical treatment administered without the free and informed consent of the person, including sterilization.

64. The Committee recommends that the State party abolish all laws that permit medical treatment, including sterilization, consented by a third party (parent or guardian) without the free and informed consent of the person, and that it provide related high-quality training to health professionals.

65. The Committee is concerned at the slow progress of adopting and funding the Minimum Standards of Health Care, including early identification and intervention for children with disabilities.

66. The Committee recommends that the State party expedite the adoption, funding and implementation of Minimum Standards of Health Care so all children have access to early identification and intervention according to their requirements. The Committee recommends that the State party take into account article 25 of the Convention while implementing targets 3.7 and 3.8 of the Sustainable Development Goals.

United Arab Emirates (2016)

45. The Committee is concerned:

That national legislation is inconsistent with the right of persons with disabilities to free and informed consent in relation to medical treatment and about the absence of legislation that explicitly recognizes that right for persons with disabilities, including persons with intellectual and psychosocial disabilities;
About the lack of information on how the mandatory HIV/AIDS testing policies for pregnant women and migrant workers affect the right to health of persons with disabilities;

About the lack of accessible health-care services, including sexual and reproductive health services, and information;

About the lack of training for all health professionals on the human rights of persons with disabilities.

46. The Committee recommends that the State party:

Repeal legislation that violates the right of persons with disabilities to free and informed consent in relation to medical treatment and enact legislation that explicitly recognizes that right for persons with disabilities, including persons with intellectual and psychosocial disabilities;

Revise the policy of mandatory HIV/AIDS testing, which goes against free and informed consent;

Develop a wide range of community-based health services and ensure their accessibility, including health services and information for women with disabilities on their rights enshrined in article 25 of the Convention;

Raise awareness of the human rights model of disability among all health professionals, including training on the right to free and informed consent;

Be guided by article 25 of the Convention in the implementation of target 3 of the Sustainable Development Goals.

Uruguay (2016)

53. Al Comité le preocupa que los servicios generales de salud no sean accesibles para las personas con discapacidad, particularmente en el interior del Estado parte. También le preocupa la falta de

profesionales debidamente formados para garantizar el derecho al consentimiento libre e informado, para brindar una atención de salud incluyente y atender los requerimientos específicos de las personas con discapacidad.

54. El Comité recomienda al Estado parte que adopte planes y asigne recursos para garantizar que los servicios generales de salud, incluidos los servicios de salud sexual y reproductiva y la información al respecto, sean accesibles para las personas con discapacidad en su territorio. Recomienda además que el personal de los servicios de salud destinados a la población general reciba capacitación en lo referente a la comunicación con y al trato de las personas con discapacidad en los contextos sanitarios en el Estado parte y observando el respeto al consentimiento libre e informado y otros derechos consagrados en la Convención. El Comité recomienda al Estado parte que preste atención a los vínculos entre el artículo 25 de la Convención y las metas 3.7 y 3.8 de los Objetivos de Desarrollo Sostenible, para el acceso a servicios de salud esenciales de calidad, incluidos los servicios de salud sexual y reproductiva y el acceso a medicamentos.

Chile (2016)

51. Preocupa al Comité la escasez de información relativa a la salud sexual y reproductiva accesible para personas con discapacidad, particularmente para mujeres y niñas y personas con discapacidad intelectual y/o psicosocial.

52. El Comité recomienda al Estado parte que haga accesibles la información y servicios integrales de salud sexual y reproductiva en todo el territorio chileno, incluyendo la lengua de señas y formatos accesibles, el equipo y mobiliario.

53. Al Comité le preocupa que la política de salud mental refleje el modelo médico de la discapacidad y que el personal médico en este campo no esté capacitado acerca de los derechos de las personas con discapacidad.

54. El Comité recomienda al Estado parte que adopte una política relativa a la salud mental, fundamentada en el respeto de los derechos humanos, involucrando a las organizaciones que representan a las personas con discapacidad, particularmente discapacidad psicosocial. También le recomienda que capacite al personal médico y terapéutico acerca de los derechos de las personas con discapacidad.

Lithuania (2016)

49. The Committee is concerned that:

The current legislation on health insurance does not fully guarantee reimbursement or other forms of compensation to persons with disabilities for expenditures caused by disability when receiving treatment within the mainstreamed health system;

The systemic barriers, including physical barriers, and the lack of accessible information, communication, training or treatment equipment, and health-care professionals trained in the human rights model of disability are limiting persons with disabilities' access to mainstream health services; Persons with disabilities face discrimination in accessing sexual and reproductive health care services due to the lack of accessible equipment suitable for use by all persons with disabilities, among other reasons.

50. The Committee recommends that the State party:

Take appropriate legislative measures to secure access for persons with disabilities to free and affordable health-related habilitation and rehabilitation goods and services;

Train health personnel on the human rights model of disability, including on the right to free and informed consent, and ensure the accessibility of health-care facilities and equipment to ensure that all such facilities and equipment, including in hospitals and in the practices of dentists, gynaecologists and obstetricians, are accessible to persons with disabilities, regardless of their impairments;

Ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and ensure also the integration of reproductive health into national strategies and programmes as set out in target 3.7 of the Sustainable Development Goals.

Portugal (2016)

48. The Committee notes that the State party has paid scant attention to the rights of persons with disabilities in legislation and policies adopted in the State party in the fields of healthcare, sexual and reproductive health, HIV/AIDS, and sexually transmitted infections, which are not always accessible, and especially in the case of obstetrics and gynaecology services. The Committee is further concerned that primary prevention of disability is regarded as a measure of implementation of the Convention.

49. The Committee recommends that the State party take all necessary measures in order that persons with disabilities may access healthcare without restriction, including sexual and reproductive health, by explicitly prohibiting discrimination on the grounds of disability in legislation and ensuring universal access to its programmes and services, both in urban and rural areas, while providing appropriate training to healthcare staff. It is also recommended that primary prevention of disability is excluded from programs.

Serbia (2016)

51. The Committee is concerned at the lack of early identification and intervention of children with disabilities. The Committee is further concerned about the limited access to health services for persons with disabilities in the State party, particularly access to sexual and reproductive health. It is also concerned about the lack of adequate training of health professionals in caring for persons with disabilities and the inaccessibility of medical services and health facilities.

52. The Committee recommends that the State party provide health care personnel with adequate training and competencies required and to expedite the implementation of the national programme for enhanced early childhood development. The Committee recommends that the State party ensure access to health, on an equal basis with others, of all persons with disabilities including access to sexual and reproductive health. It also recommends the training of health professionals regarding attention to persons with disabilities and to make accessible medical services and health facilities.

Slovakia (2016)

69. The Committee is concerned about discrimination in access to health-care services, in particular sexual and reproductive health services, and the restrictions to the exercise of free and informed consent to treatment, especially for persons with intellectual disabilities.

70. The Committee recommends that the State party remove physical, information and communication barriers to gaining access to health-care services, and that medical services and treatment be provided on the basis of the free, prior and informed consent of all persons with disabilities. Furthermore, the Committee recommends that the State party provide training for all health and social care personnel on the rights enshrined in the Convention.

Thailand (2016)

47. The Committee is concerned that mainstream health services and information on public health education are not accessible to persons with disabilities, particularly in rural areas. It is also concerned about the insufficiency of training for all health professionals on the rights of persons with disabilities.

48. The Committee recommends that the State party strengthen its efforts to ensure that all health services for the general public are fully accessible and incorporate a gender perspective, especially in rural areas. The Committee also recommends that the State party take measures to provide mandatory training to all health professionals on the rights of persons with disabilities, including the right of all persons with disabilities to give their free and informed consent.

49. The Committee is concerned that private health insurance companies discriminate against persons with disabilities by refusing to sell them health insurance policies because of their disability.

50. The Committee recommends that the State party prohibit discrimination on the basis of disability by private health insurance companies.

Uganda (2016)

50. The Committee is concerned about the lack of information on accessible health-care facilities for persons with disabilities, and the absence of measures to ensure that

information and services on sexual and reproductive rights are accessible. It is also concerned about the non-inclusion of persons with albinism in the State party's cancer policy denying them access to skin cancer treatment to prevent skin damage as well as the non-availability of essential drugs for persons with mental health conditions in health centres across the country, especially in rural areas.

51. The Committee recommends that the State party:

Provide mandatory training on the rights of persons with disabilities to all health-care staff;

Train and recruit professional guides and sign language interpreters to assist persons with disabilities in health centres;

Include persons with albinism in the State party's cancer policy and ensure the availability of essential drugs in health centres across the country for persons with mental health conditions, including those of level II, especially in rural areas;

Adopt measures to ensure that all education, information, health care and services relating to sexual and reproductive health, HIV/AIDS and sexually transmitted infections, including treatment, advice and counselling, are made accessible to persons with disabilities, in particular women and girls with disabilities, in age-appropriate formats in both urban and rural areas.

[Brazil \(2015\)](#)

46. The Committee is concerned that mainstream health services are not accessible to persons with disabilities. The Committee is also concerned at the lack of health professionals who have adequate training to provide inclusive health care and meet the specific needs of persons with disabilities.

47. The Committee recommends the State party to adopt plans and allocate resources to ensure that mainstream health services, including sexual and reproductive health services and information, are accessible to persons with disabilities. It also recommends the State party to ensure that health professionals in mainstream health services receive training on the rights enshrined in the Convention.

[European Union \(2015\)](#)

62. The Committee is concerned that disability-based discrimination is not explicitly prohibited in the field of health care. It furthermore notes the barriers persons with disabilities face in accessing health care in different Member States.

63. The Committee recommends that the European Union explicitly prohibit disability-based discrimination in the field of health care and take measures to ensure access to quality health care for all persons with all types of disabilities. It further recommends that the European Union evaluate the impact of its Cross-Border Healthcare Directive with regard to gaps in access for persons with disabilities, including accessible information, reasonable accommodation and training of professionals.

EU Institutions compliance with the Convention (as public administrations)

86. The Committee is concerned that European Union staff members with disabilities or family members with disabilities are discriminated against by European Union health insurance schemes.

87. The Committee recommends that the EU revise its Joint Sickness and Insurance Scheme so as to comprehensively cover disability-related health needs in a manner which is compliant with the Convention.

[Gabon \(2015\)](#)

54. The Committee is concerned that health services and information on public health education are not accessible to persons with disabilities, in particular in rural areas. It is also concerned about the lack of training for all health professionals on the human rights of persons with disabilities.

55. The Committee recommends that the State party ensure that: a) All health services are accessible to persons with disabilities at all levels, in particular at the community level; b) Information for all public health education and health services be accessible, in particular community-based health services, including HIV/AIDS and sexual and reproductive health services, including in rural areas; c) Strategies to raise awareness of the human rights model of disability among all health professionals are in place.

56. The Committee is concerned that persons with psychosocial or intellectual disabilities, especially women and girls with disabilities, do not have equal access to the highest attainable standard of health, nor exercise their right to free and informed consent regarding health interventions.

57. The Committee recommends that the State party take the necessary steps to repeal legislation restricting the right of persons with disabilities to free and informed consent and enact laws which explicitly recognise this right of the individual and that it prohibit the substitution of consent by a third party. The Committee also recommends that the State party adopt measures to ensure that all persons with disabilities, in particular persons with psychosocial or intellectual disabilities, especially women and girls with disabilities, have access to the highest attainable standard of health on an equal basis with others and to conduct regular training of hospital and health care staff on the rights of persons with disabilities, including their right to free and informed consent and reasonable accommodation in all healthcare settings.

Kenya (2015)

45. The Committee remains concerned about the barriers for persons with disabilities in accessing information and services of sexual and reproductive health, and the lack of information on the implementation of specific measures to prevent sexually transmissible infections, including HIV/AIDS among persons with disabilities. It is also concerned about the lack of information on accessible health care facilities for persons with disabilities in rural areas. It is further concerned about the State party's approach to mental health care is based on the medical model.

46. The Committee recommends that the State party:

Strengthen its efforts to ensure that all health policies, programmes and services, including in sexual and reproductive health and those related to HIV/AIDS, are fully accessible and incorporate a gender perspective, especially in rural areas and at the community level;

Adopt measures to establish accessible health care facilities and technologies for persons with disabilities in urban and rural areas; and

Develop a wide range of community-based services that respond to the needs of persons with disabilities, and respect the person's autonomy, choices, dignity and privacy, including peer support and other alternatives to the medical model of mental health.

Mauritius (2015)

35. The Committee regrets the lack of information on the availability of health, early intervention services, including provision of sexual and reproductive health services and age appropriate habilitation and rehabilitation services for persons with disabilities. The Committee is also concerned about the lack of social support to cover the disability-related expenses for their children with disabilities.

36. The Committee recommends that the State party adopt clear procedures for the early intervention services for persons with disabilities to appropriate and accessible habilitation and rehabilitation services, including services for parents with disabilities, with special regard to parents of all children with disabilities. The Committee also recommends that the State party ensure that health, rehabilitation and other disability-related expenses for children with disabilities be covered.

Qatar (2015)

45. The Committee is concerned about the lack of training for all health professionals on the human rights of persons with disabilities. It is also concerned about the lack of information on measures in place to ensure that health professionals act on the basis of individual, free and informed consent in all decision-making regarding the right to health for persons with disabilities and how the mandatory HIV/AIDS testing policies for pregnant women and migrant workers impact on this right. The Committee is concerned about the lack of accessible health care services and information, including sexual and reproductive health services and that the centralization of health services provided for persons with disabilities in the capital creates additional accessibility barriers for persons with disabilities living outside of the capital.

46. The Committee recommends that the State party adopt measures to ensure that all health care and services provided to persons with disabilities, including all mental health care and services, is based on the free and informed consent of the individual concerned and that third party consent is explicitly prohibited, and recommends revising the policy of mandatory HIV/AIDS testing which goes against free and informed consent. It also recommends that the State party develop a wide range of community-based health services and ensure their accessibility. The Committee also recommends

that the State party raise awareness of the human rights model of disability among all health professionals including training on the right to free and informed consent.

Ukraine (2015)

46. The Committee is concerned about the reports that persons with disabilities face difficulties accessing health care, particularly in accessing medicines and rehabilitation services and that persons with disabilities in rural areas have limited access to healthcare facilities. The Committee is furthermore concerned that women and girls with disabilities have restricted access to information on sexual and reproductive health and family planning.

47. The Committee calls upon the State party to ensure that all persons with disabilities have access to timely and quality health care services both in rural and urban areas, including by providing access to medicines and rehabilitation services and providing information and services on sexual and reproductive health and family planning, especially to women and girls with disabilities.

Cook Islands (2015)

45. The Committee is concerned that health care professionals and public health experts lack the necessary training in order to provide inclusive health care and meet the specific needs of persons with disabilities and their families, including providers of sexual and reproductive health.

46. The Committee recommends that the State party:

Ensure training on disability for health care professionals and public health experts, prioritising the training of sexual and reproductive health providers on accessible and inclusive services for persons with disabilities;

Amend the Criminal Code prohibiting guardianship, so that women with disabilities exercise their right to sexual and reproductive autonomy on an equal basis with others.

Provide mental health services for children and adolescents across the islands.

Croatia (2015)

37. The Committee is concerned that the excessive burden of proof placed on people with disabilities who are not insured under the compulsory health care can lead to no access to health care facilities. It is further concerned that the mainstream health services are not accessible and adequate for persons with disabilities.

38. The Committee recommends that further efforts are made to ensure that people with disabilities without compulsory health care insurance have access to health care facilities. The Committee further recommends that access to mainstream health services, sexual and reproductive health services are made accessible to people with disabilities, especially in rural areas. It also recommends that health professionals in mainstream health service are urgently trained to adequately offer services to persons with disabilities and respect the rights enshrined in the Convention.

Czech Republic (2015)

48. The Committee notes with concern the difficulties deaf persons and parents of boys and girls with intellectual and psycho-social disabilities still face in accessing health care services due to lack of accessible information in spite of the efforts made by the State party.

49. The Committee calls upon the State party to intensify the efforts to make information on health care accessible for persons with disabilities and parents of boys and girls with disabilities, including by making information on relevant service available and accessible to persons with disabilities and their families and by providing sufficient sign language interpreters to deaf persons when they seek health care.

Dominican Republic (2015)

46. Le preocupa al Comité que las acciones y políticas del Estado parte en materia de salud para las personas con discapacidad enfatizan el modelo médico de la discapacidad, en particular la prevención primaria de discapacidades. Igualmente, el Comité observa con preocupación que las instalaciones y el equipo médico en los servicios de salud sexual y reproductiva no son accesibles, particularmente a

mujeres y niñas con discapacidad, la persistencia de estigmas y las prácticas lesivas a los derechos de las personas con discapacidad.

47. El Comité recomienda al Estado parte:

Redoblar los esfuerzos para que los servicios generales de salud sean plenamente accesibles para todas las personas con discapacidad, incluyendo los servicios de salud sexual y reproductiva, eliminando prejuicios y facilitando la actualización profesional y la capacitación a profesionales de la salud sobre los derechos de las personas con discapacidad;

Tomar en cuenta los resultados y recomendaciones del “Diagnostico participativo sobre los Derechos Sexuales y Reproductivos de las Mujeres con Discapacidad en la República Dominicana”, realizado por el Círculo de Mujeres con Discapacidad;

Asegurar que todos los servicios de salud sean accesibles en las áreas rurales y más remotas, y no se discrimine a personas con discapacidad migrantes y a sus descendientes de origen haitiano, particularmente si tienen alguna discapacidad; y

Fortalecer los servicios de salud mental con enfoque de derechos humanos.

[Germany \(2015\)](#)

47. The Committee is concerned about barriers in accessing healthcare and, particularly, access to healthcare for asylum seekers and refugees with disabilities.

48. The Committee recommends that the State party develop and implement plans and allocate resources for the accessibility of healthcare services, including services for refugees, rights-based training for healthcare professionals, communication, information, respect for free and informed individual consent, and universally designed equipment.

[Mongolia \(2015\)](#)

39. The Committee is concerned about the limited access for persons with disabilities to comprehensive health and rehabilitation services, particularly in rural and remote areas, including access to sexual and reproductive health. It is also concerned that under the health legislation of the State party, not all persons with disabilities can exercise their free and informed consent.

40. The Committee recommends that the State party take measures to ensure access for people with disabilities to health services without financial constraints, in particular sexual and reproductive health, maternal and child health centers, psychosocial services, and comprehensive rehabilitation community-based services for rural and isolated areas. The Committee also recommends ensuring that all persons with disabilities, regardless of their deficit, have the right to free and informed consent.

[New Zealand \(2014\)](#)

51. The Committee is concerned that barriers still exist preventing persons with disabilities, and especially persons with intellectual disabilities, from fully accessing health-care services, including sexual and reproductive health care.

52. The Committee recommends that further measures be taken to ensure access to full health care for all persons with disabilities.

53. The Committee is concerned that Maori people have the poorest health outcomes in New Zealand. The Committee is also concerned that the prevalence of disability is higher in the Maori population as a result of poverty and disadvantages.

54. The Committee recommends that measures be strengthened to enhance the health outcomes of Maori and Pacific persons with disabilities.

[Denmark \(2014\)](#)

56. The Committee is concerned at information indicating that persons with psychosocial disabilities have a life expectancy that is 15 to 20 years shorter than persons without psychosocial disabilities.

57. The Committee recommends that the State party ensure that persons with disabilities, in particular persons with psychosocial disabilities, have equal access to the highest attainable standard of health, including by providing adequate and accessible health services needed by persons with disabilities, and by providing training to health professionals and officials in the public health authorities, including on the right to free and informed consent.

Republic of Korea (2014)

47. The Committee is concerned that the recently amended article 732 of the Commercial Act recognizes life insurance contracts for persons with disabilities only if the person “possesses mental capacity”. The Committee notes that the denial of insurance contracts on the basis of “mental capacity” constitutes a discrimination against persons with disabilities.

48. The Committee encourages the State party to repeal article 732 of the Commercial Act, which recognizes life insurance contracts for a person with disability only if the person “possesses mental capacity”, and to withdraw its reservation to the provision of article 25 (e) of the Convention regarding life insurance.

Ecuador (2014)

38. The Committee is concerned that the health services provided for persons with disabilities by the Ministry of Public Health through comprehensive support centres are not accessible to persons with disabilities living there in rural areas.

39. The Committee recommends that the Ministry of Public Health carry out an accessibility programme at the comprehensive support centres with a view to implementing protocols for different types of disabilities and ensuring that its facilities are accessible to persons with disabilities living in rural areas.

40. The Committee is concerned that the Comprehensive Organic Criminal Code allows the spouse, partner, close family member or legal representative of a woman with an intellectual disability to take a decision on her behalf to have an abortion if the pregnancy is the result of rape.

41. The Committee recommends that the State party amend article 150 of the Comprehensive Organic Criminal Code and any other similar legislation that authorizes a third party to take decisions concerning the body of a woman with a disability.

Mexico (2014)

49. The Committee is concerned at the lack of community mental health services. It is further concerned by restrictions on the right of women with disabilities to safely access sexual and reproductive health services and by the pressure to undergo an abortion when they become pregnant.

50. The Committee recommends that the State party:

Ensure that informed consent is obtained for any medical treatment of persons with disabilities, including the possibility of advance directives; that appropriate community health services are available to persons with disabilities, based on the right to free and informed consent; and that any medication required for a disability are included in the support system and are available at no or low cost;

Ensure that women with disabilities may enjoy their right to accessible and safe sexual and reproductive health services, in both urban and rural areas, and prevent pregnant women with disabilities from being pressured to undergo abortions, investigate any such cases and punish the doctors involved.

Costa Rica (2014)

49. The Committee is concerned about the scant progress made towards ensuring that general and specialized health services are fully accessible to persons with disabilities, which is evidenced by the lack of appropriate medical equipment, fittings and facilities and the fact that neither Costa Rican sign language interpreters nor timely, accessible information are available. The Committee is also concerned about the limited extent to which persons with disabilities are included in sexual and reproductive health policies, programmes and services, including those related to HIV/AIDS, which disproportionately affects women and girls with disabilities. The Committee regrets that no mechanisms have been established to ensure that all services provided to persons with disabilities are delivered only with their free and informed consent.

50. The Committee calls for a strengthening of efforts to ensure that all health policies, programmes and services, including in sexual and reproductive health and those related to HIV/AIDS, are fully accessible and incorporate a gender perspective, especially in rural areas and at the community level.

The State party should ensure that persons with disabilities give their free and informed consent, through appropriate mechanisms, before receiving health services of any kind.

51. The Committee regrets that the State party's approach to mental health care is based on the medical model and that no plans to move towards a community care model are being implemented.

52. The Committee urges the State party to allocate resources and to expedite implementation of the national policy for community-based mental health-care services.

[El Salvador \(2013\)](#)

51. The Committee is concerned about the discrimination against persons with disabilities in terms of access to health, including sexual and reproductive health, caused by barriers including the lack of equipment suitable for use by all, for example for obstetrical and gynaecological care. The Committee is also concerned about the lack of information on the right to health of persons with disabilities in rural areas and the availability of community rehabilitation services. The Committee is concerned about the fact that medical procedures are conducted without the free and informed consent of persons with disabilities.

52. The Committee recommends that the State party:

Adopt the requisite legislative measures to protect persons with disabilities against discrimination in health matters; ensure their access to health insurance schemes; carry out public health campaigns directed at persons with disabilities, including components on gender and age, sexual and reproductive rights and HIV/AIDS prevention and care; and involve women with disabilities in campaigns to prevent breast and cervical cancer;

Adopt plans and allocate resources for the accessibility of health-care services, including equipment suitable for use by all;

Produce statistics and data on persons with disabilities so that better planning can facilitate their access to health-care services, and identify options for their access to community rehabilitation services;

Adopt measures to ensure persons with disabilities can exercise their right to free and informed consent regarding medical treatment.

[Paraguay \(2013\)](#)

59. The Committee is concerned at the scant information on health services for persons with disabilities, and in particular on services at the community level, including HIV-related services. It is also concerned at poor accessibility in specialist and general medical services, including barriers preventing access to physical facilities and medical equipment and furnishings, and at discrimination in the provision of sexual health and reproductive services.

60. The Committee asks the State party to take the necessary measures to ensure that all health services are fully accessible to persons with disabilities at all levels, including the community level, and that these measures incorporate the gender perspective.

[Argentina \(2012\)](#)

39. The Committee is concerned about the systemic barriers that make it impossible for persons with disabilities to access health services in the State party. These include physical barriers, a dearth of accessible materials, a lack of health-care professionals trained in the human rights model of disability and restrictions on the exercise of legal capacity that exclude persons with disabilities from taking decisions concerning their own treatment.

40. The Committee recommends that the State party develop comprehensive health-care programmes that specifically make provision for persons with disabilities and ensure that they have access to habilitation and rehabilitation health services. It urges the State party to allocate budgetary resources and provide training for health personnel in order to effectively realize the right to health of persons with disabilities, while also ensuring that hospitals and health centres are accessible to persons with disabilities.

41. The Committee regrets that the effective implementation of the National Mental Health Act (Act No. 26.657) is under threat because its implementing regulations have not yet been adopted and because the make-up of its review body has yet to be agreed upon. It also regrets the lack of clear-cut

mechanisms for ensuring that persons with disabilities give their free and informed consent for any type of medical treatment before it is administered.

42. The Committee urges the State party to adopt the implementing regulations for the National Mental Health Act (Act No. 26.657) as soon as possible, to establish its review body, to strengthen the network of community mental health services and to improve coordination between these services and inclusive employment, education and housing mechanisms in order to guarantee the effective implementation of the National Mental Health Act. The Committee also recommends that the State party adopt protocols for ensuring that all persons with disabilities give their free and informed consent for any type of medical treatment before it is administered.

China (2012)

37. The Committee is concerned about the current involuntary commitment system in the state party. It takes note of the Draft Mental Health Act and the ordinances of six major cities in the state party on mental health which do not respect the individual will of persons with disabilities.

38. The Committee advises the state party to adopt measures to ensure that all health care and services provided to persons with disabilities, including all mental health care and services, is based on the free and informed consent of the individual concerned, and that laws permitting involuntary treatment and confinement, including upon the authorisation of third party decision-makers such as family members or guardians, are repealed. It recommends the state party to develop a wide range of community-based services and supports that respond to needs expressed by persons with disabilities, and respect the person's autonomy, choices, dignity and privacy, including peer support and other alternatives to the medical model of mental health

Hong-Kong (2012)

75. The Committee is troubled by the fact that the demand for public medical services is higher than the supply. The Committee is also concerned about the fact that many insurance companies reject the applications of persons with disabilities, thus leaving them unable to pay the medical fees.

76. The Committee suggests that Hong Kong, China, allocate more human and financial resources to the public medical services and arrange the cooperation of the insurance companies.

Peru (2012)

38. The Committee is concerned that, according to State party's replies to the list of issues, no rehabilitation services exist for 81 per cent of the population with a disability, and only 1.42 per cent of persons with disabilities are covered by social security programmes. The Committee is also concerned at the lack of health services, in particular in rural areas, as well as numerous limitations to persons with disabilities imposed by the Supreme Decree 004-2007-SA on Comprehensive Health Insurance. It further regrets the lack of early detection programmes of deafness for children in order to minimize and prevent further disabilities.

39. The Committee urges the State party to elaborate comprehensive health programmes in order to ensure that persons with disabilities are specifically targeted and have access to rehabilitation and health services in general. The Committee further recommends that the State party:

Review its legal framework in order to ensure that insurance companies and other private parties do not discriminate against persons with disabilities;

Apply budgetary resources and create skills among health personnel, in order to effectively comply with the right to health care of persons with disabilities, ensuring that hospitals and health centres are accessible to persons with disabilities;

Provide services of early identification of disabilities, in particular deafness, designed to minimize and prevent further disabilities, including among children.