



**IDA's Compilation of CRPD
Committee's Concluding
Observations**

*Article 26 CRPD
(Habilitation and rehabilitation)*

October 2022

Article 26 - Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Japan
Lao People's Democratic Republic
Republic of Korea
Jamaica
Djibouti
Estonia
India
Iraq
Kuwait
Myanmar
Rwanda
Bulgaria
Philippines
Poland
The Former Yugoslav Republic of Macedonia
Haiti
Nepal
Russian Federation
Seychelles
Slovenia
Sudan
Latvia
Armenia
Honduras
Bolivia
Colombia
Ethiopia
Italy
United Arab Emirates
Uruguay
Chile
Slovakia
Thailand
Mauritius
Qatar
Ukraine
Cook Islands
Croatia
Dominican Republic
Mongolia
Costa Rica
Australia
El Salvador
Paraguay
China

Please note there are no recommendations on New Zealand, France, Cuba, Niger, Norway, Saudi Arabia, Senegal, Spain, Turkey, Vanuatu, Algeria, Malta, South Africa, Oman, Luxembourg, Montenegro, Morocco, Panama, United Kingdom of Great Britain and Northern Ireland, Bosnia and Herzegovina, Canada, Cyprus, Iran (Islamic Republic of), Jordan, Republic of Moldova, Guatemala, Lithuania, Portugal, Serbia, Uganda, Brazil, European Union, Gabon, Kenya, Czech Republic, Germany, Turkmenistan, Belgium, Denmark, Ecuador, Mexico, New Zealand, Republic of Korea, Sweden, Azerbaijan, Austria, Argentina, Hungary, Peru, Spain, Tunisia, Mexico, Switzerland, Venezuela, Bangladesh, China, Indonesia, New Zealand and Singapore.

Japan

55. The Committee notes with concern:

- (a) The shortage of comprehensive and cross-sectoral habilitation and rehabilitation services, particularly to support children and outside of major cities;
- (b) The emphasis of the medical model in habilitation and rehabilitation programmes, and differences in support based on type of disability, sex and region.

56. The Committee recommends that the State party:

- (a) Adopt measures to secure access to comprehensive and cross-sectoral habilitation and rehabilitation services, programmes and technology, within their community, and in all the State party;**
- (b) Expand habilitation and rehabilitation systems, taking into account the human rights model of disability, and ensure that all persons with disabilities have access to these services based on their individual requirements.**

Lao People's Democratic Republic

48. The Committee observes with concern:

- (a) The insufficient availability of comprehensive and community-based habilitation and rehabilitation programmes for persons with disabilities, including those affected by leprosy, and victims of unexploded ordnance, particularly in rural and remote areas, as well as the overemphasis of health-related issue as regards policies on habilitation and rehabilitation;
- (b) Little progress in implementing the National Medical Rehabilitation Strategic Plan 2018–2025, in particular, in Northern provinces, and lack of the related action plan;
- (c) Lack of district-level and community-based rehabilitation services, low awareness of and access to assistive products and rehabilitation services among persons with disabilities, and unaffordable transportation costs to get to the rehabilitation centres;
- (d) Limited specialized services at the rehabilitation services, overlooking the needs of persons with intellectual disabilities, autism, psychosocial disabilities, and persons who require more intensive support, as well as insufficient training to professionals working on rehabilitation centres.

49. The Committee recommends that the State party:

- (a) Reinforce efforts to ensure comprehensive habilitation and rehabilitation of persons with disabilities, particularly in rural areas, taking into account the human rights model of disability, such as community-based inclusive development programmes;**
- (b) Allocate the necessary resources to implement the National Medical Rehabilitation Strategic Plan 2018–2025, in particular, in Northern provinces, and adopt the related action plan;**
- (c) Expand habilitation and rehabilitation systems to ensure that all persons with disabilities, including persons with intellectual disabilities, autism, persons with psychosocial disabilities, children with disabilities and persons who require more intensive support in rural areas, have access to habilitation and rehabilitation on the basis of their individual requirements, and expand the coverage of rehabilitation services with transportation costs;**
- (d) Enhance awareness raising activities to disseminate information in accessible formats on the importance and availability of rehabilitation services, and strengthen the training of professionals working on rehabilitation centres.**

Republic of Korea

53. The Committee notes with concern that social security and social welfare support are only available, in addition to the State party's citizens, to long-term residents and non-nationals married to a Korean citizen, and requires a registration as a person with disability, which excludes non-national persons with disabilities from access to medical and rehabilitation treatment, vocational training and personal assistance.

54. The Committee recommends that the State party expand habilitation and rehabilitation systems and ensure that persons with disabilities, irrespective of their citizenship or

residency status, have access to habilitation and rehabilitation on the basis of their individual requirements.

Jamaica

46. The Committee notes with concern the barriers faced by persons with disabilities in gaining access to rehabilitation services, including in rural areas.

47. The Committee recommends that the State party expand habilitation and rehabilitation systems and ensure that persons with disabilities, including children with disabilities in rural areas, have access to habilitation and rehabilitation on the basis of their individual requirements.

Djibouti

45. The Committee is concerned about the lack of availability of comprehensive and community-based habilitation and rehabilitation programmes for persons with disabilities, particularly in rural areas.

46. The Committee recommends that in the development, adoption and implementation of habilitation and rehabilitation services and programmes, including in the drafting of the National Strategy on Rehabilitation, the State party ensure that it takes into account the human rights model of disability and the promotion of comprehensive habilitation and rehabilitation of persons with disabilities, particularly in the areas of health, employment, education and social services.

Estonia

50. The Committee notes with concern:

(a) The barriers faced by persons with disabilities in gaining access to rehabilitation services, including in rural areas;

(b) The lack of information about measures taken to ensure the sustainability and continuity of rehabilitation services after the provision of support through the European Social Fund ends.

51. The Committee recommends that the State party:

(a) Expand habilitation and rehabilitation systems and ensure that persons with disabilities, including children with disabilities in rural areas, have access to rehabilitation on the basis of their individual requirements;

(b) Ensure the sustainability and continuity of rehabilitation services after the provision of support through the European Social Fund ends by taking specific policy measures and allocating a specific budget.

India

54. The Committee is concerned that the Deendayal Disabled Rehabilitation scheme emphasizes a medical and charity-based approach to disability, and that it discriminates against persons with disabilities from marginalized groups.

55. The Committee recommends that the State party promote community-based inclusive development, reframing the Deendayal Disabled Rehabilitation scheme in consultation with organizations of persons with disabilities, particularly those in rural areas, and ensure budgetary allocations for habilitation and rehabilitation across the State party and the quality standards of programmes, with monitoring and evaluations on a regular basis.

Iraq

47. The Committee is concerned about the lack of adequate legislation, strategies and programmes and of human, technical and financial resources in the State party to ensure

access to habilitation and rehabilitation services, particularly in the centre and in the south of the country.

48. The Committee recommends that the State party adopt appropriate legislation and provide the human, technical and financial resources necessary to ensure access to habilitation and rehabilitation services, ensuring that such services are developed and provided with the active involvement of persons with disabilities through their representative organizations.

Kuwait

50. The Committee is concerned that policies on habilitation and rehabilitation overemphasize health-related issues. It is also concerned about the insufficient number of rehabilitation centres given that there is a waiting list of persons with disabilities who need rehabilitation. It is further concerned that the provision of free-of-charge assistive devices is limited to the provision of hearing aids and several categories of wheelchairs.

51. The Committee recommends that the State party:

(a) Develop comprehensive, cross-sectoral habilitation and rehabilitation services and programmes that are based on the principles of participation and inclusion, in particular in the areas of health, employment, education and social services, and that are available to persons with disabilities, including non-Kuwaiti persons with disabilities, in or as close as possible to their own communities;

(b) Establish new comprehensive rehabilitation centres in order to accommodate all those on the waiting list;

(c) Expand its provision of assistive devices and technical aids taking into account the priority assistive products list of the World Health Organization and ensure accessible and fair reimbursement schemes in order to prevent any additional costs or administrative burdens for persons with disabilities.

Myanmar

49. The Committee is concerned about the lack of availability of comprehensive and community-based habilitation and rehabilitation programs for persons with disabilities, particularly in rural areas.

50. The Committee recommends that the State party adopt and implement laws and regulations that promote comprehensive, habilitation and rehabilitation for persons with disabilities, particularly in rural areas, taking into account the human rights model of disability, such as community-based inclusive development programmes.

Rwanda

47. The Committee is concerned about the shortage of comprehensive and cross-sectoral habilitation and rehabilitation services, programmes and technology in the State party, especially in rural areas. It is in particular concerned that health-related habilitation and rehabilitation services and assistive devices are not covered by "Mutuelle de Santé" health insurance scheme.

48. The Committee recommends that the State party take measures to secure access for persons with disabilities to comprehensive and cross-sectoral habilitation and rehabilitation services, programmes and technology, within their community, and in all districts of the State party. It also recommends that the State party take appropriate measures, including by expanding the coverage of "Mutuelle de Santé" health insurance scheme to secure access for persons with disabilities to affordable health-related habilitation and rehabilitation devices and services.

Bulgaria

55. The Committee is concerned that habilitation and rehabilitation programmes do not target all persons with disabilities. It is also concerned at the lack of participation of organizations of persons with disabilities in the design of habilitation and rehabilitation programmes.

56. The Committee recommends that the State party adopts habilitation and rehabilitation programmes that target all persons with disabilities, irrespective of their impairment, sex, gender or age. It also recommends that the State party ensure meaningful participation of persons with disabilities in habilitation and rehabilitation services, and that programmes are designed in close collaboration with organizations of persons with disabilities.

Philippines

44. The Committee is concerned that the State party's information about the implementation of rehabilitation/habilitation services provided for in the "Magna Carta for Persons with Disabilities, and the Vocational Rehabilitation Act, is not substantiated by data. It is also concerned about the uneven implementation of community-based rehabilitation due to the different approaches of stakeholders that promote a health-focused approach rather than inclusive development. It is further concerned about information concerning current procurement procedures limiting the supply, quality of services or products, prices and choice of various assistive devices to persons with disabilities.

45. The Committee recommends that the State party:

(a) Redouble its efforts to implement numerous provisions for habilitation/rehabilitation as part of the general health care policies, and strengthen monitoring mechanisms of rehabilitation services;

(b) Adopt protocols to ensure rehabilitation in compliance with the inclusive equality and development;

(c) Improve the administration of procurement policy to ensure the supply, quality, prices and multiple choice of various assistive devices for persons with disabilities.

Poland

42. The Committee is concerned about the:

(a) Lack of accessibility of rehabilitation schemes for all persons with disabilities, especially for persons with psychosocial and/or intellectual disabilities, as well as the income criteria for eligibility to rehabilitation services, which puts undue financial burden on persons with disabilities;

(b) Project and medical-based rehabilitation schemes, and their financial unsustainability;

(c) Lack of monitoring of the administration of programmes of rehabilitation;

(d) Incomplete official translation of the title of this article as 'Rehabilitation'.

43. Taking into account the links between article 26 of the Convention and target 8.5 of the Sustainable Development Goals, the Committee recommends that the State party:

(a) Ensure accessibility and continuity of the habilitation and rehabilitation programmes for all persons with disabilities, especially for persons with psychosocial and/or intellectual disabilities and eliminate financial criteria for eligibility to rehabilitation;

(b) Provide for inclusive and individualized needs-based rehabilitation schemes for persons with disabilities, within a wide range of community-based services;

(c) Develop a monitoring mechanism of the rehabilitation programmes;

(d) Rectify the title of this article as "Habilitation and Rehabilitation" in the Polish version of the Convention.

The Former Yugoslav Republic of Macedonia

46. The Committee is concerned about the lack of adequate legislation in the State party to ensure that persons with disabilities have access to habilitation and rehabilitation services

and that habilitation and rehabilitation are not concretely defined within the laws and regulations of the State Party.

47. The Committee recommends that the State party adopt the legislation necessary to define and ensure access to habilitation and rehabilitation services, ensuring they are human rights-based and developed with the involvement of organizations of persons with disabilities.

Haiti

46. The Committee is concerned that the State party does not have a National Action Plan to habilitate and rehabilitate all persons with disabilities who require such services, particularly after the 2010 earthquake and the passage of hurricane "Matthew". It is also concerned that organizations of persons with disabilities do not participate in the development and implementation of habilitation and rehabilitation programmes.

47. The Committee recommends that the State party adopt a National Action Plan on habilitation and rehabilitation in line with the Convention, in close collaboration with organizations of persons with disabilities. It also recommends that the State party includes mobility aids, devices and assistive technologies in the context of international cooperation.

Nepal

(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.

Russian Federation

(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

43. The Committee is concerned at the lack of availability and effectiveness of the rehabilitation system.

44. The Committee recommends that the State party ensure accessibility of habilitation and rehabilitation services and programs, and provide with a comprehensive, multidisciplinary

and individualized support for persons with disabilities, especially for women and children with disabilities.

Slovenia

43. The Committee is concerned at the lack of availability and effectiveness of the rehabilitation system.

44. The Committee recommends that the State party ensure accessibility of habilitation and rehabilitation services and programs, and provide with a comprehensive, multidisciplinary and individualized support for persons with disabilities, especially for women and children with disabilities.

Sudan

51. The Committee is concerned about the lack of adequate legislation in the State party to ensure access to habilitation and rehabilitation services and that the measures taken are not in compliance with the Convention as they maintain a medical-oriented approach and do not address the required changes in society and in education.

52. The Committee recommends that the State party adopt the legislation necessary to ensure access to habilitation and rehabilitation services, ensuring they are human rights-based and, with the involvement of organizations of persons with disabilities.

Latvia

44. The Committee is concerned about the long waiting times to receive rehabilitation services for persons with disabilities throughout the country, especially for those with severe impairments.

45. The Committee recommends that the State party improve the accessibility and timely delivery of rehabilitation services throughout the country for all persons with disabilities.

Armenia

45. The Committee is concerned that habilitation and rehabilitation services and programmes for persons with disabilities in the State party are not adequately rights based. It also notes with concern that more than half of children with disabilities do not benefit from an individual rehabilitation plan.

46. The Committee recommends that the State party create accessible, comprehensive habilitation and rehabilitation services and programmes, such as early intervention, providing comprehensive, multidisciplinary and individualized support for persons with disabilities, especially women and children.

Honduras

55. Al Comité le preocupa la ausencia de datos sobre las personas con discapacidad que tienen acceso a servicios y programas de habilitación y rehabilitación, así como la insuficiencia de los mismos en el Estado parte. Además, el Comité nota con preocupación el número de migrantes que han retornado al país con alguna discapacidad luego de emprender la ruta migratoria.

56. El Comité recomienda al Estado parte que adopte las medidas necesarias para garantizar a las personas con discapacidad, en todo su territorio, el acceso a servicios y programas de rehabilitación basados en la comunidad y con fines de inclusión social y comunitaria. Asimismo, el Comité recomienda que fortalezca las medidas de rehabilitación para la reinserción efectiva de los trabajadores migrantes que regresan con alguna discapacidad, incluyendo a través del acceso a un trabajo digno y con estabilidad.

Bolivia

59. The Committee is concerned about the poor coverage of rehabilitation services for persons with disabilities, and particularly comprehensive services for community inclusion, especially in marginal urban and rural areas.

60. The Committee urges the State party to adopt a community-based inclusive development and rehabilitation strategy, with a particular focus on early intervention, including training for parents of children with disabilities, which has sufficient resources for implementation and involves persons with disabilities in its design and implementation, through the organizations that represent them.

Colombia

58. The Committee is concerned about the fact that the State party delegates some of its obligations related to the habilitation and rehabilitation of persons with disabilities to the private company Teletón, without proper auditing or oversight, and without consulting organizations of persons with disabilities. The Committee is also concerned that rehabilitation measures focus on physical or deficiency-related aspects of persons with disabilities, and don't take into consideration such areas as education and employment.

59. The Committee recommends that the State party:

(a) Monitor, in consultation with organizations of persons with disabilities, the habilitation and rehabilitation services offered by private companies;

(b) Make habilitation and rehabilitation services comprehensive and thus in line with the Convention.

Ethiopia

57. The Committee is concerned that habilitation and rehabilitation programmes do not target all persons with disabilities. It is also concerned at the lack of participation of organizations of persons with disabilities in the design of habilitation and rehabilitation programmes, and in the design of mobility aids, devices and other assistive technologies.

58. The Committee recommends that the State party adopt habilitation and rehabilitation programmes that target all persons with disabilities, irrespective of their impairment, gender or age. It also recommends that the State party ensure accessible participation of persons with disabilities in habilitation and rehabilitation services, and that programmes and assistive devices are designed in close collaboration with organizations of persons with disabilities.

Italy

67. The Committee is concerned at the slow progress in implementing the National Minimum Standards of Health Care with respect to comprehensive services and programmes of habilitation and rehabilitation, and the fact that those Standards do not cover independent living and personal assistance schemes to offer support for living in the local communities, but continue to direct resources to institutionalized living.

68. The Committee recommends that the State party review and revise the Minimum Standards of Health Care, in close consultation with organizations representing persons with disabilities; that it refrain from focusing resources on segregated services; and that it redirect resources to support independent living. It also recommends that the State party expedite the adoption, funding and implementation of those Standards, so that all adults and children with disabilities have full access to comprehensive services and programmes of habilitation and rehabilitation within their community

United Arab Emirates

47. The Committee is concerned that policies on habilitation and rehabilitation overemphasize health-related issues and that non-citizens do not have access to habilitation and rehabilitation services and devices.

48. The Committee recommends that the State party develop comprehensive cross-sectorial habilitation and rehabilitation services and programmes that are based on the principles of participation and inclusion, in particular in the areas of health, employment, education and social services, and that are available to persons with disabilities, including non-citizens, in or as close as possible to their own communities.

Uruguay

55. Al Comité le preocupa la ausencia de datos sobre las personas con discapacidad que tienen acceso a servicios y programas de rehabilitación así como la inexistencia de los mismos en el interior del Estado parte.

56. El Comité recomienda al Estado parte que adopte las medidas necesarias para garantizar a las personas con discapacidad, en todo su territorio, el acceso a servicios y programas de rehabilitación basados en la comunidad y con fines de la inclusión social y comunitaria.

Chile

55. Al Comité le preocupa la cobertura limitada en las acciones del Estado parte en materia de rehabilitación. Asimismo le preocupa que se destinen fondos públicos al financiamiento de organizaciones privadas que se dedican a la rehabilitación física de niños con discapacidad sin ser objeto de fiscalización, y que los servicios ofrecidos por tales organizaciones no sean universales.

56. El Comité recomienda que el Estado parte priorice y destine los recursos necesarios para disponer de servicios de rehabilitación basados en la comunidad y dirigidos a todas las personas con discapacidad desde la niñez hasta la edad adulta y con fines de la inclusión social y comunitaria. En la implementación de estas medidas, lo alienta a que se consulte a las organizaciones de personas con discapacidad, en particular, a las que representan a mujeres, niñas y niños, indígenas y personas que viven en zonas rurales y remotas.

Slovakia

71. The Committee is concerned about the low quality and availability of State-funded rehabilitation.

72. The Committee recommends that the State party guarantee, in consultation with organizations of persons with disabilities, the quality and availability of all rehabilitation services and the introduction of mechanisms to monitor compliance with the Convention.

Thailand

51. The Committee is concerned about the insufficiency of habilitation and rehabilitation services and technology, particularly in rural areas, and that access to these remains for the most part dependent on a medical assessment.

52. The Committee recommends that the State party increase the human, technical and financial resources to organize, strengthen and extend comprehensive habilitation and rehabilitation services and technology, on the basis of the multidisciplinary assessment of individual needs and strengths.

Mauritius

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

47. The Committee is concerned that policies on habilitation and rehabilitation overemphasize health-related issues.

48. The Committee recommends that the State party develop comprehensive cross-sectorial habilitation and rehabilitation services and programs, based on participation and inclusion, particularly in the areas of health, employment, education and social services, available to persons with disabilities in or as close as possible to their own communities.

Ukraine

48. The Committee is concerned about the lack of rights-based habilitation and rehabilitation services and programmes for persons with disabilities in the State party that promote their physical, mental and social development.

49. The Committee urges the State party to create accessible comprehensive habilitation and rehabilitation services and programmes such as early intervention, providing comprehensive, multidisciplinary and individualized support for persons with disabilities and their families.

Cook Islands

47. The Committee is concerned about the availability of assistive devices and high reliance of overseas aid for their provision, as well as services for rehabilitation.

48. The Committee recommends that the State party's Ministry of Health's Rehabilitation Group provide free at point of source all rehabilitation equipment, assistive devices, mobility aids (including their repair) and establish an array of rehabilitation services across the country.

Croatia

39. The Committee is concerned that many boys and girls with disabilities have no access to early intervention services, and that the situation is particularly hard for children with autism.

40. The Committee recommends the State party to take measures to provide early intervention services to all children with disabilities.

Dominican Republic

48. Al Comité le preocupa la escasez de servicios de habilitación y rehabilitación comunitarios que se brindan a las personas con discapacidad, particularmente, que el programa "Saliendo del escondite" no las incluya. Igualmente, le preocupa que cuando los servicios de habilitación y rehabilitación existen, estos solamente benefician a personas con la nacionalidad dominicana que cuentan con el seguro familiar de salud, negando así el acceso a personas en situación migratoria irregular.

49. El Comité recomienda al Estado parte ampliar los servicios de habilitación y rehabilitación, prestando especial atención al nivel comunitario, y prohíba la discriminación en estos servicios, particularmente por motivo de origen nacional o estatus migratorio.

Mongolia

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.

Costa Rica

53. The Committee is concerned about the centralization of rehabilitation services and the lack of community-based services. The lack of paediatric rehabilitation services is also a source of concern.

54. The Committee urges the State party to adopt a strategy to promote community-based rehabilitation services focused on developing the capacities of persons with disabilities from an early age.

Australia

47. The Committee regrets the state party's medical model of habilitation and rehabilitation is not based on the human rights model.

48. The Committee recommends that the State party establishes a framework for the protection of persons with disabilities from imposed habilitation and rehabilitation services without free and informed consent.

El Salvador

53. The Committee is concerned at the number of people acquiring a disability following migration-related accidents and the lack of vocational and social rehabilitation programmes for their integration in the community.

54. The Committee urges the State party to design and implement rehabilitation programmes for repatriated Salvadoran migrants who have acquired a disability with a view to their integration in the labour force and society.

Paraguay

61. The Committee is concerned that habilitation and rehabilitation in the State party focus solely on health and do not encompass other areas such as education, work or access to housing.

62. The Committee urges the State party to institute a broad rehabilitation strategy for persons with disabilities at the national level that is tied in with the establishment of the necessary community services and strengthens the services provided at local level so that they are able to meet individual needs.

China

39. The Committee is concerned with the imposition of rehabilitation and habilitation measures on persons with disabilities, especially persons with psychosocial or intellectual disabilities, without their informed consent.

40. The Committee recommends that rights based approach to rehabilitation and habilitation be put in place and ensure that such programmes promote the informed consent of individuals with disabilities and respects their autonomy, integrity, will and preference.

