

Health, habilitation and rehabilitation in the CRPD


Overview of recommendations



CRPD Art 25

States parties must recognise and ensure the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

To implement this article, they shall take “all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health related rehabilitation.”




CRPD Art 26

Article 26 of the CRPD elaborates on the right to habilitation and rehabilitation with the view 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.”



Human rights model to disability


Applying the human rights based approach to disability ensures that persons with disabilities are not summarised as “persons suffering from diseases” or “burden to society” due to their impairment,
but rather they are recognised as full rights-holders (v. the outdated charity and medical approach to disability).



CRPD Committee Recommendations

States parties apply a human rights-based approach to disability in the provision of health services to persons with disabilities.

States parties should raise awareness of the human rights model of disabilities among health professionals, for instance by integrating the human rights-based model into the training curriculum of all health professionals.



Development of health services, statistics by human rights model

The development of mental health services and habilitation and rehabilitation services should be in line with the human rights approach.


Under article 31 of the Convention, the same approach should be applied when collecting data and developing indicators, including health indicators.

The Committee expressly said that the development of indicators should be “taking into consideration the changeover from a medical to a human rights model of disability.”

Individual prior free and informed consent

All health care and services provided to persons with disabilities, including all mental health care and services, must be based on the free and informed consent of the individuals concerned.


Third party consent should be explicitly prohibited and States parties should punish any failure to act in line with the free and informed consent of the patient.



Prohibition of forced treatment and forced hospitalisation

All forms of forced treatment and forced hospitalisation are fully prohibited under all circumstances


Eg. forced electroconvulsive therapy, psychosurgical intervention, non-consensual castrations, sterilizations and abortions, as well as scientific research.



Accessibility

To ensure the right to the enjoyment of the highest attainable standard of health, all services related to health, habilitation and rehabilitation must be accessible to all persons with disabilities, in both rural, urban and remote areas.

All health and medical information as well as public health campaigns, including information and campaign related to sexual and reproductive rights, must be available in accessible formats, including Easy-Read.



Services within the community


The Committee stressed the importance of all adults and children with disabilities having full access to comprehensive services and programmes of habilitation and rehabilitation within their community.



Gender as determinant of health cause of inequality in access


the Committee recommended States parties to adopt gender-sensitive measures and generally ensure the equal access of women with disabilities to healthcare, health services and habilitation and rehabilitation.

States parties should also ensure universal access to sexual and reproductive health care services, notably through dissemination of information on sexual and reproductive rights.



Discriminatory practices condemned

The Committee condemns all discriminatory practices related to termination of pregnancy. States parties are prohibited to discriminate women with disabilities in the abortion process, i.e. women with disabilities should neither be denied abortion or nor forced to abort.



Involvement of DPOs

Organisations of persons with disabilities should be involved in the design, implementation and monitoring of habilitation and rehabilitation programmes, services and devices, including and in particular services offered by private companies.

Organisations represented children, women and girls, indigenous people and persons living in rural or remote areas should particularly consulted.



EDF for realisation of the potential of CRPD

The UN Concluding Observations to the EU require a new approach towards disability law and policy making.

EDF strongly support the recommendations made by the Committee in its concluding observations to States parties.

We encourage the European Union and its Member States to implement them and we remain available to support their/your efforts.



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