



# Convention on the Rights of Persons with Disabilities

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## Conference of States Parties to the Convention on the Rights of Persons with Disabilities

### Sixteenth session

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Item 5 (b) (i) of the provisional agenda\*

**Matters related to the implementation of the Convention:  
round-table discussions**

## **Ensuring equal access to and accessibility of sexual and reproductive health services for persons with disabilities**

### **Note by the Secretariat**

The present note was prepared by the Secretariat in consultation with United Nations entities, representatives of civil society and other relevant stakeholders to facilitate the round-table discussion on the theme “Ensuring equal access to and accessibility of sexual and reproductive health services for persons with disabilities”. The Secretariat hereby transmits the note, as approved by the Bureau of the Conference, to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities at its sixteenth session.

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\* [CRPD/CSP/2023/1](#).



## I. Introduction

1. Access to and accessibility of sexual and reproductive health services is essential to the enjoyment of the highest standard of health and well-being for all people, regardless of whether they live with disabilities.
2. The Convention on the Rights of Persons with Disabilities, adopted in 2006, is the first international treaty in which persons with disabilities are specifically recognized as having the right to the highest attainable standard of health, including sexual and reproductive health, and in which a clear obligation is established for States Parties to 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. Similarly, the 2030 Agenda for Sustainable Development calls for access to sexual and reproductive health-care services, information and education, for all people, including persons with disabilities.
3. Progress has been made over the years, particularly since the entry into force of the Convention, yet many persons with disabilities, in particular women and girls with disabilities, continue to experience discrimination and numerous barriers in accessing the relevant health care, services and support that they need, and face challenges in exercising their rights. The situation has been exacerbated in the past few years, with the ongoing coronavirus disease (COVID-19) pandemic, wars and other socioeconomic crises that pose huge challenges.
4. The year 2023 marks a midpoint for reviewing the progress made in implementing the 2030 Agenda. As Member States, United Nations entities and other stakeholders continue to address the COVID-19 crisis, their efforts need to be accelerated towards implementation of the 2030 Agenda for all and the Convention. Against this backdrop, the Conference of States Parties to the Convention, for the first time in its history, will convene, at its sixteenth session, a round table focusing on sexual and reproductive health services for persons with disabilities. The round table will review the situation, progress and challenges as well as opportunities in ensuring equal access to and accessibility of sexual and reproductive health services for persons with disabilities, share good practices and explore strategies to advance the rights of persons with disabilities.
5. The present note provides a general background and relevant information, aimed at facilitating the discussion at the round table.

## II. Current international normative frameworks and policy instruments

6. The current global normative framework, consisting of a set of international human rights treaties and development instruments, provides guidance to address the issues concerning access to and accessibility of sexual and reproductive health services for persons with disabilities.
7. The Convention, a core human rights treaty and legally binding instrument, now has 186 ratifications and 164 signatories.<sup>1</sup> The Convention stands out as the first international treaty that specifically serves to articulate, promote and protect the right of persons with disabilities to enjoy the highest attainable standard of health, including sexual and reproductive health. According to article 25 of the Convention,

<sup>1</sup> See [www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html) (accessed on 20 March 2023).

States parties are required to “take all appropriate measures to ensure access for persons with disabilities to health services ... including in the area of sexual and reproductive health and population-based public health programmes”. Furthermore, according to article 23, States parties are required to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, including in the areas of fertility and family life, and to ensure that the rights of persons with disabilities to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided. Article 9 concerns accessibility, including access to medical facilities and to information; article 22 serves to assert the equal rights of persons with disabilities to privacy, including privacy of personal and health information; and, according to article 16, States parties are required to take measures to protect persons with disabilities from violence and abuse, including gender-based violence and abuse.

8. The Committee on Economic, Social and Cultural Rights, in its general comment No. 22 (2016) on the right to sexual and reproductive health, outlined substantial obligations associated with this right. The comment was echoed by the Special Rapporteur on the rights of persons with disabilities who indicated in her report ([A/72/133](#)) that sexual and reproductive health and rights entailed a set of freedoms and entitlements and that they encompassed the right to have control over decisions concerning sexuality and reproduction without discrimination, coercion and violence, and the right to access a range of sexual and reproductive health facilities, services, goods and information. She further indicated that, States had an obligation to respect, protect and fulfil the sexual and reproductive health and rights of persons with disabilities and must ensure the availability, accessibility, acceptability and quality of facilities, goods, information and services related to sexual and reproductive health and rights.

9. Other human rights treaties, such as the Convention on the Elimination of All Forms of Discrimination Against Women, adopted in 1979, and the Convention on the Rights of the Child, adopted in 1989, emphasize the rights of women and girls with disabilities to sexual and reproductive health as part of broader provisions for all women, as well as children and adolescents.

10. In the 2030 Agenda for Sustainable Development, Member States layout commitments to persons with disabilities in this area but they do in the context of promoting healthy lives and well-being for all at all ages. For instance, in Goal 3 and through its target 3.7, they call for universal access to sexual and reproductive health-care services, including for family planning, information and education. Furthermore, target 5.6, under the Goal on gender equality and empowerment of all women and girls, they call for ensuring universal access to sexual and reproductive health and reproductive rights. In this regard, the Convention on the Rights of Persons with Disabilities and the 2030 Agenda are in alignment with additional internationally agreed frameworks, in particular the Programme of Action of the International Conference on Population and Development (1994) and the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (1995) and the outcome documents of their review conferences.

### **III. Current situation, key issues and challenges in ensuring equal access to and accessibility of sexual and reproductive health services for persons with disabilities**

11. A growing body of data confirms that persons with disabilities are as sexually active as their peers without disabilities<sup>2</sup> and have the same needs for and right to have access to sexual and reproductive health care and services on an equal basis with others. Despite this, all too often, persons with disabilities have been excluded from sexual and reproductive health services and their needs neglected.<sup>3</sup> Pervasive stigma and misconceptions around persons with disabilities persist, while discriminatory practices can be found even in the health sector. Persons with disabilities face a range of barriers in accessing and using sexual and reproductive health services. Women and girls with disabilities in particular experience increased risk of violence, abuse and exploitation, including within families and institutions.

#### **A. Largely unmet needs**

12. Improved access to skilled health personnel for childbirth is crucial to improving maternal health and an important component of sexual and reproductive health care. Evidence from five countries shows that, in 2014, on average, births from mothers with disabilities were slightly less likely to be attended by a skilled health worker than births from mothers without disabilities (71 per cent versus 74 per cent).<sup>4</sup> The gap between births from mothers with and without disabilities could be due to income disparities and the subsequent greater inability of mothers with disabilities to afford the service they need. This may also be due, however, to existing negative attitudes by health workers and a lack of awareness among mothers with disabilities, because relevant information on such services might have not been made available at all, or in accessible formats.

13. Another study shows that, in several countries, on average, 22 per cent of women with disabilities aged 15 to 49 had unmet family planning needs. Unmet needs for family planning vary depending on the location of residence of the woman with disabilities. On average, among four developing countries, women in rural areas (25 per cent) were more likely to have unmet needs than women with disabilities in urban areas (18 per cent).<sup>5</sup>

#### **B. Barriers to accessing sexual and reproductive health services and exercising rights**

14. Persons with disabilities often face multidimensional barriers in accessing sexual and reproductive health services.

15. One of the barriers is environmental. In developing and developed countries alike, many health facilities are not designed or built to provide physical accessibility, namely to include the necessary ramps or equipment that can accommodate persons with mobility disabilities. In addition, the nearest health-care facilities may be far

<sup>2</sup> World Health Organization (WHO) and World Bank, *World Report on Disability* (Geneva, 2011).

<sup>3</sup> S. Hameed and others, "From words to actions: systematic review of interventions to promote sexual and reproductive health of persons with disabilities in low- and middle-income countries", *BMJ Global Health*, vol. 5 (2020).

<sup>4</sup> *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities, 2018* (United Nations publication, 2019).

<sup>5</sup> Ibid.

away and public transportation may not only be limited but often inaccessible and unreliable, while private transportation might be unavailable or unaffordable.<sup>6</sup> The need for some persons with disabilities to have personal assistants to accompany them on their health visits, could not only increase transportation costs but also raise potential privacy risks.

16. There are also barriers to information and communication. For example, very rarely do sexual and reproductive health-care services have sign language interpretation services for deaf clients. This barrier increased for many persons with disabilities, in particular women and girls with disabilities, during the COVID-19 pandemic.<sup>7</sup> The pandemic resulted in service disruptions and changes in sexual behaviours, menstruation and pregnancy intentions.<sup>8</sup> For persons with disabilities, such service disruptions and epidemic control measures, including school closures and lockdowns, exacerbated existing barriers and presented new challenges regarding their access to required services and their ability to exercise their rights.<sup>9</sup>

17. Economic accessibility or affordability is another barrier to persons with disabilities being able to afford necessary sexual and reproductive health care and services, given the fact that 80 per cent of persons with disabilities live in developing countries and that many of them are disproportionately represented in the population in poverty. During the COVID-19 pandemic, strained health-care resources and policies often failed to take disability into account.

18. Deep-rooted stigma, discrimination and negative attitudes towards persons with disabilities still exist – in the community at large as well as in the health-care sector and even in the family. These barriers contribute significantly to the exclusion of persons with disabilities from accessing sexual and reproductive health services.

### C. Risks, violence and abuse

19. Persons with disabilities not only face barriers to having equal access to health services, but also experience increased risk of violence, abuse and exploitation, including within families, as well as discriminatory and harmful practices in the health sector and society in general. For example, the rates of HIV infection among persons with disabilities are reportedly nearly five times higher than the general population in some areas.<sup>10</sup>

20. Societal stigmatization and discrimination are further exacerbated at the intersection with gender inequality in relation to the health care of women and girls with disabilities, who account for almost one fifth of women worldwide<sup>11</sup> and who are, nonetheless, rarely consulted on issues such as maternal and child health and

<sup>6</sup> Richard Vergunst and others, “‘You must carry your wheelchair’: barriers to accessing healthcare in a South African rural area”, *Global Health Action*, vol. 8 (2015).

<sup>7</sup> United Nations Population Fund (UNFPA) and Women Enabled International, *The Impact of Covid-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights* (2021).

<sup>8</sup> Trina I. Mukherjee and others, “Reproductive justice in the time of COVID-19: A systematic review of the indirect impacts of COVID-19 on sexual and reproductive health”, *Reproductive Health*, vol. 18 (2021).

<sup>9</sup> Ciara Siobhan Brennan, *Disability Rights during the Pandemic: A Global Report on Findings of the Covid-19 Disability Rights Monitor* (2020). Available at <https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf> (accessed on 20 March 2023).

<sup>10</sup> International Conference on AIDS and Sexually Transmitted Infections in Africa, ICASA 2019 Narrative Report.

<sup>11</sup> Ibid.

wider sexual and reproductive health and rights, with many health-care providers considering women and girls with disabilities to be asexual.

21. For example, according to the Committee on the Rights of Persons with Disabilities and a report released by World Health Organization (WHO) in 2022,<sup>12</sup> many women with disabilities are routinely denied their right to bodily autonomy as they experience forced or coerced sterilization, forced contraception, denial of access to contraception and/or other forced medical procedures to control menstruation. Women and girls with disabilities, particularly those with intellectual or psychosocial disabilities, can be subjected to involuntary contraception, abortion and sterilization. These procedures are often undertaken without informed consent, under coercion, or even without their knowledge, thereby violating their rights. Forced sterilization of women and girls with disabilities is a practice often legitimized through claims of “medical necessity” or “best interests” in the health sector, when in the framework of human rights, it is an act of violence. Furthermore, discrimination at the intersection of gender and disability, as well as specific stereotypes about women with disabilities, for example, that they are asexual, cannot make decisions for themselves, cannot become pregnant or cannot be good parents, may lead health-care workers to discount their needs or subject them to abuse, violating their rights. Indeed, while all women may face discrimination in that they may be perceived as primarily mothers and caregivers, women with disabilities are further stigmatized in that they are perceived as not being able to fulfil this otherwise discriminatory gender role.

22. Additional studies show that women with disabilities are up to 10 times more likely to experience gender-based violence. For women with disabilities, gender-based violence is often compounded by disability-specific violence such as caregivers withholding or removing assistive devices or refusing to assist with daily living. Girls and boys with disabilities are nearly three times more likely to be subjected to sexual violence, with girls at the greatest risk. The risk is consistently higher in the case of deaf, blind and autistic girls, girls with psychosocial and intellectual disabilities and girls with multiple impairments. Furthermore, experts indicate that belonging to a racial, religious or sexual minority, or being poor, also increases the risk factor for sexual abuse among girls and young women with disabilities. In addition, support services, including access to justice, for persons with disabilities, including women and youth with disabilities experiencing violence, tend to be inaccessible and respond inadequately to their specific needs.

#### **D. Discriminatory laws, policies and practices**

23. According to the Special Rapporteur on the rights of persons with disabilities, there are still laws or policies that legally limit persons with disabilities in making autonomous choices about their sexual and reproductive health and rights by requiring parental consent prior to the provision of information and services, or by permitting health-care providers to deny them reproductive health information, goods and services. Moreover, for persons with disabilities over legal age, legislation restricting their legal capacity on the basis of disability and misconceptions about their perceived lack of capacity prevent many of them from making autonomous decisions about sexual and reproductive health-care services. Those restrictive circumstances result in a barrier for persons with disabilities, especially for those requiring support to express their will and preferences, since such support is usually provided by the family. Consequently, in many cases, women with disabilities have no control over their own sexual and reproductive lives, as decisions are taken for them under the paternalistic guise of “for their own good” (see [A/72/133](#)).

<sup>12</sup> WHO, *Global Report on Health Equity for Persons with Disabilities* (2022).

## E. Lack of disaggregated statistical data

24. Challenges also include the lack of reliable, disaggregated and comparable statistical data on disability, sexual and reproductive health and other demographic characteristics (such as age and sex). Academic literature on the sexual and reproductive health of persons with disabilities is also limited. The collection and analysis of viable quantitative and qualitative data on the access of persons with disabilities to sexual and reproductive health services remains insufficient. Persons with disabilities are often not included and/or identified in official national statistics, and they are often excluded from national and international development efforts, policies and programmes, unless specifically targeted.

25. In short, despite persons with disabilities, including girls and women with disabilities, having the same sexual and reproductive health rights as others, too many of them still encounter significant obstacles in exercising and accessing those rights, including stigma and stereotypes, restrictive legislation and a lack of child- and disability-appropriate information and services. Moreover, poverty and/or social exclusion deprive them of the necessary knowledge and equal opportunities to develop healthy relationships and hence increase the risk of sexual abuse, sexually transmitted diseases including HIV/AIDS, unintended pregnancies and harmful practices. It is unfortunate that due to the lack of data and social attention, grave human rights violations such as forced sterilization, forced abortion and forced contraception are frequent, and the violence experienced by persons with disabilities, especially girls and young women with disabilities, remains largely invisible (see [A/72/133](#)).

## F. Recent initiatives and good practices

26. In recent years, encouraging initiatives and good practices have been increasingly carried out by Member States and the health sector, working with persons with disabilities to improve their access to sexual and reproductive health services in their communities. These initiatives and practices cover a variety of aspects of the challenges faced, in particular: formulating and implementing evidence-based revisions of national legislation and policies concerning the sexual and reproductive health and rights of persons with disabilities;<sup>13,14</sup> engaging persons with disabilities and their organizations in the planning, implementation, monitoring and evaluation of sexual and reproductive health and rights programmes;<sup>15</sup> ensuring access by persons with disabilities to relevant information and services; and creating effective community support networks. Another positive development is that more guidelines have been produced on the provision of sexual and reproductive health services for persons with disabilities<sup>16</sup> and examples can be found in national standards for education on the issue of sexuality and training sexual and reproductive health. The

<sup>13</sup> Ministry of Social Development of South Africa, National Adolescent Sexual and Reproductive Health And Rights Framework Strategy 2014–2019 (2015). Available at <https://srjc.org.za/wp-content/uploads/2019/10/02-National-Adolescent-Sexual-and-Reproductive-Health-and-Rights-Framework-Strategy-pdf-003.pdf> (accessed on 20 March 2023).

<sup>14</sup> UNFPA, *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights* (2018).

<sup>15</sup> Ministry of Health of Kenya, *The National Adolescent Sexual and Reproductive Health Policy* (2015). Available at <https://tciurbanhealth.org/wp-content/uploads/2018/03/ASRH-Policy-2015-Brief-Kenya.pdf> (accessed 20 March 2023).

<sup>16</sup> UNFPA, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (2018).

application of these standards has been facilitated by capacity-building activities for health professionals.<sup>17</sup>

27. For example, since 2018, Uruguay has been applying a human rights approach to mainstreaming disability in the health sector. A project on the right to equality and non-discrimination of persons with disabilities is aimed at achieving better access to health, particularly in relation to the sexual and reproductive health of persons with disabilities, through providing services that are more accessible and inclusive; training 400 health workers; providing accessible information; and establishing new care protocols based on human rights. The initiative is also aimed at preventing and highlighting gender-based violence and other forms of institutional violence by adapting protocols for accessible care, training health service providers and providing information to relevant health, education and child protection agencies.<sup>18</sup>

28. A cogent example of the impact of a sexual and reproductive health education programme for women with disabilities can be found in the Philippines, where, through the W-DARE (Women with Disabilities taking Action on Reproductive and Sexual Health) project, local communities of women with disabilities and health service providers have been educated on sexual and reproductive health and rights. Evaluation of the effectiveness of the project showed strengthened relationships between organizations of persons with disabilities and women's health service providers, as well as increased knowledge among service providers and women with disabilities about sexual and reproductive health needs and rights, and practical changes in service provision, such as ensuring accessibility in health facilities and funding for adaptive equipment.<sup>19</sup>

29. In the Pacific region, the Government of Australia supported a \$30 million program entitled "Transformative Agenda for Women, Youth and Adolescents", a major investment towards eliminating unmet need for family planning. The programme is implemented by the United Nations Population Fund (UNFPA) and Governments in Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. It works closely with national and international organizations of persons with disabilities, including Women Enabled International and the Pacific Disability Forum, to assess the sexual and reproductive health and rights as well as gender-based violence service needs of persons with disabilities to inform the development of relevant guidance and recommendations that can improve service responsiveness. As a result, for example, in Tonga, a draft reproductive health policy calls for contraceptive information to be accessible for persons with disabilities, and for strengthened disability-friendly skills among health-care workers.<sup>20</sup>

30. United Nations entities have also been enhancing their actions to support the endeavours of Member States and other stakeholders. In its report, WHO brought health equity for persons with disabilities to the attention of decision makers, along with the latest evidence on health inequities faced by persons with disabilities. WHO made the issue of access to health services, including sexual and reproductive health for persons with disabilities, central to the report.

31. In 2018, UNFPA issued a publication entitled *Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*. It provides practical and concrete guidance on the provision of inclusive

<sup>17</sup> See "Bolivia" in *Intersections: Finding Common Ground to Advance the Rights of Persons with Disabilities: An Overview of Results from the Second UNPRPD Funding Round* (United Nations Partnerships on the Rights of Persons with Disabilities, 2018), p. 71.

<sup>18</sup> WHO, *Global Report on Health Equity*.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.



and accessible services related to gender-based violence and sexual and reproductive health and rights for persons with disabilities.

32. Through its global midwifery programme, UNFPA has also been steadily promoting the use of sign language in sexual, reproductive, maternal, newborn and adolescent health counselling and supporting respectful maternity care for women with hearing and speech impairments. In Kenya and Zambia, the use of sign language has now been fully mainstreamed in the pre-service curriculum of midwives.<sup>21</sup> In addition, since 2016 and through its “We Decide” programme (with financial support from Spain), UNFPA has served to strengthen disability-inclusive protection and response to gender-based violence, and to advance sexual and reproductive health and rights at the global, regional and national levels.

#### **IV. The way forward: conclusions and recommendations**

33. Evidence confirms that persons with disabilities, just like everyone else, are sexually active and have the same needs for and the same right to access sexual and reproductive health services that is well established in the Convention, the 2030 Agenda for Sustainable Development and many other internationally agreed normative frameworks. Sexual and reproductive health is by no means less important to persons with disabilities than all other members of society. In fact, sexual and reproductive health services are especially important to make them less vulnerable to risks. Yet, persons with disabilities are regularly excluded from the provision of sexual and reproductive health services due to environmental and attitudinal barriers, such as the lack of physical accessibility in health-care facilities and public transport, and the low level of awareness and misperceptions of the sexual and reproductive health needs of persons with disabilities. The false but widespread assumption that persons with disabilities are not sexually active results in the lack of sufficient attention and limited resources that have been devoted to ensuring that persons with disabilities have equal access to sexual and reproductive health care.

34. Clearly, huge gaps remain between the high level of political commitment and practices on the ground. These gaps are manifested in the lived experience of many persons with disabilities in accessing the relevant health services that they require and fully enjoying their rights in this area.

35. While countries need to choose specific actions and focused areas to be responsive to the actual challenges they face, taking into account their unique national contexts, some general principles apply to all countries. These general principles include, in line with the Convention, States putting health equity, non-discrimination and equal rights for persons with disabilities at the centre of sexual and reproductive health actions; engaging and empowering persons with disabilities to participate meaningfully in sexual and reproductive health actions, including their design and implementation; and monitoring and evaluating the extent to which sexual and reproductive health actions are leading to health equity for persons with disabilities.

36. More specifically, a series of actions should be considered to further promote and ensure that persons with disabilities have equal access to sexual and reproductive health services and enjoy their rights, including:

(a) Strengthening national legislation and policy frameworks by considering it a priority to review and abolish any existing discriminatory laws or policies that prevent persons with disabilities from exercising their reproductive rights, including their bodily autonomy, by guaranteeing equal access to sexual and reproductive health

<sup>21</sup> See Diamond TV Zambia (local television channel), available at [https://m.facebook.com/story.php?story\\_fbid=878360275926967&id=273812309715103&p=30](https://m.facebook.com/story.php?story_fbid=878360275926967&id=273812309715103&p=30).

services, in line with the Convention, and by taking all appropriate measures to prevent discriminatory or harmful practices such as forced sterilization;

(b) Removing all forms of environmental barriers to access, by building or renovating sexual and reproductive health-care facilities and providing the relevant service information in accessible formats, bearing in mind the diverse needs within the disability community;

(c) Enhancing the health sector and its service capacities, by ensuring the necessary investment and training of sexual and reproductive health-care workers, in order to raise awareness, combat negative attitudes, prevent discriminatory practices and enhance the required knowledge, skills and abilities, to deliver quality services to serve the unmet needs of persons with disabilities;

(d) Educating persons with disabilities and their families on the right to equal access to sexual and reproductive health services and supporting them by conducting educational and/or publicity activities targeting and including persons with disabilities, their families and associates in communities; and developing guidelines and tools for educators in order to deliver high-quality, age-appropriate education on sexual and reproductive health and reproductive rights for all, including those with disabilities. The training materials should be provided in accessible formats;

(e) Implementing awareness-raising programmes designed to change the incorrect societal perception of the sexual and reproductive health and rights of persons with disabilities and mobilizing whole-of-society support for actions to end all forms of violence against persons with disabilities;

(f) Establishing or strengthening monitoring and evaluation mechanisms to track the implementation of policies and programmes on access to sexual and reproductive health services for persons with disabilities; and ensuring that all stakeholders, including persons with disabilities, are involved in the monitoring and evaluation process;

(g) Conducting research, data collection and analysis to inform policymaking and monitoring, evaluating and improving programmes that provide sexual and reproductive health services for persons with disabilities; conducting empirical research on the sexual and reproductive health of persons with disabilities as well as on their access to sexual and reproductive health services and the barriers they face; collecting data disaggregated by disability, sex and age especially in the contexts of monitoring and reporting on national implementation of the Sustainable Development Goals and the Convention; and engaging persons with disabilities in these research, monitoring and reporting processes.

## **V. Guiding questions for consideration**

37. The following questions are presented for consideration by all round-table panellists and participants attending the discussion, which will be organized under agenda item 5 (b) (i) “Ensuring equal access to and accessibility of sexual and reproductive health services for persons with disabilities”, taking into account the overarching theme of the sixteenth session of the Conference, which is “Harmonizing national policies and strategies with the Convention on the Rights of Persons with Disabilities: achievements and challenges”:

(a) What are the major obstacles impeding the progress of States parties in ensuring that persons with disabilities enjoy their rights and access to sexual and reproductive health services on an equal basis with others?

(b) What governmental policies are required in order to make sexual and reproductive health services available and accessible to persons with disabilities?

(c) What one or two examples best illustrate how to effectively promote the rights of persons with disabilities and improve their access to sexual and reproductive health services at the country and community levels?

(d) In follow up to the question in paragraph 37 (c), what are the major reasons for the success of the case or cases indicated?

(e) What innovative strategy or solution used by countries has successfully raised public awareness about the rights and needs of persons with disabilities in accessing sexual and reproductive health services?

(f) Girls, adolescents and women with disabilities, and other groups such as persons with intellectual disabilities, are often found to be more vulnerable to risks such as HIV infection, violence and abuse, yet they do not always receive the necessary services and timely support. What can be done by Governments, the health sector and the disability community to address this problem, with a view to better protecting and supporting these persons with disabilities in accessing sexual and reproductive health services?

(g) How can sexual and reproductive health services be best designed for and delivered to persons with disabilities in rural areas?

(h) How can assistive technologies, such as mobile health apps and telemedicine, be used to improve access to sexual and reproductive health services for persons with disabilities, especially in developing countries, and what are the key challenges to their implementation and scaling up?

(i) In what ways can technology be harnessed to promote disability rights and raise awareness about the importance of ensuring equal access to sexual and reproductive health services for persons with disabilities especially in developing countries, and what role can social media and other digital platforms play in this effort?

(j) What strategies have been most effective in promoting the participation of persons with disabilities in policymaking processes related to sexual and reproductive health, and how can these strategies be adapted and scaled up especially in developing country contexts?

(k) What are the most promising innovations in disability-inclusive sexual and reproductive health programming, and how can these innovations be scaled up and sustained over time?

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