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Chair: Mr. Gunnarsson (Iceland)
later: Ms. Kaszás (Hungary)

Contents

Agenda item 72: Promotion and protection of human rights (*continued*)

- (a) Implementation of human rights instruments (*continued*)
- (b) Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms (*continued*)
- (c) Human rights situations and reports of special rapporteurs and representatives (*continued*)

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The meeting was called to order at 10 a.m.

Agenda item 72: Promotion and protection of human rights (*continued*) ([A/72/40](#), [A/C.3/72/9](#))

(a) Implementation of human rights instruments (*continued*) ([A/72/55](#))

(b) Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms (*continued*) ([A/72/127](#), [A/72/128](#), [A/72/131](#), [A/72/132](#), [A/72/133](#), [A/72/135](#), [A/72/137](#), [A/72/139](#), [A/72/140](#), [A/72/153](#), [A/72/155](#), [A/72/162](#), [A/72/163](#), [A/72/164](#), [A/72/165](#), [A/72/170](#), [A/72/171](#), [A/72/172](#), [A/72/173](#), [A/72/187](#), [A/72/188](#), [A/72/201](#), [A/72/202](#), [A/72/219](#), [A/72/230](#), [A/72/256](#), [A/72/260](#), [A/72/277](#), [A/72/280](#), [A/72/284](#), [A/72/289](#), [A/72/290](#), [A/72/316](#), [A/72/335](#), [A/72/350](#), [A/72/351](#), [A/72/365](#), [A/72/370](#), [A/72/381](#), [A/72/495](#), [A/72/496](#), [A/72/502](#), [A/72/518](#), [A/72/523](#) (to be issued) and [A/72/540](#) (to be issued))

(c) Human rights situations and reports of special rapporteurs and representatives (*continued*) ([A/72/279](#), [A/72/281](#), [A/72/322](#), [A/72/322/Corr.1](#), [A/72/382](#), [A/72/394](#), [A/72/493](#), [A/72/498](#), [A/72/556](#) (to be issued), [A/C.3/72/2-S/2017/798](#), [A/C.3/72/3-S/2017/799](#), [A/C.3/72/4-S/2017/800](#), [A/C.3/72/5-S/2017/816](#), [A/C.3/72/6-S/2017/817](#), [A/C.3/72/7-S/2017/818](#), [A/C.3/72/8-S/2017/819](#), [A/C.3/72/10-S/2017/852](#) (to be issued), [A/C.3/72/11](#) (to be issued) and [A/C.3/72/13-S/2017/873](#) (to be issued))

1. **Ms. Degener** (Chair, Committee on the Rights of Persons with Disabilities), presenting her report ([A/72/55](#)), said that the adoption of the Convention on the Rights of Persons with Disabilities, the establishment of her Committee, and appointment of the Special Rapporteur on the rights of persons with disabilities and the Independent Expert on the enjoyment of human rights by persons with albinism were proof that persons with disabilities were finally seen as subjects of human rights rather than objects of welfare and rehabilitation.

2. The medical model of disability was unsuited to modern disability law and policy, while knowledge of the human rights disability model remained underdeveloped. Persons with disabilities remained unable to exercise their full human rights with regard to legal personhood, non-discrimination, social inclusion, and freedom.

3. Reporting on measures to implement General Assembly resolution [68/268](#), she said that the Committee on the Rights of Persons with Disabilities still allowed the submission of periodic reports under the simplified reporting procedure, which had been accepted by 18 of the 61 States parties. The Committee had endorsed the guidance note from chairpersons of treaty bodies for States parties regarding constructive dialogue to achieve an aligned methodology, and was working on more focused and concrete concluding observations. The Committee had continued engaging constructively with the Conference of States parties to the Convention and contributing substantively in discussions on national implementation of the Convention. It endorsed the San José Guidelines ([HRI/MC/2015/6](#)) condemning all intimidation and reprisal, and analysed the operation of other treaty bodies to achieve greater efficiency, transparency, effectiveness and harmonization of its working methods.

4. As she herself was the only remaining female Committee member following the 2016 membership elections, the Committee had called upon States parties to consider restoring the membership's gender balance in the 2018 elections. It had also endorsed the common consultation process for formulating general comments, and limited treaty body documents to a maximum of 10,700 words.

5. Webcasting of international sign language interpreting had begun in early 2017, and been streamlined on the United Nations Webcast video portal in August 2017. National sign language interpretation was available via WebEx links. To facilitate remote participation of State party delegations, videoconferencing facilities were provided in 2017 for the first time. For more efficient use of resources, the Committee would only maintain summary records of dialogues with States parties and meetings in which the Committee considered communications under the Optional protocol.

6. The Committee's allocated meeting time had increased from two weeks in 2011 to eight and a half weeks. In the period covered by the biennial report (2015–2016), the Committee had considered 28 initial reports by parties to the Convention and adopted 29 lists of issues, two general comments, and five decisions on individual communications. It had also held a day of general discussion and adopted guidelines on the rights of persons with disabilities. Despite the increase in meeting time and in the number of documents processed each year from four to twenty, the core team servicing the Committee had only received two additional staff members. Further human resources commensurate with the workload should be secured.

7. The additional meeting time allocation should be coupled with budget appropriations for accessibility items such as sign language interpretation, Braille, captioning, and plain language and easy-to-read texts. Regular accessibility awareness-raising training for United Nations staff was needed, in addition to a mechanism for monitoring implementation of accessibility standards. The Committee had requested combined periodic reports from States parties whose initial reports it had reviewed. Countries did not need to submit periodic reports that fell due prior to the review of their initial report if still pending.

8. The Committee had continued implementing the Guidelines on the independence and impartiality of members of the human rights treaty bodies (Addis Ababa guidelines), amending rule 43 of its rules of procedure to indicate that members of the Committee who were citizens of a regional integration organization that was party to the Convention would not be appointed Special Rapporteur, but would participate in the review of the organization's report insofar as no conflict of interest was declared and accepted by the Committee.

9. **Ms. Lozano Rubello** (Mexico) said that her country had made notable efforts to mainstream disability and empower the participation of persons with disabilities as active agents of development and important members of society, and would submit combined periodic reports on its compliance with the Convention in January 2018. She asked which actions should be taken to promote the political participation of persons with disabilities, together with recognition of their legal capacity and equality before the law. She also requested information on good practices and lessons learned on the participation of civil society organizations and about planned Committee actions to bring about the accession of more States to the Convention.

10. **Ms. Meylan** (Switzerland) said that the Committee's recommendations and interpretations were useful for implementing the Convention, particularly where they took the form of general comments. Competent human rights bodies should exchange experiences, perspectives and synergies to guarantee systematic consideration of the rights of persons with disabilities and protect against multiple forms of discrimination. She asked for an assessment of the implementation of the rights of persons with disabilities in other human rights conventions and treaty bodies.

11. **Mr. Bastida** (Spain) said that Spanish legislation was among the most advanced in promoting and protecting the rights and integration of persons with disabilities with initiatives such as the Action Plan for

the Spanish Strategy on Disability 2014–2020. Guaranteeing the participation of persons with disabilities was fundamental to solving the issues they faced. Decision-makers at all levels must consult persons with disabilities, and Spain would continue working to protect their rights in the spirit of their motto “nothing for us without us” and empowering their representative organizations via financial support.

12. **Mr. Forax** (Observer for the European Union) said that the European Union was the only international organization that was party to the Convention on the Rights of Persons with Disabilities. It had undergone the first ever public examination by a treaty body in 2015 and was very pleased with the outcome. His delegation reaffirmed its support for the Committee and its role in translating norms into practical measures for realizing the highest possible standards in human rights of persons with disabilities, notably general comment No. 5 on article 19 of the Convention with regard to living independently and inclusion in the community. He asked for good examples of mechanisms for monitoring institutions and residential services, deinstitutionalization strategies and measures for living independently.

13. *Ms. Kaszás (Hungary), Vice-Chair, took the Chair.*

14. **Mr. Mizuno** (Japan) said that his country had submitted its initial report in 2016 and looked forward to constructive dialogue with the Committee. The Government placed great importance on the holistic environment of persons with disabilities and had been working on removing social barriers to their full and effective participation in an inclusive society, which would require comprehensive efforts to improve every social system from their perspective. He asked what the Committee could do to increase the social participation of persons with disabilities.

15. **Ms. Miller** (United Kingdom) said that gender-related violence was often a cause and consequence of disability, and that violence, discrimination, poverty and marginalization could impact girls and women with disabilities disproportionately, affecting their health, education and overall development, and exposing them to increased risk of exploitation, abuse and trafficking. Girls and women with disabilities might be prevented from making autonomous decisions about their reproductive and sexual health, often resulting in harmful and discriminatory practices. The United Kingdom was implementing a five-year £35 million programme to tackle female genital mutilation, the largest of any individual country, and a £39 million programme to end child marriage. She asked for examples of the legal recognition of sexual and reproductive health of girls and women with disabilities,

and of comprehensive and inclusive health education programmes within and outside school systems.

16. **Mr. Ishaya Odisho** (Iraq) said that his country had implemented a range of measures to improve the living conditions of persons with disabilities and enable them to live in full equality with other citizens. The Constitution stipulated the provision of all means necessary for persons with disabilities to fully participate in society. Iraq had also ratified the Convention in 2013 and subsequently enacted corresponding legislation, including quotas for persons with disabilities in educational institutes. The Government hoped to receive increased logistical and technical assistance for persons with disabilities, especially in regions recently liberated from ISIL. Many Iraqi civilians had been subjected to terroristic practices and needed very specific help.

17. **Ms. Moutchou** (Morocco) said that the Chair's worldwide meetings had increased the visibility of the Committee and demonstrated its tireless efforts. Partnerships had been strengthened with Member States, representatives of the National Initiative for Human Development and civil society. Morocco had submitted its report to the Committee in August 2017, the preparation of which had coincided with the adoption of a public policy on the protection of rights of persons with disabilities centred on accessibility and participation. She queried the use of the term *handicapé*, meaning disabled or handicapped, in all French-language United Nations texts as it would be more gracious to use the term "persons with disabilities".

18. **Ms. Didi** (Maldives) said that her country believed in inclusivity, advocated strongly for the rights of persons with disabilities, and had laws and policies in place to guarantee them equal opportunities and freedom from social stigma and discrimination. The Maldives implemented wellbeing programmes for children with disabilities, and facilitated capacity-building programmes as well as awareness-raising initiatives for workplaces and families of persons with disabilities. The Government had facilitated the employment of over two hundred persons with disabilities in public companies and organizations to enhance their employment opportunities. Her delegation requested additional information on the work of the Committee in addressing the limited involvement of persons with disabilities in disaster risk reduction and humanitarian emergency strategies.

19. **Mr. Goltiaev** (Russian Federation) said that his delegation had examined the activities of the Committee on the Rights of Persons with Disabilities on the premise that the basis for effective functioning of the treaty

bodies was the observance of mandates and ability to build equitable dialogue-based cooperation.

20. One of the most important questions was that of multilingualism. Use of the three working languages under General Assembly resolution [68/268](#) must be without prejudice to the right of every Member State to participate in any of the six official United Nations languages. It was undesirable for Member States of a treaty body to have to use information from major international bodies and not the information provided by civil society organizations in the local languages. The initial report of Russia on the status of the rights of persons with disabilities was scheduled for presentation to the Committee in 2018, at which he hoped there would be Russian interpretation including during the Committee expert meeting with civil society organizations.

21. His delegation also wished to address the Committee's reference to general comments in discussing the periodic reports. Those comments were only the view of Committee experts and could not create additional obligations to those assumed in ratifying the Convention. They went beyond the provisions of the Convention and could not be applied in the consideration of periodic reports of States.

22. **Mr. Habib** (Indonesia) said that over 170 countries including Indonesia had signed and ratified the Convention on the Rights of Persons with Disabilities. Indonesia was committed to creating more accessible conditions and infrastructure for the full participation of persons with disabilities in society. Challenges remained, particularly regarding specific regulations addressing women with disabilities. The Government continued to mainstream the issues of persons with disability in formulating policies and programmes to ensure access and rights to education, employment, health, rehabilitation, and participation in public and political life. He asked how to advance the rights of persons with disabilities as an integral part of society and promote the community voice of girls and women with disabilities in the developing world.

23. **Ms. Degener** (Chair, Committee on the Rights of Persons with Disabilities) said that universal ratification of the Convention was needed, which would lead in particular to implementation of its article 33 on installing national monitoring mechanisms in which persons with disabilities played an important role, as the most efficient way to bring the treaty to life.

24. The issue of improving the situation of women with disabilities was of special concern to her as the only woman left on the treaty body. The Committee had adopted a general comment on article 6 that included

examples for improving the situation of girls and women with disabilities, and had considered the thematic report of the Office of the High Commissioner for Human Rights (OHCHR) and the latest report of the Department of Economic and Social Affairs. One of the biggest challenges was tackling intersectional discrimination. Most States parties to the Convention on the Rights of Persons with Disabilities had understood the need to include disability in anti-discrimination laws, but many countries lacked adequate means of tackling the intersectional and multidimensional discrimination that affected girls and women with disabilities most often.

25. The Committee was proud of the recently adopted general comment on article 19 about living independently in the community and the deinstitutionalization of persons with disabilities, including those in mental health facilities. The Conference of the States Parties to the Convention and dialogue in Geneva should be used to find ways to better tackle deinstitutionalization.

26. In answer to the question from the Moroccan representative, the Committee had discussed the issue of correct terminology at length. The treaty referred to persons with disabilities and the phrase “disability movement” was used in some countries, so the term “handicapped” should be replaced by “disabled persons” or “persons with disabilities”.

27. She agreed that greater inclusion of persons with disabilities in disaster risk reduction strategies was needed. At the time the Convention was being drafted, many persons with disabilities had died following the 2004 Indian Ocean tsunami as they could not be rescued. Article 11 therefore called on all States parties to consider persons with disabilities in risk prevention and strategy development, and article 43 required the meaningful involvement of persons with disabilities in all aspects of implementation of the Convention.

28. Addressing the representative of the Russian Federation, she said that the Committee had adopted Russian as a working language but had not been able to submit all documents in Russian due to lack of resources. The Committee was the first treaty body to include a person with intellectual disability as a member but it had also been unable to provide that expert with any material in plain language or easy-to-read formats due to budgetary constraints. Although not binding, general comments were important, and as the Committee had the mandate under the Convention to interpret the articles, they had a duty to use general comments as yardsticks in their concluding observations.

29. **Ms. Devandas Aguilar** (Special Rapporteur on the rights of persons with disabilities), presenting her

report ([A/72/133](#)), said that the issue of the sexual and reproductive health and rights of girls and young women with disabilities was sensitive for many States but required urgent measures to protect the future of millions. She knew from personal experience the difficulty of growing up with a disability. Girls and young women with disabilities were faced with gender stereotypes, stigma, prejudice, pity, social isolation, discrimination, and limited access to services, support, healthcare, professional training and education.

30. The sterilization of girls and young women with disabilities without their express consent was a widespread international practice for reasons including pregnancy prevention, menstrual control, eugenics and a misguided attempt at protection, exposing those affected to greater levels of sexual violence. States should instead provide information, empowerment, support and protection. Forced sterilization of girls and young women with disabilities must be eliminated along with other forms of violence including growth attenuation treatments and forced abortion and contraception.

31. The best way to protect girls and young women with disabilities and secure their future development was to guarantee their sexual and reproductive health and rights. Protecting their right to information and control over their bodies and sexuality was essential to eliminate violence, exploitation and abuse. It was a mistake to think that their sexuality did not merit consideration, or that they were not sexually active or interested in sex. They had the same needs, concerns and patterns of sexual behaviour as other young people, but were exposed to high risk of sexually transmitted infections, early marriage, sexual violence and unwanted pregnancy. Opportunities to access sexual and reproductive health information and services were limited where they existed, and service providers often discriminated against or mistreated users with disabilities.

32. Girls and young women with disabilities had to form their identity and self-esteem in an environment of violence, mistreatment and discrimination, with no autonomy and others making decisions about their bodies. They were made to feel insecure, unattractive and unworthy, some concluding that they had fewer rights than other girls. States were obligated to respect and protect girls and young women with disabilities and ensure their sexual and reproductive health and rights, together with their right to life without violence.

33. Investment in sexual and reproductive health and rights saved lives, empowered girls and young women with disabilities and gave them opportunities to pursue

their dreams. States could adapt their legal and policy frameworks, provide comprehensive sex education, ensure that sexual and reproductive health information and services were accessible and inclusive, promote empowerment and awareness-raising, and allocate budgets for implementing these steps.

34. **Ms. Mortaji** (Morocco) said that the sexual and reproductive rights and needs of persons with disabilities were largely ignored in societies where sexuality was still a taboo. Sex education was hidden and covert messages of compliance with cultural norms were a major obstacle, together with a lack of information and awareness-raising. Harmful practices such as forced sterilization, abortion and contraception were to be condemned. Access to sexual and reproductive health services for persons with disabilities must be guaranteed and facilitated with environmental adaptations and support for the multiple specific needs of different disabilities by providing information and advice, access to adapted care, and parenting support. The *Groupe Amical Marocaine des Handicapés* had been developing a multidimensional project for the period 2016–2019 to develop a comprehensive support mechanism for improving the sexual and reproductive health care of women with disabilities in Morocco, and had launched a gynaecological service specialising in women with specific needs. She asked how to strengthen cooperation on a topic that remained a sensitive taboo in most countries.

35. **Ms. Lozano Rubello** (Mexico) said that her Government agreed with the need for legal and political frameworks that promoted the autonomy of girls and young women with disabilities and corrected the structural factors exposing them to harmful practices. Mexico had a public policy framework that promoted the inclusion of persons with disabilities and sought to ensure respect for their rights, but it required reinforcement. Acknowledging the importance of awareness-raising programmes in changing the social perception of the sexual and reproductive health and rights of girls and young women with disabilities and ending the violence they suffered, her Government asked for details of good practices or successful programmes for training teachers and health care staff in dealing with the sexuality of girls and young women with disabilities.

36. **Mr. Forax** (Observer for the European Union) said that the European Union reaffirmed the right of every individual to full control and responsibility over their sexuality and sexual and reproductive health, free from discrimination, coercion and violence, and stressed the need for universal access to quality affordable comprehensive sexual and reproductive health care,

information and education. He requested good examples of awareness-raising programmes aimed at changing societal perception of the sexual and reproductive health and rights of all persons with disabilities. The European Union was particularly concerned about the disproportionate risks faced by girls and young women with disabilities through gender-based physical, sexual, psychological and emotional violence and harmful practices including female genital mutilation; child, early and enforced marriage; forced sterilization, abortion and contraception; and invasive and irreversible involuntary treatments. He asked for information on legislative best practices in ending violence against girls and young women with disabilities and protecting their rights to free and informed consent before any medical intervention.

37. **Mr. Monteiro** (Brazil) said that his country's 2016 act promoting the inclusion of persons with disabilities secured rights and fundamental freedoms pursuant to the Convention on the Rights of Persons with Disabilities, allowing persons with disabilities to exercise equal sexual and reproductive rights, decide on the number of children they wished to have and access family planning information. The national policy for persons with disabilities required their comprehensive health care to include sexual and reproductive health measures such as medication, technological resources and specialized interventions. The national plan combating violence against persons with disabilities focused on capacity-building for public officials and improved methodology for recording violence against all persons with disabilities. He asked for further details on the potential role of the United Nations system in helping States to implement policies for the sexual and reproductive health and rights of women and girls, and on best practices and successful past cooperation.

38. **Mr. Clyne** (New Zealand) said that girls and young women with disabilities must be able to exercise their rights to inclusion and gender equality on an equal basis in society as they were an integral part of the right to health but essential for the enjoyment of other human rights including the right to life and privacy, freedom from torture, ill-treatment and discrimination, equal recognition before the law, and respect for family life, education and work. Girls and young women with disabilities faced multiple and intersecting forms of discrimination. Without supportive frameworks to protect their sexual and reproductive health and rights, they would continue to face stigma, stereotyping, barriers to information and services, and harmful enforced practices. States must implement effective legal and policy frameworks to safeguard the rights and autonomy of girls and young women with disabilities,

enabling them to make autonomous decisions on all aspects of their lives. He asked the Special Rapporteur to identify the most urgent areas in which to close the implementation gap between the jurisprudence of the Committee and current practices of States parties.

39. **Mr. Castro Cordoba** (Costa Rica) said that girls and women with disabilities faced greater challenges to the full enjoyment of their rights, making it essential to incorporate the gender perspective in all interventions concerning persons with disabilities. Costa Rica had enacted a personal autonomy law based on respect for the right of persons with disabilities to live independently and autonomously, which implied respect for their civil, electoral and property rights as well as their sexual and reproductive health and rights. The law defined sterilization as an exceptional practice carried out at the request of the subject or where imperative to preserve life or physical integrity. Forced sterilization unfortunately still occurred in some countries. He asked how States could determine whether it was being carried out in their country, and how it could be eliminated.

40. **Ms. Meylan** (Switzerland) said that the complex issue of the sexual and reproductive health and rights of girls and young women with disabilities affected a particularly vulnerable population group subject to discrimination based on disability, gender and youth. It was important to continue developing synergies between the different treaty bodies for maximum protection of groups subject to multiple forms of discrimination, which should be tackled with increased, expanded and accessible awareness-raising campaigns. To enjoy their fundamental rights including the right to health and sexual and reproductive rights, persons with disabilities required physical access to medical facilities and full access to information on prevention in fully accessible formats. General prevention campaigns needed to incorporate the specific needs of girls and young women with disabilities. She asked about the best way to ensure cooperation between different committees addressing the issues of girls and young women with disabilities.

41. **Mr. García Moritán** (Argentina) said that his country had given special attention to the commitments assumed under the Convention on the Rights of Persons with Disabilities. Argentina had recently created a national disability agency to strengthen public policy coordination in addition to designing the National Disability Plan and monitoring its implementation. The discussion of the issue in the Report of the Secretary General ([A/72/227](#)) was crucial, focusing on multiple and intersecting forms of discrimination faced by girls and women with disabilities and the need to reinforce the concept of inclusivity in the 2030 Agenda for

Sustainable Development. Argentina agreed that States should adopt measures promoting the sexual and reproductive health and rights of girls and young women with disabilities, and was interested in the intersections between disability and older persons as well as other vulnerable groups. He asked the Special Rapporteur to describe her vision of the promotion the sexual and reproductive health and rights of older women and the importance of exploring the issue from the other end of the lifespan of women with disabilities.

42. **Mr. Goltiaev** (Russian Federation) said that his delegation called upon the Special Rapporteur not to address contentious matters on which the majority of countries did not share views. The approach in her report would politicize discrimination and distract from the crucial issue of the health of young girls and women. His Government considered the issue of the sexual and reproductive health of girls and young women with disabilities to be closely connected with their activity and ability. The legal systems of various States had different approaches to the matter, which had been the subject of lively discussion during the formulation of article 12 of the Convention on the equitable treatment of people before the law.

43. In Russia, a distinction was made between legal capacity and active legal capacity. Legal capacity commenced at birth and lasted throughout a person's life. Active legal capacity was the ability to fulfil various legal obligations and rights through the actions of an individual in accordance with article 60 of the Constitution and entered into force on reaching the age of 18. Medical conditions such as serious psychological illness might limit legal activity partially or fully. He asked the Special Rapporteur who she believed should make decisions with regard to the sexual and reproductive health and rights of women and young girls with disabilities.

44. **Mr. Harjanto** (Indonesia) said that his Government had enacted national development frameworks to enhance full participation, equal opportunities and inclusiveness for all people. Law 8 of 2016 had marked a significant shift in national perspectives on persons with disabilities from a social to a human rights-based approach. Disability inclusiveness in the National Medium-Term Development Plan 2015–2019 had been translated to guidelines on disability-responsive budgeting and planning that mainstreamed disability concerns in the work of ministries and agencies at national and local level. Indonesia was working to protect all persons with disabilities in emergency, rescue, evacuation and crisis situations and encourage their participation in disaster management strategies.

45. The Government prioritized health measures such as community-based rehabilitation and regular immunization programmes, early detection and intervention services, access to reproductive health services and national health care including assistive technology. It had also established over 50,000 inclusive schools to provide children and persons with disabilities with access to education. He asked how to further promote the involvement of persons with disabilities in government, particularly in planning and implementing social, political, economic and health policies.

46. **Ms. Didi** (Maldives) said that the challenges faced by girls and young women with disabilities regarding their sexual and reproductive health and rights were marginalized in policy discourse in social and developmental discussions. The Maldives provided equal and equitable opportunities for persons with disabilities to further their interests and needs, including access to proper education, employment opportunities and reproductive health care services. The Ministry of Gender and Family was implementing programmes to ensure that all persons with disabilities could lead happy and prosperous lives free of stigma, violence and abuse, while the National Social Protection Agency ensured adequate social welfare protection, with over 6,800 persons with disabilities granted special disability allowances to improve existing social welfare standards. The Maldives would continue to engage with the Special Rapporteur in further strengthening existing mechanisms to promote and protect the rights of persons with disabilities.

47. **Mr. Ariturk** (United States of America) said that girls and young women with disabilities faced numerous barriers to essential health care, including a lack of physical access, specific information for women with disabilities, and trained providers. The report indicated that they were regularly exposed to harmful practices such as involuntary sterilization and forced abortion, and that the violence they experienced remained largely invisible. He asked how States should address the discrimination that led to violence and abuse against girls and young women with disabilities.

48. **Ms. Naur** (Estonia) said that there were over one billion persons with disabilities in the world, over half of whom were women, including a significant proportion of young women. The challenges they faced encompassed many sensitive issues requiring States to allocate significant resources with a willingness to prioritize the improvement of sexual and reproductive health and rights of girls and young women with disabilities. Estonia considered the effective dissemination of appropriate information crucial to success in the teaching and sharing of experiences and

knowledge regarding the sexual and reproductive health and rights of girls and women with disabilities, in the provision of information, support and encouragement to their families, or in the training and support of health care workers, teachers and community workers. Given the cultural, linguistic and technical diversities of Member States, she asked what steps the United Nations should prioritize to maximize accessibility to information on the sexual and reproductive health and rights of girls and young women with disabilities.

49. **Ms. Westaway** (Australia) said that the specific challenges of girls and women with disabilities required particular attention. Her country was committed to mainstreaming the rights of persons with disabilities. Without immediate action on disaggregating data by disability, there was a growing risk that baseline data would not be collected and persons with disabilities would not be counted when monitoring implementation of the 2030 Agenda. The Washington Group on Disability Statistics and the UNICEF/Washington Group module on child functioning and disability provided well-tested methods for disability data disaggregation, and Australia agreed that they were the most cost-effective tools for use in census and population surveys.

50. **Ms. Tucker** (United Nations Children's Fund (UNICEF)) said that the sexual and reproductive health of girls and women with disabilities was a critical issue for both women's and disability rights. Children often started learning about sexual and reproductive health in school, but those with disabilities were far less likely to enrol or attend school. One third of out-of-school children had a disability, and girls with disabilities were more likely to be out of school than their male counterparts. Girls with disabilities in school also often stopped attending on beginning to menstruate. They were missing vital opportunities to learn and access information on sexual and reproductive health, including menstrual hygiene management. Owing to stigmas and negative attitudes, girls with disabilities might also be hidden away in homes, not participating in community activities that could also be used to educate girls about their sexual and reproductive health and rights.

51. **Ms. Devandas Aguilar** (Special Rapporteur on the rights of persons with disabilities), said that it was important to improve coordination and highlight topics that were still considered taboo, as their discussion would permit significant advances in the implementation of human rights for all, including women with disabilities. Various examples of good practices had been cited in the report, such as a national directive in Colombia ensuring access to sexual and

reproductive health services for persons with disabilities and specifying reasonable adjustments and support for providing informed consent. Increasing the involvement of persons with disabilities, and particularly girls and women with disabilities, in discussions on the issues they faced would help to find optimal solutions and identify their main challenges and life expectations.

52. Negative perceptions, such as the belief that women with disabilities did not have a right to a family, remained prevalent in communities and must be transformed through the testimonies of girls and women with disabilities who could help to change harmful narratives. The work of UNICEF, the United Nations Population Fund and other agencies were achieving progress in a coordinated way. The evolving capacities of children and the ability of people to make decisions autonomously should be increasingly recognized. However, it was important to guarantee women with disabilities access to health, respect for their decisions, and freedom and equality to give informed consent.

53. The first step in identifying and eliminating harmful practices was to review all legislation and national policy frameworks to determine the extent to which legal representatives, health professionals, managers of institutions for persons with disabilities or family members were legally permitted to request sterilization or other procedures against the will of women with disabilities. Responding to the Russian Federation, she said that other people had previously made decisions regarding the physical integrity of women with disabilities to prevent pregnancy, improve menstrual management or avoid the birth of more persons with disabilities. The lowest common denominator was not the best interest or protection of girls and women with disabilities but how to safeguard the interests of a professional sector. Often the people capable of making decisions on involuntary procedures were those with vested interests in concealing evidence of violence and sexual abuse against women with disabilities.

54. Sterilizations often supported the impunity of perpetrators of violence against women by eliminating the consequences of sexual abuse. For women with disabilities who had low self-esteem and little access to information on their rights, reporting violence or abuse was complicated. Quality inclusive education for girls with disabilities in mainstream schools with other girls was needed. It was also important to improve access to information and remove barriers in communication so that women with disabilities who had difficulty communicating could express their expectations and concerns. An opportunity was at hand to establish a joint international campaign to promote the elimination of

forced sterilization, abortions and other practices against the physical integrity of women with disabilities.

55. Regarding the disaggregation of statistical data, it would not be possible to evaluate progress on and achieve the objectives of the 2030 Agenda without data disaggregated by gender and disability. She agreed that the Washington Group methods could be used for disaggregation by disability. The current report focused on the situation of young women and girls to address the serious violations they faced and raise awareness, but she would be working with the Independent Expert on the enjoyment of all human rights by older persons to address the tremendous needs of adult and older women with disabilities at an expert meeting on the intersection of disability and older persons.

56. Ensuring access to sexual and reproductive health, a healthy life, and empowerment of women with disabilities would help girls with disabilities to feel self-confident and defend and value themselves. Women with disabilities grew up at a disadvantage in an unsupportive environment where they did not fit any of the social moulds for women or mothers and were not considered sexually attractive. Girls with disabilities must know that they could decide on their own fate, sexuality, fertility and physical integrity with full independence and the same professional and personal development options as others.

57. **Ms. Ero** (Independent Expert on the enjoyment of human rights by persons with albinism), presenting her report ([A/72/131](#)), said that persons with albinism faced multiple and intersecting forms of discrimination based on components of the condition such as skin colouring and visual impairment. The combination of the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Racial Discrimination provided a comprehensive framework for protecting and promoting the human rights of persons with albinism. Most treaty bodies had applied non-discrimination provisions from their human rights treaties to the situation of persons with albinism.

58. The right to life and physical integrity of persons with albinism was systematically violated in attacks and mutilations, and also endangered by lack of awareness and adequate measures regarding their vulnerability to skin cancer. Failure to combat the impunity of perpetrators of attacks was another major issue. People with albinism were also subject to torture, harmful practices and inhumane treatment. Witchcraft was the source of most extreme violations. She had convened a meeting of experts on witchcraft in September 2017 to help States prevent and protect against these violations.

Persons with albinism were often killed for their body parts, which were trafficked once harvested. She called on the international community to provide guidance and clarity on the trafficking of body parts, as national and international laws often covered the trafficking of people only.

59. Persons with albinism also faced barriers in the enjoyment of their socioeconomic rights, as they were disproportionately affected by the lack of access to health, education and other services. As a result of stigmatization and discrimination, they had requested asylum in countries thought to be safer. Various jurisdictions had found that persons with albinism constituted a “particular social group” under the Convention and had granted them refugee status. Several countries affected by attacks on persons with albinism had adopted national action plans. A Regional Action Plan on Albinism focusing on protection, prevention, accountability, equality and non-discrimination measures for effective emergency response to attacks had recently been endorsed by the African Commission on Human and Peoples’ Rights.

60. **Mr. Mero** (United Republic of Tanzania) said that his delegation agreed with the Independent Expert’s examination of the progress on implementation of human rights standards applicable to persons with albinism, and of the obligation on States to investigate and prosecute attacks and ensure the adequacy of legislative frameworks and criminal sanctions. Tanzania had established standing task forces to respond to attacks and killings of persons with albinism, and prioritized the investigation, prosecution and trial of those cases, which had led to a decline in the number of murders. Tanzania reaffirmed its continued support of the work of the Independent Expert and reminded Member States of their obligations under international law to address human rights violations against persons with albinism.

61. **Ms. Baba** (Fiji) said that albinism was part of Fijian history and culture, and many people had relatives, friends and neighbours living with the condition, which was not a disease but a genetic disorder. A lack of awareness and understanding added to the stigma. The Fijian Government believed in inclusivity, ensuring that all citizens enjoyed a life of dignity free of discrimination as enshrined in the Constitution and Bill of Rights. Fiji had recently ratified the Convention on the Rights of Persons with Disabilities as it supported their full participation in all areas of life and sought to challenge stereotypes, biases, harmful practices and stigma. Fiji was proud to have no record of discrimination, physical attacks or violence against persons with albinism, but recognized the need

for improved access to adequate healthcare and education. She asked the Independent Expert how to address shortcomings in social and economic rights for persons with albinism, especially the right to health.

62. **Ms. Nunoshiba** (Japan) said that persons with albinism faced multiple challenges in daily life with no single solution to all. Noting the emphasis on a strong implementation-oriented approach to the issue, Japan requested further examples of strategies pursued by the Independent Expert in affected countries, and asked for advice on what Member States could do at national level using that approach and on how to raise awareness in countries where albinism was not commonly known.

63. **Mr. Ariturk** (United States of America) said that his Government viewed attacks on persons with albinism for body parts as abhorrent, and encouraged the international community to continue strengthening legal frameworks to abolish trafficking in body parts and enhance protection for persons with albinism. His delegation supported improvements in public education to counter myths and erroneous beliefs that triggered violence against persons with albinism. All States must work together to enhance the participation and prosperity of persons with albinism in society. He asked how the international community could help States and civil society actors to raise awareness and combat myths about albinism, and what actions States should take to produce disaggregated data on persons with albinism from national population census information.

64. **Mr. Strohmayr** (Israel) said that his country had been granting asylum to persons with albinism and their families for many years in the knowledge that albinism was a life-threatening condition owing to stigma and superstitions in some countries. Israel shared the concerns raised in report regarding ongoing attacks, trafficking in body parts, discrimination and intersectionality, and emphasized the need to offer special assistance to vulnerable populations such as women and children. Israel encouraged other Member States to recognize the urgency of increasing awareness and understanding of albinism and end attacks on persons with albinism including immediately investigating allegations, providing victims with protection and psychological and medical treatment, and taking steps to end trafficking in body parts. He asked the Independent Expert to outline her priorities for 2018.

65. **Ms. Kazembe** (Malawi) said that her Government had passed a disability act in 2012 addressing most of the recommendations of the Independent Expert on ensuring reasonable accommodation of persons with albinism and enjoyment of their rights to physical and mental health, education, adequate housing and decent

work. Malawi was committed to the protection and promotion of all citizens including persons with albinism, as enshrined in the Constitution, and was party to various conventions on human, disability, economic, social and cultural rights. Following violence against persons with albinism in 2015, however, the Government had taken stringent measures to prevent further attacks and bring perpetrators to justice. With the support of the United Nations Development Programme, Malawi had developed a handbook on crimes against persons with albinism to guide prosecution, and was open to further collaboration to realize the effective enjoyment of human rights and fundamental freedoms of persons with albinism.

66. **Mr. Hendricks** (South Africa) said that his delegation remained steadfast in promoting the rights of persons with albinism and continued to work on fulfilling commits made at the country's the first ever national conference for persons with albinism in 2013 with the participation of the Albinism Society of South Africa, linguists, traditional healers and community leaders. As the condition was prevalent across all races, he cautioned against creating an intersectional link between racism and discrimination against persons with albinism. He asked the Independent Expert for proposals on how best to address or dispel myths concerning albinism and create awareness with the involvement of all domestic stakeholders, and how best to improve training that met the needs of persons with albinism.

67. **Mr. Forax** (Observer for the European Union) said that his delegation was concerned with multiple and intersecting forms of discrimination faced by persons with albinism. Their right to life and physical integrity was systematically violated in attacks, killings, mutilations and abandonment. The right to life was non-derogable and essential for the enjoyment of all human rights, and its protection in countries where persons with albinism were attacked and killed was the priority to be addressed in those States. The European Union asked the Independent Expert how to encourage States to amend their legal frameworks to address the root causes of discrimination against persons with albinism and ensure prompt and thorough investigation and sentencing for violations.

68. **Mr. Yusuf** (Somalia) said that, as an initial sponsor of the resolution on albinism, his country commended efforts to work collaboratively with African human rights mechanisms in developing the Regional Action Plan to end attacks against persons with albinism by 2021. Harmful practices arising from witchcraft affected many victims including persons with albinism, and he encouraged the Independent Expert to continue work in that area to further protect the most vulnerable and

advance the key 2030 Agenda goal of leaving no one behind. He asked how to ensure that the Regional Action Plan was implemented effectively.

69. **Ms. Mwangi** (Kenya) said that persons with albinism faced societal exclusion and discrimination worldwide and increased attacks in parts of Africa owing to poverty, discrimination and harmful practices. She agreed with the Independent Expert that the transborder nature of some attacks required regional cooperation, and there was an urgent need for rapid policy responses. In Kenya, skin cancer was a leading cause of death in persons with albinism. The Government had adopted the National Persons with Albinism Sunscreen Support Programme in 2011 to mitigate the harmful effects of the sun by providing free sunscreen. Disaggregated data was essential to ensure that persons with albinism were not excluded from society and benefited from Government interventions. The National Council for Persons with Disabilities conducted awareness-raising campaigns to combat stigmatization and discrimination against persons with albinism, and the appointment of a senator and high court judge with albinism had given the condition visibility and provided aspirational role models. Given the transborder nature of attacks against persons with albinism, she asked how regional governments could collaborate on implementing the Regional Action Plan to enhance the protection of persons with albinism, especially children.

70. **Ms. Cedeño Rengifo** (Panama) said that persons with albinism in Panama were found mainly in the Guna Yala indigenous community, which had the world's highest incidence of the condition, affecting 1 in every 100 people in a total population of 80,000 on the island. Hermansky-Pudlak syndrome was the most common form of albinism there. The albino community was highly regarded in Panama owing to the belief of the indigenous people that persons with albinism were blessed, and so communities that took care of them would also be blessed. Panama had no record of religious beliefs or witchcraft practices that attacked persons with albinism.

71. The lack of data on that community and on health problems they faced such as skin cancer, visual impairment and severe daytime glare sensitivity was a major challenge. Skin cancer affected more than half of persons with albinism in the region. Panama had specialists who worked in Guna Yala supplying sunscreen, cauterizing forms of skin cancer, advising persons with albinism on the special sun protection they needed and on attending medical check-ups. Information to raise public awareness of persons with albinism had been made available via the National Health Promotion

Directorate of the Ministry of Health, on 13 June, International Albinism Awareness Day.

72. **Ms. Ero** (Independent Expert on the enjoyment of human rights by persons with albinism) said that Kenya was an outstanding example of best practices and practicality. It had a council of persons with disabilities and a dedicated office for persons with albinism, and addressed everything from violence to socioeconomic rights. Several good practices had emerged, including State investment in mobile clinics to address skin cancer prevention and cure, as well as vision assessment and provision of adaptive technology. It was important for national governments to act because external donor aid for persons with albinism was often provided only by countries experiencing the same problem.

73. Her focus was on implementing already existing norms in ways that built conditions for human rights on the ground. Her work at regional and national level had focused on organizing conferences, training and regional action, and cooperating with civil society to produce reports in simple language and develop an action plan for their implementation. Tanzania had a good example of disaggregated data from their 2012 census, which asked whether people had albinism.

74. Her priority for 2018 was the practical implementation of the Regional Action Plan on the ground while focusing on affirmative action. The plan had a major awareness-raising component which she hoped to launch as a worldwide campaign to bridge the education gap and emphasize the improvement of human rights conditions. Work was advancing on new partnerships so that organizations responding on the issue were not working in silos.

75. With regard to the issue raised by South Africa, the Committee on the Elimination of Racial Discrimination had interpreted racial discrimination as being based any non-interlinked grounds including colour, race or heritage. The Regional Action Plan was truly comprehensive and contained a number of measures for the elimination of root causes. One approach to address trafficking in body parts and the issue of witchcraft was using legal and non-legal tools. The large-scale awareness-raising campaign piloted by UNESCO in Tanzania had also been extremely successful.

The meeting rose at 12.30 p.m.