

Article 26:

List of illustrative indicators on habilitation and rehabilitation

ADVANCE VERSION

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Access to habilitation and rehabilitation services and to assistive devices*

Attributes/ Indicators	Cross sectoral rehabilitation systems and services	Availability, knowledge and use of assistive devices and technologies* for habilitation and rehabilitation
Structure	<p>26.1 Legislation enacted on access to habilitation and rehabilitation services to all persons with disabilities, in line with the human rights based approach to disability,ⁱ that:</p> <ul style="list-style-type: none"> • Prohibits discrimination against persons with disabilities on the basis of disability, including the denial of reasonable accommodation, or on any other grounds, including nationality and migrant status. • Upholds explicitly the right to give and refuse free and informed consent, protecting persons with disabilities from imposed or conditional habilitation and rehabilitation services.ⁱⁱ <p>26.2 Adoption of a national strategy/plan to organize, strengthen and extend comprehensive, cross-sectoral, accessible and affordable habilitation and rehabilitation services, including peer support.ⁱⁱⁱ</p> <p>26.3 Appointment of independent authorities to conduct regular monitoring and inspections of all public and private facilities and programmes designed to deliver habilitation and rehabilitation services for children and adults with disabilities, with the competence to initiate legal proceedings for the enforcement of related legislation, including preventing and combating violence.</p>	<p>26.4 Adoption of a national strategy, policy or law to promote the availability, knowledge and use of assistive devices and technologies^{iv} designed for persons with disabilities, as they relate to habilitation and rehabilitation, including through the use of public procurement.^v</p> <p>26.5 Legal and regulatory provisions to facilitate access by persons with disabilities to affordable and quality assistive devices and technologies designed for persons with disabilities, as they relate to habilitation and rehabilitation.^{vi}</p>
Process	<p>26.6 Number of professionals trained and certified for the provision of habilitation and rehabilitation services in line with the CRPD, including the human rights based approach, disaggregated by kind of professional, sector of practice and geographical location.^{vii}</p> <p>26.8. Awareness raising campaigns and activities to disseminate information in accessible formats to persons with disabilities, their families, relevant professionals and the general public on the existing entitlements of, and offers available to persons with disabilities in the area of habilitation and rehabilitation, including on services and related assistive devices and technologies.^{viii}</p> <p>26.9 Consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation, and monitoring, in coordination with appointed independent authorities, of laws, regulations, policies and programmes related to the provision of habilitation and rehabilitation services and related assistive devices.^{ix}</p> <p>26.10 Proportion of received complaints on the right to habilitation and rehabilitation that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the government and/or duty bearer (e.g. private school); each disaggregated by kind of mechanism.</p>	<p>26.7 Budget allocated and spent to promote the availability of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation, including through public procurement.</p>

Access to habilitation and rehabilitation services and to assistive devices*

Attributes/ Indicators	Cross sectoral rehabilitation systems and services	Availability, knowledge and use of assistive devices and technologies* for habilitation and rehabilitation
Outcome	<p>26.11 Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator),^x disaggregated by sex, age, disability, type and sector of service, and geographical location.</p> <p>26.12 Number and proportion of persons with disabilities who needed rehabilitation services in the last 12 months and did not get the services they needed (based on WHO and IDDC indicator), disaggregated by sex, age, disability, kind and sector of service, and geographical location.</p> <p>26.13 Level of satisfaction of persons with disabilities with habilitation and rehabilitation services received, disaggregated by sex, age, disability, kind and sector of service, and geographical location.^{xi}</p>	<p>26.14 Number and proportion of persons with disabilities who have access to assistive devices and technologies appropriate to their needs, disaggregated by sex, age, disability, type of product, and geographical location (based on WHO and IDDC indicator).^{xii}</p> <p>20.15 Number of persons with disabilities benefiting from specific measures, such as tax and customs exemptions or financial support or subsidies, to access assistive devices and technologies specifically for habilitation and rehabilitation purposes, disaggregated by sex, age, disability, geographical location, and kind of measure.</p> <p>26.16 Number and proportion of persons with disabilities using assistive devices and technologies disaggregated by sex, age, disability, kind of product, and geographical location (based on WHO and IDDC indicator).</p>

* See OHCHR's report on habilitation and rehabilitation, [A/HRC/40/32](#)

i This requires that the organization, provision and delivery of comprehensive services is based on the free and informed consent of the individual; they must be non-discriminatory, participatory, available, affordable, accessible and community-based.

ii Access to habilitation and rehabilitation services should not be:

- conditioned upon undergoing or complying with treatment or living arrangements that preclude the individual's choice, will and preferences, or contravene the Convention's provisions and principles (e.g. requiring institutionalization to access rehabilitation services)
- a pre-condition to choose where and with whom to live (e.g. having to undergo habilitation or rehabilitation in order not to be institutionalized);
- a pre-condition to be eligible for benefits (e.g. undergoing rehabilitation to be entitled to social protection benefits).
- conditioned to accepting a permanent and particular living arrangement, such as living in an hospital or institution, beyond the initial requirements of a rehabilitation process.

iii The strategy or plan should:

- encompass all persons with disabilities, irrespective of their impairment, sex or age;
- exclude or eliminate financial criteria (income criteria) for eligibility to access habilitation and rehabilitation services;
- ensure services are based on the principles of, and target, participation and inclusion of persons with disabilities in the community;
- ensure a cross-sectoral approach to organize, strengthen and extend services, in particular in the areas of health, employment, education and social services;

- ensure services are provided on the basis of a multidisciplinary assessment of individual needs and strengths;
- ensure accessibility, timely delivery and continuity of services, in or as close as possible to the community;
- Include measures to develop, support and strengthen a diversity of peer support programmes;
- include training for parents of children with disabilities receiving early intervention services; and
- ensure appropriate resource allocation, including through international cooperation.

iv The plan should include undertaking and promoting research and development of new technologies, including information and communication technologies, mobility aids, devices and assistive technologies, giving priority to those at an affordable cost.

v Public procurement policies can contribute to ensure the supply, quality, affordability, multiplicity and variety of choices of assistive devices for persons with disabilities. Regulations and calls for tender should aim at ensuring the availability of quality products at low rates in order to: increase access by beneficiaries of State administered schemes; and to contribute to shaping the market by lowering prices to ensure affordability.

vi Measures could include, among others:

- tax and customs exemptions to import assistive devices and technologies designed for persons with disabilities, particularly when not locally available or affordable.
- financial support, including allowances or low interest loans, for the purchase of assistive devices and technologies designed for persons with disabilities.
- fair reimbursement schemes in order to prevent additional costs.
- direct provision of publicly funded assistive technologies for habilitation and rehabilitation.

- adopting a Priority Assistive Products List and using other WHO tools to facilitate public procurement, regulation, provision and delivery of assistive products (See [WHO website](#)). This must not prevent persons with disabilities to access unlisted products for their habilitation and rehabilitation.

The related administrative procedures should be transparent and accessible to persons with disabilities to prevent any additional costs and/or administrative burden for persons with disabilities in accessing assistive devices and technologies for habilitation and rehabilitation purposes.

vii including e.g. specialized medical doctors in health-related rehabilitation, personnel trained in provision, fitting and use of assistive devices and technology, job development and placements specialists and work adjustments specialists in the sector of work and employment.

viii Awareness-raising campaigns must adopt a human rights-based approach to promote persons with disabilities as rights holders (and not as patients or objects of charity and care). In addition, proactive measures should be taken to prevent reinforcing a charity approach or pathologizing view of disability, such as through public delivery events of assistive devices or technologies. See indicators on Article 8.

General awareness-raising campaigns should aim to inform end users of the available services and their rights, and more personalized campaigns should aim to change the attitudes of rehabilitation

^{ix} This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4(3) of the CRPD and General Comment no. 7 of the CRPD Committee, including consultation meetings, technical briefings, online consultation surveys, calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must

- ensure that consultation processes are transparent and accessible;
- ensure provision of appropriate and accessible information;
- not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions;
- include both registered and unregistered organizations;
- ensure early and continuous involvement;
- cover related expenses of participants.

See the recommendations of the Special Rapporteur on the rights of persons with disabilities on enabling effective participation, towards inclusive decision-making linked to her report on participation, A/70/297report on participation.

^x Several outcome indicators are based on the proposal by the World Health Organization and the International Disability Development Consortium in “Capturing the difference we make. Community-based Rehabilitation Indicators Manual”. For the purpose of this table, the indicators must not be limited to the area of health-related rehabilitation services.

^{xi} Surveys on the level of satisfaction of persons with disabilities on habilitation and rehabilitation services can prove useful as an assessment tool that captures the views of right holders and service beneficiaries.

^{xii} WHO’s Rapid Assistive Technology Assessment (RATA) supports data collection at population level on need, demand and barriers to access assistive technology. WHO’s Assistive Technology Assessment Capacity tool (ATA-C) assesses the system’s capacity to provide assistive devices (including financing, legislation, workforce and provision). For more information, check the WHO website or email assistivetech@who.int