**Written submission for General comment No. 9 on UN-CRPD Article 11 from the International Disability and Development Consortium[[1]](#footnote-1) (IDDC), February 2023**

The IDDC welcomes the CRPD Committee’s initiative to draft the General Comment on Article11 and the opportunity to provide input. Across the world, persons with disabilities are disproportionately at risk and affected by the adverse impacts of crisis, which in turn contributes to perpetuating a cycle of poverty, inequality, and exclusion. Article 11 is essential to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies, the occurrence of disasters and public health emergencies. This submission provides an overview of the challenges faced by persons with disabilities during crisis and offers suggestions for points that need further clarification and areas which could be further detailed in the Committee’s General Comment. It is based on the IDDC’s experience in policy, research and programmes and builds on the strong foundations laid out by work of the Committee in its outline.

I. Facts and figures on the situation of persons with disabilities in situations of risk and humanitarian emergencies

**Persons with disabilities are disproportionately at risk from the adverse impacts of crisis – including threats to physical safety, health, food security, water, sanitation, and livelihoods – owing to a combination of structural and social factors and risks[[2]](#footnote-2)**. These risks include social and economic exclusion, an increase in abuses of power, lack of access to education, health and other key services, and multiple barriers in the physical environment and in transport, housing, and information. Situations of risk and humanitarian emergencies therefore present a ‘double-burden’ for persons with disabilities as they experience the same challenges as the wider population plus additional risks associated with their disability,[[3]](#footnote-3) and yet **persons with disabilities living in situations of conflict are among the most vulnerable and the most neglected by humanitarian action.**15

**The disruption to services, livelihoods and coping mechanisms resulting from armed conflict, humanitarian emergencies and natural disasters can have particularly serious consequences for persons with disabilities of all ages**, including their access to safe shelter, food, water, sanitation, healthcare and education. Discriminatory attitudes, a lack of inclusive planning, inaccessible early warning, public information and escape options, evacuation paths and facilities, and barriers to accessing emergency assistance mean that many persons with disabilities of all ages are at risk of being left behind in unsafe locations and marginalised from the emergency response[[4]](#footnote-4). The vulnerability of persons with disabilities becomes even more acute during emergencies when they are separated from their families and communities and associated caring mechanisms.[[5]](#footnote-5) These risks and barriers are reflected in significantly higher mortality rates among persons with disabilities in emergency situations.[[6]](#footnote-6) The **rate and severity of disabilities may also increase substantially in situations of disaster or emergency**, including increased prevalence of psychosocial disabilities and disabilities resulting from injuries, disease and/or lack of access to medications or treatment for new or long-term and chronic health conditions.[[7]](#footnote-7) In Syria, for example, a disability prevalence survey conducted in 2019 found that 27% of people aged 12 and over have a disability and, in some governorates surveyed, most households had at least one member with a disability.[[8]](#footnote-8) The WHO reports that the prevalence of psychosocial conditions among conflict-affected populations is extremely high, with studies indicating that among people who have experienced war or other conflict in the previous 10 years, one in five (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.[[9]](#footnote-9)

**Persons with disabilities in the poorest communities are particularly exposed to the negative impacts of humanitarian situations**. In situations of slow-onset, recurrent or protracted crisis and chronic livelihood stress or after sudden-onset disasters in resource-poor contexts, persons with disabilities are less likely to have adaptive capacity, for example those with physical impairments may have less ability to move or to change or diversify their livelihoods. Those who are reliant on agricultural or informal livelihoods, and those living in slums or other informal settlements with direct exposure to multiple environmental and health hazards are especially at risk. Persons with disabilities are more likely to live in inadequate housing, leaving them more at risk when disasters happen[[10]](#footnote-10).

Persons with disabilities can also **face higher protection risks**; they are particularly vulnerable to violence, exploitation, sexual abuse, abandonment or physical restraint. Some children with disabilities may not have been registered at birth, exposing them to further protection risks, including trafficking and statelessness.[[11]](#footnote-11)

The **climate crisis** has become a major contributor to increased humanitarian emergencies, loss of life and displacement of communities and evidence available highlights how persons with disabilities – particularly women with disabilities – are among the groups most significantly impacted.[[12]](#footnote-12)

**Persistent and pervasive health inequities** affecting persons with disabilities resulting from lack of access to services and greater exposure to negative social determinants of health means that they are also disproportionately affected by the health impacts of humanitarian emergencies. Disruptions in healthcare services and social protection systems during crises disproportionally impact persons with disabilities due to their higher healthcare needs – both increased general health requirements, such as treatment for communicable and non-communicable diseases, as well as specific health requirements related to their primary impairments and conditions (such as need for assistive devices, medication and care assistance). Persons with disabilities are particularly and disproportionately affected by and at risk from **public health emergencies**, including the risk of discrimination and other barriers in access to protective countermeasures and sudden loss of support mechanisms, as shown by the global COVID-19 pandemic.

The consequences of humanitarian crises are particularly severe for persons with disabilities who experience **intersecting forms of exclusion, disadvantage, or discrimination** due to their gender, age, ethnicity, geography, displacement, or other characteristics which can put them at further risk.16 Understanding how different factors intersect to increase disadvantage and exposure to adverse impacts of humanitarian emergencies is crucial for more effective emergency preparedness and response. These groups include, among others:

* **Women with disabilities**: In line with **Article 6 of the CPRD**[[13]](#footnote-13)and the **CRPD General Comment No.3,[[14]](#footnote-14)** the General Comment should recognise that intersecting factors during crises are particularly relevant for women with disabilities. It is also important that the General Comment aligns with **Article 16 of the CRPD[[15]](#footnote-15)**, as women and girls with disabilities are also at significantly increased risk of sexual and gender-based violence in emergencies,17 and are at increased risk of losing access to healthcare, work, livelihoods, basic needs, and of experiencing violence. [[16]](#footnote-16),[[17]](#footnote-17),[**[[18]](#footnote-18), [[19]](#footnote-19), [[20]](#footnote-20), [[21]](#footnote-21), [[22]](#footnote-22)**](https://sightsavershh.sharepoint.com/sites/SO365-PGAwhereabouts/Shared%20Documents/Policy%20team%20documents/Policy%20messages/Working%20drafts%20for%20updated%20policy%20messages/Gender%20and%20Disability%20-%20Policy%20message%20-%20DRAFT%20HD%2016.05.22.docx#_ftn3),[[23]](#footnote-23) The General Comment should also create links with **CEDAW’s GR No. 37, 2018**[[24]](#footnote-24) on conflict and disaster risk reduction and call for specific measures to ensure the promotion and protection their rights in disaster health care policies and standards.
* **Children with disabilities**: Children with disabilities are disproportionately impacted by humanitarian emergencies when education, health care and other social service infrastructure are affected,[[25]](#footnote-25) e.g. a 2018 study of Syrian refugees in Jordan and Lebanon found that refugee children were more likely to have never been enrolled or to have dropped out of school.[[26]](#footnote-26) Children with disabilities are often at higher risk of suffering casualties due to difficulties getting to safety.[[27]](#footnote-27) They are more likely to be left behind or abandoned and they may also lose essential medication or assistive devices.[[28]](#footnote-28) Situations of risk and humanitarian emergencies can also have profound social and psychological impacts on children, affecting psychosocial health, brain development, limiting cognitive ability.[[29]](#footnote-29) A review of studies shows that children with disabilities are also more likely than other children to experience violence, including sexual violence, and that this vulnerability is heightened in humanitarian crises[[30]](#footnote-30). The risk of undernutrition is higher for girls when compared with boys with disabilities.[[31]](#footnote-31) To ensure that States meet their obligations under Article 7 of the CRPD**[[32]](#footnote-32)**, the General Comment must emphasise that humanitarian programmes and interventions should be designed or adapted to ensure they are inclusive of and accessible to children with disabilities.
* **Older persons with disabilities:** Many older people experience functional limitations associated with ageing; over 46 per cent of persons aged 60 years and over have a disability.[[33]](#footnote-33) The General Comment must explicitly recognise that older persons with disabilities may be at greater risk during conflicts or natural disasters; for example, during Hurricane Katrina in the US in 2005, 75% of persons who died were aged over aged 60 and over.[[34]](#footnote-34) Older persons with disabilities are likely to miss out on humanitarian assistance owing to physical and institutional barriers; they are disproportionately affected by barriers to access to health and rehabilitation services; and left out in decision-making processes about humanitarian action or issues affecting their lives[[35]](#footnote-35). They can also be at higher risk of abuse.[[36]](#footnote-36) They often have greater healthcare needs[[37]](#footnote-37) and are at particular risk of social isolation, loneliness, and poor mental health[[38]](#footnote-38). The General Comment should link with the recommendations of the UN Independent Expert (IE) on the Enjoyment of all Human Rights by Older Persons 2019 report on the ‘Impact of Covid-19 on the enjoyment of all human rights by older persons’[[39]](#footnote-39) which included some key findings and recommendations**.**
* **Persons with disabilities in institutions:** The General Comment should acknowledge how institutionalisation increases persons with disabilities’ exposure to violence and makes it harder to evacuate them in times of emergency.[[40]](#footnote-40) Coercive treatment, violence, abuse and other violations of human rights and other forms of mistreatment disproportionately affect persons with psychosocial and intellectual disabilities, especially those in institutions.[[41]](#footnote-41) The General Comment should consider the recommendations on mental health and psychosocial support of the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action[[42]](#footnote-42) and the specific measures needed to ensure their safety and integrity of persons with disabilities in institutions in pandemics and other public health emergencies (cf. also Normative Content below as regards the IASC Guidelines).
* **Displaced persons with disabilities**: IDPs and refugees with disabilities face greater physical insecurity, exploitation, inaccessible physical environments, separation from family, caregivers and other support systems, barriers to accessing education, healthcare and rehabilitation services, an inability to access basic needs; and inaccessible facilities[[43]](#footnote-43),[[44]](#footnote-44),[[45]](#footnote-45). Refugees, migrants and asylum seekers with disabilities, and especially women and girls, may also face an increased risk of violence because they are denied the right to access health and justice systems because of their citizenship status.[[46]](#footnote-46) The General Comment should highlight that refugee and displacement camps and facilities often lack formal and comprehensive procedures to identify all refugees with disabilities and consequently fail to provide them with protection and essential services.[[47]](#footnote-47)
* **Persons with visual, hearing, intellectual impairments or severe psychosocial disabilities** may be particularly at risk disasters or emergencies, due to inaccessible or inappropriate modes of communication excluding those who have difficulties in hearing, seeing or understanding from receiving critical information about emergencies.

Despite the evidence presented above, persons with disabilities and their representative organizations are often excluded from meaningfully participating in emergency preparedness, response, and recovery[[48]](#footnote-48).

II. Definition of situations of risk and humanitarian emergencies

We encourage the CRPD Committee to consider the full breadth of situations of risk and humanitarian emergencies in preparing the General Comment. A humanitarian emergency occurs when the human, physical, economic or environmental damage from an event or hazard, or a combination or series of events or hazards, overwhelms a community’s or population’s capacity to cope. Events or hazards that can cause situations of risk or humanitarian emergency include armed conflict, mass atrocities and genocide, geophysical, meteorological, hydrological or climatic events (e.g. earthquakes, tsunamis, cyclones, hurricanes, floods, droughts), epidemics and pandemics, industrial accidents and environmental degradation. Frequently, populations are affected simultaneously by compounding combinations of hazards and events which may result in complex and/or protracted emergencies. The severity of the resulting risk or emergency depends strongly on people’s level of vulnerability and exposure to these events, affected by intersecting factors including disability, poverty, gender, age, class/caste and health status. Lack of resilience and capacity to anticipate, cope with, and adapt to extreme events and hazards or change are important causal factors of vulnerability.[[49]](#footnote-49) Persons with disabilities represent one of the largest population groups facing heightened threats and vulnerability in situations of risk or humanitarian emergency.

III. States Parties’ obligations under Article 11

Article 11 of the CRPD specifically addresses situations of risk and humanitarian emergencies and creates an obligation for States Parties to take all necessary measures to ensure the protection and safety of persons with disabilities, including in the occurrence of natural disasters. Article 11 of the CRPD establishes that States Parties shall take all possible measures to ensure the **protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies**. This comprises measures in all areas of life of persons with disabilities, including the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization that may arise in the midst of the crisis. By implementing their obligations under the CRPD and fulfilling the commitments in the Sustainable Development Agenda, States will be able to safeguard the rights and well-being of persons with disabilities. In doing so, States should consider the diversity among persons with disabilities, with a particular focus on gender and age, and the situation of persons with disabilities facing deprivation and hardship.

**Meaningful participation** is the cornerstone of inclusion and essential for States to meet their obligations under article 11. An inclusive humanitarian response that aligns with the CRPD not only should identify and address the challenges faced by persons with disabilities but should do so in a way that enables their meaningful participation in all stages of the response or project cycle. Persons with disabilities and OPDs are willing to engage and can meaningfully contribute to manage the impact of humanitarian crises in their own communities. In order to ensure States meet their obligations under Article 11, the General Comment should also draw on the joint statement on persons with disabilities and COVID-19 by the Chair of the CRPD and the Special Envoy of the United Nations Secretary General on Disability and Accessibility.[[50]](#footnote-50) Although this focused on the needs of persons with disabilities during the COVID-19 pandemic, it includes some important recommendations that are critical to humanitarian emergencies more broadly.

As regards **pandemics**, the 2020 Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the UNSG on Disability and Accessibilityconfirmed that States Parties’ obligations under Article 11 to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies includes the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization. It advises that, during the pandemic, States should continue providing to persons with disabilities the health services required specifically because of their disabilities; they should prevent discriminatory denial of health care or life-saving services on the basis of disability; they must ensure that persons with disabilities, through their representative organizations, are closely consulted with and actively involved in the planning, implementation and monitoring of disease prevention and containment measures; they should safeguard the provision of food, medicine, and other supplies for persons with disabilities during situations of isolation and quarantine and ensure the continuation of support in the community, including home-care and personal assistance support, and rehabilitation services, when necessary. Moreover, all services related to the crisis, including remote/telephone medical advice, quarantine facilities and public information should be accessible for persons with disabilities on an equal basis with others and provided on accessible platforms in various alternative formats, modes and methods of communication. It calls upon States to consider the diversity among persons with disabilities, with a particular focus on gender and age, and the situation of persons with disabilities facing deprivation and hardship and address situations of poverty, and deprivation of persons with disabilities in their crisis management plans. It also calls for accelerated measures of deinstitutionalization of persons with disabilities from all types of institutions.[[51]](#footnote-51) It will be important for the CRPD Committee to give close attention this advice and to the protection of fundamental human rights of persons with disabilities in the context of pandemics and other health emergencies.

IV. " States parties shall take measures, in accordance with their obligations under international law, including international humanitarian law and international human rights law”

**Interrelation with other Articles of the CRPD**

TheCRPD guarantees the rights to life, health, education, accessibility, independent living, personal mobility which are all important in the case of humanitarian emergencies. In particular, the General Comment should draw on **Article 4.1[[52]](#footnote-52)** of the CRPD which requires States Parties to ensure and promote the full realisation of all human rights and fundamental freedoms of persons with disabilities without discrimination of any kind on the basis of disability. It also mandates States to consider the protection and promotion of the human rights of persons with disabilities in all policies and programmes. **Article 4.3[[53]](#footnote-53)** includes the duty to consult and actively involve persons with disabilities and their representative organisations in the development and implementation of legislation and policies and other decision-making processes, which would apply to humanitarian policies. It should also draw on **Article 32**, whereby States Parties must cooperate with other States, civil society and international organizations to support the realization of disability rights internationally, ensuring that international cooperation on humanitarian emergencies must also be inclusive of and accessible to persons with disabilities.

In consideration of States as the primary duty-bearers for the protection of human rights in situations of risk and humanitarian emergencies, and given the centrality of fundamental human rights to any humanitarian or other crisis response, other Articles of the CRPD that are of direct relevance to and importance in situations of risk and humanitarian emergences and that we recommend the Committee considers in developing its General Comment on Article 11 include: **Article 3** **(General Principles)**, **Article 4 (General Obligations),** **Article 5 (Equality and Non-Discrimination**), **Article 6 (Women with Disabilities)**, **Article 7 (Children with Disabilities)**, **Article 8** (**Awareness-raising), Article 9 (Accessibility), Article 10 (Right to Life), Article 12 (Equal recognition before the law), Article 13 (Access to justice), Article 14 (Liberty and security of person), Article 15 (Freedom from torture or cruel, inhuman or degrading treatment or punishment), Article 16 (Freedom from exploitation, violence and abuse), Article 17 (Protecting the integrity of the person), Article 18 (Liberty of movement and nationality), Article 19 (Living independently and being included in the community), Article 20 (Personal mobility), Article 21 (Freedom of expression and opinion, and access to information), Article 22 (Respect for Privacy), Article 23 (Respect for home and the family), Article 24 (Education), Article 25 (Health), Article 26 (Habilitation and rehabilitation), Article 27 (Work and employment), Article 28 (Adequate standard of living and social protection), Article 29 (Participation in political and public life), Article 31 (Statistics and data collection), Article 32 (International cooperation) and Article 33 (Implementation and monitoring).**

**Applicability of other international instruments and commitments**

As well as the CRPD, there are other legal and policy frameworks applicable to situations of risk and humanitarian emergencies which require responses to be inclusiveof persons with disabilities both in the occurrence of man-made and natural disasters.

**UN Security Council Resolution 2475**

In 2019, the United Nations Security Council unanimously passed **Resolution 2475[[54]](#footnote-54),** which marks the first time the Council has dedicated an entire resolution to the situation of persons with disabilities in situations of armed conflict. The resolution has significantly raised the attention and understanding of the situation of persons with disabilities in the context of the armed conflict in the Security Council and beyond. The Resolution reiterates the need to end impunity for criminal acts directed at or having negative impacts on persons with disabilities as it calls for victim “access to justice and effective remedies and, as appropriate, reparations”. It calls on Member States to build the capacity and knowledge on the needs and rights of persons with disabilities among peacekeepers and peacebuilders. The Resolution contributed to strengthening the data collection and reporting on persons with disabilities by the UN Peacekeeping Operations, Special Political Missions, and Other Political Presences. Finally, the resolution aims to shift power to persons with disabilities as agents of change, participating and leading in decision-making “in humanitarian action, conflict prevention, resolution, reconciliation, reconstruction and peacebuilding”. Paragraph 7 “Emphasizes the importance of building capacity and knowledge of the rights and specific needs of persons with disabilities across UN peacekeeping and peacebuilding actors and urges Member States to play a central role in this regard”. The General Comment must call for Resolution 2475 to be fully implemented and encourage States Parties to report on their obligations under the Resolution.

**International Humanitarian Law (IHL)**

IHL recognizes that persons with disabilities have specific needs and are thus entitled to special protection for their benefit in the context of armed conflict. Art. 11 recognizes States Parties' obligations under IHL and obliges States Parties to ensure the protection and safety of persons with disabilities during armed conflict. The ICRC’s Advisory Service on IHL advises that implementing the obligation to treat persons humanely also means taking into account the specific physical and mental conditions, as well as the environmental barriers, affecting persons with disabilities.[[55]](#footnote-55) In certain circumstances, the denial of medical treatment may constitute cruel or inhuman treatment, an outrage upon human dignity, or even torture, if the necessary criteria are met. Persons with disabilities must therefore receive, to the fullest extent practicable, with the least possible delay and without discrimination, the medical care required by their condition. In situations of non-international armed conflict, treaty-based and customary IHL provide similar protection for the wounded and sick. Persons with disabilities who are affected by armed conflict are also entitled to special respect (being spared from attack) and protection (help and support), especially with regard to their evacuation and detention or internment.[[56]](#footnote-56) The CRPD Committee’s General Comment on Article 11 should give attention to the protections for persons with disabilities in IHL, as set out, for example, in legal briefings from the ICRC.[[57]](#footnote-57)

**Article 12, ICESCR: right to health**

During the response to a humanitarian crisis, protecting human rights is an overarching and key component of humanitarian action. Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The human right to health is recognized in numerous international instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12.2 ICESCR sets out a number of “steps to be taken by the States parties ... to achieve the full realization of this right” and acknowledges that the right to health encompasses the underlying determinants of health, including food and nutrition, access to safe and potable water and adequate sanitation and a healthy environment. The right to health is also closely related to and dependent upon the realization of other human rights including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. The right to prevention, treatment and control of diseases under Art. 12.2(c) ICESCR includes the creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations.[[58]](#footnote-58)

**UN Disability Inclusion Strategy & WHO Global Report on Health Equity for Persons with Disabilities**

In March 2019, the United Nations Disability Inclusion Strategy (UNDIS)[[59]](#footnote-59) was launched with the aim to ensure that UN systems and programmes are themselves optimizing the contribution of the Organization to realizing the goals of the CRPD. The UNDIS provides an institutional framework for the UN to support Member States in realising the rights of persons with disabilities in implementing the 2030 Agenda for Sustainable Development, the CRPD and Resolution 2475, as well as other international humanitarian and human rights law instruments. The 2022 WHO Global Report on Health Equity for Persons with Disabilities[[60]](#footnote-60) presents the evidence base for more systematic, comprehensive and sustainable change in the health sector and outlines key policy and programmatic actions and recommendations for Member States to strengthen and expand health and related services for persons with disabilities, including in health emergencies.

**Sustainable Development Goals**

The [2030 Agenda for Sustainable Development and the SDGs](https://sdgs.un.org/2030agenda) include commitments to disability inclusive development throughout and through the promise to ‘leave no one behind’, reflecting the fact that the SDGs and the pledge to leave no one behind cannot be achieved unless persons with disabilities are fully included. The Goals are interdependent and will only be achieved if all Goals are delivered. The SDGs include targets to build resilience of the poor and those in vulnerable situations and reduce exposure to economic, social, and environmental shocks and disasters (Target 1.5). It also includes targets to making human settlements sustainable and inclusive by ensuring the protection of people in vulnerable situations from disasters (target 11.5), build resilience and adaptive capacity to climate change (Target 13.1), and increase capacity for climate planning and management with a focus on the most marginalised (Target 13.5). The lack of disability indicators for the SDGs remains a major gap, however.

**Paris Agreement**

In its preamble, the 2015 [**Paris Agreement**](https://unfccc.int/sites/default/files/english_paris_agreement.pdf) mandates States parties to respect, promote and consider their respective human rights obligations, including the rights of persons with disabilities and people in vulnerable situations, when addressing climate change. This is also recognised in the COP26 [**Glasgow Climate Pact**](https://unfccc.int/documents/310475).

**Sendai Framework**

The [**Sendai Framework for Disaster Risk Reduction 2015–2030**](https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030) calls for a more people-centred preventive approach to disaster risk reduction (DRR) and recognises persons with disabilities and their representatives as essential stakeholders. It mandates the inclusion of persons with disabilities in the design and implementation of all policies and practices on DRR. It also asks States to disaggregate data by disability and recognises that persons with disabilities “are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design”. Based on the Sendai Framework, Bangladesh hosted twice the “Dhaka Conference on Disability and Disaster Risk Reduction” (in 2015 and in 2018). The Conference had a focus on addressing disability issues in humanitarian crises and participants from 32 countries committed themselves to establishing national focal points on inclusive Disaster Risk Reduction. Moreover, they seek to promote initiatives for knowledge sharing and learning, aimed to foster disability inclusion in disaster risk management. The General Recommendation should draw on the Sendai Framework to ensure States meet their mandate to include persons with disabilities in the design and implementation of all policies and practices on DRR.

**UN Guiding Principles on Internal Displacement & African Union Convention for the Protection and Assistance of IDPs**

The UN Guiding Principles on internal displacement apply without discrimination of any kind, including disability. They also recognize that certain IDPs “shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs”. IDPs with disabilities are also entitled to receive “to the fullest extent practicable and with the least possible delay” medical care and attention “without distinction on any grounds other than medical ones” (Principles 4 and 19). The African Union Convention for the protection and assistance of internally displaced persons in Africa (Kampala Convention) establishes an obligation on States Parties to provide special protection and assistance to IDPs with special needs, including to persons with disabilities (Art. 9(2) (c)).[[61]](#footnote-61)

**ExCom Conclusion on Refugees with Disabilities and Other Persons with Disabilities - UNHCR**

**Conclusion No. 110 (LXI) – 2010 of the Executive Committee of the Programme of the UN High Commissioner for Refugees** calls upon States, UNHCR and all relevant partners to raise awareness on disability issues and to foster respect for the rights and dignity of persons with disabilities. It recommends that States ensure where appropriate a swift and systematic identification and registration of refugees and other persons with disabilities, with particular attention to those who cannot communicate their own needs, and to include refugees and other persons with disabilities in relevant policies and programmes and provide access to services, including through the issuance of relevant documentation. It encouragesStates to ensure the participation of refugees and other persons with disabilities through appropriate consultation in the design and implementation of services and programmes, to communicate information appropriately to ensure that these are accessible and understood by those with disabilities; to enable children and youth with disabilities to access appropriate protection, assistance and education, and the inclusion of women and girls with disabilities in programmes to prevent and respond to sexual and gender-based violence and other forms of exploitation; to adopt and implement appropriate and reasonable accessibility standards, and to ensure that all mainstream services and programmes as well as specialized services are accessible to persons with disabilities. It also recommends that refugee status determination and all other relevant procedures are accessible and designed to enable persons with disabilities to fully and fairly represent their claims with the necessary support, and that they have equality of opportunity for durable solutions and are provided appropriate support.[[62]](#footnote-62)

[**Charter on Inclusion of Persons with Disabilities in Humanitarian Action**](https://humanitariandisabilitycharter.org/) **& IASC Guidelines**

As an outcome of the 2016 World Humanitarian Summit, the [**Charter on Inclusion of Persons with Disabilities in Humanitarian Action**](https://humanitariandisabilitycharter.org/)**[[63]](#footnote-63)** reaffirmed the need to make humanitarian action inclusive of persons with disabilities. Signatories committed to eliminate all forms of discrimination against persons with disabilities, promote meaningful participation of persons with disabilities and their representative organizations in humanitarian preparedness and response programs, ensure protection of persons with disabilities as required by international law, ensure that services and humanitarian assistance are equally available for and accessible to all persons with disabilities, and to foster technical cooperation and coordination among national and local authorities and all humanitarian actors. The General Comment should draw on the practical measures set out both in the Charter and in the [**Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action**](https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019)[[64]](#footnote-64) which set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities, who are most at risk of being left behind in humanitarian settings.

IV. "all necessary measures to ensure the protection and safety of persons with disabilities" & “persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters" – Recommendations

1. The General Comment should make it clear to States Parties that they must incorporate an inclusive, rights-based, and survivor-centred approach to humanitarian action[[65]](#footnote-65),[[66]](#footnote-66), which addresses intersecting factors and ensures the engagement of persons with disabilities. Risk reduction, preparedness, mitigation, adaptation, loss and damage, emergency response and recovery laws, policies and programmes must protect and fulfil the human rights of all, including persons with disabilities. It should encourage States Parties to take a **twin-track approach** that embeds inclusion into all humanitarian action and provides targeted interventions where required. Efforts should also be made to develop the capacity of institutions to ensure disability rights are embedded and respected, recognising non-discrimination as a fundamental principle. Vulnerability and risks to crisis are often reduced through laws, policies, processes, and interventions that address inequities based on gender, age and disability24.

2. In situations of armed conflict, Art. 11 must be read in conjunction with the **International Humanitarian Law obligations on the** **parties to a conflict and treaty-based and customary humanitarian law for situations of non-international armed conflict** to ensure special respect and protection for “persons with disabilities”. For instance, a hostile party could be required to pay particular attention to the specific needs of and challenges faced by persons with a disability in evacuation or displacement situations, and to the needs of host communities. Parties to an armed conflict must allow and facilitate access to humanitarian relief for civilians in need under International Humanitarian Law (IHL) (cf. GC IV Art. 23; AP I Art. 70; AP II, Art. 18; and Rule 55 of the ICRC customary IHL study (CIHL)). Priority in the implementation of humanitarian relief includes persons with disabilities. Under IHL, persons with disabilities who are affected by armed conflict are also entitled to special respect (being spared from attack) and protection (help and support), especially with regard to their evacuation and detention or internment (GC III, Arts. 16, 30, 49 and 110; GC IV, Arts. 17, 27, 85, 119 and 127; CIHL, Rule 138. States have an obligation to adopt and apply domestic measures to implement IHL, including with respect to persons with disabilities.[[67]](#footnote-67)

3. The General Comment should emphasise that the impacts of humanitarian emergencies can be mitigated if **persons with disabilities and their representative organisations are meaningfully engaged** in the design, implementation, and monitoring of more effective and equitable humanitarian interventions. For instance, persons with disabilities and their representative organisations, particularly women with disabilities, should be equally represented in humanitarian coordination systems, such as Clusters, and in decision making bodies including UNFCCC processes. More inclusive mechanisms of **context analysis, tools, assessments, and processes** should also be promoted to ensure the voices of persons with disabilities inform appropriate humanitarian action. Governments and development actors must uphold the rights of persons with disabilities in humanitarian action and ensure their meaningful, informed, and effective participation during the process.

4. While it is welcome that many steps have been taken to collect information on disability, there is still a significant lack of **data on disability** which undermines the effectiveness of humanitarian responses26 and often leads to inaccessible interventions, such as early warning systems, evacuation plans and shelters. In order for States to meet their obligations under CRPD Article 31, the General Comment should encourage states to collect data disaggregated disability to inform more effective and inclusive interventions that build long term resilience and to support disability-inclusive preparedness and response to emergencies.[[68]](#footnote-68)

5. **Information in situations of risk and humanitarian emergencies, including information regarding preparedness, assistance and risk reduction must be accessible** to persons with disabilities, including early warning and evacuation systems, assistance available and essential health information. States Parties must ensure all information is provided on accessible platforms in various alternative formats, modes and methods of communication.[[69]](#footnote-69) **Awareness-raising and capacity-building** are also critical areas which the General Comment can recommend increasing understanding of disaster risk management among persons with disabilities and OPDs.

6. **Accessibility of the built environment** is also crucial for reducing the risk for persons with disabilities in the case of disasters. The General Comment must promote effective partnerships between governments, civil society and the private sector can ensure infrastructure and services are provided in ways that enhance the adaptive capacity of vulnerable people29. States Parties should implement national planning policies and building standards to ensure infrastructure and public facilities follow universal design principles and are accessible to all.

7. The General Comment should emphasise the importance of strengthening the **resilience of health systems** to the impacts of emergencies and disasters to ensure that the **right to the highest attainable standard of health is realised** for persons with disabilities in situations of risk and humanitarian emergencies, including **public health emergencies**. It must make clear that health system strengthening should include a focus on the coverage and accessibility of essential health services and public health interventions to mitigate risks and improve resilience to humanitarian emergencies for all. Cross-sectoral action to advance health equity for persons with disabilities through Health in All approaches must be prioritised as a key component of universal health coverage, health system strengthening and humanitarian action. **Protecting fundamental rights** of persons with disabilities, including the right to health, equality and non-discrimination, must be prioritised in **pandemics and other health emergencies**.

8. States Parties should also be encouraged to design **inclusive social protection systems** that are accessible to and inclusive of persons with disabilities and that target people most at risk from the adverse impacts of emergencies, including persons with disabilities. Social protection systems should be informed by context analysis that address intersecting factors which can increase people’s vulnerability to shocks. Funding must also be made available to strengthen the capacity of persons with disabilities to respond to armed conflict, humanitarian emergencies and natural disasters and ensure that climate finance does no harm to persons with disabilities.

9. **Education** can also be a critical element in preventing, responding, and adapting to humanitarian emergencies. Education systems need to be prepared to ensure continued education and support all learners under different humanitarian scenarios, from ensuring accessible and resilient school infrastructure to developing inclusive alternative education modalities and disaster response. It is critical that the General Comment encourages States Parties to strengthen education systems to become resilient in the face of humanitarian emergencies and that children with disabilities are explicitly considered and included in school evacuation plans and in cases where schools may close (cf. Art 24).

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