**International Disability Alliance (IDA)**

Member Organisations:

Down Syndrome International, Inclusion International, International Federation for Spina Bifida and Hydrocephalus, International Federation of Hard of Hearing People, World Blind Union, World Federation of the Deaf, World Federation of the DeafBlind, World Network of Users and Survivors of Psychiatry, Arab Organization of Disabled People, African Disability Forum, ASEAN Disability Forum, European Disability Forum, Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus familias (RIADIS), Pacific Disability Forum

**IDA submission on** **the Human Rights Committee’s draft general comment on article 6 of the International Covenant on Civil and Political Rights (right to life)**

**A- Introduction**

The International Disability Alliance (IDA) is a unique, international network of global and regional organisations of persons with disabilities. Established in 1999, each IDA member represents a large number of national organisations of persons with disabilities (OPDs) from around the globe, covering the whole range of disability constituencies. IDA thus represents the collective global voice of persons with disabilities counting among the more than 1 billion persons with disabilities worldwide, the world’s largest – and most frequently overlooked – minority group. Comprising eight global and six regional OPDs, IDA’s mission is to advance the human rights of persons with disabilities as a united voice of organisations of persons with disabilities utilising the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments. IDA also aims to promote the effective implementation and compliance with the CRPD within the UN system and across treaty bodies.

IDA welcomes the initiative of the Human Rights Committee (*hereinafter* “the Committee”) to call for comments to its draft general comment on article 6 of the International Covenant on Civil and Political Rights (*hereinafter* “ICCPR”) on the right to life. The draft provides a very systematic approach to different issues related to the right to life, including many very relevant to persons with disabilities. This submission advances the latest standards on the human rights of persons with disabilities, in particular in relation to non-discrimination, issues related to the protection of the right to life of persons with disabilities, including in situations of emergency and in institutional settings, and the exercise of legal capacity in the context of measures to facilitate the termination of life that States might adopt.

**B- Principle of non-discrimination and reasonable accommodation**

While welcoming the explicit reference to persons with disabilities in paragraph 28 of the draft general comment, IDA is concerned at the inaccurate and confusing use of CRPD related concepts, in particular of the duty to provide reasonable accommodation. It should be noted that the duty to ensure provision of reasonable accommodation constitutes a non-discrimination measure applicable in concrete particular cases to ensure the equal enjoyment of rights by persons with disabilities.[[1]](#footnote-1)

Article 2 of the CRPD defines “reasonable accommodation” as the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”. This duty operates when the reasonable accommodation is, in a given situation, necessary to prevent discrimination of a person with disability and ensure the enjoyment of a right. In this sense, it is not accurate to say “reasonable accommodation **of public policies**”, but rather that there must be a legal and policy framework that foresees, as part of non-discrimination on the basis of disability, the duty to provide reasonable accommodation when required for the exercise of a right. On its turn, policies should all be inclusive of persons with disabilities.

In the same line, “ensuring access of persons with disabilities to essential goods and services” does not constitute a reasonable accommodation, but simply a way of fulfilment of many rights of persons with disabilities, which relate to factors to ensure a dignified life and an adequate standard of living, and prevent losses of lives, as we observe notably in section D in connection with the negative impact of austerity measures. Including this as a “reasonable accommodation” can be misleading on this particularly important concept to prevent discrimination against persons with disabilities, which is applicable to all rights.

Finally, while very much appreciating the fact that the Committee addresses the need of measures to prevent “excessive use of force by law enforcement agents against persons with disabilities”, this does not fall under the concept of reasonable accommodation. For instance, general trainings of law enforcement agents do not constitute a reasonable accommodation. Furthermore, if there was any particular concrete measure required that prevents discrimination in connection with law enforcement agents (e.g. providing more time or pauses for interrogation in police station), as this measure would happen in the context of accessing justice, it would fall under the concept of “procedural accommodation”, as foreseen in Article 13 of the CRPD, which is not conditioned by the concept of “disproportionate or undue burden”.[[2]](#footnote-2)

**C- Duty to protect the right to life of persons with disabilities**

**C-I- Lack of accessible measures in situations of risk and humanitarian emergencies**

Persons with disabilities are disproportionally affected by situations of risk and emergencies. Research conducted following the 2005 USA Katrina hurricane and 2011 Japan earthquake and tsunami showed that the **mortality rate among persons with disabilities tends to be two to four times higher** than among the general population.[[3]](#footnote-3) As reflected in the OHCHR thematic study on article 11, this higher mortality rate can be imputed to the lack of accessible information,[[4]](#footnote-4) support measures and evacuation systems[[5]](#footnote-5) for persons with disabilities.[[6]](#footnote-6)

Adopting accessible measures to ensure protection and safety of persons with disabilities in situation of risk and humanitarian emergencies in line with article 11 of the CRPD, the concluding observations of the Committee on the Rights of Persons with Disabilities and the thematic study on article 11, is very relevant for complying with the right to life. This includes providing access to information before, during and after situations of emergencies (e.g. through hotlines, text message-warning application, general manuals in sign language, Braille, Easy-to-Read and other accessible formats)[[7]](#footnote-7) and humanitarian aids adapted to persons with disabilities, including access to shelters and medical aids, water and sanitation facilities, healthcare, evacuation during emergencies, and rehabilitation services.[[8]](#footnote-8)

**C-II-** **Lack of adequate healthcare leading to premature death of persons with disabilities**

While mortality rates of persons with disabilities vary depending on their impairment and health condition,[[9]](#footnote-9) it is important to note that **inadequate or denial of healthcare may increase their risks of premature death**. A study in the United States of America of 2009 found that 45,000 annual deaths are associated with the lack of healthcare coverage.[[10]](#footnote-10) Moreover, the WHO Disability Report of 2011 revealed a higher percentage of persons with disabilities seeking but not receiving healthcare comparing to the rest of the population,[[11]](#footnote-11) with a high percentage being due to healthcare denial in particular in high-income countries.[[12]](#footnote-12)

Because of pre-existing conditions that may increase the risk of premature death of persons with disabilities,[[13]](#footnote-13) including by committing suicide,[[14]](#footnote-14) it is essential that States provide adequate healthcare services in a systematic and timely manner, without discrimination on the ground of disability. The high proportion of denial of healthcare to persons with disabilities seeking but not receiving health services is extremely concerning due to its possibly fatal outcome.[[15]](#footnote-15)

**C-III- Lack of measures to prevent violence against persons with disabilities**

Children and adults with disabilities have been found to be at a much higher risk of violence than the rest of the population[[16]](#footnote-16) with consequences to their health at immediate and long term, “including injuries, physical and mental health problems, substance abuse, and **death**.”[[17]](#footnote-17) Moreover, while violence leading to death may take place in different settings, **intimate partner and family-related homicide** represents an “ultimate form of violence”[[18]](#footnote-18) that particularly affects women, including **women and girls with disabilities**.[[19]](#footnote-19)

Addressing the lack of accessible measures to prevent violence against persons with disabilities, inside and outside the home, is necessary to avoid deadly outcomes. In practice, persons with disabilities, including women and children with disabilities, are often not reflected in prevention measures adopted by States such as programs for rescue of victims,[[20]](#footnote-20) accessible shelters and helplines,[[21]](#footnote-21) and training provided to health professionals, counsellors and police units working with victims of violence.[[22]](#footnote-22)

**C-III- Failure to address and properly investigate deadly violence, abuse and neglect in and related to institutional settings**

The Committee on the Rights of Persons with Disabilities expressed concerns about the high incidence of violence and abuse of persons with disabilities in institutions, including “**report of cases of neglect leading to the death of children and adults with disabilities**.”[[23]](#footnote-23) Cases of neglect often include inadequate staffing, lack of proper medical attention and medical record-keeping, shortage of food and medicines, and lack of adequate mental health services or rehabilitation.[[24]](#footnote-24) In the case of the death of 133 persons with disabilities in psychiatric institutions in Argentina, **the Human Rights Committee stressed the necessity to ensure that any abuses are investigated and prosecuted**.[[25]](#footnote-25) This same concern has led to the adoption by the National Review Body created by the Argentinian National Mental Health Act 26.657 of its resolution 15/2014, in which, based on the special guarantor obligation of the State, it requires to ensure proper investigation of each death that occurs in the context of institutions, including those administratively categorized as “natural death”.[[26]](#footnote-26) The European Court of Human Rights holds a similar view in a case of 2014 in which it condemned Romania for violation of the right to life and right to an effective remedy, after the State failed to investigate the death a young man with disabilities in an institution.[[27]](#footnote-27)

Moreover, **while desinstitutionalization processes should be undertaken and concrete measures forward should be ensured, IDA would like to stress the crucial obligation of States to prevent negative consequences on the safety and life of persons with disabilities**. Poor planning in desinstitutionalisation in the Gauteng province of South Africa cost the life of ninety-four patients with intellectual and psychosocial disabilities in 2016,[[28]](#footnote-28) after they were transferred to twenty-seven NGOs operated under invalid licenses. Negligence and recklessness were inputted to both the State and the host organisations.[[29]](#footnote-29)

**D- Persons with disabilities and measures facilitating termination of life:**

**a) The key relevance of Article 12 of the CRPD – Supported decision making and safeguards for the exercise of legal capacity of persons with disabilities**

The Committee on the Rights of Persons with Disabilities expressed concerns regarding substitute decision-making systems that allow that “guardians representing persons with disabilities deemed ‘legally incapacitated’ may validly consent to termination or withdrawal of medical treatment, nutrition or other life support for those persons.”[[30]](#footnote-30) IDA would like to stress that the use of **substitute decision-making** (i.e. through guardianship) in the context of termination of life is fully inconsistent with the right to life and the due recognition of legal capacity to persons with disabilities, notably with intellectual and psychosocial disabilities, to make their own decisions on it, constituting a case of disability based discrimination. It is crucial to ensure that medical measures facilitating the termination of life include safeguards guarantying the prior **free and informed consent of persons with disabilities** on an equal basis with others.

Article 12 of the CRPD came to recognise the legal capacity of persons with disabilities, both in terms of capacity to be rights holder and capacity to act under the law.[[31]](#footnote-31) “Legal capacity to act under the law recognizes that person as an agent with the power to engage in transactions and create, modify or end legal relationships.”[[32]](#footnote-32) To ensure this key civil and political right, States must eradicate substituted decisions makings schemes such as guardianship, interdiction, etc., and provide **measures of supported decision making** in the exercise of legal capacity (Article 12.3). This “[s]upport in the exercise of legal capacity must respect the rights, will and preferences of persons with disabilities and should never amount to substitute decision-making.”[[33]](#footnote-33) Furthermore, Article 12.4 also foresees to establish **safeguards for the exercise of legal capacity**. The “primary purpose of these safeguards must be to ensure the respect of the person’s rights, will and preferences.”[[34]](#footnote-34) It is very important to note that even if “[s]afeguards for the exercise of legal capacity must include protection against undue influence; […] the protection must respect the rights, will and preferences of the person, including the right to take risks and make mistakes”.

In this line, **States must also** **ensure that persons with disabilities are not denied access to measures to facilitate termination of life on the basis of disability**. Medical practitioners shall resort to **supported decision making** and to all types of mode of communication, including alternative modes, means and formats, to inform persons with disabilities of the availability of the measures and to enable them to express their consent. Measures of supported decision making and safeguards to prevent undue influence must be regularly monitored, in order to ensure upholding the will and preferences of the person concerned and their free and informed consent in the decision.

**b) The importance to ensure an adequate standard of living to ensure “real” choice of persons with disabilities that may want to request their termination of life**

According to paragraph 10 of the draft General Comment, States may either be given the option to allow, or the obligation not to forbid, “medical treatment or the medical means in order to facilitate the termination of life of [catastrophically] afflicted adults, such as the mortally wounded or terminally ill, who experience severe physical or mental pain and suffering and wish to die with dignity.” Although this would only authorize facilitated termination of life in very limited circumstances, IDA stresses that **States must always ensure that the living conditions of persons with disabilities, including those currently affected by lack of support and social protection measures, do not reduce the scope of their freedom of choice**. In other words, the failure of States to provide adequate standards of living to persons with disabilities and their families should not lead to or motivate their choice to terminate their lives.

In different contexts, being paradigmatic the case of the United Kingdom of Great Britain and Northern Ireland, austerity measures have led to social welfare reforms that reduced the financial and other support to persons with disabilities leading to what has been recently called a “human catasthrophy,”[[35]](#footnote-35) in terms of dramatically impoverishing the standard of living of persons with disabilities, given the amount of evidence presented to the CRPD Committee by alternative sources, in both the context of the State review and of an inquiry procedure addressing the UK social welfare reform.[[36]](#footnote-36) Serious allegations of death and suicides related to this “human cathastrophy” have been raised, but no serious impartial investigation seems to have been taken by the proper State`s legal avenues.[[37]](#footnote-37)

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**Given the key relevance of the elements presented in this section D related to measures facilitating the termination of life (Article 12 CRPD and adequate standard of living), IDA would like to suggest adding the following sentence in the end of paragraph 10:**

**“Recognition of legal capacity of persons with disabilities, supported decision making, and safeguards to prevent undue influence, while respecting the will and preferences of the person concerned, in line with current international human rights standards is essential to ensure respect of the right to life of persons with disabilities. Social protection schemes that ensure an adequate standard of living and support measures are key to enable choice preventing persons to seek their termination of life due to lack of alternatives.”**

**E- Recommendations**

Based on the previous considerations, IDA encourages the Committee to consider introducing consistent modifications in the drafting of its general comment, and in particular, to:

Call States to duly ensure the right to life and related rights of persons with disabilities on equal basis with others, in particular by ensuring a non-discrimination framework consistent with the current international human rights definition of discrimination on the basis on the basis of disability that include the duty to ensure the provision of reasonable accommodation and considers its denial a form of disability based discrimination.

Call on States to ensure that policies to address situations of risk and humanitarian emergency are inclusive of and accessible to persons with disabilities, during all the phases of the emergency, in particular emergency and evacuation plans to protect the rights of persons with disabilities.

Urge States to take proactive measures to prevent evitable losses of life of persons with disabilities, including by ensuring access to adequate and timely health care services for persons with disabilities in order to prevent aggravation of health conditions and the risk of premature deaths of persons with disabilities. Call States to adopt measures to prevent violence against persons with disabilities, as well as to provide remedies, reparations and psychological assistance to victims of violence. In particular, to monitor and properly address and investigate cases of deadly violence, abuse and neglect in and related to institutional settings

Call States to ensure that any scheme allowing for voluntary termination of life is respectful of and consistent with the right of persons with disabilities to exercise their legal capacity in line with Article 12 of the CRPD, including through the explicit communication of the right of persons with disabilities to the provision of support for decision making when requested by the person and the fulfilment of this right, and the establishment of safeguards to prevent undue influence while respecting the will and preferences and the free and informed consent of the person concerned. In connection to this issue, urge States, especially during financial constraints, to ensure an adequate standard of living for persons with disabilities through social protection financial schemes and other supports, to enable a real scope of choice vis-à-vis voluntary termination of life and assisted suicide.

**Annex I – OTHER concrete drafting proposals**

IDA would like to suggest as well the following drafting proposals for the draft general comment, in bold letter (in strikethrough the words of the draft that we propose to delete).

**Paragraph 28**

28. Persons with disabilities, including psychosocial and intellectual disabilities, are entitled to **~~special~~** **specific** measures of protection **of their right to life** so as to ensure their effective enjoyment of the right to life on equal basis with others. Such measures of protection shall include **ensuring the** **provision of** reasonable accommodation **~~of public policies which are~~** **when** necessary to ensure the right to life **on equal basis with others**, **~~such as~~** ensuring access of persons with disabilities to essential goods and services, and **~~special~~** **specific** measures designed to prevent excessive use of force by law enforcement agents against persons with disabilities.

**Paragraph 33**

33. Loss of life occurring in custody, especially when accompanied by reliable reports of an unnatural death, create a presumption of arbitrary deprivation of life by State authorities, which can only be rebutted on the basis of a proper investigation which establishes the State’s compliance with its obligations under article 6. **In this vein, State must properly investigate losses of lives occurred in mental health institutions and other institutions were persons with disabilities are forced to live in (i.e. institutions for persons with intellectual disabilities, orphanages, etc.), even if categorised as “natural death”**. States parties also have a heightened duty to investigate allegations of violations of article 6 whenever State authorities have used or appear to have used firearms outside the immediate context of an armed conflict, for example, when live fire had been used against demonstrators, or when civilians were found dead by firearms outside the theatre of military operations in circumstances fitting a pattern of alleged violations of the right to life by State authorities.

**Paragraph 45**

45. Violation of the fair trial guarantees provided for in article 14 of the Covenant in proceedings resulting in the imposition of the death penalty may render the execution arbitrary in nature, and could lead to a violation of article 6 of the Covenant. Such violations might involve **[…]** inability to access legal documents essential for conducting the legal defense or appeal, such as access to official prosecutorial applications to the court, the court’s judgment or the trial transcript**, including lack of accessible formats for persons with disabilities, such as Braille and Easy to Read Format**; lack of suitable interpretation**, including sign language interpretation**; excessive and unjustified delays in the trial or the appeal process; and general lack of fairness of the criminal process, or lack of independence or impartiality of the trial or appeal court.

**Paragraph 53**

53. States parties must refrain from imposing the death penalty on individuals who **~~have limited ability~~** **face restrictions** to defend themselves on an equal basis with others, such as persons with ~~s~~**~~erious~~**psycho-social and intellectual disabilities,[[38]](#footnote-38) **for instance due to lack of support measures**, and on persons with or without disability that have reduced moral culpability. They should also refrain from executing persons that have diminished ability to understand the reasons for their sentence, and persons whose execution would be exceptionally cruel or would lead to exceptionally harsh results for them and their families, such as parents to very young or dependent children, persons at an advanced age[[39]](#footnote-39) and individuals who have suffered in the past serious human rights violations, such as torture victims.

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1. See notably OHCHR Thematic Study on Article 5 of the CRPD (Equality and Non-Discrimination) [A/HRC/34/26](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/34/26), paras. 27 to 61, that include by now the more comprehensive development of the duty to provide reasonable accommodation in a United Nations source. It is also important to observe that the CRPD Committee has published its draft general comment on Article 5 of the CRPD on Equality and Non-discrimination, available on its website. [↑](#footnote-ref-1)
2. See notaby [A/HRC/34/26](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/34/26), paras. 27 to 61 [↑](#footnote-ref-2)
3. *See* UN website <https://www.un.org/development/desa/disabilities/issues/whs.html>. OHCHR thematic study on article 11, paragraph 22. [↑](#footnote-ref-3)
4. OHCHR, Thematic study on the rights of persons with disabilities under article 11 of the Convention on the Rights of Persons with Disabilities, on situations of risk and humanitarian emergencies, para. 7. United Nations Office for Disaster Risk Reduction, “UN global survey explains why so many people living with disabilities die in disasters”, press release, 10 October 2013. Human Rights Committee thematic study on article 11, paragraph 29: **In a 2013 survey of 5,000 persons with disabilities from 126 different countries, only 20 per cent reported that they could evacuate immediately and without difficulty in the event of a sudden hazard, while the remainder stated that they could evacuate with some degree of difficulty**. [↑](#footnote-ref-4)
5. Ibid, para. 29. [↑](#footnote-ref-5)
6. Committee on the Rights of Persons with Disabilities, Concluding Observations on Armenia (2017), para. 17-18. [↑](#footnote-ref-6)
7. Committee on the Rights of Persons with Disabilities, Concluding Observations on Bosnia and Herzegovina (2017), para. 21. [↑](#footnote-ref-7)
8. Committee on the Rights of Persons with Disabilities, Concluding Observations on Islamic Republic of Iran (2017), para. 25. [↑](#footnote-ref-8)
9. WHO, [World Report on Disability (2011)](http://www.who.int/disabilities/world_report/2011/report.pdf), p. 60. [↑](#footnote-ref-9)
10. American Journal of Public Health, Health Insurance and Mortality in US Adults (2009). *See* Harvard Gazette at: <http://news.harvard.edu/gazette/story/2009/09/new-study-finds-45000-deaths-annually-linked-to-lack-of-health-coverage/> [↑](#footnote-ref-10)
11. WHO, World Report on Disability (2011), table 3.1 p. 62. [↑](#footnote-ref-11)
12. Ibid, table 3.2, p.63-64. [↑](#footnote-ref-12)
13. Ibid, p. 60. [↑](#footnote-ref-13)
14. Committee on the Rights of Persons with Disabilities, Concluding Observations on China (2012), para. 63-64. In particular the Committee called Hong-Kong to “to provide the necessary mental treatment based on free and informed consent of the person and counselling to these persons [recommending] a regular assessment of their suicide risk.” [↑](#footnote-ref-14)
15. See section D.b on the social welfare reform in the UK and ist negative consequences on persons with disabilities. [↑](#footnote-ref-15)
16. *See* [WHO website](http://www.who.int/disabilities/violence/en/) on disabilities and rehabilitation, referring to reviews carried out by Liverpool John Moores University’s Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO’s Department of Violence and Injury Prevention and Disability [↑](#footnote-ref-16)
17. Committee on the Rights of Persons with Disabilities, Concluding Observations on China (2012), para. 57 and 90. [↑](#footnote-ref-17)
18. UNODC, Global Study on Homicide (2013), p.51-53. [↑](#footnote-ref-18)
19. Committee on the Rights of Persons with Disabilities, Concluding Observations on Lithuania (2016), para. 19-20. [↑](#footnote-ref-19)
20. Committee on the Rights of Persons with Disabilities, Concluding Observations on Bolivia (2016), para. 42. [↑](#footnote-ref-20)
21. Committee on the Rights of Persons with Disabilities, Concluding Observations on Cook Islands (2015), para. 29-30; [↑](#footnote-ref-21)
22. *Ibid*. [↑](#footnote-ref-22)
23. See in particular Concluding Observations on Armenia (2017), para. 27-28; Moldova (2017), para. 32-33; [↑](#footnote-ref-23)
24. *See* for instance, WHO, World Report on Disability (2011), box 5.3, p. 146, regarding life-threatening abuses against people detained in the state-run psychiatric hospital in Paraguay documented by Disability Rights International in 2003. [↑](#footnote-ref-24)
25. Human Rights Committee, Concluding Observations on Argentina (2016), para. 21-22. [↑](#footnote-ref-25)
26. See National Review Body of the National Mental Health Act 26.657, [Resolution 15/2014](file:///C%3A/Users/Durnescu/AppData/Local/Temp/notes7F6E2B/National%20Mental%20Health%20Act%2026.657%20of%20its%20resolution%2015/2014%2C), adopted in October 2014. [↑](#footnote-ref-26)
27. ECHR 2014/20, *Case of Centre for Legal Resources on behalf of Valentin Câmpeanu v. Romania*, 17 July 2014, no. 47848/08 (Grand Chamber). [↑](#footnote-ref-27)
28. *See* AfricLaw website: <https://africlaw.com/2017/03/28/94-mental-health-patients-in-gauteng-a-lesson-for-state-parties-to-the-crpd-a-classic-case-of-a-poor-deinstitutionalisation-process/> [↑](#footnote-ref-28)
29. Office of the Health Ombud, The report into the circumstances surrounding the deaths of mentally ill patients: Gauteng province; p. 2; 35. [↑](#footnote-ref-29)
30. Committee on the Rights of Persons with Disabilities, Concluding Observations on Spain (2011), para. 29-30. [↑](#footnote-ref-30)
31. Committee on the Rights of Persons with Disabilities, General Comment no. 1 on Article 12: Equal recognition before the law, para. 12 [↑](#footnote-ref-31)
32. Idem. [↑](#footnote-ref-32)
33. Committee on the Rights of Persons with Disabilities, General Comment no. 1 on Article 12: Equal recognition before the law, para. 17. [↑](#footnote-ref-33)
34. Committee on the Rights of Persons with Disabilities, General Comment no. 1 on Article 12: Equal recognition before the law, para. 20. [↑](#footnote-ref-34)
35. See intervention by the Chair of the CRPD Committee, Ms Theresia Degener, in the constructive dialogue between the delegation of the United Kingdom of Great Britain and Northern Ireland and the CRPD Committee, in the context of the review of the State initial report to the CRPD Committee. [↑](#footnote-ref-35)
36. CRPD Committee, Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention CRPD/C/15/R.2/Rev.1. [↑](#footnote-ref-36)
37. See, for instance, ídem, para. 109. [↑](#footnote-ref-37)
38. Concluding Observations: Japan (2014), para. 13. Cf. Communication 684/1996 R.S. v Trinidad and Tobago, Views adopted on 2 April 2002, para. 7.2. [↑](#footnote-ref-38)
39. Concluding Observations: Japan (2009), para. 16. [↑](#footnote-ref-39)