Article 10: Illustrative indicators on the right to life

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Right to life			
Attribute/type of indicator	**No arbitrary deprivation of life**	**Prevention of premature and unnatural deaths (linked to poor health care and nutrition, living conditions, emergencies, suicide and assisted dying)**	**Death penalty**
Structure	10.1: Legislation enacted to protect the right to life of persons with disabilities, including criminal sanctions for perpetrators of homicide linked to disability[a] 10.2: Adoption of a policy or plan to address and prevent homicides of and violence against persons with disabilities[b] 10.3: Adoption of a national policy or plan to prevent, and conduct effective investigations of, deaths of persons with disabilities in all places of detention and places where persons with disabilities receive services (e.g. prisons, psychiatric institutions and residential institutions), and to sanction perpetrators	10.4: Existence of a national policy or plan to ensure that persons with disabilities, particularly women, children and older persons, have access to quality and affordable health services,[c] including access to universal health coverage,[d] and access to emergency care on an equal basis with others (see also indicator 25.3 on the Convention on the Rights of Persons with Disabilities) 10.5: Legal requirement to ensure the offer and provision of support in decision-making related to life-sustaining treatment[e] 10.6: Adoption of an inclusive national disaster preparedness plan[f] (see also indicator 11.6 on the Convention on the Rights of Persons with Disabilities) 10.7: Adoption of inclusive policies and programmes to prevent suicide that include the following measures: • Ensuring confidential support • Identifying and supporting persons at risk of committing suicide, including through peer support and counselling, and prohibiting risk assessments that directly or indirectly discriminate on the basis of disability or that lead to coercive interventions • Ensuring freedom from coercive interventions 10.8: Where applicable, voluntary termination of life (assisted dying) must ensure robust legal and institutional safeguards inclusive of persons with disabilities to verify that decisions are informed and free from outside pressure and abuse, and compliance by medical professionals with the free, informed, explicit and unambiguous decision of the person concerned[g]	10.10: Ratification by the State of the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty 10.11: Legislation enacted to abolish the death penalty in the State, including for persons with disabilities

	10.9: Implementation of a death registration system that requires the timely reporting of death and an examination to establish cause and type of death		
Process	10.12: Number of awareness-raising campaigns and activities targeting persons with disabilities, their families, the general public, the police, public officials and professionals working in social and health services on the right to life of persons with disabilities and underlying conditions for a dignified life, including combating negative stereotypes, beliefs and myths that provoke killings or violence towards them or the restriction, denial or withdrawal of life-saving treatment for persons with disabilities, or that reinforce attitudes that persons with disabilities have a life of less quality or less value; and proportion of population who gained access to those campaigns and activities, disaggregated by age, sex, disability and geographical location 10.13: Number and proportion of members of the judiciary, members of the legal profession and law enforcement officials trained on the Convention on the Rights of Persons with Disabilities, including on the human rights-based approach to disability, the obligation to ensure procedural accommodations, and communication with persons with disabilities, including on alternative means and modes of communication (see also indicator 13.14 on the Convention) 10.14: Budget allocated to and spent on the improvement of conditions of detention, including accessibility related measures (see also indicator 14.21 on the Convention on the Rights of Persons with Disabilities) 10.15: Number of consultation processes on the design, implementation and monitoring of laws, regulations, policies and programmes related to the right to life, including of persons with disabilities, and the obligation to carry out effective investigations; and proportion of persons with disabilities who participated in those processes[h] 10.16: Proportion of complaints received on the right to life of persons with disabilities alleging discrimination on the basis of disability and/or involving persons with disabilities 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 health services provider); each disaggregated by type of mechanism		10.17: Number of convicted persons on death row, disaggregated by sex, age, pregnancy, motherhood status and disability 10.18: Proportion of accused persons facing capital punishment provided with access to a lawyer or legal aid, disaggregated by age, sex and disability 10.19: Proportion of convicted persons facing capital punishment exercising their right to have their sentence reviewed by a higher court, disaggregated by sex, age and disability
Outcome	10.20: Number of victims of intentional homicide per 100,000 population, by sex and age (Sustainable Development Goal indicator 16.1.1) and disability 10.21: Reported cases of arbitrary deprivation of life and death threats, disaggregated by sex, age and disability of the victims 10.22: Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists,	10.23: Number of deaths, missing persons and persons directly affected by disaster per 100,000 population (Sustainable Development Goal indicator 1.5.1), disaggregated by age, sex and disability (see also indicator 11.23 on the Convention on the Rights of Persons with Disabilities) 10.24: Number of conflict-related deaths per 100,000 population, by sex, age, disability and cause (based on Sustainable Development Goal indicator 16.1.2)	10.28: Proportion of death sentences commuted, disaggregated by age, sex and disability of the convicted person 10.29: Number of executions under the death penalty, disaggregated by sex, age and disability

	associated media personnel, trade unionists and human rights advocates in the previous 12 months (Sustainable Development Goal indicator 16.10.1), disaggregated by sex, age and disability	10.25: Suicide rates, disaggregated by sex, age and disability 10.26: Where applicable, number of deaths due to voluntary termination of life procedures (assisted dying), disaggregated by sex, age and disability	
	10.27: Number of reported deaths of persons with disabilities in places of detention and institutions or during the provision of disability-related services or health care, and proportion of those deaths that have been subject to investigation, disaggregated by deceased's age, sex, disability, place of death and cause of death concluded by investigation[i]		

[a] In particular, hate crimes on the basis of disability endangering or depriving persons with disabilities of their life must be explicitly considered.

[b] The policy or plan should address violence against women and girls with disabilities leading to death, "compassionate or mercy killing" or "honour killing", particularly where they target women and children with disabilities, infanticide and attacks related to witchcraft.

[c] This includes:

- Non-discrimination on the basis of disability
- Recognizing the free and informed consent of persons with disabilities on an equal basis with others
- Mainstream health and prevention programmes and services on an equal basis with others
- Specific services within general health services, including early identification and early intervention, as appropriate (including early childhood disability screening and planning for targeted service provision, such as physiotherapy, occupational therapy, speech therapy, sign language communication and early childhood stimulation, and the provision of assistive aids and mobility devices)
- Services addressing the minimization and prevention of further impairment
- All areas of health, including, among others, sexual and reproductive health, HIV/AIDS, adolescent and older person's health and mental health services. Mental health services should be provided as a general service available to all individuals, including persons with any type of disability, and as a disability-specific service for persons with psychosocial disabilities. Such services must be based on the free and informed consent of the person concerned and should include a wide range of alternatives to conventional services, including peer support, crisis support, psychotherapy and counselling (including trauma counselling)

[d] The implementation of universal health coverage – from packages of essential health services to health financing reforms – should include the full range of health-care services that persons with disabilities may need, including health-related habilitation and rehabilitation and assistive devices and technologies.

[e] In decision-making related to life-sustaining treatment, substituted decision-making should continue to be prohibited in favour of supported decision-making. In those cases where it has not been possible to determine the will and preferences of the person concerned, following significant efforts to obtain the expression of the individual's will and preferences using diverse methods of communication, and providing relevant accommodations and support, the principle of the best interpretation of the will and preferences of the person concerned should be upheld (see Committee on the Rights of Persons with Disabilities,

general comment No. 1 (2014)). As elaborated by the Special Rapporteur on the rights of persons with disabilities, this standard implies ascertaining what the person would have wanted instead of deciding on the basis of her or his best interest. The process should include consideration of the previously manifested preferences, values, attitudes, narratives and actions, inclusive of verbal or non-verbal communication, of the person concerned (A/HRC/37/56, para. 31).

[f] The plan must provide for:

- Inclusive and accessible warning systems and evacuation protocols
- Inclusive and accessible shelter, sanitation, food distribution, access to water, clothing, health and rehabilitation services, education, livelihood generation and family reunification
- Specific measures to prevent and protect against violence
- Support for live assistance and assistive devices and technologies
- Specific measures related to women, children and older persons with disabilities living in risk areas, including indigenous persons with disabilities, among other groups

[g] This requires:

- Measures to protect the right to life of persons with disabilities on an equal basis with others, including by prohibiting the approval of a request on the basis of an impairment
- Securing the free and informed consent of persons with disabilities, prohibiting any form of substituted decision-making, preventing all forms of pressure and undue influence, and ensuring access to supported decision-making in line with article 12 of the Convention on the Rights of Persons with Disabilities
- The provision of accessible information, support and services (including palliative care, home care and peer support) available within the community to enjoy a dignified life
- Accountability mechanisms, including data collection to record each request, the intervention for medical assistance in dying and independent monitoring of related procedures

See the report of the Special Rapporteur on the rights of persons with disabilities (A/HRC/43/41, paras. 68–70).

[h] 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 Convention and general comment No. 7 (2018) of the Committee on the Rights of Persons with Disabilities, including consultation meetings, technical briefings, online consultation surveys, and 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 the provision of appropriate and accessible information
- Not withhold information or condition or prevent representative of persons with disabilities from freely expressing their opinions
- Include both registered and unregistered organizations
- Ensure early and continuous involvement of persons with disabilities
- Cover related expenses of participants

[i] Investigations may conclude the death is attributable to, among others, refusal of the delivery of health care leading to death, malpractice, coercive and restrictive practices, and other practices amounting to torture or other ill-treatment as defined in the indicators for articles 15 and 17.