Article 26: Illustrative indicators on habilitation and rehabilitation

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Access to habilitation and rehabilitation services and to assistive devices		
Attribute/type of indicator	**Cross-sectoral rehabilitation systems and services**	**Availability, knowledge and use of assistive devices and technologies[a] for habilitation and rehabilitation**
Structure	26.1: Legislation enacted on access to habilitation and rehabilitation services for all persons with disabilities, in line with the human rights-based approach to disability,[b] that: • 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 • Explicitly upholds the right to give and refuse free and informed consent, protecting persons with disabilities from imposed or conditional habilitation and rehabilitation services[c] 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[d] 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	26.4: Adoption of a national strategy, policy or law to promote the availability, knowledge and use of assistive devices and technologies[e] designed for persons with disabilities, as they relate to habilitation and rehabilitation, including through the use of public procurement[f] 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[g]
Process	26.6: Number of professionals trained and certified for the provision of habilitation and rehabilitation services in line with the Convention on the Rights of Persons with Disabilities, including the human rights-based approach, disaggregated by type of profession, sector of practice and geographical location[h]	26.7: Budget allocated to and spent on promoting the availability of assistive devices and technologies designed for persons with disabilities, as they relate to habilitation and rehabilitation, including though public procurement
	26.8: Number of 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; and proportion of population who gained access to those campaigns and activities, disaggregated by age, sex, disability and geographical location[i] 26.9: Number of consultation processes undertaken on 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, and proportion of persons with disabilities who participated in those processes, disaggregated by age, sex, disability and geographical location[j] 26.10: Proportion of complaints received 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 type of mechanism	

Outcome	26.11: Number and proportion of persons with disabilities who have access to rehabilitation services (based on an indicator of the World Health Organization and the International Disability and Development Consortium),[k] disaggregated by sex, age, disability, type and sector of service, and geographical location 26.12: Number and proportion of persons with disabilities who needed rehabilitation services in the last 12 months and did not receive the services they needed (based on an indicator of the World Health Organization and the International Disability and Development Consortium), disaggregated by sex, age, disability, type and sector of service, and geographical location 26.13: Level of satisfaction of persons with disabilities with habilitation and rehabilitation services received, disaggregated by sex, age, disability, type and sector of service, and geographical location[l]	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 an indicator of the World Health Organization and the International Disability and Development Consortium)[m] 20.15: Number of persons with disabilities benefiting from specific measures, such as tax and customs exemptions or financial support or subsidies, to gain access to assistive devices and technologies specifically for habilitation and rehabilitation purposes, disaggregated by sex, age, disability, geographical location and type of measure 26.16: Number and proportion of persons with disabilities using assistive devices and technologies, disaggregated by sex, age, disability, type of product and geographical location (based on an indicator of the World Health Organization and the International Disability and Development Consortium)

[a] See report of the Special Rapporteur on the rights of persons with disabilities (A/HRC/34/58, para. 14); and World Health Organization and United Nations Children's Fund (UNICEF), *Global Report on Assistive Technology* (2022).

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

[c] 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 provisions and principles of the Convention on the Rights of Persons with Disabilities (e.g. requiring institutionalization to have access to rehabilitation services)
- A precondition to choosing where and with whom to live (e.g. having to undergo habilitation or rehabilitation in order not to be institutionalized)
- A precondition to being eligible for benefits (e.g. undergoing rehabilitation to be entitled to social protection benefits)
- Conditioned upon accepting a permanent and particular living arrangement, such as living in a hospital or institution, beyond the initial requirements of a rehabilitation process

[d] 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 have access to 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 organizing, strengthening and extending 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
- Ensure appropriate resource allocation, including through international cooperation

[e] The strategy, policy or law should include undertaking and promoting research and development of new technologies, including information and communications technology, mobility aids, and assistive devices and technologies, giving priority to those at an affordable cost.

[f] Public procurement policies can contribute to ensuring the supply, quality, affordability, multiplicity and variety of choices of assistive devices for persons with disabilities. Regulations and calls for tender should be aimed 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.

[g] Measures may include:

- Tax and customs exemptions for importing 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 the Priority Assistive Products list and using other tools of the World Health Organization to facilitate public procurement, regulation, provision and delivery of assistive products. This must not prevent persons with disabilities from having access to unlisted products for their habilitation and rehabilitation.

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

[h] Including, for example, specialized medical doctors in health-related rehabilitation, personnel trained in provision, fitting and use of assistive devices and technologies, job development and placements specialists and work adjustment specialists in the employment sector

[i] Awareness-raising campaigns must adopt a human rights-based approach to promoting 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 a pathologizing view of disability, such as through public events for the delivery of assistive devices or technologies. See the indicators on article 8 of the Convention on the Rights of Persons with Disabilities. General awareness-raising campaigns should be aimed at informing end users of the services available and of their rights, and more personalized campaigns should be aimed at changing attitudes towards rehabilitation.

[j] 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 on the Rights of Persons with Disabilities 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 representatives 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

See the recommendations of the Special Rapporteur on the rights of persons with disabilities in her report on social protection (A/70/297, paras. 87–89).

[k] Several of these outcome indicators are based on indicators of the World Health Organization (WHO) and the International Disability Development Consortium, found in *Capturing the Difference We Make: Community-Based Rehabilitation Indicators Manual* (WHO, 2015). For the purposes of this table, the indicators must not be limited to the area of health-related rehabilitation services.

[l] 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.

[m] The rapid assistive technology assessment tool of the World Health Organization supports data collection at the population level on need, demand and barriers to gaining access to assistive technology. The organization's assistive technology capacity assessment tool assesses a system's capacity to provide assistive devices (including its capacity related to financing, legislation, the workforce and provision). For more information, see "Assistive technology" of the World Health Organization or email assistivetechnology@who.int.