

Concluding Observations of the second report of the Republic of China (Taiwan) on the Convention on the Rights of Persons with Disabilities (CRPD) adopted by the International Review Committee (IRC) on 6 August 2022

I. INTRODUCTION

1. In August 2014, the Legislative Yuan of the Republic of China (Taiwan) passed the Implementation Act of the Convention on the Rights of Persons with Disabilities (the Implementation Act). The Implementation Act came into force in December 2014 and provides the framework for domestic harmonization of the United Nations Convention on the Rights of Persons with Disabilities ("CRPD"). The Concluding Observations from the initial review of the implementation of the CRPD in Taiwan was adopted in November 2017.
2. The Executive Yuan, according to the Implementation Act, then submitted the second State report in December 2020 and its English version was made available in August 2021. Initially the second review was planned for 2021, based on the Implementation Act but because of the COVID-19 pandemic, it was postponed for 2022.
3. In order to review its second State report, the government of Taiwan invited five experts to form an International Review Committee ("IRC"). They were Kim Hyung Shik (Korea), Oliver Lewis (UK), Janet Meagher (Australia), Nagase Osamu (Japan: Chair) and Diane Richler (Canada), who served in their personal capacities, independent of the countries they reside in. All members are considered experts in disability rights.
4. The IRC examined the second report of Taiwan and provided a List of Issues in English on 1 March 2022. The government provided a translation in Mandarin of the List of Issues on 21 April 2022.
5. The IRC received information from civil society organizations, including organizations of persons with disabilities, as parallel reports, and information from the National Human Rights Commission ("NHRC") in August 2021. The State submitted the detailed replies to the List of Issues

on 30 June 2022.

6. The IRC received several inputs in response to the State's replies to the List of Issues from civil society, including inputs from representative organizations of persons with disabilities, and the NHRC.
7. The review session included an interactive dialogue with both the state and the civil society and was held from 1 to 3 August 2022 at Taipei Nangang Exhibition Center. The IRC members' participation was hybrid: both in-person and virtual.
8. The IRC adopted the present Concluding Observations and presented them on 6 August 2022.
9. The IRC was pleased that there was so much active participation in advance of and during the 1-3 August 2022 session in Taipei.
10. The IRC commends the government and people of Taiwan for their continued efforts to realize the CRPD. The constructive dialogue with the government during the review, attended by many government officials, demonstrated the commitment of the government to fully implement the CRPD.
11. The active participation of civil society, in particular persons with disabilities, including children and young people with disabilities, and their representative organizations, was essential and aligned to Articles 4(3) and 33(3) of the CRPD, and is required in order for continued implementation to be successful.
12. The IRC expresses its profound appreciation to the civil society, including organizations of persons with disabilities, for their active participation in this second review process.
13. The IRC expresses its appreciation to the Ministry of Health and Welfare, and particularly its CRPD team, for providing the IRC with logistical support.

II. POSITIVE ASPECTS

14. The IRC commends the State for the following:
 - a. Establishing the National Human Rights Commission in 2020, according to the Organic Act of the Control Yuan National Human Rights Commission;
 - b. Publishing the National Human Rights Action Plan and creating the Department of Human Rights and Transitional Justice, Executive Yuan, to coordinate the implementation of the Action Plan;
 - c. Establishing a detailed Concluding Observations Response Form, a CRPD action plan with indicators, based on the 2017 IRC Concluding Observations; and
 - d. Developing an alternate care policy for children and youth, announced in January 2022, with the aim of minimizing unnecessary out-of-home placements of children and youth and to allow children and youth to grow up in their own homes.

III. GENERAL ISSUES

A human rights approach

15. The CRPD is an international treaty that focuses specifically on persons with disabilities. It represents a shift away from objectifying persons with disabilities, whereby we treat people as objects of care, management, charity and fear. Rather, it encourages us to treat each person as a subject of rights and fundamental freedoms, and for us to have "*respect for difference and acceptance of persons with disabilities as part of human diversity and humanity*" (Article 3 of the CRPD).
16. The shift required to meet the letter and spirit of the CRPD requires every government to embark on a significant transformation in approaches to rights enjoyment by persons with disabilities. What is required is a high-level vision that ensures that law, policy, regulation, budget allocation and practice all support a strategy of change: from confinement in congregate care to independent living in the community; from isolation to inclusion; from welfare handouts to participation in the labor market; from substituted decision-making to provision of supports to exercise legal capacity; from special education in separate classes and schools to inclusive education where a diverse array of children share their childhoods together; from diagnosis-led interventions to tailored supports that meet individual's needs and wishes.
17. These necessary shifts across law, policy and life require changes in attitude as well as law, policy, and funding. Persons with disabilities need to be included in all aspects of planning and delivery of supports and they need to be given control over the supports they want to receive. There should be a move away from investing in congregate care settings, to concerted investments in community support services and individual budgets where people can buy the services they want and need.
18. Overall, while there has been positive progress in some areas of law and policy, the IRC is disappointed that the charity/biomedical model remains the predominant framework adopted by the government towards persons with disabilities in the State.
19. While the IRC has made comments and recommendations in each of the

CRPD's individual Articles in its Concluding Observations, it would first like to draw together cross-cutting themes that impact on multiple provisions with the intention that this will assist the State to further implement the CRPD.

Equality and non-discrimination

20. The Executive Yuan has failed to propose to the Legislative Yuan equality and non-discrimination legislation that properly protects persons with disabilities against discrimination, including specifying that the denial of reasonable accommodation constitutes unlawful discrimination in employment and in the provision of all goods and services.
21. The IRC has heard many examples from civil society of the real-life impacts created by that the legislative gap. Potential employers are free to discriminate against persons with disabilities by not hiring them, resulting in many persons with disabilities being denied access to the open labor market. Many perform repetitive tasks in the shadow economy of sheltered workshops. Whole sectors of society, including the technological sector, are thereby denied the opportunity to work with co-workers with disabilities and to benefit from their contribution to society and the economy. This in turn perpetuates stigma and ferments stereotypes and prejudice against persons with disabilities. If a person with disabilities has a job, there is insufficient legal duty on the employer to make modifications and adjustments to meet the employee's needs.
22. Discriminatory provisions persist in laws, policies and regulations, which prevent persons with disabilities from enjoying their rights set out in the CRPD on an equal basis with others. Without an explicit legal definition of discrimination, including the failure to provide reasonable accommodation, coupled with the inadequacy of awareness-raising and accessibility efforts, large numbers of persons with disabilities will continue to endure discrimination and unequal treatment.

Participation

23. Participation is the lifeblood of the CRPD. It is located in several provisions,

most notably in Articles 4(3) and 33(3). Although government representatives speak the language of participation, the experience of NGOs and persons with disabilities is that the mechanisms established at the national and local levels to facilitate their participation in the development of law and policy are both insufficient and inaccessible. The problem is not with the intention of government, but with the results.

24. Similarly, while local mechanisms to seek redress for alleged discrimination exist, the experience of persons with disabilities is that such mechanisms are not practical or effective.

Living in the community

25. A further example of the prevailing approach in the State is the multitude of difficulties that people with disabilities face in the community in addition to the lack of protection from discrimination including denial of reasonable accommodations: from inaccessible transport and cultural/sporting venues; inaccessible websites and apps; the unaffordability of assistive devices such as hearing aids and mobility devices; the non-inclusive nature of schools; the lack of programmes to facilitate employment; the lack of community support services that meet a person's individualized needs; the lack of access to goods and services available to the general public; and the lack of any modified means by which a person with disabilities can participate in political life by for example postal, proxy or absentee voting.
26. The State does not have a policy to prioritize investment in community support services that would prevent segregation and isolation. On the contrary, the government is planning to build 13 new institutions by 2027 for 1,000 people with disabilities. This is the opposite direction required by the CRPD. The identified funding should be invested in community support services. The State should develop a strategy to eliminate places in congregate settings and shift people out into housing in the community where their needs can be met by community support services they want, they choose and they commission.

Mental health

27. The State has an outdated, highly protectionist approach to mental health care, where there is insufficient policy attention on mental health promotion and a recovery approach. Instead, the focus is on detention and forced treatment. The Ministry of Health and Welfare told the IRC that 99% of patients in mental health settings are ostensibly "voluntary" patients on paper - an assertion that the IRC considers is explained by patients being coerced into providing "consent" to remain in hospital, often because no other options exist. Inpatients in mental health settings are denied access to mobile phones, which cuts off access to the community and access to justice, and risks delaying rehabilitation and discharge back to the community.
28. The IRC has observed a stark mismatch between the government's approach to mental health on the one hand and the overwhelming majority of views of NGOs on the other. The IRC recommends that the government considers the report of the UN Special Rapporteur on the right to health, Dainius Puras, of March 2017, on the right of everyone to mental health ([A/HRC/35/21](#)). In it, Dr Puras observes that "*mental health services have been governed by a reductionist biomedical paradigm that has contributed to the exclusion, neglect, coercion and abuse of people with intellectual, cognitive and psychosocial disabilities, persons with autism and those who deviate from prevailing cultural, social and political norms*" (para. 8). The IRC has found that such a reductionist, biomedical model persists in the State.

Disability strategy and coordination across government

29. A disability strategy and action plan play an important role in coordinating and guiding the implementation of the CRPD at the national level by highlighting areas which will be at the forefront of government action. In setting out milestones that the government intends to reach by the end of the period covered by the document, a disability strategy can also act as a baseline against which the implementation of the CRPD can be measured by government, by the National Human Rights Commission and by civil society.
30. The IRC welcomes many provisions in the People with Disabilities Rights

Protection Act (draft in 2021), but notes that it is not legislation that comprehensively implements the CRPD. And while the IRC welcomes the adoption of a National Human Rights Action Plan, the plan only touches limited aspects of the rights of persons with disabilities set out in the CRPD.

31. Implementation of the provisions of the CRPD remains patchy. Policy-making in the disability field is *ad hoc*. There is no overarching vision or plan to implement disability rights and there is insufficient coordination across government that would align government actions with the obligations under the CRPD.
32. The IRC is concerned that there is a lack of a common vision across ministries that is required to identify the gaps in rights provision in the day-to-day lives of persons with disabilities in the State. The Committee for the Promotion of the Rights of People with Disabilities does not yet function effectively as a focal point within government for matters concerning CRPD implementation. It is not yet an effective coordination mechanism within government to facilitate related action in different sectors and at different levels, pursuant to Article 33(1) of the CRPD.
33. In these circumstances, the IRC strongly recommends to the Executive Yuan to develop a disability strategy that looks across all CRPD provisions and sets out an action plan to guide action and investments across government. These documents should be fully informed by, and have full confidence of, the range of disability communities in the State, who are - as this IRC process has demonstrated - experts in the CRPD. This can only be done through a transparent process, fully participatory of persons with disabilities, including children with disabilities, and their representative organizations in line with Article 4(3) of the CRPD.
34. The disability strategy should articulate overarching priorities, and bring together the various strands across ministries, governmental agencies and local authorities.
35. The disability strategy should then be monitored by the National Human Rights Commission, under its Article 33(2) CRPD mandate, with the participation and active involvement of persons with disabilities, including children with disabilities, and their representative organizations under Article 33(3) CRPD. In this respect, the IRC recommends the Executive

Yuan take into account the CRPD Committee's General Comment No. 7 (2018) on "*Article 4.3 and 33.3: Participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention*".

IV. PRINCIPLE AREAS OF CONCERN AND RECOMMENDATIONS

A. General principles and obligations (arts. 1-4)

36. The IRC is concerned that:

- a. The definition of disability in Article 5 of the People with Disabilities Rights Protection Act (draft in 2021) is not in accordance with the CRPD;
- b. Persons with disabilities and their representative organizations are not routinely and regularly consulted by the State. Currently consultation is infrequent and involves a small and select number of people. As outcomes do not reflect the advice and input provided, there is a perception that consultation has become tokenistic with people not being listened to or heard;
- c. There is no national disability strategy to implement the CRPD. Such a disability strategy should set out the high-level vision and commitment by all levels of government with the support of civil society to a unified, national approach to policy and program development and to eliminating disability discrimination and to promoting the recognition of the rights of people with disabilities; and
- d. There is a lack of public sector worker training and community education about the rights of, and responses to, persons with disabilities. This impedes the development of an inclusive society and results in discrimination against people with disabilities.

37. **The IRC recommends that the State:**

- a. **Amend 2021 draft of the People with Disabilities Rights Protection Act to ensure it more accurately reflects the definition of persons with disabilities in Article 1 of the CRPD;**
- b. **Ensure that persons with different types of disabilities, including children with disabilities, and their representative organizations are resourced to actively and regularly participate constructively in open processes seeking to improve relevant laws, policies,**

programs and practices;

- c. Involve a full spectrum of voices from the disability community to promptly develop and adopt a national disability strategy whose key purpose should be to encourage, recognize and promote an active commitment to eliminating disability discrimination and to promote the recognition of the rights and dignity of people with disability; and**
- d. Provide resources to persons with disabilities and their representative organizations to develop and deliver public and private sector worker training and community education about interacting with persons with disabilities and disability rights. We recommend that the State substantially increase measures to eliminate discrimination against persons with disabilities by any person, organization or private enterprise.**

B. Specific rights (arts.5-33)

Equality and non-discrimination. (art.5)

- 38. The IRC is concerned that the need for the State to adopt a comprehensive anti-discrimination law covering all grounds of discrimination in all contexts was raised in the IRC's 2017 concluding observations, and in the May 2022 concluding observations of the International Human Rights Covenants. Yet the State still has no comprehensive equality and non-discrimination law. Non-discrimination provisions are scattered across several Acts and are substantively insufficient to meet the requirements of the CRPD. The State has not made efforts to harmonise or coordinate how different sectors deal with discrimination. In addition, the current provisions do not impose strong obligations on the State and the private sector, and fail to demand positive measures and are lacking remedial procedures.
- 39. The IRC is concerned that administrative officials and the judiciary do not have an adequate understanding of disability-based discrimination including denial of reasonable accommodation, and are therefore not able to prevent or remedy discrimination effectively.

40. Although LGBTIQ persons with disabilities enjoy some protection from the Gender Equality Education Act and the Act of Gender Equality in Employment in schools and workplaces, these are not applied in other contexts.
41. **The IRC recommends that the State:**
- a. **Undertake a consultation with organizations of persons with disabilities and the National Human Rights Commission and international experts on the Equality Bill before introducing it into the Legislative Yuan;**
 - b. **Pay due regard to the CRPD Committee's General Comment No. 6 (2018) on equality and non-discrimination when drafting the Equality Bill;**
 - c. **Ensure that the Equality Bill specifies various forms of discrimination including direct discrimination, indirect discrimination, harassment, intersectional discrimination, and denial of reasonable accommodation as defined in the CRPD;**
 - d. **Ensure that the Equality Bill expressly specifies that disability-based discrimination shall be unlawful in the employment context, as well as education, health, public participation and all other areas of life, including private sector provision of goods or services;**
 - e. **Ensure that LGBTIQ persons with disabilities enjoy legal protection beyond schools and workplaces.**
 - f. **Ensure the availability of effective legal remedies for persons with disabilities to claim their rights, including in cases of disability-based discrimination at a court or tribunal that is capable of providing appropriate remedies, and that legal aid is available to people who bring discrimination claims;**
 - g. **Amend existing pieces of legislation, to clarify that the proposed Equality Act, when adopted, takes precedence over non-discrimination provisions in, for example, the Employment Service Act;**
 - h. **Ensure that a State body collects data on complaints related to**

disability-based discrimination and other protected characteristics; and

- i. Take steps to strengthen the capacity of all government agencies so that they reach an adequate understanding of the various forms of discrimination according to the interpretation of the relevant UN treaty bodies.**

Women with disabilities (art.6)

42. The IRC is concerned that the Gender Equality Policy Guidelines amended in 2021 still fail to adequately address the multiple forms of discrimination faced by women and girls with disabilities and that they are more at risk of experiencing poverty, exploitation, violence and abuse, and that there is a lack of time-bound targets and specific plans that comprehensively improve the disadvantages faced by women and girls with disabilities.

43. **The IRC recommends that the State take into account CRPD Committee General Comment Number 3 (Women and girls with disabilities) and:**

- a. introduce active measures that protect women and girls with disabilities from discrimination, and ensure that women and girls are empowered, that their abilities are developed, and their status improves;**
- b. address resettlement measures and corresponding needs, such as assistive devices, housing, and mental health support, for women and girls who were subjected to violence; and**
- c. provide services such as assistive devices, housing, mental health support and guidance to women and girls with disabilities.**

Children with disabilities (art. 7)

44. The IRC expresses concern that despite the existence of policies to ensure that children are supported to express their opinions, parents, teachers and other professionals often speak on behalf of children with disabilities whose opinions are not treated as authentic and respected.

45. **The IRC recommends that the State:**
- a. **Ensure that the law places a duty on services to respect the evolving capacity of children with disabilities;**
 - b. **Provide additional support to children with disabilities to ensure that they can freely express their opinions with support;**
 - c. **Ensure that decision-makers have a duty under law to consider the wishes and feelings of children with disabilities when making best-interests decisions;**
 - d. **Ensure that children with disabilities who have additional identities such as being indigenous, refugees, LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer), or from linguistic minorities, be supported to receive coordinated supports;**
 - e. **Require schools and welfare agencies to report and follow-up on cases of abuse and gender-based violence and establish anonymous hotlines or spaces to enable children, including LGBTIQ children, to access consultation and anti-bullying support.**

Awareness Raising (art. 8)

46. The IRC is concerned to note that stereotyping, vilification and negative reporting of people with disabilities persists both in the media and in community discourse.
47. The IRC is further concerned that there is no clear mechanism for lodging complaints about negative representation of persons with disabilities in the media.
48. **The IRC recommends that the Executive Yuan, including the Ministry of Culture, in conjunction with the National Communications Commission:**
- a. **Adopt a national disability strategy, in close consultation with persons with disabilities and with the involvement of organizations of persons with disabilities, to raise awareness of and combat prejudices against persons with disabilities and**

monitor and publicly report its impact;

- b. Revise the current CRPD disability awareness training and development programs across all ministries to better reflect the diversity of the experience of persons with disabilities, and to incorporate persons with disabilities into the training teams both to develop and deliver content; and**
- c. Introduce and promote targeted programmes to identify and combat disability-related stereotypes, prejudices and harmful practices to promote the capabilities and contribution of people with disabilities.**

49. The IRC recommends that the National Communications Commission and the NHRC work with media and organizations representing persons with disabilities to ensure there is clarity about mechanisms and responsibility for complaints about media reporting of disability-related stereotypes, prejudices and harmful practices. Further the IRC recommends that the process for taking complaints be widely publicized.

Accessibility (art. 9)

50. The Committee notes with concern:

- a. The lack of a comprehensive accessibility strategy covering all areas, in particular physical access, accessible information and communications technology, and all digital access;
- b. There is a disparity in the planning for, and provision of, accessible transportation across the State;
- c. The barriers in the digital environment that prevent access for persons with disabilities to information and communication, including on government websites, in particular for persons with vision impairments;
- d. The insufficient numbers of accessible parking places;
- e. The insufficient sign language and captioning on television, including news broadcasts; and
- f. Information about health and healthcare services is not uniformly

available in accessible formats to persons with disabilities.

51. **The IRC recalls the CRPD Committee’s General Comment No. 2 (2014) on accessibility, and recommends that the State:**
- a. **Adopt a national accessibility action plan, as recommended by the IRC in 2017, that includes all areas described in the Convention, and strengthen its mechanisms for monitoring accessibility at the national and municipal levels, including by establishing a system of sanctions for non-compliance;**
 - b. **Increase the number of wheelchair-accessible buses in city public transportation systems, and improve the environment and public space in urban and rural areas, including sidewalks, to make them safe and accessible for persons with different disabilities;**
 - c. **Ensure universal access to digital technology for all persons with disabilities, in particular for persons with visual impairments, both in educational facilities and at home;**
 - d. **Ensure sufficiency of accessible parking places;**
 - e. **Ensure the provision of sign language and captioning on an increased number of news broadcasts and other television shows; and**
 - f. **Ensure that information about health and healthcare services is uniformly available in accessible formats to persons with disabilities.**

Right to Life (art. 10)

52. With respect to the death penalty, the IRC is profoundly shocked and disappointed that since the last CRPD IRC process in 2017, the State prosecutor has sought the death penalty in several cases concerning defendants with psychosocial or intellectual disabilities. The State executed a person with psychosocial disabilities in 2018 and another in 2020.
53. The IRC is further concerned that the State has made no effective efforts to abolish the death penalty and has continued executions in spite of the

recommendation of the initial IRC review in 2017, and the review of the International Human Rights Covenants in May 2022.

54. International human rights standards are clear, that persons with psychosocial or intellectual disabilities shall never be sentenced to death and/or executed. This was raised in the concluding observations of the ICCPR in 2017 and ICESCR ICR in 2013. The IRC does not accept the government's claim that persons with psychosocial or intellectual disabilities are not sentenced to death or executed. Article 465-1 and 467-1 of the Code of Criminal Procedure concerning the suspension of imposition of the death penalty are for those who are considered "insane", which is narrowly defined, applying only to situations where the defendant, at the time of committing the offence, has no ability to perceive or judge matters of the external world, and has no ability to freely decide or express.
55. The documents relied on by the government, that is, the newly-amended Regulations for Executing the Death Penalty, the Supreme Prosecutor Office's List of Review of Death Penalty Cases, and the Ministry of Justice's List of Review of Death Penalty Cases, do not prevent the execution of a person with psychosocial or intellectual disabilities.
56. With respect to the Patient Right to Autonomy Act, the IRC is concerned that it provides for advance decision to terminate, withdraw, or withhold life-sustaining treatments, artificial nutrition and hydration, including on the grounds of disability. It is also concerned about the absence of regulations for monitoring termination, withdrawal or withholding of life-sustaining treatments, the absence of data to assess compliance with the procedural safeguards regarding termination, withdrawal or withholding, and the lack of sufficient support to facilitate civil society engagement with and monitoring of these practices. The IRC is concerned that the "option" to withdraw consent to ongoing medical interventions poses a potential threat to the right to life, because while such a decision appears on the surface to be voluntarily made by the individual, given the limited options persons with disabilities have in their daily lives to be included in the community, there is a question as to the true voluntary nature of these decisions.
57. **The IRC recommends that the State**
 - a. **Abolish the death penalty immediately and until such time**

introduce moratorium on all executions. At an absolute minimum, the State should amend the Regulations for Executing the Death Penalty to ensure that death penalties are not enforced for persons who at the time of the commission of the offence or at the time of the planned execution have psychosocial and/or intellectual disabilities;

- b. Ensure that the Patient Right to Autonomy Act is compliant with the CRPD by:**
 - i. Providing access to alternative course of action and to disability support;**
 - ii. Establishing regulations pursuant to the law requiring collection and reporting of detailed information about each advance decision and its implementation;**
 - iii. Developing a data standard and an effective and independent mechanism to ensure that compliance with the law and regulations is strictly enforced and that no person with disability is subjected to external pressure; and**
 - iv. Involving civil society, in particular organizations representing persons with disabilities, in the overall implementation and monitoring of this Act and regulations.**

Situations of risk and humanitarian emergencies (art.11)

- 58. The IRC notes progress in (a) the participation of persons with disabilities and their representative organizations in the discussions in the disaster prevention and protection plans; and (b) in the production of accessible materials on disaster awareness. However, the IRC is concerned that persons with disabilities and their representative organizations are yet to be fully involved in the design, implementation and evaluation of disaster risk reduction measures and practice drills.
- 59. The IRC is concerned that in the context of the public health emergency resulting from COVID-19 pandemic, persons with disabilities and their representative organizations were not fully consulted and involved in the decision-making process regarding measures for the COVID-19, including the Special Act for Prevention, Relief and Revitalization Measures for

Severe Pneumonia with Novel Pathogens and as a result, needs of persons with disabilities were not fully reflected and there was a lack of (a) accessibility in the provision of personal protective equipment and (b) reasonable accommodation, including as regards wearing facemasks in public spaces. Accessible information about the pandemic has been lacking, in particular for persons who are hard-of-hearing and deaf and persons with visual disabilities and intellectual disabilities. Persons with disabilities, in institutions and psychiatric hospitals and living independently in the community, have been disproportionately affected, and students with disabilities were disproportionately affected by school closures and deprived of education because of lack of accessibility to on-line learning or limited availability of materials

60. **The IRC recommends that the State ensure the systemic involvement and participation of persons with disabilities and their representative organizations in the design, implementation and evaluation of disaster risk reduction measures, including disability impact assessment review, pursuant to the Disaster Prevention and Protection Act in line with the Sendai Framework for Disaster Risk Reduction 2015-2030.**
61. **The IRC recommends that the State, reflecting the guidance issued by the Office of the United Nations High Commissioner for Human Rights on COVID-19 and rights of persons with disabilities, and the United Nations policy brief on a disability-inclusive response to COVID-19, and in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 as well as Bangkok Principles for the implementation of the health aspects of the Sendai Framework:**
 - a. **Ensure participation of representative organizations of persons with disabilities in measures to address the COVID-19 pandemic and its consequences and measures taken during the recovery period;**
 - b. **Ensure accessibility of information about the response and recovery plans of the pandemic for all persons with disabilities, in particular for persons who are deaf and hard-of-hearing and persons with visual disabilities and intellectual disabilities; and**
 - c. **Mainstream disability in COVID-19 responses and recovery plans**

with a specific emphasis on ensuring equal access to mainstream health-care system for persons with disabilities in education, in institutions and psychiatric hospitals or living independently, and protecting persons with disabilities from the effects of the pandemic, including further isolation.

Equal recognition before the law (art.12)

62. The IRC expresses concern that the State:

- a. Has not moved away from a system of substitute decision-making to supported decision-making that respects the will and preference of the person;
- b. Incarcerates persons with disabilities who are suspected of potentially causing harm to themselves or others or who have been accused or found guilty of crimes;
- c. Has not ensured that persons with disabilities are free from discrimination in all financial matters, including opening a bank account, owning or inheriting property, controlling their own financial affairs and having equal access to bank loans, mortgages and other forms of financial credit;
- d. Lacks a system of monitoring the provision of regulation and training to financial services sector to ensure that persons with disabilities can access financial services on an equal basis with others.
- e. Requires the signature of a blood relative to authorize the discharge of a patient from a voluntary stay in a mental health hospital; and that voluntary patients cannot automatically leave a mental health hospital when they wish.

63. **The IRC recommends that the State:**

- a. **Invest in creating a robust system to enable supported decision-making to replace current guardianship provisions;**
- b. **Improve the training of judicial personnel to overcome the application of the principle of “best interests” and replace it with respecting the person’s will and preferences as outlined in CRPD**

General Comment 1 (2014);

- c. Modify the draft Mental Health Act to eliminate provisions which detain persons with disabilities who are suspected of potentially causing harm to themselves or others or who have been accused or found guilty of crimes for extended time;**
- d. Amend Article 87 of the Criminal Code of the Republic of China regarding the extension of the period of guardianship;**
- e. Mandate financial institutions to eliminate all forms of discrimination against persons with disabilities; and**
- f. Abolish the requirement of a relative authorizing a person's discharge from a voluntary stay in a mental health hospital; and**
- g. strengthen training to mental health personnel to prevent unlawful detention.**

Access to Justice (art. 13)

64. The ICR expresses concern that:

- a. The Ministry of Justice and the Judicial Yuan have not adequately considered the needs of persons with intellectual disabilities, neurodiverse people including people with autism or persons with psychosocial disabilities in the justice system or put in place measures that address the disadvantages they experience in accessing justice;
- b. The Judicial Yuan has not widely disseminated the "International Principles and Guidelines on Access to Justice for Persons with Disabilities" to judges and court staff. There is no adequate system in place to guide or monitor its implementation;
- c. The Judicial Yuan has not yet developed any guidance, in conjunction with representative organisations of persons with disabilities, for judges in criminal or civil proceedings as to the gender- and age-appropriate procedural accommodations they should make in response to requests by a participant in proceedings who has a disability, or any guidance for judges about the range of disabilities, potential needs and ways that judges' communication and interaction may need to change to meet the person's needs;

- d. Although there has been some training on the CRPD for judges and lawyers, the Judicial Yuan has not yet rolled out systematic training on the provision of procedural accommodations to persons with disabilities who are parties or witnesses in criminal and civil proceedings for criminal and civil judges, prosecutors, members of the Bar and police officers;
 - e. Persons with disabilities are sometimes unable to travel to/from court; and are reliant on remote hearings, with the result that in the guise of providing web access, this may result in a two-tier system of justice.
65. The IRC is concerned that the Ministry of Health and Welfare has allowed pandemic restrictions to restrict access by lawyers to their clients in psychiatric facilities and hospitals, thereby jeopardising their access to justice.
66. **The IRC recommends that the Judicial Yuan:**
- a. **Consult with representative organisations of persons with intellectual disabilities, neurodiverse people and persons with psychosocial disabilities, to understand their experience of using justice systems, and publish guidance that is consistent with the "International Principles and Guidelines on Access to Justice for Persons with Disabilities" that addresses the specific disadvantages they experience in accessing justice. The guidance should set out practical ways that court staff and judges can make reasonable accommodations to ensure that persons with disabilities access justice on an equal basis with others;**
 - b. **Ensure that the Judges' Academy provides training for each judge and member of court staff in the State on the guidance. Such training should be delivered by experts including persons with disabilities;**
 - c. **Establish an advisory body consisting of representatives from organisations of persons with a range of disabilities as well as accessibility experts, to monitor the implementation of accessibility measures and make suggestions for further improvement; and**

- d. Ensure that court users with disabilities who require assistance in transportation to/from court are provided with such support.**
- 67. The IRC recommends that the Ministry of Health and Welfare promulgate guidance to medical establishments, “including psychiatric facilities,” that clarifies that even if there are public health or other restrictions of visitors to such establishments, lawyers who have patients in such establishments have unimpeded access to their clients in-person, via secure video link or by telephone.**

Liberty and security of the person (art.14)

- 68.** The IRC is concerned that persons with disabilities are deprived of their liberty when they cannot choose where to live and with whom, due to a lack of options. Draft amendments to the Mental Health Act currently before the Executive Yuan appear to be focused on the compulsory detention and forced treatment of persons presenting with an acute mental health matter rather than dealing with such crises through supports in the community, including access to specialist mental health supports. Further, the State’s approach to juvenile justice does not sufficiently take into account the numbers of children and youth in its care who have diagnosable functional, emotional, sensory, intellectual limitations and disabilities and fails to provide appropriate assessments, supports, education and interventions.
- 69.** The IRC is concerned that prisons and corrections institutions have insufficient specialised disability support and mental health staff. This results in a failure to uphold the rights and dignity of people with a disability, especially those who experience neurodiversity, intellectual disability and psychosocial disabilities. The IRC emphasizes that individuals are deprived of their liberty and confined to hospitals and institutions because of the lack of supports and services to enable them to live in the community. The IRC is concerned about a lack of a planned program of deinstitutionalisation inclusive of resourced individual plans for preparation/training for transition to community living for those individuals.
- 70.** The IRC is concerned that the current “temporary placements” provision and the “custodial protection” provision for people with neurodiversity, psychosocial disability and intellectual disability violate the CRPD by

resulting in imprisonment not proportionate to the seriousness of the alleged offence and/or by leading to indefinite detention as well as not providing for transition to the community. Further, detention is extended by reviews that are not conducted by an independent judicial authority and do not directly involve the person which results in failure to appropriately meet their needs for disability support and appropriate health care. Further, this represents a failure to provide the same standard of support and health care that is afforded to people in the general community.

71. The IRC recommends that the State:

- a. Immediately suspend discussion of the Mental Health Act amendments currently before the Executive Yuan, and review the Bill's conformity with the State's commitments under United Nations human rights agreements and conventions;**
- b. Ensure that each person admitted to a psychiatric hospital, from day one of admission has an individualized discharge plan to enable their return to the community with the support they need and according to their wishes and preferences.**
- c. Allocate budgets to properly assess and support all juveniles and youth in detention;**
- d. Commence expert assessments and specialised supports, education and interventions for juveniles and youth in the juvenile justice system, including correctional facilities, reformatory schools and detention houses;**
- e. Ensure regular data collection and publication on juvenile and youth detainees with disabilities. Such data should be disaggregated by gender, disability and other agreed core factors; and**
- f. Create close liaison and cooperation between ministries responsible for the habilitation, rehabilitation, education, supports and interventions of juvenile and youth detainees, in particular, those with disabilities including but not limited to Agency of Corrections, Ministry of Justice, Ministry of Health and Welfare, and Ministry of Education.**

72. **The IRC recommends that the Agency of Corrections survey the level of need, based on the number of inmates with a disability. From the subsequent data, allocate sufficient numbers of qualified specialist staff who have health, mental health and/or disability support qualifications.**
73. **The IRC recommends that the enabling legislation for “temporary placements” and “custodial protections” be amended to conform with the CRPD and other international human rights instruments.**

Freedom from torture or cruel, inhuman or degrading treatment or punishment (art.15)

74. The IRC expresses concern:
- a. That the current system of announced and unannounced inspections has been reported as being ineffective in curbing violence and abuse in institutions. Abuse and inhumane treatment of persons with disabilities are still observed in institutions, prisons and special schools;
 - b. That the current processes, regular assessments and unannounced inspections have been reported as being ineffective.
 - c. That severe shortages of staff and poor management have enabled poor health and hygiene standards in correctional institutions. This has caused inmates with disabilities to face inhumane or degrading treatment.
 - d. That persons with psychosocial disabilities are frequently subject to pharmaceutical as well as physical restraints instead of applying behaviour management techniques. It is reported that medical institutions of many types, enjoy a very high level of ‘self-regulation’ without systemic independent monitoring system.
 - e. That the request for available data on the use of, and reduction of practices involving seclusion and restraint, was not met. Instead, the IRC was provided with information regarding inspections and accreditation practices.
75. **The IRC recommends that the State:**

- a. Immediately commit to eliminating restrictive practices including seclusion and restraints in psychiatric hospitals. To this end, the State should cooperate with organizations of persons with disabilities, persons who have experienced such restrictive practices themselves, families, mental health professionals, supporting organizations and the National Human Rights Commission, undertaking research on best practices to formulate a plan that it then implements;**
- b. Produce data on the occasions, durations, locations and circumstances of restrictive practices including seclusion and restraints; and**
- c. Create a national independent inspection mechanism for the prevention of torture and cruel, inhuman or degrading treatment or punishment, similar to a National Preventive Mechanism under the UN Optional Protocol to the Convention against Torture, to introduce measures to prevent and eliminate restrictive practices including seclusion and restraints, reduce the use of pharmacological therapeutic treatment on the basis of disability in all settings, including in psychiatric settings, residential care facilities and prisons; and provide both a report after each inspection and annual public reports.**

Freedom from exploitation, violence and abuse (art. 16)

76. The IRC is concerned that the State:
- a. Has not actively developed protection, assistance, and service measures for persons with disabilities who are victims of exploitation, violence, abuse. These measures would incorporate specific strategies for protecting persons with disabilities from further victimisation and would be focussed on meeting the different special needs of persons with a wide scope of disabilities;
 - b. Has insufficient information on how to recognize and report instances of exploitation, violence and abuse.
77. The IRC is concerned about the lack of:
- a. Protection for people with disabilities from domestic violence, intimate partner and sexual violence, and child abuse incidents;
 - b. Measures to prevent exploitation, violence and abuse against persons with disabilities, including an independent mechanism for monitoring facilities and programmes for persons with disabilities;
 - c. Training on preventing, identifying and addressing violence against persons with disabilities;
 - d. An effective complaints mechanism regarding exploitation, violence and abuse against persons with disabilities;
 - e. Data on incidents of exploitation, violence and abuse against persons with disabilities, especially women and girls with disabilities; and
 - f. A review into physical, emotional, economic, or gender abuse, violence, bullying, discrimination, and exploitation of people with disabilities in workplaces, institutions, or special schools in the State.
78. The IRC is concerned that persons with disabilities, whether they be physical, cognitive, sensory or psychosocial, are not routinely given an opportunity to be notified of, and give consent to treatment, behavioural management or other interventions. Further, there is no requirement or recommendation for a process of "supported decision making". Nor is there a requirement for adaptation of communication to be responsive to the needs, capacity of perception or comprehension of the person expected to

give consent or permit such interventions. Additionally, a family member or staff member, or where the person is under guardianship, the guardian, is routinely invited to sign off on the proposed intervention instead of the individual.

79. The IRC recommends that the State:

- a. In close cooperation with the National Human Rights Commission, persons with disabilities, and their representative organizations and relevant Ministries ensure the development of national minimum standards that set out in regulation the quality of services that all disability service providers should conform to. These standards could be regularly used as a quality assurance assessment for all services that provide facilities and programmes to persons with disabilities;**
- b. Immediately carry out a national qualitative and quantitative review of the experiences of persons with disabilities across all settings in relation to establishing awareness of the extent of exploitation, violence and abuse. It should be a systematic review on physical, emotional, economic, or gender abuse, violence, bullying, discrimination, neglect, deprivation and exploitation of people with disabilities in their places of residence, their workplaces, institutions, or special schools. When complete, an appropriate government response strategy will focus on both the rehabilitative and compensatory needs of the affected persons as well as rectification of the systems and monitoring failures that led to the issues in question;**
- c. Introduce measures for the protection of people with disabilities from domestic violence, intimate partner and sexual violence and child abuse incidents;**
- d. Introduce measures to prevent exploitation, violence and abuse against persons with disabilities, including an independent mechanism for monitoring facilities and programmes for persons with disabilities;**
- e. Ensure appropriate training on preventing, identifying and addressing violence against persons with disabilities;**

- f. **Ensure that an independent complaints mechanism is in place for complaints of exploitation, violence and abuse against persons with disabilities, including in private settings**
- g. **Ensure that effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.**
- h. **Ensure revision of all consent requirements in legislation and in policies and procedures in order to require a process of supported decision making, and adaptation of the type of communication required to be responsive to the needs, capacity of perception or comprehension of the person being notified or permitting such interventions.**

Personal Integrity (art.17)

80. The IRC is concerned that:

- a. The current Genetic Health Act requires doctors to advise persons with genetic diseases to undergo abortion, vasectomy or tubal ligation.
- b. The Genetic Health Act permits abortions and sterilizations of persons with disabilities under the substitute decision-making regime, without the person's consent; and
- c. Persons with disabilities face pressure from their family members to have non-therapeutic abortions and sterilization based on disability.

81. **The IRC recommends that the State:**

- a. **Abolish the requirement of the current Genetic Health Act whereby doctors must advise persons with genetic diseases to undergo abortion and sterilizations;**
- b. **Amend the law so that non-therapeutic sterilizations and abortions carried out on persons with disabilities are done on the basis of that person's free and informed consent and there shall be no proxy consent by a third party; and**

- c. **Conduct a study into the incidence and prevalence of and circumstances of sterilizations and abortions of persons with disabilities and raise the public awareness of the reproductive rights of persons with disabilities, in close cooperation with persons with disabilities and their representative organizations.**

Liberty of movement and nationality (art.18)

- 82. The IRC is concerned that although the Ministry of the Interior has indicated an intention to repeal Article 18(1)(8) of the Immigration Act that states that prohibits a person entering the State if the person "has suffered from a contagious disease, a mental disease, or other diseases that may jeopardize public health or social peace", this has not yet been done.
- 83. **The IRC recommends that the State:**
 - a. **Repeal Article 18(1)(8) of the Immigration Act.**
 - b. **Ensure that the requirement in the Nationality Act Article 3 which stipulates that for foreigners or those without a nationality who currently reside within the State and who wish to apply for naturalization, the criterion that they must possess enough property or professional skills to support themselves and lead a stable life not be applied to prevent foreigners or persons without nationality from applying for naturalization in the State, including children with disabilities of families wishing to become naturalized.**

Living independently and being included in the community (art.19)

- 84. The IRC notes that in 2020 the government started project funding for NGOs to promote the 'multi-community life' service model and develop projects that provides independent living guidance and multiple living options to assist people with psychosocial disabilities to return to live in the community.
- 85. The IRC expresses concern that:
 - a. Despite the decision of the Ministry of Health and Welfare to transform service methods from institutions to the community, there are plans for

- more investment in congregate care facilities;
- b. The state relies on the use of unreliable Public Welfare Lottery funds to support independent living;
 - c. Personal assistant services are extremely limited, not coordinated between different ministries and often ignore the wishes of the person requesting service; and
 - d. Funding for assistive devices requires a burdensome co-payment by persons with disabilities and is based on limited and often outdated categories as well as assessment of household income.

86. The IRC recommends that the State:

- a. In close cooperation with groups of persons with disabilities, families, communities, housing and support providers and professionals, create deinstitutionalization strategies and establish time-bound plans to ensure that persons with disabilities can choose where to live, how to live, and whom to live so that they can live in and become actively involved in their communities and that they are eligible to receive the necessary support regardless of their place of residence;**
- b. To increase control over their own lives by persons with disabilities, expand the availability of personal assistants;**
- c. Revise the system for allocation of assistive devices to accommodate newly developed devices and ensure accessibility throughout the country without financial hardship for persons with disabilities;**
- d. Amend the People with Disabilities Rights Protection Act and the Mental Health Act to guarantee access to community support services by persons with disabilities to prevent segregation and isolation;**
- e. Ensure coordination of supports and services across different departments and ministries, and during transitions, such as from education to employment, or from a family home to a home of one's own;**

- f. **Establish plans to ensure that social workers and other professionals receive training on how to support persons with psychosocial and other disabilities in ways that protect their rights and not based on a medical model of disability;**
- g. **Ensure that funding for independent living is not dependent on Public Welfare Lottery Funds but rather becomes an official budget allocation; and**
- h. **Develop standards for private operators of housing options for persons with disabilities and establish a complaints and accountability mechanism to deal with abuse.**

Personal mobility (art. 20)

87. The IRC is concerned about the availability of support services and assistive devices and technologies, and in particular:
- a. That the subsidy structure for assistive devices is insufficient to cover the actual expense making the device unaffordable;
 - b. The “Regulations on Subsidization for Medical Treatment and Auxiliary Appliances for the Disabled” has recently been updated, but the Executive Yuan did not provide parents and organizations that support children with disabilities with opportunities to participate with editing of the text. As a result, the new provision does not satisfy the increased demand for financial support and the diverse type of assistive devices required by children with disabilities. The amount of subsidies offered does not meet the actual cost of assistive technology devices. This places a heavy financial strain on families and prevents children with disabilities from accessing the assistive technology they require;
 - c. No subsidies are available to cover the cost of repairs of maintaining assistive technologies. All devices require periodic maintenance, without which they become unusable. The lack of subsidization on repairs and maintenance places a significant financial burden on persons with disabilities who require such assistive technologies.
 - d. Of the 150 scientific and technological research projects related to disability that the Ministry of Science and Technology has subsidized,

nine scholars with disabilities have received subsidies, and only two people with disabilities have been employed in those subsidized projects.

88. The IRC recommends to the State:

- a. **Extend the subsidy scheme for assistive technologies to cover the repair and regular maintenance of such items;**
- b. **Conduct a participatory revision process of the “Regulations on Subsidization for Medical Treatment and Auxiliary Appliances for the Disabled”, paying particular attention to obtain the views of parents with children with disabilities, and organisations that provide support services to children with disabilities and their families;**
- c. **Commission researchers with disabilities to conduct a study on the extent to which persons with disabilities from a "low-middle-income household" or from an "ordinary household" are financially disadvantaged by having to pay a proportion of their assistive technology, and to take corrective legal and policy measures based on the results; and**
- d. **To encourage the involvement of scientists with disabilities, insert a stipulation into the applications for scientific and technological research projects that the applicant university/company must include scientists with disabilities and/or establish meaningful advisory panels of experts with disabilities, and require applicants to set out a plan to increase the number of persons with disabilities in the research and production and roll-out of any resultant goods and services.**

Freedom of expression and opinion and access to information (art.21)

89. The IRC is concerned that:

- a. **There is insufficient inter-ministerial collaboration on provision of accessible information to the public;**
- b. **There is insufficient accessibility for persons with disabilities in the financial services sector;**

- c. Neither sign language interpretation functions nor live video call functions are yet to be established for the Pregnant Women's Support Hotline, National Family and Education Hotline, and Suicide Prevention Hotline.
- d. Deaf children and youth have insufficient access to sign language as this language is often not provided as an option to build a child's communication skills. Many families hold a negative view towards sign language and there are insufficient resources for them to understand the benefits of their deaf children and them learning the language. This results in a missed opportunity for deaf children to meet their full potential during the critical period of development which has life-long effects;
- e. Fewer than 70% of fourth-level agencies, such as high schools and district health centres, have obtained accessibility certification. There is no system whereby the State conducts accessibility audits or spot checks of public websites including fourth level agencies that do not have an accessible certification label;
- f. There is no legal obligation on private sector bodies' websites to be accessible to persons with disabilities; and
- g. Although there was sign language interpretation of TV press conferences during the COVID-19 pandemic, accessible information on web reporting systems, interactive websites designed for the public and mobile apps about pandemic measures was, and remains, insufficient. This results in a discriminatory time gap until persons with disabilities receive important public health information.

90. **The IRC recommends that the State:**

- a. **Develop legislation that places a requirement on all companies in the financial services sector to provide information in accessible formats, including sign language and Easy Read materials, and that the legislation requires public-facing staff in financial services sector to undergo continuous training on disability and how to communicate with people with a range of disabilities.**
- b. **Ensure that all interfaces that government agencies have with the general public, including their hotlines, have video call and sign**

language interpretation functions.

- c. Invite deaf children, their families and their representative organizations, to advise the government on measures required in order to increase the awareness of, and access to, sign language in early years services and schools. It should provide resources to families about using sign language to raise a deaf child.
- d. Place a duty on the National Communications Commission should establish a system whereby it conducts spot checks of public websites for accessibility, including so-called "fourth level agencies" such as high schools and district health centres.
- e. Introduce an amendment to the People with Disabilities Rights Protection Act to place an obligation on all organisations, including private sector organisations, to ensure that their websites and apps are accessible to persons with disabilities, and to place a legal duty on the National Communications Commission to periodically monitor web accessibility compliance and publish its findings.
- f. The Ministry of Health and Welfare should ensure that public health information, including about COVID-19, for the general population is immediately made available in accessible formats, including on mobile apps and websites.

Respect for privacy (art. 22)

- 91. The IRC expresses concern that Section 25 of the Mental Health Act allows mental health clinicians to restrict communication of an inpatient "for the patient's disease conditions or medical care needs". Patients in mental health units are not permitted mobile phones, due to an ostensible risk of ligaturing with a charger cable. The IRC is concerned that the justification for restriction on communication is drafted in overly broad terms, and that there is no positive obligation on hospitals to allow and facilitate inpatients' communication with their family, friends and the outside world.
- 92. **The IRC recommends to the Ministry of Health and Welfare and the Legislative Yuan, that in the process of drafting and passing the new**

Mental Health Act, the provision of current section 25 of the Mental Health Act is tightened so that restriction on communication is permitted only where there is credible evidence of a risk of serious and imminent harm to the patient or another specific person if communication were not to be restricted; that the patient can make an application to a court to appeal such a decision; and that non-means tested legal aid is available to provide legal representation during the appeal process.

Respect for home and the family (art. 23)

93. The IRC expresses concern that:

- a. Persons with disabilities lack educational support, counselling services for parenting, prenuptial, and postnuptial issues and birth control options;
- b. The rate of out-of-home placement of children with disabilities as well as the rate of their parents' relinquishment of care from 2016 to 2019, are both higher than that of children without disabilities;
- c. Children with developmental delays, diseases and conditions, and disabilities are also more likely to be relinquished for adoption abroad;
- d. There is a lack of support for parents and families with twins/multiple birth children with disabilities;
- e. There is a lack of recognition of the importance of placing twins/multiple-birth children with disabilities in the same home.

94. **The IRC recommends that the State:**

- a. **Increase educational support and counselling services available for parenting, prenuptial, and postnuptial issues for persons with disabilities, including LGBTIQ persons with disabilities and expand their focus from birth control to reproductive health;**
- b. **Ensure that a child with disabilities is not be separated from his or her parent(s) against their will, but that supports are provided to the parent(s) to enable the child to be raised in the family**

setting wherever possible;

- c. Develop a plan to reduce the rate of out-of-home placement of children with disabilities and their adoption abroad;**
- d. Recognise the need to provide support to parents and families with twins/multiple birth children with disabilities and responds by ensuring access to the support and services required;**
- e. Promote the placing twins/multiple-birth children with disabilities in the same home with adequate supports.**

Education (art.24)

95. The IRC expresses concern that:

- a. The State demonstrates confusion on the meaning of inclusive education, misinterprets that it is only for learners with disabilities and especially promotes integration rather than inclusion;
- b. There has been slow progress of inclusive education in terms of percentage of students with disabilities at the senior high school level or below attending regular school/regular class;
- c. Neither special education staff nor regular education staff are being prepared to teach diverse learners and to apply the concept of Universal Design for Learning through the education system and not only for learners with disabilities;
- d. The concept of reasonable accommodation is not understood nor promoted throughout the school system in order to reduce the exclusion of learners with disabilities from regular schools at all levels;
- e. Families are required to pay for support services in order for their children to be allowed to attend school;
- f. Children, particularly those living in remote areas, have limited access to inclusive education; and
- g. Schools frequently apply measures with children with disabilities such as reprimands, requesting the presence of parents or caregivers in class, or home schooling with parents, or suspension from school. Schools also frequently implement compulsory removal and physical

coercion or contact the police or fire departments to escort such students to hospitals.

96. **The IRC recommends that the State:**

- a. **Promote inclusive education as the way of ensuring the full participation of all learners within one system, where diversity is valued and individual educational needs are met, in line with CRPD Committee’s General Comment No. 4;**
- b. **Transfer responsibility for the promotion of inclusive education from special education to regular education;**
- c. **Improve the capacity of general education teachers, special education teachers and administrative staff to include learners with disabilities in regular classes by transforming training from a focus on disability to a focus on Universal Design for Learning, teaching students with diverse learning needs and styles, and reasonable accommodation at all levels, including higher education;**
- d. **Remove all responsibility for parents to support their children with disabilities in school, whether financially or by providing them with personal support;**
- e. **Include disability issues in the 12-year National Basic Education Curriculum Guideline and the Curriculum guidelines for Kindergarten Education and Care to allow teachers and students from special education and general education to understand, appreciate and include students with disabilities;**
- f. **Ensure that children with disabilities in juvenile correctional schools and placement institutions receive education and are not simply considered to be receiving “criminal punishment”;**
- g. **Expand the school service hours of special education student assistants to fully support the campus life of students with disabilities; and**
- h. **Proactively strengthen teachers’ knowledge and skills such as positive behavioral support (PBS), provide teachers with itinerant support, and adopt ethics guidelines for managing the behavior**

of special education students.

Health (art. 25)

97. The IRC expresses concern:

- a. Very few existing health clinics are accessible to persons with disabilities;
- b. The State withdrew a proposal of the "Establishment Standards for Medical Institutions" that would have advanced rights in clinical settings;
- c. The lack of healthcare professionals' training in the human rights model of disability limits access to mainstream health services by persons with disabilities;
- d. Persons with disabilities detained in prisons and other correctional facilities are frequently unable to access mainstream healthcare services;
- e. During the COVID-19 pandemic healthcare for people with disabilities was compromised;
- f. Not all COVID-19 vaccination clinics are accessible to persons with disabilities, in particular in rural areas; and
- g. There are limited outreach healthcare services for persons with disabilities who are isolated.

98. **The IRC recommends that the State:**

- a. **Ensure that there is a legal obligation on healthcare providers to ensure that their facilities and services are accessible and barrier-free including for all medical clinics, treatment or rehabilitation centres and hospitals. Introduce accessibility as a requirement of accreditation and government funding;**
- b. **Provide guidance, incentives and support to ensure that access is also incorporated into the provision of communications and health, welfare and medical information and in the provision of accessible website formats;**

- c. **Ensure that persons with disabilities in prisons and other correctional facilities are able to access in a timely manner healthcare on an equal basis with others. Revise COVID-19 pandemic service protocols urgently to ensure that persons with disabilities, whether hospitalised or not, have access to the levels of personal assistance and support that meet their needs;**
- d. **Ensure access to COVID-19 vaccinations to all persons with disabilities including those who are deemed to lack capacity to decide on medical treatment.**

Habilitation and rehabilitation (art. 26)

99. The IRC notes with concern:

- a. The Government prioritizes health and medically-oriented services, but employment, education and social services are insufficiently available to persons with disabilities;
- b. There is a financial burden placed on persons with disabilities to access habilitation and rehabilitation services;
- c. The eligibility criteria for issuing disability identification are overly narrow;
- d. The system of disability identification creates unnecessary limits on the number and variety of services that persons with disabilities can access, such that the habilitation and rehabilitation needs of persons with disabilities are not met;
- e. There is a lack of access to habilitation and rehabilitation services for diverse communities that includes persons with disabilities, indigenous communities, persons living in rural and remote areas and people with intersectional identities;
- f. There are restrictions placed on persons with psychosocial disabilities to freely associate in order to establish community-based peer support groups; and
- g. There is a lack of validation and resourcing to establish mental health peer work roles and peer support-based vocational and recovery

services.

100. The IRC recommends that the State

- a. Establish a framework to provide habilitation and rehabilitation services on the basis of need, rather than financial ability or possession of disability identification;**
- b. Ensure that habilitation and rehabilitation services increasingly focus on providing housing, employment, education, transport and social services;**
- c. Promote and resources community-based development to broaden the scope of available services;**
- d. Increase investment in the resourcing of community organizations to expand their provision of support and services to persons with disabilities to support their full participation and inclusion in community life;**
- e. Ensure equity of access to services for all persons with disabilities that meets their needs and accords with their wishes and preferences;**
- f. Eliminate the restrictions placed on persons with psychosocial disabilities to associate and participate in community development; and**
- g. Validate and resources the establishment of mental health peer work roles and peer support-based vocational and recovery services.**

Work and employment (art. 27)

101. The IRC is concerned that:

- a. The employment rate of persons with disabilities in December 2016 was 20.4% and in May 2019 it was 20.7%. There is no national strategy to increase the numbers of persons with disabilities, in particular women with disabilities, in the labour market;**
- b. Persons with disabilities are frequently denied employment on the basis of disability-based discrimination. There is insufficient legal**

prohibition on employers denying reasonable accommodation to persons with disabilities.

- c. There is no effective legal system that provides remedies for disability-based discrimination in employment;
- d. Attitudinal barriers deter employers from hiring persons with disabilities. Persons with psychosocial disabilities are frequently turned away from employment on the basis of prejudices including that they are "not ready for employment" or are "unemployable". There is no strategy to combat stereotypes and prejudices against persons with psychosocial disabilities in the workplace.
- e. Persons with disabilities continue to be occupied in the token economy in sheltered workshops where they perform repetitive tasks and receive a symbolic wage that is linked to productivity. Many persons with disabilities in sheltered workshops do not train or transition to the open labour market and are trapped in an exploitative system. Sheltered workshops encourage segregated labour markets based on disability, which is inherently discriminatory;
- f. There is a lack of information about vocational and professional training for persons with disabilities and there are ineffective systems to transition people back into the open labour market. In particular for persons with psychosocial disabilities, vocational rehabilitation and employment assistance is inadequate and ineffective.

102. The IRC recommends that the state:

- a. Develop a strategy to increase the employment rate of persons with disabilities, including persons with psychosocial and persons with intellectual disabilities;**
- b. Develop an action plan for each person with disabilities currently working in sheltered workshops to be supported to secure a job in the labour market. Develop a strategy to phase out sheltered workshops;**
- c. Establish a legal prohibition on all employers of all forms of disability-based discrimination, including denial of reasonable**

accommodation;

- d. **Create an effective and accessible court or tribunal system whereby persons with disabilities who consider that they suffered work-related discrimination may seek and obtain remedies; and**
- e. **Improve the effectiveness of vocational rehabilitation and employment assistance for persons with psychosocial disabilities.**

Adequate standard of living and social protection (art.28)

103. The IRC is concerned that:

- a. Persons with disabilities live in poverty at a significantly higher rate than the general population;
- b. The National Pension Insurance scheme pension payment to persons with disabilities fails to provide an adequate income which guarantees an adequate standard of living.
- c. Families of people with disabilities have to pay the disability services related expenses themselves, such as home-based services, for longer hours of personal assistance, and the co-payment to the State for using social services and for migrant care workers;
- d. Official data collection on the economic status of a person with disabilities takes into account the financial means of that person's family.

104. **The IRC recommends that the State**

- a. **Ensure that persons with disabilities be given minimum income to guarantee an adequate standard of living;**
- b. **Ascertain and publicly report data concerning number of persons with disabilities living in poverty and take appropriate policy interventions to address the situation; and**
- c. **Assess eligibility on the basis of individual income rather than household or family income.**

Participation in political and public life (art.29)

105. The IRC expresses concern that:

- a. Persons with disabilities under guardianship are prohibited from voting in elections;
- b. Persons with disabilities under guardianship are prohibited from standing for elections;
- c. There is no information on the right to vote for persons in psychiatric hospitals and other residential facilities. There is no legal requirement on the service providers to ensure that persons with disabilities may to leave the institutional setting to cast their vote;
- d. Not all polling stations are accessible to potential voters with disabilities; and
- e. There is no mechanism for any voter to cast a postal, absentee or proxy vote. This disproportionately impacts on persons with disabilities who are unable to leave their home or who live in congregate care facilities.

106. **The IRC recommends that the State:**

- a. **Ensure that all persons with disabilities including those under guardianship have the right to vote in all elections, and are provided with reasonable accommodations in all stages of the electoral cycle;**
- b. **Ensure that persons with disabilities including those under guardianship may stand for election;**
- c. **Ensure that each potential voter with disabilities in psychiatric hospitals and other residential facilities receives information in accessible formats about the election process, the candidates and parties manifestos, and how to vote. Ensure that each potential voter in psychiatric hospitals and other residential facilities who want to vote, may leave the facility to cast a vote;**
- d. **Ensure all polling stations are accessible to potential voters with disabilities; and**

- e. **Introduce postal voting, proxy voting and absentee voting to ensure that voters with disabilities who are unable physically to attend a polling station may exercise their right to political participation.**

Participation in cultural life, recreation, leisure and sport (art.30)

107. The IRC is concerned that:

- a. Some children's playgrounds are inaccessible to children with disabilities;
- b. The participation of persons with disabilities in cultural activities is hindered by barriers in ticketing information, seat selection, and viewing;
- c. There is no requirement in law for public sports facilities to be accessible to persons with disabilities to participate in sport, and to enable attendance at sporting events; and
- d. Many public recreational facilities are inaccessible for persons with disabilities.

108. **The IRC recommends that the State:**

- a. **Introduce a requirement in law for local authorities to make children's playgrounds accessible to children with disabilities;**
- b. **Publish guidelines for sports and cultural venues about (i) the placement of wheelchair-accessible seats, (ii) the identification of potential problems such as inconvenient location, obstructed views, and poor access to emergency exit routes;**
- c. **Amend Article 44 of the National Sports Act to impose a duty on public sports facilities to be accessible to persons with disabilities; and**
- d. **Ensure that public recreational facilities are accessible for persons with disabilities.**

Statistics and Data Collection (art. 31)

109. The IRC is concerned that:

- a. There is a lack of comprehensive and disaggregated demographic data on the economic, social, education and health status of persons with disabilities that would inform the implementation of the CRPD. The lack of such data impedes the State from identifying and addressing the barriers faced by persons with disabilities in exercising their rights; and
- b. Reported data indicates that 5.03% of the population has a disability. This figure is much lower than in other comparable and lower than the WHO's World Disability Report of 2011 that estimates at least about 15% of populations are persons with disabilities. The IRC has not received and explanation of this discrepancy. has not been provided to the IRC.

110. **The IRC recommends that the State:**

- a. **Ensure the collection of disaggregated data on the economic, social, education and health status of persons, including by sexual orientation and gender identity as well as immigration status, on the implementation of the CRPD, through (i) the next census and (ii) the development of the proposed human rights indicators for the regular monitoring of the CRPD, referring to the human rights indicators of the Office of the United Nations High Commissioner for Human Rights (OHCHR), in close consultation with persons with disabilities and their representative organizations;**
- b. **Designate a centralized entity responsible for coordinating, harmonizing and making public, all data including statistics relating to persons with disabilities; and**
- c. **Develop a straightforward and simple way to accurately identify persons with disabilities so that the data can be disaggregated.**

International cooperation (art.32)

111. The IRC is concerned that:

- a. The spirit and normative framework of the CRPD is not reflected in the State's official development programme and in particular that respecting the rights of persons with disabilities is not a cross-cutting theme in all international cooperation;

112. **The IRC recommends that the State:**

- b. Ensure that all international cooperation is inclusive of and accessible to persons with disabilities and informed by the CRPD;**
- c. Support persons with disabilities and their representative organizations to collaborate with similar groups in other countries; and**
- d. Consult with organizations of persons with disabilities in the State and involve them at all stages of the development and implementation of international cooperation plans, programmes and projects.**

National implementation and monitoring (art.33)

113. The IRC is concerned that:

- a. The Committee for the Promotion of the Rights of People with Disabilities established as the Article 33(1) CRPD coordination mechanism within government is not yet effective, in particular in ensuring that the rights of persons with disabilities is considered across government ministries and agencies and by all local authorities; and that it has not yet developed a strategy on how to implement the CRPD;
- b. There have been no legal measures to designate the National Human Rights Commission to be the independent mechanism to promote and protect the rights of persons with disabilities and monitor the implementation of the CRPD based on the Article 33(2); and
- c. The State, including the National Human Rights Commission, has not

yet developed a framework to enable civil society, in particular persons with disabilities and their representative organizations, to be involved and participate fully in the monitoring process.

114. The IRC recommends that the State:

- a. Improve the effectiveness of the Committee for the Promotion of the Rights of People with Disabilities, Executive Yuan, including by developing a national disability strategy, coordinating policies across government, and mainstreaming disability into all policies and programmes;**
- b. Give the clear legal mandate to the National Human Rights Commission as the independent monitoring mechanism of the CRPD based on Article 33(2) and strengthen the National Human Rights Commission's capacity as the independent monitoring mechanism of the CRPD, enhancing its functions to receive and analyze data; review national human rights policies regarding persons with disabilities and make recommendations in line with the Principles relating to the Status of National Institutions (The Paris Principles); and clarifying its mandate to receive and resolve complaints;**
- c. Ensure that the rights of persons with disabilities are an integral part of the implementation of the current National Human Rights Action Plan; and**
- d. Ensure that persons with disabilities and their representative organizations are able to effectively participate in monitoring the implementation of the Convention, including the work of the Committee for the Promotion of the Rights of People with Disabilities, Executive Yuan, National Human Rights Commission, and the Department of Human Rights and Transitional Justice, Executive Yuan, by asking for their feedback and recommendations.**

V. FOLLOW-UP AND DISSEMINATION

115. The IRC requests that the State, within 12 months and in accordance with article 35(2) of the CRPD, publicly disseminate information on the measures taken to implement the IRC's recommendations as set out above in paragraphs 41 (equality and non-discrimination) and 86 (living independently and being included in the community).
116. The IRC requests the State to implement the recommendations of the IRC contained in the present Concluding Observations. It recommends that the State transmit the Concluding Observations for consideration and action to members of the national and local governments and legislative officials in relevant ministries, local authorities, and members of relevant professional groups such as education, medical, social work and legal professionals, as well as to the media, using modern social media and communication strategies.
117. The IRC strongly encourages the State to involve civil society organizations, in particular organizations of persons with disabilities, in the preparation of its periodic report.
118. The IRC requests the State to disseminate the present Concluding Observations widely, including to non-governmental organizations and representative organizations of persons with disabilities, as well as to persons with disabilities themselves and members of their families, in national and minority languages, including Taiwanese Sign Language, and in accessible formats, and to make them available on the government website on human rights.