



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Fifth session

Summary record of the 4th meeting

Held at the Palais Wilson, Geneva, on Tuesday, 12 April 2011, at 3 p.m.

Chairperson: Mr. McCallum

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The meeting was called to order at 3.05 p.m.

Consideration of reports submitted by States parties under article 35 of the Convention (continued)

Initial report of Tunisia (continued) (CRPD/C/TUN/1; CRPD/C/TUN/Q/1 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Tunisia took places at the Committee table.*
2. **The Chairperson** welcomed the Braille version of the State party's initial report, which the secretariat had made available to Committee members in English and Spanish.

Articles 5 to 30 of the Convention (continued)

3. **Mr. Zribi** (Tunisia) explained that the Higher Council for the Protection of Persons with Disabilities was responsible for providing advice on, in particular, national policies regarding disabilities and the integration of persons with disabilities, and for conducting studies on disabilities and related issues. As a coordinating body for national policies and programmes, it included representatives of ministries, national organizations of employers, workers, farmers and women, and the country's 10 leading organizations for persons with disabilities. The Higher Council met once a year, reported to the country's highest authority to recommend further action, and issued opinions on the activities of organizations for persons with disabilities.
4. Regarding the representation of women and statistics on women with disabilities, he stressed that all persons with disabilities had the right to request a disability card. Existing programmes were able to integrate women and girls into the educational system, and women, who represented nearly half of the population, were present in large numbers in the medical professions, universities and the judiciary. Tunisia also had family-oriented programmes to ease the burden on mothers of children with disabilities, with the help of small associations and institutions, as well as specialized organizations. Home care for persons with disabilities was becoming more accessible: mobile care units now covered 66 per cent of the country.
5. **Ms. Doula** (Tunisia) said that since ratification of the Convention by Tunisia in 2008, numerous administrative measures had been taken and numerous changes made to national legislation to facilitate access by persons with disabilities to the legal system and their participation in the country's political life. Persons with disabilities could now easily initiate legal proceedings and, since the adoption of decrees to that effect, also had the right to take part in electoral processes and to be accompanied by an assistant for that purpose.
6. She gave examples of steps taken by the Ministry of Justice to give persons with disabilities access to buildings and the justice system, ranging from the allocation of a specific budget to adapt public spaces, including by building ramps, to the inclusion of persons with disabilities in the legal professions and the training of judicial staff on disability issues. As the person in charge of policies to promote gender equality, she stressed that women made up 40 per cent of the overall staff of the judiciary.
7. **Mr. Sidhom** (Tunisia) said that his Government's maternal and child health policy focused essentially on offering obstetric and post-natal care in order to prevent complications during pregnancy and childbirth, which remained a major source of disabilities. The policy had three main elements: assistance for mothers, including through closer monitoring of pregnancies; appropriate care during childbirth; and post-natal care. Efforts were also being made to reduce maternal and perinatal mortality rates in line with the Millennium Development Goals, and to reduce deaths in childbirth in particular, the aim

being to lower the number to 20 per 100,000 live births by 2015. In addition to the very large number of health centres for mothers and their children throughout the country, there were mobile care units in rural areas.

8. **Mr. Chaker** (Tunisia) said that it was important to inform persons with disabilities about HIV, sexuality and reproductive health. He gave an overview of the activities of the Tunisian National Union of the Blind (UNAT) and a joint project to assist young blind people, especially women, implemented by UNAT and the Tunisian Association for Reproductive Health with generous support from the International Planned Parenthood Federation. The project, based on the use of information and communication technologies, had enabled the organization of workshops and training events and the training of young blind people so they could in turn train others. Ten accessible units had been provided for UNAT to enable the blind to communicate via the Internet on topics that had previously been considered taboo. The experience had highlighted the importance of teaching women with disabilities about reproductive and sexual health and the fact that international cooperation in that area was essential. Similar projects had been conducted for the deaf, and workshops on sexuality had been organized for people with psychosocial disabilities.

9. **Mr. Hedhili** (Tunisia) said that architects and urban planners played a key role in adapting facilities to the needs of persons with disabilities, thereby helping to change society and attitudes. The law required professionals in those two areas to cooperate. A guide based on European norms, giving timelines and describing the ins and outs of urban planning, had been widely disseminated, including to planners already working on projects, to ensure that a number of specific needs, including those of persons with disabilities, were met. Failure to respect those norms resulted in fines as high as US\$ 80,000 per edifice.

10. School programmes were adapted to individual needs and children's abilities, and teachers were trained to tailor their teaching to the individual, which made it possible to take into account each student's circumstances. Examination rooms were adapted as needed, additional time was allowed for completing the examination, and students with disabilities, including the visually impaired, were allowed to have assistants. The university entrance system based on baccalaureate examination scores did not apply to students with disabilities, who could choose an institution of higher learning that suited their needs and preferences.

11. **Mr. Ríos Espinosa** asked whether Tunisian law recognized the notion of reasonable accommodation and the use of sign language for the deaf and those with impaired hearing.

12. **Ms. Cisteras Reyes** asked what the concept of legal capacity covered in Tunisia's legislation and what its limits were. She wished to know which kinds of person with disabilities were liable to be placed under guardianship and which of their personal or property rights would be curtailed by such a step. She also wished to know what measures the State party had taken regarding the expression of the person's wishes and what safeguards relating to the exercise of legal capacity were in place.

13. **Mr. Gombos** asked how many adults with mental disabilities were placed under guardianship, who could become a guardian and what rules guardians had to follow. He also wished to know whether persons placed under guardianship could initiate legal proceedings if their rights were violated, or whether they were obliged to go through their guardian.

14. **Ms. Maina** asked whether the evaluation and determination of the degree of mental disability prevented persons with disabilities from enjoying their legal capacity on an equal basis with others. It would also be useful to know whether Tunisia's legislation distinguished between those with intellectual, mental and psychosocial disabilities, whether those receiving psychiatric treatment were considered persons with disabilities and, if so, whether they were protected by the law under the Convention. She asked whether in

Tunisia there were special procedures, independent of the mental health sector, to facilitate equal access for persons with intellectual or mental disabilities to administrative and legal procedures and, if so, whether those persons then had access to suitable alternative or augmentative modes of communication. She also asked whether, when persons with intellectual or psychosocial disabilities were placed in an institution, they were adequately informed about the situation, whether their consent was required and whether there were safeguards to ensure they were not subjected to forced treatment or torture. Finally, what types of persons resided in the many facilities specialized in housing and caring for persons with disabilities?

15. **Ms. Quan-Chang** asked, assuming that most of those residing in such facilities had families, what the families did to enable persons with disabilities to leave the facility and to ensure that they did not return there.

16. **Ms. Peláez Narváez** asked what steps Tunisia was taking to move from non-recognition of the legal capacity of persons with disabilities on a basis of equality with others to recognition of such equality and of their autonomy in that regard, as required by the Convention, and what steps were taken to ensure that those who needed support received it. Regarding article 16 of the Convention, how did child protection establishments shield children from violence and mistreatment? She asked whether legislation concerning violence had been modified so that, for example, rapists were prosecuted even if the victim had withdrawn the complaint, and what provisions had been adopted for violence against women with disabilities. She also asked, referring to article 23, whether persons with disabilities could marry when they so wished, control their fertility and adopt children.

17. **Mr. Ríos Espinosa** asked whether, in the Tunisian delegation's view, the principle of guardianship was compatible with article 12 of the Convention.

18. **Mr. Gombos**, referring to article 14, said that he wished to know the number of admissions yearly to psychiatric hospitals and, more specifically, the percentage of those admissions that were involuntary. He asked whether Tunisia intended to follow many other countries' example by updating its mental health legislation, which dated from 1992, to reflect the provisions of the Convention, which stipulated that the existence of a disability did not under any circumstances justify depriving someone of his or her liberty. He wished to know what exceptional circumstances permitted the placement of persons with disabilities in facilities specialized in housing and caring for such persons, which were mentioned in paragraph 106 of the State party's report; whether persons placed in such facilities had the possibility of contesting their placement there; and, if so, what procedures were involved.

19. **Ms. Cisteras Reyes** asked what steps Tunisia had taken to enable persons with disabilities to access justice, and to meet their special needs – for example, by making sign-language interpretation available in courtrooms. She asked whether there were basic and advanced training programmes for police officers and prison staff on the rights of persons with disabilities. Regarding article 15, she had noted that Tunisia was taking steps to make disability an aggravating circumstance in cases of sexual harassment and asked whether the same was true of domestic violence or if the latter was considered an offence. Regarding article 17, she asked whether psychosurgery and other intrusive and irreversible treatments that were used in cases of mental illness, or scientific experiments, could be practised on persons with disabilities without their consent. If so, she requested that the delegation describe the approach used. Concerning deaths of institutionalized persons, she asked whether there was a procedure whereby a case would be examined by an independent interdisciplinary body so as not to let the physician in charge of the establishment decide alone whether legal action should be taken.

20. **Mr. Ríos Espinosa** asked, with regard to article 14, whether there were legal provisions requiring universal design and reasonable accommodation in prisons. Making a connection between articles 14 and 16, he asked what forms of recourse existed in case of violence against prisoners with disabilities and whether preventive supervision was practised in prisons.

21. **Mr. Langvad** asked how article 24, paragraph 1 (b), of the Convention was interpreted and applied, and whether Tunisia planned to integrate the education of children with disabilities into the ordinary education system overseen by the Ministry of Education. As integration was the best way to get the best results for all, he asked for more information on the qualifications and salaries of teachers in ordinary and specialized schools and on the diplomas and prospects for children with disabilities who had attended a specialized school, including their access to higher education.

22. He also asked whether dyslexic students received an education adapted to their needs, whether they were given a disability card and whether dyslexia was considered a disability by the regional commissions for people with disabilities. He requested details about the type of education provided to children with cerebral palsy or more severe disabilities and about disabilities that prevented children from attending regular school. He also wished to know which categories of children, if any, did not have access to education. He added that it would be useful to know whether children in ordinary schools had access to sign-language interpreting, whether deaf mutes had access to sign-language training and whether sign language was recognized as their first language.

23. **Ms. Degener**, referring to article 15 and noting that torture had been practised under the old regime, asked whether Tunisia planned to identify and list people whose disability was linked to torture and who might require rehabilitation services.

24. **Ms. Maina** asked whether the State party was aware that programmes and measures for preventing disabilities could transmit a negative image of people with disabilities and lead to rejection, and whether steps were being taken to ensure that such programmes did not have negative repercussions on people with disabilities. Stressing the importance of providing support to families, she added that it was also important to take into account the individual's real needs and asked whether safeguards existed to avoid placing persons with disabilities under abusive guardianship. She asked whether people requesting assistance were systematically considered to have a disability and to be in need of medical help and whether they were offered medical or psychiatric procedures at the risk of infringing their rights. With regard to access to public information by persons with intellectual disabilities, she asked if the State party promoted other communication methods adapted to their needs, so as to ensure that they were aware of the measures being taken.

25. **Mr. Gombos** asked, with regard to article 25, whether informed consent for psychiatric and medical treatment was covered in legislation and what specific support persons with disabilities received. Regarding article 29, he requested more information about the current situation and any planned measures with regard to the participation of persons with disabilities in political and public life.

26. He wished to know the number of adults with disabilities who did not have the de jure right to vote and could not participate in national or local elections because of their disability. He asked whether, when a person with an intellectual or psychosocial handicap was deprived of the right to vote — for example, if he or she was under guardianship — a specific evaluation was carried out of the person's ability to understand the concept of elections, and on what basis it was decided that a person was not capable of exercising his or her right to vote. He also wished to know whether the State party planned to amend the electoral law to ensure that persons with intellectual or psychosocial disabilities would no longer be deprived of their fundamental right to participate in political life. He wished to

know the legal status of persons with disabilities who were under guardianship and wanted to join an NGO and to know whether, from a legal viewpoint, such persons were authorized to become full members.

27. **Ms. Cisteras Reyes** asked what the rate of abstention in elections was for persons with disabilities, whether such persons encountered restrictions when they attempted to run for office, and what policies were in place to encourage their participation in community life in its various forms.

28. **Ms. Degener**, referring to article 29, asked whether the disclosure of the chosen candidate's name by the individual helping a person with disabilities to vote was considered an offence, and whether some people were excluded from performing the role of assistant – for example, in cases of conflict of interest. She also wished to know whether assistants received training on the right of all individuals to vote by secret ballot, so as to guarantee the free expression of their will.

29. **Ms. Maina** said that she wished to know if electoral legislation provided for assistance to be given to persons with disabilities when they voted, and if the persons providing such assistance were given guidelines on how to guarantee the right of persons with disabilities to take their own decisions. Regarding civic education and the dissemination of information about the electoral process, which would ideally be done in Braille and sign language, she asked whether the State party provided for other modes of communication that were accessible to voters with physical and mental disabilities.

The meeting was suspended at 4.20 p.m. and resumed at 4.45 p.m.

Articles 31 to 33 of the Convention

30. **Ms. Degener** asked whether in its next report the State party would present the core document called for in the Committee's guidelines. She asked whether there were plans to establish a database with a view to formulating a policy for implementing all the rights covered in the Convention, and whether organizations for persons with disabilities and human rights organizations would be involved. Referring to article 33, she asked whether the Higher Council for the Protection of Persons with Disabilities would include members with disabilities and whether it might be useful to set up a special unit for persons with disabilities in the Higher Committee on Human Rights and Fundamental Freedoms.

31. She asked whether the Constitutional Council, due to be established in July, would include experts with disabilities and whether the new constitution would take into account proposals from organizations for persons with disabilities. Regarding article 32, she asked whether the State party intended to ensure that all international cooperation programmes took into account persons with disabilities and that international cooperation was undertaken to safeguard the rights and principles set out in the Convention.

32. **Ms. Quan-Chang** requested more detailed information on the functioning of the Higher Committee on Human Rights and Fundamental Freedoms, how it monitored implementation of the Convention, its budget, how its independence was guaranteed and how experts on the rights of persons with disabilities took part in its work.

33. **Mr. Gombos** requested more information on the functioning of the Higher Council for the Protection of Persons with Disabilities.

34. **Mr. Kim Hyung Shik**, referring to article 31, said that he wished to know why there was such a large number of people with congenital disabilities and what measures had been taken to address that problem. He asked for more information about disability cards, which, while they could be useful, might also prevent some people from accessing certain services. He also asked for more information on how persons with disabilities benefited from existing international cooperation programmes. Referring to article 33 and follow-up, he

asked how the Higher Committee on Human Rights and Fundamental Freedoms interacted with other government entities and whether there were plans to conduct training programmes with the participation of organizations for persons with disabilities to improve the quality of follow-up.

35. **Ms. Peláez Narváez**, referring to article 31, asked whether data were or would be disaggregated by sex and whether indicators on persons with disabilities were included in the overall statistics on Tunisia's population. Regarding article 32, she wished to know whether the participation of women with disabilities had been taken into account in international cooperation programmes focusing on women. With regard to article 33, she asked to what extent women with disabilities really participated in the follow-up and consultation mechanism and in the organizations representing them.

36. **Mr. Langvad**, referring to article 32, said that he wished to know whether steps towards pan-African cooperation had been taken as part of the African Decade of Persons with Disabilities and whether consideration had been given to establishing a cooperation body under the African Union to represent persons with disabilities. He asked whether cooperation with the European Union and African countries had yielded any lessons on improving access to and participation in public life on an equal basis with others.

37. **Ms. Cisteras Reyes**, referring to article 33, asked whether the Higher Committee on Human Rights and Fundamental Freedoms had been established in conformity with the internationally recognized Paris Principles, particularly as they related to impartiality and independence. Regarding follow-up, she wished to know how the opinions of persons with disabilities, and their various types of disabilities, were taken into consideration, and whether any support was available to help persons with disabilities express or make known their opinions.

38. **Ms. Maina** asked whether organizations for persons with psychosocial disabilities were involved on an equal basis in national-level activities relating to the implementation of and follow-up to the Convention and whether their work was financed by the Government or solely through donations.

39. **Ms. Doula** (Tunisia) said that in Tunisia the implementation of the Convention's provisions fell to the Higher Committee on Human Rights and Fundamental Freedoms, which had often been reproached for not respecting the Paris Principles, particularly because of its members' lack of independence, the procedure for appointing them and the practice of accumulating multiple functions. Since the revolution of 14 January 2011, the Committee had been overseen by a Supreme Court judge, and a new law was being drafted to fill the gaps in the current one. The Higher Committee on Human Rights and Fundamental Freedoms would thereby in principle become a neutral, independent and entirely legitimate observer responsible for the implementation of and follow-up to the Convention. As such, and with its own budget, it would be in a position to conduct prison visits, meet with prisoners, inspect institutions, receive complaints and continue to carry out studies of the country's human rights situation, including the rights of persons with disabilities. The recommendations of the Committee on the Rights of Persons with Disabilities would be transmitted to the Higher Committee so that the latter could directly evaluate their implementation.

40. **Mr. Hedhili** (Tunisia) said that schooling for children over the age of 5 and specifically, under Act No. 2005-83 of 15 August 2005 on the advancement and protection of persons with disabilities, the integration of children with special needs in ordinary primary schools were part of an extensive national programme to which the Government gave high priority. It worked to create conditions conducive to enabling all children to enjoy, on an equal basis, their right to education and instruction.

41. As neighbourhood schools were not always in a position to meet the special needs of children with disabilities, parallel institutions with special units or departments for children with disabilities had been set up. Facilities at such disabled-friendly schools featured adapted facilities and curricula and their teachers received special training, the goal being to provide comfortable classrooms where children with disabilities felt at ease alongside their peers. Supplementary services such as remedial courses, tutoring and speech therapy were also provided.

42. In addition, various measures had been taken to enable children with disabilities to attend classes in ordinary schools, depending on their abilities. Since the Convention's adoption, efforts had also been made to remedy gaps in teachers' training and make better teachers of them, including through continuing education focusing on interaction with students. Teachers of children with disabilities received no bonuses; their motivation was genuine.

43. Since around 7 per cent of schoolchildren had learning difficulties, a programme had been set up to detect such difficulties early on and provide appropriate remedies, including by revising textbooks or adapting tutoring so that such children could do better at school. Keeping children with disabilities out of school made no sense as the law required instruction to be provided on an equal basis, without any distinction. Tunisia had a network of special education centres that covered all regions. Those centres were adapted for children with disabilities and had the necessary staffing.

44. Schools thus tried, to the extent that available resources permitted, to meet every disabled child's needs, be they sign-language dictionaries, subtitling, audio-visual media or new technologies. With the World Bank, Tunisia was conducting an "e-Disabled" project, which had been approved by the Ministry of Education and used information and communication technologies to integrate persons with disabilities. That support programme for inclusive education enabled students to follow their courses either in schools or via distance learning, which offered some flexibility, especially during hospital stays.

45. **Mr. Zribi** (Tunisia) stressed that persons with disabilities had taken part in the recent revolution in Tunisia, including in some sit-ins in Tunis. Concerning their participation in the country's political life, he said that 52 per cent of the population with disabilities was entitled to vote or run for office. For obvious accessibility-related reasons, 71 per cent of such candidates lived in urban areas, but his country would strive to facilitate the exercise of voting rights by persons with disabilities who lived in rural areas. A letter to that effect had been sent to the commission organizing the next elections, with a view to implementing the provisions of article 29 of the Convention as quickly as possible, including those on access by persons with disabilities to voting stations and the designation of a proxy. Given the political situation in Tunisia, steps would be taken as soon as the delegation returned there. Tunisia was committed to enabling persons with disabilities to make their voices heard, and to changing people's attitudes.

46. **Mr. Sidhom** (Tunisia) said that, according to the most recent statistics, 43.6 per cent of disabilities were caused by hereditary genetic diseases or illnesses contracted during pregnancy. An extensive prevention programme had been instituted to battle those two major causes of disability. Couples who were planning to marry had to undergo a (free) prenuptial medical examination so that both parties were aware of any risk to the other partner or any children of contracting certain dangerous illnesses. The use of medical tests and examinations to detect illnesses such as toxoplasmosis during the first trimester of pregnancy had been stepped up in both urban and rural areas. In schools and universities, students were made aware of the dangers of consanguineous marriages. For approximately three years, the measles vaccine had been offered to infants, children and young people.

The meeting rose at 5.35 p.m.