



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Information received from Colombia on follow-up to the concluding observations on its initial report*

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* The present document is being issued without formal editing.



I. Introduction

1. In June 2013, two years after ratifying the Convention on the Rights of Persons with Disabilities, Colombia presented its initial report on compliance with this international treaty to the Committee on the Rights of Persons with Disabilities. Subsequently, in 2016, it presented updated information in its replies to the list of issues transmitted by the Committee in preparation for the review of the initial report.
2. The Committee considered the initial report of Colombia (CRPD/C/COL/1) at its 281st and 282nd meetings, held on 23 and 24 August 2016 respectively. At its 292nd meeting, held on 31 August 2016, it adopted its concluding observations on the initial report of Colombia, which were issued on 30 September 2016. In paragraph 75 of the concluding observations, the Committee requested Colombia to provide, within 12 months and in accordance with article 35 (2) of the Convention, information on the measures taken to implement the Committee's recommendations as set forth in paragraphs 29 and 47, which are cited in the present report.
3. Consequently, the Ministry of Foreign Affairs, as the body responsible for coordinating the preparation and submission of national reports on the relevant thematic areas of the various multilateral organizations, and the Ministry of the Interior, as the lead agency for the Colombian National Disability System pursuant to Decree No. 2107 of 2016, proceeded to review the country's progress with regard to the Committee's recommendations and to request the relevant information from the entities of the National Disability System. There have been opportunities to analyse and draft guidelines on the implementation of the Committee's recommendations at meetings of the National Council for Persons with Disabilities and the Sectoral Liaison Group, bodies which are part of the System and on which persons with disabilities and their organizations are represented.
4. As a result, the report requested by the Committee in the paragraph on follow-up to the concluding observations on the initial report of Colombia is hereby submitted within the 12-month deadline indicated in the Committee's concluding observations.

II. Follow-up information (CRPD/C/COL/CO/1)

5. The recommendation in paragraph 29 of the concluding observations on the initial report of Colombia, which were issued by the Committee on 30 September 2016, is derived from the Committee's assessment of the country's implementation of article 11 of the Convention, which deals with the rights of persons with disabilities in situations of risk and humanitarian emergencies.

A. Follow-up information relating to paragraph 29 of the concluding observations

6. Colombia has taken measures to ensure that all reparation and assistance programmes for victims of the armed conflict are informed by a disability perspective or a differentiated approach. The measures include the efforts that have been made over the past year to strengthen the institutional actions taken by the Victims Unit, the Ministry of Health and Social Security and the Ministry of the Interior – the government bodies with the greatest powers in this area – to bolster local mechanisms for the provision of differentiated support to victims with disabilities in Colombia.
7. As a result of these efforts, a joint working paper was produced on locally managed inclusion and reparation initiatives for victims with disabilities. The working paper describes the analysis of the information gathered by these bodies at 19 workshops organized with support from the International Organization for Migration, funding from the United States Agency for International Development (USAID), technical assistance from the association Amigos con Calor Humano and the participation of leaders representing organizations of persons with disabilities and victims with disabilities in the planning and running of the workshops.
8. With a view to ensuring that the working paper would be taken up as guidance for local management, in 2016 the Ministry of Health and Social Security organized an event to

bring together the technical secretariats of local committees on disability and the local focal points from the Victims Unit. The event, which was attended by 95 professionals working at the local level, was the last stage in the conceptual upgrading of local management of comprehensive support for persons with disabilities who are victims of the armed conflict. The upgrading process included the adoption of the public policy, coordination between the National Disability System and the National System for Comprehensive Victim Support and Reparation, the roll-out of methodological tools for knowledge transfer to local areas and the design of action plans.

9. A toolkit was then designed to facilitate interaction between the National Disability System and the National System for Comprehensive Victim Support and Reparation at the local level. The toolkit makes it possible to plan the coordination of activities carried out under the policies on disability and social inclusion and on victim support and reparation. Technical guidance is provided on the application of the differentiated approach for victims with disabilities and is also included in the disability management guide for mayors and governors. In order to strengthen local disability management, the toolkit was disseminated to local entities at the departmental level in the form of technical assistance provided by the Ministry of Health and Social Security in the second half of 2016 and the first half of 2017. The toolkit has been made available in 90 per cent of the country.

10. Similarly, in the first half of 2016, the “Building Bridges” event was held. Coordinated by the Ministry of Health and Social Security and the Victims Unit, it was attended by 70 leaders who represent organizations of persons with disabilities on the local disability committees or organizations of victims with disabilities before the departmental and district victims’ panels around the country. As a result of the event, a participatory approach was used to design territorial and regional action plans to establish links between the National Disability System and the National System for Comprehensive Victim Support and Reparation and between the public policies developed to ensure that persons with disabilities who are victims of the armed conflict can exercise their rights.

11. In 2016, the Internal Coordination Group for the Public Policy on Victims of the Armed Conflict, which is an agency of the Ministry of Interior, worked to strengthen local implementation of Act No. 1448 of 2011 (the Victims and Land Restitution Act) through (i) the technical assistance strategy for new governors and mayors to help them identify how best to fulfil their obligations under the Act and (ii) the dissemination to local leaders of the Guidelines on the Differentiated Approach, which contain guidance on the provision of suitable support and assistance to victims of the armed conflict with an approach that takes into account the different needs of women, children and adolescents, older persons, indigenous persons, Afro-Colombians and persons with disabilities. The aim is for the Guidelines to be reflected in local action plans on support for victims of the armed conflict.

12. Since March 2015, the Ministry of the Interior, the Victims Unit and the Japan International Cooperation Agency have also been working on a social inclusion project for persons with disabilities who are victims of the armed conflict. The plan is for the project to be running in several municipalities in Colombia until 2020. It has been implemented in two pilot municipalities that were selected because they have large numbers of people with disabilities who are victims of the armed conflict. The project has already had a positive impact on 415 inhabitants of the municipality of El Carmen de Chucurí, in Santander, and 510 inhabitants in the municipality of Granada, in Antioquia.

13. In addition to the Ministry of the Interior, the Ministry of Health and Social Security and the Victims Unit, other State entities, such as the Colombian Family Welfare Institute, have included the differentiated approach to disability in all support programmes aimed at victims of the armed conflict under their remit. In this regard, certain aspects are worthy of note, including the design, approval and adoption, in 2016, of a set of specialized technical guidelines on the provision of support to children, adolescents and their families who are victims of conflict. Details of the guidelines are set out below.

14. The technical guidelines on the psychosocial support strategy to restore rights and contribute to full reparation for child and adolescent victims of the armed conflict were approved in resolution No. 1523 of 2016.¹ These guidelines reaffirm the general principles

¹ Colombian Family Welfare Institute. Technical guidelines approved in resolution No. 1523 of 23 February 2016. Available at

and legal framework of Act No. 1448 of 2011 (the Victims and Land Restitution Act), which regulates all aspects of the provision of support and full reparation to victims. Under the guidelines, the rights-based approach, the differentiated approach and the principles of the best interests of the child, equality, non-discrimination and participation are incorporated into the model used by the Colombian Family Welfare Institute for the restoration of rights. The aim is to effectively restore the rights of child and adolescent victims of the armed conflict.

15. These guidelines set out the steps to be taken to include the disability approach in a cross-cutting manner in all aspects of the work of the Colombian Family Welfare Institute. The gaps and risks in the protection of children and adolescents with disabilities are identified in the guidelines. The guidelines also provide tools for addressing these risks, promoting the equitable participation of these children and adolescents and planning and taking action based on systematic identification processes, thereby making it possible to guarantee that children and adolescents with disabilities who are also victims of the armed conflict enjoy their rights.

16. A large number of children and adolescents have been left with permanent injuries after surviving accidents involving anti-personnel mines and other explosive remnants of the armed conflict. The disability approach taken to work with this population group is reflected in the technical guidelines on restoring rights and contributing to full reparation for child and adolescent victims of anti-personnel mines, unexploded ordnance and improvised explosive devices, child and adolescent victims of war and child and adolescent victims of terrorist attacks in the context of armed conflict, which were approved in resolution No. 1517 of 2016.²

17. Similarly, under the technical guidelines on the operation of mobile support units for victims of forced displacement, which were approved in resolution No. 1524 of 2016,³ support for such victims must be provided using a rights-based, differentiated approach as part of which displaced persons with disabilities are identified and referred to the relevant authorities for specialized assistance.

18. Affirmative action to be taken for persons with disabilities who are victims of the armed conflict is also set out in the technical guidelines for the specialized support programme to restore the rights of child and adolescent victims of illegal recruitment who are no longer involved with illegal armed groups and to contribute to full reparation, guidelines that were approved in resolution No. 1525 of 2016,⁴ and in the technical guidelines on restoring rights and contributing to full reparation for children and

www.icbf.gov.co/portal/page/portal/PortalICBF/procesos/misionales/proteccion/restoration-rights/LM10.P%20Lineup%20T%C3%A9cnico%20Compañía%20B1amamiento%20Psicosocial%20a%20Ni%C3%B1os%20Ni%C3%B1as%20and%20a teenagers%20V%C3%ADctimas%20de%20Conflicto%20Armado%20v1.pdf.

² Colombian Family Welfare Institute. Guidelines approved in resolution No. 1517 of 23 February 2016. Available at www.icbf.gov.co/portal/page/portal/PortalICBF/procesos/misionales/proteccion/restablecimiento-derechos/LM8.P%20Lineamiento%20Restablecimiento%20de%20Derechos%20y%20Reparaci%C3%B3n%20a%20Ni%C3%B1os%20Ni%C3%B1as%20y%20Adolescentes%20V%C3%ADctimas%20Minas%20Antipersonas%20v1.pdf.

³ Colombian Family Welfare Institute. Technical guidelines approved by resolution No. 1524 of 23 February 2016. Available at www.icbf.gov.co/portal/page/portal/PortalICBF/procesos/misionales/proteccion/restablecimiento-derechos/LM11.P%20Lineamiento%20T%C3%A9cnico%20para%20la%20Atenci%C3%B3n%20a%20Ni%C3%B1os%20Ni%C3%B1as%20y%20Adolescentes%20V%C3%ADctimas%20del%20Desplazamiento%20Forzado%20-%20Unidades%20M%C3%B3viles%20v1.pdf.

⁴ Technical guidelines approved in resolution No. 1525 of 23 February 2016. Available at www.icbf.gov.co/portal/page/portal/PortalICBF/procesos/misionales/proteccion/restablecimiento-derechos/LM12.P%20Lineamiento%20T%C3%A9cnico%20Programa%20Atenci%C3%B3n%20Especializada%20a%20Ni%C3%B1os%20Ni%C3%B1as%20y%20Adolescentes%20V%C3%ADctimas%20de%20Reclutamiento%20Ilícito%20Desvinculados%20v1.pdf.

adolescents orphaned by the armed conflict, which were approved in resolution No. 13369 of 2016.⁵

19. In addition to the above-mentioned sets of guidelines, the Government has been coordinating activities aimed at bringing about sustainable social and economic inclusion for young persons with disabilities who are no longer involved with illegal armed groups and who are transferring from programmes run by the Colombian Family Welfare Institute to programmes run by the National Reintegration Agency as part of the ongoing process of comprehensive reparation managed by the National System for Comprehensive Victim Support and Reparation.

20. Similarly, the National Training Service, which is also part of the National System for Comprehensive Victim Support and Reparation, coordinates with other government bodies to restore the rights of victims, including those with disabilities, and help them attain socioeconomic stability. In line with its institutional mission, the Service provides comprehensive professional training to Colombians with disabilities in order to enhance their employability, increase their participation in the labour market and ensure that the institutional adjustments necessary to having a meaningful impact on this population group are made. In 2016, for example, the Service provided support to 16,093 displaced apprentices with disabilities through supplementary training and certification. In 2017, to July, the Service has trained 11,551 such apprentices.

21. The National Training Service also has a differentiated support programme for providing assistance to vulnerable populations, including victims with disabilities. Under this programme, which is implemented by the Public Employment Agency in 33 of its regional offices, the relevant groups receive personalized support and advice about the services available to them.

B. Follow-up information relating to paragraph 29 (a) of the concluding observations

22. In order to consolidate the rehabilitation and social inclusion of persons with disabilities who are victims of the armed conflict, steps have been taken to strengthen functional rehabilitation, community-based rehabilitation and psychosocial support, which are components of comprehensive rehabilitation. For example, at the sectoral level, the Ministry of Health and Social Security is working to strengthen the Comprehensive Rehabilitation System, with a particular focus on the functional rehabilitation component, which involves teams of rehabilitation professionals, an approach centred on day-to-day activities and the concepts of autonomy and independence. The functional rehabilitation component is structured around these elements. This component, which is the cornerstone of the comprehensive rehabilitation process, makes it possible to coordinate the efforts of the Ministry of Health and those of other sectors working on social inclusion. It also helps to integrate inter-agency efforts with the strategies on home-based support, primary health care, community-based rehabilitation and mental health and the programme providing psychosocial support and comprehensive health care to victims.

23. A comprehensive system for the provision of health care and functional rehabilitation for victims of accidents involving anti-personnel mines, unexploded ordnance and improvised explosive devices was developed in conjunction with the Rehabilitation Committee and the Directorate of Mine Action in Colombia; the aims of the system are the same as those described above, and international assistance for its development was provided by USAID and the International Organization for Migration. This system incorporates the guidance contained in Act No. 1448 of 2011 (the Victims and Land Restitution Act) and its regulations, other regulations relating to the Colombian health system, the programme through which psychosocial support and comprehensive health care are provided to victims and the Public Policy on Disability and Social Inclusion.

24. In line with the Committee's recommendation, training on the application of the system has been provided to 286 persons from 25 municipalities in 8 Colombian

⁵ Technical guidelines approved in resolution No. 13369 of 23 December 2016. Available at www.icbf.gov.co/portal/page/portal/PortalICBF/processes/missionaries/protection/restoration-rights/4548CC772F542037E053528511ACF674.

departments. In order to boost the system's implementation and overcome persistent barriers to comprehensive health care and functional rehabilitation, the National Health Authority issued circular No. 004 of 2017, which provided administrators of benefits schemes, health-care providers and local bodies with instructions on using the system.

25. The basis of the system is the recognition that, in Colombia, the right to health must be guaranteed for all victims of anti-personnel mines, unexploded ordnance and improvised explosive devices and that they must be provided with the health care they require, in accordance with their needs and differentiated characteristics. Of the victims of this scourge, 61 per cent are members of the security forces, whose right to health is guaranteed through the military health system. The remaining 39 per cent are civilian survivors who are covered by the General Health and Social Security System.

26. Another essential component of the efforts to ensure the rehabilitation and social inclusion of persons with disabilities who are victims of the armed conflict is the online training package on the implementation of the Community-based Rehabilitation Strategy, in respect of which there are currently 236 certified agents. A toolkit was provided to all local authorities as part of the implementation of the Strategy. With its inclusion as a health tool in the Collective Intervention Plan, the Strategy has become an element that cuts across the efforts made to promote mental health. The Strategy is currently being implemented countrywide, with funding from the general revenue sharing system.

27. Similarly, the implementation of the psychosocial support strategy is informed by approaches in which consideration is given to human rights, psychosocial and mental health, the stages of life, differentiation, transformation, the imperative to do no harm and affirmative action. Each of these aspects is understood as an analytical method that guides the actions of the State with respect both to its understanding of the subject of individual and collective rights within social, cultural and geographical contexts and to ethical perspectives on those actions. In 2017, 1,010 victims with disabilities have received support under the Strategy, within the framework of the programme providing psychosocial support and comprehensive health care to victims. Since the programme was rolled out in 2015, services have been provided to a total of 3,666 victims with disabilities.

28. To help guarantee the right to health and rehabilitation, the Ministry of Health and Social Security has developed training programmes for health professionals on understanding disability and the accessibility guidelines for effective care of persons with disabilities. Progressively, and in line with developments in the implementation of the Victims Act and the growing understanding of rehabilitation as a reparation measure, material on the "do no harm" and psychosocial approaches has been added to the training programme. Similarly, training has been developed to strengthen teamwork and the adoption of the comprehensive rehabilitation approach by functional rehabilitation professionals, and 2,340 health and rehabilitation professionals have been trained in incorporating the biopsychosocial approach into functional rehabilitation processes.

29. With regard to care provision in the General Health and Social Security System, the Ministry of Health and Social Security has given training to 6,404 health professionals within the framework of the guidelines on skills development in the provision of support to victims of the armed conflict. The virtual course, on a psychosocial approach to supporting victims of the armed conflict, was designed for employees of local health directorates, health insurance providers and health service providers. In addition, 2,000 health-care professionals working for health service providers have received training on the protocol on a psychosocial approach to comprehensive health care.

30. The Colombian Mine Action Authority, now known as Descontamina, has developed a strategy for the implementation of the guidelines on comprehensive support for child and adolescent victims of anti-personnel mines and unexploded ordnance. Effect is given to the strategy by the mechanism for the provision of support and reparation for such victims. The strategy is designed for children and adolescents and their families and communities, as well as for local officials, who have a shared obligation to ensure that the rights of those persons and communities are restored.

31. Through the strategy, stakeholders are provided with the methodologies and tools to establish the mechanisms that, building on local capacities and rooted in the existing support system for child and adolescent victims of anti-personnel mines, are key to the provision of assistance to such victims.

32. In the second half of 2016, the last stage of the strategy was implemented at the local level in Antioquia, Cauca, Caquetá, Córdoba, Nariño, Sucre, Magdalena and La Guajira, with a view to including the strategy in the respective Departmental Development Plans. The aim is to ensure that each of the actions set out in the strategy can be implemented in other municipalities in the departments with the largest numbers of children and adolescents affected by anti-personnel mines and to build on the actions already taken in the municipalities that participated in the initial stages of the project.

33. Descontamina also designed a strategy to strengthen associations of victims of anti-personnel mines and unexploded ordnance as a participatory mechanism for inclusion. The strategy includes (i) the creation of a process to assess the current situation of such associations, (ii) the establishment of a training plan, based on the results of the assessment, to address the areas where weaknesses are evident, such as human development or strategic and technical issues, and, lastly, (iii) the formulation of short- and medium-term action plans for setting up associations. This project was piloted in 2015 with 10 associations of victims of anti-personnel mines and unexploded ordnance in the following municipalities and departments: Arauca, Barrancabermeja (Santander), Cúcuta (Norte de Santander), Florencia (Caquetá), Meta (Villavicencio), Popayán (Cauca), Putumayo, Samaniego (Nariño), San Carlos (Antioquia) and Zambrano (Bolívar).

34. Within the framework of the implementation of the rehabilitation measures set out in Act No. 1448 of 2011 (the Victims and Land Restitution Act), the Victims Unit developed the Emotional Recovery Strategy, which is understood as a process of psychosocial care that complements the programme providing psychosocial support and comprehensive health care to victims and is led by the Ministry of Health and Social Security. The Strategy contributes to the psychosocial rehabilitation of victims of the armed conflict, most of whom have reported that it has helped reduce or mitigate their suffering, improved their ability to cope and led to the development and strengthening of emotional bonds, support networks and community ties. The Strategy is in place in urban and rural areas throughout the country, depending on the size and needs of the beneficiary population, and reasonable accommodation can be made so that it is accessible to victims with any form of disability.

35. Specifically, the reasonable accommodation outlined in the Strategy can take the form of:

- Awareness-raising and training activities for professionals implementing the Strategy
- Physical accessibility of the locations where meetings take place
- Adjustments to proposed activities in order to ensure that persons with disabilities are able to participate
- The elimination of communication barriers for persons with sensory disabilities
- Differentiated support pathways for persons with psychosocial disabilities and persons who require personalized support owing to psychosocial distress

36. The Strategy sets forth two modes of intervention: one group-based and one individual. Group-based activities consist of six meetings designed to provide participants with a setting in which a sense of trust, security and solidarity prevails. Recovery is strengthened through group work with peers, exercises on creating meaning and emotional self-regulation, learning to cope with changes to day-to-day life as a result of violence and ways of representing or symbolizing suffering. Between July 2016 and July 2017, 1,220 victims with disabilities (49 per cent women and 51 per cent men) participated in the group-based activities. During the same period, support was provided on an individual basis to 319 persons with disabilities previously identified as having psychosocial issues caused by the armed conflict.

37. Similarly, as part of the process of restoring rights and providing support for full reparation, the Colombian Family Welfare Institute and the Ministry of Health and Social Security have been designing a system for the rehabilitation of child, adolescent and youth victims of the armed conflict, in accordance with the provisions of Act No. 1448 of 2011.

C. Follow-up information relating to paragraph 29 (b) of the concluding observations

38. In line with the recommendation made by the Committee on the Rights of Persons with Disabilities, the Victims Unit has developed a mobile support strategy to improve accessibility for victims with disabilities living in rural areas and in municipalities with no permanent liaison office. In coordination with municipal authorities, the Unit organizes events during which staff, equipped with the relevant technological tools, travel to remote or hard-to-reach areas where there are many victims of the conflict in order to provide services to them.

39. Between July 2016 and July 2017, the Victims Unit assisted 3,479 victims with disabilities at such events, including 467 persons who completed procedures relating to the Central Register of Victims. These procedures include updating personal details or information on the composition of the family group, notification of the status of the assessment for inclusion in the Register and processes related to the declaration in the Register of acts of violence that occurred in the context of the armed conflict and the status of such declarations.

40. The Victims Unit has determined that it is important to continue pursuing this mobile support strategy, which has facilitated access to services for victims with disabilities living in the remotest areas of the country. In addition, victims with disabilities are actively sought out, including through outreach activities in rural and outlying areas, and invited to submit relevant information for inclusion in the database containing information on the location of persons with disabilities and the types of disability with which they live. The database is currently administered by the Ministry of Health and Social Security, which ensures coverage of all the country's municipalities.

D. Follow-up information relating to paragraph 29 (c) of the concluding observations

41. In compliance with operative paragraph 12 of decision No. 173 of 2014 of the Constitutional Court, the Victims Unit designed a protocol on supported decision-making for persons with disabilities. The aim of the protocol is to ensure that, with the help of a tool for the assessment of the support they need, persons with intellectual or psychosocial disabilities have the legal capacity to make decisions in their dealings with the system for support, assistance and full reparation. The use of the assessment tool provides input for the Unit's processes. The aim is to eliminate the legal barriers faced by such persons, including interdiction, a process whereby a person's legal capacity is restricted, and thus to guarantee that they can exercise their rights.

42. The protocol is based on a number of principles: (i) it is person-centered, recognizing persons with disabilities as participants, who, expressing their will and preferences, are involved in their own decisions; (ii) it takes account of the life stage at which decisions are made, in the knowledge that supported decision-making is a process that is put into practice in day-to-day decisions that change throughout a person's life; and (iii) it recognizes supported decision-making as a step towards independent living.

43. On 22 June 2017, the Victims Unit adopted the protocol in resolution No. 0589 of 2017, thereby taking an important step towards the elimination of interdiction, which restricts legal capacity and is the main legal barrier persons with disabilities encounter in their attempts to initiate administrative procedures. This tool, which is currently being used in the Unit, has become a model method of guaranteeing the right to legal capacity in the context of other administrative processes.

E. Follow-up information relating to paragraph 47 of the concluding observations

44. The recommendation contained in paragraph 47 of the Committee's concluding observations on the initial report of Colombia refers to article 17 of the Convention, on protecting the integrity of the person. The wording of the recommendation is set out below.

45. The Committee urges the State party to take the necessary steps to abolish the sterilization of persons with disabilities without their free and informed consent, including the repeal of article 6 of Act No. 1412 of 2010. It recommends immediately reviewing the decisions of the Constitutional Court, with a view to maintaining the prohibition, without exception, of sterilization of persons with disabilities, particularly children, without their free and informed consent. It also recommends taking measures, including the training of judges and prosecutors, with the involvement of organizations of persons with disabilities, on the rights of persons with disabilities and the international obligations of the State party, mainly those relating to non-discrimination on grounds of disability and the personal integrity of children with disabilities.

46. In 2014, the Ministry of Health and Social Security set up an internal technical committee to define the mechanisms aimed at guaranteeing the sexual and reproductive rights of persons with disabilities in Colombia.

47. In 2017, the committee was expanded in accordance with operative paragraph 11 of decision No. T-573 of 2016 of the Constitutional Court, which ordered the Ministry of Health and Social Security to issue regulations, drawn up in conjunction with organizations of persons with disabilities and those working to uphold their rights, that made provision for support, reasonable accommodation and safeguards that would ensure that persons with disabilities had access to adequate and sufficient information on health care – on their sexual and reproductive rights in particular – and that would also define the corresponding obligations of the personnel and users of the General Health and Social Security System.

48. In order to ensure a transparent and participatory process, the Ministry of Health and Social Security, following a public call for nominations, organized an election for one representative of organizations of persons with disabilities for each of the seven categories established in Act No. 1145 of 2007 and decision No. C-935 of 2013 (namely, physical impairment, visual impairment, hearing impairment, mental impairment, intellectual impairment, deafblindness and multiple disabilities) and three representatives of organizations working to uphold the rights of persons with disabilities. The elected representatives participated in the technical committee set up to draft the regulations. In addition to the aforementioned representatives, the committee includes representatives of academia, institutions, other non-governmental organizations and the personnel and users of the General Health and Social Security System.

49. As a result, resolution No. 1904 of 2017,⁶ on the establishment of the regulations as ordered in operative paragraph 11 of decision No. T-573 of 2016 of the Constitutional Court and other provisions, was issued with a view to guaranteeing the sexual and reproductive rights of persons with disabilities. The provisions of the resolution are rooted in a rights-based approach and in the provisions of the Convention relating to the recognition of the legal capacity of persons with disabilities and the encouragement of supported decision-making. The obligations that, in health-care contexts, are incurred by personnel and users of the System with regard to providing support, reasonable accommodation and safeguards as they relate to the sexual and reproductive rights of persons with disabilities are informed by these principles.

50. In order to give effect to the orders of the Constitutional Court, the Ministry of Health and Social Security is developing a plan to implement the provisions of the resolution. The plan is based on five strategies: (1) improved training for health-care workers, (2) inclusive and accessible health communication, information and education, (3) support, reasonable accommodation and safeguards, (4) follow-up action and (5) social participation.

51. In addition, Congress is in the process of examining bill No. 027 of 2017, on the establishment of the regulations on the exercise of legal capacity by adults with disabilities, which is currently before the House of Representatives. The authors of the bill include many of the members of the Legal Capacity Committee established some years ago by the National Council for Persons with Disabilities to draw up specific measures to guarantee the right to full legal capacity for adults with disabilities and to any support that may be required for the exercise of that right. This bill reflects the provisions of article 12 of the

⁶ Ministry of Health and Social Security. Resolution No. 1904 of 2017. Available at www.minsalud.gov.co/Normatividad_Nuevo/Resolucion%20No.%201904%20de%202017.pdf.

Convention, and, if it becomes law, it will have a direct impact on the autonomous exercise of sexual and reproductive rights by persons with disabilities, including with regard to free and informed decisions on whether to have children and whether to undergo surgical sterilization procedures or opt for other family planning methods. These effects will be achieved because the bill would lead to the repeal of article 6 of Act No. 1412 of 2010, which made it possible for persons with a “profound and severe mental disability” whose legal capacity had been restricted under the interdiction process to be subjected to surgical sterilization with the consent of their legal representative when certain exceptional requirements were met, such as court authorization and proof that such persons had not been able to express their free and informed preference after having received all available forms of support.

52. With regard to the recommendation to train judges and prosecutors, with the involvement of organizations of persons with disabilities, on the rights of persons with disabilities and the international obligations of Colombia, mainly those relating to non-discrimination on grounds of disability and the personal integrity of children with disabilities, the efforts of the Ministry of Justice and Law have led to the inclusion of a specific disability dimension in the Justice Plan 2017–2027. The Plan was recently adopted by Decree No. 979 of 2017 and will serve as a guide for projects, programmes and other activities in the field of justice undertaken by the Government and the judiciary, as well as by other public or private entities involved in the provision of judicial services.

53. The disability dimension of the Justice Plan is based on previously defined guidelines developed by the Ministry of Justice and Law for the full implementation of the Convention, with the aim of shaping a public policy that involves organizations of and for persons with disabilities, academia, the judiciary, prisons, notaries, individuals acting as mediators, oversight bodies and entities of the executive branch involved in the administration of justice.

54. The first of the policy’s guidelines is the application of the social model of disability by actors in the justice system. There is a particular focus on providing system officials with training on the model and on the duty to ensure that judicial decisions uphold the human rights enshrined in the Convention not only by using respectful language but also by eliminating the use of “protective” institutions that do not recognize the legal capacity of persons with disabilities.

55. One of the tangible results of the efforts to ensure the application of the social model of disability by persons working in the justice system is the training programme on disability for judicial officials, which is designed to provide training and awareness-raising on the rights of persons with disabilities and involves officials from the Rodrigo Lara Bonilla Judicial Training College, the Counsel General’s Office, the Office of the Ombudsman, the Notary and Registration Monitoring Office, the Colombian Family Welfare Institute, members of organizations of persons with disabilities, judges, the National Institute for the Deaf, the National Institute for the Blind, the Comprehensive Victim Support and Reparation Unit and representatives of the Justice Houses (Casas de Justicia) and Citizen Coexistence Centres.

56. On this basis, the Ministry of Justice and Law and the University of the Andes designed a virtual training programme on disability, which was offered to 1,267 judicial officials in the country and attended by 100 students from 22 departments. The academic material that was developed under this initiative was sent to the law schools to help them provide awareness-raising and training to law students. The technical content of the programme was also shared with other bodies, including the Colombian Family Welfare Institute, the Notary and Registration Monitoring Office, the Rodrigo Lara Bonilla Judicial Training College, the Counsel General’s Office, the Ministry of Labour, the Office of the Ombudsman and the Collegiate Union of Colombian Notaries, to enable them to share their knowledge with the judicial officials with whom they work. The material is also available on the website of the Ministry of Justice and Law.

57. The delivery of training for judges, magistrates and aspiring judicial officials is another of the measures taken in follow-up to the recommendation in paragraph 47 and to the signing of a cooperation agreement on the recognition and defence of the rights of persons with disabilities by the Ministry of Justice and Law and the Rodrigo Lara Bonilla Judicial Training College, which is responsible for in-service training for judicial officials. Under the agreement, the two entities have committed to developing academic materials

and making the rights of persons with disabilities a cross-cutting issue in all training programmes for judicial officials, as well as in the Training College's preparation course that is part of the selection process for judges and magistrates.

58. Under the agreement, the Ministry of Justice and Law strove to ensure that the Training College had the capacity to provide training to judicial employees on an ongoing basis. It therefore designed and offered a module on the rights of persons with disabilities and their right to decide and set up a network of instructors from the Training College who were trained on the topic. The materials were also disseminated to the highest courts, including the Constitutional Court, the Council of State, the Supreme Court, the High Council of the Judiciary, all the High Courts, the Counsel General's Office, the Comptroller General's Office, law schools, family commissioners and police inspectors.

59. Training on disability was also delivered in the cities where the preparation course for the selection of new judicial officials is run. In addition, the Ministry of Justice and Law, the University of the Andes and the Rodrigo Lara Bonilla Judicial Training College held refresher workshops on the rights of persons with disabilities in Barranquilla, Bogotá and Medellín.

60. The Ministry of Justice and Law and the Collegiate Union of Colombian Notaries signed a cooperation agreement on the recognition and defence of the rights of persons with disabilities, on the basis of which they committed to delivering a training programme for notaries and notarial officials on the rights of persons with disabilities. Under the agreement, a booklet was produced on the rights of persons with disabilities and notarial law, and all notaries in Colombia were invited to an induction day on the topic, which 700 of them attended.

61. Similarly, the Ministry of Justice and Law and the University of the Andes made efforts to provide training for prison staff and persons deprived of their liberty. They produced two booklets on the rights of persons with disabilities and prison law, one for officials of the National Prisons Institute, explaining their obligations, and the other for persons deprived of their liberty, to make them aware of their rights. The Prison Service School included these materials in the training it delivers to administrative staff and wardens working in prisons in Colombia.

62. Lastly, training for the legislative development units of Congress has been designed to provide technical input and transmit knowledge, allowing teams responsible for analysing and preparing bills to carry out their work from the perspective of the Convention on the Rights of Persons with Disabilities. To this end, five working sessions were held, with a particular focus on breaking down paradigms and the social model of disability law.
