

**IMPLEMENTATION OF THE UN CONVENTION
ON THE RIGHTS OF PERSONS WITH DISABILITIES
IN THE SLOVAK REPUBLIC**

ALTERNATIVE REPORT
TO THE UN COMMITTEE ON THE RIGHTS OF PERSONS WITH
DISABILITIES SUBMITTED BY ORGANISATIONS OF PERSONS
WITH DISABILITIES IN THE SLOVAK REPUBLIC

Update to the 2019 alternative report, carried out in July 2026

JULY 2026

Submitting organisations and authors

The Slovak Disability Forum, formerly known until 2023 as the Slovak Disability Council (National Council of Citizens with Disabilities in the Slovak Republic) (Branislav Mamojka, Michaela Hajduková, Soňa Tóthová), was founded in 2003. It has 18 member organisations representing citizens with all types of disability. The aim of the SFOZP is to ensure that all people with disabilities have full access to human rights through their active involvement in policy development and the implementation of the Convention in the Slovak Republic and across Europe. SFOZP actively participates in the drafting and implementation of legislation; it is active within the Slovak Government's Council for Human Rights and Gender Equality, the Slovak Government's Council for Persons with Disabilities, as well as in other advisory bodies and working groups. Its activities are based on the principles of the UN Convention on the Rights of Persons with Disabilities. SFOZP is a member of the European Disability Forum (EDF). People with disabilities form a majority in all decision-making bodies of SFOZP and its member organisations. Representatives of people with all types of disability, or their parents, contributed to the preparation of this report.

Association for Help of People with Intellectual Disabilities in the Slovak Republic (Marián Horanič, Maroš Matiaško)

The Association for the Support of People with Intellectual Disabilities in the Slovak Republic was founded in 1980. The association operates nationwide and has almost 10,000 members.

The association's main objective is the inclusion of people with intellectual disabilities and their families into society. The association's core values are respect, mutual solidarity and inclusion. The association is actively involved in the drafting and implementation of legislation, and its members and staff sit on a number of advisory bodies and working groups. The association is a member of the umbrella organisations Inclusion Europe and Inclusion International.

The Council for Counselling in Social Work (Miroslav Cangár) was founded in 1990 and its main mission is to provide assistance to people in need with regard to community inclusion and independent living. The Council fulfils its mission by providing counselling, supervision and training to people with special needs – particularly those with severe disabilities and older people – as well as to social service providers, state and non-governmental organisations, local authorities and educational institutions. RPSP's main strategic vision is to support the process of improving the quality of social services in society, to implement the transformation, deinstitutionalisation and decentralisation of social services, and to develop community-based services. RPSP carried out its first projects in the field of deinstitutionalisation of social services in Slovakia as early as 1999. Further information can be found at www.rpsp.ek.

Belasý motýľ, formerly known as the Organisation of Muscular Dystrophy in the Slovak Republic (Tibor Köböl), is the only non-governmental organisation in Slovakia which, since 1993, has been bringing together adults and children with neuromuscular disorders. Its activities include advocating for the rights of people with neuromuscular disorders, social services, social and lay counselling, the magazine *Echo*, summer camps and many others.

The Platform of Parents of Children with Disabilities (Jana Lowinski) is a parents' non-governmental organisation that brings together families of children with various disabilities, identifies their needs and campaigns for changes to the social, health and education systems. The platform provides peer counselling and advocates for the rights of children with disabilities in the areas of social services, education and independent living – acting as a bridge between them and state institutions.

The **Slovak Blind and Partially Sighted Union (Milan Měchura, Jan Podolinský, Michal Tkáčik)** is a civic association bringing together blind and partially sighted people, their supporters, friends and family members. It

focuses on defending the rights and interests of people with visual impairments. The organisation provides services (social counselling, social rehabilitation and others) aimed at increasing the independence of blind and partially sighted people. The organisation currently has around 4,000 members. It provides its services in all regions of Slovakia. www.unss.sk

The SOCIA Foundation (Maria Machajdíkova, Lýdia Brichtová) – A foundation dedicated to promoting social change, its aim is to transform the social system through financial support and its own initiatives for the benefit of the most vulnerable social groups. The SOCIA Foundation's vision is a tolerant civil society of which vulnerable people form an integral part. Cooperation between the 'strong and the weak' should lead to the development of high-quality and accessible social services that meet the individual needs of their recipients within their natural environment. Socia provides grants to non-profit organisations with the aim of improving the quality of life of socially, physically or mentally disadvantaged groups. Socia runs its own projects supporting community services. The foundation works with non-governmental organisations and public authorities to shape policies and legislative proposals with the aim of reforming the social welfare system. For more information, visit www.socia.sk.

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Summary

The report contains the views of Slovak organisations representing persons with disabilities and partner organisations. It reflects the level of implementation of the Concluding Observations published by the UN Committee on the Rights of Persons with Disabilities in April 2016, as well as relevant developments up to 2026. It also describes areas in which legislation and current practice are still not in line with individual articles of the Convention. Our report also sets out proposed questions to which the Slovak Government should respond, namely:

- Amending the Anti-Discrimination Act to include a definition of reasonable accommodation in all areas of life for people with disabilities, and recognising that the refusal to provide reasonable accommodation constitutes discrimination on the grounds of disability.
- Ensuring the availability and accessibility of early intervention services.
- Amending construction legislation to promote and improve accessibility and ensure full respect for the principles of universal design. Introducing appropriate monitoring mechanisms and addressing the shortage of authorised experts to assess accessibility.
- Finalising the new Civil Code, including the concept of legal capacity and the possibilities for its restriction, as well as replacing the institution of guardianship with supported decision-making. Abolishing all automatic consequences of the deprivation and restriction of legal capacity.
- Ensuring a higher level of deinstitutionalisation and expanding community-based services.
- Amending legislation to increase the range of support and services available and to simplify the conditions for granting allowances and discounts.
- Guaranteeing inclusive education for all children at all levels of education and transforming the segregated special education system.
- Adopting measures to facilitate and support the employment of people with disabilities in the open labour market, promoting the creation of job opportunities and providing financial support for the creation and retention of jobs.
- Guarantee an adequate standard of living and social protection.
- Establish and support the development of processes to enable organisations representing people with disabilities to participate actively in the monitoring of the Convention. It is necessary to mainstream disability issues into public policies in order to ensure that people with disabilities are included in programmes and policies across all relevant sectors.

INTRODUCTION

This report to the UN Committee on the Rights of Persons with Disabilities is submitted by organisations representing the interests of people with disabilities in the Slovak Republic.

We are convinced that the Government of the Slovak Republic is failing to adequately implement the UN Committee's recommendations. The organisations listed above have therefore decided to prepare a joint report, which is primarily a response to the Concluding Observations on the Slovak Republic's initial report, published in April 2016.

We have also included a number of new issues relating to the implementation of the Convention.

Most of the UN Committee's concluding observations from 2016 were incorporated in 2016 and 2018 into updates to the National Programme for the Development of Living Conditions for Persons with Disabilities for the years 2014 – 2020 and subsequently into the National Programme for the Development of Living Conditions for Persons with Disabilities for 2021–2030.

Branislav Mamojka, president of SFOZP

SELECTED ARTICLES OF THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Article 5 – Equality and non-discrimination

Concluding Observations 13–20

Anti-Discrimination Act No. 365/2004 Coll. has not been amended, as recommended by the UN Committee in its concluding observations Nos. 13–18. The legislation still does not contain an explicit definition of reasonable accommodation in all areas of life for persons with disabilities, nor does it recognise the denial of reasonable accommodation as discrimination on the grounds of disability and multiple discrimination, as required by Article 5 of the Convention. Only Section 7 of the Anti-Discrimination Act requires employers to take measures enabling persons with disabilities to access employment, carry out their work and progress in their employment, which may resemble 'reasonable accommodations. However, this obligation applies only to employment and is therefore very limited. In the event of a failure to provide reasonable accommodation outside the sphere of employment, redress may only be sought on the basis of the Convention, which, in Article 2, defines the refusal to provide reasonable accommodation as discrimination. National legislation needs to clarify what is meant by reasonable accommodation in specific situations, so as to avoid having to address the complex issue of the enforceability of the Convention in any potential discrimination litigation.

The Ministry of Justice has not proceeded with the recommended amendment to the Anti-Discrimination Act across all areas of life, on the grounds that such an amendment would require a constitutional change. We have therefore proposed amending the Anti-Discrimination Act in steps, starting first with the areas covered by the current Act, namely employment and similar legal relationships, social security, healthcare, the provision of goods and services, and education. We are currently awaiting a response from the Ministry of Justice.

Proposed questions:

- How and when does the government plan to amend anti-discrimination legislation so as to define reasonable accommodation, the refusal to provide reasonable accommodation as discrimination on the grounds of disability, and multiple discrimination, in accordance with Articles 2 and 5 of the Convention, so that reasonable accommodation applies to all areas of life for people with disabilities?

Article 7 – Children with disabilities

Concluding observation 23 – 26

After 2020 there was rather serious development in the field of early intervention and early care.

On 28.6.2022, the Government of the Slovak Republic approved the National strategy for the Development of Early Intervention and Early Care 2022-2030¹ (hereinafter referred to as the "Strategy"). This document is aimed at ensuring the reasonable conditions for support of the comprehensive development and social inclusion of all children in need of assistance in the full development of their developmental potential, including children with disabilities, as well as support for children who are in an unfavourable social situation. The aim of the strategy is to contribute to the development of coordinated and integrated early intervention and early care services.

On 24.5.2023, the Government of the Slovak Republic approved the Action Plan for 2023-2025² and on 10.12.2025 the Action Plan for 2026-2030³ for the strategy, which are aimed at implementing important measures and tasks arising from the strategy. Meeting the goals will contribute to ensuring the availability and sustainability of services, which will ultimately have an impact not only on improving the quality of life of children and their families, but also on society as a whole.

As part of the implementation of measures and tasks based on the strategy, a working group was established, whose members worked on the preparation of the document The Child's Journey in Early age⁴. This document represents a unifying framework that serves both the professional and general public and provides an overview of interventions if they are necessary for a child aged 0-7 and his family. The document describes how a child and his family can access social, targeted, as well as indicated interventions within the scope of the Ministry of Labor, Affairs and Family, the Ministry of Health and the Ministry of Education in the support and assistance system.

The Ministry of Labor, Social Affairs and Family, in cooperation with providers of early intervention services, has developed a Methodology for Providing Early Intervention Services⁵. The aim of the methodology is to set a basic unifying framework according to which the provider of early intervention services proceeds when providing social services. The contribution of this document is also the minimum qualitative level of social service provision,

¹ <https://employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/ostatne/narodna-strategia-rozvoja-koordinovanych-sluzieb-vcasnej-intervencie-ranej-starostlivosti.pdf>

² <https://employment.gov.sk/files/sk/rodina-socialna-pomoc/socialne-sluzby/vcasna-intervencia-rana-starostlivost/akcny-plan-roky-2023-2025.pdf>

³ <https://employment.gov.sk/files/sk/rodina-socialna-pomoc/socialne-sluzby/vcasna-intervencia-rana-starostlivost/akcny-plan-roky-2026-2030.pdf>

⁴ <https://employment.gov.sk/files/sk/rodina-socialna-pomoc/socialne-sluzby/vcasna-intervencia-rana-starostlivost/cesta-dietata-ranom-veku-december-2023.pdf>

while its main objective is to ensure that the early intervention service is provided in the same quality throughout the territory of Slovakia.

Report on the implementation of measures resulting from the National Program for the Development of Living Conditions of Persons with Disabilities for 2024 and a proposal for its update set a new goal to prepare a national project Preparation of a system model of comprehensive care for early childhood development in 2026. The goal is to improve accessibility of complex multidisciplinary care for children with disabilities or expected development of disability and facilitate transition from institutional to community care.

In spite of this positive development, there are also problems and difficulties. Insufficient / late referral of children from primary paediatricians in the health sector to indicated services in the education and labour sectors appears to be problematic, also due to the lack of specification and knowledge of the situations for which these services are intended. The causes of the problematic interconnection of services include, above all, a lack of information, especially among primary paediatricians, about the content of services in other departments, their benefit for the child, including specific feedback, and sometimes even about the availability of such services in their surroundings.

Proposed questions:

- IS government planning to establish a standardized procedure for exchanging information on the progress of the child's development, especially between primary paediatricians, early intervention and early care services, with the aim of supporting connectivity and increasing the effectiveness of interventions to help the child and his family.
- Inform on the availability of the early intervention service, its timeframe and financial framework to ensure its availability.
- What steps will the State take to ensure that the early intervention services for children from marginalized environments prevents them from acquiring disability?

Article 9 – Accessibility

Concluding recommendations 29–33

Act No. 50/1976 Coll. on Spatial Planning and Building Regulations (the Building Act) has been replaced by the Construction Act and the Spatial Planning Act. A step forward is that these laws no longer require accessibility only for buildings intended for use by people with reduced mobility and orientation, but barrier-free access is now required for all buildings and areas intended for public use. However, these Acts continued to have serious shortcomings: they did not introduce the assessment of projects and buildings by experts authorised to assess the barrier-free use of buildings; they did not contain penalty mechanisms in the event that it was proven that a building authority had approved a building project that did not meet the requirements for barrier-free access, nor did they contain penalty mechanisms in the event that a designer submitted project documentation for a building that contravened the requirements for barrier-free access.

The Construction Act was further amended in 2025. The aim was to professionalise the state building administration, reduce the administrative burden, simplify the building permit process and tackle the issue of 'unauthorised buildings'. We are not yet able to assess the specific impacts.

There is a critical shortage of affordable rental flats accessible to people with severe disabilities. There are social rental flats intended for people on low incomes, some of which are accessible. However, given the rules governing their use, these social housing flats are unsustainable for people with disabilities if their income rises above the specified threshold, which is nevertheless insufficient to rent a standard accessible flat or to secure a mortgage to purchase one.

There remain a number of significant barriers to housing accessibility for people with hearing impairments. Among the most significant are the lack of visual signalling systems, particularly illuminated fire alarms, as well as the insufficient availability of information systems adapted for sign language users. In many blocks of flats, intercoms, domestic telephones and lifts rely exclusively on audio communication, with no visual or text alternatives available.

Transport accessibility is gradually improving, particularly in areas regulated by EU regulations on passenger rights in air, rail, bus and coach transport. However, domestic rail and bus transport over shorter distances, as well as urban and suburban public transport, which are not covered by the aforementioned EU regulations, remain problematic. The process of making related transport infrastructure accessible is slow and uneven. For example, stations are difficult for deaf people to access. Emergency information is not usually provided visually (announcements regarding the imminent arrival of a train, train delays, platform changes, etc.); it consists solely of voice announcements, and deaf people are unable to know what is happening. The introduction of vehicles meeting accessibility requirements for people with disabilities (including low-floor vehicles, internal and external voice announcements for people with visual impairments, and visual signalling for people with hearing impairments) currently depends solely on the financial resources and willingness of local authorities and transport operators, as well as support from European Structural and Investment Funds. There is no legally stipulated deadline by which vehicles failing to meet accessibility criteria may continue to be used, nor a deadline from which such new vehicles may no longer be put into service.

The implementation of EU Directive 2841/2024 on the European Disability Card and the European Parking Card will significantly facilitate travel abroad. The Slovak Government plans to submit a draft bill implementing this directive to the legislative process in autumn 2026.

The accessibility of the internet, mobile applications and information systems for people with disabilities is regulated by the new Act No. 95/2019 Coll. on Information Technologies in Public Administration and Decree No. 78/2020 of the Office of the Deputy Prime Minister for Investment and Informatisation on standards for public administration information technologies. These regulations implement the WCGA 2.1 recommendations and EU Directive 2016/2102 on the accessibility of websites and mobile applications of public institutions.

We consider it a major success that we have secured the inclusion in Act No. 131/2002 Coll. on Higher Education Institutions of a provision stating that “A public higher education institution is obliged to ensure that the websites and mobile applications under its administration comply with the standards for the accessibility and functionality of websites and mobile applications, as well as the minimum requirements for website content” in accordance with the aforementioned regulations.

A shortcoming is that inaccessible information systems are still being introduced into practice, through which both natural and legal persons are obliged to communicate with the public administration, despite the fact that such a practice is prohibited by the National Programme for the Development of Living Conditions for Persons with Disabilities, approved by the Government.

Examples include tax returns and electronic cash register machines. Another shortcoming is that the aforementioned regulations on accessibility were merely recommendations for the private sector, including electronic banking, the use of which is also required by people with disabilities and is becoming a daily necessity for them.

However, from the perspective of people with hearing impairments, the accessibility of information and communication systems remains inadequate in practice. The legislation focuses primarily on general technical accessibility standards, but does not set out sufficiently specific and enforceable requirements to ensure the provision of subtitles for audiovisual content, sign language interpretation and the introduction of a service for the simultaneous transcription of spoken language.

Digital communication by public authorities presents a particular problem, including press conferences, video posts on social media and live online broadcasts, which are often not made accessible through subtitles, sign language interpretation or text transcription. As a result, information on the exercise of public authority, crisis measures or public policies becomes practically inaccessible to deaf and hard-of-hearing citizens, or is only available after a delay.

A fundamental change is brought about by the implementation of EU Directive 2019/882 through Act No. 351/2022 on accessibility requirements for products and services for persons with disabilities, and the related Government Regulations No. 282/2023 Z.z., laying down technical requirements for the accessibility of products for persons with disabilities, and 283/2023 Z.z., laying down requirements for the accessibility of services for persons with disabilities, functionality criteria and criteria for assessing undue burden, which came into force on 28 June 2025. A significant innovation is that these regulations apply not only to the public sector but also to the private sector. We are not yet able to assess the impact of this legislation.

We welcome the improved accessibility of the 112 emergency number for people with hearing impairments, which represents an important step towards ensuring accessible emergency communications for these individuals.

Nevertheless, the quality of the services provided has deteriorated in recent years. The most common problems include a lack of operators trained in sign language, delayed responses to emergency calls, and insufficient coordination of the service with experts from the deaf community. The 112 number still does not allow for the effective handling of a number of specific emergency situations, such as reporting harassment, contacting the emergency

veterinary service or other specialised emergency services. For this reason, it is necessary to expand the service's functionality, strengthen staffing levels and guarantee its full accessibility for deaf users in every crisis situation.

Proposed questions

- How and when do you plan to introduce the role of an authorised expert in the field of barrier-free use of buildings and land, and to define the categories of buildings for which an authorised expert's report will be a mandatory part of the building documentation?
- How will you address the availability and sustainability of rental flats accessible to people with severe disabilities?
- When and how do you intend to set, through legislation, a deadline after which it will no longer be possible to put into service public transport vehicles that do not meet accessibility requirements for people with reduced mobility and orientation, and to set a deadline by which such vehicles may continue to be used?
- How do you intend to rigorously enforce and monitor compliance with the ban on putting into operation information systems intended for citizens' mandatory communication with public authorities before their accessibility for people with disabilities has been ensured?
- How does the Slovak Republic ensure that public services provided by public and private bodies comply with accessibility requirements?
- How does the Slovak Republic ensure that new buildings and the refurbishment of existing public infrastructure facilities (including social services, healthcare, education and other public services) comply with the standards set out in current legislation and universal design principles?
- What incentive measures have been and will be provided to towns and municipalities to support the construction of accessible rental flats for people with disabilities?
- What specific measures will the Slovak Republic adopt to ensure that all digital communication channels of public authorities, including press conferences, emergency announcements, live broadcasts and audiovisual content published on the internet, are systematically made accessible through subtitles, sign language, text transcripts and audio description?
- What specific measures will the state take to make the Central Public Administration Portal slovensko.sk accessible to deaf, hard-of-hearing, blind and partially sighted users, including the production of explanatory and instructional video materials and text documents in accessible formats?
- What specific measures will the state take to address the shortcomings in the accessibility of the 112 emergency number for people with hearing impairments?

Article 12 – Equality before the law

Concluding Recommendations 38–39

The legal capacity of persons with mental and psychosocial disabilities is governed by the Civil Code and the Code of Civil Procedure. Under Section 10 of the Civil Code, a court may deprive a person of, or restrict, their legal capacity on the grounds of a mental disability. Slovak law still operates within the framework of substitute decision-making, and there are no provisions based on the concept of supported decision-making.

A person deprived of legal capacity cannot validly perform any legal act and is automatically deprived of fundamental rights and freedoms, such as the right

to marry. If a person's legal capacity is restricted, the court specifies the legal acts which that person cannot validly perform. In both cases, legal acts on behalf of a person who has been deprived of legal capacity or whose legal capacity is restricted are carried out by their guardian, who is regarded as their legal representative and as a representative with decision-making authority.

In June 2015, Parliament adopted a new Act on Civil Non-Contentious Proceedings, which came into force in July 2016. Among other things, the Act introduced procedural rules governing proceedings concerning legal capacity. Specifically, the court can no longer deprive an individual of their legal capacity, and its powers are also limited when it comes to restricting legal capacity. Although this is a positive development, these changes to procedural law were, unfortunately, not accompanied by corresponding amendments to the Civil Code.

In 2025, the Ministry of Justice submitted a draft of the new Civil Code to the Parliamentary Committee on Legal Affairs, which already incorporates the concept of supported decision-making. This draft is currently on the agenda of the National Council of the Slovak Republic.

Proposed questions

- When will the new Civil Code incorporating the concept of supported decision-making come into force, and how will it be implemented in practice?

Article 13 – Access to justice

Final Recommendations 40–42

The main issues relating to Article 13 are as follows:

Access to justice overlaps with a number of other areas and issues. The first issue concerns the fact that procedural rules, in particular Section 19 of Act No. 99/1963 Coll., the Code of Civil Procedure, and Section 15 of Act No. 71/1967 Coll., the Code of Administrative Procedure, presuppose that the deprivation of legal capacity automatically leads to the loss of capacity to be a party to proceedings, and thus also to the loss of independent standing before the courts or administrative authorities. The same logic applies in the case of a restriction on legal capacity. This situation constitutes a violation of Article 13 of the Convention in conjunction with Article 12 of the Convention.

The second issue concerns the specific practice of the social insurance agency, which is the administrative body assessing applications for disability pensions. When assessing an application from a person with a mental disability, it requires the submission of a decision on the deprivation or restriction of legal capacity in order to initiate proceedings. A further problem is the lack of access to legal aid for persons with disabilities. Although legal aid is available through legal aid centres, eligibility depends on a person's income. The income threshold is set very low, and many people with disabilities – even those on low incomes – exceed this threshold. Furthermore, legal aid centres are often not physically accessible and face staff shortages. In addition, there is insufficient training for judges and other personnel working within the justice system in the rights enshrined in the Convention.

Proposed questions:

- What steps will the State take to amend procedural rules to ensure that the deprivation or restriction of legal capacity does not constitute a barrier to access to justice?

- How will the State ensure that public authorities do not make the initiation of any proceedings conditional upon the deprivation or restriction of legal capacity?
- What steps will the State take to ensure that legal aid is accessible to all persons with disabilities?

Article 14 – Liberty and security of the person

Concluding Recommendations 43–44

In Slovakia, disability has been recognised as a ground for restricting personal liberty in various contexts – criminal, psychiatric and social. The Criminal Code permits institutional placement on the basis of a diagnosed mental disorder in an offender who is also considered dangerous. Furthermore, the Healthcare Act provides for the restriction of personal liberty even in the case of a person with a mental disability from a psychiatric perspective, should such a person pose a real or potential danger to themselves or others. These provisions are not in accordance with Article 14 of the Convention; however, they do at least provide procedural safeguards. What is striking, however, is that many people with disabilities are placed in social care institutions on the basis of a contract concluded between their legal representative and the institution, regardless of their own views, and their situation is not considered by law to constitute a restriction on personal liberty. In such cases, they are not afforded any procedural safeguards.

Proposed questions

- What measures will the Government take, and from when will it abolish any form of restriction on personal liberty on the basis of a presumed or established disability? Please inform the Committee, in particular, of the safeguards against restrictions on personal liberty in social care institutions.

Articles 15 and 16 – Ill-treatment of persons with disabilities

Concluding Recommendations 45–48

Inadequate criminalisation of ill-treatment under national law.

Slovakia is failing to properly fulfil its obligation under Article 4 of the UN Convention against Torture to prosecute acts of torture. The State has still not established adequate provisions in its domestic criminal law on the basis of which torture and other cruel, inhuman or degrading treatment or punishment can be prosecuted.

The current definition of the offence under Section 420 of the Criminal Code conflates the concepts of torture and cruel, inhuman or degrading treatment or punishment, and does not specify acts of torture as required by the UN Convention against Torture. In particular, the Act does not define specific purposes, including discrimination. Furthermore, it does not distinguish between torture and cruel, inhuman or degrading treatment or punishment in terms of culpability. Intent is thus also required in cases of degrading behaviour, which significantly limits the applicability of the provision in

practice. This situation has resulted in de facto impunity for torture, cruel, inhuman or degrading treatment.⁶

A positive development has occurred in the legal regulation of the use of restraints in the form of restraint beds during institutional healthcare, the use of which has been abolished.

A definitive ban in the healthcare sector came into force on 1 January 2025. The Healthcare Act stipulates that providers of institutional care are prohibited from using restraint beds. As of this date, the legal possibility of using restraint beds or net beds in hospitals, including psychiatric wards, ceased to exist.

The ban on restraint beds does not imply a complete prohibition on any form of patient restraint. In exceptional situations where a patient poses an immediate threat to themselves or another person and less severe measures are insufficient, the law continues to permit other means of restraint. These include, in particular, physical restraint, mechanical restraint using designated devices, the use of medication as a means of restraint, and the isolation of a patient in a designated room. Their use must be necessary, proportionate, time-limited, medically justified and duly recorded.

Proposed questions

- What steps will the State take to ensure a legislative prohibition on torture and to criminalise acts of torture and other forms of ill-treatment, including the investigation and prosecution of alleged perpetrators under Section 420 of the Criminal Code?
- Please explain how the definition of torture and other forms of ill-treatment is interpreted in the relevant legislation and judicial practice. Can an act committed for any purpose, including discrimination of any kind, be considered ill-treatment? What steps will the State take to ensure that the law distinguishes between torture and cruel, inhuman or degrading treatment or punishment in terms of culpability?

Article 19 – Independent living and social inclusion

Concluding recommendations 55–58

The Slovak Republic has long declared its commitment to deinstitutionalisation and the development of community-based services. However, official data, legislative developments and the findings of state supervisory bodies show that the social services system for persons with disabilities remains predominantly residential, and the right to independent living and inclusion in the community is not guaranteed in practice. According to data from the Ministry of Labour, Social Affairs and Family of the Slovak Republic for 2024, the largest capacities were concentrated in social care homes, where 10,966 places were recorded, and in specialised facilities with 10,750 places – that is, predominantly residential, institutional-type facilities. Supported housing facilities, which represent the basic community-based

⁶ Report on the Social Situation of the Population of the Slovak Republic in 2018. https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/2019/material_sprava_o_soc_situacii_obyvatelstva_sr_2018_vlada.pdf

alternative, had only 749 places. Supported housing is therefore not a viable systemic alternative to residential care. The infrastructure remains geared towards placing people in residential care homes, rather than supporting life in ordinary housing and within the community.

The high demand for residential care services cannot be interpreted as a free choice. Where personal assistance, home care, supported housing and respite care are not available, a request for placement in a care home reflects a lack of alternatives, not a genuine preference. Article 19 does not merely require a formal option to choose a service. It requires a genuine opportunity to decide where and with whom a person will live, and accessible support for community living.

Progress has been made in the area of personal assistance. In 2024, an average of 13,465 people received a cash allowance for personal assistance, averaging 760.44 euros per month, which corresponds to approximately 130 hours, or 4.3 hours per day, at an hourly rate of 5.83 euros. The hourly rate has been steadily increasing and, from 1 July 2026, was raised to €6.81 per hour. The withdrawal of the personal assistance allowance upon exceeding the specified income threshold was abolished by ending the monitoring of recipients' income from July 2019. Furthermore, the age limit of 65 years for the granting of the personal assistance allowance was abolished from 2020. In the area of care, from July 2024, discriminatory treatment of 22,303 carers receiving a pension – who had previously received an allowance amounting to 50 per cent – was abolished. Act No. 295/2024 Z. z. increased the allowance for carers of children with severe disabilities, abolished means-testing and extended the combination of home care services with the care allowance from 8 to 40 hours per month. These changes improve conditions for some carers, but do not replace the systemic availability of community services. If the state strengthens family-based care but fails to develop personal assistance, supported housing and outreach services, it shifts the burden onto families and perpetuates dependence on informal care.

From 1 September 2025, Act No. 376/2024 Z. z. abolishes the assessment activities of municipalities and higher territorial units and introduces an integrated assessment system administered by the Offices of Labour, Social Affairs and Family. The aim of reducing the administrative burden and standardising the assessment process has not been fully achieved. Despite the fact that, in response to criticism of the implementation, the Ministry of Labour, Social Affairs and Family of the Slovak Republic publicly presented specific data on the functioning of the integrated assessment system as at 31 May 2026, there are demonstrable cases involving dozens of families and people with disabilities where the integrated assessment system is failing in practice. Assessments are not comprehensive, processing times are long, old applications remain unresolved, and there are repeated instances of the degree of dependency being reduced without any change in health status, thereby resulting in the withdrawal of compensation and a reduction in personal assistance hours. For this reason, the Commissioner for the Rights of People with Disabilities has also begun to address the issues surrounding the integrated assessment system.

A serious regressive trend emerged in 2025–2026. The governing coalition, the Ministry of Labour, Social Affairs and Family of the Slovak Republic, the self-governing regions, the Association of Towns and Municipalities of Slovakia, the Association of Social Service Providers, and financial groups

operating in the healthcare sector are submitting proposals to abolish or reduce the maximum capacity of residential care homes. The capacity limits set out in Act No. 448/2008 Coll., in force since 2014, represent a minimum legal safeguard against the expansion of large-capacity services. In a situation where residential care homes far outnumber supported housing, the removal of these limits would lead to a further expansion of residential care homes and to reinstitutionalisation. The size of a facility is not the sole criterion for institutionalisation, but it is a significant risk factor for forced communal living, loss of privacy, limited choice and a regimented lifestyle.

A positive development is Act No. 345/2022 Coll. on inspection in social affairs. However, the findings of the inspection directly confirm institutional practices. Quality standards require that support be focused on independent living and integration into the community. The 2025 inspection found non-compliance in 40 out of 46 cases. Failures to protect life, health and dignity were found in 19 out of 36 cases; the use of physical restraints was found in 31 out of 38 cases; and failures to protect against ill-treatment were found in 22 out of 41 cases. The inspection reported unacceptable physical restraint using restraint belts, straps and arm sleeves even where there was no threat to life; restriction of movement by locking rooms, removing door handles and blocking doors; social isolation; barred windows, and the provision of services in unsuitable premises within a historic manor house. These are hallmarks of a regime-like and segregated environment in direct contravention of Article 19. If the state is considering relaxing capacity limits, it is doing so despite its own findings that some residential care services are unable to guarantee dignity, freedom of movement or protection against ill-treatment.

Another risk is the reform of social services funding. The phasing out of funding for outpatient social services from 2027 is not adequately linked, either in terms of timing or funding, to the new dependency allowance. Families may not be able to afford the increased charges, and providers of outpatient services face the risk of going out of business. This jeopardises the very stated objective of developing community-based services.

These partial measures do not alter the fundamental structure of the system, which remains residential and institutional. The problem with Article 19 in Slovakia is not merely one of capacity or funding, but a systemic human rights issue. In practice, people with disabilities are not guaranteed a genuine opportunity to live in the community with appropriate support outside an institutional setting. Without binding targets for reducing residential care capacity, a ban on the expansion of large-capacity facilities, the reallocation of public funds to community-based services, and effective protection against ill-treatment, deinstitutionalisation remains largely a matter of rhetoric.

Proposed questions

What measures has the Slovak Republic adopted since 2023 to ensure the availability of personal assistance, supported housing, outreach support, respite care and care services in all municipalities and regions?

For what reason is the Slovak Republic considering abolishing or weakening capacity limits, given that they represent a minimum legal safeguard against the expansion of large-capacity facilities, and does it regard this step as a step backwards in relation to Article 19?

How will the Slovak Republic ensure that the integrated assessment process leads not only to administrative centralisation and a reduction in levels of dependency, but also to genuine access to support for community living, and

how will it resolve the issue of long waiting times and unprocessed applications?

How does the Slovak Republic explain that in 2024 there were over 21,000 places in social care homes and specialised facilities, whilst there were only 749 places in supported housing facilities?

How many people with disabilities were transferred from large-capacity institutions to community-based housing and support between 2020 and 2025, and how many people were newly admitted to residential care homes during the same period?

What systemic measures has the Slovak Republic adopted following the inspection's findings regarding the use of physical restraints, locking of facilities, social isolation and ill-treatment, to ensure that these lead not only to corrective action by individual providers but also to a shift in residential services towards independent living?

How will the state ensure that, during the transition to the new funding system from 2027, neither people with disabilities nor providers of residential and outpatient services are exposed to the risk of a shortage of funds for formal and informal care?

How will the Slovak Republic ensure that public resources and European funds are channelled not into the construction and expansion of large-capacity facilities, but into community-based forms of support?

Article 20 – Personal mobility

Final Recommendations 59–60

A significant step forward has been taken by eliminating the long-standing discrimination against people excluded from reliance on individual transport on the grounds of age. The Constitutional Court of the Slovak Republic, in its judgment PL. US 16/2018 of 2 April 2020, ruled that the setting of an upper age limit of 65 years for the provision of a cash allowance for the purchase of a private motor vehicle (as well as for the personal assistance allowance) in Act No. 447/2008 Coll. is contrary to the Constitution of the Slovak Republic and international conventions. The Constitutional Court confirmed that the right of persons with disabilities to full inclusion in active society cannot be made conditional on age, and that economic reasons or the need to save the state budget cannot justify direct discrimination. Following this ruling, this age restriction was permanently removed from the Slovak legal system, and applications for the allowance are no longer automatically rejected upon reaching the age of 65. Problems with the affordability of high-quality assistive devices have become even more acute, and the conditions for obtaining high-quality and suitable mobility aids now constitute an even greater barrier than at the time of the previous report. A long-standing systemic inconsistency persists within the current public health insurance system, as a result of which assistive devices for people with the most severe forms and degrees of disability remain financially inaccessible, thereby constituting discrimination based on the severity of their health condition. Reimbursement for these aids is based on the List of Categorised Medical Aids, which is regularly updated by the Categorisation Commission of the Ministry of Health of the Slovak Republic and which strictly sets the amount reimbursed by the health insurance provider and the amount of the co-payment to be made by the insured person. However, this mechanism creates a situation where basic types of electric wheelchairs for people with a lower degree of disability are, as a rule, fully covered by insurance, whilst for people with the most severe disabilities, who necessarily require positioning and special individual adaptations, the cost of the wheelchair is reimbursed only up to the level of the basic functional type. The situation is significantly exacerbated by the fact that health

insurance companies' reimbursement limits for electric wheelchairs and other costly assistive devices take no account whatsoever of inflation or the constantly rising market prices of the devices themselves, with the result that the level of state reimbursement remains unchanged over the long term. As the basic type of aid, by law, does not include the necessary positioning features or special modifications, the most vulnerable patients face a co-payment for the required aid amounting to several times the price exceeding the insurance company's reimbursement, which, in the case of complex electric wheelchairs, often amounts to as much as €8,000 to €10,000 or more, thereby making these vital aids effectively unaffordable for those affected.

Proposed questions:

- What specific measures does the government plan to adopt to facilitate access for people with disabilities to high-quality and affordable mobility aids?
- How does the government intend to support the expansion of transport services to smaller towns and villages?
- What measures does the government intend to take to ensure that people with disabilities continue to benefit from special fares on domestic rail services? Does the government plan to adopt a strategy setting out a uniform level and method of providing discounts on public bus services and urban public transport, and to maintain free travel for carers?

Article 21 – Freedom of expression and access to information

Concluding Recommendations 61–64

Despite the legislation currently being drafted and Final Recommendation 62, there remains a shortage of sign language interpreters in Slovakia, as well as a lack of opportunities for their professional training. At the same time, there is no simultaneous transcription service or online interpreting service available. This shortfall significantly restricts access to information and communication for people with hearing impairments.

In recent years, there has been a significant rise in the use of podcasts and other purely audio formats, which are generally inaccessible to people with hearing impairments as they are not accompanied by simultaneous or offline transcripts; this creates a new and deepening barrier to access to information, public debate and political communication.

Although the state states in its regular report that, in emergency situations, deaf citizens are informed via a prepared text banner on public service and regional media, and via the official websites and social media channels of state authorities, such measures cannot be regarded as sufficient compliance with Article 21 of the . Rather, this is a partial and situational solution that does not cover day-to-day access to emergency information or the right to continuous, timely and equal access to information.

Legislation on the accessibility of information and services available via the internet has improved significantly. It covers the areas of public administration, transport, financial services and banking, and the publication of electronic documents. Supervisory bodies have been established. However, we observe weak supervisory activity and insufficient enforcement of compliance with legal regulations. Information systems that do not meet

accessibility requirements continue to be commissioned and operated. Electronic documents are also published in inaccessible formats, despite existing rules and legislation, which makes it considerably more difficult for people with disabilities to access information.

We regard it as a significant step forward that, in accordance with Concluding Observation No. 64 of the UN Committee on the Rights of Persons with Disabilities, the Government of the Slovak Republic approved in 2020 the establishment of the Slovak Braille Authority (SABP), which forms part of the Matej Hrebenda Slovak Library for the Blind in Levoča and is financially supported by the Ministry of Culture of the Slovak Republic. Since its establishment, the SABP has published three volumes of the handbook "Rules for Writing and Using Braille in the Slovak Republic". The SABP carries out regulatory, awareness-raising, advisory, collaborative and educational activities in the field of Braille and tactile graphics. It supports the systematic development of Braille skills among Braille users, provides certificates listing the names of medicines in Braille, and makes materials available in both Braille and tactile graphics.

Information in plain language and easy-to-read formats remains insufficiently accessible and is still not a common feature of public communication, including communication regarding rights, social services, administrative procedures and available support. This shortfall has a direct impact, in particular, on people with intellectual disabilities, psychosocial disabilities and those with a lower level of understanding of administrative language, as it prevents them from independently obtaining information, making decisions and exercising their rights. It is necessary for the government to explicitly incorporate the obligation to provide key public information in plain language and easy-to-read formats into the accessibility rules, in accordance with Articles 9 and 21 of the Convention and in conjunction with Articles 5, 12 and 13.

Proposed questions

- What measures will the State take to ensure a sufficient number of sign language interpreters and their professional training, and when does it expect to have an adequate interpreting service in place?
- What measures will the State take to introduce a simultaneous speech-to-text transcription service and an online interpreting service?
- What measures will the state take to ensure that key programmes and public speeches are regularly interpreted into Slovak sign language, particularly in the case of information of public interest, press conferences held by public authorities and emergency announcements?
- What specific legislative, methodological and monitoring measures will the Slovak Republic adopt to ensure that public authorities regularly provide key information on rights, public services, social support and administrative procedures in plain language and easy-to-read formats, in accordance with Articles 9 and 21 of the Convention?

Article 23 – Respect for Home and Family

Concluding recommendation 65 – 66

Under Section 12 of the Family Act No. 36/2005 Coll. persons deprived of legal capacity automatically lose their right to enter into marriage. Persons with restricted legal capacity can enter into marriage only with the consent of the guardianship court. Furthermore, a marriage is forbidden to those persons with intellectual disability whose disability can potentially lead to restriction of their legal capacity. This particular provision of the Family Act violates Article 23 of the CRPD in conjunction with Article 12 of the CRPD and should be repealed.

Proposed questions:

- What steps will the State take to repeal Section 12 of the Family Act No. 36/2005 Coll.?

Article 24 – Education

Concluding Recommendations 67–68

The number of children and pupils with disabilities in mainstream education continues to rise. A steadily increasing trend is observed in particular among pupils with autism, followed by communication disorders and developmental learning disabilities. These types of specific educational needs account for the largest increase in the total number of pupils with disabilities in mainstream education. The number of pupils with sensory impairments remains relatively stable.

Although the latest legislation strengthens inclusive education and regulates support measures and reasonable adjustments, and the number of staff in school support teams is increasing (psychologists, special needs teachers, teaching assistants), schools continue to highlight insufficient funding, a shortage of specialist staff – particularly teaching assistants – as well as significant regional disparities, which lead to unequal access to inclusive education.

The age for compulsory pre-school education has been brought forward to 4 years from September 2027 and to 3 years from September 2028. However, ensuring compulsory pre-school education will require significant investment to increase capacity. The capacity of pre-school facilities is currently insufficient, particularly in areas with vulnerable populations. Furthermore, facilities should be accessible, adapted for children with disabilities and adequately staffed; otherwise compulsory pre-school education could lead to increased pressure to place children with disabilities in specialised pre-school facilities, which would hinder inclusion and reinforce institutional segregation. For blind and partially sighted children, we note problems with the availability of textbooks and teaching materials in accessible electronic formats, as well as in specific formats designed for tactile perception – Braille and tactile graphics.

Although Slovak legislation formally recognises Braille as part of the right to access education and information (Section 144(3) of Act No. 245/2008 Coll.), it does not introduce sufficient systemic safeguards to ensure its effective implementation in the education of blind children. In particular, there is no

obligation to carry out an individual and professional assessment of a child's need for education in Braille, to ensure its timely and appropriate introduction as a fundamental tool for literacy, and to prevent situations where Braille is omitted from education or replaced exclusively by auditory or digital forms of access.

Proposed questions:

- How and when will methodological support be provided to support teams working with pupils with severe disabilities?
- How and when will training be provided for support teams working with pupils with severe disabilities?
- How and when does Slovakia intend to increase the capacity of accessible pre-school facilities and ensure sufficient specialist staffing so that the planned expansion of compulsory pre-school education is feasible and inclusive?
- How and when will the availability of textbooks and teaching materials in accessible formats (Braille, tactile graphics, accessible electronic documents and other accessible formats) be ensured for pupils with severe disabilities?

Article 25 – Health

Concluding Recommendations 69–70

Slovak law formally recognises that people with disabilities have the same right to healthcare as other patients. However, the gap between formal equality and the actual accessibility of healthcare remains a problem. The legislation generally sets out the general rights of all patients, but only partially addresses the specific barriers faced by people with various types of disability. There is still a shortage of suitably equipped healthcare facilities for the hospitalisation of people with severe physical disabilities. There is no up-to-date national public register listing which hospitals actually have accessible hospital rooms, examination rooms, bathrooms and trained staff.

The problem of medical examinations also persists. Routine examinations are still not always accessible or are carried out in undignified conditions. For this reason, people with disabilities are often forced to neglect routine or preventive examinations.

Access to medical rehabilitation remains inadequate, particularly for children with neurological conditions. Limited capacity in both outpatient and inpatient rehabilitation services leads to long waiting times, and it is often necessary to resort to privately funded, expensive rehabilitation because publicly funded services are either unavailable or inadequate.

People with the most severe disabilities continue to face significant barriers to accessing dental care. Some contracted providers refuse to treat these patients, particularly those who require a personalised approach or additional support, forcing families to seek out costly private dental care. Patients requiring general anaesthesia face particularly long waiting times due to the limited availability of these services.

Healthcare should be provided on the basis of informed consent, with the information provided being understandable, considerate and tailored to the patient's level of cognitive and volitional maturity and state of health. A positive development is that a person who holds a certificate of severe

disability or a similar document issued in another country, and who is also incapable of giving informed consent, has the right, when receiving healthcare in a healthcare facility, to have another adult present whom they designate in writing; Young patients have the right to have their legal representative present.

It must be noted that, despite the adoption of measures to ensure the smooth hospitalisation of patients with disabilities, we find ourselves in a situation where, whilst suitably equipped facilities do exist, they are in short supply, are not available in all regions, and not every hospital is able to ensure dignified and safe hospitalisation for people with disabilities and a high degree of physical dependency.

Proposed questions:

- Do you have a plan to adopt measures to ensure the smooth hospitalisation of patients with the most severe disabilities, including in wards not specialising in the aforementioned primary diagnosis, and to set a timeframe for equipping healthcare facilities with the necessary aids?
- Do you plan to take measures to guarantee access to healthcare for people with disabilities?

Article 27 – Work and employment

Concluding Recommendations 73–74

In the National Programme for the Development of Living Conditions for People with Disabilities for the years 2021 – 2030, the Ministry of Labour, Social Affairs and Family of the Slovak Republic has committed to continuously supporting the employment of people with disabilities and creating the legislative conditions to promote their employment in the open labour market without the need to establish sheltered workplaces or sheltered workshops, through active labour market measures, including the use of social economy tools.

The Employment Services Act continues to allow for the provision of a subsidy for the services of a job assistant. A job assistant may assist with work tasks, communication, orientation or the personal needs of a person with a disability whilst at work. In practice, however, this allowance is still linked to the sheltered workshop or sheltered workplace scheme. Broader and more flexible funding is needed to facilitate access for people with disabilities to the open labour market.

Act No. 112/2018 Coll. on the social economy and social enterprises has been in force since 1 May 2018; it has created a broader and more modern framework for the employment of people with disabilities than the system of sheltered workshops. This Act comprehensively regulated, for the first time, social economy entities – social enterprises – as well as the provision of public support, the registration and supervision of social enterprises, and the measurement of positive social impact. The Act thus established a legal basis ensuring that the employment of people with disabilities is not viewed merely as social assistance, but also as a legitimate economic activity linked to a public-benefit objective. Its contribution lies in linking economic activity, public support and a measurable social objective. However, it does not yet ensure an automatic transition from a social enterprise to the open labour

market, nor does it provide an individually enforceable right to supported employment.

As at 31 December 2024, there were 564 registered social enterprises in Slovakia, which employed 7,838 people as at 31 December 2024, of whom 5,260 were people with disabilities.

The most significant benefit for people with disabilities was the introduction of a specific type of registered social enterprise – the integration enterprise. Its aim is to achieve a positive social impact through the employment of disadvantaged and vulnerable people.

An integration enterprise must employ a specified proportion of disadvantaged or vulnerable people; under current legislation, this is generally at least 30 per cent of its workforce.

A registered social enterprise must not pursue profit alone, but must commit to using a specified portion of its profits to achieve its primary social objective. In the case of an integration enterprise, this impact is achieved primarily through the employment of disadvantaged and vulnerable people. The Act has strengthened the scope for the state, local authorities, higher territorial units and other public contracting authorities to support social enterprises through procurement. Access to public procurement is of paramount importance for integration enterprises. In conjunction with the Public Procurement Act, particular use can be made of reserved contracts, social criteria in tender conditions, special conditions for contract performance, and the purchase of goods and services from registered social enterprises.

Despite these benefits, a social enterprise cannot automatically be regarded as an open and inclusive labour market. The law itself does not guarantee an employee's transition to the open labour market, a wage comparable to that on the mainstream market, career progression, work support tailored to individual needs, a fully accessible workplace, long-term sustainable financing for the enterprise, stable sales of its products and services, or the employment of people with the most severe forms of disability.

Financial instruments to support the recruitment, transition and retention of people with disabilities in the open labour market are gradually being expanded. However, the current model remains fragmented between statutory contributions, national projects, social enterprises and sheltered forms of employment, and does not yet constitute a comprehensive system of supported employment based on an individual's legal entitlement.

Proposed questions:

- How does the Slovak Republic intend to improve support for the employment of people with disabilities in the open labour market?
- Does the Slovak Republic plan to introduce a comprehensive system of supported employment in the open labour market based on an individual legal entitlement?

Article 28 – Adequate standard of living and social protection

Concluding Recommendations 75–76

We welcome the fact that a minimum annual indexation of disability pensions is guaranteed at a rate of 2 per cent, calculated on the basis of the average disability pension received.

People with disabilities have welcomed the introduction of a 13th pension payment for disability pensioners, calculated on the basis of the average disability pension. However, they would prefer a corresponding increase in the monthly amount of the disability pension rather than the 13th pension paid once a year. They would also welcome a more targeted provision of the 13th pension, so that it is provided in a higher amount to recipients of lower pensions and in a lower amount to recipients of higher pensions.

Recent fiscal consolidation measures and the rising cost of living have increased the financial vulnerability of many people with disabilities and their families. Despite the existence of various benefits and compensation mechanisms, many people with disabilities and their families continue to face serious financial difficulties. The lack of access to publicly funded support services, healthcare and rehabilitation often forces individuals to rely on unpaid care from family members, non-governmental organisations, public fundraising or privately funded services. Informal carers continue to provide the majority of long-term care for people with disabilities, whilst remaining inadequately protected by the social security system. Limited access to unemployment benefits, sickness benefits and pension benefits, combined with a lack of respite care services, increases the risk of poverty for families and reinforces dependence on institutional care.

Suggested questions:

- What measures does the Slovak Republic intend to adopt in future to ensure that the amount of disability pensions awarded and received by persons with a reduction in their capacity to perform gainful employment of over 70 per cent exceeds the officially set income poverty risk threshold?
- How will the State Party ensure that recent fiscal consolidation measures do not have a disproportionately negative impact on persons with disabilities and their families, and what measures will it take to strengthen the social protection system, including support for informal carers?

Article 29 – Participation in political and public life

Concluding recommendations 77–78

The exercise of the right to vote and the right to stand for election is governed by Act No. 180/2014 Coll. on the conditions for exercising the right to vote. Under this Act, being deprived of legal capacity is no longer an impediment to voting. However, being deprived of legal capacity remains an impediment to standing for election under Section 6(c) of this Act.

Electronic voting, which would enable blind and partially sighted voters to cast a secret ballot, is still not available. These individuals consider the right to bring a person of their own choice into the polling station to assist with the completion of ballot papers to be essential in the current situation, but not sufficient to fulfil their civil rights.

Despite a systematic increase in the volume of programmes made accessible through subtitles, sign language and text transcripts, people with hearing impairments continue to report a lack of accessible programmes, particularly in the areas of political party press conferences, candidate discussions, online political debates and commentary, etc. People with hearing impairments are thus disadvantaged when it comes to forming an informed political opinion and participating fully in public life.

Proposed questions:

- What measures is the government preparing to extend the right to vote to people who have been deprived of legal capacity or have limited legal capacity?
- Does the government plan to introduce electronic voting in elections? If so, when?
- What measures will the state take to improve the accessibility of electoral and political communication for deaf and hard-of-hearing citizens?

Article 33 – Implementation of the Convention at the national level and monitoring

Concluding Recommendations 87–88

In accordance with Concluding Recommendation No. 88, a focal point operates within the Ministry of Labour, Social Affairs and Family as a separate unit responsible for matters relating to the implementation of the Convention on the Rights of Persons with Disabilities. Secondary focal points have been established within individual ministries.

The Commissioner for Persons with Disabilities has been in office since 2015, and since 2016 her office has operated as a separate budgetary unit, thereby laying the foundations for an independent monitoring mechanism in accordance with Article 33.2 of the Convention. This office also carries out the mandate of the National Preventive Mechanism under the Optional Protocol to the Convention against Torture. Resources specifically allocated to monitoring the implementation of the Convention remain insufficient to ensure systematic monitoring activities.

A persistent and unresolved problem is the lack of support for the participation of representative organisations of persons with disabilities in the monitoring process of the Convention's implementation, as required by Article 33.3 of the Convention. The main cause is the lack of systematic financial support for representative organisations of persons with disabilities to carry out monitoring and maintain the minimum professional capacity required for this purpose. They are only able to carry out this activity sporadically and on a considerably limited scale, relying on project funding and sponsorship.

Proposed questions:

- What measures will the State Party take to ensure that the independent monitoring mechanism referred to in Article 33(2) of the Convention has adequate financial and human resources, and that organisations of persons with disabilities are systematically involved in monitoring the implementation of the Convention?
- What measures does the Government plan to take to create the conditions necessary to support the systematic participation of representative organisations of persons with disabilities in monitoring the implementation of the Convention and to develop their personal and technical capacity for this activity?