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Visit to Colombia

Report of the Special Rapporteur on the rights of persons with disabilities, Heba Hagrass*

Summary

The Special Rapporteur on the rights of persons with disabilities, Heba Hagrass, visited Colombia from 14 to 25 July 2025. In her report, she assesses the progress made and outstanding challenges in implementing the Convention on the Rights of Persons with Disabilities. She acknowledges the country's sound legal and regulatory framework, such as Act No. 1996 on legal capacity, inclusive education and labour reforms, but also highlights the existence of a significant gap between national commitments and local implementation, especially in rural and conflict-affected areas. She identifies barriers related to accessibility, data collection, participation, legal capacity, justice and health, which are exacerbated by ableist attitudes and structural inequalities. She concludes with recommendations urging Colombia to strengthen institutions, ensure the effective participation of persons with disabilities and translate legal advances into tangible improvements in equality, autonomy and inclusion.

* The summary of the present report is being circulated in all official languages. The report itself, which is annexed to the summary, is being circulated in the language of submission and English only.



Annex

Report of the Special Rapporteur on the rights of persons with disabilities, Heba Hagrass, on her visit to Colombia

I. Introduction

1. The Special Rapporteur on the rights of persons with disabilities visited Colombia from 14 to 25 July 2025. She met with representatives of ministries, the National Congress, State agencies and institutions, local authorities, civil society organizations and United Nations agencies, as well as local authorities and service providers, among others.¹ In addition to visiting Bogotá, the Special Rapporteur travelled to Cali and Medellín, where she met with departmental and municipal authorities. She visited residential care facilities for children, adolescents and adults with disabilities run by the Colombian Family Welfare Institute in Bogotá, Cali and Medellín (institutions, an inclusion support centre and a foster home), a military rehabilitation centre and two private rehabilitation centres, the Salomia centre of the National Training Service in Cali, an independent living centre run by persons with disabilities and La Modelo national prison.

2. The Special Rapporteur thanks the Government of Colombia for its invitation, excellent cooperation and exchanges during the visit. She is especially thankful to all the persons with disabilities and their representative organizations and families with whom she met, who shared their perspectives and aspirations. She is also grateful to the Office of the United Nations High Commissioner for Human Rights (OHCHR) office in Colombia for the support provided before and during her visit and to the representatives of United Nations agencies in Bogotá, with whom she had enriching exchanges.

3. Despite the signing of a peace agreement in 2016 between the Government and the Revolutionary Armed Forces of Colombia-People's Army, Colombia continues to experience high levels of violence and internal armed conflict involving other actors. The violence, which is aimed at controlling the civilian population and the economy, affects the daily lives and access to basic services of the population, including persons with disabilities. In addition, years of conflict have led to a higher prevalence of disability, especially in the areas most affected by violence.

4. Moreover, the diversity and size of the national territory have given rise to varying circumstances among different sectors of the population. This poses a challenge for the adoption of national policies that can be implemented effectively in the most remote areas of the country, for populations that are truly diverse in terms of their culture, traditions and needs. The Special Rapporteur noted the existence of national public policies that are still faced with implementation challenges at the local level. There are significant technical assistance needs at the local and municipal levels for ensuring that measures are implemented usefully and efficiently for the communities they serve.

5. At the international level, Colombia is a Party to the nine core international human rights treaties, including the Convention on the Rights of Persons with Disabilities, which it ratified in 2011. However, Colombia has not yet completed the ratification of the Optional Protocol to the Convention on the Rights of Persons with Disabilities, although the relevant

¹ The Special Rapporteur met with officials of the Ministries of Equality and Equity, Education, Health, Labour, Transportation, Information and Communication Technologies, Justice, Defence, Agriculture and Rural Development, and Interior. She also met with officials of the Colombian Family Welfare Institute, the National Electoral Council, the National Training Service, the National Prisons Institute, the Department for Social Prosperity, the "Colombia Buys Efficiently" national procurement agency, the National Council for Persons with Disabilities, the National Institute for the Deaf and the National Institute for the Blind; officials of the Special Jurisdiction for Peace, the Agency for Reintegration and Normalization and the Unit for the Implementation of the Peace Agreement; representatives of the Attorney General's Office and the Ombudsman's Office; and members of the Human Rights Commission and the Ad Hoc Commission for Persons with Disabilities and Their Caregivers.

domestic law is already awaiting presidential approval and review by the Constitutional Court to finalize ratification. Since 2025, Colombia has been a Party to the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled, and has set up an expert committee for its implementation.

6. The Government regularly reports to the human rights treaty bodies, including the Committee on the Rights of Persons with Disabilities (in 2013 and 2021),² which issued its concluding observations on the country's initial report in 2016.³ The next dialogue with the Committee is scheduled for 2028.

II. Legal and institutional framework for the implementation of the Convention

A. Laws and public policies

7. The Convention on the Rights of Persons with Disabilities was approved at the national level through Act No. 1346 of 2009, whereby the Convention definitions of “persons with disabilities” and “reasonable accommodation” were adopted. In addition, it was incorporated into the Colombian legal system by Act No. 1618 of 2013, under which government entities are assigned responsibilities for the fulfilment of the rights of persons with disabilities from a human rights perspective.

8. The Constitution sets forth the State's obligation to promote conditions conducive to genuine and effective equality and to adopt measures for the benefit of groups that are discriminated against or marginalized. Furthermore, through Act No. 762 of 2002, Colombia adopted the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities and incorporated it into the domestic legal system.

9. Act No. 1752 of 2015 defines discrimination on the basis of disability as an offence. However, there are no clear guidelines on the enforceability of reasonable accommodation or mechanisms to penalize the denial of such accommodation as a form of discrimination. This limits the applicability of the principle of reasonable accommodation in areas such as health and access to assistive devices, employment and inclusive education. In these fields, persons with disabilities turn to legal remedies such as *amparo* in order to claim their rights.

10. The National Disability System was created by Act No. 1145 of 2007 to promote and implement public policy on disability in coordination with national, regional and local public entities, organizations of persons with disabilities, civil society, the private sector and academia. The Ministry of Equality and Equity, through the Office of the Deputy Minister for Diversity and the Directorate on Guarantees of the Rights of Persons with Disabilities, is currently the lead agency of the System.

11. In 2013 Colombia adopted the National Public Policy on Disability and Social Inclusion, which expired in 2023. The Special Rapporteur was informed of the Government's efforts to develop a new public policy on disability, which was in the third phase of development at the time of her visit. The aim of the process is to reach out to and consult with different segments of the population from an intersectional perspective. However, a number of persons with disabilities and organizations representing such persons reported that areas far from Bogotá have not been adequately represented in the consultation process.

12. Colombia has a National Development Plan (2022–2026)⁴ that includes numerous actions for ensuring that the rights of persons with disabilities are respected and guaranteed, including the strengthening of the National Disability System to provide a robust institutional framework on disability and to ensure that the services supplied by such institutions adequately meet the commitments undertaken under the Convention.⁵

² See [CRPD/C/COL/1](#) and [CRPD/C/COL/2-4](#).

³ See [CRPD/C/COL/CO/1](#).

⁴ See <https://www.dnp.gov.co/plan-nacional-desarrollo/pnd-2022-2026>.

⁵ *Ibid.*, p. 339.

13. In February 2025 Colombia adopted a national care policy⁶ to overhaul the social organization of care services. The policy prioritizes the right to receive care in dignified conditions and recognizes and strengthens the specific forms of care provided by rural communities and ethnic populations. The National Council on Economic and Social Policy has defined 16 actions for persons with disabilities and their caregivers.

B. Statistics and data collection

14. Although the National Department of Statistics uses the questions developed by the Washington Group on Disability Statistics, Colombia still does not have a unified data system or a national strategy for methodological harmonization to reflect the reality of persons with disabilities.

15. According to the 2024 quality of life survey, there are 2,846,643 persons with disabilities in the country,⁷ representing 6 per cent of the total population, well below the 16 per cent estimated worldwide.⁸ In addition, the Location and Categorization Register of Persons with Disabilities, administered by the Ministry of Health and Social Security and established by Decision No. 1197 of 2024, indicated at the time of the visit that 496,905 persons had a disability certificate. This is only a small percentage of the total number of persons with disabilities identified in the aforementioned survey.

16. The data derived from the multiple existing sources on the number and situation of persons with disabilities are inconsistent; this, in turn, hinders the design, implementation and monitoring of effective public policies.

17. The Location and Categorization Register of Persons with Disabilities draws on data from the disability certification process. The certificate is a gateway to services and opportunities for persons with disabilities. The certification process, which was designed on the basis of the biopsychosocial model of disability in line with the Convention, is carried out in all departments of the country. The assessment consists of a multidisciplinary clinical evaluation by three professionals from health service providers to observe the constituent elements of disability, based on self-identification.

18. The Special Rapporteur noted several barriers that hamper the issuance of such certificates. The first is the widespread lack of knowledge about the tool and its purpose and about how the application process works. The second is the lack of multidisciplinary certification teams in rural areas and the consequent absence of accessible and culturally sensitive processes. A third barrier is financing, since the funding for this purpose is not included in the basic health plan but comes from another budget item, which causes delays.⁹

C. Monitoring and participation processes

19. Public policy on disability is coordinated by the Ministry of Equality and Equity through the Office of the Deputy Minister for Diversity and the Directorate on Guarantees of the Rights of Persons with Disabilities. This has created uncertainty among persons with disabilities, as the lawfulness of the Ministry's creation and its future existence have recently been challenged in court.¹⁰

20. The National Council for Persons with Disabilities is part of the National Disability System and is responsible for consultation, advisory services, coordination, liaison, adoption

⁶ See <https://colaboracion.dnp.gov.co/CDT/Conpes/Económicos/4143.pdf>.

⁷ See <https://www.dane.gov.co/index.php/estadisticas-por-tema/salud/calidad-de-vida-ecv/encuesta-nacional-de-calidad-de-vida-ecv-2024>.

⁸ See <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>.

⁹ The Special Rapporteur learned that in departments such as Cali and Medellín the local government allocates its own budgetary resources to speed up the certification process, as the funds provided by the national Government are insufficient.

¹⁰ Constitutional Court, judgment No. C-161 of 2024, declaring Act No. 2281 of 2023 "creating the Ministry of Equality and Equity and enacting other provisions" unconstitutional due to procedural flaws in its enactment.

and evaluation with regard to public policies on disability issues. It is made up of seven members representing organizations for persons with disabilities, one representative of organizations of legal entities, representatives of all ministries and of the National Planning Department, the National Federation of Departments and the Colombian Federation of Municipalities and one representative of academia. In addition, the National Institute for the Blind, the National Institute for the Deaf and the Colombian Family Welfare Institute have been extended a standing invitation to participate. Candidates are nominated by their representative organizations and decisions are made by administrative action.

21. The National Disability System¹¹ also has departmental and district committees that serve as intermediate levels of consultation, advisory services, consolidation, monitoring and verification of the implementation of public policy, as well as municipal and local committees on disability issues, as levels of deliberation, construction, monitoring and verification. In Medellín, for example, it was reported that 107 committees have been established in the municipalities, of which 75 are effectively operational. The departmental government supports these committees so that they can function. The Special Rapporteur appreciates these efforts, but notes that there is a disconnect between the municipal and departmental committees and the National Council, with which coordination and communication are largely absent, making it difficult to adequately represent the population with disabilities.

22. At the time of the visit, the positions of the members of the National Council for Persons with Disabilities were vacant and no date had been set for the election of new members. The Council was originally coordinated by the Office of the Presidential Adviser, which represents a direct channel to the Office of the President. Currently, it is coordinated by the Directorate on Disability of the Ministry of Equality and Equity. During her visit, the Special Rapporteur was informed that departmental, district, municipal and local committees on disability issues operate with varying degrees of effectiveness in different parts of the country. No such committees exist in some areas, often due to an absence of dedicated funding or a lack of awareness.

23. There is a need to address the lack of representation of persons with intellectual and psychosocial disabilities, which is sometimes due to the impossibility of meeting training and professional experience criteria for their election as members, as these criteria do not correspond to their reality and possibilities. It was reported that in some cases caregivers are appointed as representatives instead of persons with disabilities. It is imperative to include diverse voices in the National Council for Persons with Disabilities to reflect all disabilities and realities in the country, especially those of the most marginalized groups.

24. In addition, the Special Rapporteur considers it important for the National Council for Persons with Disabilities to develop its own agenda and to become revitalized in order to serve as a link between civil society and the Government. A separate budget line should be designated for the Council to strengthen its functioning and effectiveness.

25. Lastly, an independent mechanism has just been set up to promote, protect and monitor the effective exercise of the rights of persons with disabilities.¹² It was established under article 30 of Act No. 1618 of 2013 as an autonomous, pluralistic and participatory entity that monitors the realization of the rights of persons with disabilities, pursuant to article 33 (2) of the Convention on the Rights of Persons with Disabilities. The mechanism consists of organizations of persons with disabilities and civil society, the Counsel General's Office, the Ombudsman's Office and the Comptroller General's Office. Given its recent creation in 2024, the mechanism is in need of further strengthening and funding in order to expand its agenda and operations.

¹¹ See <https://www.mininterior.gov.co/grupo-de-gestion-en-discapacidad/el-sistema-nacional-de-discapacidad/>.

¹² See <https://alianzacoordinadorapcd.org/mecanismo-independiente/>.

D. Accessibility of the physical environment, information and communication

26. The accessibility of physical environments, information and communication and of services, including digital technologies, is key for ensuring the enjoyment of all Convention rights. In Colombia, there are still physical and communication barriers that limit the capacity of persons with disabilities to live independently and autonomously. Many structures, including government buildings, date back to colonial times and have not been adapted for access by persons with disabilities. There is still a lack of tactile paving lines and audible traffic signals for persons with visual impairments. Most means of public and air transportation are not accessible or do not have accessible evacuation routes for persons with disabilities. The challenges are more acute in rural areas, where road and highway accessibility is more difficult, as in the municipalities along the Pacific coast.

27. This is in spite of the Government's efforts to improve accessibility and involve persons with disabilities in the design of measures such as accessibility protocols for the construction of new buildings, vehicle regulation and the installation of accessible traffic signals when existing ones fall into disrepair.¹³

28. Act No. 324 of 1996 provides for the official recognition of Colombian sign language and Act No. 982 of 2005 requires the State to promote its teaching and dissemination and research in this regard, and to ensure access to public services through sign language interpreters for those who need them. There are different ways of hiring sign language interpreters in the country. One method is through a relay centre, which provides sign language interpreters to persons with hearing impairments who request interpretation in their interactions with government agencies, medical personnel or justice officials, among others. However, at the time of the visit, the relay centre was inactive.

29. Regarding the accessibility of the digital environment,¹⁴ the Ministry of Information and Communication Technologies promotes web accessibility throughout the country, with a focus on sensory impairments.¹⁵ The Ministry also works with the Ministry of Education to digitize the school curriculum in an accessible format.

E. Legal capacity

30. With the adoption of Act No. 1996 of 2019, which sets a global benchmark, Colombia took a crucial step forward in safeguarding the rights of persons with disabilities by eliminating the concept of legal incapacitation and establishing a model of supported decision-making. The law establishes a presumption of legal capacity for all persons with disabilities over the age of 18 (even if they require support), prohibits substitute decision-making, establishes free and informed consent as a central principle and obliges the State to ensure the accessibility and reasonable accommodation required for the full exercise of legal capacity.

31. Act No. 1996 establishes a support assessment mechanism enabling persons with disabilities to identify the formal supports they need in order to take a decision while remaining at the centre of the process. Supports are formalized through support agreements, advance directives and court-ordered supports. The first two are concluded before a notary public or before out-of-court mediators registered with conciliation centres. There are initiatives to train judges and magistrates on this law, including a consolidated digital course, according to information from the Ministry of Justice. There are also training courses for mediators and notaries involved in support assessments.

¹³ Although there are no differentiated transport fares for persons with disabilities at the national level, they do exist in some cities such as Bogotá, Cali and Medellín, where differentiated fares are administered by city councils.

¹⁴ See <https://www.mincit.gov.co/ministerio/ministerio-en-breve/docs/5854-1.aspx>; and Act No. 1680 of 2013.

¹⁵ For example, through the "ConVerTIC" programme for persons with visual impairments. Available at <https://www.convertic.gov.co/641/w3-channel.html>.

32. Persons with disabilities continue to encounter obstacles to the exercise of their legal capacity, many of which are due to justice officials' lack of awareness of the details of Act No. 1996 or the nature of the system of supports. In some cases there is a belief that persons with disabilities can exercise their legal capacity only through supports, and individualized assessments that respect the person's autonomy are not necessarily carried out. A number of persons with disabilities informed the Special Rapporteur that such persons still encounter barriers to getting married, managing property, receiving inheritances, opening a bank account and giving consent to medical procedures, among other things, regardless of the type of disability they have.

33. In addition, ableist attitudes persist among justice officials and financial and banking institutions, which require support assessments carried out according to the medical and clinical model. Sometimes these attitudes persist even in the families of persons with disabilities owing to a failure to educate the public about the parameters of the law and how it works. Lastly, there is a need to review legal incapacitation rulings issued prior to the law on legal capacity (Act No. 1996) to adapt them to the new support assessment system.

F. Access to justice and personal liberty

34. Access to justice is a gateway to the guarantee of all other rights. Despite efforts by the Attorney General's Office to improve the accessibility of websites for filing complaints and accessing information by strengthening special channels for victim assistance, barriers to the exercise of this right by persons with disabilities persist.

35. It was found that some of these barriers are related to an ableist approach on the part of justice officials, the fact that many courts and administrative buildings remain physically inaccessible, the failure to make the necessary procedural accommodations and the significant shortage of sign language interpreters, which impedes communication by persons with hearing impairments.

36. Women and girls with disabilities still face challenges in effectively accessing criminal justice. For example, it was reported that when filing a criminal complaint, they are required to be accompanied by a family member or, failing that, to have a support agreement, regardless of the situation of each individual. Furthermore, it was reported that their testimonies are often disregarded because of their medical diagnosis. This seriously undermines their right of access to justice.

37. With regard to restrictions on personal liberty, the "psychiatrization" and forced institutionalization of persons with intellectual or psychosocial disabilities persists and is often endorsed by their own families, in response to crisis situations or in the absence of accessible services in the community, which are replaced by institutions. Persons who are hospitalized often have to sign consent forms that include medical procedures they agree to undergo.

38. There is no consolidated or updated public information on the institutionalization of persons with disabilities; nevertheless, there are documented cases in which individuals have remained in institutions for decades and have sometimes been subjected to practices that violate their physical integrity. The adoption of the Mental Health Act (No. 2460 of 2025), which takes a biopsychosocial approach, is noteworthy in this regard, and it is hoped that the Act will serve to prioritize community mental healthcare and reduce psychiatrization.

39. The Special Rapporteur visited La Modelo prison in Bogotá, specifically the mental health wards and the ward for persons with disabilities. There she was able to see that, despite certain deficiencies in the facilities of the wings where such persons are housed, the prison population with disabilities has access to work and educational activities and to health and rehabilitation services.

40. The Special Rapporteur also noted with satisfaction that, little by little, certification teams are coming to the prison to begin issuing disability certificates to those who need them, thus giving them access to services. However, she was concerned to note that not all such persons had access to adequate assistive devices, especially wheelchairs, as they either were not provided or were defective.

III. Key thematic issues under the Convention

A. Women and girls with disabilities

41. Women and girls with disabilities face a combination of barriers to accessing their rights. These barriers are related to their gender and disability, which put them at greater risk of violence, abuse and neglect. Decision No. 1904 of 2017 guarantees the right of persons with disabilities to have access to adequate and sufficient information about their sexual and reproductive rights and provides that health services must offer support, reasonable accommodation and safeguards that enable them to take informed decisions in this regard. Article 7 of Act No. 1412 of 2010 prohibits the sterilization of minors, and this provision has been upheld in several Constitutional Court rulings.¹⁶

42. It was noted that adolescent girls and women with disabilities are still denied information about their sexual and reproductive health and are subjected to forced contraception or forced sterilization without their informed consent, often on the recommendation of medical personnel and with the approval of their families, based on stereotypes portraying them as incapable of becoming mothers and forming a family.

43. Women with disabilities are left uninformed about access to sexual and reproductive health services. The absence of inclusive sex education, including access to information on contraceptive methods, was highlighted. This situation leads to the subjection of girls and women with disabilities to forced contraception, depriving them of their right to take decisions about their own bodies and to form a family.

44. Women and girls with disabilities are also particularly vulnerable to violence, including gender-based violence, domestic violence, obstetric violence and sexual violence. Sexual violence is often linked to the stereotyped view that women with disabilities lack capacity and are unable to consent or that their consent need not be sought. However, there is a lack of information on this issue, since, although there are annual reports on gender-based violence, the data are not disaggregated by disability.

45. These practices violate the rights of women and girls with disabilities to have their legal capacity, physical integrity and privacy respected and their right to form a family, all of which are recognized and protected by the Convention on the Rights of Persons with Disabilities.

B. Situations of risk

46. Colombia has been ravaged by internal armed conflicts for more than 60 years. While the entire population has been severely affected, persons with disabilities, both those with pre-existing disabilities and those who acquired them as a result of the violence, have faced disproportionate and aggravated violations and impacts.

47. One issue that was raised repeatedly during the visit is the presence of anti-personnel mines in different parts of the territory, which result in disabilities for countless victims. These victims, who often live in rural and remote areas, have specific health needs and require access to rehabilitation and assistive devices, which must be provided in their places of residence and on which they must be duly consulted.

48. Persons with disabilities who signed the 2016 Final Agreement for Ending the Conflict and Building a Stable and Lasting Peace face an additional barrier related to their status as signatories and the persistent stigma against them, which sometimes leads to violations of even their right to life. In addition, they face greater obstacles to reintegrating into their communities in an extremely fragile situation, as well as a risk of revictimization. In most cases, these individuals do not have access to health and rehabilitation services. Many others are in exile and do not have access to reintegration or training programmes.

¹⁶ See judgments No. T-573 of 2016, No. T-231 of 2019 and No. T-199 of 2025.

49. The inclusive institutional efforts deployed in relation to the armed conflict are worthy of note. Act No. 2421 of 2024 provides for a differentiated approach for persons with disabilities whereby the rights to truth and justice and measures to provide care, assistance and comprehensive reparation to victims must include differentiated treatment for such persons. For example, the Special Jurisdiction for Peace adopts a differentiated approach to persons with disabilities. These efforts include the development of accessible websites and the transmission of ethnically and culturally appropriate notifications that use simple language, with measures to facilitate the translation of judgments into Easy Read formats. In addition, reasonable accommodation is provided for persons with disabilities who appear in court. They are offered support services such as interpreters in Colombian sign language. The Special Jurisdiction has identified and assisted more than 1,400 victims with disabilities.¹⁷

50. The Agency for Reintegration and Normalization assists signatories to the peace agreement in their transition to civilian life and takes a differentiated approach to persons with disabilities in its comprehensive reintegration programmes (economic, political and community-based), which include 36 specific actions for persons with disabilities. No disability certificate is required in order to access services, as access is based on self-identification and is thus facilitated.

51. On the other hand, there is concern about the situation of migrants, refugees and asylum-seekers with disabilities, whose numbers are difficult to determine owing to the lack of data disaggregated by these categories. These individuals suffer from social isolation and marginalization and face serious economic difficulties, often as a result of xenophobia and their situation of particular vulnerability. Regular immigration status is the gateway to accessing essential rights such as housing, education and employment. It is therefore essential that regularization processes be inclusive and accessible for persons with disabilities.

52. The Special Rapporteur welcomes the judgment handed down on 13 February 2025 by the Superior Court of the Judicial District of Cali,¹⁸ which ordered the State to ensure that persons with disabilities can exercise their rights on an equal basis with others. This entails the adoption of reasonable accommodation and accessibility measures in immigration processes.

53. Lastly, with regard to natural disasters and risk management, the National Disaster Risk Management Unit has taken steps in recent years to ensure inclusive disaster and emergency management, but it has yet to incorporate a disability perspective. In particular, the Special Rapporteur learned that, in rural areas, prevention and care strategies are not designed with the participation of persons with disabilities and thus do not take their needs into account.

C. Independent living and deinstitutionalization

54. Under article 19 of the Convention, all persons with disabilities have the right to live in the community, with choices equal to others, and the right to choose their place of residence and where and with whom they live and should not be obliged to live in a particular living arrangement. To realize this right, it is essential that persons with disabilities have access to community-based services.

55. In Colombia, this right has not been realized, despite the efforts of the national Administration and local governments. A number of situations were observed that illustrate why persons with disabilities still cannot live independently. Some of these situations stem from a lack of access to inclusive education, employment and assistive devices and from the failure to adapt cities and housing to ensure their accessibility.

56. Other, more specific examples of the obstacles faced by persons with disabilities include communication barriers for deafblind persons who need an interpreter-guide to live

¹⁷ See, for example, macrocase 03 concerning extrajudicial executions, commonly referred to as “false positives” or murders and enforced disappearances of persons, including persons with disabilities, who are falsely portrayed as combat casualties by State agents.

¹⁸ See <https://www.infobae.com/colombia/2025/04/16/historica-sentencia-ordeno-al-estado-adaptar-procesos-migratorios-para-personas-con-discapacidad-en-colombia/>.

independently but do not have one because this is a personalized and therefore expensive service that has not been widely implemented.

57. The Special Rapporteur was informed of the Government's efforts to establish a national care system designed to recognize the various care practices at the community, campesino and ethnic levels¹⁹ and the rights of caregivers and to improve the State's capacity to effectively respond to the population's requests for care and support. The system determines a series of actions to be taken to ensure the rights of persons with disabilities and identifies the competent entities, the date of implementation, the goals and the resources for their implementation.

58. However, it is essential that the system also address the support that persons with disabilities require, as well as their right to independence and autonomy, by consulting with and listening to them as recipients and providers of care and support. Some persons with disabilities expressed their concern that the new care system focuses exclusively on caregivers rather than on persons with disabilities who require care and support and that relevant government services are also reserved for this group.

59. The Special Rapporteur shares this concern and considers it essential that persons with disabilities and their representative organizations be appropriately consulted as part of the development of the system and the specific actions for them. Persons with disabilities must also be at the heart of the process, whose guiding concepts must be their autonomy and their right to independent living.

60. In addition, the Special Rapporteur acknowledges the care system in the Municipality of Bogotá,²⁰ which she was able to observe. The system is part of a public policy for gender equality, based on the premise that women perform most caregiving tasks, and brings together services that were already operating in the municipality with other specially created ones. It consists primarily of three types of assistance: "care hubs", care buses and home aids. The latter work directly with persons with disabilities to support them in gaining greater autonomy in their daily activities and thus provide their caregivers a respite.

61. The Special Rapporteur welcomes the initiatives aimed at relieving the burden of caregiving, which falls chiefly on women. However, she considers it essential that the system take due account of persons with disabilities so that the activities carried out while their caregivers take a break or receive training also serve to develop their independence, autonomy and capacity to manage their own care and support.

62. The Special Rapporteur highlights the positive personal assistant initiative launched by the Municipality of Medellín. These individuals are trained and coordinated by the authorities to support the independent living of persons with disabilities and assist them with specific tasks when needed. It was reported that, through this programme, as of mid-2025, support had been provided to 70,000 persons with disabilities.

63. In addition, the Special Rapporteur visited children's institutions under the protection system of the Colombian Family Welfare Institute, including institutions for children with disabilities. In some facilities, there were institutionalized adults who had grown up there. The Special Rapporteur notes that the institutions do not provide opportunities for inclusion in the community or independent living and that, under article 5 of the Convention, the practice of institutionalization is discriminatory against persons with disabilities. In some of the institutions for children with disabilities that she visited, the Special Rapporteur saw many of the children isolated or segregated, often confined to specific areas, without contact with their peers or the community, which amounts to inadequate living conditions.

64. However, the Special Rapporteur was informed of an initiative involving community living houses in Itagüí, an inclusion support centre and a foster home in Bogotá (all these initiatives are managed by the Colombian Family Welfare Institute). Initiatives such as these serve as a deinstitutionalization measure and as an effective measure to prevent the reinstitutionalization of children with disabilities by supporting access to services, including

¹⁹ It should be noted that most people who carry out care duties in Colombia are women, mainly campesinas and women of African descent.

²⁰ See <https://bogota.gov.co/mi-ciudad/mujer/sistema-distrital-de-cuidado-en-bogota-sitio-web>.

education and employment, in the community. The inclusion support centres are a good practice, providing children with disabilities with support outside school hours to promote their inclusion in mainstream schools with the appropriate support, in coordination with their families and through a personal inclusion support plan.

D. Inclusive education

65. Through Decree No. 1421 of 2017, Colombia established the framework for inclusive education and committed to ensure the pedagogical support, reasonable accommodation and accessibility measures necessary to give children and adolescents with disabilities access to education in mainstream schools and avoid their segregation.

66. However, according to the data provided during the visit, the illiteracy rate among persons with disabilities is 17 per cent, compared to 5.2 per cent in the rest of the population. Furthermore, there are no data, disaggregated by type of disability, on the number of children and adolescents with disabilities not enrolled in the education system.

67. Persons with disabilities and the families of children and adolescents with disabilities submitted to the Special Rapporteur information on the persistent barriers to access to formal education, the lack of support provided by schools, the denial of places in schools and the attitudinal barriers on the part of schools and, sometimes, of families. They also mentioned the lack of training for teachers and of curricular adaptations. Some families have been required to provide a “shadow” teacher to accompany the child with disabilities throughout his or her schooling, which is expensive and forces parents to sacrifice their life goals.

68. Of further note is the situation of children and adolescents in remote rural areas, which are often disproportionately affected by the violence related to the armed conflict and are, in some cases, controlled by non-State armed groups. In areas of the country where accessibility is in itself an additional challenge, access to inclusive education is even more difficult owing to the areas’ remoteness and the lack of resources or State presence.

69. These challenges notwithstanding, the Special Rapporteur highlights the National Committee on Disability and Early Childhood as a good example of a strategic intersectoral entity, which has been operating for five years and coordinates various government sectors and civil society efforts in all regions. The National Committee was established through Act No. 1804 of 2016 and is part of the National Disability System. It has adopted legal guidelines to advise all levels of government on the implementation of inclusive education.

70. The ultimate goal of the National Committee is to ensure that all children with disabilities can enjoy access to the education system and that the conditions are created for their participation in education, from early childhood, on an equal basis with other children. Once they are enrolled in school, the National Committee also seeks to support the families of children with disabilities so that the children can advance to the next education level.

71. The support to families is provided at all levels and in all regions (especially the most remote) with a view to raising awareness of the importance of ensuring that children with disabilities have access to inclusive education and to discourage the practice of keeping them isolated at home. The purpose of the support is also to ensure that schools receive children with disabilities in an appropriate manner.

72. Furthermore, efforts to ensure the right to inclusive education have also been made at the departmental and district levels. These efforts include increasing the availability of support teachers as part of the roll-out of individual reasonable accommodation plans for children and adolescents with disabilities enrolled in mainstream education.

73. Access to higher education is among the main obstacles for persons with disabilities in Colombia. Barely 13 per cent of them reach this level, whereas the rate among the rest of the population is 28 per cent. This is due to barriers in admission systems, the lack of technical and human assistance and the shortage of assistive technologies. This makes it difficult for persons with disabilities to access the labour market, especially in rural areas.

E. Employment

74. During the visit, the Special Rapporteur observed the reality and challenges that persons with disabilities in Colombia face in joining the open labour market.

75. There are regulations on the inclusion of persons with disabilities in the labour market. Decree No. 2011 of 2017 establishes a quota for the recruitment of persons with disabilities in the public sector. Although there already were national laws establishing incentives for the recruitment of persons with disabilities in the private sector, the recent labour reform (Act No. 2466 of 2025) introduced a gradual obligation to recruit persons with disabilities.

76. Under Act No. 2466, private employers with up to 500 employees are required to employ or recruit 2 persons with disabilities for every 100 workers. Those with 501 or more employees are required to employ or recruit 1 person with disabilities per additional 100 workers. Furthermore, employers are required to provide the measures and reasonable accommodation necessary for persons with disabilities to have access to, perform and keep their job.

77. Compliance with quotas is essential, since, in practice, according to reports submitted to the Special Rapporteur, in 2024 the rate of labour-market participation was 25.2 per cent for persons with disabilities, compared to 66.4 per cent for persons without disabilities. In addition, in various interviews, persons with disabilities shared their concern about persistent barriers hindering their access to employment, including stereotypes and preconceived ideas about their abilities, qualification requirements that are inaccessible to them, a lack of flexibility in posts and the absence of reasonable accommodation in the workplace to enable them to properly perform their tasks.²¹ They also mentioned that in order to be recruited they are required to have a disability certificate, which, as previously described, is difficult to obtain.

78. Furthermore, while the labour reform constitutes progress, employers must have at least 100 employees before they are required to recruit persons with disabilities. This figure is high for the purpose of ensuring genuine inclusion in the private sector, especially considering the trend in the sector towards reducing staff numbers. It is essential to consider regulation and implementation as the next step and, especially, adequate monitoring of compliance through a system of labour inspection, oversight and control by the relevant authorities so that persons with disabilities are not only recruited but are also assigned tasks in practice and receive remuneration on a sustained basis over time.

79. The Special Rapporteur highlights the work of the National Training Service to allow persons with disabilities to become certified in various job skills that they can then apply, so long as the appropriate accessibility and reasonable accommodation measures are taken. Training is provided to prepare persons with disabilities to join the open labour market, through agreements with employers on internships and employment guides for transitioning into and remaining in employment. These services should be provided throughout the country, especially in rural areas, to ensure inclusive employment in these areas.

F. Health, social security, rehabilitation and assistive devices

80. The right to health is regulated in Act No. 1751 of 2015, under which persons with disabilities are entitled to special protection. This implies that their healthcare cannot be limited by administrative or economic restrictions of any kind and that institutions in the healthcare sector must design intersectoral and interdisciplinary procedures to guarantee the best conditions of care.

81. According to information received during the visit, both the subsidized and the contributory systems provide coverage for rehabilitation services offered by providers of simple to complex healthcare services in a range of disciplines. However, rehabilitation

²¹ This includes the provision of sign language interpretation services to persons with hearing impairments for job interviews and for the performance of their job duties, as well as interpreter-guides for deafblind persons.

services tend to be delivered by providers of medium to complex services located in departmental capitals. This hinders access to diagnosis, especially in rural areas where not all medical and specialized tests are available, which can entail travel to urban centres and, thus, additional expenses for families. In this regard, the Special Rapporteur was informed that, through international cooperation and the primary healthcare programme, simple rehabilitation services are being strengthened.

82. She was also informed that there remain significant barriers hindering the access of persons with disabilities to healthcare, rehabilitation services and assistive devices in practice. She was repeatedly told that families of persons with disabilities have to resort to court-ordered guardianships to obtain access to assistive devices, including wheelchairs. This procedure is costly and complex for all segments of the population.

83. Moreover, persons with disabilities have difficulty accessing healthcare services owing to a lack of accessibility and reasonable accommodation. For example, the Special Rapporteur was informed of the cases of women wheelchair users who could not undergo routine gynaecological examinations owing to a lack of disability-appropriate equipment. Deaf and deafblind persons also repeatedly reported facing difficulties communicating with medical professionals owing to a lack of sign language interpreters and interpreter-guides. As a result, such persons often must bring relatives with them when they go to appointments, with implications for their privacy.

84. Such situations infringe the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination on the basis of disability, in keeping with article 25 of the Convention, especially the right not to be denied, in a discriminatory manner, health services or healthcare on the basis of disability.

85. The Special Rapporteur visited a military rehabilitation centre in Medellín and commended the level and quality of the facilities and services provided to persons who acquired a disability in the course of their military duties, including a detailed personal rehabilitation plan and follow-up and support for transitioning to civilian life or to other duties within the armed forces. However, the Special Rapporteur expresses the wish that public facilities of this nature be accessible not only to members of the armed forces, but also to victims of the armed conflict and signatories to the peace agreement, for whom access to effective rehabilitation is often very limited.

86. Regarding social security, it was noted that, apart from the allowances for families living in poverty, a disproportionate share of whom are families of persons with disabilities, Colombia does not have a financial benefit exclusively intended to cover the additional costs related to disability. This hinders access to assistive devices and to other services that are indispensable for independent living, such as personal assistance, accessible transport and adapted housing, which is essential to alleviate the additional workload and time commitment for families, especially women, inherent in caring for persons with disabilities.

G. Political participation

87. There are no formal restrictions on the right to vote of persons with disabilities in Colombia. Furthermore, the Ministry of the Interior has launched initiatives, including workshops and conferences, to strengthen the political and civic participation of persons with disabilities in their communities,²² especially women with disabilities,²³ which is of vital importance.

88. However, there remain obstacles to the full exercise of this right. According to persons with disabilities and their representative organizations, this is due to persistent ableism and the lack of accessible voting procedures. Although there were adapted voting booths, Braille

²² Some municipalities, for instance Bogotá, provided examples of good practices in community strengthening for persons with disabilities introduced by the District Secretariat for Social Integration.

²³ For example, the National Network of Women with Disabilities led an initiative, with support from the Ministry of the Interior and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), to open up spaces for participation, showcase the leadership of women with disabilities and promote their role in peacebuilding and development.

ballots and sign language interpreters in the last election, they were not always fully accessible or available, especially in rural and remote areas.

89. The National Electoral Council informed the Special Rapporteur that there are no disaggregated data on persons with disabilities participating in political bodies. Similarly, there is no statutory quota for persons with disabilities in political bodies, so the choice of candidates to put forward is largely dependent on the political parties. The candidate list does not include any information on disability because this is considered sensitive information protected under the law.

90. It is fundamental to ensure that persons with disabilities can participate in all stages of the design, logistics and planning of elections, including the development of service protocols, which must involve consultation with persons with disabilities. Moreover, effective monitoring and oversight mechanisms must be set up to ensure compliance with these measures.

91. Progress is needed with regard to the accessibility of electoral materials, primarily the availability of sufficient Braille ballots, and of polling stations. There is also a need to provide explanations in sign language, which can be in illustrated form where it is not possible to provide interpreters at all polling stations. Furthermore, there must be greater awareness among the actors involved in elections, as well as affirmative action measures to enable persons with disabilities to access all levels of public office.

92. Any affirmative action should be applied countrywide, especially in remote rural areas, and in all types of elections.

IV. Conclusions and recommendations

A. Conclusions

93. **Colombia has demonstrated significant legal and political commitment to better protecting the rights of persons with disabilities, as reflected in its accession to international instruments, the adoption of progressive laws, such as Act No. 1996 of 2019 on legal capacity, and the recent establishment of the Ministry of Equality and Equity. However, gaps remain between the legal framework and its implementation in practice, especially at the local level and in rural areas, where services and mechanisms for participation are not yet available to the entire population.**

94. **While public policies on disability show progress in the areas of accessibility, inclusive education, employment, healthcare and support, there are structural inequalities and attitudinal barriers that prevent the full enjoyment of rights in equal conditions. The lack of disaggregated data and limited interinstitutional coordination hamper effective planning and accountability. Furthermore, an ableist approach persists in government bodies and the judicial, healthcare and education systems, disproportionately affecting women, girls, persons with psychosocial and/or intellectual disabilities and those living in areas affected by the armed conflict.**

95. **Colombia has a vibrant civil society and organizations of persons with disabilities committed to the promotion of the rights of persons with disabilities. Increasing the effective participation of persons with disabilities and their representative organizations and ensuring their presence in decision-making bodies will be key to moving towards genuine inclusion. The immediate challenge is translating legal commitments into tangible results that improve the lives of persons with disabilities and strengthening institutions, participation levels and rights-based social and community protection systems.**

B. Recommendations

96. The Special Rapporteur urges the Government of Colombia to continue its efforts to promote and protect the rights of persons with disabilities. To this end, she makes the following recommendations.

97. With regard to the legal and institutional framework and awareness-raising, the Special Rapporteur recommends that the Government:

(a) Ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities;

(b) Ensure the institutional stability of the Ministry of Equality and Equity and strengthen its technical and budgetary capacity;

(c) Step up awareness-raising efforts and invest in public awareness and information campaigns on disability from a human rights and intersectional perspective, and in sector-specific activities;

(d) Adopt as soon as possible a new national policy on disability, while consulting with and involving persons with disabilities and their representative organizations.

98. Concerning participation of and consultation with persons with disabilities, the Special Rapporteur recommends that the Government:

(a) Create an enabling environment for the establishment and operation of representative organizations of persons with disabilities, for example by allocating funding for independent monitoring and promotion activities in relation to laws and policies that directly and indirectly affect them;

(b) Enhance coordination in the National Disability System, ensuring effective relations among the national, departmental and municipal levels, and provide the National Council for Persons with Disabilities with its own agenda, sufficient resources and mechanisms for inclusive elections that ensure the representation of all types of disability;

(c) Relax participation requirements to allow persons with disabilities and organizations of persons with disabilities to serve as representatives in bodies such as the National Disability System;

(d) Strengthen the independent mechanism for monitoring the implementation of the Convention and implement an effective action plan, including short- and medium-term goals, to ensure the oversight of the mechanism's operations.

99. Regarding data and statistics, the Special Rapporteur recommends that the Government:

(a) Roll out a national strategy for the harmonization and updating of data on disability, disaggregated by age, sex, gender identity, sexual orientation, geographical location, ethnic or racial background and type of disability;

(b) Strengthen existing multidisciplinary teams in rural areas with regard to the granting of disability certificates and ensure that this service is dignified and understandable by providing guidance and counselling and by simplifying and ensuring the accessibility and monitoring of procedures.

100. With regard to accessibility, the Special Rapporteur recommends that the Government:

(a) Accelerate the adaptation of public infrastructure and transport in keeping with international universal accessibility standards, and strengthen the implementation, monitoring and enforcement of existing standards on accessible architecture, design and construction by adopting urban planning and land use approaches focused on universal accessibility and the effective participation of persons with disabilities and their representative organizations;

(b) Formulate detailed guidelines on reasonable accommodation targeting public service providers, including municipalities, medical centres, schools, the police, courts, intercity and international transport terminals, and cultural and sports facilities, to ensure that their services are accessible for persons with disabilities, even if they are not currently accessible;

(c) Make accessibility, as well as the inclusion of persons with disabilities in the workforce, a mandatory requirement in all public procurement processes for construction and renovation projects and the acquisition of equipment, products and services;

(d) Step up efforts to ensure access to information and communications for all persons with disabilities, including blind, deaf and deafblind persons and persons with intellectual disabilities.

101. Concerning legal capacity and access to justice, the Special Rapporteur recommends that the Government:

(a) Intensify mandatory in-service training for all judicial actors, notaries and mediators, as well as public awareness campaigns, on the support model established in Act No. 1996 of 2019 and set up an oversight and monitoring system for these processes and a data collection system;

(b) Ensure the review and adjustment of past incapacitation rulings by establishing a new deadline for this purpose;

(c) Ensure that all judicial and investigation procedures are accessible for persons with disabilities by, inter alia, formulating and applying protocols on procedural accommodation, physical accessibility and accessibility of communication in all courts, and allocate sufficient resources for the provision of accommodations in practice, including sign language interpretation;

(d) Conduct awareness-raising and information campaigns on Act No. 1996 targeting the general public, including families of persons with disabilities.

102. Regarding independent living, the Special Rapporteur recommends that the Government:

(a) Adopt a comprehensive strategy for the gradual elimination of residential institutions for persons with disabilities, including specific time frames and indicators, and redirect public funds from these institutions to community-based and community living services; promote and fund alternative, community-based measures, such as foster homes;

(b) Publish up-to-date, disaggregated and accessible data on the institutionalization of persons with disabilities;

(c) Mainstream disability in the roll-out of the national care system and ensure that the Care Directorate and the Directorate on Guarantees of the Rights of Persons with Disabilities coordinate their activities and consult with persons with disabilities and their representative organizations;

(d) Promote and fund personal assistance services that are differentiated from traditional care.

103. Concerning women and girls with disabilities, the Special Rapporteur recommends that the Government:

(a) Eradicate and punish forced sterilization and forced contraception in practice and ensure that the free and informed consent of women and girls with disabilities is obtained for all medical procedures;

(b) Provide women and girls with disabilities with accessible information on sexual and reproductive health and rights and improve the accessibility of sexual and reproductive health services;

(c) **Introduce disability as a category in registers of cases of gender-based violence and in prevention policies;**

(d) **Ensure equal access to justice and effective remedies for women and girls with disabilities who are survivors of sexual or gender-based violence and address the specific needs and vulnerability of women and girls with disabilities in measures to prevent and protect from sexual and gender-based violence.**

104. **With regard to situations of risk and armed conflict, the Special Rapporteur recommends that the Government:**

(a) **Ensure the provision of comprehensive rehabilitation and support to persons with disabilities who are victims of the armed conflict, anti-personnel mines and forced displacement and promote coordination among military rehabilitation hospitals and other public hospitals to ensure that victims of the armed conflict and signatories to the peace agreement also receive effective rehabilitation services;**

(b) **Continue to promote and ensure the participation of persons with disabilities in reintegration and reparation programmes;**

(c) **Incorporate a disability perspective into disaster risk management and response measures, the search for persons with disabilities who are reported missing and the administrative procedures for migrants and refugees with disabilities, including through due consultation with and involvement of persons with disabilities and their representative organizations.**

105. **Concerning education, the Special Rapporteur recommends that the Government:**

(a) **Ensure the full implementation of Decree No. 1421 of 2017 on inclusive education, including through training for the general public, teacher training, accessible schools, the provision of reasonable accommodation and accessible and appropriate materials and study plans;**

(b) **Strengthen support mechanisms in rural areas and areas affected by the armed conflict and ensure access to mainstream, culturally sensitive education and to accessible transport;**

(c) **Facilitate transition and access to and retention in higher education through scholarships, technological support and reasonable accommodation, in consultation with persons with disabilities and their representative organizations;**

(d) **Collect data to estimate how many persons with disabilities are in the mainstream education system, their dropout rate and their educational progress.**

106. **Regarding employment, the Special Rapporteur recommends that the Government:**

(a) **Regulate and closely monitor the implementation of Act No. 2466 of 2025 and Decree No. 2011 of 2017 to ensure compliance by the private sector and the public sector, respectively. This includes ensuring reasonable accommodation and workplace accessibility;**

(b) **Promote inclusive training programmes and partnerships with the National Training Service and businesses to ensure effective integration in the labour market, including through on-the-job training;**

(c) **Collaborate with employers and trade unions to combat stigmatization and raise awareness of the rights of persons with disabilities.**

107. **With regard to health, rehabilitation and social protection, the Special Rapporteur recommends that the Government:**

(a) **Simplify and expand the system for the distribution of good-quality assistive devices in the community and draw up a national list of basic assistive products in line with the relevant World Health Organization guidelines;**²⁴

(b) **Significantly broaden the scope and availability of government-funded rehabilitation services in the community for children and adults with disabilities in all regions of the country, including support for accessible transport, and extend comprehensive rehabilitation programmes to all, including victims of the armed conflict and signatories to the peace agreement;**

(c) **Develop and implement periodic training for medical professionals on the rights of persons with disabilities, in particular with regard to informed consent, communication and reasonable accommodation;**

(d) **Develop community-based alternatives for persons who require mental health services with the aim of permanently eliminating psychiatrization and forced institutionalization;**

(e) **Implement mechanisms to ensure that autism spectrum disorder is explicitly included in data recording tools to obtain reliable, up-to-date statistics on persons with this disorder that can serve as a basis for the design, monitoring and evaluation of effective public policies;**

(f) **Analyse the additional costs related to disability and integrate these costs in social protection systems, including poverty reduction programmes.**

108. **Concerning political participation, the Special Rapporteur recommends that the Government:**

(a) **Adopt affirmative action measures to ensure the participation of persons with disabilities in elected office and the senior civil service;**

(b) **Make electoral procedures and materials accessible in all elections nationwide;**

(c) **Establish a monitoring and accountability mechanism on inclusive political participation, continue and deepen outreach on access to elections for persons with disabilities and conduct awareness-raising and training sessions for election personnel;**

(d) **Consider the possibility of establishing a compulsory quota for persons with disabilities in political parties and the National Congress.**

109. **The Special Rapporteur recommends that United Nations organs and entities:**

(a) **Address barriers to accessibility at United Nations offices and facilities, in keeping with the United Nations Disability Inclusion Strategy;**

(b) **Humanitarian agencies that respond to humanitarian crises and emergencies should incorporate persons with disabilities in their guidelines and take measures to ensure that information is accessible at all stages, from prevention to response measures during and after the event.**

²⁴ See <https://www.who.int/news-room/feature-stories/detail/first-ever-global-guide-for-assistive-technology-to-improve-the-life-of-millions>.