



**Individual submission of information to the UN
Committee on the Rights of Persons with Disabilities**

**For consideration ahead of the dialogue between a
delegation of Slovak republic and the Committee on the
Rights of Persons with Disabilities**

Submitted by:

**THE COMMISSIONER FOR PERSONS WITH
DISABILITIES OF SLOVAK REPUBLIC**

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I. INTRODUCTION

1. The Commissioner for persons with disabilities (hereinafter the "Commissioner") is a specialised body established by the Slovak Republic in order to fulfil the obligation encompassed within Article 33(2) of the Convention on the Rights of Persons with disabilities (CRPD). The Commissioner was established by the Act No. 176/2015 Coll. on the Commissioner for children and the Commissioner for persons with disabilities and on amendments to certain acts, which entered into force on September 1, 2015. The Commissioner is an independent institution, exercising its powers independently of other state and public authorities, whose role is to protect the human rights of persons with disabilities. Commissioner assesses, based on a complaint or based on her own initiative, compliance with the rights of persons with disabilities, monitors compliance with the human rights of persons with disabilities, conducts research and surveys to monitor the status and development in the field of the rights of persons with disabilities, supports the interests of persons with disabilities and promotes the interests of persons with disabilities in society.

2. Since May 1, 2023, Commissioner has been also performing the tasks of the National Preventive Mechanism (NPM) under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Based on the mandate of the NPM, the Commissioner conducts systematic visits to places where persons with disabilities are or may be confined, either by official authority or as a result of their dependence on care provided (primarily psychiatric facilities and social service facilities).

3. This written submission supplements the information contained in the previous submission sent on 16 August 2019 by providing an updated overview of issues of concern regarding the Slovak Republic's compliance with the provisions of the CRPD. The update was prepared in cooperation with organizations representing persons with disabilities, namely the Platform of Families of Children with Disabilities and the Slovak Blind and Partially Sighted Union. It draws particular attention to findings identified through individual complaints and monitoring activities.

The purpose of this submission is to assist the United Nations Committee on the Rights of Persons with Disabilities (hereinafter "the Committee") in advance of its constructive dialogue with the delegation of the Slovak Republic. Given the significant time that has elapsed since the previous submission, this report provides the Committee with an updated overview of the current situation of persons with disabilities in Slovakia, highlighting recent developments and ongoing challenges relevant to the State party's implementation of the CRPD.

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II. UPDATED ISSUES OF CONCERN

In September 2025, Slovakia adopted a constitutional amendment that weakened the protection of human rights and raised concerns regarding the State party's compliance with its international human rights obligations. The amendment has the potential to undermine the effective implementation of international human rights standards and may adversely affect the enjoyment of rights by persons and groups requiring enhanced protection under international law.¹

Purpose and general obligations (art. 1- 4)

Despite partial legislative amendments, the legal framework of the Slovak Republic continues to contain provisions restricting the exercise of the rights of persons whose legal capacity has been restricted. These restrictions continue to affect the enjoyment of rights guaranteed under the CRPD, particularly with regard to family life, political participation and equal recognition before the law.

The Commissioner notes that the legal framework governing legal capacity has not yet been brought into conformity with Article 12 of the CRPD. The current legislation continues to allow the restriction of legal capacity and the appointment of a guardian based on a substituted decision-making regime. The ongoing codification of the Civil Code and private law does not yet provide for a full transition from substituted decision-making to supported decision-making, in line with the CRPD.

The Commissioner further notes that disability assessment continues, in several areas, to rely predominantly on the medical model of disability. Support measures enabling persons with disabilities to exercise their rights on an equal basis with others have not yet been systematically established.

Equality and non-discrimination (art. 5)

Since the previous submission, the statutory age limits restricting access to personal assistance and the financial contribution towards the purchase of a motor vehicle have been removed following a judgment of the Constitutional Court of the Slovak Republic declaring the relevant provisions unconstitutional². However, discriminatory practices persist.

The Commissioner continues to receive complaints indicating that personal assistance remains largely inaccessible to young children and older persons with disabilities. In the case of young children, decisions continue to be influenced by age-based stereotypes and assumptions that support should be provided exclusively by parents or other family members. In the case of older persons, applications are frequently rejected on the basis of the statutory criterion of "purposefulness", which is interpreted in a manner that effectively reproduces the former age restriction.

Despite the legislative change, access to personal assistance therefore remains significantly restricted in practice, raising concerns under Articles 5 and 19 of the CRPD.

The Commissioner further notes the recent constitutional amendments defining the parents of a child as a mother and a father, specifying that the mother is a woman and the father is a man. In light of the State party's obligation to ensure protection against multiple and

¹ For further details „Urgent Opinion on the draft amendments to the Constitution“ by Venice Commission of the Council of Europe Slovak Republic - Urgent Opinion on the draft amendments to the Constitution - Venice Commission of the Council of Europe

² <file:///C:/Users/LENKA~1/BOD/AppData/Local/Temp/MicrosoftEdgeDownloads/c3c70c85-fc95-4c1c-8b43-8d6a0340ecff/PL.%20%C3%9A%2016%202018.pdf>

intersectional discrimination, information should be provided on the measures taken to protect the rights of persons with disabilities who are also LGBTIQ+ persons.

Women with disabilities (art. 6)

The Commissioner continues to observe the absence of a comprehensive policy addressing the rights of women and girls with disabilities, despite the Committee's previous recommendations. Complaints received by the Commissioner indicate persistent shortcomings in the prevention, identification and investigation of gender-based violence against women with disabilities, including limited access to appropriate protection and support, secondary victimisation and the failure to adequately accommodate disability-related needs in proceedings before public authorities.

The Commissioner has also identified cases raising serious concerns regarding the protection of the bodily integrity and reproductive rights of women with psychosocial disabilities in the context of guardianship proceedings, including attempts to use guardianship to authorise reproductive interventions without the free and informed consent of the woman concerned.

Children with disabilities (art. 7)

The Commissioner continues to receive complaints indicating that children with disabilities face multiple and intersecting barriers in the enjoyment of their rights. Persistent concerns include discrimination in access to inclusive education in their local communities, the transfer of responsibility for support measures and personal assistance to parents, limited participation in educational and leisure activities due to the lack of reasonable accommodation, insufficient availability of community-based support services for families, and the failure to consistently apply the best interests of the child and to ensure that the views of children with disabilities are duly considered in decisions affecting them.

Awareness-raising (art. 8)

The Commissioner remains concerned about public statements by public figures that stigmatise persons with disabilities, particularly persons with psychosocial disabilities or those receiving psychiatric care, by questioning their ability to participate in employment and public life. Such statements reinforce harmful stereotypes, contribute to discrimination and undermine the dignity of persons with disabilities, contrary to the objectives of Article 8 of the CRPD.

Accessibility (art.9)

Since the previous submission, important legislative progress has been made in the area of accessibility. Amendments have removed the requirement for the consent of co-owners to install accessibility equipment in apartment buildings. New legislation on media services has strengthened accessibility requirements for audiovisual content, while the new Act No. 25/2025 Coll. Building Act and on amendments to certain acts (Building Act) and the Act No. 351/2022 Coll. on the Accessibility of Products and Services for Persons with Disabilities introduce broader accessibility obligations in line with the CRPD and relevant European Union legislation.

However, the effective implementation and enforcement of these reforms remain a significant challenge. Many of the new obligations are subject to transitional periods extending until 2030 or require implementing legislation that has not yet been adopted, particularly technical standards under the new Building Act. The Commissioner continues to observe weak monitoring and insufficient enforcement by public authorities, and the Government has not yet established an effective control mechanism to prevent the construction of inaccessible buildings and to ensure compliance with accessibility obligations. The practical impact of the recent reforms on the accessibility of the built environment, information and services therefore remains to be demonstrated.

The Commissioner also continues to observe that accessibility is frequently treated as a formal rather than functional requirement. Public buildings, including schools, often remain inaccessible despite renovation projects, while alternative arrangements such as stair climbers or providing services outside the premises cannot replace genuine accessibility.

Right to life (art. 10)

Despite previous recommendations by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), Slovakia has not adopted legislative amendments to ensure that an independent autopsy is automatically carried out in cases of death in psychiatric hospitals. Furthermore, the law does not guarantee that the assessment preceding such a decision is conducted by a medical authority independent of the hospital concerned.

The Commissioner has also identified systemic shortcomings affecting the protection of the right to life of persons with disabilities. These include the absence of effective safeguards against the disconnection of essential utility services, such as electricity, water and gas, for persons whose lives and health depend on them, as well as deficiencies in emergency response, including delayed assistance and failures to adequately respond to life-threatening situations involving persons with disabilities.

Situations of risk and humanitarian emergencies (art. 11)

The Commissioner continues to identify shortcomings in the protection of persons with disabilities in situations of risk and humanitarian emergencies. Persistent concerns include the limited accessibility of early warning systems and emergency information, insufficient arrangements to ensure continuity of access to medicines, assistive devices and personal assistance during emergencies, and the lack of systematic inclusion of persons with disabilities in emergency preparedness and civil protection planning.

The Commissioner also identified cases demonstrating that evacuation procedures buildings intended for public use continue to rely on assumptions that persons with reduced mobility will not be present, resulting in the absence of accessible evacuation routes and creating serious risks for persons with disabilities.

Equal recognition before the law (art. 12)

Despite the Committee's previous recommendations, Slovak legislation continues to allow for the restriction of legal capacity and the appointment of guardians under a substituted decision-making regime. Both the current Civil Code and the proposed codification of Civil Code and private law remain incompatible with Article 12 of the CRPD, as guardianship and the restriction of legal capacity continue to be retained.

The Commissioner welcomes the introduction of supported decision-making and advance directives in the draft of new Civil Code. However, these mechanisms are proposed alongside, rather than as a replacement for, substituted decision-making. The proposed guardianship framework also continues to be linked primarily to the existence of psychosocial disability, reflecting the medical model of disability rather than the human rights model embodied in the CRPD.

Complaints received by the Commissioner confirm that guardianship proceedings continue to affect fundamental rights, including decisions concerning property, place of residence, placement in social care institutions, psychiatric treatment and bodily integrity. The Commissioner's monitoring further indicates that proceedings concerning the restriction of legal capacity continue to be initiated primarily on the basis of a person's diagnosis, with courts relying predominantly on psychiatric expert opinions, while the person's will, preferences and decision-making abilities in everyday life receive insufficient consideration.

The Commissioner also continues to identify cases of financial exploitation of persons with intellectual and psychosocial disabilities, as well as cases where persons with disabilities are prevented from exercising their legal capacity in practice despite not being subject to any restriction of legal capacity, including refusals to authenticate signatures or provide access to financial assets. Persistent shortcomings in the supervision of guardians continue to create risks of abuse and arbitrary interference with the rights of persons with disabilities, highlighting the urgent need to establish effective supported decision-making mechanisms and safeguards in accordance with Article 12 of the CRPD.

Access to justice (art. 13)

The Commissioner remains concerned about the excessive length of proceedings, particularly in cases relating to legal capacity and guardianship. Although the Constitutional Court of the Slovak Republic has repeatedly held that proceedings concerning the personal status of individuals require particular expedition, first-instance proceedings frequently last at least one year. Where appeals or extraordinary remedies are pursued, the overall duration of proceedings may extend from two to seven years. The Commissioner has also identified cases in which appeals concern only part of a judicial decision, resulting in situations where restrictions on legal capacity become effective before a guardian has been appointed, creating legal uncertainty and potentially leaving the person without adequate protection or support.

Access to free legal aid is not ensured for all persons with disabilities. Eligibility for legal aid under Act No. 327/2005 Coll. on the Provision of Legal Aid to Persons in Material Need is subject to strict financial thresholds, which may exclude persons with disabilities whose disability pensions slightly exceed the statutory income limit. Persons residing in residential social care institutions are often encounter significant barriers in accessing independent legal assistance. In practice, requests for legal assistance are frequently made by family members or guardians rather than by the persons concerned themselves, particularly where their legal capacity has been restricted.

In line with Article 13 of the CRPD, similar training to provide to members of the judiciary, public administration and law enforcement authorities on communication with victims of crime, including persons with disabilities, should be systematically extended to all stages of judicial and administrative proceedings involving persons with disabilities, including when they participate as suspects, accused persons, defendants, witnesses, parties to civil proceedings or parties to administrative proceedings. Particular attention should be paid to persons with intellectual and psychosocial disabilities and to the provision of procedural accommodations and accessible communication throughout the proceedings.

The Commissioner further notes that persons with intellectual or psychosocial disabilities involved in criminal proceedings, whether as victims, injured parties, witnesses or suspects, frequently do not receive the procedural support necessary to exercise their rights effectively. Apart from cases of mandatory legal defense, procedural mechanisms allowing for the appointment of a guardian for criminal proceedings who is a lawyer under the Act No. 301/2005 Coll. Code of Criminal Procedure are rarely used to safeguard the procedural rights of these persons. Persons with intellectual or psychosocial disabilities were not heard as witnesses or complainants solely on the basis of their disability. Such practices may constitute a barrier to access to justice on an equal basis with others and are inconsistent with the obligation to provide procedural accommodations under Article 13 of the CRPD.

Complaints also reveal cases where persons with disabilities have been prevented from effectively participating in proceedings or carrying out procedural acts solely because of their disability, contrary to the obligation to ensure procedural accommodations on an equal basis with others under Article 13 of the CRPD.

Liberty and security of the person (art.14)

Slovakia also faces the unavailability of places for court-ordered protective treatment, the absence of specialized departments in psychiatric hospitals for protective treatment and the attitude of the courts when changing the institutional form of protective treatment to an outpatient form, which lies in the necessity of limiting the patient's capacity to perform legal acts (without this, the court will not change the form of protective treatment). Making the change conditional on limiting legal capacity prolongs the procedure of change due to court proceedings and blocks institutional beds for other patients.

Deprivation or restricted legal capacity allows a guardian to make decisions regarding treatment, placement, and other legal matters without the person's consent. It also places the burden on the guardian to find a suitable social services facility for outpatient protective treatment, while specialized facilities for individuals with behavioural disorders or aggression are generally unavailable. Deprivation or restriction of legal capacity should not be used to enforce treatment, as guardians are not responsible for fulfilling the purposes of protective treatment.

In psychiatric care, we also face situations where, during new legal framework the preparatory phase of criminal proceedings, prosecutors can issue preliminary orders to place an accused person in a healthcare facility - psychiatric department, if they pose a risk to themselves or others. While these orders aim to eliminate potential danger, they often result in blocked hospital beds and delayed access for other patients. Healthcare facilities frequently cannot fully guarantee the rights of accused persons or adequately protect other patients and staff. Beds also remain occupied by accused who no longer require psychiatric care because prosecutors do not order their release until the court decides on protective treatment or a forensic psychiatric assessment has been completed.

The Commissioner's monitoring has identified the continued use of so-called "diagnostic hospitalisations" in disability assessment procedures. Diagnostic hospitalisation is expressly provided for under the legislation governing disability compensation benefits and continues to be required in practice in disability pension assessments. Although not limited by law to any particular impairment, it is used predominantly in cases involving persons with psychosocial disabilities. The Commissioner is concerned that requiring hospitalisation as part of disability assessment procedures, particularly where less restrictive means are available, may amount to a disproportionate interference with personal liberty contrary to Article 14 of the CRPD.

The Commissioner remains concerned that Slovak legislation does not provide effective safeguards against the deprivation of liberty of persons with disabilities in social care institutions. The Act No. 448/2008 Coll. on Social Services does not regulate situations where a person resides in a residential social care institution following a decision by their guardian subsequently expresses a serious objection to the placement or continued stay. In practice, persons may remain in institutions without their free and informed consent and without prompt judicial review of the lawfulness of their deprivation of liberty. The Commissioner considers that such situations amount to de facto social detention and are incompatible with the CRPD.

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

In January 2025, a new law (Act No. 360/2024 Coll., amending Act No. 495/2022 Coll. on Health Care Providers, Health Care Professionals and Professional Organizations in Health Care) entered into force, slightly changing the regulation for the use of restraints in institutional healthcare facilities.

The law changed the definition of the restraint measure and provided that it can be legally used in any field of medicine (not only psychiatric care) in connection with dangerous behavior of a

patient with symptoms of a mental disorder or with a mental disorder.³ However, there is no legal regulation nor methodical ordinances for the use of restraint measures in “somatic medicine”, despite the Ministry of Health of the Slovak Republic (hereinafter “the MoH”) promise to regulate this domain methodically. There is also no authority or mechanism which would oversee the use of restraint measures in somatic medicine.

Based on our monitoring activities, we continue to witness the overuse of restraints in psychiatric hospitals. In one psychiatric facility, the average duration of mechanical restraint during the monitored period (January 2025 - July 2025) was 3 days and 2 hours per patient, with the longest duration being 11 days. Patients were mechanically restrained continuously, without attempts to unrestrain them or allow them to use the toilet.

The only authority in Slovakia, which performs surveillance over the provision of health care, is the Health Care Surveillance Authority (hereinafter “the HSCA”); however, since restraint measures are not a part of the provision of health care, HSCA is not authorized to review the use of restraint measures. Thus, there is no state authority (except of Commissioner) which would monitor the use of restraint measures.

Effective of January 1, 2025, the use of net beds is prohibited by law. However, the state has not introduced any mechanism to monitor whether institutional healthcare facilities respect and comply with this ban. The Commissioner has information that net beds have not been removed from all institutional healthcare facilities.

We further found that mechanical straps are most often used as a replacement for net beds. However, some facilities do not use magnetic straps but instead use outdated leather straps, which more often cause patient injuries. There is no regulation requiring institutional healthcare facilities to use magnetic straps.

Restraints are most often used in multi-bed rooms, in front of other patients. Patients who are restrained must perform their physiological needs and consume food in bed (without being unrestrained) in front of other patients. The use of screens to ensure patients’ privacy in psychiatric facilities is rare.

Furthermore, monitoring activities indicate that physical restraints and restrictions of movement continue to be used in some residential social care institutions without sufficient legal safeguards, individual assessment, documentation and independent oversight, creating a serious risk of inhuman or degrading treatment contrary to Article 15 of the CRPD.

The newly adopted Article 52a of the CRPD, which recognizes only biological sex as male or female, may restrict the rights of transgender and intersex persons and create legal uncertainty regarding access to gender-affirming healthcare and legal gender recognition. In 2024, following political decisions, the Minister of Health repealed the medical standards governing transgender healthcare, which had removed sterilization as a prerequisite for legal gender recognition. As a result, the legal framework governing gender recognition remains uncertain and raises concerns about compliance with the CRPD. The constitutional provision also fails to acknowledge the existence and specific rights and needs of intersex persons, including intersex children.

The absence of clear legal safeguards also creates a risk that sterilization or other irreversible medical interventions could again become a de facto prerequisite for legal gender recognition,

³ § 2 (40) Act. No. 576/2004 Coll. “A restraint measure is a measure taken in the provision of healthcare, the purpose of which is to prevent dangerous behaviour by a patient with symptoms of a mental disorder or with a mental disorder that poses a direct threat to the life or health of the patient or other individuals by restricting their freedom of movement.”

contrary to the principles of bodily integrity, free and informed consent, and Article 15 of the CRPD.

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

In 2019, the National Council of the Slovak Republic decided not to proceed with the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). Despite calls from the European Parliament for its ratification, Slovakia still lacks a unified risk assessment system that would be mandatorily applied when deciding on the release of perpetrators of violence.

Furthermore, there are no binding inter-agency cooperation protocols between the police, courts, prosecution services, prison authorities, intervention centers, counselling services and shelters for women experiencing violence. Insufficient cooperation has repeatedly contributed to several tragic incidents, including femicides.

The Commissioner's complaints-handling activities further indicate that reports of violence submitted by persons with disabilities are not always treated with the required seriousness by law enforcement authorities, increasing the risk of secondary victimization and inadequate protection.

Particular concerns also arise in residential social care institutions, where the Commissioner has identified risks of sexual abuse, exploitation and financial abuse, as well as shortcomings in confidential reporting mechanisms, independent oversight and effective safeguarding measures.

Respect for the integrity of the person (art. 17)

The Commissioner's monitoring indicates persistent shortcomings in ensuring the free and informed consent of persons with disabilities to medical and therapeutic interventions. Persons with intellectual and psychosocial disabilities continue to face paternalistic practices whereby their refusal of treatment is disregarded or interpreted as evidence of incapacity, while consent is substituted by guardians or other third parties without adequate respect for the person's own will and preferences.

The Commissioner has also identified cases where applications for the restriction of legal capacity were used in connection with decisions affecting bodily integrity, including reproductive healthcare, raising serious concerns under Articles 12 and 17 of the CRPD.

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

In the area of social services, it is necessary to draw attention to the continued failure of the Slovak Republic to fulfil its obligations in the field of deinstitutionalization. Despite long-standing commitments arising from Article 19 of the CRPD, the country continues to rely predominantly on institutional forms of care for persons with disabilities.

The long-awaited reform of social services financing has reopened discussions on removing the existing legal limits on the capacity of residential social service facilities. Such a proposal would constitute a regressive measure, undermine the deinstitutionalisation process and run counter to Article 19 of the CRPD.

Such a development runs counter to the very purpose of the deinstitutionalization process, formally set out in the 2011 Strategy for the Deinstitutionalization of the Social Services and Substitute Care System in the Slovak Republic. This strategy was conceived as a response to previous attempts to humanize social services and to ensure the transition from institutional to community-based support. Increasing the number of places in residential social service

facilities not only contradicts contemporary evidence-based trends in social service provision, but is also inconsistent with international and national strategic documents that promote ageing in place and community-based support for persons with disabilities and older persons.

The removal of capacity limits constitutes a regressive measure in the field of human rights. According to the jurisprudence of the CESCR, any deliberate reduction in the existing level of protection must be considered exceptional and subject to the most careful scrutiny. Legislative changes that would eliminate capacity ceilings and enable the establishment of large-scale residential institutions would represent such a regressive step under Article 19 of the CRPD. They would directly undermine progress towards independent living and social inclusion.

Moreover, legislation framed in this way would fail to encourage persons receiving social services to return to their natural family or community environment and would instead reinforce institutional dependency. The proposal to abolish capacity limits is currently the subject of intensive expert and public discussions. It is expected to be submitted to the legislative process later this year.⁴

Despite almost fifteen years of deinstitutionalization policy, institutional care continues to predominate. According to official data, residential services still represent approximately 87 per cent of all social service places, demonstrating that the transition towards community-based support has not produced a substantial structural change. Many persons with disabilities continue to enter residential institutions not as a matter of genuine choice but because adequate community-based services are unavailable.

The Commissioner's monitoring further indicates that access to community-based support remains insufficient. Persons with disabilities are often unable to remain in their own homes because of the limited availability of community and outreach services, rehabilitation, psychosocial support and respite care. Decisions about where persons live therefore continue to be driven by the availability of institutional services rather than by the individual's own will and preferences, contrary to Article 19 of the CRPD.

While recent legislative amendments have strengthened the personal assistance scheme, including the removal of income testing and the previous upper age limit, significant practical barriers remain. The shortage of personal assistants, inconsistent assessment practices and the limited availability of personal assistance for persons living in residential institutions continue to restrict opportunities for independent living and inclusion in the community.

Personal mobility (art. 20)

Since the previous review, Slovakia has adopted several positive legislative measures aimed at improving the personal mobility of persons with disabilities, including reforms of mobility allowances, disability assessment and the gradual improvement of accessible public transport.

Despite these developments, the Commissioner's monitoring demonstrates that significant practical barriers remain. Decisions on mobility-related benefits do not always adequately consider the social consequences of disability and the individual's actual mobility needs, resulting in unjustified refusals of benefits that are essential for independent living. The Commissioner also continues to receive complaints concerning the refusal of transport to wheelchair users despite the technical accessibility of vehicles, as well as inaccessible parking systems, including restrictive parking policies, short time limits and payment mechanisms that are not accessible for persons with disabilities.

⁴ Further information on this issue was provided to the Committee on the Rights of Persons with Disabilities in a letter submitted on 10 April 2026.

The Commissioner is further concerned that entitlement to accessible parking increasingly depends on eligibility for the individual transport allowance, creating an additional restriction for persons with mobility impairments who nevertheless require accessible parking in order to access their homes and community services. Complaints also reveal persistent difficulties regarding the recognition of disability cards in public transport and when travelling abroad, underlining the importance of the timely implementation of the European Disability Card and the European Parking Card throughout Slovakia.

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

The Commissioner welcomes recent legislative developments aimed at improving accessibility of information, including the implementation of the European Accessibility Act, amendments to the Act No. 264/2022 Coll. on Media Services increasing accessibility requirements for audiovisual media services, and the gradual expansion of sign language interpretation, live captioning and accessible digital services.

Nevertheless, the Commissioner's monitoring demonstrates that access to information in accessible formats remains inconsistent in practice. Public authorities and private service providers do not systematically provide information in Slovak sign language, Easy-to-Read format, Braille or other accessible formats. Persons with disabilities continue to encounter barriers when communicating with public authorities and essential service providers, particularly when rely exclusively on standard telephone communication and fail to provide accessible alternatives, including online sign language interpretation.

The Commissioner also notes persistent shortcomings in the accessibility of educational materials and digital information. Textbooks and learning materials approved for use in schools are not always available in accessible electronic formats for pupils with visual impairments, while information intended for persons with intellectual disabilities is rarely provided in Easy-to-Read format. Increasing digitalisation of public and private services, including self-service terminals and online procedures, continues to create new barriers for persons with disabilities unless accessibility is systematically integrated from the design stage.

Respect for privacy (art. 22)

The Commissioner's monitoring demonstrates that persons with disabilities, particularly those under guardianship or living in residential social care institutions, continue to experience unjustified interferences with their privacy and family life. The Commissioner has identified cases in which guardians exceeded their legal powers by restricting contact with family members, exercising disproportionate control over personal relationships, or accessing sensitive personal and medical information without adequate safeguards. Effective judicial oversight of such practices remains insufficient.

The Commissioner further notes that living conditions in some residential social care institutions do not adequately respect the privacy and dignity of residents. Shared accommodation, limited personal space and restrictions on private communication or visits continue to interfere with the right to privacy guaranteed under Article 22 of the CRPD.

The Commissioner has also observed that some families of children with disabilities are compelled to disclose sensitive information about their children's health and personal circumstances through public fundraising campaigns in order to secure services that are not available within the public system.

Respect for home and the family (art. 23)

In families caring for persons with severe disabilities who require long-term mechanical ventilation, the State has so far failed to ensure access to adequate respite care services. The absence of such support, which is essential for preventing caregiver burnout and safeguarding the well-being of both families and persons with disabilities, represents a long-standing deficiency in the social services system. Insufficient state support and persistent financial insecurity have already contributed to several tragic incidents, illustrating the consequences of placing the burden of long-term intensive care almost entirely on families without adequate financial, psychosocial or institutional support.

Families of children with disabilities continue to face significant barriers in accessing timely, coordinated and individualized support. The lack of effective coordination between social services, healthcare, education and child protection systems often leaves families responsible for securing essential support on their own. Regional inequalities in the availability of early intervention, respite care, personal assistance, counselling and specialized services further undermine the ability of children with disabilities to grow up in their family environment.

The Commissioner also remains concerned about discriminatory attitudes towards parents with disabilities in proceedings concerning parental rights. Disability continues to be perceived, in some cases, as an indicator of reduced parental capacity, without adequate assessment of the individual's circumstances or consideration of support measures that would enable the exercise of parental responsibilities.

The Commissioner continues to receive complaints concerning restrictions on the family and private life of persons with disabilities living in residential social care facilities. Residence in a residential institution cannot justify limitations on the right to maintain family, partner or personal relationships. Informal restrictions arising from internal rules or paternalistic practices may interfere with the autonomy, privacy and dignity of residents.

Persons with restricted legal capacity continue to face legal barriers to exercising their right to marry, to parental rights and responsibilities, and to accessing substitute care, foster care and adoption. The current legal framework makes the exercise of these rights dependent on the scope of legal capacity, contrary to the principle of equal recognition before the law.

Education (art. 24)

Despite recent legislative amendments aimed at strengthening inclusive education, the Commissioner continues to receive numerous complaints indicating persistent barriers preventing children and young people with disabilities from participating in mainstream education on an equal basis with others.

Although the legal framework provides for support measures and reasonable accommodation, schools continue to report insufficient funding, shortages of teaching assistants and other professional staff, and significant regional disparities, resulting in unequal access to inclusive education.

The Commissioner has documented cases in which children with disabilities have been required to switch to home-based education, labelled as a "safety risk" or excluded from further education after completing compulsory schooling. Such practices demonstrate that inclusive education remains insufficiently enforceable in practice.

Parents continue to report that local mainstream schools refuse to enrol their children, citing insufficient staffing, expertise, material conditions or the lack of accessible school premises,

forcing families to seek another school or special education despite the possibility of inclusion with appropriate support. Parents also lack an effective and timely remedy when schools fail to provide the conditions necessary for inclusive education.

The Commissioner has further identified cases where behavioural manifestations of disability, including autism spectrum disorder or psychosocial disabilities, are addressed primarily through disciplinary or exclusionary measures instead of reasonable accommodation and individualised support.

Discriminatory admission practices persist, particularly in vocational secondary schools, where applicants with certain disabilities are excluded without objective justification. In some cases, schools have even refused admission to children with so-called “flat feet”.

Finally, children with disabilities, particularly those with visual impairments, continue to face barriers in accessing electronic textbooks and educational materials in accessible formats, limiting their equal participation in education.

Health (art. 25)

Persons with disabilities continue to face significant barriers in accessing healthcare on an equal basis with others. Persistent physical, organisational and attitudinal barriers, together with regional disparities and unequal access to specialised healthcare, continue to undermine equal access to healthcare.

Persons with psychosocial or intellectual disabilities remain particularly vulnerable to inadequate healthcare, including situations where healthcare providers refuse treatment or fail to adapt their approach to individual needs.

Access to rehabilitation services remains insufficient, particularly for children with neurological conditions. Limited outpatient and inpatient capacities result in lengthy waiting periods, while many families are forced to rely on privately funded rehabilitation because publicly funded services are unavailable or insufficient.

Persons with disabilities, including children, continue to face serious barriers in accessing dental care. Some contracted providers refuse to treat patients with disabilities, particularly those requiring specific approaches or additional support, forcing families to seek private care at considerable expense. Patients requiring sedation or general anaesthesia face particularly long waiting times due to the limited availability of such services. Slovakia has not yet established a unified clinical standard for providing dental care to patients with disabilities requiring specific support, and the financing of such care remains insufficient.

The Commissioner further notes that insufficient availability of community-based healthcare and rehabilitation services contributes to institutional dependency. Persons with disabilities often lack access to healthcare support and specialised services in their homes and communities, leaving families to provide extensive unpaid care or seek institutional solutions despite the possibility of independent living with adequate community-based support.

Sexual and reproductive healthcare remains insufficiently accessible for some women and girls with disabilities. Women with disabilities living in institutional settings continue to face barriers in accessing preventive gynaecological care and other reproductive healthcare services.

Sexuality education in schools remains inadequate and participation is subject to parental consent, limiting access to essential information for some children and adolescents, including children with disabilities.

In addition, no form of contraception is covered by public health insurance in Slovakia, including where contraception is medically indicated. This creates additional barriers for

women and girls with disabilities in accessing reproductive healthcare on an equal basis with others.

Habilitation and rehabilitation (art. 26)

The Slovak Republic continues to lack a comprehensive, long-term and person-centred system of habilitation and rehabilitation in line with Article 26 of the CRPD. Services remain fragmented across the healthcare, social and education sectors, with insufficient coordination and significant regional disparities.

Children with disabilities continue to face barriers in accessing early intervention and habilitation services, which often depend on project-based funding or private payments by families. Rehabilitation support frequently decreases or ends after childhood or completion of compulsory education, despite the lifelong nature of rehabilitation needs.

Adults with disabilities continue to have limited access to community-based rehabilitation services supporting independence and inclusion, increasing reliance on family support and institutional care.

Work and employment (art. 27)

Despite existing legislative measures, persons with disabilities continue to face significant barriers in accessing and maintaining employment on an equal basis with others. The Commissioner continues to receive complaints indicating that employers do not adequately consider reasonable accommodation, alternative positions or adaptations of working conditions before terminating employment.

Persistent shortcomings in the provision of reasonable accommodation, limited availability of workplace support and flexible forms of employment, together with prejudices among employers, continue to restrict access to and retention in employment. Young people with disabilities face particular difficulties in transitioning from education to the labour market due to limited career guidance and insufficient links between schools and employers.

Although the State provides various active labour market measures, access to workplace adaptation, job assistants and self-employment support remains administratively demanding and not always sufficiently accessible.

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

Recent fiscal consolidation measures and rising living costs have further increased the financial vulnerability of many persons with disabilities and their families, exposing shortcomings in the social protection system.

Persons with disabilities remain among the groups at greatest risk of poverty, financial insecurity and social exclusion in Slovakia. Existing social protection mechanisms do not sufficiently compensate for the additional costs of disability or provide effective support enabling persons with disabilities to live independently and with dignity.

Despite the existence of various benefits and compensation schemes, many persons with disabilities and their families continue to face significant financial hardship. Insufficient availability of publicly funded support services, personal assistance, healthcare and rehabilitation frequently forces individuals to rely on unpaid family care, non-governmental organisations, public fundraising or privately funded services.

The Commissioner continues to identify systemic barriers in administrative proceedings concerning disability pensions and disability compensation benefits. Excessive delays, largely caused by the persistent shortage of medical assessors, insufficient reasoning of decisions, inconsistent decision-making and the lack of procedural accommodations significantly undermine effective access to social protection.

The Commissioner regularly receives complaints from persons who are denied disability pensions because they fall short of the required insurance period, sometimes by only a few days or weeks. Current legislation does not allow for a partial disability pension, resulting in the loss of previously paid contributions.

Persons with full disabilities who do not meet the insurance requirement and are unable to work are particularly vulnerable. As the State does not pay insurance contributions on their behalf and the material-need allowance is insufficient to cover voluntary contributions, many become trapped in long-term poverty and dependency on inadequate social assistance.

Persons with disabilities who became disabled in childhood and receive a disability pension from youth have no possibility to influence the amount of their benefit through employment history or social insurance contributions. Consequently, many receive pensions that remain below the level required for an adequate standard of living, exposing them to a heightened risk of poverty and economic dependency. Following the loss of family support or changes in family circumstances, they may face serious difficulties in securing housing, personal assistance and other essential support.

The Commissioner considers that the current system does not adequately protect persons with disabilities from long-term poverty resulting from circumstances beyond their control. The absence of mechanisms allowing individual assessment of particularly severe cases or partial entitlement to disability benefits may result in disproportionate consequences.

Informal carers continue to provide the majority of long-term care for persons with disabilities while remaining inadequately protected by the social security system. Limited access to unemployment, sickness and pension benefits, together with insufficient respite services, increases the risk of poverty for families and reinforces reliance on institutional care.

The Commissioner also remains concerned about fragmented and unequal access to social protection across regions. Complex administrative procedures, inconsistent decision-making and insufficient coordination between social services, healthcare and compensation systems continue to prevent persons with disabilities from accessing effective support.

Participation in political and public life (art. 29)

Legal restrictions continue to affect the political participation of persons with disabilities. Although the Constitutional Court of the Slovak Republic (PL. ÚS 2/2016) held that electoral rights may be restricted only on the basis of an individual judicial decision, Act No. 180/2014 on the Conditions for the Exercise of Voting Rights continues to provide that deprivation of legal capacity constitutes a ground for ineligibility to stand for election. Act No. 85/2005 on Political Parties and Political Movements also continues to require full legal capacity for membership of preparatory committees, holding office in party bodies and participation in internal party elections.

Despite positive developments, including interpretation services for members of electoral commissions with hearing impairments and the availability of candidate information in Braille and audio formats, significant practical barriers remain. Many polling stations are still inaccessible for persons with physical disabilities, while persons living in residential social service facilities may face difficulties in exercising their voting rights. Electoral information is

not consistently available in Easy-to-Read and other accessible formats, and electoral commissions do not always receive adequate guidance on providing support and reasonable accommodation.

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

Persons with disabilities continue to face barriers to full participation in cultural life, recreation, leisure and sport. Despite gradual improvements, many cultural institutions, sports facilities, tourist attractions and historical sites remain physically inaccessible or fail to provide information and services in accessible formats.

Persons with sensory disabilities continue to encounter limited access to cultural content, including subtitles, sign language interpretation, audio description, Braille and other accessible formats. Cultural and leisure activities also remain insufficiently adapted to the needs of persons with autism spectrum disorder and other forms of neurodiversity.

Persons with disabilities continue to face unequal access to sport due to limited availability of accessible facilities, training opportunities and support.

Statistics and data collection (art. 31)

The State party continues to face significant shortcomings in the collection, publication and use of disaggregated data on persons with disabilities, limiting the assessment of progress in implementing the CRPD. Following the abolition of the Analytical Centre of the Ministry of Justice in 2024, no systematic mechanism remains for collecting and analysing data on judicial proceedings concerning discrimination against persons with disabilities or the restriction of legal capacity and guardianship.

The Commissioner also continues to experience difficulties in obtaining relevant data from ministries and other public authorities, reflecting the insufficient prioritization of systematic data collection and data-sharing.

National implementation and monitoring (art. 33)

Since 2015, the Commissioner for Persons with Disabilities has served as the independent monitoring mechanism under Article 33(2) of the CRPD. The Office of the Commissioner, established in 2016 with a separate budget, also performs the mandate of the National Preventive Mechanism under OPCAT. However, the resources allocated to the NPM are not available for CRPD monitoring, and the resources dedicated specifically to monitoring implementation of the CRPD remain insufficient to ensure systematic monitoring activities.

The Commissioner regularly cooperates with organizations of persons with disabilities and consults them on the implementation of the CRPD, legislation and public policies. However, their participation in the independent monitoring process is not systematically regulated or supported by dedicated resources, contrary to Article 33(3) of the CRPD.

The Commissioner further notes that the National Council of the Slovak Republic did not take note of the Commissioner's 2023 Annual Report when it was considered in 2024, despite expressing no reservations regarding its content. Respect for the role and findings of the independent monitoring mechanism is essential for the effective implementation of Article 33 of the CRPD.

III. SUGGESTED QUESTIONS

Article 8 – Awareness-raising

1. What measures has the State party adopted to combat persistent stigma and harmful stereotypes towards persons with disabilities, particularly persons with psychosocial

disabilities, including where such statements are made by public officials or other public figures?

Article 9 – Accessibility

2. What measures will the State party adopt to ensure that accessibility requirements are effectively enforced in practice and that accessibility is assessed on the basis of functional use rather than formal compliance with technical standards?

Article 12 – Equal recognition before the law

3. What measures will the State party adopt to ensure that the ongoing codification of Civil Code and private law fully complies with Article 12 of the CRPD, including by progressively replacing substituted decision-making with supported decision-making and ensuring that guardianship is no longer based on the medical model of disability?

4. How will the State party ensure that persons with disabilities can exercise their legal capacity in financial matters, including access to banking services and protection against financial exploitation, without unnecessary restrictions on legal capacity?

Articles 14 and 15 – Liberty and security of the person / Freedom from torture or cruel, inhuman or degrading treatment or punishment

5. What measures will the State party adopt to eliminate practices that may result in arbitrary deprivation of liberty or inhuman or degrading treatment of persons with disabilities, including diagnostic hospitalisation, prolonged use of restraints and the absence of independent monitoring of coercive measures?

Article 16 – Freedom from exploitation, violence and abuse

6. What measures will the State party adopt to ensure effective protection of women and girls with disabilities against violence, including disability-inclusive risk assessment, coordinated victim protection and accessible support services?

Article 19 – Living independently and being included in the community

7. In the context of ongoing discussions on the possible removal of statutory capacity limits for residential social service facilities, how does the State party intend to ensure that such changes do not undermine the process of deinstitutionalisation, and what concrete measures and timeline has it adopted to accelerate the transition to community-based support?

Article 23 – Respect for home and the family

8. What measures will the State party adopt to ensure the availability of adequate respite care and coordinated community-based support for families providing intensive long-term care, including families of children requiring long-term mechanical ventilation?

Article 24 – Education

9. What measures will the State party adopt to ensure that mainstream schools provide reasonable accommodation and support measures in practice, and that parents have access to an effective remedy where inclusive education is denied?

Article 25 – Health

10. What measures will the State party adopt to ensure equal access to healthcare for persons with disabilities, including rehabilitation, dental care and community-based healthcare services?

Article 28 – Adequate standard of living and social protection

11. How will the State party ensure that recent fiscal consolidation measures do not disproportionately affect persons with disabilities and their families, and what measures will it adopt to strengthen social protection, including support for informal carers?

Article 31 – Statistics and data collection

12. How does the State party intend to restore systematic collection and analysis of data on discrimination, legal capacity and guardianship following the abolition of the Analytical Centre of the Ministry of Justice?

Article 33 – National implementation and monitoring

13. What measures will the State party adopt to ensure that the independent monitoring mechanism under Article 33(2) CRPD is provided with adequate financial and human resources and that organisations of persons with disabilities are systematically involved in monitoring the implementation of the CRPD?

General implementation

14. How will the State party ensure that the 2025 constitutional amendments are interpreted and applied in a manner fully consistent with the CRPD and other international human rights obligations?