Joint Shadow Report to the Committee on the Rights of Persons with Disabilities (CRPD) on the Human Rights situation of Persons with Albinism in Zimbabwe

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Executive Summary

This Joint Shadow Report examines the human rights situation of persons with albinism in Zimbabwe considering the Convention on the Rights of Persons with Disabilities (CRPD), ratified by Zimbabwe in 2013. While the State Party report outlines general disability measures, it fails to address the structural and intersectional discrimination faced by people with albinism. Evidence from civil society documentation, academic research, and community testimonies demonstrates persistent violations of equality, dignity, health, education, personal security, and participation in public life.

Persons with albinism in Zimbabwe experience compounded discrimination based on disability, skin colour, gender, poverty, and harmful cultural beliefs and practices. Despite constitutional guarantees, they remain largely invisible within national disability frameworks. The absence of explicit recognition of albinism in law and policy results in inadequate reasonable accommodation and limited targeted protection. Barriers include stigma, abandonment of mothers of children with albinism, bullying in schools, lack of assistive devices, limited access to sunscreen and dermatological care, and heightened vulnerability of women and girls to sexual violence. The State has also failed to collect disaggregated data, undermining evidence-based policymaking.

To address these gaps, this report recommends that Zimbabwe:

- Formally recognize persons with albinism within the disability framework and adopt, within 18 months, a National Action Plan on Albinism with a dedicated budget aligned with the African Union Plan of Action on Albinism (2021-2031).
- Establish a disaggregated data system within two years, mandating ZIMSTAT to include albinism in national surveys and censuses.
- Guarantee access to essential health services within 12 months, including free or subsidised sunscreen, protective clothing, dermatological screening, and low-vision care, supported by clinical guidelines and professional training.
- Ensure inclusive education measures within 18 months, including reasonable accommodation, teacher training, anti-bullying monitoring, and prioritisation under education support schemes.

- Adopt targeted violence-prevention and awareness measures, including training for justice-sector actors and nationwide stigma-reduction campaigns.

1. INTRODUCTION

Zimbabwe ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2013 and submitted its initial State Party report in 2022. Since then, the State has taken a significant legislative step through the enactment of the Persons with Disabilities Act, 2025, which repeals the former Disabled Persons Act and seeks to align domestic law with the Constitution of Zimbabwe and the CRPD. This development is commendable and reflects the State's formal commitment to strengthening disability rights protection. However, notwithstanding this progress, the current legal and policy framework does not sufficiently address the structural, intersectional, and systemic discrimination faced by persons with albinism. People with albinism constitute a distinct group within the broader disability community whose lived realities reveal persistent violations of CRPD principles, particularly in relation to equality, dignity, health, education, personal security, and participation in public life. [1] It is commendable that the 2025 Disability Act has explicitly recognized albinism as a disability under section 34(h) which provides that: The Minister shall take all necessary steps within the power and competence of his or her Ministry to ensure that all persons with disabilities "in particular, persons with albinism shall be entitled to the necessary support;

Persons with albinism in Zimbabwe experience multiple and intersecting forms of discrimination arising from disability, skin colour, gender, socio-economic status, geographic location, and deeply entrenched cultural beliefs. Despite constitutional guarantees of equality and non-discrimination, these individuals continue to face exclusion from essential services and social life. The failure to address albinism as a specific disability-related condition in law and policy has rendered this group largely invisible within national disability frameworks.[2]

Although albinism is internationally recognised as falling within the scope of disability under the CRPD due to associated visual impairments,

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[1] Zimbabwe Initial Report to the CRPD Committee, CRPD/C/ZWE/1

[2] Lund, P.M., Health and education of children with albinism in Zimbabwe (2001)

heightened vulnerability to skin cancer, and socially constructed barriers Zimbabwe has not adopted explicit legislative or policy measures recognising persons with albinism as a group requiring targeted reasonable accommodation and protection. As a result, many of the State's obligations under the CRPD remain unfulfilled in practice.[3]

This shadow report is therefore submitted to complement Zimbabwe's initial State Party report by providing independent, evidence-based information from civil society organisations, academic research, and community-level documentation. The report focuses specifically on the situation of persons with albinism and applies a principles-based CRPD analysis, concluding with SMART, actionable, and feasible recommendations consistent with the Committee's General Comments and established jurisprudence.[4]

2. METHODOLOGY

This shadow report has been compiled in consultation with the National Albinism Organisations Network of Zimbabwe (NAONZ), a network of albinism groups in Zimbabwe. The report is based on a qualitative and desk-review methodology drawing on a wide range of credible and verifiable sources. These include Zimbabwe's initial State Party report to the CRPD Committee, existing alternative reports submitted by disability coalitions, peer-reviewed academic literature on albinism in Zimbabwe, civil society reports, media investigations, and community-based documentation produced by organisations working directly with persons with albinism.[5]

Particular reliance was placed on a 2024–2025 multi-stakeholder study involving storytelling workshops conducted with persons with albinism and caregivers of children with albinism across both rural and urban communities in Zimbabwe. This study engaged over seventy participants from five provinces and provides first-hand accounts of discrimination, health risks linked to climate exposure, socio-economic exclusion, and

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[3] Alternative Report on CRPD Implementation in Zimbabwe (2023)

[4] UN OHCHR, Persons with Albinism and the CRPD (implicit recognition)

[5] Alternative Report (2023), Methodology section

institutional failures. These testimonies offer valuable insight into the everyday human rights impacts of State inaction.[6]

The report also incorporates historical and contemporary evidence demonstrating long-standing patterns of marginalisation of persons with albinism in Zimbabwe. While some sources pre-date Zimbabwe's ratification of the CRPD, they remain relevant in illustrating the persistence of structural discrimination and the State's failure to adopt effective remedial measures despite long-standing awareness of these challenges.[7]

All sources were analysed through a CRPD lens, with reference to relevant Convention articles, General Comments of the Committee, and cross-cutting international human rights standards. The methodology adopts a victim-centred, intersectional, and rights-based approach, consistent with international standards for treaty-body reporting.

3. CRPD PRINCIPLES AND THEIR IMPLEMENTATION IN ZIMBABWE

A. Respect for Inherent Dignity and Individual Autonomy (CRPD Articles 1 and 3(a))

The CRPD establishes respect for inherent dignity, individual autonomy, and independence as foundational principles. In practice, persons with albinism in Zimbabwe are routinely denied dignity from birth through adulthood due to pervasive myths portraying albinism as a curse, punishment, or supernatural phenomenon. Such beliefs undermine social acceptance and contribute to practices that strip individuals of autonomy and self-determination.[8]

Evidence shows that children with albinism are sometimes hidden, abandoned, or excluded from social life, while adults are denied opportunities for independent living and economic participation. Mothers of children with albinism, particularly in rural areas, are frequently abandoned by partners, resulting in female-headed households that

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[6] Bosha SL et al. "FORGOTTEN ONES: The Impact of Climate Change on the Health and Well-being of Persons with Albinism." (2025) available at https://africaalbinismnetwork.org/wp-content/uploads/2025/02/2024-GHPP-Albinism-Publication-11x8.5_FINAL-1.pdf accessed on 30 January 2026

[7] McNeil, D.G., Black, Yet White: A Hated Color in Zimbabwe, NYT (1997)

[8] NewsDay Zimbabwe, The agony of being an albino (2011)

experience acute poverty and social isolation. These realities directly contradict the CRPD's emphasis on autonomy and dignity.[9]

Despite constitutional recognition of human dignity and recent legislative progress, including the adoption of the **Persons with Disabilities Act, 2025**, which strengthens the domestic framework for the protection of disability rights, significant gaps remain in implementation. The new Act represents a positive step towards aligning Zimbabwe's legal system with the CRPD and provides a broader foundation for promoting inclusion and equality. However, Zimbabwe has not yet implemented sustained, State-led awareness-raising initiatives specifically aimed at dismantling harmful stereotypes and deeply rooted cultural myths about albinism. While general disability awareness activities have been undertaken under the National Disability Policy and commemorations such as the International Day of Persons with Disabilities, there is no evidence of targeted, nationwide public education campaigns addressing albinism-related stigma. The absence of focused and sustained interventions undermines compliance with Article 8 of the CRPD and perpetuates social attitudes that remain incompatible with the inherent dignity, autonomy, and full inclusion of persons with albinism.[10]

B. Equality and Non-Discrimination (CRPD Article 5)

Article 5 of the CRPD obliges States Parties to prohibit all discrimination on the basis of disability and to guarantee equal legal protection. Although Zimbabwe's Constitution prohibits discrimination on the basis of disability, persons with albinism continue to experience de facto inequality across multiple sectors, including health, education, employment, and access to justice.[11]

Discrimination against persons with albinism manifests in both direct and indirect forms. Individuals report being denied services, subjected to bullying in schools, excluded from employment opportunities, and marginalised within their communities. In healthcare settings,

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[9] CRPD Article 8; Zimbabwe State Report silence on albinism-specific awareness

[10] Constitution of Zimbabwe, s.56; CRPD Article 5

[11] BBC News, Albinos hit by Zimbabwe's race divide (2003)

misconceptions about albinism have led to instances where health professionals provide inadequate care or refuse treatment altogether.[12]

The State Party report does not acknowledge albinism-specific discrimination, nor does it provide disaggregated data capturing the experiences of persons with albinism. This omission undermines compliance with Articles 5 and 31 of the CRPD, as the absence of data obscures the scale and nature of inequality and impedes evidence-based policy responses.[12]

C. Right to Life, Security, and Freedom from Violence (CRPD Articles 10, 15, and 16)

Although Zimbabwe does not report widespread ritual killings of persons with albinism, credible evidence demonstrates persistent threats to the safety and bodily integrity of this group. Women and girls with albinism are particularly vulnerable to sexual violence driven by harmful myths, including the belief that sexual contact with a person with albinism can cure HIV. Such practices amount to serious human rights violations under the CRPD.[13]

The State has failed to adopt preventive, protective, and prosecutorial measures specifically addressing these risks. Survivors face significant barriers in accessing justice due to stigma, fear of retaliation, lack of disability-sensitive law enforcement, and limited access to legal support. These failures reflect non-compliance with Articles 10 and 16 of the CRPD, which require States to ensure effective protection from violence, exploitation, and abuse.

D. Right to Health (CRPD Article 25)

Persons with albinism face predictable and severe health risks, including extreme sensitivity to ultraviolet radiation, a high incidence of skin cancer, chronic sun damage, and lifelong visual impairments. Recent multi-stakeholder research conducted across rural and urban Zimbabwe confirms that rising temperatures and prolonged sun exposure linked to climate change have intensified dermatological risks for persons with albinism, significantly increasing vulnerability to sunburn, open wounds,

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[12] CRPD Article 31; State Report data gap

[13] BBC News (2003)

and malignant skin lesions.[14] Participants described living in constant fear of a skin cancer diagnosis, with some reporting untreated wounds around the eyes and other exposed body parts due to delayed screening and limited access to specialised care.[15]

Despite these well-documented vulnerabilities, Zimbabwe does not provide systematic, free, or regular access to sunscreen lotion, protective clothing, dermatological screening, or specialised eye care as part of the public health system. Participants reported that access to sunscreen lotion is irregular, geographically inaccessible, and largely dependent on periodic NGO distribution. In rural areas, individuals must travel long distances to collection points; failure to obtain sunscreen directly affects their ability to work safely outdoors. In the absence of reliable provision, persons with albinism resort to unsafe substitutes, including paraffin, kerosene, camphor-based lotions, wild fruit, and mixtures of lemon juice and cooking oil. These substances lack adequate sun protection factors and may compromise the skin barrier, increasing the risk of dermatitis, oil acne, and infection. Laboratory testing cited in the study indicates that kerosene exposure can impair dermal barrier function and reduce the skin's protective capacity[16]

Preventative dermatological care remains largely inaccessible. Participants reported that regular skin checks are primarily offered through non-governmental organisations such as the Zimbabwe Albino Association (ZIMAS) and the Noble Hands Trust of Zimbabwe (NHTZ), and only when funding permits. The research further documents a severe shortage of specialised dermatological expertise in the country, noting that Zimbabwe has only three dermatologists nationwide, with only one possessing clinical expertise in treating skin conditions affecting persons with albinism. Until June 2024, no functional radiotherapy machine was available in any public hospital in Zimbabwe, and currently only one operational machine exists at Parirenyatwa Public Hospital in Harare. Such infrastructural limitations significantly restrict access to life-saving cancer treatment.

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[14] Sarah L. Bosha, Adi Radhakrishnan, Gwen Mushonga, Kudakwashe Machiha: “The forgotten ones: The Impact of Climate Change on the Health and Well-being of Persons with Albinism. 2025

[15] As above

[16] laboratory findings on kerosene exposure and dermal barrier function.

Economic hardship compounds these systemic barriers. Workshop participants reported that biopsies can cost approximately USD 400, chemotherapy cycles approximately USD 300 per cycle, and blood transfusions approximately USD 200, costs that are prohibitive given high poverty levels among persons with albinism. As a result, many individuals discontinue conventional treatment and resort to traditional or complementary medicine, creating risks of adverse reactions and delayed oncological care.[10] Given that many persons with albinism rely on outdoor labour such as farming, herding, and water collection for survival, the lack of sunscreen and protective measures directly undermines their ability to earn a livelihood without endangering their health.[17]

The study also documents discriminatory attitudes within health institutions. Participants reported instances in which nurses and doctors refused treatment, stating that they did not know how to treat "their kind," even when presenting with non-dermatological conditions. Others described being ignored when admitted with advanced skin cancer, sometimes not receiving pain medication or medical assessment. While the national health curriculum reportedly contains assessment components relating to albinism, participants indicated that this has not translated into quality care at the point of service.

Taken together, the evidence demonstrates that Zimbabwe's public health system remains insufficiently equipped to respond to the specific and foreseeable health needs of persons with albinism. The absence of institutionalised sunscreen provision, regular dermatological screening, adequate cancer treatment infrastructure, trained medical personnel, and effective anti-discrimination safeguards within public health facilities constitutes a failure to ensure the highest attainable standard of health under Article 25 of the CRPD.

E. Right to Education (CRPD Article 24)

Children with albinism continue to face systemic barriers to inclusive education in Zimbabwe. These barriers include low vision, lack of assistive devices, inadequate classroom adaptations, insufficient teacher training,

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[17] As above

and persistent bullying. Although inclusive education is recognised in policy, implementation remains weak and inconsistent.

As a result, many children with albinism drop out of school prematurely, limiting future employment opportunities and perpetuating cycles of poverty and exclusion. The absence of reasonable accommodation and targeted support measures constitutes a violation of Article 24 of the CRPD.

4. RECOMMENDATIONS

Mindful of the efforts already made by the Zimbabwe government by adopting the recent disability Act in 2025, Mindful of the fact that the recommendations made before will complement the existing efforts of the State Party, ensure implementation of the Disability Act 2025 and In light of the findings outlined above, and pursuant to Articles 4, 5, 8, 10, 15, 16, 24, 25, 27, 28, 31, and 33 of the Convention on the Rights of Persons with Disabilities, the Committee is invited to recommend that the State party adopt the following time-bound, measurable, and implementable measures:

1. Recognition and National Action Plan on Albinism

The State party should, within 18 months, explicitly recognise persons with albinism as a group requiring targeted protection and reasonable accommodation within the disability framework. This recognition should be reflected in the drafting and adoption of a National Action Plan for the Protection of the Rights of Persons with Albinism, aligned with the African Union Plan of Action on Albinism (2021–2031). The Action Plan should ensure that albinism-related visual impairments, skin conditions, and social barriers are clearly encompassed within the definition of disability in line with Article 1 of the CRPD. The Plan should include clear indicators, assigned ministerial responsibilities, measurable outcomes, and dedicated budgetary allocations, and should be integrated into existing disability, health, education, and social protection frameworks to ensure sustainability and avoid duplication.

2. Disaggregated Data Collection

The State party should, within two years, establish a comprehensive system for disaggregated data collection that captures information on persons with albinism across sectors, including health, education, employment, violence, and access to social protection. Zimbabwe National Statistics Agency (ZIMSTAT) should be mandated to include albinism as a disaggregation variable in national surveys and the population census, in collaboration with organisations of persons with disabilities, while ensuring compliance with data protection and confidentiality standards.

3. Access to Health Services

The State party should, within 12 months, include sunscreen, protective clothing, dermatological screening, and low-vision services for persons with albinism in the Essential Medicines and Health Services Package. These services should be provided free of charge or at subsidised rates through primary healthcare facilities, particularly in rural and peri-urban areas. The Ministry of Health and Child Care should issue clinical guidelines on albinism and integrate albinism-related content into pre-service and in-service training for health professionals.

4. Institutionalisation of Skin Cancer Screening

The State party should ensure that annual skin cancer screening programmes for persons with albinism are institutionalised at provincial and district levels within two years, with clear referral pathways for diagnosis and treatment. These measures should be implemented in partnership with civil society organisations and development partners and monitored using measurable health indicators, including reduced incidence of advanced skin cancer cases.

5. Inclusive Education and Reasonable Accommodation

The State party should, within 18 months, ensure that children with albinism are provided with reasonable accommodation in mainstream schools, including appropriate seating arrangements, large-print learning materials, assistive devices, classroom lighting adaptations, and low-vision support services. Teacher training colleges and in-service training programmes should incorporate mandatory modules on inclusive education for learners with albinism, developed in consultation with disability experts and organisations of persons with albinism.

6. Protection Against School-Based Discrimination

The State party should ensure that children with albinism are prioritised within existing education support schemes, including the Basic Education Assistance Module (BEAM). School inspectors should be mandated to monitor and address bullying, stigma, and exclusion affecting learners with albinism. These measures should be evaluated annually using measurable indicators such as enrolment, retention, and completion rates of learners with albinism at primary and secondary levels.

7. Protection from Violence and Abuse

The State party should, within 12 months, adopt targeted protection measures for persons with albinism, particularly women and girls. These measures should include training for police officers, prosecutors, healthcare workers, and social workers on disability- and albinism-sensitive approaches to violence prevention, reporting, investigation, and prosecution. Survivor support services, including psychosocial support and legal aid, should be made accessible in formats appropriate for persons with disabilities.

8. Nationwide Awareness-Raising Campaigns

The State party should implement sustained and adequately funded nationwide awareness-raising campaigns to dismantle myths, harmful stereotypes, and discriminatory practices associated with albinism. These campaigns should be delivered through schools, community structures, traditional leadership platforms, and public media, using culturally appropriate messaging developed in partnership with persons with albinism and their representative organisations.

9. Livelihood and Social Protection Measures

The State party should, within two years, introduce targeted livelihood and social protection measures for persons with albinism, particularly those engaged in informal and outdoor work. These measures should include access to social cash transfers, vocational training adapted to health-related limitations, and inclusion in economic empowerment programmes, with safeguards to prevent discrimination in employment and income-generating opportunities.

10. Participation and Monitoring

The State party should ensure that persons with albinism and their representative organisations are meaningfully included in all disability-related decision-making processes, including policy formulation, implementation, and evaluation. The Zimbabwe Human Rights Commission and other independent monitoring bodies should be adequately resourced and mandated to monitor CRPD compliance in relation to persons with albinism and to publicly report on progress and remaining challenges.