

The right to enjoy the highest attainable standard of physical and mental health is a **fundamental human right** anchored in a range of international instruments, including the UN Convention on the Rights of Persons with Disabilities [UNCPRD]. **Removing barriers and empowering persons with disabilities is essential in ensuring their right to health**, which will positively impact their health status and wellbeing and **facilitate the realization of other rights**.

Persons with disabilities have **similar health care needs**, including sexual and reproductive health **as the rest of the population**. However persons with disabilities may also need more health care services.⁽¹⁾ Depending on the nature of their impairment, socio-economic status etc. they might be at greater risk of secondary, co-morbid and age-related conditions (e.g. obesity, vision and eye disease). They also often exhibit risky health behaviors (e.g. smoking) and face higher rates of premature death. **People with impairments**, whether episodic or long term ones, may require access to a **full continuum of care across the lifecourse**. **Access to specific health services** and in particular access to rehabilitation services and assistive devices and technologies **must thus also be included**.⁽²⁾

LACK OF ACCESS TO EQUITABLE HEALTH CARE

While persons with disabilities are more likely to have health care needs, they are less likely to benefit from accessible and appropriate health care for two main reasons:

- A **limited understanding** of disability by the health sector;
- **Numerous barriers** hindering access to health services. The major ones include financial, attitudinal, physical or structural barriers; barriers related to the availability of services, the skills of health workers or lack of accessible information.

Global trends show that **disability prevalence is growing**. Primarily this is due to demographic changes, including an **ageing population**, **increasing non-communicable diseases** (e.g. cancer, diabetes, chronic respiratory diseases) and **injuries** (road accidents or conflicts/crisis related).⁽³⁾ The health sector has therefore to devote greater attention to disability and ensure the **availability of inclusive and accessible health services**, both general and specific.

WHAT ARE THE BENEFITS OF EQUITABLE ACCESS TO HEALTH?



Yolanda, 59, amputated following diabetes testing her new prosthetic leg. © Corentin Fohlen/Handicap International.

From an individual perspective, access to appropriate and timely health services can **prevent new health conditions** from developing or the **deterioration of existing conditions**, subsequently reducing overall health care needs. From a health related project or program perspective, when requiring broad participation or information to be widely provided, being inclusive is key to being effective and efficient (e.g. for HIV and AIDs or vaccination campaigns).⁽⁴⁾

Ensuring the human right to health can also **facilitate the realization of other human rights**. For instance, a child may require access to health care or rehabilitation intervention (e.g. a prosthetic leg) to be able to access school and participate in classes. Maintaining good health also has an economic impact: the opportunity to earn income (no loss in productivity, no repeated absence etc.), given the linkages that exist between disability and poverty, is essential.⁽⁵⁾

A **healthy individual** is also able to **fully contribute and participate to the society** socially, culturally and economically on **equal basis with others** with **health outcomes** going **beyond the individual** and reaching the whole society.

QUICK FACTS

- Over **one billion people** live with a disability, representing 15% of the world's population.
- **80% of health care needs for persons with disabilities are similar** to the ones of the rest of the population.
- Persons with disabilities are **2X more likely** to find health care providers' skills and facilities inadequate, **3X more likely** to be denied health care, **4X more likely** to be treated badly in the healthcare system.

References ⁽¹⁾ WHO & World Bank, World Report on Disability, 2011 | ⁽²⁾ See Briefing paper "Rehabilitation and health: Why should rehabilitation be integrated into health systems" | ⁽³⁾ HelpAge, Handicap International, NCDA 'Sustaining Equitable Human Development: Addressing non-communicable diseases and disability throughout the lifecourse' and WHO Global Disability Action Plan 2014-2021 | ⁽⁴⁾ Handicap International, Policy Paper, "Inclusive and integrated HIV and AIDS programming" | ⁽⁵⁾ Disability and Poverty: A survey of World Bank Poverty Assessments and implications, J. Braithwaite and D. Mont, 2009.



In Senegal Handicap International worked to promote access to HIV prevention, treatment, care and support services for persons with disabilities and encourage their participation in HIV/AIDS programming.

Persons with disabilities were counselled and tested for HIV; health/HIV related personnel were trained on disability inclusion and basic sign language; and basic rehabilitation services were provided to people living with HIV. Thanks to the project, disability is now included in Senegal's 2011 - 2015 National AIDS Strategic Plan which foresees specific HIV prevention services and allocates resources for women and men with disabilities in the AIDS response.

Astou Fall, Member of the national association of the albinos of Senegal attending a HIV testing session. © J-J. Bernard/Handicap International.

LEGAL FRAMEWORKS

UNCRPD art. 25 and 26 | Universal Declaration of Human Rights art. 23, 25, 26 | UN Convention on the Rights of the Child art. 23 and 24 | UN Convention on the Elimination of all forms of Discrimination Against Women art. 12 | World Health Organization [WHO] Constitution | WHO Global Disability Action Plan 2014-2021: *Better health for all people with disability.*

WHAT CAN STAKEHOLDERS DO?

States

- Collect disaggregated data (minimum by sex, age and disability) as part of the national health information system;
- Map and assess existing specific services against the needs in order to set priority actions;
- Ensure health related legislation, policies, strategies are UNCRPD compliant;
- Ensure health services, including rehabilitation, are available, accessible, acceptable, affordable, accountable and of good quality, in compliance with the UNCRPD;
- Allocate part of health budgets to make health inclusive of and accessible to persons with disabilities;
- Develop or reinforce funding mechanisms for covering health expenditures, including rehabilitation services;
- Ensure health related service providers and professionals are informed and trained about disability and inclusion;

- Ensure sexual and reproductive health programming specifically address the challenges met by women and girls with disabilities;
- Consult and involve persons with disabilities and their representative organizations in the planning, implementation, monitoring and evaluation of health policies.

Donors

- Dedicate appropriate share of funding of health budget to inclusive health programs, including those addressing health determinants of persons with disabilities;
- Require, in any health related calls for proposal, for health related programs and projects to be inclusive of and accessible to persons with disabilities, in compliance with the UNCRPD;
- Support government to ensure equitable access to health services (legal framework, infrastructures etc.);
- Support the collection of disaggregated data on health and disability.

Service providers

- Ensure all facilities, products and services are inclusive of and accessible to persons with disabilities;
- Ensure for the participation of persons with disabilities and their representative organizations in the planning, implementation, monitoring and evaluation of services.

HOW TO MEASURE PROGRESS?

Access

Barriers to accessing health care are reportedly decreasing and the number of persons with disabilities utilizing health services is augmenting

- Specific and mainstream health services are UNCRPD compliant
- Funding mechanisms exist to cover health expenditures, including rehabilitation
- Training on disability and inclusion is part of health workers' curriculum
- Specific situation of women and girls with disabilities is considered in sexual and reproductive health programming
- Persons with disabilities and their representative organizations are included in planning, implementation, monitoring and evaluation of health policies and services
- Greater disaggregated data on health and disability are available.

Legislation

Inclusive health related legislation, policies and strategies exist

- Specific budgets are available to ensuring equitable access to inclusive health programs, including social determinants
- Inclusiveness and accessibility are among criteria of donors' health related grants.