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# Health equity for persons with disabilities



# Advancing health equity for persons with disabilities



Back to the  
future...  
2021



World Health  
Organization

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## Before 2021...

Addressing disability in the health system was

- Not a priority
- Not understood
- Focused mainly on rehabilitation and assistive technology services

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# **WHA Resolution 74.8** on the *Highest Attainable Standard of Health for Persons with Disabilities*

**Advancing disability inclusion in the health sector**  
with a focus on three key areas:

1. Access to effective health services
2. Protection during health emergencies
3. Access to cross-sectoral public health interventions

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## Since 2021

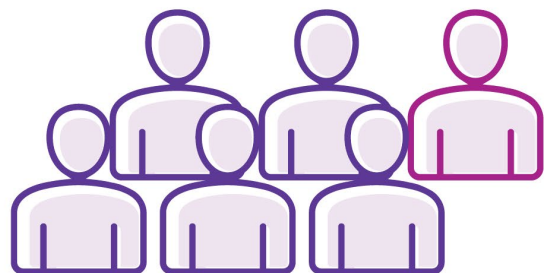
- WHA 74.8 guides the priorities and the narrative of WHO's work on disability
- The *WHO Global report on health equity for persons with disabilities* launched in 2022 marks a fundamental shift in evidence and approach
- Builds on progress since the 2011 *World Report on disability*



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# 1.3 BILLION

people globally have significant disability



**1** in **6**  
people

## Premature death

up to 20 years earlier

## Poorer health

More than double the risk

## More limitations in functioning

Health facilities are six times as hindering

Transportation is 15 times hindering

# Contributing factors to health inequities

## Structural factors

Cultural and societal values that manifest in stigma and discrimination

Policies and processes

Governance and accountability

## Social determinants

Poverty and added costs

Education and employment

Living conditions

Transportation

Violence

Climate impact

Intersecting factors

## Risk factors

Physical inactivity

Smoking

Alcohol and drug use

High body mass index

## Health system

Leadership

Health and care workforce

Health information systems

Health financing

Medicines and health technologies

Service provision





Smart investing  
in Health for All

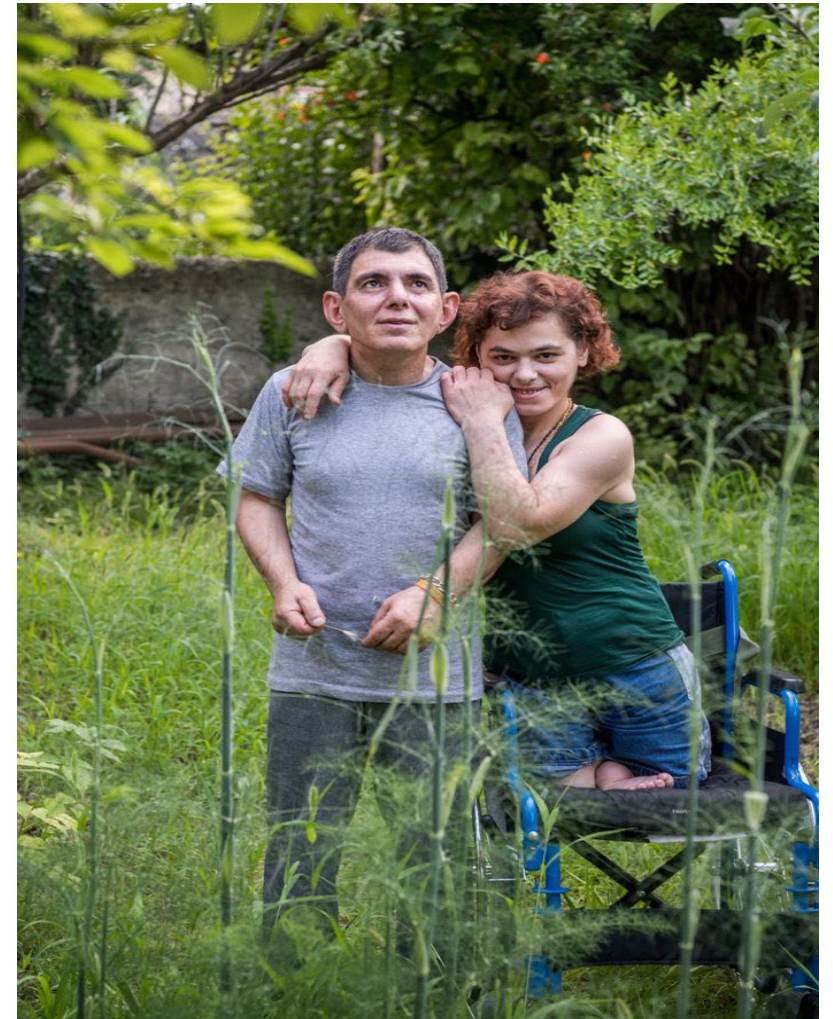
A disability-inclusive health sector brings dividends for individuals and communities.

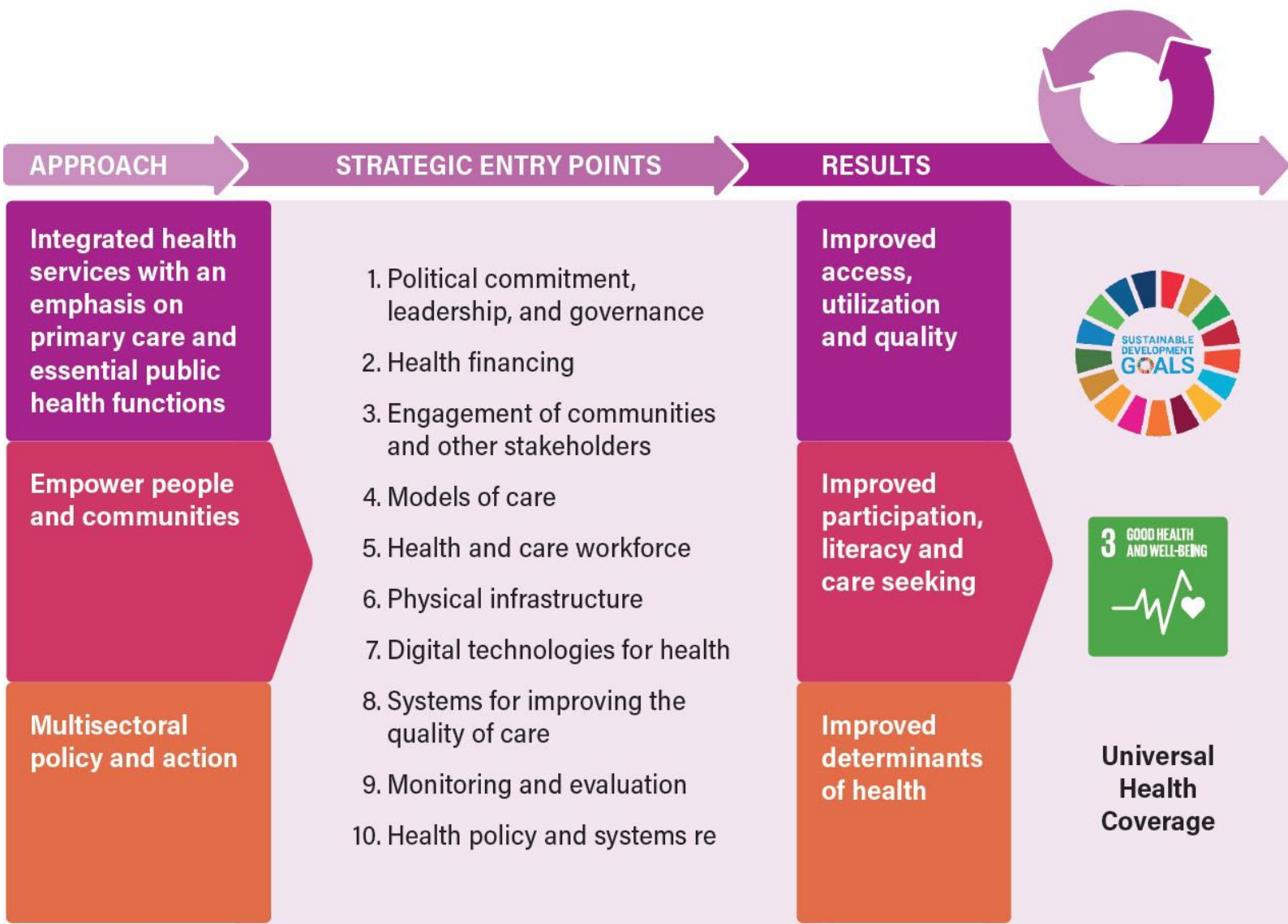
*For every US\$1 spent on disability inclusive NCD prevention and care, the return on investment could be US\$10.*

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# How to advance health equity for persons with disabilities

- **Integrated approach**, not a siloed activity
- **Targeted actions** within the wider health system strengthening efforts of countries
- **Consider how to include disability** as part of
  - Integrated health services, emphasizing primary care and public health functions
  - Empowerment of people and communities
  - Multisectoral policy and action





# Framework for health sector strengthening

40 targeted actions across

10 strategic entry points

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## Since 2022...

- Commenced working on the *Disability Guide for Action* (national strategic planning tool)
  - Initiated work and planning for implementation in Tanzania, Tunisia and Montenegro
- Launched the WHO-ITU Global standard for accessibility of telehealth services
- Strengthened partnerships, civil society, UN entities and others

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# Health Equity for Persons with Disabilities – A Guide for Action

- National strategic planning tool
- Practical guidance focusing on integration of targeted actions as part of health system strengthening
- Implemented in countries through collaboration between WHO, Ministries of Health and partners including organizations of persons with disabilities

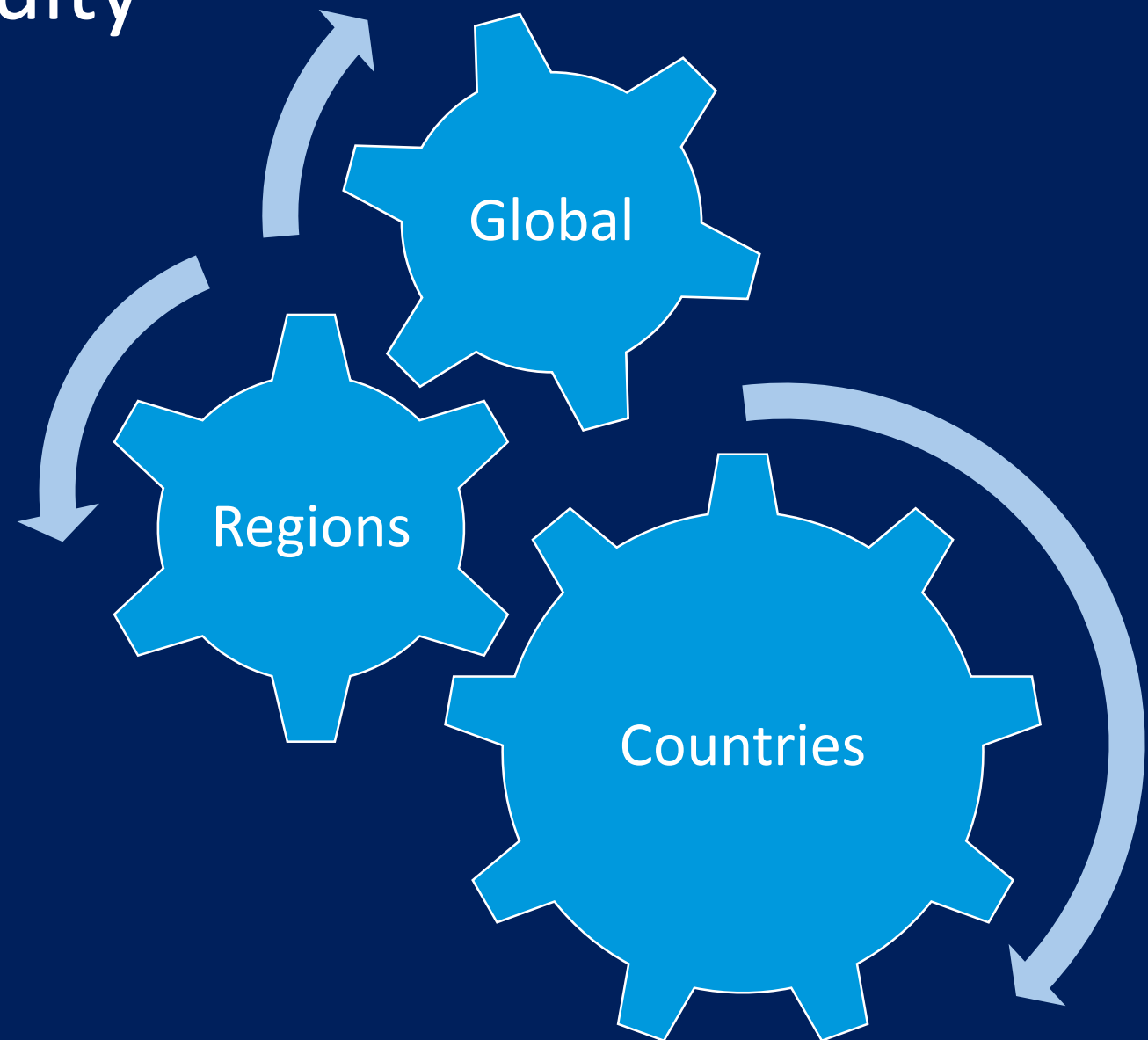
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## 2023 and beyond...

- Increase the number of countries implementing the the Disability Guide for Action
- Strengthen and formalize partnerships
- Develop and foster collaboration on a Health Policy and Systems Research Agenda on Health Equity for Persons with Disabilities
- Align with programmatic elements of the UN Disability Inclusion Strategy



# Advancing health equity for persons with disabilities



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# Regional update EMRO



- Over 100 million persons with disability
- Country efforts such as Model Disability Survey [Afghanistan, Oman, Pakistan, Qatar], planning [Egypt, Pakistan, Qatar, Sudan, Tunisia], Specific interventions [Iran, Jordan]
- Rapid assessment of disability inclusion in COVID-19
  - Deliberate and purposeful inclusion of disability is needed in the COVID-19 health response [and health services at large].
  - Need for better understanding of availability versus accessibility of services (which could consider barriers to access).
  - Need for context-specific and acceptable alternatives modalities of service delivery to persons with disabilities.
  - Fully inclusive and accessible communications materials need to be in place covering various formats (Braille, large print or soundtracks) and platforms.
  - Governmental coordination, oversight and monitoring of services across partners and stakeholders is essential.

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# Regional update EMRO



- Development of a **strategic framework** to provide guidance for systematic inclusion of disability in health systems and planning in the Eastern Mediterranean Region
- Aim is to address health inequities of persons with disabilities to ensure the highest attainable standards of health
- Draws on the Global report on health equity for persons with disabilities, & the COVID-19 and disability regional assessment
- Ongoing situation analysis of disability-inclusion in health systems and planning in Region to inform the development of the strategic framework.
- Framework will be put up for consultation with Member States towards its official endorsement.

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# Regional update EURO



- Comprises 53 countries, from the Atlantic to the Pacific oceans.
- 135 million people with disability in the WHO European Region.
- Persons with disabilities experience barriers to accessing and utilizing timely, relevant, and good-quality healthcare services. Therefore, the key concerns for the WHO/Europe region relate to:
  - higher unmet healthcare needs and worse health outcomes, leading to unnecessarily high healthcare costs
  - only half of the persons with disabilities can afford healthcare
- Mixed approach to the development and implementation of strategies and approaches to disability inclusion in health systems
- First-ever European framework for action to achieve the highest attainable standard of health for people with disabilities.
  - <https://apps.who.int/iris/handle/10665/362016>

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# Regional update EURO



- Vision of the Framework – by 2030 persons with disabilities and their needs will be fully included and considered in all healthcare planning, delivery, and leadership across the WHO European Region
- Framework fully aligned with the '**Global report on health equity for persons with disabilities**'
- The Framework reflects the determination of the WHO Regional Office for Europe, as expressed in the EPW, to 'leave no one behind'. The Framework will be guided by the following approaches:
  - Rights-based approach to disability
  - Universal design:
  - Life-course approach
  - Health systems approach:
- The Framework is:
  - Equity-based
  - People-focused
  - Data-enabled

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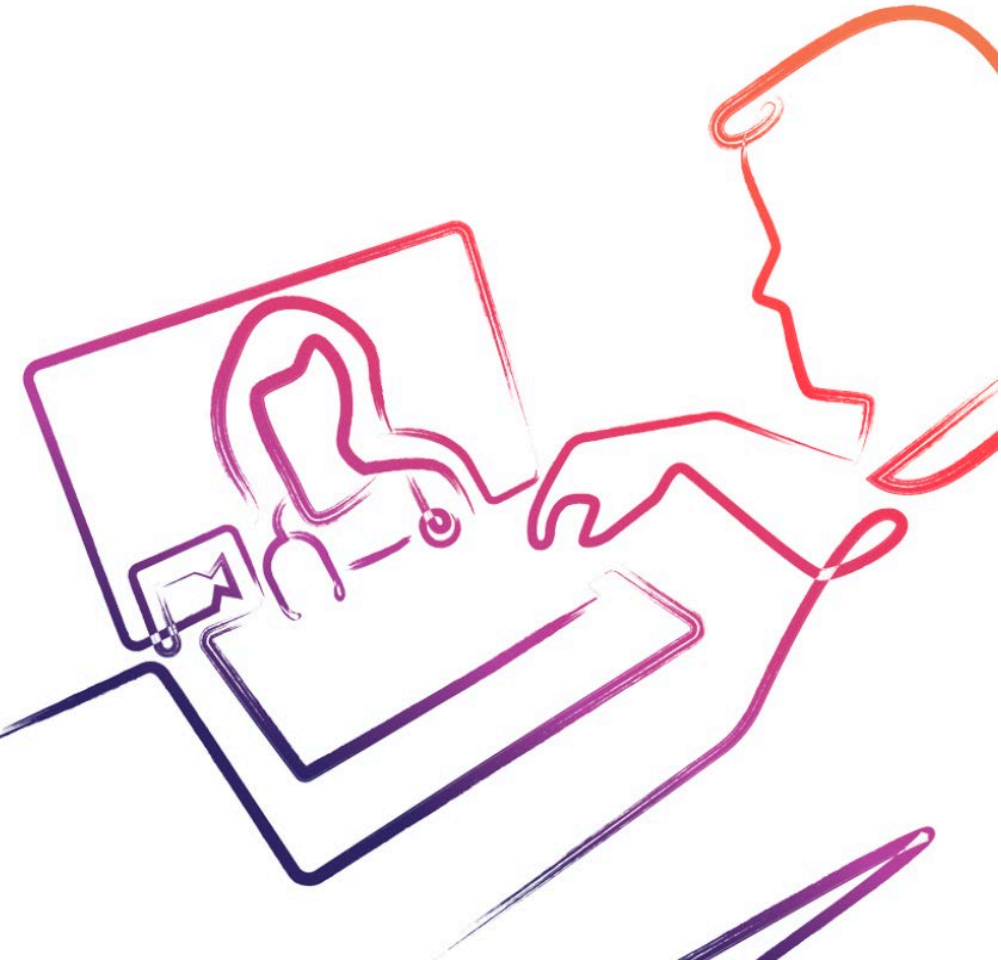


# India

- 1.4 billion population
- 2019 WHO Model Disability Survey results show 16% of population has significant disability
- Invested efforts in accessibility:
  - ❖ Accessible India Campaign (Sugamya Bharat Abhiyan)
  - ❖ Rights of Persons with Disabilities Act 2016, enshrining accessibility into law
  - ❖ India Digital Accessibility



## WHO-ITU Global standard for accessibility of telehealth services



## Ongoing work in India

- Digital health is one of 10 key strategic areas outlined in the global report
- WHO to support Government of India to make telehealth services accessible
- E-Sanjeevani – India national telehealth platform, serving 90+ million people - could be the first to adopt WHO-ITU Global standard for accessible telehealth services with WHO technical support
- Millions of persons with disabilities will have equal access to telehealth
- Set an example for other countries



- United Republic of Tanzania has a young population mostly living in rural areas
- Disability prevalence around 9.3%, and most people with disability are among the poorest in the country
- Stigma restricts participation, including in health programmes, as well as common barriers such as lack of services, communication barriers, transportation restrictions and inaccessible health services



## Ongoing work in Tanzania

- First country to implement the Disability Guide for Action
- Enabled a policy dialogue on health equity for persons with disabilities
- Bringing together a cross-section of health sector partners
- Targeted actions will align and integrate with country health sector priorities



**WHO is increasing our support to Member States to advance health equity for persons with disabilities – are you one of them?**