

Global report on health equity for persons with disabilities

Executive summary



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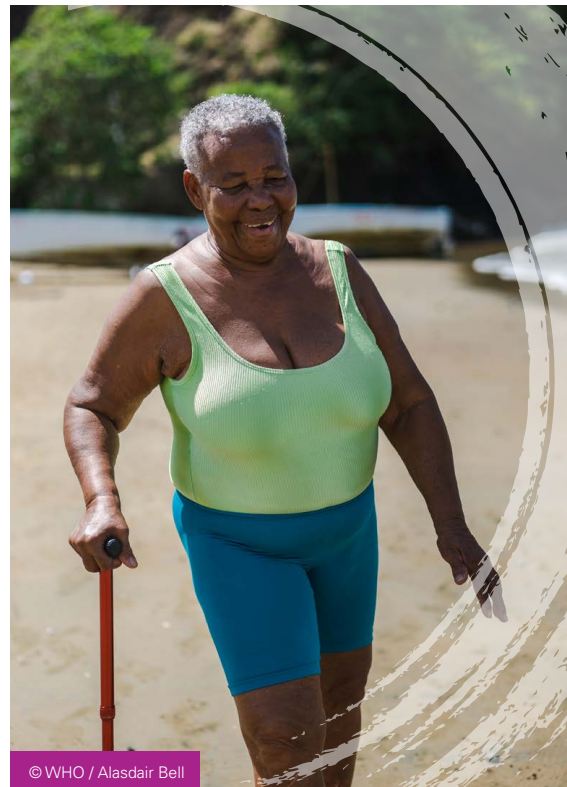
Global report on health equity for persons with disabilities

Executive summary

Persons with disabilities have the same, and equal, right to the highest attainable standard of health as any human being. This right is inherent, universal, and inalienable, and is enshrined in international law through human rights treaties, and in domestic legal frameworks including national constitutions.

While substantial progress has been made in many countries in recent years, the world is still far from realizing the right to the highest attainable standard of health for persons with disabilities who continue to experience a wide range of health inequities. During the past decade, the contributing factors to these inequities have persisted and compared with the general population, many persons with disabilities continue to die prematurely, have poorer health, and experience more limitations to their functioning. The COVID-19 pandemic highlighted the disadvantaged position of persons with disabilities within and beyond the health sector, and the need to act urgently.

The *WHO Global report on health equity for persons with disabilities* analyses the factors that contribute to systemic health inequities for persons with disabilities and outlines important policy and programmatic actions and recommendations to reduce these inequities.



The report calls on WHO Member States to take action to advance health equity for persons with disabilities; it also invites civil society, including organizations of persons with disabilities, and other health partners, to collaborate and advocate for the implementation of the recommendations included in the report, so that this group of people can achieve the highest attainable standard of health. The specific objectives of the report are to:

- a. bring health equity for persons with disabilities to the attention of decision-makers in the health sector;
- b. document evidence on health inequities, and country experiences of approaches to advance health equity, through the lens of disability; and
- c. make evidence-based recommendations that stimulate country-level action.

The report has four chapters. Chapter 1 explains why health equity matters for persons with disabilities; Chapter 2 describes the latest evidence on the factors that contribute to health inequities for persons with disabilities; Chapter 3 recommends 40 actions, across 10 strategic entry points in the health sector, that governments can take to address health inequities; and Chapter 4 presents three high-level recommended principles, to be applied when implementing any action, for all health sector stakeholders.



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1 Health equity for persons with disabilities matters

There are seven key reasons why health equity matters for persons with disabilities and should be a priority for the health sector.

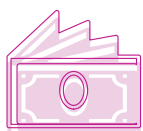
1. Many of the differences in health outcomes between persons with and without disabilities cannot be explained by the underlying health condition or impairment. These differences are associated with unjust or unfair factors that are avoidable. They are referred to as health inequities and are the focus of this report.
2. Each country has an obligation, through the health sector in coordination with other sectors, to address existing health inequities, so that persons with disabilities can enjoy their inherent right to the highest attainable standard of health. This is an obligation under international human rights law and reflected in many domestic legal frameworks.
3. The number of persons with significant¹ disabilities worldwide is approximately 1.3 billion and represents 16% of the world's population. These numbers reinforce the political importance and the scale of disability.

Approximately 1.3 billion people or 16% of the population has significant disability

4. Addressing health equity for persons with disabilities advances the achievement of global health priorities in three ways: first, because health equity is inherent to progressing universal health coverage (UHC); second, because improving the health and well-being of populations can be achieved more rapidly through cross-sectoral public health interventions that are inclusive and provided in an equitable manner; and third, because advancing health equity for persons with disabilities is a central component in all efforts to protect populations in health emergencies.

¹ Significant disability refers to moderate and severe levels of disability associated with the underlying health conditions and impairments

5. Addressing health inequities for persons with disabilities benefits everyone. Older persons, people with noncommunicable diseases, migrants and refugees, or other frequently unreached populations, can benefit from approaches that target the persistent barriers to disability inclusion in the health sector.
6. Advancing health equity contributes to persons with disabilities being more widely included and participating in society: good health and well-being are important for enabling every person to build a good and meaningful life.
7. The financial investment necessary for a disability-inclusive health sector, is an investment with dividends. For example, there could be nearly US\$9 return per US\$1 spent on implementing disability-inclusive cancer prevention and control, and a return of US\$10 per US\$1 spent on the prevention and care of noncommunicable diseases.² In addition, family planning and vaccination also remain highly cost-effective when provided in disability inclusive manner, despite the additional cost required to do so. These figures challenge the existing belief that investing in disability inclusion is costly and not feasible; furthermore, they provide a strong argument for advancing health equity for persons with disabilities.



For every US\$1 spent on disability-inclusive cancer prevention and control, the return on investment could be US\$9

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

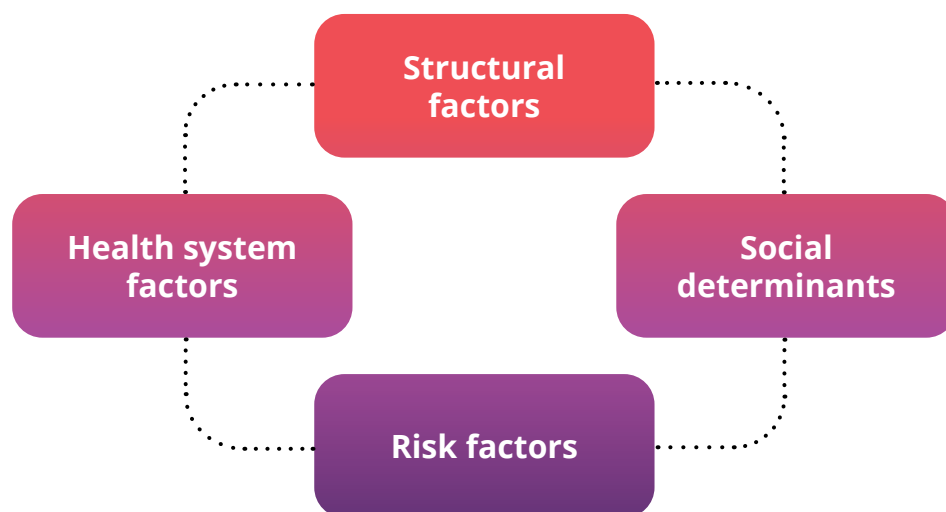
Vaccination and family planning provided in disability-inclusive manner could be highly cost-effective

² Estimates are for 95% coverage of interventions and reflect 10% increase in average costs to account for making services accessible for persons with disabilities.

2 Health inequities experienced by persons with disabilities, and their contributing factors

Persons with disabilities die earlier, have poorer health and functioning, and are more affected by health emergencies than persons without disabilities. These inequities are due to unfair conditions which affect persons with disabilities disproportionately; they can be grouped into four interrelated categories:

1. *Structural factors*: these relate to the very broad socioeconomic and political context, and the mechanisms that generate social stratification.
2. *Social determinants of health*: these are the conditions in which people are born, grow, live, work and age.
3. *Risk factors*: these are factors associated with noncommunicable diseases, including tobacco use, diet, alcohol consumption and amount of exercise, as well as environmental factors such as air pollution. The increased exposure to risk factors for persons with disabilities is due mainly to public health interventions that often are not inclusive.
4. *Health system factors*: these include barriers across the building blocks – in service delivery, the health and care workforce, health information systems, health systems, medical products and technologies, financing, and leadership.



3 Advancing health equity for persons with disabilities

Chapter 3 outlines how the health sector can address the health inequities experienced by persons with disabilities through government leadership, and by strengthening existing approaches and investments. The chapter lists 40 recommended actions, across 10 strategic entry points in the health sector, which governments can take depending on their resource level or context. The entry points are adapted from the primary health care approach, so that efforts relating to disability inclusion can become part of larger strategic and programmatic actions already being implemented or planned by governments.

The primary health care approach is for strengthening health systems; its scope extends beyond primary care. It is built on three pillars:

- ✓ integrated health services with an emphasis on primary care and essential public health functions;
- ✓ multisectoral policy and action; and
- ✓ empowering people and communities.

In principle, primary health care, as an approach to strengthening health systems, addresses the contributing factors to health inequities in the population. However, health equity for persons with disabilities will only be achieved if primary health care, when implemented, integrates targeted disability-inclusive actions within mainstream country approaches. The 40 targeted actions recommended (Figure 1) will also contribute to progressing global health priorities without leaving persons with disabilities behind.

Figure 1. The 40 targeted actions for disability inclusion across 10 strategic entry points



actions to achieve health equity for persons with disabilities

Political commitment, leadership, and governance

- 1 Prioritize health equity for persons with disabilities
- 2 Establish a human rights-based approach to health
- 3 Assume a stewardship role for disability inclusion in the health sector
- 4 Make international cooperation more effective by increasing funding to address health inequities for persons with disabilities
- 5 Integrate disability inclusion in national health strategies, including preparedness and response plans for health emergencies
- 6 Set actions that are specific to the health sector in national disability strategies or plans
- 7 Establish a committee or a focal point the Ministry of Health for disability inclusion
- 8 Integrate disability inclusion in the accountability mechanisms of the health sector
- 9 Create disability networks, partnerships and alliances
- 10 Ensure the existing mechanisms for social protection support the diverse health needs of persons with disabilities

Health financing

- 11 Adopt progressive universalism as a core principle, and as a driver of health financing, putting persons with disabilities at the centre
- 12 Consider health services for specific impairments and health conditions in packages of care for UHC
- 13 Include into health-care budgets the costs of making facilities and services accessible

Models of care

- 19 Enable the provision of integrated people-centred care that is accessible and close to where people live
- 20 Ensure universal access to assistive products
- 21 Invest more finances in support persons, interpreters, and assistants to meet the health needs of persons with disabilities
- 22 Consider the full spectrum of health services along a continuum of care for persons with disabilities
- 23 Strengthen models of care for children with disabilities
- 24 Promote deinstitutionalization

Engagement of stakeholders and private sector providers

- 14 Engage persons with disabilities and their representative organizations in health sector processes
- 15 Include gender-sensitive actions that target persons with disabilities in the strategies to empower people in their communities
- 16 Engage the providers of informal support for persons with disabilities
- 17 Engage persons with disabilities in research and including them in the health research workforce
- 18 Request that providers in the private sector support the delivery of disability-inclusive health services

Health and care workforce

- 25 Develop competencies for disability inclusion in the education of all health and care workers
- 26 Provide training in disability inclusion for all health service providers
- 27 Ensure the availability of a skilled health and care workforce
- 28 Include persons with disabilities in the health and care workforce
- 29 Train all non-medical staff working in the health sector on issues related to accessibility and respectful communication
- 30 Guarantee free and informed consent for persons with disabilities

Physical infrastructure

- 31 Incorporate a universal design-based approach to the development or refurbishment of health facilities and services
- 32 Provide appropriate reasonable accommodation for persons with disabilities

Digital technologies for health

- 33 Adopt a systems-approach to the digital delivery of health services with health equity as a key principle
- 34 Adopt international standards for accessibility of digital health technologies

Quality of care

- 35 Integrate the specific needs and priorities of persons with disabilities into existing health safety protocols
- 36 Ensure disability-inclusive feedback mechanisms for quality of health services
- 37 Consider the specific needs of persons with disabilities in systems to monitor care pathways

Monitoring and evaluation

- 38 Create a monitoring and evaluation plan for disability inclusion
- 39 Integrate indicators for disability inclusion into the monitoring and evaluation frameworks of country health systems

Health policy and systems research

- 40 Develop a national health policy and systems research agenda on disability

4 Recommended principles for implementation

Regardless of the actions that countries take, certain principles need to be applied (Figure 2). Chapter 2 presents the three recommended principles for implementing actions to advance health equity for persons with disabilities. These principles should be followed by all partners in the health sector, irrespective of which of the 40 specific actions described in Chapter 3 are being implemented.

Recommended Principle 1

Include health equity for persons with disabilities at the centre of any health sector action

This principle implies prioritizing in any health sector action, the populations most left behind, such as persons with disabilities. When planning health financing, for example, the rights and needs of the most disadvantaged groups of the population must be put first. Adopting a human rights-based approach to health is at the core of this principle, and involves a change in the mindset of the health sector and the way it operates. The approach ensures that policies, programmes and their implementation are all guided by respect, protection and the fulfillment of human rights.

Recommended Principle 2

Ensure empowerment and meaningful participation of persons with disabilities and their representative organizations when implementing any health sector action

The principle of empowering and engaging persons with disabilities is rooted in the motto of the disability movement: “nothing about us without us”. This principle involves enabling persons with disabilities and their representative organizations to participate in strategic decision-making, including in the design, planning,

development and delivery of health services and public health interventions, as well as in the planning and implementation of health emergency responses. Families and carers can be important allies and should be engaged meaningfully in enabling persons with disabilities to participate in all decisions concerning their lives.

Recommended Principle 3

Monitor and evaluate the extent to which health sector actions lead to health equity for persons with disabilities

Whatever action is taken to advance health equity for persons with disabilities, a well-planned monitoring and evaluation process is fundamental to track progress and adjust actions as the context evolves. This process involves collecting information on different actions through specified “indicators” that measure the extent of progress towards the achievement of objectives. Monitoring and evaluation also allow for the entire health system to learn which actions work and which do not, thereby informing ongoing improvement.

To implement the recommended principles, strong commitment and targeted actions are required from a broad range of actors. While governments are the most significant, other stakeholders, such as health service providers, persons with disabilities and their representative organizations, the private sector, academia, United Nations agencies and development organizations, also play important roles.

Figure 2. Framework to advance health equity for persons with disabilities through primary health care



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