

Draft WHO action plan 2014-2021: Better health for persons with disabilities



**World Health
Organization**

WORLD HEALTH ASSEMBLY WHA66.9

*(6) to prepare, in consultation with other organizations of the United Nations system and Member States and within existing resources, a comprehensive WHO action plan with measurable outcomes, based on the evidence in the **World report on disability**, in line with the **Convention on the Rights of Persons with Disabilities** and the report of the **High-level Meeting of the United Nations General Assembly on Disability** for consideration, through the Executive Board, by the Sixty-seventh World Health Assembly.*



United Nations High Level Meeting on Disability General Assembly, 23 September 2013



- First ever UN General Assembly high-level meeting on disability
- Commitment to global disability inclusive development agendas
- Urgent action to improve health care, rehabilitation, and strengthen data

Global situation

1 Over
BILLION
people globally
experience
disability



1 in **7** people

- Around 150 million adults experience significant difficulties functioning
- Disability prevalence is increasing
- Disproportionately affects vulnerable populations: women, older people and poor households

People with disabilities face barriers in all areas of life



- Education
- Employment
- Social & political life
- Community participation
- Health

Disabling barriers: widespread evidence

- Inadequate policies and standards
- Negative attitudes / discrimination
- Lack of provision of services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence



Barriers have negative consequences

- Lower educational achievements
- Lower levels of employment
- Higher rates of poverty
- Poorer health outcomes



Barriers to health care

People with disabilities have the same general health care needs as others

But they 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 health care system



Costs are a major barrier



1/2

of people with
disabilities cannot
afford health care

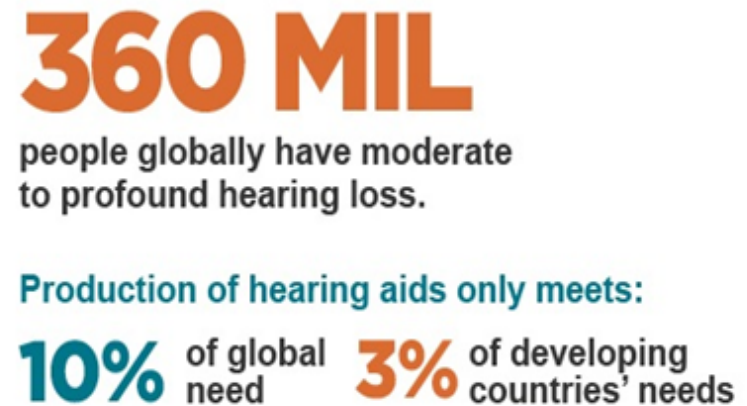
They are:

50%

more likely to suffer
catastrophic health
expenditure

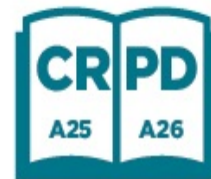
Barriers also prevent access to rehabilitation and assistive devices.....

which can enable people with disabilities to
participate and be **independent**



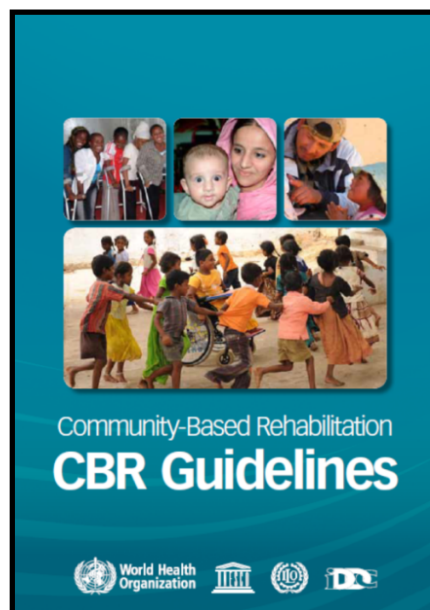
Making all health care services accessible will reduce health disparities

- Improve policy and legislation
- Remove physical barriers
- Make health care affordable
- Train all health care workers in disability issues and rights
- Invest in specific services such as rehabilitation
- Make health data and research inclusive of disability



The World Health Organization's response to date

- Disability data and information
- Awareness raising and advocacy
- Policy advice
- Technical guidance
- Capacity development



WHO response: work in progress



- **Model Disability Survey**
- **Wheelchair service training package**
- **Statement on involuntary sterilization**
- **Guidance note on disability and emergency risk management for the health sector**
- **International Perspectives on Spinal Cord Injury and**
- **Guidelines on health-related rehabilitation**

<http://www.who.int/disabilities/en/>

WHO action plan 2014–2021: Better health for persons with disabilities



Structure of draft action plan 2014–2021: *Better health for persons with disabilities*

- ❑ Introduction and background
- ❑ Overview of global situation
- ❑ Vision, goal and objectives
- ❑ Principles and approaches
- ❑ Each objective section includes:
 - Background
 - Success indicators
 - Actions
 - Proposed inputs for member states, secretariat and international and national partners

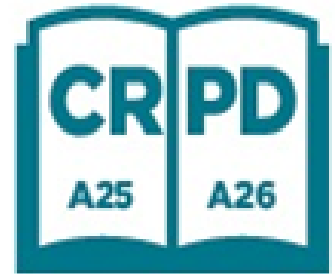


Concepts of disability informing plan

- Global public health, human rights, and development issue
- Definition of disability: International Classification of Functioning, Disability and Health (ICF)
- Disability is universal: plan is relevant to all people with disabilities
- Prevention: focus on secondary and tertiary prevention only

Guiding principles & approaches

- **Convention on the rights of persons with disabilities**
- **Universal health coverage**
- **Life course approach, continuum of care**
- **Multi-sectoral approach**
- **Person-centered approach; empowerment of persons with disabilities**



Proposed vision & goal

Vision:

A world where persons with disabilities and their families enjoy the highest attainable standard of health.

Goal:

Contribute to achieving health, well-being and human rights for persons with disabilities.



Proposed objectives

1. Address barriers and improve access to *health care services and programmes*.
2. Strengthen and extend *habilitation and rehabilitation* services, including *community based rehabilitation*, and *assistive technology*.
3. Support the collection of appropriate and internationally comparable *data on disability*, and promote multi-disciplinary *research on disability*.

OBJECTIVE 1: Address barriers and improve access to health care services and programmes

Possible success indicators

- **1.1 X % of countries have updated their health policies in line with the CRPD.**
- **1.2 X % of countries have universal health coverage inclusive of persons with disabilities**

Objective 1: proposed actions

1.1 *Develop and/or reform health and disability policies, strategies and plans for consistency with CRPD*

1.2 *Develop leadership and governance for disability inclusive health*

1.3 *Address barriers to financing and affordability*

1.4 *Address barriers to service delivery*

1.5 *Address specific challenges to the quality of health care experienced by people with disabilities*

OBJECTIVE 2: Strengthen and extend habilitation & rehabilitation services, including integrating CBR and assistive technology

Possible success indicators

- ***2.1 X % of countries have developed or updated legislation, policies, and regulations on rehabilitation and community services in line with CRPD***

Objective 2: Proposed actions

- 2.1 Provide leadership and governance*
- 2.2 Provide adequate financial resources*
- 2.3 Develop and maintain a sustainable workforce*
- 2.4 Expand and strengthen habilitation and rehabilitation services*
- 2.5 Promote the need for and access to community support services*
- 2.6 Make assistive technology available and accessible*
- 2.7 Engage, support and build capacity of persons with disabilities, their family and caregivers*

OBJECTIVE 3: Strengthen collection of nationally relevant and internationally comparable data on disability and support research on disability.

Possible success indicators

- ***3.1 X % of countries which have capacity to monitor routinely the situation of persons with disabilities.***
- ***3.2 – X% of countries including disability within priorities of national research funding agencies***

Objective 3: Proposed actions

3.1 *Improve disability data collection*

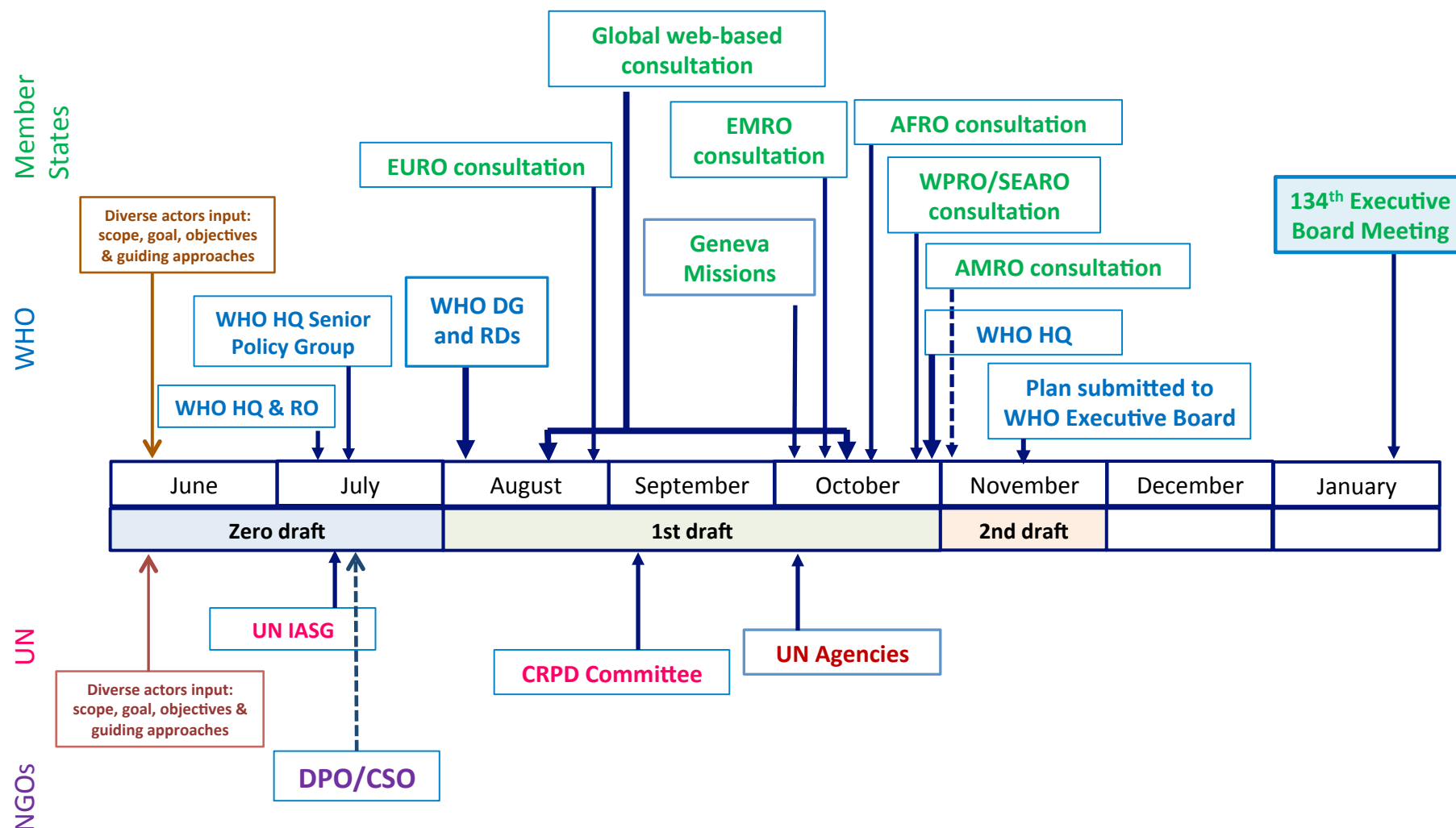
3.2 *Reform national data collection systems*

3.3 *Invest in and strengthen research on priority disability issues*

3.4 *Strengthen capacity and build critical mass of disability-trained researchers in a range of disciplines*

WHO Action Plan 2014-2021; *'Better health for persons with disabilities'*

Timeline of consultations



More information

www.who.int/disabilities/actionplan



www.facebook.com/WHOdisability



www.twitter.com/WHOdisability