

UHC and Persons with Disabilities

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RIGHT TO HEALTH OF PERSONS WITH DISABILITIES

UN Convention on the Rights of Persons with Disabilities (CRPD) : Article 25 - Health

States Parties recognize that persons with disabilities have **the right to the highest attainable standard of health without discrimination on the basis of disability**. They shall take all appropriate measures to ensure their access to **gender-sensitive** health services, including rehabilitation services. In particular, States Parties:

(a) Provide persons with disabilities with free or affordable health services covering the same range and quality as those provided to other persons, **including sexual and reproductive health services and community-based public health programmes;**

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CRPD : Article 25 - Health

- (b) Provide persons with disabilities with **the health services they need specifically because of their disability**, including early identification and, where appropriate, early intervention services, and services to minimize or prevent new disabilities, especially among children and the elderly;
- (c) Provide these services to persons with disabilities **as close as possible to their communities, including in rural areas**;

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CRPD : Article 25 - Health

(d) Require health professionals to provide persons with disabilities with **care of the same quality as that provided to others**, including obtaining the free and informed consent of the persons with disabilities concerned;

(e) **Prohibit discrimination against persons with disabilities in the insurance sector**, who must be able to obtain health insurance and, in countries where it is permitted by national law, life insurance on fair and reasonable terms;

(f) **Prevent any discriminatory refusal to provide medical care or services or food or liquids** because of a disability.

DISABILITY: FIGURES AND FACTS (1)

- 15% to 20% of the world population has a disability
- 80% live in a developing country

Disability prevalence is estimated to be 12% for working age adults and 39% among the elderly.

The prevalence of disability is on the rise due to:

- ageing populations
- the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders.

DISABILITY: FIGURES AND FACTS (2)

Ageing populations:

- between 2015 and 2050, the proportion of the world's population over 60 will nearly double, from 12% to 22% ;
- more than 46 % of older persons (60+) have a disability and more than 250 million older people experience moderate to severe disability.
- Dementia is one of the cognitive disabilities largely developed by elderly populations: around 50 million people live with dementia worldwide, a figure projected to increase to 82 million by 2030.

DISABILITY: FIGURES AND FACTS (3)

Mental illness:

- is a leading cause of the global burden of disease
- contributes more to years lived with disability (32.4%) than any other health condition
- people living with mental illness are also more likely to develop physical health problems and have poorer physical health outcomes, including premature mortality.

ACCESS TO HEALTH: FIGURES AND FACTS

Persons with disabilities are

- twice as likely to find health workers' skills and health facilities inadequate
- three times more likely to be denied health care
- four times more likely to be treated badly in the health care system
- in many developing countries, more than 50% of persons with disabilities have an unmet need for rehabilitation services.
- disproportionately marginalised in fulfilling their right to health in emergencies, disasters, conflict and displacement.

ACCESS TO HEALTH: BARRIERS AND CHALLENGES (1)

Examples include but are not limited to:

- inaccessible health infrastructure
- poor availability of appropriate and adapted medical equipment
- less access to health information
- communication barriers
- limited availability of services relating to specific impairments or comorbidities
- lack of knowledge on disability inclusion and human rights amongst health personnel
- lack of standards and legislation
- limited access to health insurance
- stigma and discrimination

ACCESS TO HEALTH: BARRIERS AND CHALLENGES (2)

- Mental illness is a leading cause of the global burden of disease

However

- mental health services are routinely the least developed and resourced. Services are often concentrated in large inpatient hospitals mainly in urban areas
- In many sub-Saharan African countries, 85% of people do not have access to mental health services, and those that do exist are of poor quality.

ACCESS TO HEALTH: ECONOMIC BARRIERS (1)

Persons with disabilities are:

- twice as likely to incur catastrophic expenditure due to seeking care
- an estimated 50% cannot afford care
- more likely to live in poverty and often face discriminatory barriers accessing private health insurance schemes due to pre-existing conditions.

ACCESS TO HEALTH: ECONOMIC BARRIERS (2)

Mental health contributes around 13% towards the total Burden of Disease (by Disability Adjusted Life Years)

however

- National health budgets routinely allocate less than 5% (often less than 1% in the poorest countries) to mental health.
- In Asia and Africa, 40% of people pay out-of-pocket for mental health care.
- Less than 1% of Official Development Assistance for Health is dedicated to mental health.

ASK 1: LAWS AND POLICIES

Establish laws and legal processes that prohibit discrimination and ensure the right to health of persons with disabilities.

Enforce, monitor and evaluate the adoption of legal and policy instruments that have been put in place and ensure that inclusive practices are adequately budgeted for.

ASK 2: DATA

Improve the availability and comparability of data on the health status and access to services for persons with disabilities and other marginalised groups.

Collect and disseminate gender, age, and disability disaggregated data and information to reveal gaps and ensure appropriate planning for equitable access to health services for all people.

Strengthen research to fill gaps in good quality data and methods for collecting data on particularly marginalised groups, such as people with psychosocial disabilities.

ASK 3: UHC

Ensure that the dialogue around UHC and leaving no one behind includes persons with disabilities.

Progress towards UHC should reflect opportunities to

- provide disability-specific services and rehabilitation as part of the priority package of services;
- ensure equitable access to financial risk protection [including] for persons with disabilities;
- ensure that [disability] inclusion becomes standard in health service delivery across the continuum



THANK YOU

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