

Disability Inclusion in the Health Sector

Report on WHO Online Fora Series

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Table of Contents

Background	3
Fora series	4
Objectives of the fora:	4
Forum 1: Disability Inclusion in Universal Health Coverage (Sept. 30, 2021)	4
Forum 2: Disability Inclusion in Health Systems Strengthening (Oct. 28, 2021)	4
Forum 3: Disability Inclusion in Cross-Sectoral Public Health Interventions (Nov. 25, 2021)	5
Forum 4: Disability Inclusion in Health Emergencies (Dec. 16, 2021)	5
Fora overview	5
Advocacy Messages on Disability Inclusion in the Health Sector	7
Advocacy messages on Disability inclusion in Universal Health Coverage (UHC)	7
Advocacy messages for all	7
Advocacy messages for government health policy makers	7
Advocacy messages for Public / Private sector health service providers	8
Advocacy messages for Bilateral donors and other development partners	8
Advocacy messages on Disability inclusion in Health Systems Strengthening	8
Advocacy messages for all	8
Advocacy messages for government health policy makers	9
Advocacy messages for Public / Private sector health service providers	10
Advocacy messages for Bilateral donors and other development partners	10
Advocacy messages on Disability inclusion in Cross-Sectoral Public Health Interventions	11
Advocacy messages for all	11
Advocacy messages for government health policy makers	11
Advocacy messages for Public / Private sector health service providers	12
Advocacy messages for Bilateral donors and other development partners	12
Advocacy messages on Disability inclusion in Health Emergencies	12
Advocacy messages for all	13
Advocacy messages for government health policy makers	13
Advocacy messages for Public / Private sector health service providers	13
Advocacy messages for Bilateral donors and other development partners	14
Talking points on Disability Inclusion in the Health Sector	15
Purpose	15
Talking Points for Government health policy makers	15
Take-away messages for government health policymakers	15
Background	15
Talking points	16
Talking Points for Public / Private sector health service providers	17
Take-away messages for Public / Private sector health service providers	17
Background	17
Talking points	17
Talking Points for Bilateral donors and other development partners	18
Take-away messages for Bilateral donors and other development partners	18
Background	19
Talking points	19
Acknowledgments	20

Background

Disability is a global issue with health and human rights dimensions, experienced by an estimated fifteen percent of the world's population¹. Many people will experience disability at some point in their lives, especially when growing older. People's experience of disability varies greatly and depends on how health conditions or impairments interact with social and environmental barriers. Disability is also a development priority because of its higher prevalence in low- and middle-income countries and because the majority of persons with disabilities live in conditions of poverty.^{1,2}

The recently endorsed World Health Assembly Resolution (WHA 74.8) calls for collaboration between states, international organizations, and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia, and organizations of persons with disabilities in realizing the highest attainable standard of health for persons with disabilities.³ All efforts to advance universal health coverage must be accessible to and inclusive of persons with disabilities. The COVID-19 pandemic, however, has laid bare how this group is consistently left behind in such health sector responses to public health emergencies. It has also highlighted the need to act on the integral linkages between the three related pillars of health systems strengthening, cross-sectoral public health interventions, and successful health emergency preparedness and response. First, health systems strengthening efforts need to integrate the needs and priorities of persons with disabilities, so that health services become inclusive for persons with disabilities. This includes addressing physical barriers that prevent access to health facilities and specific interventions; informational barriers that prevent access to health literacy and information; and attitudinal barriers which perpetuate stigma and exclusion. Second, cross-sectoral public health interventions that address the social, economic, environmental, or commercial determinants of health need to be designed accommodating the requirements of persons with disabilities. In this way persons with disabilities will also experience the health gains targeted by the interventions. Ultimately, these two pillars feed into and support the development of inclusive national and international health emergency preparedness and response plans, including provision of emergency care services. Concurrently, persons with disabilities and their representative organizations should be consulted and engaged with in all phases of health emergency preparation and implementation.

Disability inclusion in the health sector means that policymakers, health services providers, and donors need to act on global health priorities including advancing universal health coverage, ensuring health and well-being and protecting people during health emergencies in a manner that respects, protects and fulfils the rights of persons with disabilities on an equal basis as others. It also means that countries need to address the contributing factors of health experienced by persons with

¹ <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>

² <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>

³ https://apps.who.int/gb/ebwaha/pdf_files/WHA74/A74_R8-en.pdf

disabilities, so that they can enjoy their inherent right to the highest attainable standard of health. The Global report on health equity for persons with disabilities will shed light on these contributing factors and show how to act upon them moving forward.

Fora series

Following the World Health Assembly Resolution (WHA 74.8) call for collaboration between relevant stakeholders, the World Health Organization and disability partners hosted a series of fora to establish a common narrative among disability actors on disability inclusion in the health sector.

Objectives of the fora:

- Share experiences and lessons learned on disability inclusion in the health sector
- Develop advocacy messages on how to advance disability inclusion in the health sector
- Inform a WHO publication on disability inclusion in the health sector.

Each forum focused on a specific topic and featured presentations by international experts on the following key areas:

Forum 1: Disability Inclusion in Universal Health Coverage (Sept. 30, 2021)

- Disability Inclusion intrinsic to Universal Health Coverage – **Vivian Lin**, University of Hong Kong
- Decision making for packages of care for Universal Health Coverage – **Karin Stenberg**, Health System Governance and Financing, World Health Organization
- Disability in Universal Health Coverage: Sustainable Development Goals monitoring in Pakistan – **Itfaq Khaliq Khan**, Sightsavers Pakistan Country Office
- Health sector investment and transformation for disability inclusion – **Shelly Thomson**, Department of Foreign Affairs, High Commission of Tonga

Forum 2: Disability Inclusion in Health Systems Strengthening (Oct. 28, 2021)

- Disability inclusion in the eye care sector in Pakistan – **Khalid Talpur**, Sightsavers Pakistan Country Office
- Disability data collection and analysis and health systems strengthening – **Kaloyan Kamenov**, Sensory Functions, Disability and Rehabilitation, World Health Organization
- Developing mental health and related policies, laws, and services in line with the CRPD – **Celline Cole**, Policy, Law, and Human Rights, World Health Organization

Forum 3: Disability Inclusion in Cross-Sectoral Public Health Interventions (Nov. 25, 2021)

- Disability inclusion in physical activity guidelines - **Juana Willumsen**, Health Promotion, Education, and Communications, World Health Organization
- Disability inclusion in promoting sexual and reproductive health: The W-DARE project in the Philippines - **Cathy Vaughan**, University of Melbourne and **Aya Tiongco Sunit**, (Nationwide Organization of Visually Impaired Empowered Ladies)
- Disability inclusion in Make Listening Safe initiative - **Shelly Chadha**, Sensory Functions, Disability and Rehabilitation, World Health Organization

Forum 4: Disability Inclusion in Health Emergencies (Dec. 16, 2021)

- Experiences of persons with disabilities in health emergencies and humanitarian crises - **Lebanese Association for Self-Advocacy**
- Disability Inclusion in addressing gender-based violence in Bangladesh during the COVID-19 pandemic – **Esrat Jahan**, Humanity & Inclusion
- Disability Inclusion in COVID-19 response in Canada - **Krista Carr**, Inclusion International
- Disability Inclusion in promoting sexual and reproductive health during the COVID-19 pandemic - **Amanda McRae**, Women Enabled International

Fora overview

In total, **597 participants** located in **68 countries** joined these fora. Among the participants who did consent to share their data (n=386), 70.5% identified as women, 28.2% as men, and 1.3% preferred not to answer. 21.0% identified as persons with disabilities, 59.8% as persons without disabilities, and 19.2% preferred not to answer. 55.2% of the participants were affiliated with OPDs or NGOs, 20.7% with UN agencies, and 8.3% with academia, with the remainder coming from governments, donors and other development partners or preferring not to answer.

During the fora, participants listened to the presentations from international experts and shared the experiences and lessons learned in their countries on how to further disability inclusion in the health sector. Then, working in groups, they collaborated to develop advocacy messages on this topic, targeting specifically government policy makers, public and private health services providers, bilateral donors and other development partners. The advocacy messages included actions to advance Disability Inclusion in Universal Health Coverage, Health System Strengthening, Cross-Sectoral Public Health Interventions, and Health Emergencies.

The content of the advocacy messages developed is not new. Many stakeholders, particularly in the broader global disability community, have been advocating for similar actions to further inclusive health for a long time. Furthermore, because of time and language constraints, it is possible that the messages developed may not be comprehensive and reflect the voices of all stakeholders working in the disability

field. Nevertheless, these advocacy messages clearly set out the actions that governments policy makers, health service providers, bilateral donors and other developmental partners need to take to further disability inclusion in the health sector. They are in line with the World Health Assembly Resolution call for collaboration in realizing the highest attainable standard of health for persons with disabilities and reflect many of the commitments made by various stakeholders during the Global Disability Summit 2022.

It is intended that the advocacy messages can be shared broadly, adapted, refined, and used as talking points by civil society organizations, organizations of persons with disabilities, and individuals when advocating with government health policymakers, public and private health sector providers, bilateral donors, and other developmental partners to achieve disability inclusion in the health sector. They will also contribute to advocacy efforts related to the WHO Global report on health equity for persons with disability, due to be published in December 2022.

The following pages contain all the advocacy messages developed and suggested talking points based on these messages. These talking points further refine the advocacy messages and can be used as a basis for speeches or similar discussion advocacy.

The other relevant materials from the fora can be found at the following link:
<https://www.dropbox.com/sh/wmoxrc1f4lolkuf/AABRYiL1t48pCN3zxcwA6U8sa?dl=0>

Advocacy Messages on Disability Inclusion in the Health Sector

Advocacy messages on Disability inclusion in Universal Health Coverage (UHC)

For this topic, the advocacy messages were created focusing on the following key areas:

- Disability Inclusion intrinsic to UHC
- Monitoring of health-related Sustainable Development Goals
- Health sector investment and transformation for disability inclusion
- Decision making for packages of care for UHC

Advocacy messages for all

- UHC is for everyone – it cannot be achieved without the inclusion of persons with disabilities.
- All efforts to advance Universal Health Coverage must be inclusive of persons with disabilities.
- Disability needs to become a political priority in the health sector. To advance UHC, it is necessary to ensure that disability is prioritized, so that quality and affordable health services are provided to persons with disabilities on an equal basis with others.
- Capturing disability disaggregated data within health services allows for better information for planning UHC.

Advocacy messages for government health policy makers

- Design processes so that persons with disabilities, in all their diversity, are meaningfully engaged in policy development and decision-making for UHC.
 - Invite persons with disabilities to input into strategies, planning, and through consultations.
 - Make sure persons with disabilities are at the table when decisions on packages of care are made.
- Engage relevant stakeholders from local communities in policy development and decision-making for UHC (e.g., family members and support persons, traditional and faith-based leaders, human rights and other civil society organizations)
- Promote effective cross-governmental work and collaboration among different ministries as a precondition for the achievement of disability inclusion in UHC and as a core part of strategies to leave no one behind. Ensure the Ministry of Health has a stewardship role in health system efforts.
- Collect, analyze, and use data on disability and intersectionality (e.g., data disaggregated by disability AND gender, age, sexual orientation, race/ethnicity) to evaluate the impact of public policies and monitor equitable access to health services and healthcare financial coverage for persons with disabilities in all their diversity.

- Ensure full coverage of persons with disabilities and their needs (e.g., assistive technologies, specialized care) in health insurance packages

Advocacy messages for Public / Private sector health service providers

- Ensure the implementation of existing national and international policies on disability inclusion in the health sector and guarantee they are aligned with the CRPD.
- Include the accessibility of health services as fundamental quality and equity criteria in the development of new services and the evaluation of the existing ones.
- Move from health services to accessible and inclusive health services – not just for persons with disabilities but for all.

Advocacy messages for Bilateral donors and other development partners

- Meaningfully engage and include persons with disabilities, in all their diversity, in the design, implementation, monitoring, and evaluation of development programs in the health sector.
- Make disability inclusion a fundamental component of all mainstream programs and projects in the health sector, beyond disability focused programs.
- Ensure that all health-related development programs are compliant with the human-rights based approach underpinning the Convention on the Rights of Persons with Disabilities.
- Promote health-related development programs centered on community-inclusion, and directed at ensuring the autonomy, optimal development, and empowerment of persons with disabilities.
- Promote health-related development programs centered on sensitization and engagement of community leaders and stakeholders (e.g., organizations of persons with disabilities, traditional and faith-based leaders, human rights and other civil society organizations) who influence norms related to the care and inclusion of persons with disabilities.
- Promote development programs aiming to build the awareness and capacity of persons with disabilities and their organizations on issues related to disability inclusion in the health sector.

Advocacy messages on Disability inclusion in Health Systems Strengthening

For this topic, the advocacy messages were created focusing on the following key areas:

- Disability inclusion in workforce development
- Disability inclusion in country health information systems
- Development of disability inclusive laws, policies, and action plans

Advocacy messages for all

- Health is an enabler for inclusion. To achieve health for all it is necessary that health services address the range of different needs and priorities of the population, including those of persons with disabilities.
- **Health systems must integrate the needs and priorities of persons with disabilities to make health services more accessible and inclusive.** This includes addressing physical barriers that prevent access to health facilities and specific interventions; communication barriers that prevent access to health information; and attitudinal barriers which perpetuate stigma and exclusion.
- **All components of the health system need to be cemented by disability inclusion.**
- Capturing disability disaggregated data within health services allows for better information for planning. However, no information or data should ever be collected or used without the prior and informed consent of persons with disabilities. Data protection systems must be in place and trust building happen before data collection takes place.

Advocacy messages for government health policy makers

- Adopt, implement, and monitor the adherence to national policies for accessibility related to public and private health infrastructure, information and communications, medical equipment and technology.
- It is not enough to have national policies highlighting disability inclusion. When developing policies, include detailed objectives, with a dedicated budget, to implement inclusive services.
- Collect and analyze **disability disaggregated data as part of censuses and other population-based surveys**, using standardized and internationally comparable tools
- Invest in the development of **centralized health information systems**, interconnected at different levels (local, district, provincial, national), to triangulate the journey of service users within the health system
- Embed the collection of **disability data within individual profiles of persons registered in the centralized health information system**, using diagnostic information as well as standardized and internationally comparable tools
- Promote a human-rights based, person-centered approach in the health sector and avoid assumptions of ability.
 - Ensure repealing of all discriminatory legislation for persons with disabilities in the context of health care
 - Ensure all health policies and programs are non-discriminatory
 - Ensure persons with disabilities are seen as 'rights holders' rather than as recipients of charity or welfare and that they enjoy the same rights in all aspects of life on an equal basis with others
- Engage with persons with disabilities in identifying gaps and appropriate solutions for barriers to access in healthcare.
- Promote deinstitutionalization and reallocate funding from healthcare institutions towards community-based support and services.

Advocacy messages for Public / Private sector health service providers

- Adopt proactive solutions to promote equitable access to health services for persons with disabilities in all their diversity.
- Put in place solutions to address accessibility requirements and reasonable accommodations, along with appropriate funding, and make the health workforce aware of these mechanisms.
- Make information and communication materials accessible and raise awareness among the health workforce of their existence.

Lack of knowledge, negative attitudes, and lack of skills can impact on the care provided:

- Promote the development of adequate knowledge, attitudes, and skills within the health workforce on disability inclusion in the health sector.
- Ensure that health workers have competencies to address the needs and priorities of persons with disabilities. These competencies need to be developed across all levels of health workforce.
- Increase recruitment and retention of **healthcare workers with disabilities**.
- Collect, analyze, and use **data on access to services and health outcomes of persons with disabilities at the service delivery point**, using standardized and internationally comparable tools.
- **Cross-reference service delivery disability data with available population-based data** to identify gaps and specific groups who may be disproportionately left behind.
- Strengthen informed consent processes for health procedures and interventions to ensure the right to informed consent of persons with disabilities is protected and fulfilled. Ensure that persons with disabilities are offered a range of options to choose from and are provided the health services keeping in mind their will and preferences.
- Consult with organizations of persons with disabilities to identify and remove barriers in health services. Be open to the voices of persons with disabilities – take their ideas as a collaborative effort to improve services.
- Make feedback mechanisms on the quality of health care accessible and anonymous.
- Ensure that the committees that address the reports on the quality of care include representatives of persons with disabilities.
- Take immediate steps to end human rights violations, including coercive and involuntary practices within healthcare institutions and associated settings
- Engage and sensitize informal health sector actors and stakeholders working in local communities (e.g., traditional and faith-based healers, NGOs) on issues regarding disability inclusion in the health sector

Advocacy messages for Bilateral donors and other development partners

- Invest in the **collection, analysis, and use of disability disaggregated data as part of health programs**, using standardized and internationally comparable tools.

- Identify the collection, analysis, and use of disability disaggregated data **as a precondition for receiving funding for mainstream health programs**
- Strengthen the capacity of persons with disabilities to self-advocate for inclusive health services.
- Support countries to establish and systematize monitoring and reporting mechanisms and ensure that persons with disabilities and their organizations have a key role in this process.

Advocacy messages on Disability inclusion in Cross-Sectoral Public Health Interventions

For this topic, the advocacy messages were created focusing on the following key areas:

- Disability Inclusion in public health interventions targeting the promotion of health
- Disability inclusion in public health interventions targeting the prevention of diseases and impairments

Advocacy messages for all

- Cross-sectoral public health interventions need to be designed accommodating the needs and requirements of persons with disabilities.
- Persons with disabilities are often left behind in health promotion initiatives. Make sure this will not happen in the future: Health promotion information and interventions need to reach persons with disabilities and be relevant to their needs.
- To develop effective health promotion strategies, it is necessary to understand the cultural background of the initiatives' target groups, and ensure strategies are tailored to different population groups, particularly marginalized and excluded groups. The determinants of health need also to be considered since they influence how populations will respond to public health interventions.

Advocacy messages for government health policy makers

- Ensure that policies and regulations include provisions to reach with preventive healthcare programs the most marginalized groups in society, including persons with disabilities living in institutions.
- Ensure all language used in relation to prevention aligns with the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).
- Make sure that persons with disabilities are prioritized in all health promotion initiatives, and that all information and communication are accessible.
- Address infrastructural, environmental, financial, policy, information, and communications barriers that prevent persons with disabilities from accessing preventive healthcare programs on an equal basis with others

- Generate data on access to preventive healthcare among persons with disabilities in all their diversity – including evidence on barriers and enablers – and use the evidence to inform the design of more inclusive programs.

Advocacy messages for Public / Private sector health service providers

- Design health promotion and prevention intervention measures to meet the requirements and rights of persons with disabilities in all their diversity.
- Engage persons with disabilities and their organizations in the design, implementation, and monitoring of health promotion initiatives and preventive healthcare programs. Engagement of persons with disabilities creates credibility and encourages other persons with disabilities to participate in these initiatives.
- Reach the most marginalized groups and address their health needs if health promotion and prevention initiatives are to be effective. Focus also on the hidden disabilities when organizing these initiatives.

Advocacy messages for Bilateral donors and other development partners

- Engage persons with disabilities and their organizations in the design, implementation, and monitoring of donor-funded health promotion initiatives and preventive healthcare programs.
- Ensure donor-funded initiatives allocate sufficient resources to analyze and address attitudinal, infrastructural, environmental, financial, policy, information and communications barriers that prevent persons with disabilities from accessing health promotion and preventive healthcare programs on an equal basis with others.
- Ensure donor-funded initiatives allocate sufficient resources to build the awareness and capacity of Organizations of Persons with Disabilities on issues related to disability inclusion in promotion initiatives and preventive healthcare programs.

Advocacy messages on Disability inclusion in Health Emergencies

For this topic, the advocacy messages were created focusing on the following key areas:

- Disability inclusion in health emergency preparedness
- Disability inclusion in health emergency response
- Disability inclusion in health emergency recovery

Advocacy messages for all

- The Covid-19 pandemic has clearly showed us the barriers that persons with disabilities face in accessing health services. Now is the time to act to remove these barriers.
- Persons with disabilities are disproportionately impacted by health emergencies – they need to be proactively consulted and included in all phases of health emergency responses’ planning and implementation, otherwise they will be left further behind.
- Risk communication during health emergencies needs to be inclusive of persons with disabilities: Information must be provided in accessible formats, so that everyone is informed.
- As the disproportionate impact of health emergencies on persons with disabilities comes from pre-existing inequities, it is crucial to prioritize the promotion, protection, and fulfillment of human rights in preparedness and recovery efforts.
- Experiences and lessons learned on disability inclusion in “non-health-related” emergencies can be shared and used in this context to provide disability-inclusive responses.

Advocacy messages for government health policy makers

- Allocate funding for reasonable accommodation in health emergency planning and response implementation.
- Involve persons with disabilities and their representative organizations in decision-making structures, including preparedness, response, and recovery committees.
- Communicate on the diversity of needs in the community, and appropriate adaptations and exemptions regarding persons with disabilities.
- **Build forward better** to create stronger, more inclusive, responsive, and resilient health systems, implementing the lessons learned from the health emergency.

Advocacy messages for Public / Private sector health service providers

- Train health care provider staff and other stakeholders involved in emergency responses on the rights of persons with disabilities and strengthen their communication skills.
- Increase the autonomy of persons with disabilities in decisions on their own health (e.g., with training or sensitization activities).
- Ensure that appropriate measures are taken to mitigate the impact of the health emergency on the well-being of persons with disabilities.
- Ensure that appropriate actions are taken to mitigate the impact of health emergency-related policy measures on the well-being of persons with disabilities.
- Collect, analyze, and use data disaggregated by disability using standardized and internationally comparable tools: This is an essential part of responding and recovering from health emergencies.

- Use positive representations of persons with disabilities in public health communications – avoid negative stereotypes which might add to stigma and discrimination against persons with disabilities in emergencies.

Advocacy messages for Bilateral donors and other development partners

- Ensure that international development efforts benefit all and do not continue persistent exclusion of marginalized groups. This is true also during health emergencies.
- Invest in persons with disability as key partners in emergency preparedness, response.
- Diversify partners at field levels, including funding organizations of persons with disabilities, which can expand the reach and accessibility of responses in a health emergency.
- Recognize the value that a disability inclusive approach can add to development and health emergency processes – for persons with disabilities and the wider population.
- Build the inclusiveness and resilience of health systems to ensure more effective health emergency responses.

Talking points on Disability Inclusion in the Health Sector

Purpose

The following talking points are developed using the key messages from the web fora on disability inclusion in the health sector. They are designed with specific target speakers in mind (e.g., Government policy makers, health service providers and donor/development partners). They offer examples of key messages that can be formulated into a speech or provide a basis for discussion related to disability inclusion in the health sector. These messages are derived from discussions among health sector partners, including service providers and persons with disabilities.

Talking Points for Government health policy makers

Take-away messages for government health policymakers

- Government leadership and political commitment are fundamental to making health equity for persons with disabilities a global priority and achieving health for all
- Governments need to adopt, enforce, and monitor national policies contributing to the inclusion of persons with disabilities in the health sector, developed and implemented with the meaningful participation representative organizations of persons with disabilities

Background

- Disability is a global issue with health and human rights dimensions, experienced by an estimated fifteen percent of the world's population. Many persons will experience disability at some point in their lives, especially when growing older
- And yet, persons with disabilities are one of the most discriminated and marginalized groups in our communities. They often experience a wide range of health inequities in their everyday life.
 - For instance, persons with disabilities are more likely to die prematurely than those without disabilities. They are also more likely to experience adverse impacts related to various health risk factors.
- Different, unjust, or unfair contributing factors drive these inequities. Such factors are often embedded within countries' institutions and systems, leaving persons with disabilities underrepresented in decision-making at all levels, receiving inferior services and negative attitudes, and therefore experiencing poorer health outcomes.
- It is the responsibility of all governments to address discrimination and the existing health inequities so that persons with disabilities can enjoy their inherent right to the highest attainable standard of health.
- Disability inclusion in the health sector means that policymakers, health service providers, and donors need to act on global health priorities including advancing universal health coverage, ensuring health and well-being and protecting people during health emergencies in a manner that respects, protects and fulfils the rights of persons with disabilities on an equal basis as others.

Talking points

- Political commitment and leadership are fundamental to the actions needed to achieve health equity for persons with disabilities.
- Addressing health sector barriers that disproportionately impact persons with disabilities needs to become a political priority for health sector decision makers.
- To advance Universal Health Coverage, it is necessary to ensure that disability is prioritized so that quality and affordable health services are provided to persons with disabilities on an equal basis with others.
- As a foundation for these actions, governments need to adopt, enforce, and monitor national policies in the health sector that are inclusive of persons with disabilities
- These national policies also require detailed objectives and a dedicated budget to implement inclusive health services that respond to the needs and priorities of persons with disabilities.
- Health-related policies should also promote a human-rights-based, person-centered approach in the health sector, focused on deinstitutionalization, reallocation of funding from healthcare institutions towards community-based support and services, and the empowerment of persons with disabilities.
- National policies should include provisions that facilitate health promotion initiatives and preventive healthcare programs to reach all persons with disabilities
- Meaningfully including persons with disabilities, in all their diversity, in health policy development and decision-making contributes to achieving health and well-being for all.
- Collecting, analyzing, and using data disaggregated by disability allows the evaluation of the impact of health policies and cross-sectoral public health interventions on persons with disabilities.
- Data can be collected from census and other population-based surveys or from centralized health information systems.
- Data should capture intersectional experiences (i.e., data should be disaggregated by disability AND other characteristics such as gender, age, sexual orientation, ethnicity, etc.).
- Governments need to act now to remove the barriers that persons with disabilities face in the health sector, as highlighted during the COVID-19 pandemic, including but not limited to:
 - Allocating funding for reasonable accommodation in health emergency planning and response implementation.
 - Providing risk communication during health emergencies that is inclusive of persons with disabilities: Information must be provided in accessible formats to inform everyone.
 - Implementing the lessons learned from health emergencies to build forward better to create stronger, more inclusive, responsive, and resilient health systems.

Talking Points for Public / Private sector health service providers

Take-away messages for Public / Private sector health service providers

- Taking a disability-inclusive approach in the health sector will address a wide range of barriers and risks that will benefit not only persons with disabilities but also other marginalized and excluded groups.
- To achieve the highest attainable standard of health, persons with disabilities and their representative organizations need to be meaningfully engaged in health sector planning and decision making, as well as be in control of their own health care decisions.

Background

- Persons with disabilities have the same right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability
- Persons with disabilities represent over 1 billion people from all around the world and are among the most marginalized within our communities, particularly when it comes to benefitting from health services
- People with disabilities, on average, experience poorer health and face numerous barriers to accessing the health services they may need.
- Furthermore, persons with disabilities often experience violations of their human rights within the healthcare system: they can be confined in institutions for long periods and be deprived of their right to legal capacity on decisions regarding their health care and treatment.
- Persons with disabilities are also often left behind in cross-sectoral public health interventions: attitudinal, infrastructural, environmental, financial, policy, information, and communications barriers prevent persons with disabilities from accessing preventive healthcare programs and health promotion initiatives on an equal basis with others.
- Health service providers need to address these barriers and create inclusive health systems so that persons with disabilities can enjoy their inherent right to the highest attainable standard of health.
- Disability inclusion in the health sector means that policymakers, health service providers, and donors need to act on global health priorities including advancing universal health coverage, ensuring health and well-being and protecting people during health emergencies in a manner that respects, protects and fulfills the rights of persons with disabilities on an equal basis as others.

Talking points

- Health is an enabler for inclusion. To achieve health for all, health service providers have to address the different needs of the population, including the needs of persons with disabilities.
- One of the first steps to advancing health equity for persons with disabilities is understanding and addressing the barriers that prevent them from receiving the quality health services they need.

- The health sector needs to consult persons with disabilities and engage with their representative organizations to understand and appreciate the barriers they face to accessing health services and adopt the appropriate solutions.
- Persons with disabilities and their representative organizations should be meaningfully engaged in designing, implementing, and monitoring health services and cross-sectoral public health interventions.
- Health service providers should also promote the development of adequate knowledge, attitudes, and skills within the health workforce on disability inclusion in the health sector and increase the representation of healthcare workers with disabilities.
- Human rights training in line with the CRPD should be an integral component of health workers academic curricula and included in the continuous development programs for the health workforce.
- Immediate steps should be taken to end human rights violations and promote alternatives to coercion and involuntary practices within healthcare institutions and settings.
- The informed consent processes for health procedures and interventions need to be strengthened to ensure the right to informed consent of persons with disabilities is protected and fulfilled, and persons with disabilities will and preferences on health care and treatments are respected.
- Collecting disability disaggregated data within health services allows better information for planning. Data protection systems should be in place and trust built before data collection occurs.
- Feedback mechanisms on health care quality should be created and made accessible and anonymous. The feedback should be regularly reviewed by independent organisms, including persons with disabilities and their representative organizations.
- Health service providers should ensure that appropriate actions are taken to mitigate the impact of health emergencies and health emergency-related measures on the well-being of persons with disabilities.
- Health service providers' commitment is needed to integrate the needs and priorities of persons with disabilities within the healthcare system and ensure persons with disabilities can fully enjoy their right to the highest attainable standard of health on an equal basis with others.

Talking Points for Bilateral donors and other development partners

Take-away messages for Bilateral donors and other development partners

- Disability inclusion should be a fundamental component of all health-related development investments, programs, and projects.
- To achieve the highest attainable standard of health, persons with disabilities and their representative organizations need to be meaningfully engaged in the design, implementation, monitoring, and evaluation of development programs in the health sector.

Background

- Persons with disabilities have the same right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability
- There is an estimated 1 billion persons with disabilities from around the world, most of whom live in low and middle-income settings.
- Persons with disabilities are among the most marginalized within our communities, particularly when it comes to benefitting from health services and programs
- Different unjust or unfair contributing factors drive these inequities. Such factors are often embedded within countries' institutions and systems, leaving persons with disabilities underrepresented in decision-making at all levels, receiving inferior services and negative attitudes, and therefore experiencing poorer health outcomes.
- Persons with disabilities and their organizations often lack the power, and the knowledge and skills on health-related matters, to effectively advocate for a disability-inclusive health sector.
- Bilateral donors and other development partners have a fundamental role in ensuring persons with disabilities can enjoy the right to the highest attainable standard of health on an equal basis with others.

Talking points

- The inclusion of persons with disabilities should be a fundamental component of all mainstream programs and projects in the health sector, beyond disability-focused programs.
- All health-related development programs promoted should comply with the human-rights-based approach underpinning the Convention on the Rights of Persons with Disabilities.
- Persons with disabilities and their representative organizations should be meaningfully engaged in designing, implementing, monitoring, and evaluating development projects in the health sector.
- For this to happen, it is essential to promote development programs aiming to build the awareness and capacity of persons with disabilities and their representative organizations on issues related to disability inclusion in the health sector.
- Bilateral donors and other development partners should also promote health-related development programs centered on community inclusion and directed at ensuring the autonomy, optimal development, and empowerment of persons with disabilities.
- Programs centered on sensitization and engagement of community leaders (e.g., chiefs, traditional and faith-based leaders, human rights and other civil society organizations) who influence norms related to the care and inclusion of persons with disabilities should also be promoted.
- It is necessary to invest in collecting, analyzing, and using disability disaggregated data as part of health programs to ensure reliable information for better planning and strengthening health systems.
- Bilateral donors and other development partners can support countries in establishing and systematizing health monitoring and reporting

mechanisms and ensure that persons with disabilities and their organizations have a key role in this process.

- It is crucial to ensure that donor-funded initiatives allocate sufficient resources to analyze and address attitudinal, infrastructural, environmental, financial, policy, information, and communications barriers that prevent persons with disabilities from accessing health promotion and preventive healthcare programs on an equal basis with others.
- It is also fundamental to ensure that international development efforts benefit all and do not continue persistent exclusion of marginalized groups. This is also true during health emergencies.
- All development investments, programs, and projects to support the attainment of the SDGs need to recognize and include persons with disabilities to ensure they are not left further behind.

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For any questions or clarifications, please do not hesitate to contact the WHO Disability Team (disability@who.int).