



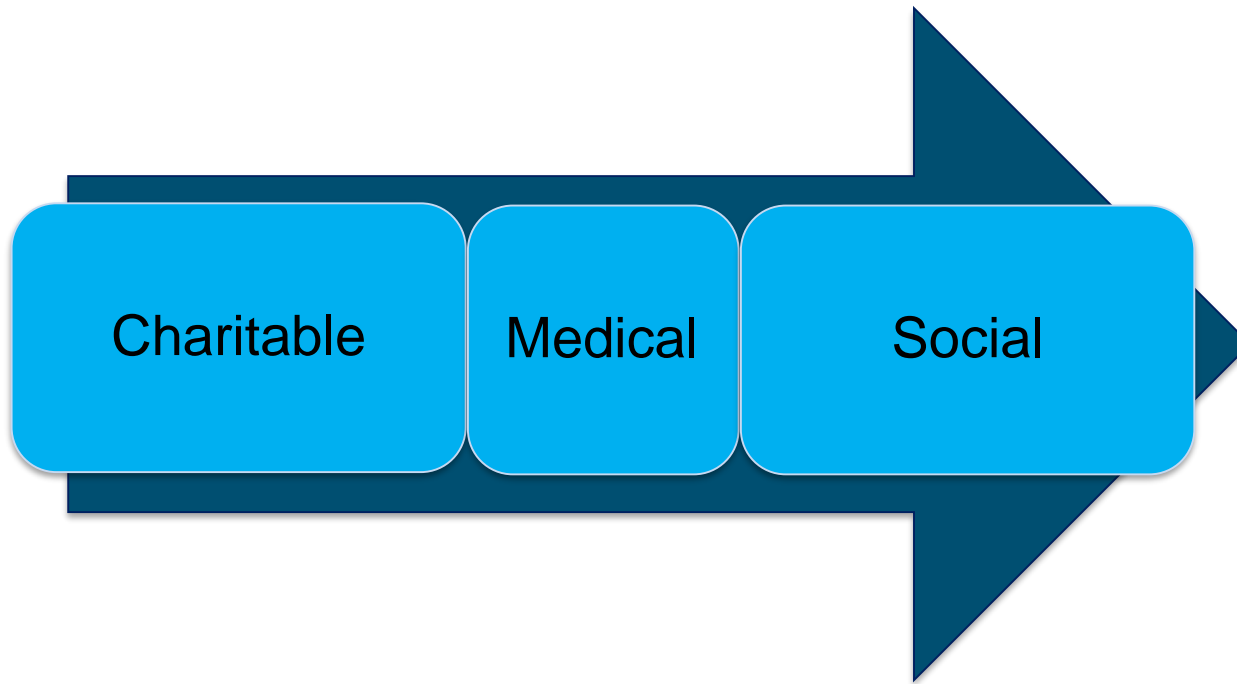
Access to Health Bridge II Training



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In the last few decades, the approach to disability has changed





Charity Model

« People with disabilities are poor and helpless. We need to put money aside to help them. They are a burden for society. »



The medical model

« We see that numbers of people amputated because of road accidents are on the rise. That's a terrible problem, because we don't have enough prosthetics for everyone! »

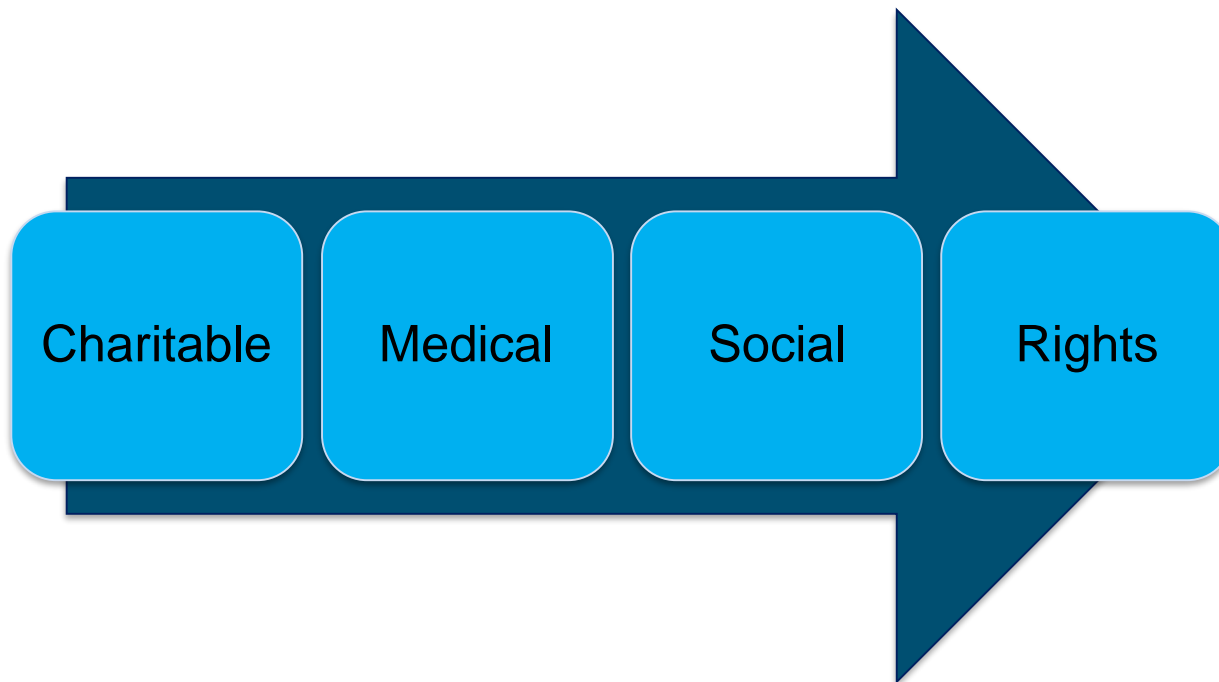


The social model

« Yesterday, my neighbour went to register her child at primary school. She was very disappointed to realize that the director who did not have time, gave her all information on a printed leaflet and did not explain anything verbally (my neighbour is blind) »

Throughout the years:

- People with disabilities have organized themselves
- Disability is increasingly discussed from a human rights perspective
- 2006: adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD).



United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Article 1 of the CRPD provides the following definition of disability:

“ Persons with disabilities include those who have **long-term physical, mental, intellectual, or sensory impairments** which in interaction with **various barriers** may hinder their full and effective participation in society on an equal basis with others.”

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;**

(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;

CRPD

Article 25 Health

- (c) Provide these services to persons with disabilities **as close as possible to their communities, including in rural areas**;
- (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.

Persons with disabilities face barriers in accessing quality health information and services

According to WHO:

15% to 20% of the population has a disability

80% live in a developing country

Persons with disabilities are

- 2 times more likely to find health care providers' skills and facilities inadequate
- 3 times more likely to be denied health care
- 4 times more likely to be treated badly in health care facilities
- More than 50% of people with disabilities in the world cannot afford health care
- More than 50% of people with disabilities have an unmet need for rehabilitation

According to the 2018 United Nations Flagship report on disability and development

- Only 6 countries have explicit laws that guarantee access to healthcare to people with disabilities
- 42% of people with disabilities perceive their health being poor versus 6% of people without disabilities. And the % of people with disabilities who perceive their health as poor goes up to 80% in countries with the lowest GDP and goes down to 20% in countries with high GDP.

The **2018 United Nations Flagship report on disability and development also provides** some initial data specifically on access to health services of women and girls with disabilities :

- Women with disabilities are 3 times more likely to have unmet needs for health care than men without disabilities.
- Women with intellectual disabilities and those living in rural areas are among the most disadvantaged

According to WHO:

Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and represents "one of the fundamental rights of every human being, regardless of race, religion, political opinion, economic or social condition".

Better health for people with disabilities



Over **1 BILLION** people globally experience disability



1 in 7 people

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



1/2

of people with disabilities cannot afford health care

They are:

50%

more likely to suffer catastrophic health expenditure



These out-of-pocket health care payments can push a family into poverty

Rehabilitation and assistive devices can enable people with disabilities to be independent



70 MIL

people need a wheelchair. Only **5-15%** have access to one.



360 MIL

people globally have moderate to profound hearing loss.

Production of hearing aids only meets:

10% of global need **3%** of developing countries' needs

Making all health care services **accessible** to people with disabilities is **achievable** and will reduce unacceptable **health disparities**



remove physical barriers to health facilities, information and equipment



make health care affordable



train all health care workers in disability issues including rights



invest in specific services such as rehabilitation

Why?

- Health policies in most of the countries are not disability inclusive
- The majority of health providers are not trained on disability inclusion
- Health systems are not disability inclusive
- Disaggregated data are limited; this limits the available 'food for advocacy' on disability inclusive health
- When it comes to global health interventions implemented by INGOs, these are for the majority not disability inclusive
- The majority of the donors that make available funds to implement global health programming do not explicitly mention disability inclusion among the essential requirements

SUSTAINABLE DEVELOPMENT GOAL 3

Ensure healthy lives and promote well-being for all at all ages



TARGET 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Leaving no one behind





SDGs

Goal 4 : Quality education

Goal 8: Decent work and economic growth

Goal 10: Reduce inequalities

Goal 11: Sustainable cities and communities

Goal 17: Partnerships for the goals

Disability and the social model

The notion of disability changes with time and context: disability results from the interaction between people with disabilities and the behavioural and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

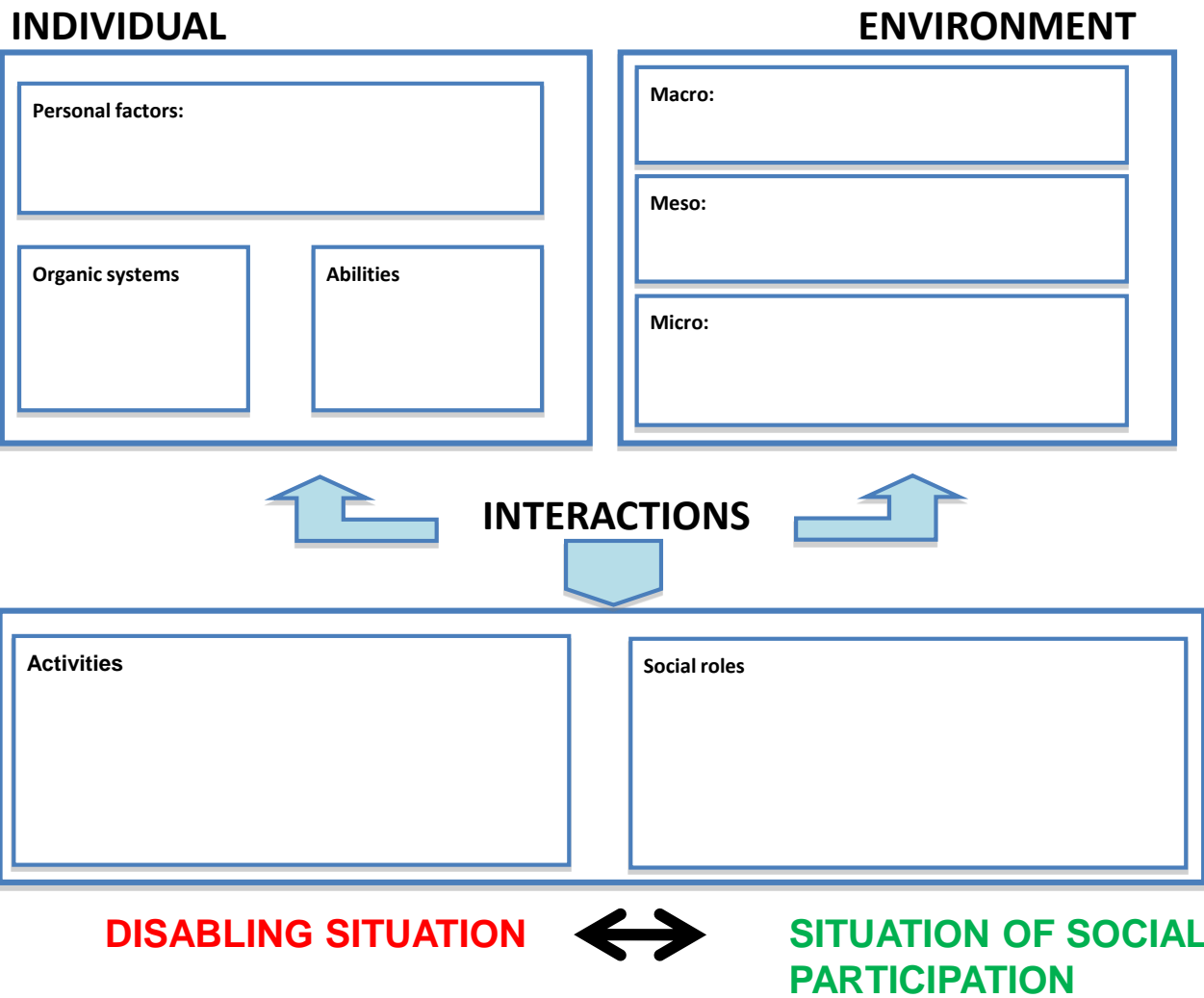
The Disability Creation Process

A model to explain disability

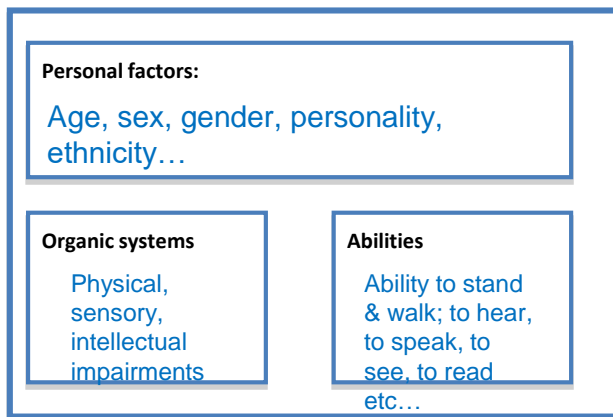
This model offers an interactive reading, integrating personal and environmental factors; it is linked to the social model of disability.

Disability is not a fixed state but it evolves over time, it varies according to gender, age, context, environment.

It is a condition that can be modified by reducing impairments, developing capacity, adapting the environment



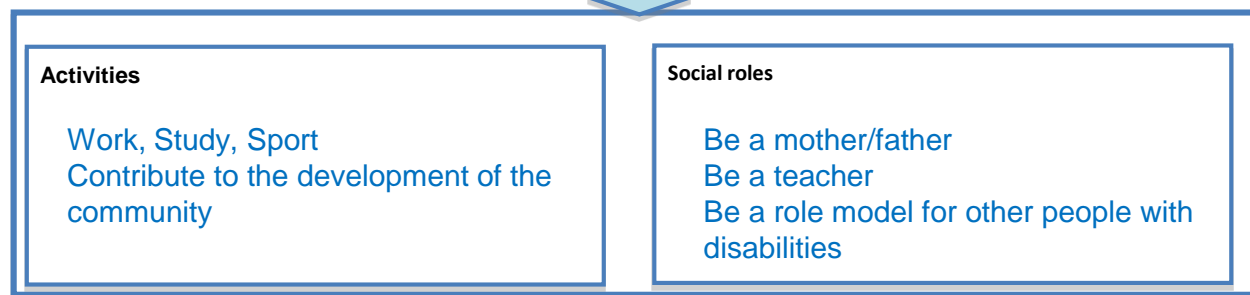
INDIVIDUAL



ENVIRONMENT



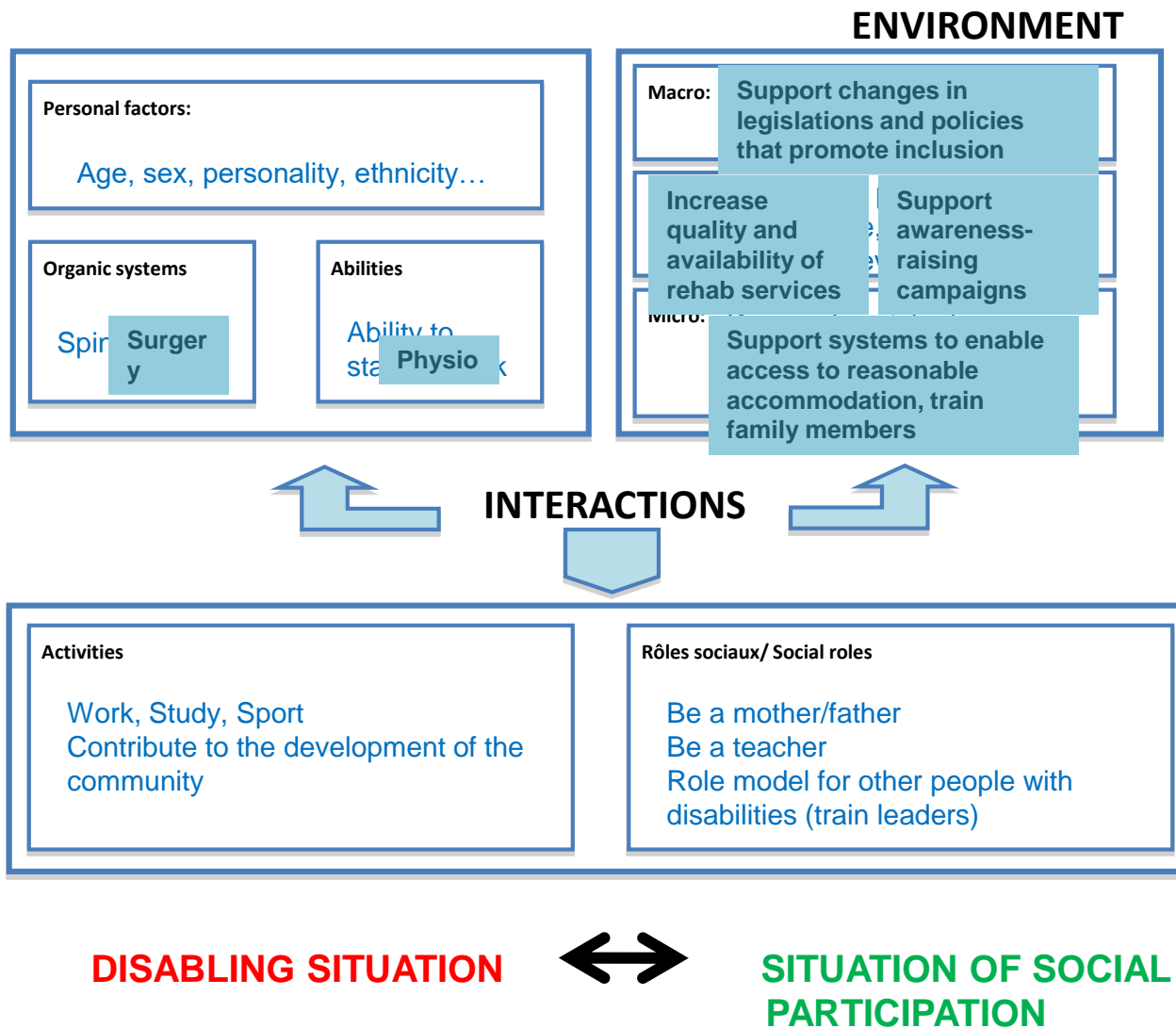
INTERACTIONS



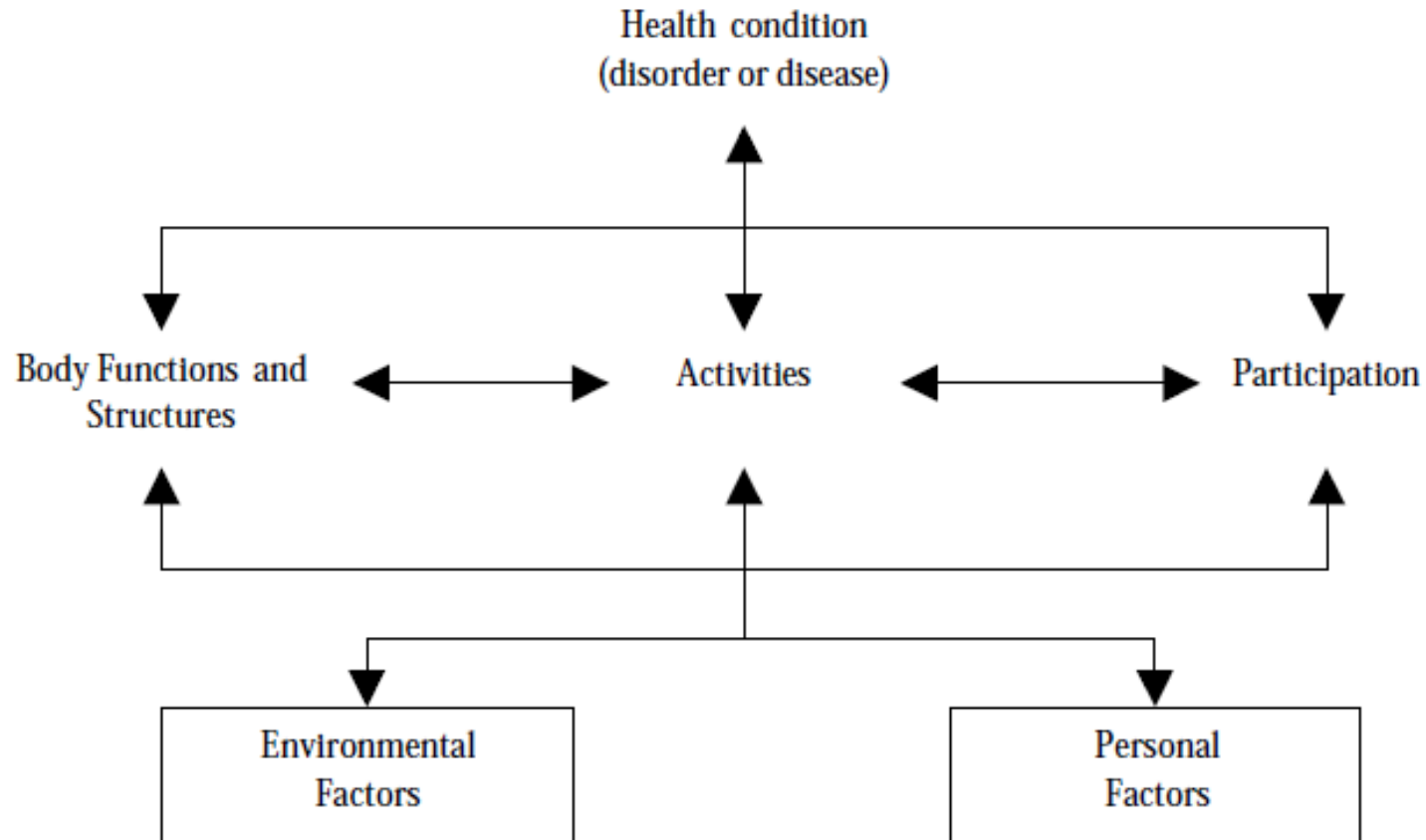
DISABLING SITUATION



SITUATION OF SOCIAL PARTICIPATION



The International Classification of Functioning, Disability and Health (ICF)



For more info see: <https://www.who.int/classifications/icf/en/>

Disability Inclusion

3 fundamental principles:

1. Participation
2. Equality and non-discrimination
3. Accessibility

Participation

Participation refers to the **full involvement** of boys, girls, women and men of different age groups and with different disabilities in the design, implementation, monitoring and evaluation of actions and policies that affect them.

Standardizing and systematizing participatory approaches has broad positive effects.

Organisations that apply the principle of participating are more accountable, responsive and effective because their decision-making is better informed, more sensitive to different perspectives and capitalises on the experiences of people facing discrimination.

Equality

Equality must enable people, regardless of their disability, gender or age, to enjoy rights, opportunities and resources on an equal footing with others.

Equality therefore implies that the enjoyment of rights and opportunities is not limited by belonging to a particular group (age, gender, disability etc.).

To achieve equal rights and opportunities in humanitarian and development actions, the following twofold approach is promoted:

- Identification and elimination of barriers that exclude
- Implementation of specific actions focusing on increasing their capacities and support them in their efforts to influence their full participation.

Non Discrimination

Discrimination refers to any distinction, exclusion or restriction based on disability or other criteria (sex, age, ethnic origin, etc.) that has the purpose or effect of impairing or preventing the recognition, enjoyment or exercise, on an equal basis with others, of all human rights.

Non-discrimination is linked to the key concept of equal opportunities. It is about ensuring that everyone has an equal opportunity to access an opportunity, taking into consideration that individuals do not have the same starting point.

Accessibility

Accessibility refers to an environment, product or service that is made available to meet the needs of everyone, including people with disabilities.

It makes it possible to reach, enter, circulate and fully use a physical space whatever its nature and function, as well as the possibility of receiving, understanding, developing, modifying, sharing and disseminating information.

Accessibility, whether physical or to information and communication, is a prerequisite for the inclusion of people with disabilities in all aspects of life

From Theory to practice

INCLUSIVE SOCIETY

ELIMINATION OF BARRIERS
Infrastructure, information, attitudinal...

MAINSTREAM SERVICES

- Housing
- **Health**
- Education
- Employment
- Social protection
- Food
- Water
- Sanitation
- Security
- Transportation

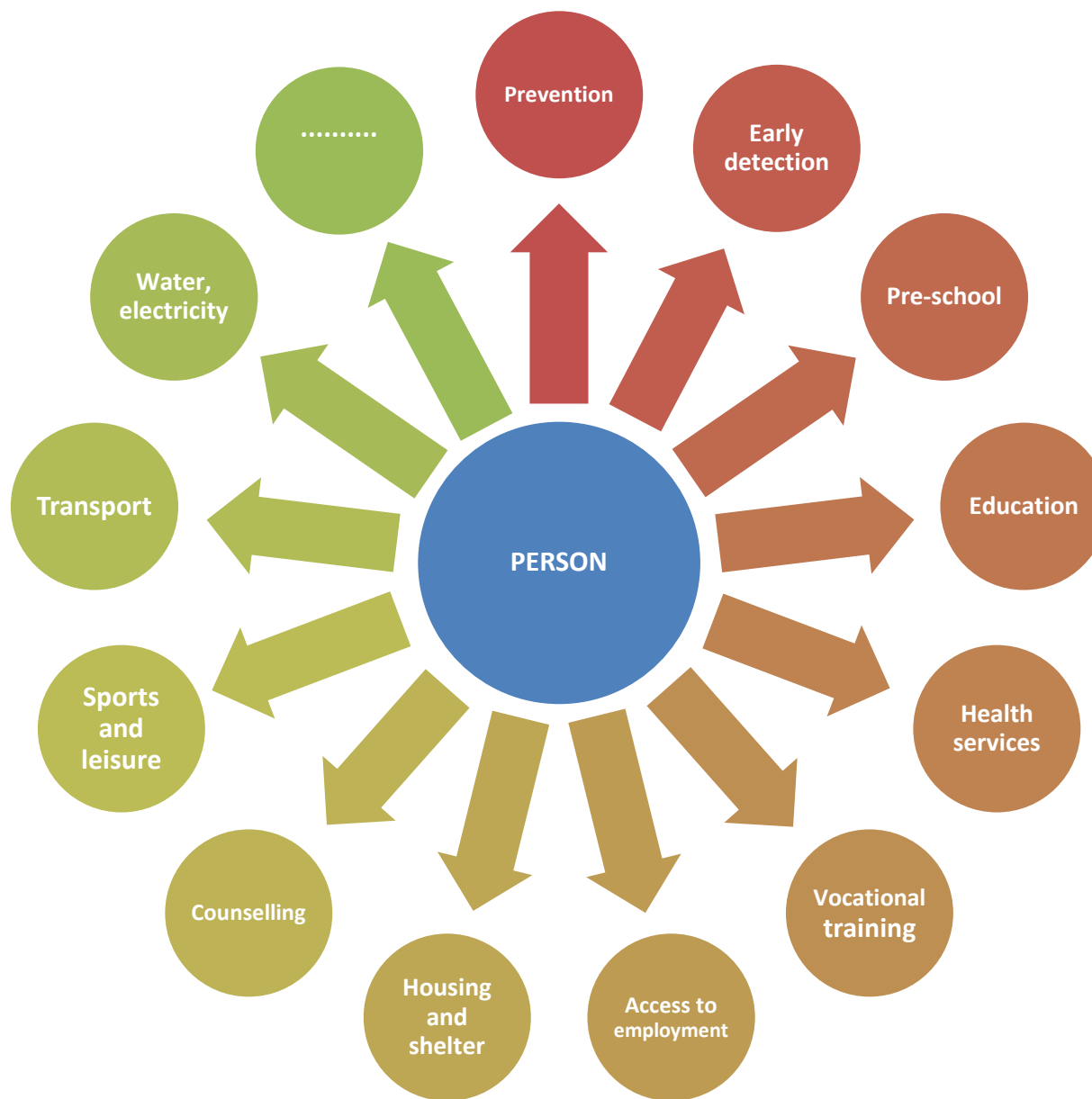
SUPPORT SERVICES

- Assistive devices (ex: prosthetics)
- Personal assistant
- Sign Language Interpreter
- Adapted transportation
- Support to access employment

SPECIFIC SERVICES

- Specialised education
- Sheltered workshops
- Specialised day care services
- post-amputation rehabilitation
- Residential services

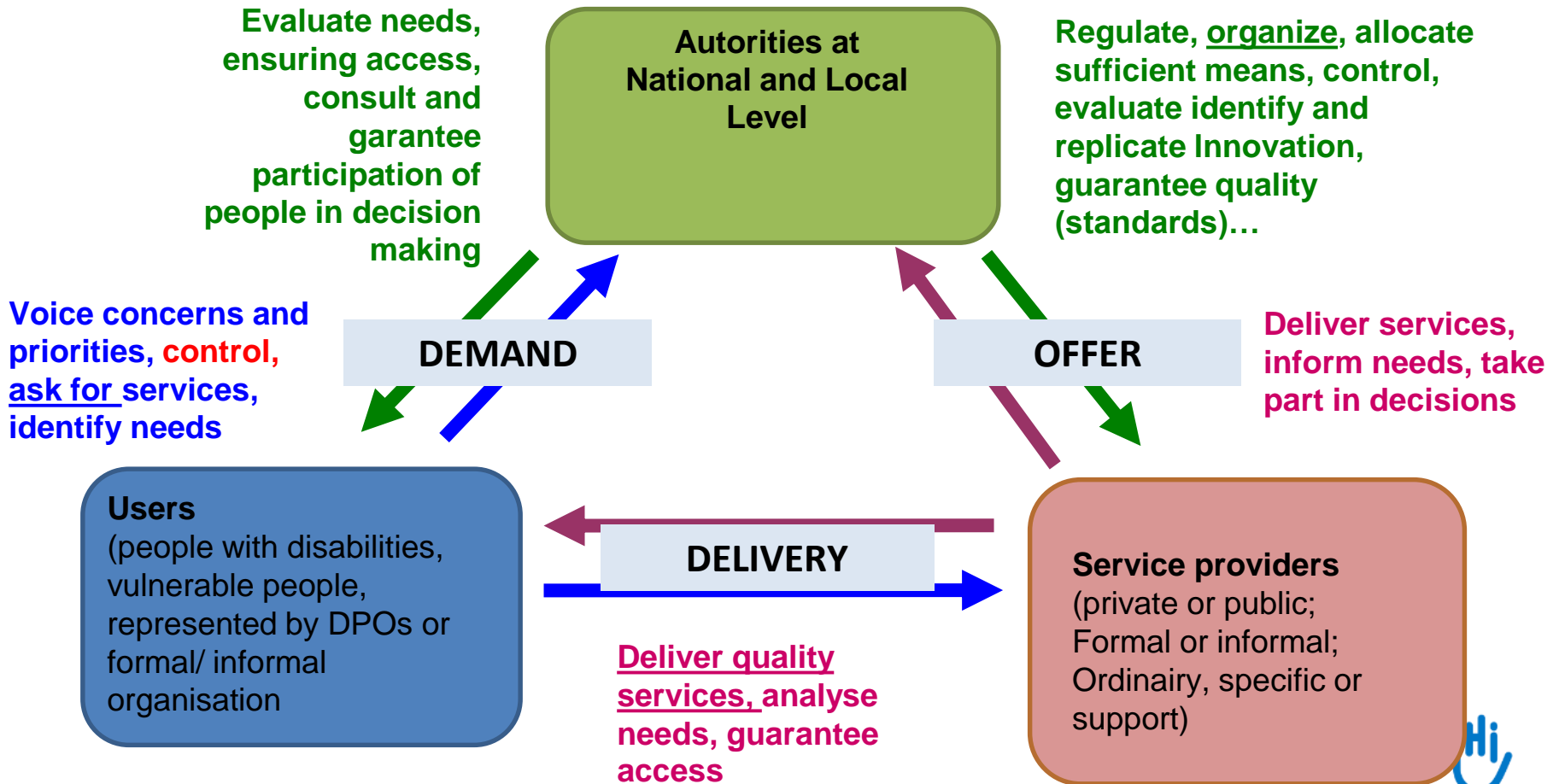
Continuum of Care



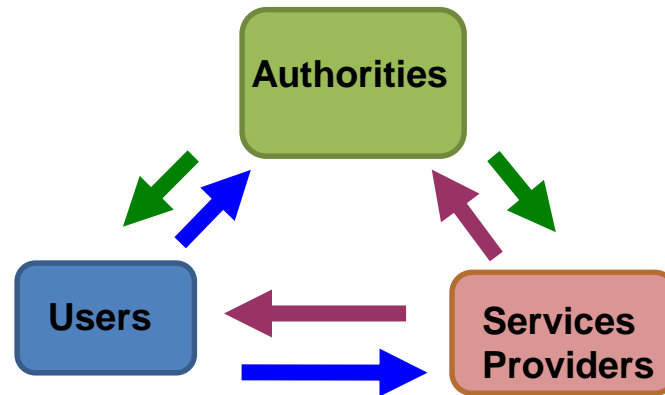
Quality Criteria: Enhanced AAAQ Frame



System of services, Key stakeholders and Ideal governance



Disability Inclusive Health is built upon



A complete spectrum of services, ensuring continuity



Stakeholders involved in governance of the system of services



Criteria ensuring quality and impact, with corresponding regulatory mechanisms

Stakeholders promoting Inclusive Health

The number of actors actively promoting Inclusive Health remains limited.

These include: DPOs, disability focused INGOs, selected departments of some UN Agencies, selected Donors.

Stakeholders have also started joining forces to promote coordinated actions on inclusive health. Two examples:


- 1) The International Disability and Development Consortium, Inclusive Health Task Group
- 2) The CORE Group Disability Inclusive Technical Advisory Group

Looking forward: DATA

The lack of gender, age and disability disaggregated data in relation to health status and access to health remains significant and requires our full attention

Accurate data represents essential 'food for advocacy' when promoting inclusive health and access to health for all at the country, regional and global level

SIX QUESTIONS ON SHORT SET



Do you have difficulty seeing, even if wearing glasses?

Do you have difficulty hearing, even if using a hearing aid?

Do you have difficulty walking or climbing steps?


Do you have difficulty remembering or concentrating?

Do you have difficulty (with self-care such as) washing all over or dressing?

Using your usual language, do you have difficulty communicating, for example understanding or being understood?


Responses to these questions reflect the continuum of difficulty functioning and enable the measurement of the impact of the difficulty on participation in society. The questions on seeing, hearing, walking and cognition are the bare essentials. If you can't use at least these then don't use any.

Tell me more....



Disaggregated data


Wider use of the Washington Group questions will enable delivery of disaggregated data. This will allow us to ensure that our development interventions are truly inclusive. Using the questions will support us in our efforts to leave no one behind.



Tried and tested

The Washington Group questions have been rigorously tested in the field across continents in many languages to ensure that they deliver comparable data.

The WG's short set of questions are the simplest and shortest set of questions, and the only set - which are fully endorsed by the UN. However, other data tools exist and are appropriate when a more detailed sectoral understanding is required.




Mental Health

The Washington Group questions are not perfect. The short set of questions do not currently directly address mental health. It is very challenging to address the complexity of mental health in a question set which is designed for embedding in national census and surveys.


However, the Washington Group has developed an extended set of questions on functioning that includes questions on mental health functioning for use in surveys.

Want to know more?

Want to know more about using the Washington Group questions, building them into your Monitoring and Evaluation strategy, influencing partners to use them?



Contact the Disability Team:
disabilityframework@dfid.gov.uk



Check out the Washington Group's website
http://www.cdc.gov/nchs/washington_group/wg_questions.htm

@DFID_Inclusive

#LeaveNoOneBehind

Looking forward: FUNDS

Donors' attention and support to disability inclusion is essential to promote:

- Major Disability Inclusive Global Health Interventions
- Access to health for all
- And ultimately the achievement of SDG3, among others.

Thank you

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