



[Inclusive Health Task Group]

Universal health coverage is impossible if persons with disabilities are left behind!

6 December 2018 - International Universal Health Coverage Day (UHC Day) on 12 December aims to mobilize diverse stakeholders to call for stronger, more equitable health systems to achieve universal health coverage, leaving no one behind. It has become the annual rallying point for the growing global movement for Health for All.

Every year on 12.12, we raise our voices to share the stories of the millions of people still waiting for health, call on leaders to make bigger and smarter investments in health and remind the world that #HealthForAll is imperative for the world we want.

The International Disability and Development Consortium (IDDC) is clear in its message - **Universal health coverage cannot be achieved if persons with disabilities are left behind.**

The overarching principle of Agenda 2030 on sustainable development is **inclusive societies that leaves no one behind**. Goal 3.8 sets out to:

“Achieve universal health coverage (UHC), 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.”

One billion people worldwide are estimated to experience disabilities, constituting 15% of the global population. The proportion is projected to rise as populations age and become increasingly affected by the epidemics of non-communicable disease. It is clear that **health coverage that covers all populations cannot be achieved if persons with disabilities are left behind.**

Persons with disabilities are two times more likely to **find health care skills and facilities inadequate**, three times more likely to be **denied health care** and four times more likely to be **treated badly in the health care system**.¹

Persons with disabilities can be disproportionately marginalised in accessing their right to health in emergencies, natural disasters, conflict and displacement.

Due to intersectional discrimination **women with disabilities** are more vulnerable to ill-health and less likely to get the health care they need. Further women with disabilities can be more at risk of certain diseases because of heightened risk of sexual violence, and face considerable barriers in accessing sexual and reproductive rights.

The **right to health is an established human right**. Article 25 of the UN Convention on the Rights of People with Disabilities (CRPD) states:

“persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability”.

However, the World Report on Disability¹ and the recent report of the UN Special Rapporteur (Disability) on the *right to health*², highlight that **persons with disabilities continue to experience barriers to accessing health services**, including:

- physical barriers to accessing health infrastructure
- sensory and communication barriers to accessing services and information
- attitudinal barriers from family and health workers (stigma and discrimination)
- health personnel’s lacking skills relating to disability inclusive practices, resulting in lower access to, and quality of, health services
- economical barriers, due both to higher costs of seeking healthcare and that people with disabilities are more likely to live in poverty

In addition to specialist health services related to their disabilities, persons with disabilities can have a **higher need of general health services**, related to a higher risk of ill health and exposure to social determinants with a negative impact on health.

IDDC is pleased that initiatives such as the Global Disability Summit hosted by the UK and Kenya with International Disability Alliance in July 2018 have set out to galvanise change towards mainstreaming disability inclusive societies. Although health was not a theme of the summit, some countries made commitments³ relevant to improving access to health services, assistive technology, and sexual and reproductive health services.

¹ https://www.who.int/disabilities/world_report/2011/report/en/

² https://www.ohchr.org/Documents/Issues/Disability/A_73_161_EN.pdf

³ <https://www.gov.uk/government/collections/global-disability-summit-commitments>

Commitments have also been made towards improving data on disabilities, at the Summit and through initiatives such as the Inclusive Data Charter⁴

To achieve UHC, it is essential that we identify the gaps of inclusion in each of its three dimensions of coverage (population, services, and direct cost of healthcare) including opportunities to improve. The lack of good quality and comparable data on health status and access of persons with disabilities is a major challenge for monitoring the equity gaps in UHC and discussions on best practices need to continue.

As progress is happening towards disability inclusive practices in other sectors, the health sector cannot afford to lag behind. Now is an opportunity to adopt disability inclusive practices also in the health sector. As progress is made towards UHC, it is important to mainstream disability inclusion across its dimensions to ensure that no one is left behind.

Inclusive Health Task Group
With thanks to Sofia Abrahamsson, Sightsavers

⁴ <http://www.data4sdgs.org/initiatives/inclusive-data-charter>