

UHC Day 2019: Keep the Promise

International Universal Health Coverage Day (UHC Day) on 12 December aims to mobilise 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. #HealthForAll

Keep the Promise

106 heads of state and ministers are now on the record championing universal health coverage (UHC) in speeches at the United Nations and reaffirming their intent to achieve Health for All. Now, it is our turn to send them a message: **Keep the Promise!**

Keeping the promise means:

- **Action plans** to guarantee health as a right, not a privilege.
- **Real investment** in a society where all people can access the quality health care they need and trust (regardless of gender, race, religion, citizenship, age, ability, sexual orientation, or wealth)
- **Strong, equitable health systems** that truly leave no one behind.

It means achieving “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.” (SDG Goal 3.8)

Keep the promise for persons with disabilities

There are at least one billion persons with disabilities worldwide (15% of the global population). This proportion will 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**
- are three times more likely to be **denied health care**

- are four times more likely to be **treated badly in the health care system**.²
- **can be disproportionately marginalised** in accessing their right to health in emergencies, natural disasters, conflict and displacement.
- **Women with disabilities** are more vulnerable to ill-health and less likely to get the health care they need.
- 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, in addition to specialist health and rehabilitation services related to their disabilities

The right to health is an established human right¹. However, persons with disabilities continue to experience barriers to accessing health services,^{2,3} 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)
- **lack of skills relating to disability inclusive practices** among health staff
- **economic barriers**, because of higher costs of seeking healthcare and because people with disabilities are more likely to live in poverty

To achieve UHC, it is essential that we:

- **Identify the equity gaps** in each of its three dimensions of coverage (population, services, and direct cost of healthcare). This is only possible with good quality and comparable data on the health status and access of persons with disabilities
- **Invest in improving accessibility** for those currently excluded from the health and rehabilitation services through universal design, training and awareness and beneficiary feedback



¹ Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. (UN Convention on the Rights of People with Disabilities, Article 25)

² https://www.who.int/disabilities/world_report/2011/report/en/

³ https://www.ohchr.org/Documents/Issues/Disability/A_73_161_EN.pdf