

Statement for the High-Level Meeting on Universal Health Coverage on achieving health equity for persons with disabilities and older people

Governments have committed to ensuring that no one is left behind in Universal Health Coverage (UHC) and to reaching the furthest behind first. Yet today, 1.3 billion persons with disabilities continue to experience multiple barriers to enjoying their right to the highest attainable standard of physical and mental health. Persons with disabilities of all ages experience lower quality services or find the health and care they need is inaccessible and unaffordable. Many face catastrophic health expenditure, poverty, and much poorer health outcomes.

UHC will only be achieved through concerted action to tackle these inequities across the continuum of care, with increased investments in inclusive and rights-based health systems that are people-centred, community-based and founded upon primary health care and whole-of-society approaches – actions that benefit everyone.

Population ageing, the escalating prevalence of non-communicable diseases and the heightened risks for persons with disabilities and older people from pandemics, climate-related disasters and other health emergencies and humanitarian crises make this an urgent priority.

To leave no one behind in progress towards UHC, we urge governments to:

- Implement the recommendations of the **WHO Global Report on Health Equity for Persons with Disabilities** and accelerate action to achieve the ambitions of the **UN Decade of Healthy Ageing**.
- **Promote a human rights-based approach to health and UHC**, ensuring **non-discrimination, progressive universalism**, and **inclusive health financing and governance**, with the full **participation** of persons with disabilities and older people at all levels.
- Ensure the **availability, accessibility, acceptability and quality of person-centred primary health care** close to where people live and reaching the furthest behind first.
- Ensure that **essential service packages** enable persons with disabilities and older people to enjoy their right to the health-related goods, facilities, services and information they need across the continuum of care, throughout the life course and on an equal basis with others. This must include improved coverage and accessibility of mental health services, sexual and reproductive health services; health information; nutrition services; vision and hearing services; oral and skin health services; dementia services; neglected tropical diseases and wider communicable and non-communicable disease prevention and care; immunization; rehabilitation and assistive products; palliative and end of life care; and integrated, long-term and rights-based care and support within the community.
- Prioritize the **access, inclusion and rights of persons with disabilities of all ages who are at higher risk of intersecting forms of discrimination and disadvantage** and most exposed to negative social determinants of health. This must include action to identify, include and fulfil the right to health for women and girls, children and older people with disabilities, those living in poverty, and those who are displaced or in remote or insecure contexts.
- Ensure equity, inclusion, meaningful participation and the protection and rights of persons with disabilities and older people in **health emergencies, pandemics, humanitarian crises and disaster preparedness, response and recovery**, including their right to health and continuous access to services and products.
- Develop competencies for disability and age inclusion for the **health and care workforce** and provide training for all service providers.
- Ensure systematic collection, analysis, reporting and use of **health and care-related data** disaggregated by gender, age and disability, alongside other characteristics, to inform equity-based decision-making.

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