

# **Prioritising Health Equity and Rights for Persons with Disabilities in Non- Communicable Disease and Mental Health Policies and Services**

## **Briefing**

IDDC Inclusive Health Task Group  
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## Introduction

It is vital that health equity and the right to health for persons with disabilities is recognised as a major global health challenge and prioritised in the new Political Declaration on Non-communicable diseases (NCDs) and Mental Health in September 2025 and in all NCD and mental health policies and services to ensure comprehensive, inclusive, and effective health systems going forward.

NCDs, including conditions such as cancers, cardiovascular disease, stroke, chronic respiratory diseases and diabetes, and mental health and neurological conditions, are a major cause of disability worldwide, accounting for 80 per cent of years lived with a disability globally. 1 in 8 people live with mental health condition.<sup>1</sup>

The past decade has seen an increase globally of more than 270 million people with disabilities, now estimated to number 1.3 billion people, representing 16% of the global population. This increase is due in part to population ageing and a growing percentage of people living with chronic health conditions.<sup>2</sup>

At the same time, persons with disabilities experience higher rates of NCDs and worse health outcomes compared with the general population. These inequities result from unfair conditions including health system barriers, discrimination, social determinants of health and risks factors that disproportionately affect persons with disabilities.<sup>3</sup> Persons with disabilities are 3 times more likely to be denied healthcare, 4 times more likely to be treated badly in healthcare facilities, and they are more likely to find healthcare unaffordable or face catastrophic health expenditure.<sup>4</sup>

Persons with disabilities also experience higher rates of mental health conditions, such as anxiety and depression due to the challenges and barriers they face, while persons with psychosocial disabilities are among those most at risk of discrimination and human rights violations when seeking mental health care and support or mainstream health services.<sup>5</sup>

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<sup>1</sup> Institute for Health Metrics and Evaluation (IHME), [Global Trends in Disability \(Years Lived with Disability; 2017 Study Highlights\)](#) & [Global Burden of Disease 2021, GBD results VizHub - GBD Results](#) (healthdata.org) Accessed on 13.10.2024.

<sup>2</sup> WHO (2022) [Global report on health equity for persons with disabilities](#), pp.23-28.

<sup>3</sup> WHO (2022), op cit., p.19

<sup>4</sup> WHO (2015) [WHO global disability action plan 2014-2021. Better health for all people with disability](#); & OHCHR (2020) [Policy Guidelines for Inclusive Sustainable Development Goals: Good Health and Well-Being](#).

<sup>5</sup> WHO and OHCHR (2023) [Mental health, human rights and legislation: guidance and practice](#).

Despite the strong intersection between disability and NCDs, the impacts of disability-related health inequities on NCD indicators such as mortality and morbidity rates, risk factors and health system resourcing and capacities have not been given sufficient attention in NCD policy, service provision or financing.

**Action is needed at all levels to improve monitoring of and responses to NCD-related disabilities, the heightened risks of NCDs for persons with disabilities and the associated implications for health systems, health equity and health outcomes.**

**Urgent action is also needed to improve access to good quality, person-centred community mental health services and address the widespread stigma, discrimination, coercion and other human rights abuses experienced by persons with mental health conditions and psychosocial disabilities both within and outside the health sector.**

## Call for action

In the run-up to the High-Level Meeting on NCDs and Mental Health in September 2025, we call on governments to:

- 1 Provide political leadership and take action to promote health equity for persons with disabilities of all ages across the full spectrum of NCD policies, planning, financing and services – including health promotion, prevention, treatment, rehabilitation and palliative and long-term care and support and integrated primary health care services – in line with commitments made in WHA Resolution WHA 74.8 and the recommendations of the WHO global report on health equity for persons with disabilities.**
- 2 Systematise the collection and use of sex, age and disability-disaggregated data across the life-course, and introduce disability-specific indicators for NCDs to identify and monitor inequities and barriers for persons with disabilities in accessing health promotion and NCD prevention, treatment and care services at all levels of the health system.**
- 3 Prioritise access to rights-based, person-centred, community-based mental health services and accelerate de-institutionalisation, ensuring all policies and services align with the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments, with specific action to address unfair barriers and risks of human rights abuses for persons with disabilities, including persons with psychosocial disabilities.**

- 4 Avoid using stigmatising language:** ensure the use of neutral terminology such as 'persons with mental health conditions and psychosocial disabilities' in place of stigmatising terms such as 'mental disorders'.
- 5 Ensure meaningful participation of persons with disabilities of all ages and their representative organisations in policy and service development** to ensure their voices are heard and their needs are met.
- 6 Take decisive and effective action to address the social determinants of health and risk factors for NCDs that disproportionately affect persons with disabilities.**
- 7 Ensure that emergency preparedness and response plans include specific interventions and investments to reduce NCD-related health inequities and risks for persons with disabilities,** including prohibition of discrimination and measures to ensure continuing and equitable access to public health information, essential health products, services and facilities, and community-based care and support in situations of emergency, including health emergencies.

## Background

### Persons with disabilities are disproportionately affected by NCDs

Persons with disabilities face a higher risk of NCDs and poorer health outcomes. This in large part due to unfair health system barriers affecting the availability, physical and financial accessibility, acceptability and quality of services for persons with disabilities, as well as ableism and discrimination in their funding, design and delivery. Data shows that women with disabilities have 0.63 lower odds to receive or undergo cervical cancer screening compared to women without disabilities, and lower odds for breast cancer screening (0.77). Interventions for preventing NCDs such as supplement and nutrition programmes reach 20% less young adults with disabilities compared to the general population, and in some countries the gap in surgical interventions for cardiovascular disease can reach 45%.<sup>6</sup>

Greater exposure to risk factors for persons with disabilities throughout the life-course is due partly to public health interventions often not being inclusive; for instance, health prevention and promotion campaigns often do not reach persons with disabilities because health information is not provided in accessible formats.

<sup>6</sup> WHO (2022) Global report on health equity for persons with disabilities (and additional sources cited therein).

Intersecting factors such as sex, age, gender identity, poverty or migrant status further intensify health inequities experienced by persons with disabilities, often as a result of multiple forms of discrimination that remain poorly addressed in health systems and services. For example, gender inequality contributes to poorer health outcomes experienced by women with disabilities across all social determinants of health compared to men, and they face a greater burden of ill health and disability from NCDs across the life-course.<sup>7</sup> At the same time, women of all ages, including women with disabilities, are the main providers of health and care for people living with NCDs.

Ageism is also an intersecting factor with disability. Childhood and disability can constitute a double vulnerability, with evidence showing that children with disabilities are more disadvantaged than children without disabilities in terms of access to health services, rehabilitation, nutritional status, and education, affecting their access to NCD prevention and care.<sup>8</sup> Meanwhile, older persons with disabilities are more at risk for developing NCDs due to underlying health conditions, unmet health needs, greater levels of poverty and exclusion from services.<sup>9</sup>

Climate change further intensifies NCD-related health inequities for persons with disabilities due to their greater exposure to risk factors caused or exacerbated by climate change and their greater vulnerability to disruptions in health services from extreme weather events or other climate-driven disasters.

Barriers limiting access to healthcare, lack of tailored and rights-based health services, and social determinants of health affecting health equity for persons with disabilities must all be addressed to reduce the higher NCD burden for persons with disabilities.

### **Urgent action is needed to strengthen quality rights-based and person-centred mental health care and support in the community**

Persons with mental health conditions, psychosocial disabilities, intellectual disabilities, and people with neurological conditions are among the most left behind. Over-reliance on biomedical approaches and inpatient services and care, and a failure to promote community-based, person-centred and rights-based interventions leads to these groups often experiencing discrimination and human rights violations when seeking mental health and psychosocial care and support or mainstream health services. This includes experiencing poorer-quality services; being exposed to care that is dehumanising and degrading; being subject to involuntary treatment, hospitalisation and institutionalisation; facing restraint, seclusion or solitary confinement; and routinely being denied their right to choice, autonomy, independence and participation.<sup>10</sup>

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<sup>7</sup> WHO (2022) Global report on health equity for persons with disabilities, p. 84.

<sup>8</sup> WHO (2022) Global report on health equity for persons with disabilities, p. 85.

<sup>9</sup> Ibid.

<sup>10</sup> WHO & OHCHR (2023) op cit.

Mental health legislation, policies and services should be fully grounded in the Convention on the Rights of Persons with Disabilities and other relevant human rights instruments and promote legal capacity, non-coercive practices, participation, community inclusion and holistic approaches, ensuring that all people are treated with dignity, respect, and on an equal basis with others, in line with the WHO Comprehensive Mental Health Action Plan 2013 - 2030.<sup>11</sup>

### **Action on disability inclusion improves health outcomes for all**

Disability plays a major part in the causes and consequences of NCDs, so integrating disability inclusion into NCD policies and services and reducing barriers for persons with disabilities will bring about broader systemic improvements to benefit all population groups and contribute to improvements in key health indicators, including the prevalence of NCDs.

Inclusive health strategies for persons with disabilities can also deliver direct benefits for other population groups affected by accessibility barriers in the health system, including older people, pregnant women and those with temporary injuries or illnesses that restrict daily functioning.

### **There are significant economic and social benefits of taking action**

Investing in inclusive health policies can yield wider long-term economic and social benefits. For instance, a WHO-led cost-benefit analysis on NCD prevention and care found that there could be return of nearly \$10 per \$1 spent on implementing interventions in a way that ensures accessibility to persons with disabilities.<sup>12</sup> At the same time, the economic implications of neglecting health equity for persons with disabilities are substantial. Without access to preventive and timely health care, they may experience worsening health conditions, leading to higher healthcare costs and greater financial and care burdens on families, and increased poverty. Higher health costs and lost productivity due to unmanaged NCDs can also place a strain on national health systems and societies more broadly.

Promoting health equity also empowers persons with disabilities to actively participate in their communities and the economy; it enhances social inclusion and community cohesion, reduces poverty and stigma, and contributes to healthy ageing.

### **Monitoring and accountability are essential for delivering disability inclusion**

A lack of data on access to services and the impact of public health interventions for persons with disabilities at system and service levels hampers effective disability inclusion in NCD services and the wider health sector.

To ensure the successful implementation of inclusive health policies, robust monitoring and evaluation frameworks must be established with the systematic collection and use of disability-disaggregated data, alongside disaggregation by other factors including age, gender, location and socio-economic status. This will help track progress, identify gaps, and hold governments accountable for their commitments to health equity.

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<sup>11</sup> WHO [Comprehensive Mental Health Action Plan 2013 - 2030](#); see also WHO and OHCHR (2023) op cit.

<sup>12</sup> Based on an estimated 10% average increase in cost of interventions to reach persons with disabilities. See WHO (2022), op cit., p.43 & Annex 4.

## **About the International Disability and Development Consortium**

The International Disability and Development Consortium (IDDC) is a grouping of civil society organisations coming together around a common objective: promoting inclusive international development and humanitarian action with a special focus on the full and effective enjoyment of human rights by all persons with disabilities. A broad consortium, our membership includes organisations of persons with disabilities, non-governmental development organisations, national networks and international member-based networks.

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## IDDC member organisations





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