

Disability and health¹

1 December 2020

Key facts

- **Over 1 billion people live with some form of disability.**
- **The number of people with disability are dramatically increasing. This is due to demographic trends and increases in chronic health conditions, among other causes.**
- **Almost everyone is likely to experience some form of disability – temporary or permanent – at some point in life.**
- **People with disability are disproportionately affected during the COVID-19 pandemic.**
- **If health services for people with disability exist, they are invariably of poor quality or under resourced.**
- **There is an urgent need to scale up disability services in primary healthcare, particularly in rehabilitation interventions.**

Disability refers to the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

Disability – a public health issue

Over 1 billion people are estimated to live with some form of disability. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning, often requiring healthcare services. The number of people living with disability is increasing, in part due to ageing populations and an increase in chronic health conditions.

Disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive healthcare needs, others

¹ World Health Organization (WHO), Disability and health Key facts, 1 December 2020, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>, © 2021 WHO, [access date: 07.01.2021]

do not. However, all people with disability have the same general healthcare needs as everyone else, and therefore need access to mainstream healthcare services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD)² reinforces the right of persons with disability to attain the highest standard of healthcare, without discrimination. However, the reality is that few countries provide adequate quality services for people with disability.

Also, very few countries collect data to enable disaggregation by disability in the health sector. This became very apparent during the COVID-19 pandemic where countries failed to include disability consistently in their response to control the pandemic. This left people with disability exposed to three increased risks with devastating consequences: the risks of contracting COVID-19, developing severe symptoms from COVID-19 or dying from the disease, as well as having poorer health during and after the pandemic, whether or not they are infected with COVID-19.

Barriers to healthcare

People with disability encounter a range of barriers when they attempt to access healthcare including the following:

- **Prohibitive costs**

Affordability of health services and transportation are two main reasons why people with disability do not receive much needed healthcare in low-income countries. Just over half of people with disability are unable to afford healthcare compared to about a third of people without disability.

- **Limited availability of services**

There is a lack of appropriate services for people with disability. Many studies reveal high unmet needs for healthcare among people with disability due to unavailability of services, especially in rural and remote areas.

- **Physical barriers**

Uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to healthcare facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because exami-

² United Nations, CRPD Article 25 – Health, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-25-health.html>, [access date: 21.01.2021]

nation tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

- **Inadequate skills and knowledge of health workers**

People with disability were more than twice as likely to report finding healthcare provider skills inadequate to meet their needs, four times more likely to report being treated badly, and nearly three times more likely to report being denied care.

Disability inclusion in the health sector

Very often, disability is not perceived as a public health issue. Therefore, action is not taken towards disability inclusion in the health sector, which is also often overlooked in national disability strategies and action plans to implement and monitor the CRPD. Thus, disability inclusion in the health sector remains a breach in countries' health agendas.

Ministries of Health need to commit towards disability inclusion. This involves action to achieve equity for people with disability in three areas:

- access to effective health services,
- protection during health emergencies, and,
- access to cross-sectorial public health interventions, such as water, sanitation and hygiene services to achieve highest attainable standard of health.

Governments can improve health outcomes for people with disability by improving access to quality, affordable healthcare services, which make the best use of available resources. As several factors interact to inhibit access to healthcare, reforms in all the interacting components of the healthcare system are required.

Policy and legislation

Assess existing policies and services, identify priorities to reduce health inequalities and ensure disability inclusion in the health sector. Make changes to comply with the CRPD. Establish healthcare standards related to care of persons with disability with enforcement mechanisms.

Financing

Where private health insurance dominates healthcare financing, ensure that people with disability are covered and consider measures to make the premiums affordable. Ensure that people with disability benefit equally from public healthcare programmes. Use financial incentives to encourage healthcare

providers to make services accessible and provide comprehensive assessments, treatment, and follow-ups. Consider options for reducing or removing out-of-pocket payments for people with disability who do not have other means of financing healthcare services.

Service delivery

Ensure access to effective promotion, prevention, treatment, rehabilitation and palliative health services. Provide a broad range of environmental modifications and adjustments (reasonable accommodation) to facilitate access to healthcare services. For example, changing the physical layout of clinics to provide access for people with mobility difficulties. Ensure accessibility of any public health information. Empower people with disability to maximize their health by providing information, training, and peer support. Promote community-based rehabilitation (CBR) to facilitate access for people with disability to existing services. Identify groups that require alternative service delivery models, for example, targeted services or care coordination to improve access to healthcare.

Human resources

Ensure healthcare workers have the necessary competencies and skills to address the individual needs of people with disability. Integrate disability education into undergraduate and continuing education for all healthcare professionals. Train community workers so that they can play a role in preventive healthcare services. Provide evidence-based guidelines for assessment and treatment.

Data and research

Ensure data disaggregation by disability. Include people with disability in healthcare surveillance. Conduct more research on the needs, barriers, and health outcomes for people with disability.

WHO response

In order to improve access to health services for people with disability, WHO:

- guides and supports Member States to increase awareness of disability issues, and promotes the inclusion of disability as a component in national health policies and programmes;
- facilitates data collection and dissemination of disability-related data and information;

- develops normative tools, including guidelines to strengthen healthcare;
- builds capacity among health policymakers and service providers;
- promotes scaling up of CBR;
- promotes strategies to ensure that people with disability are knowledgeable about their own health conditions, and that health-care personnel support and protect the rights and dignity of persons with disability.

United Nations Disability Inclusive Strategy

In June 2019, the UN Disability Inclusion Strategy (UNDIS) was launched by the UN Secretary-General to promote ‘sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations’. This strategy requires all UN agencies to ensure that disability inclusion is consistently and systematically mainstreamed into all aspects of work.

WHO welcomes UNDIS and is currently preparing a comprehensive WHO Policy on Disability and Action Plan, committing WHO to become an organization inclusive of people with disabilities in all their diversity and to systematically integrate disability in all programmatic areas, including at the country-level.