

WHO Action Plan “*Better health for persons with disabilities*”

Frequently Asked Questions

1. Why is disability an important development and public health issue?

15% of the world population or 1 billion people live with some form of disability. Of these, some 110 to 190 million adults encounter very significant difficulties in their daily lives. The number of people with disabilities is growing. This is because populations are ageing – older people have a higher risk of disability - and because of the global increase in chronic health conditions associated with disability, such as diabetes, cardiovascular disease and mental illness. Patterns of disability are also influenced by trends in environmental and other factors such as road-traffic crashes, natural disasters, conflict, diet and substance abuse. Disability disproportionately affects vulnerable populations. Disability is more common among women, older people and households that are poor. Lower income countries have a higher prevalence of disability than higher income countries.

People with disabilities face widespread barriers in accessing services in health, education, employment, transport as well as information. They have worse health and socioeconomic outcomes. Across the world, people with disabilities have poorer health, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. Many of the barriers people with disabilities face are avoidable and the disadvantage associated with disability can be overcome.

Improved access to health care for people with disabilities is a critical enabling factor to achieving aspirations including education, employment, caring for and participating in family, community and public life. Good health will lead to better overall socio-economic outcomes for people with disabilities and achievement of broader global development goals.

2. Why is a WHO Disability Action Plan being developed?

The development of actions plans within WHO are usually in direct response to requests by Member States via resolutions adopted by the World Health Assembly. The Disability Action Plan is being developed in response to the May 2013 WHA66.9 resolution on disability - http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R9-en.pdf. In addition to other requirements this resolution specifically requests the Director General to develop an action plan based on the WHO and World Bank *World report on disability* and in line with both the Convention on the Rights of Persons with Disabilities and the outcomes report of the High-level Meeting of the United Nations General Assembly on Disability and Development (HLMD).

3. Broadly, what is the WHO Disability Action Plan expected to do?

The overall goal of the draft Disability Action Plan is to contribute to achieving health, wellbeing and human rights for persons with disabilities. It builds on the World Health Assembly Resolution on Disability which urges Member States to implement the *Convention on the Rights of Persons with Disabilities*; work towards the inclusion of all persons with disabilities in mainstream health services; promote rehabilitation services across the life course and for a range of different health conditions; promote and strengthen integrated community-based support and services; and establish and strengthen a monitoring and evaluation system with the goal of gathering appropriate disaggregated data, as well as other information on disability. The draft action plan aims to provide clear objectives and actions for Member States, the WHO Secretariat and international and national partners. It also proposes key success indicators that can be used to evaluate progress on implementation and the

impact of the action plan. Ultimately if successful the action plan should result in improved health outcomes for persons with disabilities.

4. Who is the WHO Disability Action Plan for?

The Disability Action Plan has been developed primarily for WHO Member States (of which there are 194) and the WHO Secretariat, and will also guide and influence the work of a range of international and national partners. The action plan recognizes that both health and disability are complex, dynamic and multidimensional issues, and that these issues cannot be comprehensively addressed without the support and assistance from a wide range of other *sectors* such as education, employment and social welfare, and *stakeholders* including development organizations, service providers, academic institutions, disabled people's organizations, communities, and people with disabilities and their families.

5. How is the draft Disability Action Plan being developed and what happens next?

A zero draft Disability Action Plan was prepared soon after the May World Health Assembly in consultation with a range of stakeholders to ensure diverse perspectives were reflected. These stakeholders included: Member States, WHO representatives from headquarters, regional and country offices, other United Nations organizations and international and national partners such as development agencies, civil society organizations, and professional associations. The zero draft was shared with representatives from key Disabled Peoples Organizations, Civil Society and UN agencies during the 6th Conference of States Parties to the CRPD in July 2013. The revised draft action plan is being reviewed through online, regional and targeted consultations, including with members of the CRPD committee, and is due to be finalized and submitted to the WHO Executive Board, to be discussed at its 134th session in January 2014 in preparation for consideration by Member States at the 67th World Health Assembly in May 2014. A detailed timeline for the consultation process and records of consultations are available on the consultation web-page at <http://www.who.int/disabilities/actionplan/en/index.html>

6. How does the Disability Action Plan relate to other WHO work?

The World Health Organization in partnership with the World Bank published the *World report on disability* in 2011. The *World report on disability* currently provides the best evidence available on disability including evidence on what works to overcome barriers faced by persons with disabilities, and provides recommendations for action at the local, national and international levels. The World Health Assembly Resolution on disability (WHA66.9) has endorsed these recommendations and the subsequent WHO Disability Action Plan provides guidance for all towards their implementation.

WHO promotes an integrated and holistic approach to disability and therefore the Disability Action Plan will complement and support the implementation of a range of other WHO plans and strategies. The action plan recognizes that disability is associated with a wide range of health conditions and impairments and therefore is aligned with plans such as the Mental Health Action Plan, the Action Plan for the Prevention of Avoidable Blindness and Visual Impairment and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs). As an organization WHO has also made significant progress in mainstreaming disability in other areas of its technical work such as ageing, emergency risk management, maternal and child health, and sexual and reproductive health.

7. How does the Disability Action Plan link to the CRPD?

The *Convention on the Rights of Persons with Disabilities* (CRPD) came into force in May 2008 and has since been signed by 156 countries or regional integration organizations and has been ratified by 134. The purpose of the convention is to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities. It covers a number of key areas such as accessibility, personal mobility, health, education, employment, habilitation and rehabilitation, participation in political life, and equality and non-discrimination. The convention marks a shift in thinking about disability from a social welfare concern, to a human rights issue, which acknowledges that societal barriers and prejudices are themselves disabling.

Member States who have ratified the CRPD have a range of general obligations which include among other things a commitment to: adopt legislation and other appropriate administrative measures where needed; modify or repeal laws, customs or practices that discriminate directly or indirectly; and include disability in all relevant policies and programmes. Specific articles within the CRPD such as Article 25 (Health) and Article 26 (Habilitation and Rehabilitation) outline specific obligations States Parties should undertake to ensure full inclusion and participation of persons with disabilities.

The Disability Action Plan outlines measures to assist Member States to align their national health and rehabilitation policies and plans with the CRPD.

8. How does the Disability Action Plan link to the United Nations High Level Meeting on Disability?

The United Nations General Assembly (resolution 66/124) decided to convene a one-day high-level meeting of the General Assembly on disability (HLMD) at the level of Heads of State and Government on 23 September 2013. Under the theme: “*The way forward: a disability inclusive development agenda towards 2015 and beyond*” the HLMD will include Member States, observers and representatives of entities of the United Nations system, as well as representatives of civil society, organizations of persons with disabilities and the private sector.

The HLMD is expected to result in a concise, action-oriented Outcome Document in support of the aims of the *Convention on the Rights of Persons with Disabilities* and the realization of the Millennium Development Goals and other internationally agreed development goals. In the draft outcome document of HLMD Heads of State and Government emphasize their concern that commitments to ensure that realization of internationally agreed development goals, including the Millennium Development Goals, for persons with disabilities have not been met, and they underline the need for urgent action by all relevant stakeholders towards more ambitious disability inclusive development strategies. The Disability Action Plan will provide the framework to guide WHO and Member States in scaling up efforts to ensure better access to health care and better health outcomes for persons with disabilities.

9. What is the approach to prevention in the WHO Disability Action Plan?

The approach to prevention in the Disability Action Plan is consistent the *Convention on the Rights of Persons with Disabilities* and the *World report on disability*. While primary prevention of health conditions associated with disability is a public health issue and addressed in many aspects of WHO’s work it is not within the scope of this action plan. The focus of this action plan is on improved health and wellbeing for persons with disabilities.

Therefore, in keeping with the Convention, prevention-related activities in this plan focus only on early identification and intervention to prevent the development of secondary or co-morbid health conditions that are often associated with disability, prevention of the development of new impairments and prevention of existing impairments becoming worse through improving access to health care and population-based public health programmes, and barrier removal.

Selected concepts and terminology included in the Disability Action Plan

- **Universal health coverage:** The goal of universal health coverage is to ensure that all people obtain the health services (promotive, preventive, curative, rehabilitative and palliative) that they need without suffering financial hardship when paying for them. Universal health coverage is based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma-Ata declaration in 1978. Equity is paramount. As elaborated below (see disability inclusive health) all people with disabilities have a right to access those health services that are available to the general population. This may require specific reforms and actions across the health system in areas such as leadership and governance, financing, service delivery, human resources and information systems.
http://www.who.int/universal_health_coverage/en/
- **Disability inclusive health** - The Convention on the Rights of Persons with Disabilities highlights that people with disabilities have the same rights as the general population to participate and be included in all aspects of their communities which includes access to services such as health care. Disability inclusive health refers to the process of including people with disabilities in those health care services that are available to the general population. Many people presume that people with disabilities have specific health needs related to their disability and therefore require “specialist health services”. While this may be true for some people with disabilities, it should be recognized that all people with disabilities have general health care needs, for example the need for screening for chronic health conditions and immunizations, and therefore require access to “mainstream” health services. In order for health care services to become inclusive of people with disabilities changes may be required at the level of the health system, health service or individual health provider. This might include for example changes in legislation and policies; implementation of reasonable accommodations, and education of health workers to change attitudes towards people with disabilities.
- **Community-Based Rehabilitation (CBR):** Community-Based Rehabilitation is a major focus of the disability programme within the World Health Organization. CBR has expanded and evolved in focus and is now defined as a broad development strategy which empowers persons with disabilities to access and benefit from education, employment, health and social services. The draft Disability Action Plan aims to provide a comprehensive and consolidated strategy for improving the health and wellbeing of persons with disabilities and therefore it focuses on the rehabilitative aspects of CBR. The draft plan does however recognize that disability is a multisectoral issue and therefore a comprehensive and coordinated response involving multiple sectors and partners is required. Implementation of the action plan in individual Member States should always be informed by a situational analysis taking into account factors such as prevalence of disability, needs for services and effectiveness and gaps in current services.
- **Assistive technology and assistive devices:** The terms assistive technology and assistive devices are often used interchangeably. Assistive technology is an umbrella term referring to both assistive devices and its related service provision. An assistive device can be defined as “any item, piece of equipment, or product, whether it is acquired commercially, modified, or customized, that is used increase, maintain, or improve the functional capabilities or individuals with disabilities”. Common examples of assistive devices include eye glasses, magnifying glasses, hearing aids, augmentative and alternative communications devices (AACs), sticks or canes, crutches, walking frames, walkers, wheelchairs (manual and powered), seating and positioning

systems, tricycles, scooters, orthoses such as callipers, braces and splints, and prostheses such as artificial legs. Assistive technology also includes accessible/assistive information and communication technology such as JAWS, screen reader, special computers or mobile phones.

WHO, as articulated in the *World report on disability*, sees assistive technology as an integral part of rehabilitation which also includes rehabilitation medicine and therapy. The draft Disability Action Plan aims to provide a comprehensive and consolidated strategy for improving the health and wellbeing of persons with disabilities and therefore all actions related to rehabilitation are grouped together.

Further explanations of health and rehabilitation terms and concepts can be found in the glossary of the World report on disability (page 301)

http://www.who.int/disabilities/world_report/2011/en/index.html