



Transcript of the recording

Housekeeping announcements [00:00:03--> 00:01:36]

Good morning, good afternoon and good evening, everyone. Thank you for joining us and sorry about the wait. Welcome to the Thematic Pre-Summit on Health Equity for Persons with Disabilities Leading up to the Global Disability Summit 2025, jointly hosted by Sweden, the International Disability Alliance, the UN Global Disability Fund, and the International Disability and Development Consortium.

Before we start, please bear with me as I'm going through a couple of housekeeping announcements. First of all, this meeting is being recorded. For languages and captioning, we are pleased to inform you all that international sign language interpretation is provided. Live AI-generated translations and captions are available in all UN languages: Arabic, Chinese, English, French, Russian, and Spanish. If you're joining us online, please use the globe icon at the bottom of your screen to access the live AI-generated translations in the language of your choice. To access captions, please click on the link which is now being shared in the chat. If you're here in the room with us. You've been provided with a set of instructions which is located on your table.

Thank you very much for your attention. That is all from me. I'm now very pleased to give the floor to Pearl Lüthy, Disability Self-Advocate. Thank you very much.

Pearl Lüthy, Disability Self-Advocate [00:01:36 --> 00:08:32]

There are 3 point... 3 billion people with disabilities in our world. My name is Pearl Lüthy, and I am 21 years old. And I am one of those 1.3 billion people. Today, I've been invited to share my personal experience of the health system and talk about the need to provide fair health care for all people, including people like me.

I am speaking as a self-advocate of a local Swiss Down Syndrome Organization, Insieme 21, and as an ambassador for Switzerland on Down Syndrome International. Down Syndrome International is a global network for people with Down Syndrome and their families.

A while ago, I had a personal experience of the health system when I had to go to a hospital in an emergency. There were many blood tests done and I waited to hear what was wrong. A couple of hours, a nurse came and lifted my hospital gown and injected me in my stomach. When my parents asked what was happening, the nurse gave no information and said that would be my life now, and we all should get used to it. She did not... talk to me at all. I was shocked, and felt very scared, and sad. I would have liked it if she had introduced herself and explained what was happening so that I would have understood what she was doing. And I still wonder if she would have treated me the same if I didn't have Down Syndrome.

Unfortunately, my story is not unique. Down syndrome International and Humanity and Inclusion asked a lot of people about health care in 2024. We heard from hundreds of people with Down Syndrome in their families around the world. There were a lot of stories like mine of people with Down Syndrome being treated unfairly when trying to access health care. To me, half is about being able to do things just like everyone else. This includes knowing that if I have a problem with my health, that I'll be safe and respected and informed and treated fairly. Like everyone else at the doctor or in the hospital.

Today, we are here to discuss the urgent need for fair health care for all people including people with disabilities. I would like to leave you with three main messages. First, we need to commit to make health care fair for all people, and including people like me. Second, to have effective change, people with disabilities and their organizations need to be involved in information sharing and making decisions. And third, it is not fair that people with disabilities may have poorer health than others, and not live as long. With fair health care, we can be healthier and live longer. To have fair health care for all people, and including like me, it doesn't need to be difficult or expensive and can help everyone to have better health and a better life.

Thank you.

José Viera, Executive Director, International Disability Alliance [00:08:32 --> 00:13:24]

Good afternoon, good evening. Excellencies, colleagues, friends, brothers and sisters in this room and around the world. My name is José Vieira, I'm the executive director with the International Disability Alliance and it's a great honor for me to be moderating this session.

Together with Sweden, International Development and Disability Consortium, the Global Disability Fund, and our host WHO, it's a pleasure to once again having the opportunity to discuss such an important matter like health equity. WHO started this already tradition of

having in the emergence of the Global Disability Summit a pre-summit on health. And that is not only because the commitment that WHO and the whole disability team in WHO has around this important matter, but rather because it's still a top priority for people like me and others, who have disabilities and we still face barriers when it comes to access to health.

Pearl, as always, you are clear. Your messages are clear and not only inspiring in a way that no one else can do, but also it reminds us of how much is yet to be done. Health is a topic that not only matters to everyone in the world, but it should be a topic that, when it comes to the intersectionality or intersection between health and disability should be a top priority.

It's still shocking and unacceptable when we read, for example, that people with disabilities, persons with disabilities, are more likely to die 20 years earlier than persons without disabilities. That people with disabilities face, like Pearl, barriers in accessing information, accessible infrastructure, accessible health care, and it's something that should remind us that we need to change. And the change is not something that can wait.

A change means commitment. A change means redirecting in the right way the investments that we are making around health. The change also means that we collect more and better data around persons with disabilities and health. The change means that all stakeholders, including governments and international organizations, understand the importance of these topics, the roles and responsibilities, always keeping in mind that organizations of person with disabilities should be in the driving seat of this agenda.

Today, we will hear from distinguished panelists and key, key... key stakeholders in the room. But hopefully, this short but important Pre-Summit will serve as an opportunity to start thinking how we are going to commit between now and April when we will have the Global Disability Summit, for the health equity to be not anymore just a political will, but a concrete, transformational right for person with disabilities.

A couple of weeks ago, I was in a-an African country and a young girl with a disability told me "Without health, I cannot go to school. Without health, I will not get a job. Without health, I would not be able to have and run a family." And that is what health equity is all about: not just having better access to health but to make sure that we, persons with disabilities, can live the life we want and we expect for all of us.

Without further ado, I would like to welcome our first speaker Malin Ekman-Aldén from the Swedish Agency for Participation. Thank you for your presence and the floor is yours.

Malin Ekman-Aldén, Director-General, Swedish Agency for Participation
[00:13:24 --> 00:17:55]

Thank you so much distinguished guests, colleagues and friends. And thank you for giving me the opportunity to talk today and a special thanks to Pearl for her very, her very clear and, and think for thought introduction. I was very impressed and moved. Well! It is an

honor to welcome you to this important discussion on health equity for persons with disabilities.

Sweden is proud to co-host this event, reaffirming our commitment to ensuring that health systems and services serve everyone, regardless of ability. Health is a fundamental right. Yet, persons with disabilities continue to experience poorer health outcomes, higher health care costs, and limited access to essential services. The WHO Global report on health equity for persons with disabilities highlights the persistent and unjust inequalities faced by persons with disabilities. Barriers that are entirely avoidable.

We commend the WHO for its work and look forward to the annual report to the UN Secretary-General launched this March on the implementation of the UN Disability Strategy, UNDIS. Women and girls with disabilities face even greater challenges confronting multiple layers of discrimination that restrict their access to quality care and services.

Achieving true health equity demands a fundamental shift. Disability inclusive health systems must be recognised as a necessity, not a privilege. This requires concrete action, national investments in accessible infrastructure, increasing funding for inclusive health programmes and training health care professionals to deliver equitable, respectful care and services. Universal health coverage must explicitly address disability-related needs. Sweden's approach is grounded in human rights, upholding non-discrimination, equality, and full participation for all.

We remain a strong supporter of the International Disability Alliance and the UN Global Disability Fund. Collaborative efforts like these are essential for mobilising resources and ensuring disability inclusive stays at, that disability inclusion stays in the forefront of global health and development agendas.

As we gather here, at the sidelines of the WHO's Executive Board, we have a critical opportunity to push for meaningful change ahead of the Global Disability Summit in Berlin this April. This Summit is a pivotal moment to shape future strategies for disability inclusive global health. With persons with disabilities representing 16% of the world's population - this is 1 in 6 people - failure is not an option. Our commitments align with the, the promise of Agenda 2030 and the Sustainability Development Goals to leave no one behind. We must advance policies that promote inclusion, equity and dignity. Persons with disabilities must not only be beneficiaries of health initiatives, but active participants in shaping them.

As the disability rights' movement has long asserted: Nothing about us without us. Today, we must go further: Nothing without us.

Let's this gathering be a call to action. Health equity must not remain an aspiration, it must become a reality for everybody. Thank you so much.

José Viera, Executive Director, International Disability Alliance [00:17:55 -> 00:19:08]

Thank you. Thank you, Malin, for your intervention, but also for the permanent support from Sweden regarding this agenda. But also how important is the commitment around the inclusion of organizations of person with disabilities in this agenda and others. Definitely, the Swedish government is a close partner to OPDs, many OPDs around the world to ensure that we have the resources and the opportunities to bring our voice to the different agendas. Thank you very much.

It's with great honor that I introduce our next speaker, who is also hosting us in this fantastic uh building, Dr. Solomon, Assistant Director of WHO. Thank you for being here and thank you for being so committed to continue the health equity agenda and for allowing organizations of persons with disabilities to be in the center of this agenda.

Dr. Salomon, the floor is yours.

Jérôme Salomon, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases and Mental Health, World Health Organization [00:19:08--> 00:23:39]

Thank you, Chair. Good morning, good afternoon, and good evening. Dear Pearl Lüthy. You are an inspiring disability self-advocate. Congratulations and thank you so much for sharing your experience. Dear José Viera, Executive Director, International Disability Alliance. Dear Malin Ekman-Aldén, Director-General of the Swedish Agency for Participation. Dear Hans-Peter Baur, Commissioner for the Global Disability Summit 2025 in Germany. Excellencies, dear friends and colleagues, both in this room and online.

I would like to thank Sweden along with colleagues from the International Disability Alliance, the Global Disability Fund, and the International Disability and Development Consortium, for organizing this exceptional meeting. It sends a strong message to the world, especially at a time when global health is facing significant challenges.

We have long known that 1.3 billion people worldwide live with a significant disability. That is one in every six of us. Yet, the stark reality remains. Our family members, friends, colleagues, and some of us with disabilities continue to be left behind. Not because the needs are too great, but because health systems are not designed with everyone in mind. Barriers exist everywhere: inaccessible clinics, unaffordable treatments, uninformed health providers, and policies that fail to address the challenges many of us face.

As a result, persons with disabilities experience poorer health outcomes. They may die up to 20 years earlier and have more than double the risk of developing certain health conditions such as depression, diabetes, or stroke.

This is unacceptable.

Health equity is not just about fairness. It's about our shared humanity. When we uphold the right of persons with disabilities to access quality health care, we are not just ensuring that they live longer. We are ensuring that they live fuller, more independent lives to pursue their dreams, contribute to society, and thrive in ways that benefit us all.

Today we stand at a crossroads where this understanding must be matched by action. Advancing health equity for persons with disabilities is not just a moral imperative. It's a human right. It is a call to all of us to commit to change.

But change doesn't happen by chance. It happens because people like you, people like us, demand it. Member States, national governments, civil society organizations, organizations of persons with disabilities, donors, multilateral organizations, researchers, and other stakeholders, we all have a crucial role to play in dismantling the barriers that hold people with disabilities back. The Global Disability Summit, from which we will hear more in a moment, is a key opportunity to make significant strides toward health for all, and to ensure that no one is left behind.

Health is thematic priority at this year's Global Disability Summit. For that, I want to acknowledge the leadership of the government of Germany, the government of Jordan, and the International Disability Alliance. I want to reaffirm World Health Organization's unwavering commitment to health equity for persons with disabilities, and urge each of you to join us in addressing the barriers they face.

The Global Disability Summit is an opportunity we must seize. I thank you very much.

José Viera, Executive Director, International Disability Alliance [00:23:39. --> 00:25:15]

Thank you, Dr. Salomon. Thank you for reminding us that change doesn't happen by chance. But rather, it can happen when we are committed to do something different and do something more for this very important agenda.

Another thing that I really want to highlight from your presentation is that health equity is not just a moral imperative. It's a human right. Sometimes, we are still facing this idea that people with disabilities and health equity, it depends on the good intention of some people. Instead, it's absolutely necessary to understand and act consequently that health equity is a human right for everyone, including persons with disabilities. Thank you so much for your intervention.

Next, I would like to invite a good friend of the International Disability Alliance, Dr. Hans-Peter Baur, the German Commissioner for the Global Disability Summit. With Dr. Baur and his team, we have been working together with Jordan over the last three years to organize hopefully a fantastic Global Disability Summit that we expect it will be an opportunity to exchange but also to commit.

So Dr. Baur, welcome, and the floor is yours.

Hans-Peter Baur, Commissioner for the Global Disability Summit 2025, Germany [00:25:15 --> 00:25:28]

Hi, José. Thank you so much. Firstly a question. Do you hear me? And do you see me? We had some technical problems in setting up our devices here. It's okay?

José Viera, Executive Director, International Disability Alliance [00:25:28 -> 00:25:31]

We hear you and see you very well, Dr. Bauer.

Hans-Peter Baur, Commissioner for the Global Disability Summit 2025, Germany [00:25:31 --> 00:34:52]

Okay. Wonderful. So, esteemed colleagues, partners and allies, I'm really grateful that you give me the opportunity to deliver our opening remarks for this important pre-Global Disability Summit event on health equity for persons with disabilities as well.

I would like to mention particularly at this point WHO's great leadership and continuous commitment to advance disability rights, what is of really utmost importance. The fact that you, the WHO spare no efforts to spread the message and to mobilize partners with and for GDS demonstrates that we have a common vision and mission, and we are more than proud of this partnership.

So the third Global Disability Summit, the GDS 2025, is just around the corner. In less than two months, the second to third of April, the colleagues pointed it out as well, we will gather in Berlin to drive forward global inclusion for persons with disabilities. And this makes today's event all the more important as it is one of our last chances to exchange ideas and to build a certain momentum before the Summit.

And I'm really honored, José, to be here with one of our co-hosts for the GDS, that's the International Disability Alliance. And I think that's very clear that IDA's global advocacy for the inclusion of persons with disabilities and their permanent role as a co-host of the GDS are really essential to advancing the rights and participation of persons with disabilities, and to drive the disability inclusion agenda forward in a very, I really can say, collaborative way.

And we are equally proud to be co-hosting GDS 2025 with Jordan. Jordan is a true pioneer of disability inclusion, and so was one of the first countries to sign the UN Convention on the Rights of Persons, with Disabilities, and since then, that's my particular feeling, Jordan has made great strides thanks to groundbreaking, particularly groundbreaking legislation, in our history, our joint history, Jordan and Germany, of successful cooperation on disability inclusion that strengthens my confidence that together we can make GDS 2025 a turning point for inclusion worldwide.

And I also would like to highlight the principle our Swedish colleague highlighted, as we prepare for the Summit. I think that that's really, really important. Nothing about us without us. So our feeling is that persons with disabilities must be at the center of all decisions and processes, and their voices, their perspectives and leadership are not just important, they are essential. And this is the foundation of everything we aim to achieve at this year's GDS.

So when Germany ratified the UNCRPD in 2009, we made a promise to protect and to promote the rights of persons with disabilities not just at home, but also through our international corporation. For us, inclusion is a basic human right which includes achieving the highest attainable standards of physical and mental health, and fulfilling this right is a shared responsibility. By Co-hosting the GDS 2025, we want to reaffirm our commitment to building a world where every person can live a life of dignity, inclusion and empowerment.

So, dear colleagues, the time to act is now. There are more than one billion, or even more than 1.3 billion people with disabilities worldwide and sadly most of them are living in developing countries. And for far too long, they have faced barriers, whether physical, societal, or systemic, that prevent their full participation in society. And particularly related to health equity, these barriers limit access to adequate health care and lead to, from my understanding, unacceptable disparities in health outcomes for persons with disabilities. And to improve this situation, in our Development Cooperation, we promote disability inclusion in health in our bilateral programming and through our multilateral engagement.

And everyone, governments, multilateral organizations, civil society, private sector, academia is invited to submit ambitious commitments, for our common objective of advancing the overall disability inclusion agenda. That's at the heart, that's the core part of this continuous cycle of the Global Disability Summit to submitting commitments.

And in preparation for GDS 2025, IDA, Jordan, and we have worked together to improve the GDS commitments' mechanism, and we are so far really thrilled to see more and more actors submitting actionable, really actionable commitments by the day. And, as an example, we know that the Ministry of Health of Jordan and WHO Jordan, are fleshing out a commitment to continue ensuring and increasing accessibility of the Jordanian primary healthcare facilities for people with disabilities. And this is, this is just one example where national, national government, together with a global health actor, that multi stakeholder spirit behind, is joining forces to make a strong and inspiring commitment.

And so my feeling is that today's pre-GDS event health equity is a great opportunity to galvanize ideas and to stimulate, stimulate further pledges of the disability and health actors that can truly transform lives and bring us closer. What we would like to achieve, it is Universal Health Coverage for all.

If I, if I think about the German situation in preparation of the GDS as well, I can say that we have used these last months to prepare more than 35 own commitments for GDS 2025 covering areas such as inclusive employment, the needs of persons with disabilities in

crisis and climate change, and of particular importance as well, the access to inclusive health services and social protection.

In closing, I would like to stress a final key message. Inclusion cannot be achieved by one actor alone. It requires allies, as we are all today around the table, advocates and partnerships, and every one of us has a role to play. I therefore urge all of you to encourage your governments, organizations, and companies to join this movement and to make commitments. The GDS 2025 will be a great opportunity to show global leadership, and, together with our co-hosts, I'm very much looking forward to welcoming you all in Berlin very soon.

So, in closing, let us be together. We can continue this conversation to create a meaningful and lasting change for persons with disabilities around the world. In Berlin, and, as I said, I am really looking forward to that, so thank you very much.

And at this point, I would like to apologize that I have to leave this event a bit earlier, due to another point in preparation of the GDS. But one of my deputies, Rafael Teck, will attend the whole meeting. So thanks again.

José Viera, Executive Director, International Disability Alliance [00:34:52 -> 00:38:07]

Thank you, Dr. Baur, for your intervention and also for highlighting that health equity for governments, um, like Germany and others is not just about their own citizens with disabilities. But it's part of the international cooperation strategy.

It is absolutely important, and I would say even more now than ever before, that all players in the agenda of international cooperation understand the importance of including persons with disabilities in every agenda, but in particular in the agenda of health equity.

It's really scary and concerning the developments that we are learning day by day, and see how people with disabilities and organizations a person with disabilities are being affected by recent developments. So counting on the support and the permanent commitments of governments like Germany and many others is indeed reassuring that we are in the right direction. Thank you very much for your intervention.

As you know, we are a little bit behind schedule, but for sure it has been so far a great opportunity to hear from Sweden, Germany and WHO, about the different activities and the different perspectives that we have around this agenda. But we really wanted to have the opportunity to, to discuss, to have interaction, and to have an interactive dialogue between three experts, but also three allies to the disability community.

So, it is with my great pleasure to introduce Ola Abualghaib, Director of the Global Disability Fund. Mary Keogh, Chair of the International Disability and Development Consortium, and my colleague Mirriam Nthenge from the International Disability Alliance. Ola, Mirriam, and Mary will exchange on some of the perspectives and challenges around

the health equity agenda and hopefully we will have the opportunity to answer some questions and have some interactive dialogues in the next 10 to 15 minutes.

So Ola, Mary, and Mirriam, welcome. Thank you for taking the time to meet with us and to be with us and to share your views.

I would like to start by asking Ola from the perspective of the Global Disability Fund, the UN mechanism that is clearly facilitating the advancement of the implementation of the CRPD at the national level and through different programs. Ola, what do you think is the contribution the Global Disability Fund can make in this agenda? And also, based on the accumulative experience and knowledge generated by the Global Disability Fund, what do you think are the main challenges and possible solutions to keep advancing the health equity agenda around the world? Ola, thank you for taking the time and the floor is yours.

Ola Abualghaib, Director, The Global Disability Fund [00:38:07 --> 00:46:04]

Thank you. Thank you, José. And thanks, everyone for joining us today.

As you mentioned, José. The presence of us all today is already a testimony we need a stronger reminder to the world, to the global actors in development, in health sector, in humanitarian action, in climate, in inclusive cities investments that disability still needs to be at the heart of discussions.

Health equity cannot be ignored and we need to do more. We need more commitments in the coming few weeks towards the Summit to make that a reality.

The Global Disability Fund appreciates and believes genuinely in collaboration, in partnership, because it's the central role of what we do at country level, but also globally. We appreciate it. The strong partnership with IDA around this work because we genuinely believe without this collaboration, we can't change happened at country level.

The Global Disability Fund has been established following the adoption of the Convention because there was a realization that we need this collective effort to come together to support countries to realize their commitments on disability inclusion.

On health equity, what we have seen through the work across 100 countries around the world so far is that, even though there has been progress around disability commitments on health equity, however, similar to many other areas on disability inclusion, the recent consultations that we have been doing for development of our new strategy has confirmed that commitments until now unfortunately remain on paper.

We need immediate support to help those commitments transfer into implementation level. And this is the case as well for health systems. What we have seen across the countries that we have been working in, and I will start with where we are seeing gaps that still need to be met, is that the work on disability within the health systems is still unfortunately worked around a siloed approach. So we are seeing that even though there

is more attention to disability within the health sector, however, there is still not enough strong connection between mainstream health services and the disability-specific, whether we're talking about data, we're talking about rehabilitation services, assistive technology. So this interconnection is more needed, but also what we have seen from the ground is that there is a genuine need of interconnection between the different ministries.

Health is not only the responsibility of Ministry of Health. We know in many countries that still part of the health services remain within ministries of social affairs.

Affordability remains a key issue. In many of the countries where we operate, health insurance does not cover the full range of services where people with disabilities are in need for it.

A key issue also central for us to think about as we are moving towards making commitments, is the localization of services. Primary health services. The disconnection between, again, rehabilitation on the ground and the needs of people with disabilities is still missing. The long life cycle, we see strong access to services in certain areas for certain age, but the connection with aging, the connection with children rights to health, and mainstreaming disability is still a need for us to consider how we can do more around that.

And of course, the issue of national budgets, financing health systems and services, is still not systematically addressing the rights of people with disabilities.

On the optimistic side, we must say that we have seen also many countries have been progressing through our collective support at country level to progress around disability inclusion. For example, our work in Cambodia recently have been really able to support the connection between local and national services related to health. There was a clear support at the country level to develop this national monitoring system that helped identify people with disabilities and referring them and connecting them to the needed services. We have seen in many countries that there is genuine progress of engaging organizations of persons with disabilities within the broader discussions at national level around national systems plans and budgets. And we have seen also the strengthening of monitoring systems around disability inclusion.

Now, to look at what is needed, José, to your question on what do we need more to happen? What do we expect from global and national actors coming towards the GDS in a few weeks, to think about when they are making their commitments?

Definitely, we need to have more collective effort. As it was discussed with the previous speakers, it will only work if we are supporting collective efforts. This is not, it, and it can't be done by a separate ministry, by a separate actor. That's why the Global Disability Fund continues to commit to developing further collaborations and further partnerships where organizations of persons with disabilities are at the heart of it.

We need to make sure that disability and health discussions are at the heart of development, humanitarian, climate, inclusive cities discussions because that's where change happens, that's where most of the investments are. That's why we need to see the

discussions on health within the mainstreaming thinking and not only limited to disability specific discussions and budgets, because that is not taking us anywhere. We have seen that already, and that's not going to make the lives of people with disabilities changing.

We need more work around implementation because, as I said earlier, it's great to see changes on paper but implementation is what will make the lives of people with disabilities changing.

We need this stronger interconnection with what is happening at national level in terms of broader plans, development actions, and budgets.

And to close, I would just like to remind us all of what was mentioned from my previous colleague: we cannot wait for the lives of people with disabilities to change unless we make action around health services. Health is at the center of the change of the lives of people with disabilities. It is central for them to be independent, to make choices, to save their lives in context of humanitarian and crisis context. But also, it is the opportunities for them to advance their rights.

Thank you all for being with us today. We look forward for further collaboration and advancement across the coming years to come.

Thanks, José.

José Viera, Executive Director, International Disability Alliance [00:46:05 -> 00:46:39]

Thank you, Ola. Thank you very much. Thank you.

Um, Mirriam, welcome. And similar questions to Ola, but from the perspective of OPDs, I'd really ask you to stick to three minutes or two minutes, please, as we are really, really behind schedule. But from the perspective of OPDs, Mirriam, what is the role of organizations of persons with disabilities in the health equity agenda? And what changes would the OPDs like to see in order to advance the health equity agenda?

Mirriam Nthenge, Human Rights Adviser, International Disability Alliance [00:46:39 --> 00:51:16]

Thanks. Thanks very much, José.

And as one of the last speakers, I have very few minutes so I would like to start by saying that, as my previous speakers have spoken and said, that there are about 1.3 billion persons with disabilities across the globe. And what organizations or persons with disabilities in all their diversities, whether it's self-advocacy organizations, whether it's organizations of women with disabilities, whether it's umbrella organizations of persons with disabilities, is to collectively represent persons with disabilities. And they also provide institutional support, which is very important in terms of ensuring structured

engagement and consultation to ensure that they feed into the process of ensuring health equity for persons with disabilities.

One of the key roles that organizations of persons with disabilities play is advocacy. Ensuring that every stage of health sector processes includes issues related to persons with disabilities, whether it's issues related to health program design, whether it's issues related to implementation, whether it's about accountability and monitoring, we have seen organizations or persons with disabilities organizing at global level. For instance, if you remember during COVID-19, the International Disability Alliance and the International Disability and Development Consortium launched a campaign, an accessibility campaign to ensure that COVID-19, all public health information was accessible and also to ensure that persons with disabilities are not left behind with regards to interventions around managing COVID-19.

At the national levels, we've seen OPDs leading campaigns around sexual reproductive health. We've seen organizations of women with disabilities organizing to call governments to ensure that they invest in maternal health programs that are inclusive of women with disabilities. We have also seen organizations of persons with disabilities using different advocacy tools such as strategic litigation in Asia to ensure that practices such as forced sterilizations are banned. So organizations of persons with disabilities play a very important role when it comes to advocating for health equity for persons with disabilities.

But having said that, it's very important to reflect on the reality of this role vis-a-vis what is happening. Preliminary findings of a survey that the International Disability is conducting on active and meaningful participation of women with disabilities in health sector processes shows that, while women with disabilities are actively engaged, sometimes actively engaged in awareness programs related to health, when it comes to issues related to budgeting for health programs, designing of health programs, and in relation to monitoring as well, they are highly excluded. And the majority of them also report that they are not included in health sector committees, which is very important for them to influence the different decisions that are being made. So it's very important while we reflect on the role of OPDs to also reflect on the challenges they are facing to be able to carry that role effectively.

Having said that, I would say that a couple of things needs to be done for OPDs to be able to carry out their role to ensure health equity for persons with disabilities. And one of them is to ensure that OPDs have... they have enough resources to carry out advocacy roles within, at national, global and regional level. And also to ensure that the engagement spaces and mechanisms are accessible. That when organizations of persons with disabilities and persons with disabilities are invited in meetings for instance, or if a person with disabilities is appointed in a health committee, they are supported to be able to contribute meaningfully. Ensuring accessible information, ensuring physical accessibility for the venues, among others. And lastly, it's also to ensure that persons with disabilities are included in those health committees and there are reservations for them to be included in those health committees.

And one of the opportunities to ensure that we right the wrongs is essentially for countries or multilaterals to commit to ensure health equity for persons with disabilities at the upcoming Disability Summit.

Thank you very much.

José Viera, Executive Director, International Disability Alliance [00:51:16 -> 00:51:51]

Thank you very much. Thank you very much. Mary, we heard from the UN system, we heard from OPDs, but we we have said several times already: this agenda cannot be moved forward alone.

And so we would like to ask from the perspective of organizations members of IDDC, what are the things that you see are needed to advance the agenda? And what are the changes that you would like to see from the perspective of partners to OPDs, like many of the IDDC members?

Mary Keogh, Chair, International Disability and Development Consortium [00:51:51 --> 00:54:40]

Thank you, José. I don't know if that microphone has come on, has it? Thank you, José.

And not to repeat wonderful interventions from Ola and Miriam. From the IDDC's perspective, what we have seen, and I think it speaks to what other speakers have said, is the nature of collaboration and the collaboration that is needed.

Within IDDC itself, we have an inclusive health task group, and some colleagues are sitting here, who bring together our membership to really look at how to advance evidence and learning around inclusive approaches to, disability inclusive approaches to health.

Similarly, IDDC working at a country level would work very much closely with UN organizations and different government, and the other development partners to look at how to advance this forward. So this whole, this whole approach around collaboration is at the core of how we do our work.

I think what we, you know, what we would all like to see and everybody has spoken here in terms of bridging the gaps, is that there is a significant role for donors to play in terms of investments in health that are inclusive of persons with disabilities. And unfortunately, obviously with the developments that are happening, um, you know, this is, this is under challenge and disability is always an issue that we've had to really bring in from a perspective of international cooperation. Sometimes I call it the "little sister approach" where, you know, we're looking at it in terms of something that has to come as an added on. But actually, you know, I think everybody here today, and in the world health equity report highlights the significance of why it's needed.

So, you know, in terms of tracking that with the DAC marker and different systems for that, so really kind of looking at holding, holding account around investments and also helping shape further influencing on investments is an important area we'd like to see and done in partnership with our colleagues within the UN and of course our colleagues within OPD partners.

In terms of the change you want to see, I think what we, and I'll finish on this because I know there's, there's, we're running tight for time, is the political leadership and commitment. And I think at the moment, you know, we're in a very changing dynamic world but there are leaders, there are very much leaders around disability exclusion and equality. And I think what we'll see, and what we hope to see, is that be maintained and stepped up over the coming months and years, and part of that being around looking at how health equity becomes available for all.

And just a last point to say thank you, Pearl, for sharing your very personal story. I think, you know, everything that you've highlighted is the issues that disabled people face in terms of accessing health equity.

So thank you.

José Viera, Executive Director, International Disability Alliance [00:54:40 -> 00:55:16]

Thank you, Mary. Thank you for your key messages and also for sticking to the time! We are really, really running out of time.

We also want to give the opportunity to people in the room and online to share their perspectives. So I would like to open the floor for some quick, quick interventions. And I already have a list of some governments that would like to intervene. So I would like to welcome Australia first to provide their remarks.

Australia representative [00:55:16 --> 00:57:33]

Thank you to Sweden, the International Disability Alliance, the UN Global Disability Fund and the International Disability and Development Consortium for hosting this important discussion.

I also echo Mary's thanks to Pearl for sharing her story.

Australia has been championing work in this area for well over a decade now with our first strategy on disability inclusion "Development for all towards a disability inclusive Australian aid program" launched back in 2009. We are taking forward this longstanding commitment with the launch of our new International Disability Equity and Rights Strategy launched in November last year. The new strategy places partnerships with people with, with people with disability at the heart of our international engagement. And it outlines how Australia will leverage its expertise and resources to support equity and

rights for people with disability. The strategy recognises health as a critical enabler of the independence and autonomy of people with disability and commits to strengthening our long-standing investments in disability responsive health.

In our region, in the Pacific and Southeast Asia. Australia is supporting partner governments to progress health equity for persons with disabilities. In Fiji, Australia supported the Fiji government to develop their National Disability Inclusive Health and Rehabilitation Action Plan 2023 to 2027, that was just launched in September 2023. And in Indonesia, we supported disability inclusive approaches to vaccination services during COVID-19 by working closely with people with disabilities to improve accessibility of services and to support more equitable uptake of vaccination.

While there is some positive progress and examples, there's still much, much more to be done to ensure that people with disabilities can enjoy their right to the highest attainable standard of care, of health. We value the leadership of WHO, organisations of persons with disabilities and other key agencies and look forward to ongoing discussions on how we can continue to advance disability equity and rights in the health sector, including at the upcoming Global Disability Summit.

Thank you.

José Viera, Executive Director, International Disability Alliance [00:57:33 -> 00:57:43]

Thank you to the representative of Australia. Next on my list is the representative of Norway.

Norway representative [00:57:43 --> 01:00:33]

Thank you, Chair. Distinguished colleagues, guests and friends, we would first like to congratulate Sweden and all the co-hosts for organizing this important event on health equity for persons with disabilities.

We know that all around the world, persons with disabilities are among the most marginalized individuals who are often the last ones to gain access to healthcare. This was the reason why Norway included health as a key theme in the previous Global Disability Summit in 2022, which we hosted together with Ghana and the International Disability Alliance.

We highlighted the importance of disability inclusion in health even further by organizing a thematic pre-summit event on health in the margins of the Global Disability Summit, similar to this one we are at today.

We believe that Norway succeeded to position health equity for persons with disabilities higher on the international agenda by galvanizing concrete commitments by many Member States, bilateral and multilateral agencies, civil society and organizations or

persons with disability. 13% of these commitments submitted at the Global Disability Summit in Oslo were on inclusive health.

We are pleased to see that the topic of health equity for persons with disabilities continues to be among the priority areas in this year's Global Disability Summit organized by Germany, Jordan and the International Disability Alliance.

One of the things that we learned by hosting the previous Global Disability Summit is the great momentum that the commitments creates. Public commitments are fundamental because they present concrete actions that governments and other stakeholders can take to address the barriers that impede persons with disabilities from receiving the quality health service that they need.

Norway has a demonstrated leadership on disability inclusion both domestically through our strategy "A Society For All" on equality of persons with disabilities for the period 2020 to 2030, but also internationally through Norway's strategy for disability inclusive development "Equality For All", and Norway's new strategy for humanitarian policy from 2024 has clear goals when it comes to inclusion of persons with disability in Norwegian humanitarian assistance going forward. Norway will continue our efforts to advance the implementation of the Convention on the Rights of Persons with Disabilities and improve access to health care for persons with disabilities.

We urge other Member States, health and disability actors to commit to the agenda of health equity for persons with disabilities. Let's not forget that we all share the same responsibility of ensuring health for all individuals, including persons with disabilities.

José Viera, Executive Director, International Disability Alliance [01:00:33 -> 01:00:58]

Thank you. [José Viera, Executive Director, International Disability Alliance] Thank you to the representative of Norway. Do we have any other Member State who would like to make an intervention?

All right. Okay. Allow me then to go to our last intervention online.

I would like to welcome the representative of the Global Fund.

Global Fund representative [01:00:58 --> 01:04:06]

Thank you Mr. Viera, and thank you to WHO for convening this really important discussion ahead of the Disability Summit.

My name is Emi Michael, I'm the health equity lead at the Global Fund to fight AIDS, tuberculosis and malaria, and it's an honor to speak today on behalf of the Global Fund and reaffirm our commitment to advancing health equality for persons with disabilities.

As we've heard in the various discussions today, people living with disabilities continue to face significant barriers to accessing healthcare. Barriers are often compounded by stigma and discrimination and other intersecting vulnerabilities. And these challenges are not unique and are particularly evident in the fight against HIV, TB and malaria. While services remain largely and often inaccessible, health data already captures the nuance of disability and programs often overlook the specific needs of persons with disabilities.

This needs to change. We cannot build truly inclusive health systems while disability remains an after-thought.

We know and we recognize that accessibility needs to be intentionally integrated into health programs, from the design to the implementation. Reaffirming partnerships and representation with communities and organizations of persons with disabilities to ensure that their expertise and lived experiences drive decision making. Global Fund is committed to strengthening disability inclusion within our programs, processes and partnerships.

The Global Fund 2023-2028 Strategy emphasizes proactive engagement of persons living with disabilities at national, regional, and global levels to ensure that systems and health systems that we support are not only inclusive and responsive, but also responsive to the barriers that are faced by persons with disabilities and often these [inaudible] human rights and gender-related barriers.

Specifically, we're working to integrate disability inclusion across Global Fund supported programs and processes, expanding partnerships with communities and organizations of persons with disabilities to ensure meaningful participation, improving data collection and analysis to better understand and address inequities and specifically responding to the disability link to HIV, TB and Malaria and treatment.

And to conclude, I'd like to highlight the fact that achieving health equity for persons with disabilities is not an isolated goal, rather it's a collaborative one. It's a fundamental pillar of efforts towards UHC and the broader global health agenda. And as we look forward towards the Disability Summit, I look forward to the translation of the various commitments across organizations and partners, the translation of those commitments into action to ensure that disability inclusion is embedded in every aspect of global health.

Thank you.

José Viera, Executive Director, International Disability Alliance [01:04:06 -> 01:06:27]

Thank you to the representative of the Global Fund. With this, we have come to the last intervention of this interactive panel. We apologize for going over the time, and we thank you for, all of you to stay longer as this is a very important topic.

I would like to close this dialogue by trying to remember what Pearl said at the beginning. She left us with three concrete things. And for me, it's a fantastic way to conclude this panel.

First, we need to commit to change. If we do not change and if next year, or in two years' time, we get together again and we keep talking about the same things, definitely we are going to fail.

Second is to put in the center of the inclusive health equity agenda persons with disabilities. But that should not be a rhetoric statement. That means people with disabilities to be in the center should include access to information, accessibility, inclusion, informed decisions, fair health care services for person with disabilities. No poor health care services because we are persons with disabilities.

And the third thing, and allow me Pearl to add a little bit after hearing all that the speakers said: for change, we need further investment. And not only at domestic level, but internationally. The health equity agenda is a global agenda. It's not an agenda that is only for few people with disabilities. It's for the 1.3 billion people with disabilities living around the world.

Only together we will be able to say, hopefully, in for the next Global Disability Summit in 2028, that finally health equity is no longer a dream but a reality.

Thank you very much. And I hope you have a rest of a great day today. Thank you.