Transcript of the launch event for the WHO Global Report on health equity for persons with disabilities – 2 December 2022

### 00:00:00 --> 00:00:47

### WHO-Geneva (welcome announcement):

Welcome to the launch of the WHO Global report on health equity for persons with disabilities. This meeting will be recorded. It provides international sign, language and English captions, as well as interpretation in all UN languages, Arabic, Chinese, English, French, Russian, and Spanish. If you are participating on site. Please wear a mask throughout the event. If you are joining us online, please use the interpretation button at the bottom of your screen to select your language. You may also add captions by clicking on the CC button. Please leave your comments and questions in the chat. We will be monitoring the conversation and respond as needed. Thank you.

### 00:00:47 --> 00:05:05

### Gaelynn Lea (Singer and musician):

Musical performance starts.

LYRICS:

Pushing up, pushing up

Through the dirt just like a seed

But you’re never quite a flower

You feel more just like a weed

Driving through, driving through

You want to know where you are going

But the windshield’s always dirty

And you never get to see

What makes you think that you’ll ever get there?

What makes you think you deserve to know?

Who are you really, are you so important?

Take a look around and watch the world unfold

Watch the world unfold

Watch the world unfold

Watch the world unfold

Need advice, need advice

You have no clue what you’re doing

Moral compass it is spinning

And identity unhinged

Where to turn, where to turn?

There are so many opinions

And they’re all a little different

And the outlook’s getting dim

What makes you think that you’ll ever get there?

What makes you think you deserve to know?

Who are you really, are you so important?

Take a look around and watch the world unfold

Watch the world unfold

Watch the world unfold

Watch the world unfold

Pushing up, pushing up

Through the dirt just like a seed

But you’re never quite a flower

You feel more just like a weed.

Musical performance ends.

Merci!

### 00:05:06 --> 00:09:46

### Haben Girma (Moderator):

Hello! This is Haben speaking. Thank you so much, Gaelynn, for that performance. We're going to hear more from Gaelynn later about her work and more music. So I am the moderator for today, and the first thing I need you to know is that I'm deaf-blind. So I'm not hearing or seeing what's happening in the room. But I am gaining access through braille. I'm reading what's being written on a braille computer. And there are devices like this all over the world. So there's a delay between when one speaks or sings; and when the words come through. Part of accessibility is patience, holding space for all of our different voices, whether we have accents or sign, or are using assistive computer devices. Patience is an important accessibility practice. Another one is visual descriptions. We can't assume that everyone can see us, and sometimes their visual displays of our performance are images.

So I will start. My pronouns are she/her. I'm an American woman with Eritrean and Ethiopian heritage. Under the table is a guide dog that assists me. I was the first deaf-blind student to go to Harvard Law School. And when I was there to graduate and become a licensed attorney, I needed to take an exam. The examiner said they'd provide the exam in braille if I can prove that i'm actually blind. So I went to the doctor at Harvard, and the eye doctor did a test. After reviewing my eyesight, he said: "with your sight, you can't go to law school". I argued with that doctor. I told them I absolutely could go to law school. Blind people can read books in Braille. I did research and writing on computers using screen readers, software that converts information to Braille. Or if one is hearing outputs onto audio that one can listen to. Blind and deaf-blind people have been using these tools for decades. And yet I had to explain this to a doctor at Harvard.

Countless studies have shown that many people in the medical field assume that disabled people's quality of life is worse than it actually is. This is Ableism. A. B L. E. I. S. M. It's the belief in principle that only able-bodied, non-disabled people deserve dignity and respect. It's the belief that disabled people are inferior to non-disabled people. Medical ableism is dangerous. There are many hospitals in the United States that refuse to care for deaf people because they don't want to pay for sign language interpreters. Lots of medical facilities that don't have access for wheelchair users. And medical schools still deny access to disabled students who want to be doctors. And we know that this isn't just in America. It's all over the world. Medical ableism is hurting disabled people, and it's hurting our families and friends and communities.

Small changes aren't going to cut it. We need huge dramatic changes to end ableism. We need everyone in the health community, from medical schools to world leaders, working to end Ableism. And I'm really excited that we're launching a new report. The World Health Organisation's report on health equity for persons with disabilities will start and help provide a guide, and it's my honor to introduce the Director-General of the World Health Organization. Please join me in welcoming Dr. Tedros.

### 00:09:57 --> 00:18:49

### Dr Tedros Adhanom Ghebreyesus (WHO Director-General):

Thank you. Thank you so much, Haben. Thank you so much for joining us, and always proud of you. So thank you, thank you. Your Excellency Minister Piukala. And Vladimir Cuk, Executive Director of the International Disability Alliance. And also our moderator, Haben Girma. And thank you so much again, and for that wonderful, beautiful music. Dear colleagues and friends. Good afternoon and thank you all for joining us both in person and online.

The new global report on health equity for persons with disabilities establishes an important baseline showing that 1.3 billion people, about one in 6 people globally, have a significant disability. It also shows that persons with disabilities face health, inequities that result in poor health outcomes, including premature death, a higher risk of diabetes, stroke or depression, and significant limitations in day-to-day functioning. However, these outcomes are not the result of the health condition or impairment underlying a person's disability. They are associated with unjust factors that are avoidable, including the stigma, exclusion from education or employment and poverty. Health systems should elevate these inequities, but often they exacerbate them. For example, through inaccessible health facilities. It does not have to be this way. Countries have it in their power to address many of these issues.

The report outlines how the health sector can address these factors through target disability-inclusive actions, as part of primary health care, as part of every country's journey towards universal health coverage. For example, WHO recommends that countries should consider including services for specific impairments and health conditions, like spinal cord injuries or cerebral palsy in packages of care. Countries should also implement disability inclusion as part of health and care worker's education and training, in public health campaigns and in health emergency preparedness and response plans.

During the COVID-19 pandemic, persons with disabilities have often been among the most marginalized, suffering disproportionately both from the virus itself and from some of the public health and social measures taken by governments.

Making health systems more inclusive isn't just the right thing to do. It's also economically smart. This report shows that every one US dollar spent on disability-inclusive NCD prevention and care could bring a return of 10 US dollars in terms of increase in healthy live years and human capital.

WHO is committed to supporting all countries to make their health systems more disability-inclusive. We are already working on a strategy planning tool for disability inclusion, and considering pilot programs in several countries in 2023. Making this work requires a continuing dialogue with civil society organizations that represent persons with disabilities.

WHO is committed, as I am personally, to listening to the voices of people with disabilities. I thank the International Disability Alliance for its engagement with WHO. The right to health belongs to everybody, which is why we must work together to address the health inequities experienced by people with disabilities.

This is the world for which we are working. I met Haben earlier today. We had a bilateral discussion, and I told her a story about our colleague who has vision disability. And she told me, you know, if this story could be told, it can have actually some impact. And maybe listening to her advice, I wanted to use this opportunity to share that story. Chris is one of our colleagues, our staff. He works for the department of Communication in WHO. And this is as soon as I started as DG, it was maybe a few months or a year into my first term. He came to talk to me. I had this what I call open hour every Thursday afternoon where I meet Staff and, you know, they come to discuss with me one on one. And he came to tell me that because of his worsening vision problems, he is going to retire soon because he was almost getting blind. Then I told him, why do you retire? Then he said, I will not be of no, I will be of no use to WHO and to you, so what do I do? Then I said, no, you should not retire, you may have other talents or skills so why don't you take time, you know, listen to your own internal, you know voices, maybe, or look for your talents and skills. And I would be happy to deploy you in anywhere you can do well, even with the disability that you have. Then, he asked: "Really?". I said yes. Then he came back after a couple of weeks, to recommend to me that he would like to focus on art and health, and that he can contribute in that field. And now he speaks in Hollywood, he speaks in Broadway, he speaks in many places and platforms on the use of art to promote health. Andd he told me he is actually, very, very happy now, more than even his previous years working for WHO in the area that he is working for now. Which means, you know, disability as they say, is another type of ability.

Of course, if we can specially create the opportunities and improve the facilities, there can be wonders. And with the music that, your beautiful music we heard from Galen, imagine. And also with Haben, deaf and blind, but you can see what she is doing and even educated in Harvard. Anything is possible. But those who believe that we are able have to understand that they are also able, and that they can do it. And we should start from that awareness and understanding. But they can help themselves, and they can do even better than anyone who could claim that they are they're able. So thank you so much. Thank you for reminding me, Haben, to tell that story. And, as I said, I will introduce you with Chris. But because of stigma, many people don't speak about it but we should encourage people to to come forward and tell us their stories so we can see and help them release their potential.

So thank you so much and back to you, Haben.

### 00:18:57 --> 00:19:36

### Haben Girma (Moderator):

Thank you for that, Dr. Tedras. Everyone to be reminded: listen to disabled people. We are talented. There are many different ways to engage to work. Alternative techniques are equal in value to mainstream techniques, and this message needs to reach our health communities.

Our next speaker is going to tell us about the health situation in the Kingdom of Tonga, the Minister of Health of Tonga, Dr. Piukala. The floor is yours.

### 00:19:40 --> 00:23:37

### Hon. Dr Saia Piukala (Minister of Health, Kingdom of Tonga):

Thank you. Thank you, Moderator, Dr. Tedros Director-General of WHO, Excellencies, all other Ministers. Dear colleagues and friends. I am very pleased to join you today for the launch of this report. This is an important report that will support health leaders to improve the lives of persons with disabilities, as we witness here today.

This report shows us that health equity is critical to achieve good health outcomes, not just for patient with disabilities but also for others, including people with non-communicable diseases. As some of you know, I have a strong interest in non-communicable diseases. I was a Commissioner for WHO's high-level Commission on NCDs. These diseases have a heavy burden in my country, including for patients with disabilities.

We face immense challenges, but we are making positive steps. For example, we are working on a program to mainstream NCD management into primary care which takes a disability-inclusive approach. The Australian Government is also supporting an initiative to build awareness on disability-inclusive in the health sector and to target improvement in some disability-specific services. In the national cooperation, it's playing an important role in supporting Tonga to make progress in disability-inclusive. Another initiative being funded which features in WHO's global report aims to address barriers to sexual and reproductive health services in Tonga and 5 other Pacific nations, including ensuring these services are disability-inclusive.

Organizations of patients with disabilities at global, regional and national levels have been critical to the success of the program, which has resulted in various disability-specific interventions. For example, Tonga's (inaudible) reproductive health policy calls for contraceptive information to be accessible for people with disabilities and to strengthen disability-inclusive skills of health care workers. There are also efforts to integrate disability in the national midwifery curriculum in Tonga and 3 other Pacific countries following a review.

These are important steps, but there is a lot of work ahead of us. Tonga welcomes the development of this important report and especially the recommendation for primary health care as an approach to strengthen the health system and to address health inequities.

As mentioned earlier, Tonga has began work in this area. We are committed to realize an equitable disability-inclusive primary health care system for which we request the support of WHO and other partners.

Director General, Excellencies, Honourable Ministers. Together, we can make health equity for patients with disabilities a reality. Thank you.

### 00:23:44 --> 00:24:03

### Haben Girma (Moderator):

It's happened again. Thank you so much, Dr. Piukala. Our next one is going to be through video, and we have a video presentation, from the Republic of Korea, Minister Cho Kyoo-Hong. Video, please.

### 00:24:03 --> 00:27:02

### Hon. Cho Kyoo-Hong (Minister of Health, Republic of Korea):

Honourable WHO Director-General, Dr Tedros, Distinguished guests attending the launch of the global report on health equity for persons with disabilities. It is great pleasure to meet you all, I am the Minister of Health and Welfare of the Republic of Korea, Cho Kyoo Hong.

I am very pleased to deliver congratulatory speech at this launch of the global report. There are a lot of challenges persons with disabilities are facing, and health inequity is one of those challenges. Healthy life is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and degree of disability.

Over the last decade, Korea, as a champion of ‘Incheon Strategy’ which aims to secure universal rights of people with disabilities in the Asia-Pacific region, has made considerable efforts to protect the right to health of persons with disabilities in the region. We have implemented various international cooperation programs with Laos, Philippines, Vietnam, Uzbekistan and Mongolia to support medical services, medical equipment and training of medical workforce.

Korea has also been committed to improving health equity for people with disabilities. In order to establish legal basis to guarantee the right to health for persons with disabilities without discrimination, Korea legislated ‘Act on guarantee of right to health and access to medical services for persons with disabilities’ in December 2017. Also, we are expanding the establishment of regional rehabilitation hospital dedicated to rehabilitation of people with disabilities and Children’s public rehabilitation hospital specialized in rehabilitation care for children, so as to build infrastructure of public rehabilitation care. I look forward to sharing our efforts with the international community, and improving global cooperation.

The report launched today presents estimates of the global disability prevalence, and it also includes economic analysis of health equity for persons with disabilities. I believe this report will serve as the foundation to suggest convincing target to achieve health equity for people with disabilities which all of us has to pursue. I totally agree with one of the key messages of the report saying investing in health equity for persons with disabilities is investing in health for all and is cost-effective.

The Korean government will widely share WHO Global report on health equity for persons with disabilities with stakeholders as well as disabled persons' organizations, and promote the importance of health equity of people with disabilities. I would like to extend my sincere congratulations on the launch of WHO report on health equity for persons with disabilities. Thank you.

### 00:27:11 --> 00:27:50

### Haben Girma (Moderator):

The message we keep hearing, and this is Haben speaking. The message we keep hearing is the value emotionally, financially and community-wise of investing in disabled people. Thank you so much for your message, Minister Cho Kyoo-Hong.

Now our next event is a musical performance from Gaelynn. And before we start, Gaelynn, can you share a little bit about how you got into music and a visual description for blind community members?

### 00:27:52 --> 00:33:22

### Gaelynn Lea (Singer and musician):

Yes, thank you so much, Haben. This is Gaelynn Lea speaking. I am a short white woman in an electric wheelchair, with dark brown hair pulled up with a flower clip, holding a violin and a looping pedal in my wheelchair.

I am honored to be here today, and the way I got involved in music is an orchestra came to my school in fourth grade, and I fell in love with the sound of the strings. But fortunately the teacher who was assigned to orchestra was willing to adapt the instrument to my body, and so we experimented until I found a way to play. I have been performing for 28 years. In 2016, I won the NPR Music tiny desk contest out of 6,000 entries, and that launched my touring career. And when I started touring, I got to meet a lot of disabled advocates and realized that disability truly is just a form of diversity that can be celebrated. But it needs to be supported in order to have us be able to reach our full potential. And so I appreciate. And I am honored to be here. Appreciate the work that you all do, and I'm glad that you are recognizing that disability deserves a seat at the table. That is what this next song is about. It's called. I wait. Here we go.

Musical performance starts.

LYRICS:

Can you see me

Way in the back here?

I've been waiting

I've been waiting in line

It's been a long time

Can't get no service

But still I'm hoping

I am hoping for a sign

That one day things will change

And we can finally take our place

That history won't forget us

Or try to minimize our pain

And so I wait

And so I wait

Did you know that

When I get angry

I breathe fire

I could burn this place down?

You may not realize

All of the small ways

I am not welcome

But just take a look around

Still everybody knows

That you need a place to go

And living isn't easy

If you incinerate your home

And so I stay

And so I stay

I may seem angry

So please forgive me

But I am still not free

In this society

How long must we keep fighting

For our right to be living?

Wrongs overdue for righting

We're a bit too forgiving

So if you hear them

Make claims of progress

Take a good look

And see who isn't there

We need a seat now

At the table

So please invite us

Or don't pretend to care.

Musical performance ends.

Thank you, merci! Thank you, thank you. Oh thank you so much, oh thank you. Thank you.

### 00:33:22 --> 00:34:12

### Haben Girma (Moderator):

Haben speaking. Thank you, Gaelynn. I also know you are part of a group of artists with disabilities, advocating to help raise each other's voices. Working together, advocates coming together, is powerful in music and health, and in all our other communities.

We have a fantastic report to help strengthen the Disability Health Community, and Darryl Barrett from the World Health Organization Disability Technical Team, is going to summarize and explain the report to us. Back to you, Darryl.

### 00:34:13 --> 00:48:30

### Darryl Barrett (WHO Disability Technical Team lead):

Thank you Haben. Dr Tedros, Minister Piukala, Haben and Gaelynn, and colleagues and friends. It's my great pleasure to be able to present the report for you today. It's about 300 pages, so it will be a very short snapshot of that report, but i'll do my best to give you the key points.

So many of you have wondered why this report. Why, now. And there's a lot of reasons but what it boils down to is that last year's World Health Assembly, Member States asked WHO to look into the issues of disability-inclusive health, and specifically a resolution was adopted on the highest attainable standard of health for persons with disabilities. So this is a report that comes at the request of our governments for WHO to take action on addressing health inequities and a range of other issues in the health sector.

We also know that there are other issues that persons with disabilities experience. And they include, as you've heard from the speakers this morning, that persons with disabilities experience health inequities. They experience poorer health outcomes. And that's something that it should not continue. It should not be allowed to continue. We also know that if we are going to see change, that governments, Member States have to take action. They are responsible ultimately for the citizens, and so it's important that this report speaks clearly and carefully to governments to be able to show them what needs to happen. We also know that by taking a disability inclusive approach, it actually benefits many, many other people in the community. We know from basic infrastructure accessibility, or we know when people are trained on human rights and how to be respectful, that that benefits the community more broadly. And, as has been mentioned a couple of times, we know in this report, we show evidence that investing in disability-inclusive health interventions is actually a smart investment because not only is it the right thing to do from a human rights perspective, it is also a smart thing to do from a financial and economic perspective. And since governments, all governments have been impacted significantly because of COVID and health budgets have not been immune to being impacted from COVID we have to start making smarter choices in the health sector. If we needed another reason why this report is so important now, we have the agenda for sustainable development, the SDGs. And they are all about leaving no one behind. We have to stop talking about that, and we have to start acting on that. And this report provides the evidence and the recommendations for action to be taken, and in particular, we need to be looking at how universal health coverage, public health, interventions and protecting people from health emergencies, can all be pursued in a disability inclusive manner. Because they absolutely can, if we choose for that to happen.

So let's get into some of the evidence, and I see already some reports around the room. So some of you have probably already dived into some of the technical nuts and bolts. But what I want to do now is just present some of the evidence that we'd like to highlight.

You will have heard already that we have new global estimates of disability prevalence, and that is now at 16%. It equates to 1 point 3 billion people on today's population, and that's one in 6 of us. So again, the perception on working on disability inclusion in the health sector can sometimes be " Oh, that's a a special thing to do for a small group of people". 1 point 3 billion people is not a small group of people. One in 6 people is not a small amount. So, by sheer volume we must take action.

We also have heard about some of the health inequities that persons with disabilities experience that are absolutely unacceptable anymore. Premature death, for some up to 20 years earlier. So I'll just let that number figure in: for some persons with disabilities, they die up to 20 years earlier than the general population. Combine that with certain illnesses, or the risk of developing certain illnesses, and many persons with disabilities, are at double the risk of the general population for developing illnesses, such as tuberculosis or depression, or diabetes, or sexually transmitted infections or cardiovascular problems. The list is more than I've mentioned here, but that again is unacceptable.

And then, thirdly, is that persons with disabilities experience much greater limitations in day-to-day functioning compared to the general population. And so in the report, we highlight a range of those. But, for example, health facilities can be shown to be 6 times more limiting or hindering for persons with disabilities than for the general population. So if you're trying to access health care and you have a disability, then you're more likely to be up to 6 times more disadvantaged in trying to access that care. We also know that transportation can sometimes be the greatest barrier for persons with disabilities, and in the report we show that it can be up to 15 times as hindering for persons with disabilities.

So there are a lot of, there's a lot of data in the report. If you've been able to have a look at it so far, and they're just a a few that we want to highlight. And it's really important that this report is clear that it's not these health inequities: the earlier deaths, the greater risk of developing health conditions and the limiting day-to-day functioning. They are not due to the underlying health condition that a person with disabilities has. These are due to avoidable, unjust and unfair conditions. And in the report we break those conditions down. And we categorize them into 4 really broad areas for analysis.

The first is very, very broad structural factors, and these are, you know, socioeconomic and political factors. Stigma, for example, is a major structural barrier and structural factor that impacts on the health of persons with disabilities.

The second category are the social determinants of health. And these are the conditions that we are born to, that we live, we grow, we work. These are the non-biological factors. And, for example, we know that many persons with disabilities experience poverty. And because of poverty, education and employment opportunities are much decreased, and that impacts on people's health.

The third set of factors are the risk factors for illnesses. So these are things like tobacco use, alcohol consumption, obesity, the amount of physical activity. These factors contribute to poorer health outcomes. And we know, for example, that persons with disabilities are less likely to be able to receive health promotion information because it's not delivered in an accessible or an inclusive matter.

And then the fourth, and perhaps the most tangible contributing factors for Ministries of Health is the health system itself. So these are components, such as health workforce, the financing mechanisms, health information systems. Those health components of the building blocks can create some incredible contributing factors for persons with disabilities and their own health. And we see, for example, in the report that the attitude and the competency of health care workers - if there are negative attitudes or if they're unable to understand what the priorities for a person with disabilities are when they they seek health care - that can be some of the greatest factors contributing to poor health outcomes.

And we see an example from a woman from Senegal. Coumba is featured in the report, and she says: "No, no, no, we don't want to take care of her." This is a quote from Coumba, and she heard this repeatedly when trying to access care to to be able to give birth. Four health centres refused her because they told her that disability would make the delivery too complicated. So just imagine for a moment, someone like Coumba, and you're trying to seek care to deliver your baby, the most precious thing that you have, and you are denied by four health centers.

So, obviously, you don't need me to tell you anymore why it's time to take action. But I will tell you, anyway, because it's in the report, and you need to hear it. I won't go on about the specifics of the economic analysis because you can read it. But this is an important analysis, not only because it gives us the evidence of what we could expect in terms of a return on our investment, but it helps shift the narrative. Now, ultimately, it is everyone's right to access the most, you know, highest attainable standard of health, and to receive the same quality of health care. But often the narrative around disability is that it's too expensive, or we don't know how to do it, or it's just money going in one direction. This economic analysis, which is the first of its kind, will be able to turn that narrative around and say to governments: Yes, it is going to cost money, but investing in health does cost money, but it is an investment that returns so we can start to shift that narrative.

I've put a slide up on the screen, which is a little bit complicated, and there's no easy way to break it down for a presentation in 10 min. But essentially. What I want you to take away is we, in the report, we're proposing a set of 40 actions for the health sector. And these 40 actions are built on the foundation of primary health care, or the primary health care approach. And this is an approach that governments are already investing in. So what we do in the report is say: you don't need to set up all of these separate disability specific systems. You just need to keep doing what you're doing, but do it better by doing it in a disability-inclusive manner. And so we set forward 10 strategic entry points, and these entry points are things such as health workforce, or health information, or financing, or leadership. All entry points that governments are already familiar with, because it's part of the primary health care approach. And remember the primary health care approach is the driver for universal health coverage one. So when you get an opportunity to look through that, you'll see that we link all of the disability-specific targets and actions in the report to existing levers or existing approaches that governments are familiar with.

Now, it's important to know that, you know, when a when a country like Tonga is making investments in disability inclusion in the health sector, that every country can take action depending on their context and depending on the resources. So those 40 actions are very much able to be staged, depending on where you're at, with context and with resources. But what is not negotiable are 3 fundamental principles that we put at the end of the report, and these principles are principles for implementation of a disability inclusive health sector; and these principles should be applied not only by governments, but also by health sector partners.

And the first one is to make sure that we include health equity for persons with disabilities at the center of health sector actions. And that really just aligns with the SDG narrative about making sure that we leave no one behind, and we put the most marginalized at the center of our actions.

The second is around empowerment and participation. Governments and health sector partners need to collaborate, and it needs to be done with organisations of persons with disabilities, so that the right decisions can be made, and so that persons with disabilities can be part of the decision making process.

And the third one is pretty straightforward. It's making sure that we monitor our actions to know that they've made a difference. So we monitor and evaluate the extent to which health sector actions have led to better health equity for persons with disabilities. So I think that's the last slide. There's a lot in that 300 pages. But thank you for your time and back to you, Haben.

### 00:48:31 --> 00:49:48

### Haben Girma (Moderator):

Haben speaking. Many disabled people have experienced discrimination, or know of other disabled people who have experienced discrimination. And when we talk about it, a lot of times, doctors and folks in the health care system don't believe us. This report gives us more power. Numbers. Data. It's is incredibly powerful. So we could share this report with our local medical facilities. Medical schools, Health Ministries. Get more people to recognize health discrimination, medical ableism, health inequalities. There's lots of words for the same problem. It's real, it's hurting us, and we need to all take action to end it.

Our next presentation. I'm going to read this. So Dr. Bente Mikkelsen who is the director of the Non-Communicable Diseases Department at the World Health Organization. And that's the department where the disability program sits. Over to you, Dr. Mikkelsen.

### 00:49:48 --> 00:52:53

### Dr Bente Mickelson (WHO Non-Communicable Disease Department Director):

Thank you very much, Haben. It's fantastic to be in this room and be with you. Honorable Ministers, Excellencies, Dr Tedors, friends, colleagues. First of all, I would like to thank Darryl Barrett, all the speakers and panelists who have here today contributed to the launch of this important report.

The disability agenda is very close to my heart. I have been responsible for this agenda, not only in my current role as director of the NCD department, but also previously, when I was working in the European region. Few agendas is actually addressing leaving nobody behind and equity in the same way. I have always been amazed how disability in health sector has constantly been an after-thought, leaving millions of people with disability behind.

As we have heard the report intends to change that. It shows the part of what needs to be done so that disability inclusion become a core business for all of us. With the report, as Darryl said, there is no excuse not to act. We not only have the actions, we also demonstrate - as Dr. Tedros and Darryl and others pointed out - that investing in disability inclusion in the health sector is an investment with dividends.

I'm very proud of the report because of the strong and clear directions it gives, as well as the fact that its development has been inclusive, despite that we had quite a short time to develop it. Over the past one and a half year, we held a total of 30 consultations engaging over 1,250 stakeholders. And behind all those stakeholders, there are many, many more people. We know that. We consulted with Member States, civil society, and very importantly, including persons with disability and their representative organizations, and the UN agencies.

All WHO regional offices and a range of health sector stakeholders, including academia, health practitioners and development specialists have been part of the development process. WHO is extremely thankful to all partners, especially organizations of persons with disability for having provided their valuable inputs towards the work of this report, helping us to co-create solutions.

We look forward to continuing working together. Thank you very much. Back to you, Haben.

### 00:53:03 --> 00:53:28

### Haben Girma (Moderator):

Haben speaking. I am looking at my braille agenda and trying to find the next spot. Aha! Here we are! It's a really long agenda. Aha! Next we have a panel, and Mame-Yaa will be leading us with the panel. Over to you.

### 00:53:32 --> 00:53:54

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you, Haben, and good afternoon Dr. Tedros, distinguished guests, ladies and gentlemen. For this segment, I will start off to my right. I'm joined here by 3 health professionals. I'll leave you to introduce yourselves, and then we'll dive into the discussion. First, I'll start to my right. Fiona.

### 00:53:55 --> 00:54:19

### Dr Fiona Bull (WHO Physical Activity Unit):

Thank you very much, and a very good afternoon to everyone. My name is Dr. Fiona Bull, and I lead the technical team here at WHO headquarters on physical activity, and we sit within the Department of Health promotion, and support the work of all countries in promoting health and preventing disease through physical activity in combination with other risk factors. I hand to my right.

### 00:54:21 --> 00:54:42

### Dr Esperanza Martinez (International Committee of the Red Cross):

Thank you very much. I'm. Dr. Esperanza Martinez. I work for the International Committee of the Red cross. I've been leading the health program for a few years and more recently managing our crisis response for the COVID-19 pandemic, and over the last few months the Ukraine crisis response. Large-scale crises. Over to you.

### 00:54:42 --> 00:54:57

### Dr Nitsan Almog (Ono College):

Hi, everyone! My name is Nitsan Almog and I'm the head of disability and accessibility program in Ono Academic College, Israel. I'm also a consultant of the Israeli National Insurance Institute.

### 00:54:57 --> 00:55:24

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you very much, ladies, and thanks for making the time to be with us today. I'll start with Dr. Fiona Bull. You are a public health professional, and working in physical activity. How do you think we should ensure that those designing and implementing public health interventions see the importance of disability inclusion for achieving health equity?

### 00:55:25 --> 00:58:59

### Dr Fiona Bull (WHO Physical Activity Unit):

Well, thank you very much. And firstly, let me congratulate the team on the report today, because it's vital for our area specifically for physical activity, but also more broadly the area of the disease prevention and health promotion. We know the leading causes of morbidity and mortality, and they affect all people of ages and abilities. And if we don't include addressing the inclusive and equity agenda within population health in our work in disease prevention, and particularly chronic disease prevention, then we're contributing to widening gaps, contributing to increasing morbidity and mortality in the the population that Darryl just introduced: one in 6 people living with disability. So it's a vital report and a vital agenda. And your specific question is asking how physical activity can address this. And we have embraced this agenda in 2018 when we launched our global action plan on physical activity. Inclusion was central, and I'm very pleased that we adopt it because it had previously been perhaps less present. We call upon all countries to address the promotion of physical activity to people of all ages and all abilities, and called in that global action plan on reducing the gaps, reducing the differences. And they are wide differences in opportunities that people have to be active in different ways: affordable, accessible, and enjoyable. After the global action plan, I'm very pleased that we forwarded another agenda, and that is developing the first global guidelines on physical activity and sedentary behavior, including people with disabilities for the first time. And this is signaling to all countries to also embrace, also include physical activity guidelines. They won't change the world, but they are a vital component, because the absence of people with disabilities in policies is showing our neglect, is showing our disproportionate attention, and that is what we wish to reverse. Proportional universalities, so prioritising both in the language, the images, and indeed the focus. And our guidelines, I offer to you as an example for countries to adopt and follow in in this way. But it's a bit more, and if you'll allow me just to finish by saying it's more than just guidelines, it's the absence of the programs and opportunities at the community level. Ans I'm struck as we watch the World Cup and enjoy the celebration of elite sport. We also enjoy and celebrate para-Olympians and their achievements. But, in fact, the harsh reality is that there is a vast difference in the opportunities in local communities for people living with the variety of disabilities. And this, as you've said, Darryl, is unfair and unjust. And we call a need for physical activity to prioritize providing the opportunities and the programs, increasing the diversity of the workforce, creating inclusive opportunities, so that we have for those people living with disabilities in the workforce of exercise, fitness, physical activity, and sport, the opportunities are provided and the environments enable. And so we've got a lot of work to do. But this report is going to charge us, motivate us and provide us the advocacy. Thank you.

### 00:58:59 --> 00:59:33

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you very much. Very comprehensive and insightful, especially with regards to the fact that our own backyard, as in healthcare professionals, we also need to take action. Dr. Nitsan. On to you, please. What can we say can be done to ensure that the Health Service providers are inclusive of persons with disabilities in the way that they are for persons who do not have disabilities?

### 00:59:33 --> 01:02:29

### Dr Nitsan Almog (Ono College):

Okay, so I think the report is great and very important, and countries now should break it down to actions and to legislation. I'd like to talk about 3 components. The first is accessibility; the second is attitudes, which was already mentioned; and the third is medical knowledge and practices. So the first, accessibility. The Israeli Equal Rights law divides between 2 different kinds of accessibility. The first is accessibility of buildings and environments, which I think most of us know, and the other is service accessibility. So we must have the sequence of accessibility from the arrival to the service, in the receipt of the service, the termination of the service, in a continuity principle. So people must know that their patient journey will be accessible from parking until they get out. And service accessibility relates to interpersonal communication, aspect of accessibility, and it's crucial. It also has to do with stigma. We know that stigma harms the life of persons with disabilities worldwide. And when doctors or other health care workforce, they hold bad attitudes toward people with disabilities, it harms their health. And we have a lot of examples for that in the report. And the third component is the lack of medical knowledge and practice, and I would like to tell a short story about a young woman I interviewed for a research we made in Israel, and she has muscular dystrophy. And she entered the hospital because he had a (inaudible '...demonia'), and then the doctor said to her: "You're like a turtle to us. We don't know how to treat turtles." And he said that because there is no special hospital for muscular dystrophy, and he he doesn't know what to do with her. And unfortunately this is a very ablistic approach, and we know that it happens a lot of time, so healthcare providers sometimes lack the knowledge needed to adapt the treatment for a medical condition. Most of the healthcare workers know how to deal with the average patient, but people with disabilities are different, and they have to know a lot about their medical issues and the impairments, and use the ICF guidelines. And right now it's not happening, so I think the lack of medical knowledge could be solved easily. It depends on us. We know that through better communication, better protocols, we can change this reality. And this will be a big change for everyone, especially for those who need this treatment to be accessible for their needs.

### 01:02:30 --> 01:02:52

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you, Dr. Nitsan. And lastly, just going to you, Dr. Esperanza. What does the Global Health report on equity persons with disabilities mean for how governments and humanitarian stakeholders respond to future health emergencies?

### 01:02:54 --> 01:07:57

### Dr Esperanza Martinez (International Committee of the Red Cross):

Thank you, Mame-Yaa, and thank you very much for this invitation. Allow me to start by saying that in times of crisis, not only health emergencies but overall crisis, persons with disabilities are at higher risk. And I want to use just 3 simple examples to illustrate this. Very often sirens are used to warm populations of danger, either in areas affected by armed conflict in the event of impending attack, or in areas affected by natural disasters, for example, a tsunami. If alternative means of warning are not in place, persons that are deaf are going to be at higher risk. And that is a reality we have today. Also, when we have massive displacement of population, either because of communities seeking shelter out of conflict, or because they are moving because of lack of food which is happening today in many parts of the world, persons with physical disabilities and their families are often left behind. So we need to be very mindful that that's a reality and be very inclusive in our program and humanitarian action, to make sure that the needs of persons with physical disabilities that are expanded in mass population movements are those needs attended for. And finally, we also need to remember the element of intellectual disability and and the situation of persons suffering from mental health services. When they are confronted with very highly and rapidly changing environments, and this is what happens in crisis situations, they are highly exposed not only to physical injury, but also to sexual violence. So there are elements that that are important to consider. Beyond these dire consequences, though, is also persons with disabilities are disproportionately affected by measures put in place to manage the crisis, or by measures put in place to reduce the impact of a health situation in an emergency. And, for example, they often lose access to meaningful health care, including mental health and psychosocial support services, or even to social services, and those who were existing before. So the report, I think, is important in the sense that it brings an element of enhancing the the notion that preparedness for health emergencies through effective preparedness, requires considering the needs and the requirements of persons with disabilities prior to the crisis, not as an afterthought. So I think that's important to emphasize. But we also, as we are discussing health equity, I think it's important to highlight that this is not only the responsibility of the Ministries of Health, even though it's a health equity. But when it comes to persons with disabilities, we really need to involve other ministries that are responsible for the well-being, the safety, and very often security of persons with disabilities, and also humanitarian actors in crisis situations. Humanitarian actors are often working hand in hand with governments, so they need to be part of this overall discussion. And one last aspect that I would like to highlight is what is being done. Because yes, when we look at the situation particularly from a humanitarian perspective, it's quite dire for the general population. So where the one in 6 figure that you, Darryl, communicated - it's very important to highlight that there are already actions under way. Not only WHO, but several UN agencies, governments as well within the Red Cross and the Red Cross movement, and within the ICRC, there are already visions and policies in place to try to ensure that humanitarian action is disability inclusive with a target, for example, for the ICRC by 2031. But it's not only the humanitarian action that we deliver, it's also us as humanitarian actors and ministries of health and governments, making sure that we have disability-inclusive working environments. And why is this so important? And I think it resonates with many of the messages today: because when you include the experiences and the capacities of person with disabilities, 3 things happen. The first one is located to the diverse volume of needs of the population, and we are all diverse. So the diversity angle is no longer a talk, but it's actually a reality. The second one is by including these experiences, we identify or are able to identify potentially discriminatory or harmful practices before they happen. So we identify gaps before they take place. And the last one is because by doing so, we truly become inclusive and accountable to the people we serve from the health sector, but also from the humanitarian sector. So I think those elements and the report really, really delves into these aspects of preparedness inclusive, and not only the preparation, but also the response when we have experiences and the voices of persons with disabilities. Thank you.

### 01:07:58 --> 01:08:22

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you, ladies, so much for your powerful interventions. Now before I hand over to Haben for her reflections, I want to just ask each of you, Fiona, Esperanza and Dr. Nitsan, just give us your thirty seconds of what you want us to take with us from this conversation today.

### 01:08:23 --> 01:09:54

### Dr Fiona Bull (WHO Physical Activity Unit):

Well, well, thank you. So in thirty seconds, my wish as a takeaway is that globally, both in the health but also those in key sectors - sport and exercise - recognise, realise, acknowledge that there is currently an uneven provision and access of opportunities to sports, community sports, and physical activity. Now, in acknowledging it, that's just the first step, because my second takeaway from this is the importance of the 3 principles that were introduced and are outlined in this report. We need to put people living with disabilities at the centre of sport and health policy, so that it's not a separate, it's not an add on or an after, it actually should be driving. And that's the only way we'll have a fully equitable and inclusive approach. I think the other 2 principles are highly valuable, and that is to engage the organizations of persons with disabilities, so that we initiate support and strengthen those programs that are already there, but are too often underfunded and under recognised. So we can build on those successful programs that exist providing opportunities already. But it's too few and too far apart. And lastly, we must address the data gaps. There are no data globally on the physical activity and participation in people with disabilities. No data. So we need to address that to inform what we do but hold account. Thank you.

### 01:09:55 --> 01:09:59

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you. Dr. Nitsan?

### 01:10:00 --> 01:11:05

### Dr Nitsan Almog (Ono College):

Well, health care services should be designed more inclusively combining principles of person-centered care and universal design. And one of the important things, I think, is the place of people with disabilities within the health care workforce. Right now, in Israel, there are just few people with disabilities and the slogan "Nothing about us without us" must be really, really taken into account. In this place, people with disabilities have specific knowledge, personal knowledge, experiential knowledge, and it should be taken into account when treating them. I hope that in the future more people with disabilities will join the health care workforce. But it really depends on many other barriers, also barriers to higher education and to the faculty of the health professionals; and I think that when the workforce will be more diverse, we will see a change in the health sector and everyone will benefit from this change.

### 01:11:07 --> 01:11:08

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Dr Esperanza?

### 01:11:09 --> 01:12:32

### Dr Esperanza Martinez (International Committee of the Red Cross):

Thank you. I think my take-away and my wish, it really builds on what has happened here today. We have Haben's example. We heard the beautiful song "I wait", a plea for voices and experiences. And all of us, that disability is not only a visible phenomenon, it is also an invisible one. And we don't know - many, many people that we coexist with and we work with really are living with a disability and we don't even notice because that's their ability to integrate those experiences. It should be a phenomenon that is normalized it. We shouldn't be advocating for inclusion of persons with disabilities because my wish, in the near future, is that it is no longer required. That actually it's part of - we cater and include persons with different abilities. And when we do that switch, then this ability as such will not be something that need to be allocated for. And when we look at crisis, it is really the notion that truly resilient systems, including in crisis situations, do cater for the needs of persons with different abilities and also include them in the design and the response. So that's a key element that we need to work towards. Thank you.

### 01:12:33 --> 01:12:53

### Mame-Yaa Bosomtwi (Moderator of the panel discussion):

Thank you. So nothing about us without us. Thank you so much, ladies. I'm going to turn over to Haben. And before you take over the moderating, I would like to hear from you, your reflections on what our 3 ladies have shared with us today from the conversation.

### 01:13:07 --> 01:14:28

### Haben Girma (Moderator):

Haben speaking. For the disability community, we often hear "that's very inspiring", or "wow, thank you for sharing, what a moving story". And nothing happens. And as a result, a lot of disabled people don't like being called inspiring, and don't like the word inspiring. Because we've experienced the lack of action associated with that word. What we mean most of all is for people to take action, especially in the health field. We need people taking action to remove health inequities and ableism that's plaguing our communities.

So the report offers a lot of steps, actions that can be taken, and we need everyone listening today to help do the work, to teach more people to be aware of the health inequities and take action to remove those inequities so more disabled people have greater access to health care.

Now we're going to get a music break. Gaelynn, can you share some music with us? The floor is yours.

### 01:14:51 --> 01:19:54

### Gaelynn Lea (Singer and musician):

Musical performance starts.

LYRICS:

Of all the money that e'er I spent

I spent it in good company

And all the trouble that e’re I caused

Alas it was to none but me

And all I've done for want of wit

To memory now I can't recall

So fill to me the parting glass

Good night and joy be with you all

So fill to me the parting glass

Good night and joy be with you all

Musical performance ends.

Thank you.

### 01:19:55 --> 01:20:34

### Haben Girma (Moderator):

It's Haben speaking. Thank you, Gaelynn. There are so many people who are learning today that there are different ways to access music and disabled people don't just engage as for music therapy, but also as artists. We are reaching our final speaker, and this is going to be Vladimir Cuk who is going to share with us and he's executive director of the International Disability Alliance.

Thank you, Vladimir. The floor is yours.

### 01:20:35 --> 01:28:19

### Dr Vladimir Cut (Executive director, International Disability Alliance):

Thank you very much. Thank you very much, Haben. And thank you for your moderation. Yes, ladies and gentlemen, thank you very much for having us here with you. It is our greatest pleasure. Just before I start with my closing remarks, I would like to recognize a dear friend of ours, Darryl Barrett, who was really leading this whole process of development of this report, which was a very good process, very, very participatory process, and the results are primarily thanks to him and his commitment to the work and partnership. So thank you, Darryl for your work.

... That was not agreed that I would say! Thank you very much. International Disability Alliance had extremely large expectations from this report, and all of those expectations have been very much met. This marks a landmark moment in the history of international health policy and standards for persons with disabilities. The framing of the report, which is very important, focusing on equity, participation, and inclusion, is a very important departure from the history that we know thus far. And this is what we most recognize, and where we are hoping to see the change the most. We all know that the right to health is very fundamental. Without accessing health, persons with disabilities cannot enjoy many other rights, such as education, employment, and political participation.

However, it was interesting to see that from disability rights movement, we did not prioritize so much the right to health over the history. It was only with the COVID-19 pandemic, that really it became obvious with the extreme discrimination that we observed and really violent behavior of the health system towards persons with disabilities, that simply we need to recognize that health and health sector is very, very important.

And we saw that from many surveys and many prioritization of the disability rights movement that now health is really taking the top priority. For example, at the last Global Disability Summit, we saw that health was number one priority defined by disability rights movement, which was held in in 2022 in a contrast to the first global disability Summit four years before that, where where health was not really mentioned very well. So this is a really a big difference.

With this report, now we have even bigger hopes that the health sector will become more disability-inclusive in every single country of the world. We are standing committed to very much sustained advocacy which will be important to really implement this report. We hope that this report will be used everywhere. Now we have a clear roadmap for the solution of how to include persons with disabilities, with 40 recommendations and 3 core principles, and the definition of the key stakeholders responsible for implementation.

We believe that this report, and we hope that this report will not stay on the shelves of Health Departments, but will be used actually actively. Specifically, we heard a very good presentation on the 3 core principles of the report, and I would just address those 3 again because they are very important. And these are the 3 things that governments can start doing today. For putting health equity at the center of the health sector, we need to adopt a human rights approach to health. And I think this will require a significant change in the mindset of the health sector. We heard many very difficult examples from the previous speakers about discrimination that people with disabilities face when they're trying to access health care services. I have many of those, but I will not bother you with them now. So we definitely need to see significant change in the mindset. We definitely welcome the second principle which focus on working with the persons with disabilities, and to basically including organizations of persons with disabilities and persons with disabilities in a strategic decision making. This goes from the design, planning, development and delivering of health services. Finally, the third principle, and also monitoring of the health sector impact on persons with disabilities will be very important, because then we can continuously receive feedback and learn what works and what doesn't work for persons with disabilities.

With this report, and with the changes that we are slowly recognizing over the time, we are hopeful that the future of inclusive health sector can be bright. And with this, I would like to announce also that we will be working with WHO on development and implementation of the toolkit on disability, a guide for action, which will be critical to that and will be giving even more details to the governments on how they can provide more inclusive health services.

Finally, based on everything that we heard today, we are convinced that there are no more excuses as we heard before, from governments and from health actors, not to implement this report. We are standing ready to work with you to make this reality. Thank you very much.

And yes, thank you. With this it is my, it is my greatest pleasure to close this event. And just to kindly remind you, there will be a follow up reception in the cafeteria upstairs. Right, Darryl? Yes! Thank you very much.