

TECHNICAL BRIEF

Addressing health inequities faced by persons with disabilities to advance universal health coverage

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Disability results from the interaction between health conditions, such as dementia, blindness or spinal cord injury, and environmental and personal factors. An estimated 16% of the global population, or 1.3 billion people, have a significant disability. Persons with disabilities face health inequities caused by unfair conditions relating to socioeconomic and political contexts, social determinants of health, risk factors and health system barriers.

To effectively advance universal health coverage (UHC), health inequities experienced by persons with disabilities must be addressed. Persons with disabilities and their representative organizations should be involved in health sector decision making, and UHC monitoring systems should collect and analyse disability-disaggregated data to track coverage and outcomes of interventions.

Key messages

- Persons with disabilities experience health inequities. Many are likely to die 20 years earlier than others, have poorer health (with double the risk of conditions such as diabetes, stroke or depression), and experience more limitations on their everyday functioning.
- Gaps in service availability, including for primary care and specialized services, in different contexts and locations, can disproportionately affect persons with disabilities.
- Coverage of many public health interventions is significantly lower among persons with disabilities compared to the general population.
- Persons with disabilities experience higher health care costs due to greater health care needs, gaps in health insurance and social protection coverage, and added associated costs (e.g. for transportation, support persons and assistance).
- Higher costs result in unmet needs for health services; reduced access to timely care and support; interrupted treatment; inability to pay for necessary assistive devices or delayed repairs; and stress and increased reliance on support from family members.
- New economic modelling shows that investing in UHC for persons with disabilities delivers economic dividends, as there could be a US\$ 10 return for every US\$ 1 spent on disability-inclusive prevention and care for noncommunicable diseases.
- Member States' commitment to UHC for persons with disabilities is evident through the adoption of the World Health Assembly (74.8) resolution on "The highest attainable standard of health for persons with disabilities" (2021).
- The United Nations Political Declaration of the High-level Meeting on UHC also calls for states to remove "physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion, noting that persons with disabilities...continue to experience unmet health needs".

Background and challenges

There is an urgent need to address health inequities faced by 1.3 billion persons with disabilities around the world: countries cannot meet their global health priorities if one in six people are left behind. Health equity for persons with disabilities should therefore be a priority for the health sector.

Many differences in health outcomes between persons with and without disabilities cannot be explained by an underlying health condition or impairment. Instead, these differences are associated with unjust or unfair factors that are avoidable. Countries are legally obliged to address these factors and existing health inequities, so that persons with disabilities can enjoy a highest attainable standard of health.

Addressing health equity for persons with disabilities can help achieve global health priorities for three reasons: first, because health equity is inherent to progressing UHC; second, because improving the health and well-being of populations can be achieved more rapidly through cross-sectoral public health interventions that are inclusive and are provided in an equitable manner; and third, because advancing health equity for persons with disabilities is a central component in all efforts to protect populations in health emergencies.

Everyone can benefit when health inequities for persons with disabilities are addressed. For example, older persons, people with noncommunicable diseases, migrants and refugees, or other frequently unreached populations or marginalized groups, can benefit from approaches that target persistent barriers to disability inclusion in the health sector. Advancing health equity also contributes towards persons with disabilities participating more widely in society – because good health and well-being can enable every person to build an engaged and meaningful life.

Key actions and policy recommendations

- Action on health inequities for persons with disabilities must be aligned with primary health care approaches, as part of the strengthening of health systems to advance UHC – as recommended in the *World Health Organization (WHO) Global Report on Health Equity for Persons with Disabilities*.
- Health ministries and partners should address health equity for persons with disabilities, depending on national context and resource levels, by adopting the 10 strategic entry points and 40 targeted actions outlined in the *WHO Global Report on Health Equity for Persons with Disabilities*.
- Health financing for UHC should adopt progressive universalism as a central principle, by putting first the rights and needs of the most disadvantaged groups in the population, such as persons with disabilities.

- When developing packages of care, policy makers should consider services for specific impairments and health conditions that underly disability, such as spinal cord injuries or dementia, as well as costs for transport and assistance to reach health services.
- Persons with disabilities and their representative organizations must be engaged in health sector processes, especially when deciding on packages of care for UHC.
- Indicators for disability inclusion must be integrated into the monitoring and evaluation frameworks of national health systems. Example indicators to track UHC outcomes for persons with disabilities, and impact on health equities, are provided in the *WHO Global Report on Health Equity for Persons with Disabilities*.

References and resources

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