

Justification: to support the inclusion of a disability perspective in the Health Sector



From a statistical, legal, political perspective

Persons with disabilities have the same right to quality basic healthcare as everyone else. However, this is often denied due to physically inaccessible or remote health centers and many health workers without appropriate training for treating persons with disabilities. In addition, healthcare information is usually not adapted to the needs of persons with disabilities¹. Barriers are therefore physical, financial and technical, but also attitudinal. Purely because persons with disabilities are considered less valuable than others they may be denied access to healthcare. Women and girls with disabilities belong to the groups that are most affected from lack of adequate healthcare.²

As persons with disabilities are represented in every target group equitable health service delivery can only be achieved by taking their rights into account.

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| <p>Statistical</p> | <p>Of the more than 600 million persons estimated to be living with disabilities worldwide, approximately 80% live in Developing Countries and 82% live below the poverty line³. The World Bank estimates that individuals with disabilities now comprise about 20% of the poorest of the poor⁴.</p> <p>Worldwide, rehabilitation services reach only 3% of those who could benefit and those services that do exist are often inaccessible or unavailable to women and girls with disabilities.⁵</p> |
| <p>Legal</p> | <p>According to Article 25 of the recently adopted UN Convention on the Rights of Persons with Disabilities⁶, (UNCRPD) all individuals living with disabilities have the right to the enjoyment of the same range of free or affordable healthcare and programmes as provided for any other person. Article 25 also calls on States Parties to provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and detection where appropriate. Particular attention has been drawn to the right to accessible health services, in terms of both physical proximity and ease of access for persons with disabilities. Article 26 of the UNCRPD calls on States Parties to take effective action to ensure appropriate rehabilitation (and habilitation) measures, to ensure that persons</p> |

¹ EC: EC Guidance note on disability and Development 2004.

http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf

² Groce, N.: Women with disabilities in the developing world. 1997. in Journal of Disability Policy Studies. Rousso, 2000

³ Hope, T.: 'Disabilities : Aid groups call for a UN Convention to protect rights. UNWire. 2003

⁴ Elwan, A.: Poverty and Disability : a survey of literature. World Bank. 1999

⁵ Groce. 1997 (op.cit.)

⁶ UN Convention on the Rights of Persons with Disabilities,

<http://www.un.org/disabilities/default.asp?id=259>

⁷ <http://europa.eu/scadplus/leg/en/lvb/l14173.htm>

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| | <p>with disabilities are empowered to take part in all aspects of life, including the provision of assistive technologies. Article 20 covers the right to personal mobility, which includes facilitating access for persons with disabilities to quality mobility aids and devices at affordable costs. Therefore, health-related rehabilitation is the responsibility of States Parties.</p> <p>The Development Cooperation Instrument (DCI) (18.12.2006)</p> <p>The DCI calls for involvement of all sections of society including people with disabilities and requires EC financial support for measures which increase the access to and provision of health services for persons with disabilities⁷.</p> |
| <p>Political</p> | <p>The EC Guidance Note on Disability and Development highlights the importance of ensuring access to health services for persons with disabilities, with an emphasis on the rights of women and girls.</p> <p>Investing in People – Strategy Paper for the Thematic Programme 2007 – 2013</p> <p>Disability is considered a cross-cutting issue in four main areas: good health for all, education, knowledge and skills, and gender equality.</p> <p>The Joint EU Africa Strategy; Strategic Partnership for the MDGs⁸ (Action plan 2008-2009) This strategy was signed by EU and African Heads of State in December 2007 and the first set of action plans are to be implemented in 2008-2009. The Action Plan on the MDGs has specific objectives on achieving access to education and access to healthcare and rehabilitation for persons with disabilities.</p> <p>This Action plan also includes the expected outcome: 'Equal access to healthcare and rehabilitation services for persons with disabilities'</p> <p>The World Health Assembly Resolution WHA58.23 Disability, including prevention, management and rehabilitation⁹ urged all UN member states to facilitate access to healthcare and rehabilitation for persons with disabilities.</p> |

⁸ The Africa-EU Strategic Partnership, 2007. http://www.eu2007.pt/NR/rdonlyres/D449546C-BF42-4CB3-B566-407591845C43/0/071206jsapenlogos_formatado.pdf

⁹ WHO: WHO World Health Assembly Resolution WHA58.23 Disability, including prevention, management and rehabilitation. http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_23-en.pdf