

WHO global disability action plan 2014-2021

“Better health for all people with disability”

Frequently Asked Questions

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

15% of the world population or 1 billion people live with some form of disability. Of these, some 110 to 190 million adults encounter very significant difficulties in their daily lives. The prevalence of disability is growing due to population ageing and the global increase in non-communicable conditions including NCD's, road traffic injuries and mental health problems. Disability disproportionately affects vulnerable populations. Disability is more common among women, older people and households that are poor. Lower income countries have a higher prevalence of disability than higher-income countries.

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

Improved access to health care for people with disabilities is not only a human right, but also a critical enabling factor to achieving aspirations including education, employment, caring for and participating in family, community and public life. Good health will lead to better overall socioeconomic outcomes for people with disabilities and achievement of broader global development goals.

2. Why was a disability action plan developed?

The development of action plans within WHO are usually in direct response to requests by Member States via resolutions adopted by the May 2013 World Health Assembly. The *WHO global disability action plan 2014-2021* was developed in response to the World Health Assembly resolution on disability (WHA66.9) http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R9-en.pdf. In addition to other requirements this resolution specifically requests the WHO Director-General to develop an action plan based on the WHO and World Bank *World report on disability* and in line with both the Convention on the Rights of Persons with Disabilities (CRPD) and the outcomes report of the High-level Meeting of the United Nations General Assembly on Disability and Development (HLMD).

3. Broadly, what is the WHO global disability action plan 2014-2021 expected to do?

The overall goal of implementation of the action plan is to achieve health, well-being and human rights for people with disabilities. It builds on the World Health Assembly resolution on disability which urges Member States to implement the CRPD; work towards the inclusion of all people with disabilities in mainstream health services; promote rehabilitation services across the life course and

for a range of different health conditions; promote and strengthen integrated community-based support and services; and establish and strengthen a monitoring and evaluation system with the goal of gathering appropriate disaggregated data, as well as other information on disability. The action plan provides clear objectives and actions for Member States, the WHO Secretariat and international and national partners. The 3 objectives of the action plan are:

1. To remove barriers and improve access to health services and programmes
2. To strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.
3. To strengthen collection of relevant and internationally comparable data on disability, and support research on disability and related services.

It also proposes key success indicators that can be used to evaluate progress on the implementation and the impact of the action plan. Ultimately, if successful, implementation of the action plan should result in improved health outcomes for people with disabilities.

4. Who is the Global disability action plan 2014-2021 for?

The action plan was developed for WHO Member States (of which there are 194) and more specifically their Ministries of Health. However the action plan recognizes that both health and disability are complex, dynamic and multidimensional issues, and that these issues cannot be comprehensively addressed without support and assistance from a wide range of other sectors such as education, employment and social welfare, and stakeholders including development organizations, service providers, academic institutions, disabled people's organizations, communities, and people with disabilities and their families.

5. How was the WHO global disability action plan 2014-2021 developed?

A zero draft of the action plan was prepared soon after the May 2013 World Health Assembly in consultation with a range of stakeholders to ensure diverse perspectives were reflected. These stakeholders included: Member States, WHO and other United Nations organizations, and international and national partners such as development agencies, civil society organizations, and professional associations. The zero draft was shared with representatives from key Disabled Peoples Organizations, civil society and United Nations agencies during the 6th Conference of States Parties to the CRPD in July 2013. The revised draft action plan was then reviewed through online, regional and targeted consultations, including with members of the CRPD committee, and was finalized and submitted to the WHO Executive Board for discussion at its 134th session in January 2014. It was then considered and approved by Member States at the 67th World Health Assembly in May 2014.

6. How does the WHO global disability action plan 2014-2021 relate to other WHO work?

WHO in partnership with the World Bank published the *World report on disability* in 2011. The report currently provides the best evidence available on disability, including evidence on what works to overcome barriers faced by people with disabilities, and provides recommendations for action at the local, national and international levels. The World Health Assembly resolution on disability (WHA66.9) has endorsed these recommendations and the subsequent action plan provides guidance

towards their implementation. WHO promotes an integrated and holistic approach to disability and therefore the action plan complements and supports the implementation of a range of other WHO plans and strategies. The action plan recognizes that disability is associated with a wide range of health conditions and impairments and therefore is aligned with plans such as the WHO *Mental health action plan 2013-2020* (http://www.who.int/mental_health/action_plan_2013/en/), the WHO *Universal eye health: a global action plan 2014-2019* (<http://www.who.int/blindness/actionplan/en/>) and the WHO *Global action plan for the prevention and control of NCDs 2013-2020* (http://www.who.int/nmh/events/ncd_action_plan/en/). As an organization WHO has also made significant progress mainstreaming disability in other areas of its technical work such as ageing, emergency risk management, maternal and child health, and sexual and reproductive health.

7. How does the WHO global disability action plan 2014-2021 link to the CRPD?

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

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

The action plan outlines measures to assist Member States to align their national health and rehabilitation policies and plans with the CRPD.

8. How does the WHO global disability action plan 2014-2021 link to the United Nations High Level Meeting on Disability?

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

9. The HLMD resulted in a concise, action-oriented Outcome Document (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/68/L.1) in support of the aims of the CRPD and the realization of the Millennium Development Goals and other internationally agreed

development goals. The Outcome Document of HLMD emphasizes the concern that commitments to ensure that realization of internationally agreed development goals, including the Millennium Development Goals, for people with disabilities have not been met, and they underline the need for urgent action by all relevant stakeholders towards more ambitious disability inclusive development strategies. The *WHO global disability action plan 2014-2021* provides the framework to guide WHO and Member States in scaling up efforts to ensure better access to health care and better health outcomes for people with disabilities.

10. What is the approach to prevention in the *WHO global disability action plan 2014-2021*?

The approach to prevention in the action plan is consistent with the CRPD and the *World report on disability*. While primary prevention of health conditions associated with disability is a public health issue and addressed in many aspects of WHO's work, it is not within the scope of this action plan. The focus of this action plan is on improved health and well-being for people with disabilities.

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

Selected concepts and terminology included in the *WHO global disability action plan 2014-*

2021 Universal health coverage: The goal of universal health coverage is to ensure that all people obtain the health services (promotive, preventive, curative, rehabilitative and palliative) that they need without suffering financial hardship when paying for them. Universal health coverage is based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma-Ata Declaration in 1978. Equity is paramount. As elaborated below, all people with disabilities have a right to access those health services that are available to the general population. This may require specific reforms and actions across the health system in areas such as leadership and governance, financing, service delivery, human resources and information systems.
http://www.who.int/universal_health_coverage/en/

- **Disability inclusive health** – The CRPD highlights that people with disabilities have the same rights as the general population to participate and be included in all aspects of their communities, which includes access to services such as health care. Disability inclusive health refers to the process of including people with disabilities in those health care services that are available to the general population. Many people presume that people with disabilities have specific health needs related to their disability and therefore require “specialist health services”. While this may be true for some people with disabilities, it should be recognized that all people with disabilities have general health care needs. For example, people with disabilities need screening for chronic health conditions and immunizations, and therefore require access to “mainstream” health services. In order for health care services to become inclusive of people with disabilities, changes may be required at the level of the health system, health service or individual health provider. This might include, for example, changes in legislation and policies;

implementation of reasonable accommodations, and education of health workers to change attitudes towards people with disability.

- **Community-based rehabilitation (CBR):** CBR is a major focus of the disability programme within WHO. CBR has expanded and evolved in focus and is now defined as a broad development strategy that empowers people with disability to access and benefit from education, employment, health and social services. The draft action plan aims to provide a comprehensive and consolidated strategy for improving the health and well-being of people with disability and therefore it focuses on the rehabilitative aspects of CBR. The action plan does, however, recognize that disability is a multisectoral issue and therefore a comprehensive and coordinated response involving multiple sectors and partners is required. Implementation of the action plan in individual Member States should always be informed by a situational analysis taking into account factors such as the prevalence of disability, need for services, and effectiveness and gaps in current services.
- **Assistive technology and assistive devices:** The terms ‘assistive technology’ and ‘assistive devices’ are often used interchangeably. Assistive technology is an umbrella term referring to both assistive devices and its related service provision. An assistive device can be defined as “any item, piece of equipment, or product, whether it is acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities”. Common examples of assistive devices include eye glasses, magnifying glasses, hearing aids, augmentative and alternative communications devices, sticks or canes, crutches, walking frames, walkers, wheelchairs (manual and powered), seating and positioning systems, tricycles, scooters, orthoses such as callipers, braces and splints, and prostheses such as artificial legs. Assistive technology also includes accessible/assistive information and communication technology such as screen readers, special computers or mobile phones.
WHO, as articulated in the *World report on disability*, sees assistive technology as an integral part of rehabilitation that also includes rehabilitation medicine and therapy. The action plan aims to provide a comprehensive and consolidated strategy for improving the health and well-being of people with disability and therefore all actions related to rehabilitation are grouped together.

Further explanations of health and rehabilitation terms and concepts can be found in the glossary of the *World report on disability*,

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