

# **Disability**

## **Report by the Secretariat**

1. Disability is neither purely a biological nor a social construct but the result of interactions between health conditions and environmental and personal factors (WHO, 2001)<sup>1</sup>. Disability can occur at three levels: an impairment in body function or structure; a limitation in activity, such as the inability to read or move around; a restriction in participation, such as exclusion from school or work. As such, people with disabilities include those who are traditionally understood as disabled (for example wheelchair users, people who are blind or deaf or people with intellectual impairments), and people who experience difficulties in functioning due to a wide range of health conditions such as chronic diseases, severe mental disorders, multiple sclerosis and old age.

2. There are more than 1000 million people with disabilities in the world, of whom between 110 million and 190 million experience significant difficulties. The total corresponds to about 15% of the world's population and is higher than WHO's previous estimates, which date from the 1970s and suggested a figure of around 10%. Furthermore, the prevalence of disability is growing because of ageing populations and the global increase in chronic health conditions. National patterns of disability are influenced by trends in health conditions and environmental and other factors – such as road traffic crashes, natural disasters, conflict, diet and substance abuse. Disability disproportionately affects vulnerable populations, in particular, women, older people and people that are poor. Low-income countries have a higher prevalence of disability than high-income countries.

3. People with disabilities face widespread barriers in accessing services, such as those for health care (including rehabilitation), education, transport and employment. These barriers include inadequate policies and standards, negative attitudes, lack of service provision, inadequate funding, lack of accessibility, inappropriate technologies and formats for information and communication, and lack of participation in decisions that directly affect their lives.

### **HEALTH AND SOCIOECONOMIC OUTCOMES**

4. Across the world people with disabilities have worse health and socioeconomic outcomes, as outlined below.

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<sup>1</sup> *The International Classification of Functioning, Disability and Health*. Geneva, World Health Organization, 2001.

5. **Poorer health than the general population.** Depending on the group and the setting, people with disabilities may experience greater vulnerability to preventable secondary conditions, co-morbidities and age-related conditions. Some studies have also shown that they exhibit higher rates of risky behaviours such as smoking, poor dietary practices and habits, and physical inactivity. People with disabilities also have a higher risk of being exposed to violence. Analysis of the WHO's World Health Survey reveals that half of all disabled people cannot afford health care in contrast to a third of non-disabled people.<sup>1</sup> People with disabilities are more than twice as likely to report finding that health-care providers' skills are inadequate to meet their needs. They are three times more likely to report being denied the health care they need and four times more likely to report being treated badly. There are extensive unmet needs for rehabilitation services. For example, data from four southern African countries found that only 26% to 55% of people received the medical rehabilitation they needed; 17% to 37% received the assistive devices they needed; and 5% to 24% received the welfare services they needed. These unmet service needs (including the provision of assistive devices) can result in poor outcomes for people with disabilities, including deterioration in general health status, problems in executing tasks or actions, difficulties in participating in normal activities, longer stays in and repeated admissions to hospital, and reduced quality of life.

6. **Higher rates of poverty than people without disabilities.** On average, people with disabilities and households with a disabled member experience higher rates of deprivation – including food insecurity, poor housing, lack of access to safe drinking-water and basic sanitation, and inadequate access to health care – and have fewer assets than people without disabilities and households without a disabled member. People with disabilities may face extra indirect and direct costs, for example for personal support or for medical care or assistive devices. Because of these higher costs, people with disabilities and their households are likely to be poorer than non-disabled people with similar income. Disabled people in low-income countries are 50% more likely to experience catastrophic health expenditure than non-disabled people.

7. **Low educational achievement.** Children with disabilities are less likely to start school than their peers without disabilities, and have lower rates of staying in schools. Gaps in completing education are found across all age groups in both low-income and high-income countries, with the pattern being more pronounced in poorer countries.

8. **Reduced economic participation.** People with disabilities are more likely to be unemployed and generally earn less even when they are employed. A recent study from the Organisation for Economic Co-operation and Development showed that, on average, their employment rate (44%) was slightly more than half the rate for persons without disability (75%).<sup>2</sup>

9. **Increased dependency and restricted participation.** Reliance on institutional solutions, lack of community living and inadequate services leave people with disabilities isolated and dependent on others. Living in residential institutions is reported to be responsible for people with disabilities lacking autonomy, being segregated from the wider community, and at greater risk of violence, abuse and other human rights violations. Generally, most support for people with disabilities comes from family members or social networks, but exclusive reliance on informal support can have adverse consequences for the carers, including stress, isolation and lost socioeconomic opportunities. These difficulties increase as family members age.

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<sup>1</sup> World Health Organization and World Bank, *World report on disability*. Geneva, World Health Organization, 2011. For further information on the World Health Survey see Technical appendix C and <http://www.who.int/healthinfo/survey/en/> (accessed 19 November 2012).

<sup>2</sup> *Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries*. Paris, Organisation for Economic Co-operation and Development, 2010.

## RESPONSES AND RECOMMENDATIONS

10. The Convention on the Rights of Persons with Disabilities, which was adopted in 2006 and came into force in May 2008, has been signed by 154 countries or regional integration organizations and been ratified by 126, establishes disability as a human rights and development issue. It also calls upon States Parties to the Convention to treat disability not as a supplementary issue but as an integral part of their work.

11. The *World report on disability*, published in 2011 by WHO and the World Bank has subsequently been translated into several languages including all the official United Nations languages and issued in a broad range of alternative formats.<sup>1</sup> It shows that many of the barriers people with disabilities face are avoidable and that the disadvantage associated with disability can be overcome. The report recommends that governments and their development partners cover the following areas.

12. **Enable access to all mainstream policies, systems and services intended for the general public.** People with disabilities need better access to free and affordable health care at all levels of the health-care system (with a specific focus on primary and community health), broader health insurance coverage, appropriately trained health-care workers, and the empowerment of people with disabilities to manage their health needs better. Measures to promote the health of people with disabilities and their inclusion in society through general care (such as immunization, reproductive and maternal health services, advice on physical activity and diet, screening for cancer and other conditions) and specialized health care are as important as measures to prevent people developing health conditions associated with disability. Mainstreaming not only fulfils the human rights of persons with disabilities, it is also more cost-effective.

13. **Invest in specific programmes and services for people with disabilities.** Some people with disabilities require access to specific measures, such as rehabilitation and support services, which can improve functioning and independence and foster participation in society. They also need integrated and decentralized rehabilitation services, and improved provision of assistive technologies, for example wheelchairs, hearing aids, low vision devices, and related services. Rehabilitation workers need to be trained in order to ensure a sufficient supply of personnel who can enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society. Investment should be made in a range of well-regulated and responsive support services such as respite care, personal assistants, sign-language provision among others that can ensure dignity and well-being for people with disabilities and their families.

14. **Adopt a national disability strategy and plan of action.** Such strategies should set out a comprehensive long-term vision that covers both mainstream programme areas and specific services for people with disabilities and will help improve coordination between sectors and services.

15. **Provision of adequate and sustainable funding and improved affordability.** Adequate and sustainable funding of publicly provided services outlined in the strategy and plan of action is needed in order to remove barriers to access and ensure that good quality services are provided.

16. **Improve data collection.** Data (as well as definitions and methods) need to be standardized and internationally comparable in order to facilitate benchmarking and monitoring of progress on disability policies. At the national level, disability questions – or a disability module – should be included in existing surveys. Dedicated surveys related to disability can also be carried out in order to gain more comprehensive information.

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<sup>1</sup> World Health Organization and World Bank. *World report on disability*. Geneva, World Health Organization, 2011.

17. The other recommendations focus on **increasing public awareness and understanding of disability, supporting and strengthening further research, improving human resource capacity (including training of health professionals), and consulting and involving people with disabilities** in the design and implementation of these efforts.

## ACTIVITIES OF THE SECRETARIAT

18. In April 2008, the Director-General established a Task Force on Disability, with representation from all clusters and regional offices. The Task Force has made significant progress, in both raising awareness of disability as a cross-cutting issue in technical work (for example, sexual and reproductive health, and emergency risk management) and removing barriers, be they physical, lack of information or reasonable accommodation<sup>1</sup> or policies, to the participation of people with disabilities in WHO's work.

19. Since the launch of the *World report on disability*, the Secretariat has provided support for 46 national policy dialogues and events. It has also jointly published guidelines on the provision of wheelchair services<sup>2</sup> and, in partnership with UNESCO, ILO and the International Disability and Development Consortium, guidelines on community-based rehabilitation,<sup>3</sup> which contribute to promoting and strengthening community-based rehabilitation programmes that empower all persons with disabilities to have access to and benefit from education, employment, health and social services. It has issued practical information and tools for assessing and improving the quality of care and human rights in mental health and social care facilities,<sup>4</sup> and, in partnership with UNICEF, a discussion paper on early childhood development and disability.<sup>5</sup> The Secretariat is in the process of writing guidelines on rehabilitation.

20. At the country level the Secretariat is providing support on disability to Member States requesting guidance in the areas of policy development and strategic planning, capacity-building and technical assistance, in particular in order to improve data, make health system strengthening inclusive, strengthen rehabilitation services (including provision of assistive technology), extend services (for example, for people with mental health conditions), and expand community-based rehabilitation.

21. In line with the *Guidelines on the provision of manual wheelchairs in less resourced settings*, the Secretariat has created basic and intermediary training modules. Under development are a human rights-based curriculum on disability for health and rehabilitation personnel, a training package on community-based rehabilitation for programme managers, and guidance on training human resources for rehabilitation.

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<sup>1</sup> "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. Source: Article 2 *Definitions*, Convention on the Rights of Persons with Disabilities, United Nations, 2006.

<sup>2</sup> WHO, ISPO and USAID, *Guidelines on the provision of manual wheelchairs in less resourced settings*, Geneva, World Health Organization, 2008.

<sup>3</sup> WHO, UNESCO, ILO, International Disability and Development Consortium. *Community-based rehabilitation: CBR guidelines*. Geneva, World Health Organization, 2010.

<sup>4</sup> WHO *QualityRights tool kit: assessing and improving quality and human rights in mental health and social care facilities*. Geneva, World Health Organization, 2012.

<sup>5</sup> WHO, UNICEF. *Early childhood development and disability: discussion paper*. Geneva, World Health Organization, 2012.

22. In response to the urgent need to improve the collection, analysis, synthesis and dissemination of data on disability in a manner that is accurate and comparable across different settings, countries and populations, the Secretariat in partnership with the World Bank is working on a model disability survey, which builds on existing initiatives and will result in a standardized survey instrument. The Secretariat has also published an atlas on the resources available globally to prevent and treat mental health conditions and to help protect the human rights of people living with these conditions.<sup>1</sup>

23. Recognizing that disability is a cross-cutting issue involving all sectors and diverse actors, the Secretariat works with a broad range of partners across all its areas of work. For example, it leads the development of community-based rehabilitation, by building capacity and fostering networks on a regional and global basis.

## **HIGH LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY**

24. The United Nations General Assembly has called for the mainstreaming of disability in the development agenda in several resolutions.<sup>2</sup> In resolution 66/124 on the High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities it decided to convene a one-day meeting, at the level of Heads of State and Government, on 23 September 2013 on the theme “The way forward: a disability-inclusive development agenda towards 2015 and beyond”.

## **ACTION BY THE EXECUTIVE BOARD**

25. The Board is invited to consider the following draft resolution.

The Executive Board,

Having considered the report on disability,<sup>3</sup>

RECOMMENDS to the Sixty-sixth World Health Assembly the adoption of the following resolution:

The Sixty-sixth World Health Assembly,

PP1 Having considered the report on disability;

PP2 Recalling resolution WHA58.23 on disability, including prevention, management and rehabilitation;

PP3 Recalling the Convention on the Rights of Persons with Disabilities, signed by 154 countries and regional integration organizations and now ratified by 126, which highlights that disability is both a human rights issue and a development issue and requires that international development programmes are inclusive of and accessible to persons with disabilities;

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<sup>1</sup> WHO. *Mental health atlas 2011*. Geneva, World Health Organization, 2011.

<sup>2</sup> Resolutions 66/288, 66/229, 66/124, 65/186 and 64/131.

<sup>3</sup> Document EB132/10.

PP4 Recalling United Nations General Assembly resolutions calling for the mainstreaming of disability in the development agenda (64/131 on realizing the Millennium Development Goals for persons with disabilities, 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, and 66/229 on Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto); resolution 66/288 endorsing the outcome document of the United Nations Conference on Sustainable Development; and resolution 66/124 deciding to convene a High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities;

PP5 Welcoming the first *World report on disability*,<sup>1</sup> which is based on the best available scientific evidence and which shows that many of the barriers people with disabilities face are avoidable and that the disadvantage associated with disability can be overcome;

PP6 Noting that an estimated 1000 million people live with disabilities and that this number is set to increase as populations age, the prevalence of chronic health conditions rises and in response to trends in environmental and other factors; that disability disproportionately affects vulnerable populations, notably women, older people and poor people, and that low-income countries have a higher prevalence of disability than high-income countries; and that people with disabilities, particularly those in developing countries, experience poorer health than people without disabilities, higher rates of poverty, lower rates of educational participation and employment, increased dependency and restricted participation and higher rates of violence and abuse than non-disabled people;

PP7 Recognizing that people with disabilities have the same need for general health care as non-disabled people, yet have been shown to receive poorer treatment from health care systems than non-disabled people;

PP8 Also recognizing the extensive unmet needs for rehabilitation services, which are vital to enable many people with a broad range of disabilities to participate in education, the labour market, and civic life, and further that measures to promote the health of people with disabilities and their inclusion in society through general and specialised health care are as important as measures to prevent people developing health conditions associated with disability;

PP9 Acknowledging that mainstreaming disability in development is the most efficient and cost-effective way of meeting the needs of people with disabilities;

PP10 Welcoming the work of WHO's Task Force on Disability to raise awareness of disability as a cross-cutting issue in WHO's technical work, and in removing physical, information and policy barriers to the participation of people with disabilities in WHO's work,

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<sup>1</sup> World Health Organization and World Bank. *World report on disability*. Geneva, World Health Organization, 2011.

1. ENDORSES the recommendations of the *World report on disability*, which offer strategies for the implementation of the Convention on the Rights of Persons with Disabilities;
2. URGES Member States:
  - (1) to implement the Convention on the Rights of Persons with Disabilities;
  - (2) to develop plans of action, with full participation of people with disabilities and their representative organizations, so that different sectors and different actors can coordinate effectively to remove barriers and enable people with disabilities to enjoy their human rights;
  - (3) to gather appropriate data on disability, including prevalence, needs and unmet needs, direct and indirect costs, barriers and quality of life, using the International Classification of Functioning, Disability and Health to ensure that data are nationally relevant and internationally comparable;
  - (4) to ensure that all mainstream health services are inclusive of people with disabilities, an action that will necessitate, inter alia, adequate financing, comprehensive insurance coverage, accessible health-care facilities, services and information, and training of health-care professionals to respect the human rights of people with disabilities and to communicate with them effectively;
  - (5) to promote rehabilitation across the life-course and for a wide range of health conditions through: early intervention; integrated and decentralized rehabilitation services; improved provision of wheelchairs, hearing aids, low vision devices and other assistive technologies; and training to ensure a sufficient supply of rehabilitation professionals to enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society;
  - (6) to promote and strengthen community-based rehabilitation programmes as a multisectoral strategy that empowers all persons with disabilities to access and benefit from education, employment, health and social services;
3. REQUESTS the Director-General:
  - (1) to provide support to Member States in implementing the recommendations of the *World report on disability*;
  - (2) to provide support to Member States in the implementation of the Convention on the Rights of Persons with Disabilities, in particular Articles 19 (Living independently and be included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation) and 31 (Statistics and data collection) across the global health agenda;
  - (3) to ensure that the health needs of children and adults with disabilities are included in WHO's technical work on, inter alia, child and adolescent health, reproductive and maternal health, long-term care for older people, care and treatment of noncommunicable conditions, work on HIV/AIDS and other communicable diseases, emergency risk management, and health systems strengthening;

(4) to ensure that WHO itself is inclusive of people with disabilities, whether they be visitors, collaborators or employees, by continuing to create accessible premises and information, providing reasonable accommodation, and by ensuring that people with disabilities and their representative organizations are consulted wherever necessary and appropriate;

(5) to support and participate in the High-level Meeting of the United Nations General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities, and efforts to include disability in the post 2015 development agenda by drawing attention to disability data, and health and rehabilitation needs and related responses;

(6) to report on progress in implementing this resolution through the Executive Board to the Sixty-eighth World Health Assembly.

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