Making the case for a disability-inclusive UHC

29 September 2020

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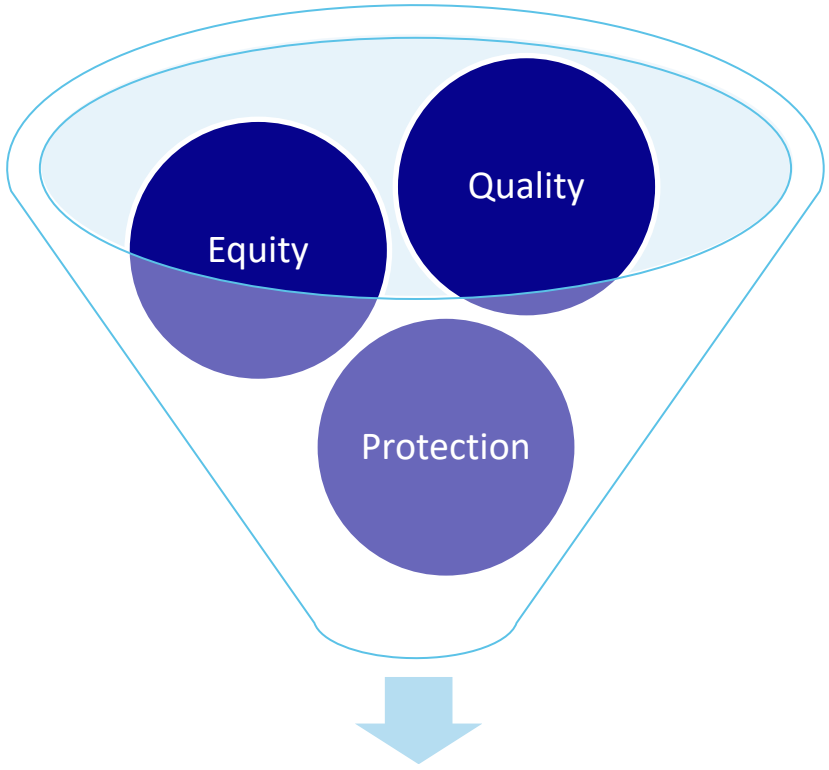
Universal health coverage

UHC = all individuals and communities receive the health services they need without suffering financial hardship.

FULL SPECTRUM = health promotion, prevention, treatment, rehabilitation, and palliative care



UHC is NOT:

- **free coverage for all health interventions**
- **just about health financing**
- **only about a minimum package of health services**

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The foundations for UHC

- Health as a fundamental human right for all (Univ. Declaration of Human Rights, WHO Constitution, Intern. Conventions including the CRPD)
- 2005 WHA Resolution on Sustainable health financing, universal coverage and social health insurance
- 2015 UHC embedded in the SDG framework (target 3.8)
- 2018 Declaration of Astana (strengthening PHC towards UHC)
- 2019 UHC Political Declaration

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Persons with disabilities in UHC

- UN Convention on the Rights of Persons with Disabilities, Art. 25

- The 2030 Agenda includes persons with disabilities amongst the vulnerable groups and places ‘leave no one behind’ at the centre

- 2019 UHC Political Declaration:
  - Implement disability-responsive interventions
  - Remove barriers to access for all persons with disabilities
  - Training health workers on disability

Global recognition exists but this right does not often translate into practice.

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Needs and barriers

General health needs of persons with disabilities are the same as everyone; they may also have additional specific health needs related to specific impairments or comorbidity.

Persons with disabilities often have more healthcare needs than persons without disabilities.

Major barriers to access healthcare:

- physical,
- communication,
- attitudinal and
- financial barriers

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Persons with disabilities are:

2 times more likely to find health care providers' skills and facilities inadequate,

3 times more likely to be denied health care, and

4 times more likely to be treated badly in health care facilities.

Intersectionality of discriminatory factors (gender, age, disability, migratory status, ethnicity, sexual orientation, …) shape access to and experience in healthcare.

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Financial accessibility

Persons with disabilities, and their households,
are more likely to live in poverty.

50% of persons with disabilities
cannot afford healthcare,
facing a 50% higher risk, compared to persons without disabilities, of facing catastrophic healthcare costs

Persons with disabilities often face barriers accessing health insurance schemes, due to lack of accessible information and discriminatory policies on pre-existing conditions

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The exemple of rehabilitation

Anyone may need rehabilitation at some point during their lives to address limitations in functioning.

For many persons with disabilities, rehabilitation is an **essential health service.**

Rehabilitation is a core health strategy, along with promotion, prevention, treatment, and palliative care and is **part of UHC**.

Yet, rehabilitation services are often under-resourced, undeveloped, and their financial coverage is highly variable or absent in particular in low-income countries.

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Findings from HI's studies on financial accessibility of rehabilitation in low-income countries show that:

- **In 6 out of the 9 examined LMICs, rehabilitation services represent catastrophic health expenditure**

  ■■■ *In Burkina Faso, the average cost for a set of rehabilitation sessions is 3 times bigger than the amount representing catastrophic health expenditures*

- **Health financing schemes, in particular private insurances, often exclude rehabilitation services and/or devices from the covered packages of care.**

  ■■■ *In Laos, not even a quarter of the population is enrolled in public insurance schemes.*

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Findings from HI's studies on financial accessibility of rehabilitation in low-income countries show that:

- **The level of investment in rehabilitation services is inadequate**
  - *In Haiti, the investment need to train prosthetist-orthotists is estimated as 0.54% of the Health Ministry's budget.*

- **There is significant shortage of rehabilitation workforce that impedes adequate response to the needs of the population.**
  - *About 231,684 physiotherapists and 666 prosthetist-orthotists are missing across 8 countries*

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How to make UHC disability-inclusive

Make **A**ccessible and culturally-sensitive communication/ information on health prevention, care, & services

Build the capacity of health service providers on disability inclusive health

Cover disability-specific services (& rehabilitation) in priority packages of care

Collect and use **D**isaggregated data by disability, gender, age, location

Ensure meaningful participation of persons with disabilities and their representative organizations…

and…

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Invest adequate **F**unding to meet the health needs of everyone, including persons with disabilities.

Donor funding continues to be an important source in low income countries, to complement domestic funding.

Volumes of health ODA have increased since 2009, health ODA as % of total ODA remained unchanged (approx. **13%**)

Aid projects targeting persons with disabilities made up **less than 2%** of all international aid between 2014 and 2018.

TWIN-TRACK APPROACH	
promoting inclusion within mainstreaming actions related to HSS in general	Dedicate a specific stream of funding to the most marginalised groups

Earmark disability-inclusion

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Thank you!

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