

Inclusion of Persons with Disabilities in the Health Sector - Ambition and Reality of German Technical Cooperation

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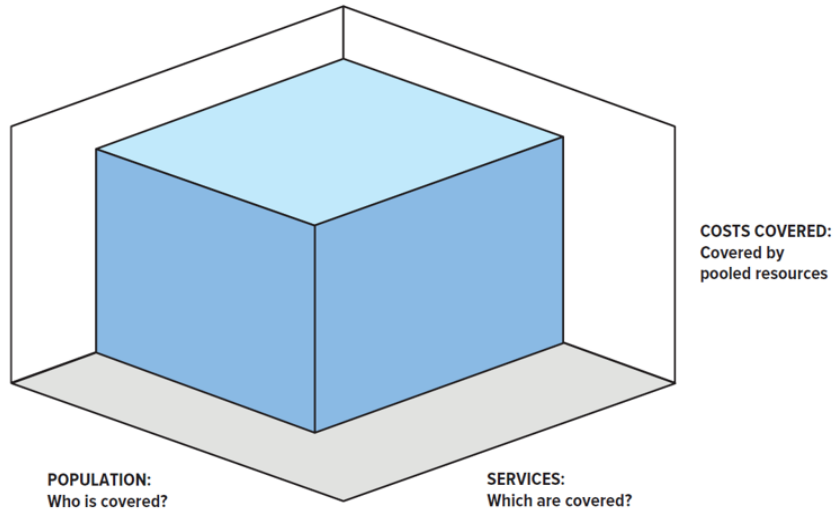
Reference documents



Universal Health Coverage (UHC)

‘**UHC** means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship’ ([WHO, 2019](#)).

FIGURE 1: The WHO UC Cube (Redrawn)



Source: Adapted from WHO, 2010, p. 12.

- ❖ Half of the world's population **do not have access** to essential health services of good quality
- ❖ 100 mio. people are pushed into poverty each year due to health expenses (WHO 2017)
- ❖ Missing Billion. - 1bn PLWD worldwide, 80% in LMIC

UHC and Disability

Persons with disabilities (PLWD) have **the same health needs** as everyone else, but may

- ❖ also have **additional or more complex health needs**, because of impairment
- ❖ face **access barriers across all 3 UHC dimensions**
- ❖ have additional access challenges due to **intersectionality** (gender, age, etc.)
- ❖ have increased likelihood of **living in poverty and social exclusion**
- ❖ Have increased likelihood of **poorer-health**

PLWD are potentially left behind...

Access Barriers resulting in disparity in health outcomes

➤ **Services**

- ❖ **Physical inaccessibility** to health facilities (incl. transportation, logistics)
- ❖ Presence of comorbidities & **need for complex coordinated care**
- ❖ Full range of needed **health services not available**
- ❖ Inaccessible equipment or lack of skills of healthcare professionals
- ❖ **Stigma, negative attitudes**, poor communication affects

health seeking behavior PLWD

PLWD are potentially left behind...

Access Barriers resulting in disparity in health outcomes

➤ **Cost**

- ❖ PLWD **tend to be poorer, have higher health care cost,**
- ❖ 50% are more likely to face catastrophic expenditure than the non-disabled
- ❖ **Assistive devices or medication not covered under health schemes**
- ❖ **Only 5-15% of people in LMIC actually have assistive devices needed**

➤ **Population**

- ❖ More likely to work in the informal sector without (adequate) health care coverage
- ❖ Data gap (who and where are PLWD – and what services do they need?)

Measures for disability-inclusive health systems towards UHC

- ❖ **Disability mainstreaming**
- ❖ **Participation** - Including self-representative organizations of PLWD
- ❖ **Disability budgeting** (cover disability-related costs and commodities)
- ❖ **Rehabilitation and assistive devices** must be explicitly included within essential healthcare service packages to achieve UHC
- ❖ **Accountability** (include quantitative and qualitative indicators)

Measures for disability-inclusive health systems towards UHC

- ❖ **Awareness** raising (fight stigma, communication barriers)
- ❖ **Digitalisation (disaggregated) data**
 - ❖ can address some critical bottlenecks (expansion of services to vulnerable individuals, population groups)
 - ❖ track who is being reached with services and who is being left behind on the path to UHC.

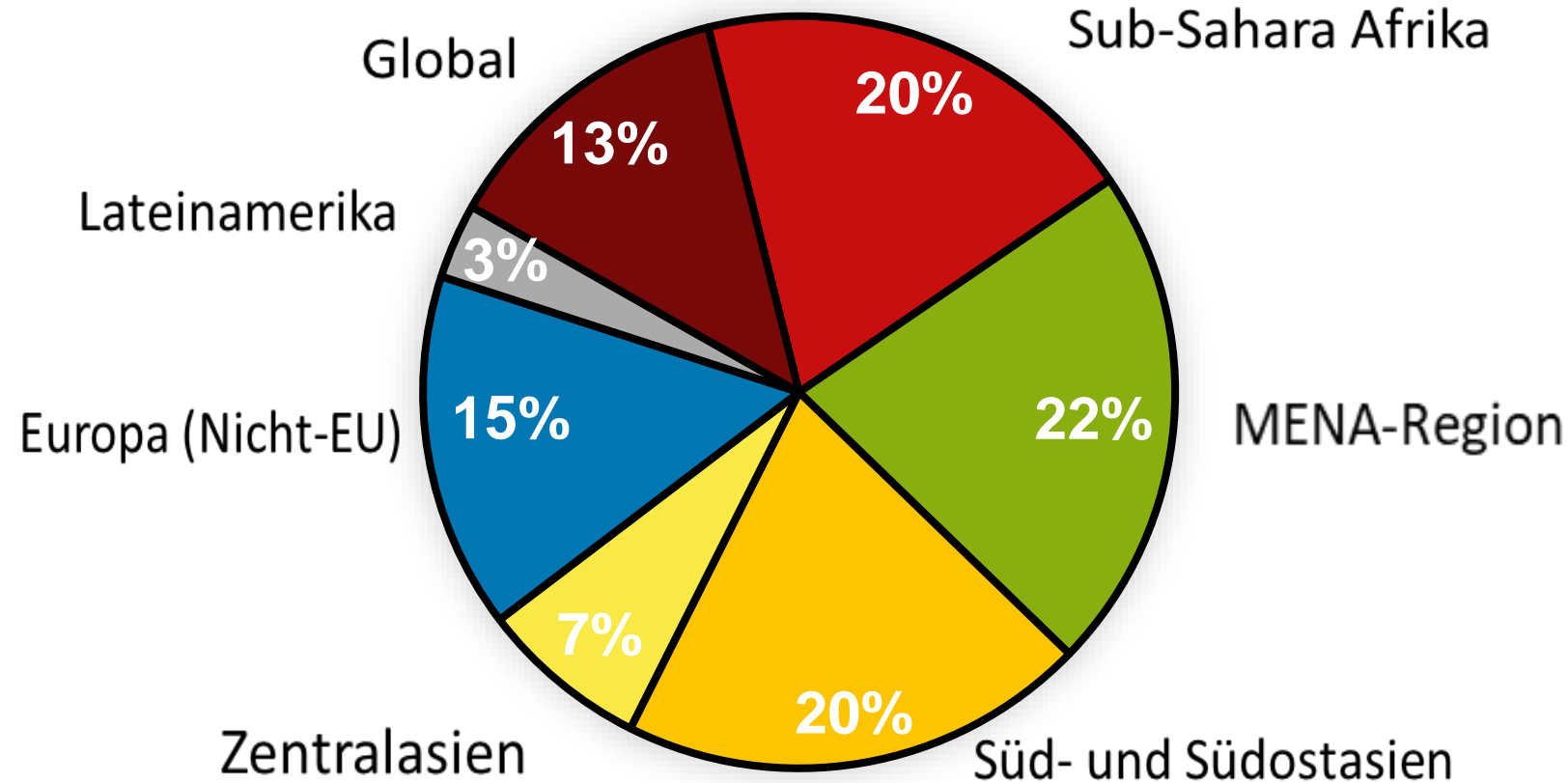


Inclusion of Persons with Disabilities Experiences from the field- GIZ Health Portfolio

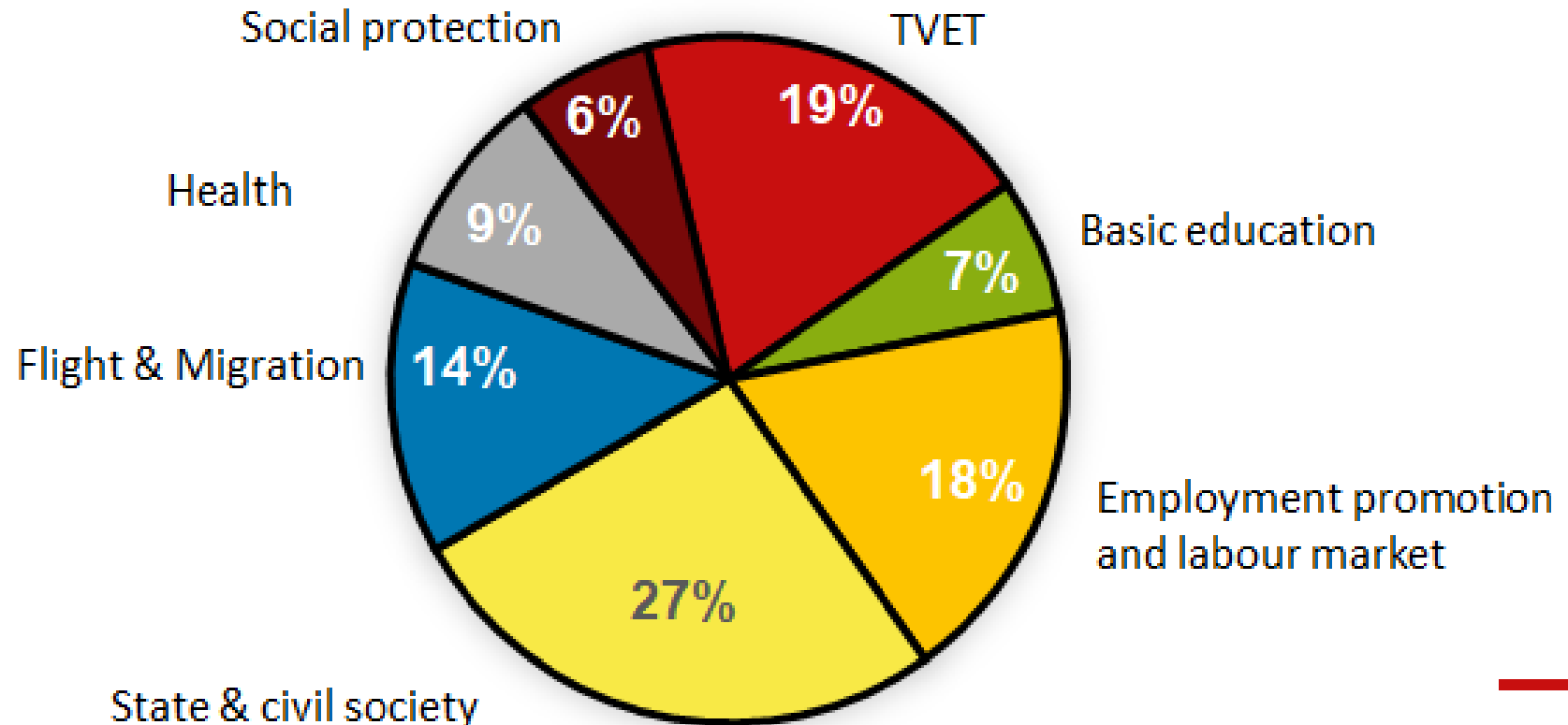
Cambodia, Guinea, Kyrgyzstan, Uzbekistan



BMZ Portfolio: GIZ projects on inclusion – regions

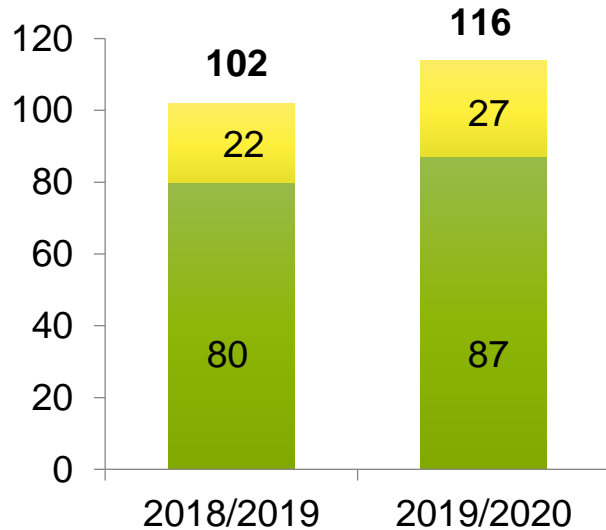


BMZ Portfolio: GIZ projects on inclusion – sectors and topics





Trends within the BMZ portfolio on inclusion (05.2020)



Trends:

- Growth of inclusive programs (87)
- More inclusive-oriented projects (27)



Social Health Protection Program (SHPP) - Cambodia

Background:

- ❖ Study on barriers to accessing health care for persons with disabilities (→ laid the foundation for the progressive inclusion of disability)

Activities:

- ❖ Scheme to cover transportation costs
- ❖ Modification of health facilities (e.g. ramps, communications sign boards, etc.)
- ❖ Study on the health expenditure of persons with disabilities → offered critical evidence on financial gaps (lobby was needed!)
- ❖ Regular training of health professionals on rights and needs of the target group
- ❖ **Lesson learnt:**
- ❖ Effective cross-sectoral and interministerial coordination to streamline health-related policies
- ❖ Involving DPOs in the planning and implementation of health interventions



Reproductive and Family Health Programme (PSRF II) - Guinea

11/12/2020

BMZ-Portfolio Inklusion von Menschen mit Behinderungen in der EZ

Seite 16

Background:

- ❖ Improving the quality (access) and increasing the demand for reproductive health services
- ❖ **Actor analysis** of persons with disabilities (colaboration between GIZ and CBM)
- ❖ Persons with disabilities belong to the program's target group

Activities:

- ❖ Increasing awareness and knowledge among health actors and national GIZ staff
- ❖ Introducing two focal points (national and international)
- ❖ Capacity building of the national DPO Federation (FGPAH) (→ experts for GIZ)

Lesson learnt/ sucess factors:

- ❖ Strong commitment of program coordinator
- ❖ Effective involvement of DPOs from the beginning
- ❖ Focal point for inclusion within the team
- ❖ Regular monitoring of action plans for each component



GIZ Health Program - Kyrghistan

Background:

- ❖ Survey in 2017 (CEMD) showed increased mortality among vulnerable groups
- ❖ Identification of potentials for inclusive perinatal care

Activities:

- ❖ Improving access to gynecological care for women with disabilities (including perinatal diagnosis of disability during pregnancy and early treatment)
- ❖ Awareness raising on inclusion among health workers and parents

Lessons learnt:

- ❖ **Research matters:** GIZ-Study on inclusion in Kirgysistan and Usbekistan (2019) showed the need for more inclusive health programming and mainstreaming

Potentials for Kyrgystan and Usbekistan...

Backgroud:

- ❖ BMZ comissioned study in both countriesvon the legal, political and economic situation of persons with disabilities
- ❖ Objective: to identify potentials for concrete inclusive measures within the portfolio of GDC

Activities:

- ❖ Developing project proposals e.g. with Otto Bock to improve the quality of prosthethics and Ortheastics in the region

Lessons learnt:

- ❖ Involvement of all key actors of society in the interviews and study workshops
- ❖ Not just pure data, but ideas on how to improve the inclusion in GlZ programs

Key challenges for technical cooperation

- ❖ **Discrepancy between legislative provisions and the practice of law** - International and national standards are not sufficiently considered
- ❖ **Data gap** - Disaggregated health data is mostly incomplete in our partner countries
- ❖ **Adressing the target group better** based on the LNOB principle - Need for integrated accessibility- and needs assessment (e.g. **GIZ-Tree4Option**)
- ❖ **Translating analytical results into action** - Twin track approach as a guiding principal for GTC (mainstreaming and empowerment activities)
- ❖ **Involving representatives of DPOs/ civil society** as experts and partners

Potentials

- ❖ **Strategic anchoring** of inclusion in relevant health policies and programs (e.g. new global initiative on One Health, Corona response initiative by BMZ, collaboration with WHO, etc.)
- ❖ Central task for HR development: **Identifying gaps and needs** on the part of colleagues and **providing technical support**
- ❖ Providing **specific trainings and tools** on disability mainstreaming to staff and partners (e.g. GIZ Assessment Tool „Tree4Options“ for LNOB mainstreaming)
- ❖ **Focusing on relevant thematic areas** (such as UHC, COVID-19/ pandemic response, rehabilitation, mental health,...)
- ❖ **Agenda 2030-Process in BMZ** (Developing a **quality criteria "Human Rights, Gender, Inclusion"** for a mandatory mainstreaming)

Thank you for your attention!



Orthopäedics - Central America

Aim: Improving access to assistive technology in the health sector: training of orthopedic specialists in Latin America (2011-2014)

- ❖ Physically incapacitated People of all age groups in the Central America region are provided with advice and appropriate orthopedic aids as part of an integral rehabilitation program

Main Results

- ❖ The training of orthopedic technicians has improved.
- ❖ The orthopedic-technical supply range has been strengthened.
- ❖ The information base and communication at national and regional level is improved.
- ❖ . National and regional cooperation and coordination in the field of orthopedic technology has been strengthened.
As a result of the current situation after the earthquake, it is planned to introduce an additional result that should include concrete activities to prevent and reduce the effects of natural disasters for disabled people, especially at the local level.



