World Health Organization
Western Pacific Region

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DISABILITY AND HEALTH

What is disability?

- "Disability" is an umbrella term that includes impairments, activity limitations and participation restrictions that result from the interaction between an individual with a health condition and that person's contextual factors (such as the environment in which they live).
- The United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognizes that disability is a complex and evolving concept, and that people with disabilities include those whose participation in society – in education, health and employment – is limited because of the interaction between their long-term impairment and certain barriers in society (e.g. environmental or attitudinal).
- WHO considers disability to be an issue of human rights, public health and development.

Disability in the Western Pacific Region

- More than 270 million people in the Western Pacific Region, roughly 15% of the total population, experience some form of disability.
- About 46% of people with disabilities in the Western Pacific Region are 60 years or older, while 79% live in low-income or lower-middle-income countries. Overall, people who are otherwise vulnerable, such as poor people, women and older people, experience a higher prevalence of disability (ESCAP, 2016).
- Prevalence of disability in the Western Pacific Region varies widely from 1% in the Lao People's Democratic Republic to 18.5% in Australia. The average disability prevalence for Asia and the Pacific is 4.96% compared to the global estimated disability prevalence rate of 15% (ESCAP, 2016).

Health trends affecting disability prevalence

- Disability prevalence is influenced by several factors: ageing populations, rising prevalence of chronic diseases associated with disability (e.g. diabetes, hypertension and mental illness), and increasing trends in injuries due to road accidents, natural disasters and conflicts.
- In general, older persons are disproportionately represented among populations of people with disability. For example, China's 2006 data indicate that adults aged 60 years and older constituted 53.2% of people with disabilities, as compared with 10.9% of the total population. In Vanuatu, the prevalence was also more than 50% for those aged 60 years and older (ESCAP, 2016).
- In Samoa, illness, especially noncommunicable diseases, was the most reported cause of disability in a survey conducted in 2004 (Pan Pacific & Southeast Asia Women's Association, Inclusion International & National Council of Women, as cited in Baker 2013).

Addressing barriers to health services

- Formal acknowledgement in national health-care policies that people with disability experience health inequalities is an essential step towards reducing health disparities.
- Making existing health-care systems inclusive at all levels and making public health programmes (including health promotion) accessible to persons with disabilities throughout the life course will reduce health disparities.
- Reform of health policy and legislation is needed to improve governance and increase levels of awareness, knowledge and data in health and related ministries so that they improve access to services.
- Barriers to financing and affordability of health services need to be addressed by including basic social security guarantees that ensure universal access to essential health care and income security.
- Community-based rehabilitation (CBR) is an important strategy for ensuring and improving coordination of and access to health services, particularly in rural and remote areas.
- Good-quality data and research on disability are essential for providing the basis for policy and programmes and for efficient allocation of resources. They are also important for deepening understanding of disability issues and successful ways to remove barriers and for ensuring that persons with disabilities can participate in and contribute to society on an equal basis.

Poorer health outcomes and greater unmet health-care needs

- While there is a link between disability and health, disability need not preclude good health.
- People with disabilities have the same general health-care needs as everyone else and require access to mainstream health services.
- Across the Western Pacific Region, people with disabilities experience poorer health outcomes than the general population (WHO & World Bank, 2011).
- People with disabilities report a higher incidence of obesity, smoking and physical inactivity.
- People with disabilities have a higher risk of injury from road traffic crashes, burns or falls. Children with disability are 3–4 times more likely to experience violence (Jones et al., 2012).
- Many health disparities reported among people with disabilities are not necessarily a direct result of having a disability but rather are linked to difficulty accessing community services and programmes. Depression is a common secondary condition among people with disabilities (WHO & World Bank, 2011).
- While some people with disabilities due to their health conditions require extensive or specialist health-care needs, others do not have such needs.
- Health systems frequently fail to respond adequately to both the general and specific health-care needs of people with disabilities.
- People with disabilities face a wide range of attitudinal, physical and systematic barriers when they attempt to access health care.
- Health-care providers often lack adequate knowledge and skills and hold misconceptions about the health of people with disabilities, leading to assumptions that people with disabilities do not require access to health promotion or disease prevention services and programmes. This can include information about sexual and reproductive health.
- People with disabilities also experience information and communication barriers. They receive inadequate information about their right to access health-care services.
- Physical barriers exist in the form of inaccessible architectural design of health facilities, medical equipment not adapted to different physical conditions, and inaccessible transport systems going to health-care facilities.
- Health care for people with disabilities is often expensive. Basic assistive devices such as wheelchairs that are suitable for different conditions are costly. Other assistive products and adaptive equipment can be costly and difficult to obtain and maintain. Hearing aids, magnifiers and spectacles that could transform lives are often unobtainable, especially in rural and remote areas. Not all countries provide exemptions, waivers or reductions for people with disabilities for their health-care costs.

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WHO response

- *Adopting the Global Disability Action Plan 2014–2021*

  The *WHO Global Disability Action Plan 2014–2021: Better health for all people with disability* (GDAP) calls on Member States to remove barriers and improve access to health services and programmes. To realize this objective, people with disabilities through their representative organizations should be fully consulted and actively involved in all stages of formulating and implementing policies, laws and services that relate to them.

- *Supporting progress towards the achievement of the objectives of GDAP*

  WHO provides guidance, training and technical support to Member States, upon request, for improving access and removing barriers to health care for people with disabilities. Monitoring and reporting to the governing bodies on progress in implementing GDAP are recommended at the midway point (2017) and during its final year (2021).

Proposed actions for Member States

National and local governments play a significant role in the implementation of the *WHO Global Disability Action Plan 2014–2021: Better health for all people with disability* such as:

- Take the lead towards attaining disability-inclusive health care by developing and/or reforming health and disability laws, policies, budgets, strategies and plans to help to ensure better access for and inclusion of people with disabilities.
- Ensure the participation of people with disabilities and their representative organizations in health policy-making and quality assurance processes.
- Remove barriers to financing and affordability through options and measures to ensure that people with disabilities can afford and receive the health care they need without extreme out-of-pocket and catastrophic expenditures.
- Adopt national accessibility standards (in line with universal design principles) and ensure compliance with them within mainstream health settings.
- Make appropriate accommodations and modifications to overcome barriers to accessing mainstream health services, including: structural modifications to facilities, equipment with universal design features, adjustments to appointment systems, alternative models of service delivery, and communication of information in formats such as sign language, Braille, large print, Easy Read and pictorial information.
- Support education and training by promoting and encouraging the integration of disability into relevant undergraduate curricula and continuing education for service providers.

Disability-inclusive health-care initiatives in the Western Pacific Region

Health systems can be more disability-inclusive when people with disabilities or their representative organizations participate in planning for health-care services. This is being done in 10 countries in the Western Pacific Region. A disability focal office or designated person in the country's Ministry of Health may also help improve access to health-care services and health facilities for people with disabilities. This has been done in 9 out of 13 countries in the Western Pacific Region.

Making health promotion disability-inclusive

In Solomon Islands, the Bethesda Disability Training and Support Centre has developed health promotion programmes on topics such as nutrition, hygiene and sanitation education for all students enrolled at the centre. Elsewhere in Solomon Islands, televised nutrition education programmes use sign language.

Reducing financials barriers to health-care access

In Viet Nam, the 2010 Law on Persons with Disabilities provides for improved access to services such as health, education and employment and for better physical accessibility of infrastructures, transportation, and information technology. Registered persons with disabilities are also automatically enrolled in social health insurance schemes of the government. In the Philippines, people with disabilities can avail themselves of medicines and health-care services at reduced cost using government-issued cards.

Mainstreaming disability in national government health action plans

Malaysia's Disability Action Plan demonstrates the country's shift from a charity-based to rights-based approach to disability. It seeks to provide equal opportunities for health care for people with disabilities and to empower individuals, families and communities for self-care and development of support services.

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