

Article 25:

Illustrative indicators on health

ADVANCE VERSION

© 2020 United Nations

The *Human Rights Indicators on the Convention on the Rights of Persons with Disabilities (CRPD)* are a component of the [SDG-CRPD Resource Package](#) developed by the Office of the United Nations High Commissioner for Human Rights (OHCHR). This is an advance version of the SDG-CRPD Resource Package. A final version will be issued upon completion of OHCHR review processes.

The *Human Rights Indicators on the CRPD* were produced with the financial support of the European Union. Its contents are the sole responsibility of OHCHR and do not necessarily reflect the views of the European Union.



Enjoyment of the highest attainable standard of health without discrimination on the basis of disability

Attributes/ Indicators	Equal access to mainstream and specific services within general health services	Inclusive health Insurance	Free and informed consent
Structure	<p>25.1 Legislation relating to health which explicitly recognises:</p> <ul style="list-style-type: none"> • equal access by persons with disabilitiesⁱ to affordable, accessible, quality and culturally-sensitive health services, in private and public settings; • the denial of reasonable accommodation constitutes disability-based discrimination; • respect for confidentiality of persons with disabilities, including women, children and older persons. <p>25.2 Laws and regulations that guarantee women and girls access to sexual and reproductive health care, information and education (based on SDG indicator 5.6.2), including women and girls with disabilities.</p> <p>25.3 Existence of a national policy/plan to ensure that persons with disabilities, particularly women, children and older persons, have access to quality and affordable health services,ⁱⁱ including access to universal health coverage,ⁱⁱⁱ and access to emergency care on an equal basis with others (Idem 10.4)</p> <p>25.4 National accessibility standards adopted and applied to public and private health facilities.</p> <p>25.5 Legislation prohibits health insurers from discriminating against persons with disabilities on the basis of pre-existing impairments/health conditions.</p>		<p>25.6 Legislation which:</p> <ul style="list-style-type: none"> • Recognizes the right to free and informed consent to medical treatment, and the right to refuse treatment, of every individual at all times, regardless of their legal capacity status, condition of liberty, including in situations of mental distress; • Prohibits discrimination in the exercise of free and informed consent, including the denial of reasonable accommodation; • Ensures that all health information and consent forms are fully accessible and culturally appropriate; • Requires health care providers to act in accordance with advance directives, powers of attorney and other forms of supported decision-making for health care decisions.^{iv} <p>25.7 No provisions in legislation or regulations^v which permit:</p> <ul style="list-style-type: none"> • Consent to be provided or substituted by a third party;^{vi} • Any type of involuntary treatment including through any form of surgery;^{vii} administration of any type medication,^{viii} therapy (e.g. ECT), mechanical devices, belts or restraints.
	<p>25.8 Mandatory courses and training on the right to health of persons with disabilities, free and informed consent and underlying social determinants impacting health, including mental health, constitute an integral part of core training curricula for students of medical and health programmes in universities and other educational institutions.</p>		

Enjoyment of the highest attainable standard of health without discrimination on the basis of disability

Attributes/ Indicators	Equal access to mainstream and specific services within general health services	Inclusive health Insurance	Free and informed consent
Process	<p>25.9 Proportion of public health clinics and hospitals and other facilities offering healthcare provision, that meet national accessibility standards, including accessible buildings and environment,^{ix} medical and health equipment, information and communications.</p> <p>25.10 Proportion of public health clinics and hospitals that offer accessible and alternative communication methods.^x</p> <p>25.11 Proportion of budget designated to mental health which is allocated to community-based services and support (as opposed to budget allocated to psychiatric hospitals and beds)</p>	<p>25.12 Proportion of population with large household expenditures on health as a share of total household expenditure or income (SDG indicator 3.8.2) disaggregated by sex, age and disability.</p> <p>25.13 Proportion of persons with disabilities out of the total population who use government-supported health-care programmes, by age, gender and type of disability.</p> <p>25.14 Average out of pocket health care costs of persons with disabilities compared to other persons, by sex, age and disability.</p>	<p>25.15 Protocol adopted on the right to free and informed consent to treatment and the right to refuse treatment which applies across all health care services, among others, mental health services, , including in situations of mental distress.^{xi}</p>
	<p>25.16 Coverage of essential health services^{xii} disaggregated by sex, age and disability (SDG indicator 3.8.1)^{xiii}</p>		
	<p>25.17 Consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of laws, regulations, policies and programmes, related to health, including sexual, reproductive and mental health.^{xiv}</p>		
	<p>25.18 Proportion of staff, notably health care professionals, working in public and private health sector and those involved in the delivery of health programmes and services, trained on the right to health of persons with disabilities and free and informed consent.</p>		
	<p>25.19 Awareness raising campaigns and activities directed to persons with disabilities and their families concerning health information, programmes and services for persons with disabilities, in particular women, children and older persons with disabilities, including on free and informed consent, mental health and well-being, sexual and reproductive health, the benefits of engagement in physical activity, among others.</p>		
	<p>25.20 Proportion of received complaints on access to and delivery of health services and health insurance alleging discrimination on the basis of disability and/or involving persons with disabilities that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the government and/or duty bearer (e.g. private health services provider); each disaggregated by kind of mechanism.</p>		

Enjoyment of the highest attainable standard of health without discrimination on the basis of disability

Attributes/ Indicators	Equal access to mainstream and specific services within general health services	Inclusive health Insurance	Free and informed consent
Outcome	<p>25.21 Maternal mortality ratio (SDG indicator 3.1.1) disaggregated by age and disability of the person.</p> <p>25.22 Proportion of women and girls of reproductive age who have their need for family planning satisfied with modern methods (based on SDG indicator 3.7.1) disaggregated by age and disability.</p> <p>25.23 Number of new HIV infections per 1,000 uninfected population, by sex, age and key population (SDG indicator 3.3.1) and disability.</p> <p>25.24 Tuberculosis, malaria and hepatitis B incidence per 1,000 population (SDG indicators 3.3.2, 3.3.3, and 3.3.4) among population of persons with disabilities compared to others.</p> <p>25.25 Probability of dying (per 1000) between ages 15 and 60 years, disaggregated by sex (WHO indicator), disability, and indigenous/minority background.</p> <p>25.26 Prevalence of undernourishment (SDG indicator 2.1.1) disaggregated by sex, age and disability.</p> <p>25.27 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight) (SDG indicator 2.2.2) and by sex, age and disability.</p> <p>25.28 Proportion of births attended by skilled health personnel (SDG indicator 3.1.2). disaggregated by age and disability of the individual giving birth.</p>	<p>25.29 Proportion of women and girls who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (based on SDG indicator 5.6.1) by age and disability.</p> <p>25.30 Annual rates of involuntary hospitalisation per 100 000 individuals in the general population.</p>	

- * See the report of the Special Rapporteur on the rights of persons with disabilities on the right to health of persons with disabilities, [A/73/161](#).
- i Including people living with HIV/AIDS.
- ii This includes:
- non-discrimination on the basis of disability;
 - recognising the free and informed consent of persons with disabilities on an equal basis with others;
 - mainstream health and prevention programmes and services, on an equal basis with others;
 - specific services within general health services including: early identification & early intervention as appropriate (including early childhood disability screening and planning for targeted service provision such as physiotherapy, occupational therapy, speech therapy, sign language communication, early childhood stimulation, etc., and provision of assistive devices and technology for mobility, vision, hearing, communication and self-care);
 - services addressing minimising and preventing further impairment(s);
 - all areas of health, including, among others, sexual and reproductive health, HIV/AIDS, adolescent and older person's health, mental health services. Mental health services should be provided as a general service available to all individuals, including persons with any type of disability, and as a disability-specific service for people with psychosocial disabilities. Such services must be based on free and informed consent of the person concerned and should include a wide range of alternatives to conventional services including peer support, crisis support, psychotherapy and counselling (including trauma counselling), etc.
- iii Implementation of universal health coverage — from packages of essential health services to health financing reforms — should include the full range of health-care services that persons with disabilities may need, including health-related habilitation and rehabilitation, assistive devices and technologies.
- iv Health care providers should directly address persons with disabilities in discussing their health care and seeking their individual free and informed consent, while respecting the involvement of their chosen supporters. Advance directives and powers of attorney shall be accepted as support measures subject to the person's right to revoke them at any time as an exercise of their legal capacity. When, despite significant efforts, it proves to not be feasible to obtain a person's will, protocols will be in place to determine the best interpretation of the person's will and preferences based on evidence (including "consideration of the previously manifested preferences, values, attitudes, narratives and actions, inclusive of verbal or non-verbal communication, of the person concerned", [A/HRC/37/56](#), para. 31), and subject to being corrected by subsequent expressions of will or decision-making by the individual (whether or not obtained through support measures).
- v This includes health, mental health, family, civil, and criminal law.
- vi Third party includes family member, legal guardian, health or social worker or professional.
- vii E.g. sterilization, abortion, etc.
- viii E.g. contraception, neuroleptics, growth attenuating drugs, mind-altering medications, etc.
- ix Consultation rooms, treatment and operation facilities, toilets, waiting areas.
- x Among others, information for patients in accessible languages and formats including sign language, indigenous/minority languages, Braille, etc. and interpretation into sign language, indigenous/minority languages.
- xi The protocol should:
- explicitly be inclusive of persons with disabilities;
 - prohibit non-consensual treatment and consent provided by a third party;
 - recognise and ensure the provision of support which respects the individual's autonomy, will and preferences;
 - recognise and make available accessible and alternative communication methods;
 - recognise advance directives/planning instruments subject to the individual's exercise of legal capacity at all times.
 - ensure that when it has not been possible to obtain expression of the person's will, despite significant efforts, the best interpretation of will and preferences will determine the course of action and not the 'best interests' standard. (See [General Comment no 1](#) of the CRPD Committee on Article 12, equal recognition before the law).
- xii This is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population.
- xiii See metadata on SDG indicator, where under disaggregation, it states; "Equity is central to the definition of UHC, and therefore the UHC service coverage index should be used to communicate information about inequalities in service coverage within countries. This can be done by presenting the index separately for the national population vs disadvantaged populations to highlight differences between them."

- ^{xiv} This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4(3) of the CRPD and general comment no. 7 of the CRPD Committee, including consultation meetings, technical briefings, online consultation surveys, calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must
- ensure that consultation processes are transparent and accessible;
 - ensure provision of appropriate and accessible information;
 - not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions;
 - include both registered and unregistered organizations;
 - ensure early and continuous involvement;
 - cover related expenses of participants.