## Submission from Sightsavers and the Inclusive Health Task Group of the International Disability in Development Consortium (IDDC) to the Call for Contributions: Examples of a Human Rights-Based Approach to Universal Health Coverage

#### 3rd April 2023

This submission provides details of good practice case studies that demonstrate how States use human rights principles to conceptualize, design, implement and monitor and evaluate UHC, **with a focus on the right to the highest attainable standard of health for persons with disabilities**.

The examples listed below are drawn from the [WHO Global Report on Health Equity for Persons with Disabilities](https://www.who.int/publications/i/item/9789240063600) (2022)[[1]](#footnote-1) (listed as ‘WHO Global Report’ in the tables below) and Sightsavers’ 2022 annual reporting records. **For further information about this briefing and the case studies listed, including further references or details of policies or legislation mentioned, please contact: Dr Sarah Collinson, Policy Adviser (Health), Sightsavers:** scollinson@sightsavers.org

## About Sightsavers and IDDC[[2]](#footnote-2)

[**Sightsavers**](https://www.sightsavers.org/)is an international development organisation which works with partners to promote the rights, inclusion, and equality of opportunity for people with disabilities in over thirty low- and middle-income countries. Our programmes also include work to strengthen health systems and promote the right to health for people with disabilities, prevent avoidable blindness, eliminate neglected tropical diseases (NTDs), and ensure quality inclusive education. Sightsavers is a non-state actor in official relations with WHO. The [International Disability and Development Consortium (IDDC)](https://www.iddcconsortium.net/) is a grouping of civil society organizations coming together around a common objective: promoting inclusive international development and humanitarian action with a special focus on the full and effective enjoyment of human rights by all people with disabilities. A broad consortium, our membership includes disabled people’s organizations, non-governmental development organisations, national networks and international member-based networks.

### a) UHC policies and programs that explicitly prioritize health care access and financial protection for populations that are most left behind.

See case studies under ‘Addressing the needs of specific populations’ below.

#### b) UHC packages that were determined based on human rights principles and the right to health

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| **Source** | **Country & Focus** | **Summary / Description** |
| WHO Global Report, case study, p.245 | Fiji: access to inclusive health services, including rehabilitation and assistive products | Fiji has taken a significant step forward in disability inclusion by laying out a carefully developed plan: the National Disability Inclusive Rehabilitation and Health Action Plan 2022–2026. The Plan is grounded in human rights, focused on equity, and developed through multisectoral collaboration; it further sets out a path towards an inclusive, barrier-free and rights-based society for Fijians with disabilities. The Plan has two components – disability and rehabilitation, which reflect the twin goals to ensure access to inclusive health services for all persons with disabilities, and to build rehabilitation and assistive product services for those in need, including strengthening the rehabilitation workforce. Each component has a separate coordinator to facilitate implementation, effective coordination and mobilizing of resources. [See also ‘Ensuring a transparent, accountable and inclusive process’ below] |
| WHO Global Report , case study, pp.169-70 | Uruguay: mainstreaming disability with a human rights approach in the health sector | [See case study under ‘Addressing the needs of specific populations’ below] |
| WHO Global Report, case study, p.204 | Ireland: deinstitutionalisation | A people-centred care initiative in Ireland (the Sláintecare initiative) has included a project to gradually phase-out institutional settings (care homes or long-term residential facilities), moving people from wards into homes – houses or apartments accommodating no more than four people – in the local community. Therapies, interventions, and other forms of support are mostly delivered at home. This has led to significantly increased community living, integration into mainstream health-care services, and an increased quality of life. |

#### d) Removing non-financial barriers to health services

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| **Source** | **Country & Focus** | **Summary / Description** |
| WHO Global Report, case study, pp.169-70 | Uruguay: mainstreaming disability with a human rights approach in the health sector | [See case study under ‘Addressing the needs of specific populations’ below] |
| WHO Global Report, case study, p.226 | India: improving the accessibility of health facilities | In 2015, India embarked on a national campaign to offer universal access to persons with disabilities, recognizing that accessibility is essential for an inclusive society. The Accessible India Campaign (Sugamya Bharat Abhiyan) focuses on improving accessibility in three key areas: the physical environment; the transit system; and the information and communication ecosystem. The campaign drew inspiration from the United Nations Convention for the Rights of Persons with Disabilities (CRPD), which calls for governments to address accessibility issues. Since then, change has been incremental but steady and significant. Meanwhile, the Government also passed the Rights of Persons with Disabilities Act 2016, enshrining accessibility into law. Today, building codes for the Central Public Works Department (PWD), the authority in charge of public sector works and state PWD codes, require new buildings to be accessible. The Government’s Harmonized Guidelines is a manual for the design of a barrier-free environment. The governments of many Indian states are adapting these guidelines for their own state PWD. In government hospitals, the effect of these changes is visible, for example in the installation of ramps and rails.  |
| WHO Global Report, case study, p.218 | Mongolia: training in disability inclusion for health and care workers | Training in disability inclusion of health-care workers is an essential step towards addressing barriers and biases that impact care. In Mongolia, a new training programme has been rolled out for a disability-inclusive health services toolkit. The toolkit aims not only to increase the knowledge and skills of health workers on disability inclusion, but also to support making health services accessible to all. In May and September 2022, two trainings of trainers were organized. More than 300 health professionals participated from 14 of the country’s 21 provinces, including from three reference hospitals, and six district health centres of Ulaanbaatar, the capital city where half the population lives. The comprehensive training, which was organized in seven modules, covered a range of issues including accessibility, attitudes of health personnel and communication barriers. The training was designed using, as a foundation, existing WHO disability-inclusive health services guidance, and through a series of consultations with WHO personnel from all levels, as well as researchers from two health bodies linked with the University of Melbourne. Persons with disabilities, organizations of persons with disabilities and civil society organizations also played a role in the development of the toolkit, namely in the translation, the training, sharing experiences and monitoring the implementation of the module at a local level. The training is being coordinated by an international nongovernmental organization (AIFO) that has had considerable experience with disability in Mongolia. |
| WHO Global Report, case study, p.219 | Kenya: sign language training for health workers | Today, basic sign language is a required competency for all health-care workers in Kenya, with a training module embedded into health-care training at colleges and universities. To date, tens of thousands of health-care workers or students have been trained in sign language with professional health-care associations encouraging those already in the profession to be trained. Other sectors are also taking up training, as are civil servants who can learn with sponsorship from a disability organization. Disability activists have said that in the past, deaf people have been denied services in many public offices due to communication barriers. In January 2020, the Kenyan Senate approved a new bill to make it compulsory for all government institutions – including state-owned businesses, the judiciary and schools – to provide for the use of sign language. Once the bill is passed by the National Assembly, sign language will become the third official language in Kenya after Kiswahili and English. |
| WHO Global Report, case study, p.204 | Ireland: bringing services close to where people live | Ireland is transforming health care and the delivery of social care through new models of care that aim to provide health and social care services to people within their own communities, or as close as feasible. The people-centred Sláintecare initiative (“sláinte” means “health” in the Irish language) is expanding and developing primary and community health services, with specific actions for persons with disabilities. An ongoing project is to reconfigure disability service staff working with a diverse range of children with disabilities, through the creation of 91 local Children’s Disability Network Teams. These interdisciplinary teams of health and social care professionals provide services and support for children aged up to 18 years who have complex needs and who live within a specific geographical area, enabling them to have services delivered close to them.  |
| Sightsavers annual reporting (2022) | Mali: bringing eye services closer to where people live | In Mali, an eye health plan has been drafted which defines the strategic and operational objectives of the state in this area. Efforts have been made to bring eye health services closer to the population. The Malian government has funded the establishment of ophthalmological centres at several levels. |

#### e) Ensuring an inclusive, transparent, and accountable process

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| **Source** | **Country & Focus**  | **Summary / description** |
| WHO Global Report, case study, p.245 | Fiji: access to inclusive health services, including rehabilitation and assistive products | Monitoring, evaluation and learning have been recognized as essential elements to the success of Fiji’s National Disability Inclusive Rehabilitation and Health Action Plan 2022-26. Effective and regular monitoring of clearly defined and meaningful indicators will serve to ensure that progress is being made and to inform reviews and evaluation of the Plan. For example, for the goal of improving inclusion and equity of access to health services, the indicators are setting a relevant budget and monitoring access at a certain review date for policies with disability inclusion. To monitor the strengthening of rehabilitation services, there will be assessments of role delineation and staffing levels, including a staff audit. Auditing existing services will help ascertain the number of wheelchairs and prosthetics fitted by a facility. Development of the Plan, which began nine years ago, has involved several discussions with a wide range of stakeholders, from town councillors (to ensure accessibility at local levels) to organizations of persons with disabilities. These consultations have helped establish unmet needs and gaps in services. The Plan has concluded its internal final review and will be submitted to the Head of Ministry of Health for approval and endorsement shortly. |
| Sightsavers annual reporting (2022) | Sierra Leone: collecting and using data on persons with disabilities to support inclusive monitoring and reporting  | Vision centres in the Western Area (Waterloo) and Pujehun now use [Washington Group Questions on Functioning](https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/)[[3]](#footnote-3) for the collection of patient data on disability. This will strengthen the reporting on inclusive data across the PHC system to advance universal health coverage with the aim of leaving no one behind. |
| Sightsavers annual reporting (2022) | Uganda: commitment to collection and reporting of disability-disaggregated data in health information systems | The government of Uganda committed to collecting and reporting disability disaggregated data through the health management information system (HMIS) at the 2022 Global Disability Summit. The Washington Group Questions on Functioning have been integrated into the HMIS and disability data is reported at some facilities. The use of standardised systems for collection and use of disability-disaggregated data should be rolled out more widely with standardised use of the Washington Group Questions.  |

#### f) Addressing the needs of specific populations

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| **Source** | **Country & focus** | **Summary / Description** |
| WHO Global Report, case study, pp.169-70 | Uruguay: mainstreaming disability with a human rights approach in the health sector | Since 2019, the Government of Uruguay has been driving a human rights approach to mainstreaming disability in the health sector under an innovative nationwide project involving several government bodies, United Nations organizations, civil society and organizations of persons with disabilities. “The right to equality and non-discrimination of persons with disabilities” project aims to: • Achieve better access to health, particularly the sexual and reproductive health of young persons with disabilities through providing services that are more accessible and inclusive; training 400 health workers; providing accessible information; implementing initiatives for young people; and establishing new care protocols based on human rights. • Prevent and highlight gender-based violence and other forms of institutional violence by adapting protocols for accessible care, training 300 interinstitutional members of a response team, and providing information to relevant health, education and child protection agencies. • Improve disability-related information and design disability-inclusion policies by incorporating a disability component in administrative records and data sources, and by training state technicians, civil society organizations and academia on the methodologies to survey and assess disability. Within the project framework, persons with disabilities provide technical input and take part in exchange spaces or dialogue tables. Consideration is given to the heterogeneity of disability and those most at risk of discrimination and violence. To ensure the access to health for persons with disabilities, a set of “minimum requirements”, with recommendations on how to incorporate these, has been developed for all health providers. Two delegates have been appointed from each provider for the ongoing training. The minimum requirements include: computer support for the registration of users in a disability situation; disability-awareness workshops with a human rights-based approach; a disability reference person to provide information on access, benefits and services; a list of accessible routes to care; diversity in communication and information, such as the use of Braille signage; modified waiting times if needed; a reduction in health costs; and universal design. |
| WHO Global Report, case study, p.181 | Brazil: inclusive social protection programme | Brazil has taken steps to achieve universal social protection for persons with disabilities. The tax financed Benefício de Prestação Continuada de Assistência Social offers benefits equivalent to the minimum wage to more than 2.3 million persons with disabilities in the country. A recent study showed that these benefits buffered the economic impacts experienced by parents of children with microcephaly (32). In addition, Brazil has a comprehensive social insurance system, the Previdência Social, which includes the provision of a disability pension for persons with partial or full disability, as well as sickness benefits for those working in the formal sector. The system is a mix of tax financed and contributory disability benefits, and this has enabled the country to progress towards universal coverage for persons with disabilities. The country has also advanced their mechanism to assess eligibility for disability benefits and make the system more accessible.  |
| WHO Global Report, case study, p.192 | Nepal: ensuring equal access to health services for persons with disabilities | In 2017, the Government’s Rights of Persons with Disabilities Act, signified a move from a welfare-based to a rights-based approach to disability, ensuring equal access to education, health, employment, public physical infrastructure, transportation, and information services. The Act prohibited discrimination on the basis of disability, and furthermore, in preparedness plans for disasters and emergencies, recognized the specific needs of persons with disabilities, a step few countries have taken. Various disability-specific initiatives have since been undertaken in the country, from an evaluation strategy to communications; another initiative is improving access to assistive technology. The expertise of civil society, professional associations and organizations of persons with disabilities has been critical to health trainings on disability-inclusion for provincial governments and health professionals. The engagement of organizations of persons with disabilities was also crucial to develop and implement a long-term plan – the Disability Management Policy, Strategy and Ten-Year Action Plan (2017–2026), which aims to ensure equal access to health services for persons with disabilities. In 2018, Nepal recognized the reproductive rights and access to services for persons with disabilities, including adolescents, in a law that mandates disability-inclusive sexual and reproductive health services. In addition, technical guidelines on disability-inclusive sexual and reproductive health services are being developed in partnership with organizations of persons with disabilities, civil society and external development partners. |
| Sightsavers annual reporting (2022) | Tanzania: planning and budgeting for social inclusion and accessible health facilities and services | In 2022, for the first time the National Comprehensive Council Social Welfare Operational Planning and Budgeting (CCSWOP) will lead the planning of the council social inclusion budget. A commitment was made by the Prime Minister's Office to review and roll out National Guidelines in Accessibility to ensure accessible facilities to people with disabilities. In addition, the MoH reviewed the Eye health Strategic Plan and incorporated eye health into Health Sector Strategic Plan (HSSP V (July 2021 – June 2026) which now includes indicators for eye health. |

1. World Health Organization (2022) Global Report on Health Equity for Persons with Disabilities: <https://www.who.int/publications/i/item/9789240063600> [↑](#footnote-ref-1)
2. Sightsavers: <https://www.sightsavers.org/> / IDDC: <https://www.iddcconsortium.net/> [↑](#footnote-ref-2)
3. Washington Group on Disability Statistics: <https://www.washingtongroup-disability.com/> [↑](#footnote-ref-3)