Disability

Disability is a multi-sectoral development issue with implications for all aspects of society, from education to livelihoods, urban planning to governance. This brief is a disability perspective on issues affecting health, including access, availability, and quality of health and rehabilitation services.

WHAT YOU SHOULD KNOW

An estimated 15% of the population lives with some form of disability.¹ As mortality rates from maternal and child health problems and infectious diseases decrease, this figure is likely to rise. Non-communicable diseases, including mental conditions and psychosocial disabilities, are a major contributor to years lived with disability.²

People with disabilities are more likely to have health needs but are much less likely to receive health services. Research has shown that persons with disabilities may have higher rates of HIV,³ infant mortality,⁴ discrimination from health care providers,⁵ health risk behaviors,⁶ and are at greater risk of violence than those without disabilities.⁷

Of all persons with disabilities, half cannot afford required health care; people with disabilities are also 50% more likely than those without disability to suffer catastrophic health expenditures.⁸

Disability inclusion and rehabilitation services are broadly overlooked in global health planning and budgets. For example, despite its clear disabling consequences, the Global Polio Eradication Initiative contains no specific budget for meeting the needs of people who have impairments caused by polio.⁹

Emergency contexts – whether refugee contexts, natural disasters, war and conflict, or disease outbreaks – are likely to cause new disabilities and affect those persons already living with disability.

Ensuring access to health care services, including rehabilitation, contributes toward the empowerment of persons with disabilities fully participating and contributing within society.

RECOMMENDATIONS FOR CONGRESS

Ensure that funds dedicated for global health programs have specific and explicit mandates for persons with disabilities and provision of rehabilitation services, including assistive technology and environmental adaptation. This should include any investments made in addressing the Zika epidemic and include mental health. A 2015 white paper looking at the inclusion of disability within U.S. Agency for International Development (USAID) solicitations states that “the inclusion of people with disabilities takes place only when disability is mandated as a cross-cutting theme by the donor”¹⁰ and that USAID health sector solicitations had less disability-specific language than education solicitations.

Continue to provide support for disability-specific programming, such as the Leahy War Victims Fund and the Wheelchair Fund, which are dedicated resources designated for persons with disabilities.

Ensure overlap on disability programs between global health and other USAID divisions. The Fiscal Year 2017 State and Foreign Operations Appropriations bill includes a proposal about school-based eye health programs to help ensure access to eyeglasses for children, thus connecting to the education sector. Similarly, as outlined, the need to better address disability within health in emergency contexts would require coordination between the Global Health Bureau and the Office of U.S. Foreign Disaster Assistance.

Encourage the USAID Global Health Bureau and other U.S. government agencies working on global health to enact the World Health Organization (WHO) Disability Action Plan 2014-2021 within its programming. This plan lays out the three key objectives to ensure the health needs of persons with disabilities are met: removal of barriers, increasing rehabilitation and community-based rehabilitation, and improving research and data collection.

Update the USAID Disability policy. This would be crosscutting for all of USAID’s actions, not just global health, but could further elaborate on the specific requirements for global health actions and bring U.S. foreign aid and development activities up to date with the Sustainable Development Goal (SDG) mandate to leave no one behind.

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The UN Convention on the Rights of Persons with Disabilities, ratified by 167 countries, defines persons with disabilities as “those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Article 25 of the Convention on the Rights of Persons with Disabilities reinforces the rights of persons with disabilities to enjoy the highest standard of health without discrimination on the basis of disability.

Persons with disabilities are the world’s largest growing minority. U.S. global health objectives, such as an AIDS-free generation and ending preventable child and maternal deaths, will not be met if persons with disabilities are unable to access health services. We are improving efforts to prevent deaths, but we are failing in addressing issues affecting quality of life. Disease management, disability, and inclusion (DMDI) is, however, recognized (though not extensively implemented) as part of the public health approach to addressing neglected tropical diseases and provides a good example for other sectors to follow.

A recent systematic review suggested that rehabilitation services may well be cost effective for many health conditions. Furthermore, a major review by the London School of Hygiene and Tropical Medicine highlighted the significant economic costs of excluding persons with disabilities and the gains of inclusion. Existing health financing and social protection systems frequently fail to protect persons with disabilities and their families from financial risks associated with using available health services – a key element of the mandate to provide Universal Health Coverage in the SDGs.

USAID does have a Disability Policy (1997), but it contains little specific language in relation to global health. The main USAID section supporting the needs of persons with disabilities is the Vulnerable Populations Programs within the Democracy, Human Rights and Governance section. This program houses a Disability Program, a Wheelchair Program, a Victims of Torture Program, a Displaced Children and Orphans Fund, and the Leahy War Victims Fund. These have provided vital support across all dimensions of disability and development, including in health care, but are somewhat limited in their scope of work and programming budget.

Resources
Source, International Online Resource Centre on Disability and Inclusion http://bit.ly/1pLiq7h

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Citations