Health equity for persons with disabilities

Guide for action

Executive summary

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Introduction

The World Health Organization (WHO) estimates that 16% of the global population has a significant disability, with increasing prevalence due to a rise in noncommunicable diseases, people living longer and ageing with limitations in functioning. The *Global report on health equity for persons with disabilities* (the *Global report*) *(1)*, launched in December 2022, demonstrates that persons with disabilities continue to experience health inequities: they are more likely to die earlier, experience poorer health, and have greater limitations in functioning. Health inequities faced by persons with disabilities are the result of avoidable, unjust, and unfair conditions; they include structural factors, such as stigma and discrimination; social determinants, such as poverty and lack of education; disease risk factors, such as tobacco consumption, alcohol and substance use, and unhealthy diets; and attitudinal, institutional, and physical barriers faced at all levels of health systems *(1)*.

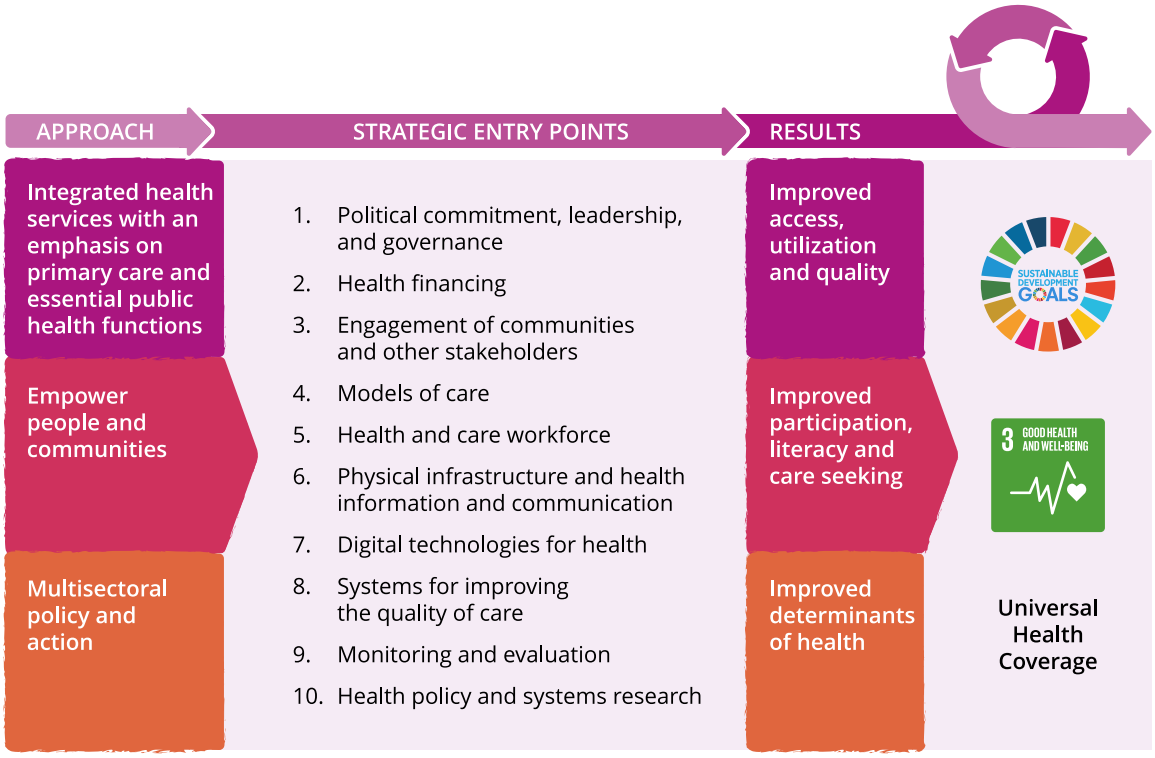
Health equity for persons with disabilities: guide for action (the *Disability inclusion guide for action*) provides practical guidance to ministries of health on the processes for integrating disability inclusion into the governance, planning, and monitoring of their health systems. It serves as the foundational resource for ministries of health and partners when implementing the actions and recommendations described in the *Global report*. It also supports Member States in meeting their commitments to "leave no one behind" and achieve the highest attainable standard of health for all people, as outlined in the Sustainable Development Goals (SDGs) *(2)*, the Convention on the Rights of Persons with Disabilities *(3)*, and World Health Assembly resolution 74.8 *(4)*. These commitments are reiterated in the 2023 Political Declaration of the High-level Meeting on Universal Health Coverage *(5)*.

This quick guide provides an overview of the key concepts, methodology and steps to be undertaken when implementing the process of the *Disability inclusion guide for action*. The full toolkit with detailed guidance and links to practice examples, tools and resources is available on the *Disability inclusion guide for action* website.

Strategic entry points for disability inclusion in health systems strengthening

The *Disability inclusion guide for action* contributes to health equity. Health equity for persons with disabilities will only be achieved if disability-inclusive strategies and actions are firmly adopted in health systems strengthening and within mainstream health actions *(1)*. The *Global report* recommends 40 targeted actions for disability inclusion across 10 strategic entry points to advance global health priorities without leaving behind persons with disabilities. The 10 strategic entry points for disability inclusion in the health system, as illustrated in **Figure 1**, are adapted from the original **primary health care framework** and are aligned with the health systems building blocks.

Figure 1. Framework for health systems strengthening through primary health care approach – 10 strategic entry points for disability inclusion[a]



[a] *Sources: The Operational framework for primary health care: transforming vision into action (6); and the Global report on health equity for persons with disabilities (1).*

Scope and target audience

The *Disability inclusion guide for action* supports ministries of health and their partners in both advancing health equity for persons with disabilities by identifying entry points, and planning appropriate actions that strengthen the health system through disability inclusion. It focuses on addressing the contributing factors which relate to the health system – namely, the attitudinal, institutional, and physical barriers faced by persons with disabilities across all health system building blocks. Such factors include the exclusion of persons with disabilities in governance and decision-making processes in the health sector; gaps in knowledge, negative attitudes, and discriminatory practices among the health and care workforce; inaccessible physical infrastructure, health information and communication; and a lack of information or data collection and analysis on disability in monitoring and evaluation in the health system.

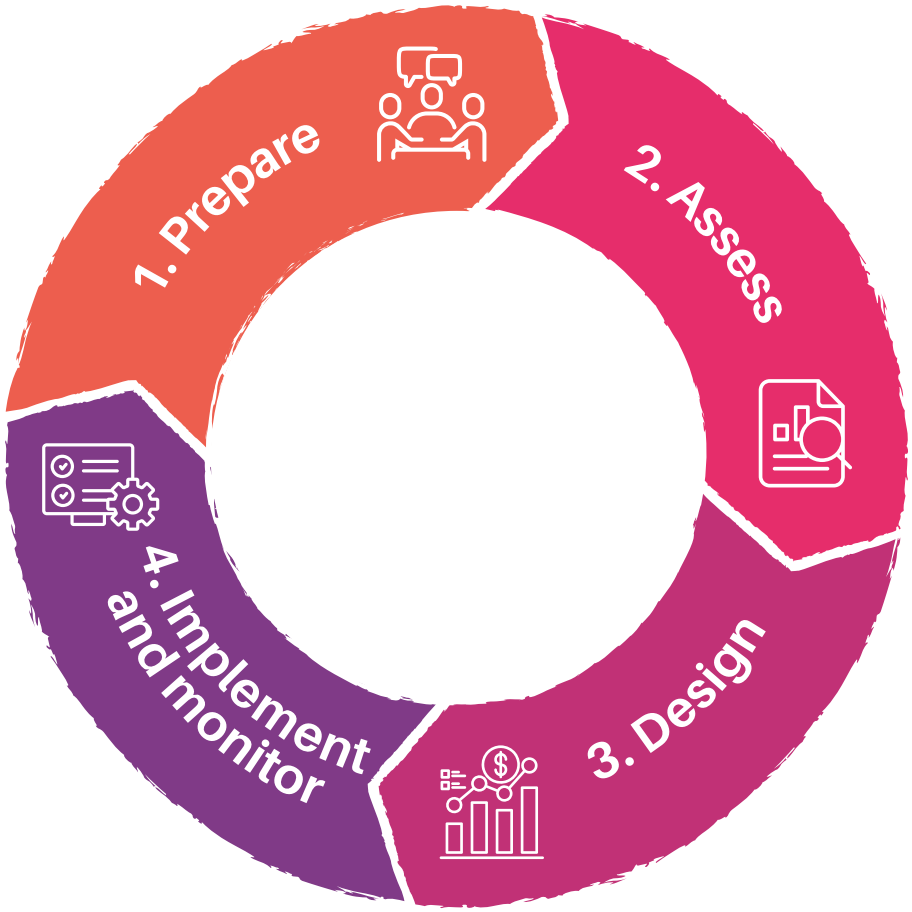
Ministries of health are the primary users of the *Disability inclusion guide for action*, and take the overall lead in coordination and implementation. **However, the participation of persons with disabilities and their representative organizations (OPDs) is essential and central to the process.** The *Disability inclusion guide for action* includes components which engage other ministries and stakeholders involved in implementing disability-inclusive actions. Ministries of finance, social welfare and education could be included, as well as organizations engaged in cross-sectoral public health interventions or providing disability programmes and services. It is designed for use at national levels, but the process and tools can also be adapted for use in local, district or regional level planning, depending on the dimension and range of decentralization and degree of autonomy of subnational planning authorities *(7)*.

Overview of the *Disability inclusion guide for action*

The *Disability inclusion guide for action* is a toolkit for guiding the planning process, which is organized in a cycle of four overlapping and continuous phases:

1. Prepare
for the Disability Inclusion Guide for Action process by identifying and engaging relevant stakeholders

2. Assess
the situation of disability inclusion in each of the 10 strategic entry points across the health system.



4. Implement and monitor
disability inclusive actions in health sector policies, plans, and programmes.

3. Design
disability inclusive actions for the health sector, prioritizing action areas and identifying available resources.

Phases 1, 2 and 3 may be undertaken periodically, and can be integrated into strategic planning processes of the wider health sector. Phase 4 is ongoing, with monitoring and evaluation informing adaptations to disability inclusive actions in annual operational planning cycles, as well as future strategic planning in the health sector. Each phase comprises three steps which provide detailed guidance and associated tools.

Phase 1.
Prepare (3–6 months)

Phase 1 supports the organization of the *Disability inclusion guide for action* process. It includes identifying and engaging appropriate stakeholders, confirming their roles and responsibilities, and establishing a Working Group to ensure participatory decision-making.

1.1 Confirm roles, responsibilities, and resources

A focal point in the Ministry of Health (MOH) should be identified to oversee the processes of the *Disability inclusion guide for action*. The budget should include the costs of consultants supporting the process, as well as reasonable accommodation for the participation of persons with disabilities. Such accommodation includes accessible transportation; accessible venues; producing documents and materials in different languages and in a variety of formats (e.g. screen-reader accessible files, Easy-to-Read, and large print versions); and providing sign language interpreters and personal assistants or support people. A budget template for the *Disability inclusion guide for action* process is provided in **Tool 1** (all tools are available on the WHO webpage).

1.2 Identify, engage and dialogue with stakeholders

Meetings should be convened with key stakeholders to share information presented in the *Global report* as well as to brief stakeholders on the process of the *Disability inclusion guide for action* and to receive their feedback on initial priorities and potential adaptations. Meetings can take a range of formats, including policy dialogues, practice- and evidence-informed discussions, workshops, and consultations. Key messages on health equity for persons with disabilities are provided in **Tool 2**.

1.3 Establish a *Disability inclusion guide for action* Working Group

The Working Group should comprise selected representatives from the MOH and other government departments, health service providers, research institutes, human rights bodies, and civil society, including OPDs and other groups of persons with disabilities. The Working Group will inform the situation assessment, contribute to the action planning processes, and support the government in later implementation, monitoring, and evaluation. Terms of reference for the Working Group are available in **Tool 3**.

Phase 2.
Assess (3–6 months)

A situation assessment of disability inclusion in the health sector, based on the 10 strategic entry points described in the *Global report*, should be conducted to understand the national context, current health sector priorities, and the health sector planning cycle/process to which the Disability Inclusion Guide for Action can align and contribute. The situation assessment is conducted by collecting data and information, and then completing **Tool 8**, the Disability Inclusive Health System Assessment, with the Working Group. These steps may be undertaken by a consultant, and coordinated by the MOH focal point.

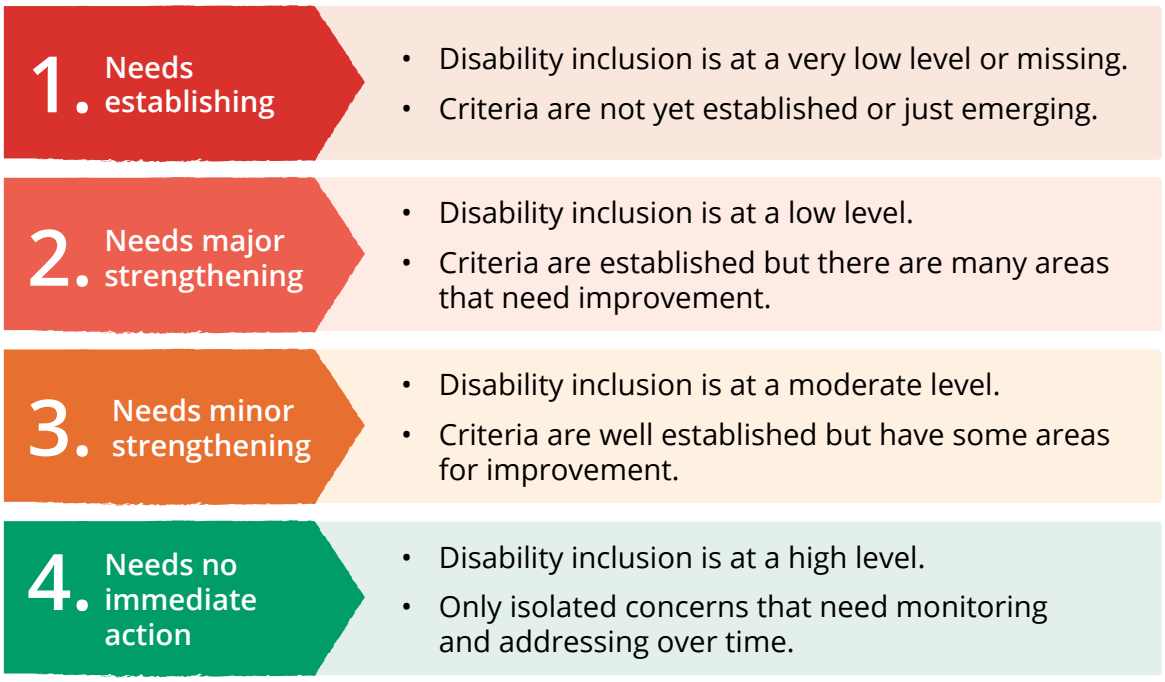
2.1 Collect data and information

A minimum requirement of the situation assessment should be the collection and analysis of appropriate information and data from existing data sources, key documents or literature; the conducting of stakeholder interviews and consultations with persons with disabilities; and for visits to selected health services to be undertaken. To support the collection of data and information, a range of tools has been developed: **Tool 4**: Introductory Information Form; **Tool 5**: Stakeholder Interview Guide; **Tool 6**: Consultation Discussion Guide for Persons with Disabilities; and **Tool 7**: Service Visit Guide. The United Nations ***Guidelines on consulting with persons with disabilities*** *(8)* also provides a useful resource.

2.2 Assess status of disability inclusion in health sector

Drawing on the information gathered in the previous step, the Working Group should assess the status of disability inclusion in the health sector using **Tool 8**. This can be conducted through a workshop facilitated by the MOH, with support from WHO and/or consultants, as needed. Tool 8 outlines the criteria for each strategic entry point and demonstrates the different levels of disability inclusion. Each of these levels is described in **Figure 2**.

Figure 2. Disability inclusive health system assessment – scoring scale



2.3 Document and validate findings

The findings of the situation assessment, including the Disability Inclusive Health Systems Assessment, should be documented in a preliminary report prepared by the MOH and shared with the Working Group for review and feedback. Health facilities and other organizations who participated in the situation assessment should also have an opportunity to review the draft report, so that they are aware of how the information provided has been used and, if necessary, clarify any points. A template for the situation assessment report for the *Disability inclusion guide for action* is available in **Tool 9**.

Phase 3.
Design (3–6 months)

Phase 3 of the *Disability inclusion guide for action* takes the gaps and opportunities identified in the situation assessment (Phase 2), and develops prioritized actions on disability inclusion for integration into the wider health sector and programmatic strategic and operational plans. Phase 3 also includes the development of a monitoring and evaluation framework – to track both the progress in the implementation of the action plan, and the outputs and outcomes as they relate to health equity for persons with disabilities.

3.1 Prioritize entry points and actions with timelines and costing

This step includes identifying the entry points, gaps and opportunities for disability inclusion which best address the most important needs identified in the situation assessment. The Working Group will design actions to be implemented in line with the strategic planning cycles of the health sector, while taking into consideration the current and emerging health sector priorities, available resources, and existing or emerging partnerships which can be leveraged. Some actions may not require additional funding and/or can be implemented effectively through existing programmatic resources of the MOH. Other actions may require the mobilization of resources from within and outside the MOH. **Tool 10** provides a template for action planning for the *Disability inclusion guide for action*.

3.2 Develop a monitoring and evaluation framework

Monitoring and evaluating both disability inclusion in the health system and the health outcomes for persons with disabilities, help to identify gaps, determine priorities, set baselines and targets, and track progress towards health equity. The monitoring and evaluating framework developed for the action plan should not be a parallel framework and must be aligned with, and feed into, the monitoring and evaluating framework of the wider health sector. A menu of disability inclusive health indicators is provided in **Tool 11**.

3.3 Validate, finalize, and endorse the action plan

The MOH and the Working Group, with support from WHO, as needed, should draft the action plan and monitoring and evaluating framework documents. The action plan can be a stand-alone plan on disability inclusion in the health sector or integrated into other relevant health system plans. Once a draft has been developed and agreed upon within the Working Group, it should be presented to key stakeholders, including OPDs, for feedback, and revised accordingly. Once finalized, the Disability Inclusion Action Plan should be officially endorsed by governments and ministries, including sections of the MOH responsible for the implementation of health strategies and plans, as well as those responsible for health financing/budgeting, up to leadership levels.

Phase 4.
Implement and monitor (ongoing in line with health sector strategic planning cycle)

4.1 Disseminate and integrate the action plan

The action plan of the *Disability inclusion guide for action* must be communicated and disseminated to relevant MOH personnel, making clear the institutional commitment and responsibility of different departments and programmes in implementation. Disability-inclusive actions outlined in the action plan should be embedded in the work plans of respective MOH departments, programmes, and technical working groups responsible for the development and implementation of national health policies, strategies and plans. In most countries, the Working Group of the *Disability inclusion guide for action* will continue its role – ideally, as a permanent structure within the MOH – overseeing implementation, monitoring progress and feeding into health sector planning.

4.2 Facilitate intersectoral coordination and shared learning

Ongoing intersectoral coordination and collaboration, including integrating disability into new and emerging health policy initiatives, will support effective implementation of the action plan. Capacity development of stakeholders – within the MOH and the wider health and disability sectors – may also be needed to advance some of the actions outlined in the plan. Finally, as disability inclusion in health systems and addressing health equity for persons with disabilities remains an emerging focus in many countries, strategies for disability inclusion need to be shared between stakeholders with reflections on what works, and why it works.

4.3 Analyse and report on the results, to contribute to future strategic planning cycles

Progress on disability inclusion in the health sector should be monitored and evaluated in line with the framework developed in Phase 3. Information gathered through the monitoring and evaluation framework should be analysed and documented appropriately, ideally in reviews and reports of the wider health sector strategic plan.

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