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Disability and health commission

# Missing Billion Inclusive Health systems framework



**Social Determinants and Context**

Indicator	Definition	Information required
UNCRPD	Ratification and adoption of UN Convention on the Rights of Persons with Disabilities (CRPD)	Y/N Evidence of it being actioned, e.g., dedicated budget, action plans and initiatives
National law	Existence of a national law protecting the right to health for PwDs	Y/N National law includes: 1) Law prohibits discrimination in healthcare 2) Law requires reasonable accommodation for PwDs
National health policy	Existence of a national policy or decree on health for PwDs	Y/N Policy ensures 1) General healthcare services for PwDs 2) Access to Rehabilitation, other specialists and assistive technology services 3) Policy includes measures to implement these services
National Health Sector Plan(s)	Inclusion of PwDs in National Health Sector Plan(s) led the national health regulator	Y/N Plan includes: 1) Actions and targets for general health care for PwDs (not only prevention of disability) 2) Actions and targets for specialist health services for PwDs 3) Basic statistics about PwDs & health 4) Monitoring and evaluation indicators on disability as part of overall framework for the health sector

**1 Governance**

# 1 Governance

Indicator	Definition	Information required
National disease plan	Inclusion of PwDs in National disease plan (e.g., HIV, rare diseases, hepatitis)	Y/N Plan ensures: 1) Inclusion of people with disabilities in testing, treatment, information programs
Cross ministry governance	Cross ministry taskforce to coordinate work on disability inclusion	Y/N and which ministry is driving it  Cross ministry governance includes: 1) Department of Health

# 1 Governance

**Geography and scale:** Australia; national

**Type of disability:** People with intellectual disability

**Involved actors:**

- Australian Government Department of Health
- People with intellectual disability, family members and carers
- Advocacy organisations
- Clinical and academic experts
- Disability service provider organisations
- Additional Commonwealth agencies and state and territory governments.

## National Roadmap

for Improving the Health of  
People with Intellectual Disability  
July 2021



## Best practice description

The [National Roadmap for Improving the Health of People with Intellectual Disability](#) (the Roadmap) was launched in August 2021 after an extensive consultation process. The Roadmap is a landmark document that sets out a comprehensive range of actions to improve the health of people with intellectual disability. Key objectives include:

1. Improve support for people with intellectual disability, their families and carers (e.g., health literacy resources, disability liaison officers in health services).
2. Develop better models of care that are person-centred, trauma-informed, and with reasonable adjustments (e.g., toolkits, best practice guidelines and clinical standards).
3. Provide support for health professionals, including training to provide quality, appropriate and disability informed health care.
4. Improve oral health by integrating it into general health care and by promoting access to existing dental services.
5. Strengthen research, data and measurement of health outcomes.
6. Improve emergency preparedness and response to meet the needs of people with intellectual disability.

Specific programs will implement these objectives over the next 10 years. The Roadmap Implementation Governance Group (RIGG) will oversee implementation of the Roadmap. Membership of the RIGG includes people with intellectual disability, family members and carers; health and disability sector representatives; academic experts; Commonwealth, and state and territory government representatives.

# 2 Leadership

Indicator	Definition	Information required
2.1 MoH leadership	Existence of a focal point/team in MoH that's responsible for ensuring health access for people with disabilities	Yes/No with description of responsibility for disability inclusion role/team
2.2 National health sector coordination (e.g., Global Fund CCM)	National health sector with formal representation of persons with disabilities (individual or OPDs) in highest-level health sector coordination structure	Yes/No, and title of structure/group
2.3 Pandemic preparedness structures	Formal representation of people with disabilities (individuals or OPD) in national taskforce, e.g., COVID	Yes/No

## COVID-19 Disability Advisory Group (CDAG) in Canada

MISSING  
BILLION

**Title:** Canadian COVID-19 Disability Advisory Group (CDAG)

**Geography and scale:** National; across Canada

**Type of disability:** All types of impairments

**Involved actors**

- Minister of Employment, Workforce Development and Disability Inclusion
- Employment and Social Development Canada
- Health Canada
- Senior Government of Canada Officials and other Ministers
- Disability advocacy groups
- Committee Members (persons with disabilities, allies, academics, and CSO leaders)



Government  
of Canada

Gouvernement  
du Canada

# 3 Health financing

Indicator	Definition	Information required
3.1 Disability inclusion budget	Budget (MoH or devolved levels) for role/department in MoH working on disability inclusion	Yes/No, description includes if the budget is at the federal/decentralised
3.2 Reimbursement adjustments	Reimbursement adjustment available for services provided to patients with disabilities	Yes/no For example, there is a national health insurance reimbursement or there is adjusted capitation rates for people with disabilities
3.3 AT/rehabilitation budget	Funding for AT/rehabilitation in MoH (or devolved levels) budget	Yes/No % of annual MoH budget

# GOOD PRACTICE ON INCLUSIVE HEALTH

## System level

### 3 Health Financing

## Special Health Insurance for People with Disabilities (Jamkesus Disabilitas) in Special Region of Yogyakarta Province

In 2018, this service was recognized as one of the most innovative public services by the Ministry of Administrative and Bureaucratic Reform.

All persons with disabilities in Yogyakarta who are not covered by any health insurance



# 4 Data & Evidence

Indicator	Definition	Information required
Maturity of disability & health data collection	Maturity of disability & health data collection method	How was is disability and health data gathered? <ul style="list-style-type: none"> <li>• National census/survey</li> <li>• Healthcare register of PwDs</li> <li>• Health information records tag PwDs (EHR)</li> </ul>
Quality of disability & health data collection method	Quality of disability & health data collection method	Plan includes: <ol style="list-style-type: none"> <li>1) Data collection method is valid</li> <li>2) Data collection is recent - in the last 10 years</li> <li>3) Data is nationally representative</li> <li>4) 5+ impairment types are covered</li> </ol>
Maturity of disability & health data usage	Maturity of how disability & health data is used	<ol style="list-style-type: none"> <li>1) Disability health data that is collected is analysed &amp; published</li> <li>2) Findings from the data are used to inform program &amp; policy change</li> </ol>
Quality of disability & health data usage method	Quality of disability & health data usage method	If the quality criteria for data usage is met: <ol style="list-style-type: none"> <li>1) Data analysis method is transparent &amp; valid</li> <li>2) Data is analyzed and published within three years of collection</li> <li>3) Analysis is nationally representative</li> <li>4) Publications &amp; raw data are easily accessible</li> </ol>

# Learning Disabilities Mortality Review (LeDeR) in the UK

**Geography and scale:** England, national.

**Type of disability:** Children and adults with learning disabilities

## Involved actors

- Department of Health
- National Health Service (NHS) England
- Health Quality Improvement Partnership
- University of Bristol

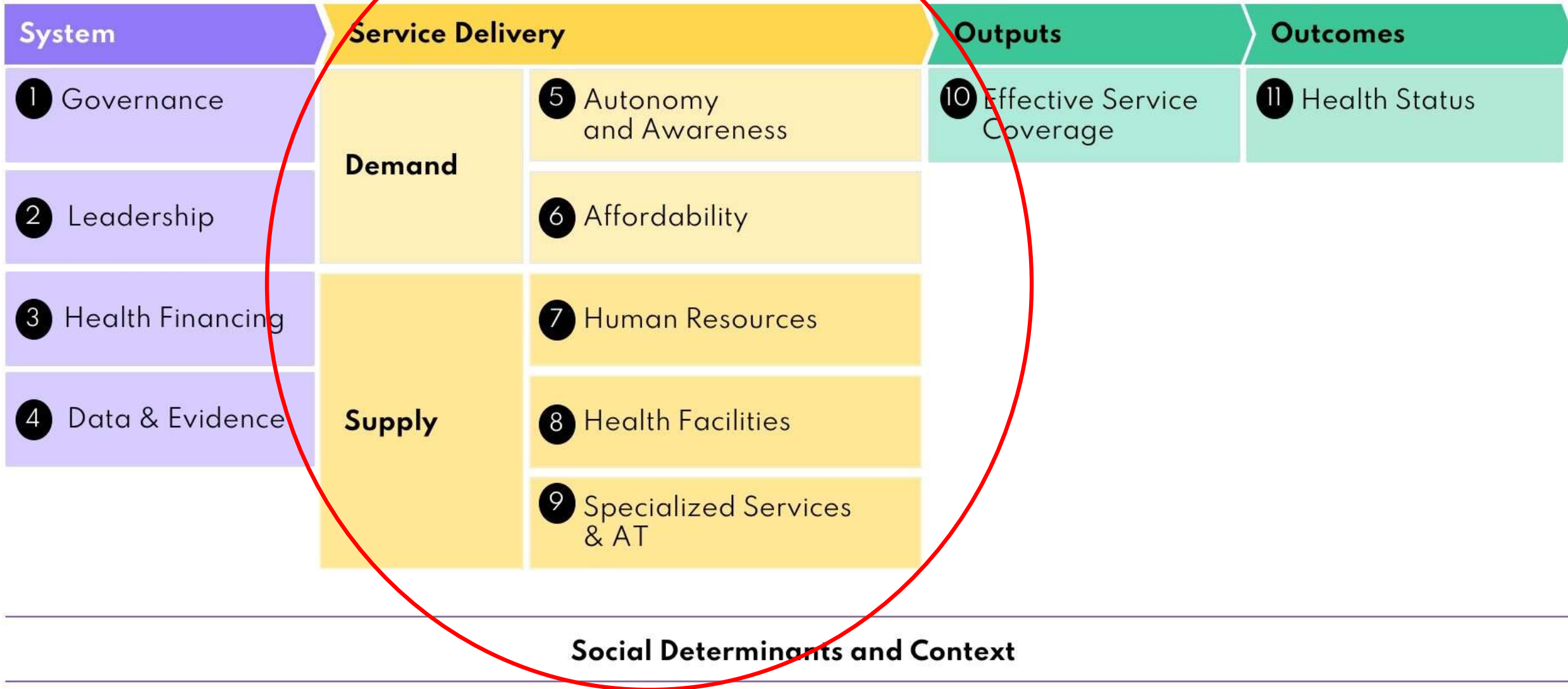


## Best practice description

# Learning Disabilities Mortality Review (LeDeR) Programme

Every person with learning disabilities who dies has a local review of their case notes and cause of mortality to write a report. The report reviews potentially modifiable factors of their death, such as the level of care received

# Missing Billion Inclusive Health systems framework



# 5 Autonomy and awareness

Indicator	Definition	Information required
Organization for Persons with Disability (OPD) advocacy	OPDs advocate on the right to health for PwDs with government & NGO delivery partners	OPDs have been engaged as advisory roles / partnerships with the Ministry of Health
Autonomy and awareness	PwDs report autonomy and awareness about health access	If the following exist: 1) In a quantitative survey (in <10 years) PwDs were asked about autonomy & awareness about health (in comparison to people without disabilities) OR 2) In a qualitative data published (in <10 years) in a peer-reviewed journal on reported autonomy and awareness about health
Accessibility of health information	Health information is available in accessible formats	The number of accessibility formats available for the main national health information website

## **5** **Autonomy and awareness**

# Peer educator training on sexual and reproductive health and rights of people with disabilities in Burundi

<b>Geography and scale:</b>	Burundi; provinces of Mwaro, Muramvya and Gitega
<b>Type of disability:</b>	All persons with disabilities with a focus on youth (10-24 years old)

<b>Involved actors</b>
<ul style="list-style-type: none"><li>• National Program for Reproductive Health, Ministry of Health of Burundi</li><li>• National Union of Burundi for people with disabilities (UPHB)</li><li>• Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)</li><li>• Local health centres (14) and associations for people with disabilities</li><li>• Province and district health management teams</li><li>• Specialized educators for people with disabilities</li><li>• Youth with disabilities</li></ul>



### **Best practice description**

Youth with disabilities were trained to become peer educators in sexual and reproductive health and rights (SRHR) of people with disabilities. The training was implemented in 2021 by UPHB in collaboration with GIZ.

# 6 Affordability

Indicator	Definition	Information required
Health coverage	PwDs are fully covered for free healthcare through social health insurance, tax-based system, provision as part of disability allowance or any other stipulations	All healthcare is covered / Healthcare is partially covered / No
Transport subsidy available for PwD	Transport subsidy is available and public transport can help travel to medical care	Yes/No Hospital/health center dedicated public transport services
Disability allowance	There is a disability allowance that is available to cover healthcare fees not covered by existing insurance or tax-based systems, e.g., assistive technologies	Yes/No Groups and/or regions that have the allowance available
Co-pays	Any co-pays for services in either health insurance or taxation-based systems not covered by disability allowances are waived for PwDs	Yes/No

# Disability allowance for people with disabilities in Vietnam



Expanded coverage of the disability allowance along the years (from US\$12.75 to US\$17)

GOOD PRACTICE ON INCLUSIVE HEALTH  
Service delivery ⑥ Affordability



## Ontario Providing Accessible Rides to COVID-19 Vaccination Sites

Program will help people with mobility issues receive their vaccine shots

# 7 Human Resources

Indicator	Definition	Information required
Training of medical doctors	Information about disability delivered as part of the national curricula for medical schools/colleges	Yes/No  Requirements:
Training of nurses	Information about disability delivered as part of the national curricula for nurses/nursing colleges	1) Training content covers medical and non-medical modules 2) The training is part of the core curriculum (not voluntary)
Training of CHW	Information about disability delivered as part of the national CHW training curricula	
Representation in health workforce	PwDs are represented in the health workforce	% of medical doctors that have disability
Satisfaction	PwDs report that they feel well treated by health workers	If the following exist 1) In a quantitative survey from within the last 10 years PwDs were asked about satisfaction with health worker services (in comparison to people without disabilities) OR 2) A qualitative data published in the last 10 years in a peer-reviewed journal on reported satisfaction

REDUCED  
INEQUALITIES



10

# Leaving No One Behind: Advancing Health Equity Through Disability Competencies in Medical Education

*Doctors with Disabilities*



# 8 Health facilities

Indicator	Definition	Information required
National Accessibility Standards	Existence of national accessibility standards for healthcare facilities	Yes/No
Accessibility of facilities	<p>Accessibility audit of health facilities has been undertaken in the last 10 years with requirements:</p> <ol style="list-style-type: none"> <li>1) Results are published</li> <li>2) It is mandatory for all facilities to meet the accessibility standards, consequences when it is not reached</li> </ol>	<p>Yes/No</p> <p>Results of audit report in published government report/documents or peer-reviewed journal</p> <p>Mandatory/non-mandatory for facilities to meet accessibility standards</p>

# GOOD PRACTICE ON INCLUSIVE HEALTH

## Service delivery level

### 8 Health Facilities

In 2012, Brazil undertook the first national assessment of the accessibility of 38 812 primary healthcare centres of the public health system across 5.543 cities (99% of Brazilian municipalities).

#### Involved actors

- Brazilian Ministry of Health
- Researchers from 11 universities
- Primary health care facilities

The accessibility of health facilities for wheelchair users has improved from 34% in 2012 to 54% in 2015 and 68% in 2018.



# 9 Assistive technology and Rehabilitation

Indicator	Definition	Information required
National Assessments	National Assessment of Assistive Technology or rehabilitation (e.g., STAR or RATA) done in the last 10 years	Yes/No If yes, provide: <ol style="list-style-type: none"> <li>1) description of National Assessment of Assistive technology</li> <li>2) National representativeness of assessment</li> <li>3) Date of assessment</li> <li>4) Key findings from the last assessment</li> </ol>
Cross-ministry AT coordination	Coordination mechanism cross-Ministry for rehabilitation services and AT where more than 1 ministries involved	Yes/ No N/A - only 1 ministry responsible for AT/rehabilitation
Trained workforce available to provide rehabilitation services and AT	Physiotherapists available and trained to provide rehabilitation services and assistive technology	# of Physiotherapists/1,000,000 population Includes occupational therapist, audiologist, speech and language, optometrist, Rehabilitation physician, clinical psychologist

# 10 Effective Service Coverage

- % of women with disabilities, compared to % of overall women, whose demand is satisfied with a modern method of **contraception**
- % of people with disabilities that have **ARTs coverage**, compared to coverage of people without disabilities
- % of children with disabilities received **DPT-3**, compared to % of overall children
- NCD coverage – People with diabetes on treatment OR people with **hypertension** on treatment, disaggregated by disability
- % of those with need who have **glasses** (e.g. from RAAB survey)

# 11 Health Status (optional)

- **Mortality**: Deaths per 100 000 population; compared to people without disabilities
- Prevalence of **diabetes** OR **hypertension** among persons aged 18+ years, disaggregated by disability (Global Monitoring Framework NCDs; WHO)
- Prevalence of **HIV**, disaggregated by disability
- Prevalence of **overweight and obesity** among persons aged 18+ years, disaggregated by disability
- Prevalence of children **wasted** (moderate and severe), 0-59 months of age, disaggregated by disability; WHO Child Growth Standards median