Realizing the Sustainable Development Goals by, for and with Persons with Disabilities

Ensuring healthy lives and promoting well-being for all persons with disabilities (Goal 3)

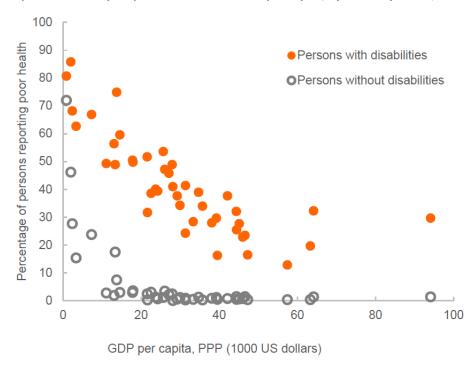


Disability-inclusive development

The 2030 Agenda for Sustainable Development and its 17 SDGs provide a powerful framework to guide local communities, countries and the international community toward the achievement of disability-inclusive development. The 2030 Agenda pledges to leave no one behind, including persons with disabilities and other disadvantaged groups, and recognizes disability as a cross-cutting issue to be considered in the implementation of all of its goals. The Agenda also includes seven targets and 11 indicators explicitly referencing persons with disabilities, covering access to education and employment, availability of schools that are sensitive to students with disabilities, inclusion and empowerment of persons with disabilities, accessible transport, accessible public and green spaces, and building the capacity of countries to disaggregate data by disability.

Persons with disabilities generally have more health-care needs than others – both standard needs and needs linked to impairments – and are therefore more vulnerable to the impact of low quality or inaccessible health-care services than others. Compared to persons without disabilities, persons with disabilities are more likely to have poor health: **among 43 countries, 42 per cent of persons with disabilities versus 6 per cent of persons without disabilities perceive their health as poor**. Further, women with disabilities are more likely to report poorer health than men with disabilities. In some countries, less than 20 per cent of persons with disabilities report poor health, while in others more than 70 per cent of persons with disabilities report the same. The number of persons with disabilities who report poor health tends to be higher in countries with lower gross domestic product per capita (Figure 1), suggesting that increased availability of financial resources may provide the accessible health, basic and community services needed to achieve better health.

Figure 1: Percentage of persons who report poor health versus GDP per capita, by disability status, in 43 countries, around 2013.



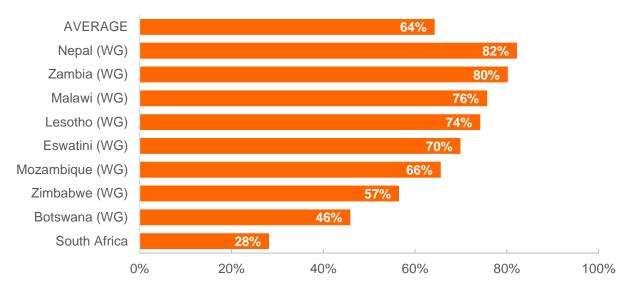
Source: Eurostat, ¹ UNDESA² (on the basis of data from SINTEF³), WHO⁴ and the World Bank.⁵





Access to health-care services remains a challenge for persons with disabilities, who are more than three times as likely to be unable to get health care when they need it. Access to rehabilitation services is also a challenge. In some countries, more than 50 per cent of persons with disabilities have an unmet need for these services (Figure 2). Lack of financial resources, lack of access to and accessibility of medical facilities and transport, as well as inadequate training of health personnel to accommodate persons with disabilities remain major challenges. Some countries have endeavoured to reform legal and policy frameworks and/or to address access to health-care services directly, including through anti-discrimination laws related to the health sector, disability laws or policy plans, and laws that guarantee access to health care for persons with specific health conditions (e.g. spinal cord injury) or specific populations (e.g. veterans). Although many of these laws are general and do not target disability-specific barriers, six countries have explicit laws that guarantee access to health care for persons with disabilities.

Figure 2: Percentage of persons with disabilities who needed but could not receive rehabilitation services, in 9 countries, around 2011.



Note: (WG) identifies countries with data collected using the Washington Group Short Set of Questions. Data from South Africa were collected in selected regions of the country and are not nationally representative. Source: UNDESA² (on the basis of data from SINTEF³).

Actions to achieve the highest attainable standard of health for all persons with disabilities

- Strengthen national legislation and policies on health care in line with the CRPD.
- Identify and eliminate obstacles and barriers to accessibility in health-care facilities.
- Improve health-care coverage and affordability for persons with disabilities as part of universal approaches to health care.
- Train health-care personnel on disability inclusion and improve service delivery for persons with disabilities.
- Empower persons with disabilities to take control over their own health-care decisions, on the basis of informed consent.
- Prohibit discriminatory practices in health insurance and promote health insurance coverage for assistive products and rehabilitation services.
- Improve research and data to monitor, evaluate and strengthen health systems to include and deliver for persons with disabilities.

⁵ World Bank Data. Available at: https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD (accessed in May 2018).





¹ Eurostat Database. Data available at: https://ec.europa.eu/eurostat/data/database (accessed in March-May 2018).

² Country estimates calculated or commissioned by UNDESA.

³ Stiftelsen for industriell og teknisk forskning, *Living conditions among persons with disabilities*, various datasets from 2006 to 2017.

⁴ Model disability surveys in Cameroon, Chile and Sri Lanka, 2015–2016. Data provided by the World Health Organization in April 2018.