

**12th session of the Conference of States Parties to the
Convention on the Rights of Persons with Disabilities**

Madame chairman, Excellencies, distinguished delegates, ladies and gentlemen,

Sustainable Development Goal 3 seeks to “Ensure healthy lives and promote well-being for all at all ages”.

This marks an important shift in the way that the World Health Organisation and the wider health community is thinking about health.

The Millennium Development Goals had three health related objectives which focused on child mortality, maternal mortality and HIV and other infectious diseases. These had a major impact on these particular areas, but meant other important areas of health sometimes were overlooked. The new agenda has sought to continue progress in these areas, but make a more balanced, holistic and broader focus on health and wellbeing.

The WHO's strategy for achieving "Health for All" is through Universal Health Coverage – an approach which seeks to ensure that all people receive the health services they need without suffering financial hardship.

Universal health coverage cannot be achieved without including people with disabilities, yet we know that people with disabilities face greater barriers and inequities in accessing everyday health services as well as any specialized health services they may require.

The Report of the Special Rapporteur on the rights of persons with disabilities last year had a specific focus on the right to health. The report highlighted these inequities clearly, recognising the direct barriers within health services, such as accessibility, attitudes of health care providers and, as I was powerfully reminded in the session by the Argentina delegation last evening, the barriers faced in health insurance coverage.

A study among people with disabilities in a country I visited recently suggested that health facilities were the least accessible public spaces. This is unacceptable and needs to change.

The Special Rapporteurs report goes beyond direct health services, however, to also recognise social determinants of health such as poverty to which people with disabilities can often be more exposed. Yesterday I had a conversation with Kathryn

Lyons and her mother who are trying to change the face of public toilets and sanitary facilities – a basic human right and fundamental for health, personal hygiene and dignity yet all too often unavailable, inaccessible or inappropriate for people with disability.

The World Health Organisation is committed to ensuring that the Convention on the Rights of Persons with Disabilities is fully implemented across the world. As the leading agency on health, we take particular focus on articles 25 and 26, whilst at the same time recognizing that all the articles contribute to good health and wellbeing for persons with disabilities.

We are actively working to ensure that people with disability benefit from universal health coverage. Our work on disability is undertaken in accordance with the *WHO Global disability action plan 2014–2021* which was adopted by the World Health Assembly in 2014.

The plan contains three distinct, but clear and interconnected objectives:

Firstly the plan seeks to remove barriers and improve access to health services and programmes:

To achieve this, the WHO is looking at how to tackle discrimination in health care settings and developing organization-wide standards of care for the provision of non-

discriminatory health care based on the best available evidence. Work is also underway to provide tools and promote access to health services for persons with disabilities within several regional offices.

Secondly the plan seeks to strengthen and extend habilitation, rehabilitation, assistive technology, assistance and support services, and community based rehabilitation:

WHO has developed and is rolling out guidance on strengthening the health system to provide rehabilitation services. In addition, work is also underway to develop a package of rehabilitation interventions to facilitate the inclusion of rehabilitation in Universal Health Coverage. WHO is currently supporting 14 Member States to implement the package.

Furthermore, following the publication of the first WHO List of priority assistive products in 2016, a global resolution was passed just last year. This includes, specifications to guide procurement of priority assistive products, financing options, and training modules to support access to basic assistive products at a community-level.

Finally, the plan seeks to strengthen the collection of relevant and internationally comparable data on disability and support research on disability and related services.

The WHO has developed a Model Disability Survey in collaboration with the World Bank and has continued to push for the integration of health data and measurement which incorporates the International Classification of Functioning, Disability and Health.

Outside of the direct activities of the disability action plan WHO also leads QualityRights, an initiative to translate the CRPD into practice by reforming mental health services and improving the quality of care available for people with mental and psychosocial disabilities. This initiative is ongoing and already demonstrating impact in more than 25 countries. WHO is developing best practice guidance that provides evidence for community-based mental health services that operate without coercion, respond to people's needs, support recovery and promote autonomy and inclusion, in line with the Convention. Further, WHO has been working closely with the WHO initiatives ageing to ensure that as we live longer, we do so with optimum opportunities of wellbeing and continued participation in society.

At the Pan American Health Organisation, the WHO Regional Office for the Americas, where personally am based we are also committed to these objectives. In addition to

the activities of the Global Disability Action Plan and our own Regional Plan of Action, this year we are aiming to have a high level dialogue between people with disabilities and senior PAHO management in order to raise greater attention to this issue and ensure that people with disabilities are at the center of planning as we evolve this issue. I have also begun discussions with our health equity team to begin to include disability alongside other cross cutting issues such as gender and ethnicity to ensure that this is included as a core theme across PAHO programmes.

Unfortunately services like rehabilitation, assistive technology and mental health programmes remain underfunded and more underprioritised in the health agenda compared to other public health issues. In spite of recent signs of greater recognition of these issues through initiatives like Rehabilitation 2030 and the Global Cooperation on Assistive Technology, much much more needs to be done.

There remains an important sensitivity to address when considering health needs in the disability agenda given the legacy of the medical model. Yet the CRPD is clear on a person with disability's right to health. With the current shift in emphasis within the global health community towards health for all and greater consideration and emphasis on health equity, it feels that we are at an important moment with greater

opportunities for designing and implementing inclusive health programming that ensures that nobody is left behind.

At the WHO we look forward to working with members states, organisations of persons with disabilities and other partners in driving forward a health agenda that is inclusive for all.

Thank you.