

This edition of Sida's newsletter on evidence in global health looks at evidence on health inequities that persons with disabilities, particularly women and girls, face because of insufficient investment in accessible and inclusive health and persistent disability-related stigma. While there are important gaps in evidence and data on persons with disabilities' well-being and access to Universal Health Coverage (UHC), there is convincing data demonstrating that persons with disabilities are more likely to have unmet health needs as compared to those without disabilities. Studies show that inclusive health approaches and addressing the specific barriers that persons with disabilities face to live healthy lives can reduce health inequities if granted urgent attention and investment. This is a prerequisite for achieving UHC. This brief captures some of the findings of a few pertinent documents (i.e., its intention is not to be exhaustive), and will be updated when merited.

Global report on health equity for persons with disabilities (WHO, 2022)

The report provides evidence on how persons with disabilities have worse health outcomes than persons without disabilities, and a large proportion of these differences are irrelevant of their underlying health conditions or impairments but rather caused by "avoidable and unjust or unfair factors" including structural factors, social determinants, risk factors and the health system itself.

Stigma and discrimination are significant barriers that contribute to health inequities for persons with disabilities. Promoting people-centered and rights based health care will strengthen disability-inclusive health approaches and can benefit several other underserved groups as well. The report estimates that for every US\$ 1 spent on disability-inclusive prevention and care of non-communicable diseases, governments could expect a US\$ 10 return on investment.¹

Global Facts

- WHO estimates that 16% of the world's population, around 1,3 billion people, have a disability.²
- One in 10 children have a disability as estimated by UNICEF.³ Women are more affected by functional limitations than men.
- Children with disabilities are five times more likely to report having been seriously ill than children without disabilities. E.g., 44% of children with severe disabilities have basic immunization coverage compared to 58% of children without disabilities.⁴
- Persons with disabilities have twice the risk of developing depression, asthma, diabetes, stroke obesity or poor oral health.⁵
- 43% of women with more than one functional limitation need emergency post-partum visits compared to 23,5% of women without disabilities (23,5%).
- More than 33% of indigenous women with disabilities have been raped during their lifetime.⁶
- Children with Cerebral Palsy (CP) were 25 times more likely to die than children in the general population.⁷

Persons with disabilities have less access to public health interventions and health promotion and are at [higher risk of dying prematurely and acquiring new health conditions or increased morbidity](#). The mechanisms that cause health inequities for persons with disabilities are complex and multidimensional and in response, WHO proposes [40 evidence based actions](#) to be implemented across 10 strategic entry points. A primary health care systems strengthening approach is recommended as the foundation to achieve health equity for persons with disabilities, detailed further in chapter 3:

1. Integrated health services with an emphasis on primary care and essential public health functions.
2. Empowering people and communities.
3. Multisectoral policy and action.

² WHO (2022). Global report on health equity for persons with disabilities.

³ UNICEF (2021). [Seen, Counted, Included. Using data to shed light on the well-being of children with disabilities](#).

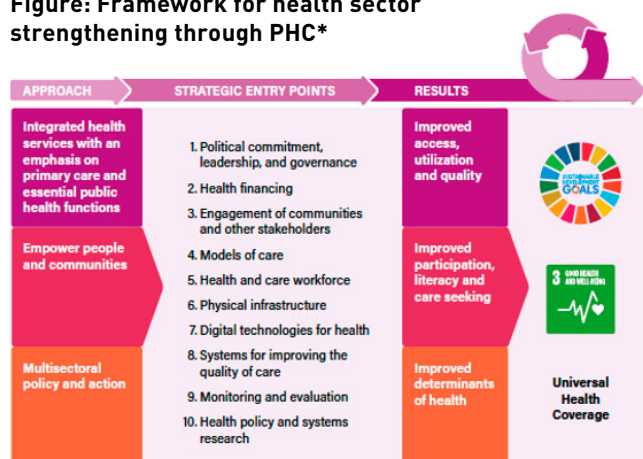
⁴ UNICEF (2022). [Inclusion of children and young people with disabilities in routine general health care. Practice guide](#).

⁵ WHO (2022). Global report on health equity for persons with disabilities.

⁶ UN Women. [Fact sheet. Indigenous women with disabilities](#).

⁷ Adams, C. et al. (2021) PhD Thesis: [Cerebral palsy in Uganda : prevalence, mortality, functional development, access to services and wheelchair intervention \[ki.se\]](#)

Figure: Framework for health sector strengthening through PHC*



* Source: Adapted from World Health Organization and United Nations Children's Fund. Operational framework for primary health care: transforming vision into action. Geneva World Health Organization; 2020.

Barriers in accessing sexual and reproductive health services in sub-Saharan Africa, (Ganle et al., 2020)

Women and girls with disabilities face severe restrictions and stigma with respect to their sexual and reproductive health and rights (SRHR), which violates several provisions of the Convention on the Rights of Persons with Disabilities (CRPD).⁸ Among an increasing number of studies and research on this area⁹, this article identifies more than 30 barriers that exclude women with disabilities from their right to sexual and reproductive services in 12 different African countries. These barriers were found at several levels – e.g., national, health systems, individual, community and economic (affordability of services and poverty).

Among several urgent actions required, the article highlights the importance of addressing the maltreatment of women with disabilities by healthcare professionals. This suggests the need for more training and adequate manuals as well as better management of health facilities. Another important issue is to address community stigma and misperceptions about persons with disabilities and their sexuality. This requires both public educational interventions at the community level and ensuring persons with disabilities' access to SRHR education.

⁸ CRPD Committee. [General comment No.3 on Article 6 – women and girls with disabilities](#). 2016.

⁹ E-Pact consortium. [Evidence Gap Map](#). 'What works' to ensure persons with disabilities have access to sexual and reproductive health services. UK Department for International Developments WISH programme.

Early intervention for children with developmental disabilities (Smyth et al., 2021)

Investing in early childhood interventions holds potential for enormous impact on the child survival rates and developmental opportunities of children. Children with disabilities and their caregivers are often excluded from both interventions and research on Early Childhood Development (ECD) interventions. Data shows that caregivers of children with developmental disabilities experience depression and anxiety 2-3 times more often than other caregivers. Tracey Smyth and her colleagues analyses implementation of evidence-based interventions among children with developmental disabilities, and present promising interventions for low-resource settings, such as the [WHO Caregiver Skills Training](#) and the [Ubuntu-hub](#). These are community-based group interventions, focusing on the caregivers and facilitated by a trained and supervised health or peer support worker. The scaling up of these projects and programmes requires public investment and strengthening of inclusive primary care, education and social welfare.

Disability-inclusive health policy and systems research (Bailie et al., 2023)

This article looks at how a disability perspective can be better integrated across research on health policies and systems, and actively engaging persons with disabilities as researchers and co-producers of research ideas. There is data showing that criteria for joining clinical trials often excludes persons with disabilities. Only 18% of screening protocols include support for persons with disabilities to participate autonomously. This study draws lessons from using online focus groups as a qualitative data collection method, where persons with disabilities participated from the design throughout the implementation. Online focus groups have the potential to reach and engage more persons with disabilities and other under-represented groups if they are organized and implemented with accessibility and supportive mechanisms. For example, smaller groups facilitate better interaction by only using one screen, the use of accessible platforms that are familiar to the participants and offer training beforehand, ensure budget for accessible communication beforehand, such as sign-language interpretation or captioning. Engaging persons with disabilities in the research team facilitates the planning of accessibility measures.