

Inclusive Healthcare Systems



Thanks to successful medical treatment and the support of a self-help group, Seydou Gansoné lives with his family again and runs his own textile business.

Healthcare for everyone

- Persons with disabilities have the right to health and healthcare, just like everybody else.
- Doctors, hospitals and other healthcare services must help persons with disabilities.
- Laws must make sure that disabled persons' rights are respected.
- Persons with disabilities should help with healthcare plans because they know what being disabled is like.
- Helping persons with disabilities costs less money than **not** helping them.



BASELINE

In addition to general healthcare, most persons with disabilities require rehabilitation measures and assistive devices, which are subject to additional costs. Unfortunately, persons with disabilities are often denied access to the healthcare system by physical or communication barriers, lack of funding, social stigmatization, or incorrect assessments by medical staff. Further, persons with disabilities are often denied their political and social rights, manifested in a lack of investment and loss of legal capacity. In short, they face unequal access to both affordable healthcare services and disability-specific services, as well as to the general health insurance system, when available.

Excluding persons with disabilities - and in some cases their families - from healthcare services results in extra costs that exceed those of including persons with disabilities. Inclusion even generates benefits for non-disabled persons. Instead, exclusion reduces productivity on the one hand and increases costs due to secondary diseases on the other. Research has shown that households with a member with a disability spend up to 15% of their means for medical care. This is over a third more than other households.

If we want to achieve health and wellbeing for all (goal 3 of the 2030 Agenda), inclusive healthcare systems must be developed which detect and treat illnesses and the consequences of accidents that lead to disabilities at an early stage. They must be designed to provide persons with disabilities with the same access to prevention and healthcare as everyone else.



LEGAL FRAMEWORK

The right to health is explicit in various international agreements, including the International Covenant on Economic, Social and Cultural Rights (Art. 12), the Convention on the Rights of the Child (Art. 24), the Convention on the Elimination of All Forms of Discrimination Against Women (Art. 12) and the Convention on the Rights of Persons with Disabilities (Art. 25). Likewise, the 2030 Agenda contains concrete measures obliging UN member states to enable all people to access comprehensive healthcare. Among other things, this includes financial risk protection in the event of illness as well as financial and physical access to both quality essential healthcare services and to affordable and effective basic essential medicines (goal 3.8). All these obligations also apply to persons with disabilities.



MEASURES

In order to set up a disability-inclusive healthcare system, the above-mentioned barriers must be overcome. The responsible decision-makers and institutions have to acknowledge their legal obligations and adopt the following measures within the framework of programme planning, implementation, control and evaluation:

1. Development of rehabilitation services and their inclusion into health insurance systems.



Thanks to the further training of healthcare professionals, a more efficient system for ordering medicine, and comprehensive information and awareness campaigns, among other things, Françoise now leads an independent life. She and her children live with friends, and, thanks to the support of a self-help group, she sells spices at the local market.

2. Harmonization of training and further education curricula for medical staff.
3. Extension of accessible communication (print, radio, illustrated information, etc.) at all levels of prevention and in the familiarization and use of healthcare services.
4. Structural measures and decentralization of services to ensure physical access (Universal Design).
5. Establishment or expansion of reference systems across the various stages of the health care system.
6. Use of new technologies and their further development for better care in remote areas (e.g. for remote diagnosis, therapy recommendation, etc.)
7. Cross-sectoral collaboration towards the one-health approach, for example in the prevention of diseases that can lead to disabilities (water, animals, farming, climate).

It is just as important that the inclusion of persons with disabilities is directly addressed in medical staff training to support a cultural change. Furthermore, inclusion measures must consider individual medical needs while, at the same time, addressing systemic and environmental barriers (twin-track approach).

 **GOOD EXAMPLES**

In Burkina Faso, CBM supports a project to strengthen the healthcare system. This has led to a holistic approach enabling persons with psychosocial disabilities to benefit from medical services to which they are entitled to. This is made possible through the further education of health professionals on the first two levels of the healthcare system, with the aid of the WHO Manual mhGAP (Mental Health GAP Action Programme), the strengthening of reference systems and supervision. Persons with psychosocial disabilities are supported to live with their families or in their traditional social environment and, as far as possible, work to secure a livelihood. This allows them to pay for their medical treatment, as medicines are not yet freely available, and they can participate in the social and cultural life of their community. At the same time, persons with psychosocial disabilities advocate for their rights among policy makers.

Accessible language sections provided by CHANGE (first page)



LINKS AND INFORMATION

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