



Florida High Schools Model United Nations

FHSMUN SARASOTA 15

WORLD HEALTH ORGANIZATION

IMPROVING ACCESS TO HEALTH SERVICES FOR THE DISABLED

Author: Casey Morell

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”¹

Introduction

Often, when able-bodied individuals discuss improving access to healthcare, their discussions are limited to issues within their own community. The needs of the disabled, or less able-bodied individuals, are often not at the forefront or readily understood. This realization may be a bit hard to believe, considering WHO estimates upwards of 15 percent of the population – or, roughly, one billion people – are afflicted with some kind of disability. As WHO notes, "Disability is extremely diverse."²

In order to improve access to health services for disabled or less-abled persons, careful observers must first take a broad-based approach to understanding the different types of afflictions that can impact people during their day-to-day lives. Because not every disability can be readily noticed by a layperson, a greater awareness for different types of disabilities and their various manifestations is crucial to improving access to treat these issues; if more people are aware of the problems that can face different members of their community, not only can they work together to improve the treatment thereof, but also work to reduce any and all stigmatization associated with those disabilities.

WHO reported in 2014 that “people with disabilities are more than twice as likely to find healthcare providers' skills and facilities inadequate; nearly three times more

¹ *Universal Declaration of Human Rights* Article 25 Paragraph 1 December 10, 1948.

² World Health Organization (WHO), "Disability and health," December 2014, <http://www.who.int/mediacentre/factsheets/fs352/en/>.

likely to be denied health care; and four times more likely to be treated badly.”³ These disparities in access to health care and in health outcomes are unacceptable, and, in an alarming number of cases, may also be illegal. While it may not always be possible to achieve fully equitable health outcomes, based on a wide variety of factors and intervening variables, it is absolutely essential that equitable access to health care facilities, providers, and services be achieved as quickly as possible.

One area where public attention is sometimes intentionally drawn to the health problems and lack of adequate and appropriate health care facilities for people with disabilities is the treatment of wounded military service personnel. In the United States, recent scrutiny has focused on delays in treating the injuries suffered by military veterans⁴ in recent combat operations in Afghanistan and Iraq as well as on non-governmental organizations (NGOs), such as the Wounded Warrior Project, that provide financial and other assistance to wounded and disabled veterans, including for those suffering from post-traumatic stress disorder (PTSD). The United States, the United Kingdom (UK)⁵, and other countries have also pointed to serious needs for improving access to mental health care and facilities for wounded and disabled veterans.

Where do we go from here?

WHO differentiates between impairments, disabilities and handicaps, as each is a type of limitation that can impact the day-to-day lives of individuals. They are as follows:

- **Impairment**: Any loss or abnormality of psychological, physiological, or anatomical structure or function.
- **Disability**: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
- **Handicap**: A disadvantage for a given individual, resulting from an impairment or disability, that, limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.⁶

Systemic approaches to improving healthcare access for disabled persons should not focus solely on one aspect of these limitations, but rather should take a multidisciplinary approach to incorporate the necessities of all communities.

To help address the needs of the disabled, the United Nations drafted a Convention on the Rights of Persons with Disabilities, which received the most signatories of any convention on its first day of availability of any previous UN

³ WHO, “Disabilities and rehabilitation” 2015. Found at:
http://www.who.int/disabilities/media/news/2014/21_01/en/

⁴ Abby Goodnough, “Many Veterans Praise Care, But All Hate the Wait” *New York Times* May 31, 2014.

⁵ *BBC News*, “Veteran mental care ‘inadequate’” July 21, 2009.

⁶ WHO, “International Classification of Impairments, Disabilities and Handicaps (ICIDH),” 1980, as quoted in United Nations, “World Programme of Action Concerning Disabled Persons,”
<http://www.un.org/disabilities/default.asp?id=23>.

convention, indicating a wide level of support.⁷ The Convention entered into force in 2008, and outlines a set of rights and privileges to be afforded to those affected by a disability. The UN notes the Convention should be considered analogous to a human rights treaty specifically focusing on the needs of the disabled community.⁸

One article of the Convention specifically addresses the need to improve access to healthcare for those who have disabilities. Article 25 of the Convention requires signatories to ensure the level of healthcare afforded to the disabled is of equal quality and value to that which is offered to the able-bodied, as well as the inclusion of further treatment to prevent the disabilities in question from progressing, if possible.⁹ But this article's lofty goals have yet to be universally met. For example, a study from the United States¹⁰ notes that 28 percent of persons with health insurance and one or more disabilities report not being able to receive necessary treatment for such disability/ies through their insurance plan,¹¹ despite the fact the United States spends the most money per capita on healthcare in the world.¹² If a country with an advanced (by western standards) healthcare system still has more than a quarter of disabled persons not receiving adequate healthcare, it stands to reason this could be a challenge for developing and the Least Developed Countries (LDCs) as well.

Invisible disabilities

Not every disability is outwardly apparent to the casual observer; mental health issues, for instance, do not readily present themselves in a physically manifesting way, yet still require the same dedication and attention in the health sector. Currently, WHO estimates that between 35 and 50 percent of those impacted by mental health issues in developed countries have not received proper treatment; that number skyrockets to between 76 and 85 percent of those affected in developing countries.¹³ Further outside research corroborates WHO's findings; a study in *Acta Psychiatrica Scandinavica*, a Scandinavian psychiatry journal, suggests that mental health services are underutilized in Western European countries, even among those who self-identified as having been diagnosed with a mood and/or anxiety disorder.¹⁴

Too often, those who do not suffer from mental health issues stigmatize them, and a lack of understanding of these issues may lead to complications when treating them. Mental health practitioners, government officials and NGO representatives should work

⁷ There are currently 159 signatories and 152 states parties to the Convention on the Right of Persons with Disabilities; the European Union (EU) and State of Palestine have also signed on to the Convention.

⁸ United Nations, "Convention on the Rights of Persons with Disabilities," <http://www.un.org/disabilities/default.asp?navid=15&pid=150>.

⁹ Convention on the Rights of Persons with Disabilities, Art. 25.

¹⁰ It should be noted the United States has signed but not ratified the Convention.

¹¹ DREDF, "Disability healthcare access brief," 2007, http://dredf.org/healthcare/Access_Brief.pdf.

¹² California Healthcare Foundation, "Health care costs 101," July 2014, <http://www.chcf.org/publications/2014/07/health-care-costs-101>.

¹³ WHO, "Disability and health."

¹⁴ J. Alonso, et. al., "Use of mental health services in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMEd) project," *Acta Psychiatrica Scandinavica*, 109: 47–54. doi: 10.1111/j.1600-0047.2004.00330.x.

in concert to ensure public awareness of these issues increases, in concert with improving access to treatment. With an increase in education of these issues, the likelihood of stigmatization decreases as more people become aware of the impacts mental health issues have on both individuals and on communities.

Another less noticed disability is hearing loss, ranging from persons who are hard of hearing to those who are completely deaf. Although the Convention on the Rights of Persons with Disabilities specifically mentions those afflicted by hearing loss in article 30, adequate health coverage for them – either related to or separate from their disability – is lacking. A study from the United Kingdom found that less than ten percent of deaf women felt they received and/or fully understood proper healthcare advice from their general practitioners, irrespective of whether it was related to their hearing loss, because their doctors had difficulty communicating properly with them.¹⁵

Taking steps forward

In order to address the issues disabled persons face, WHO adopted a global plan of action in 2014 to focus on strategic needs both governments and NGOs need to address for the better part of the next decade. The Global Disability Action Plan 2014-2021 aims to make it easier for persons with disabilities to access healthcare, both related and separate from their afflictions, as well as to strengthen existing healthcare regimes and to further study the impacts of healthcare on the disabled throughout the world. By coordinating efforts between doctors, their patients and governments, WHO hopes this plan begins to reduce some of the limitations the disabled face in their attempts to receive adequate healthcare.¹⁶

The Global Disability Action Plan 2014-2021 focuses on three primary areas of improving healthcare for people with disabilities. First, the plan aims at removing barriers and improving access to health care for people with disabilities. Second, WHO and its member states and relevant civil society partners committed themselves to strengthening and extending rehabilitation, assistive technologies, and community-based rehabilitation (CBR). Finally, the Action Plan seeks to improve the collection of “relevant and internationally comparable data on disability support research on disability and related services.”¹⁷ Ensuring that these three primary areas are addressed must be paramount for the delegates to the World Health Organization (WHO) but they may find it quite useful to address related issues within their respective resolutions.

A further step toward bridging the coverage gap includes the potentially obvious solution of consulting with persons affected by the disabilities in question that treatment schemes and programs seek to mitigate. By promoting a more inclusive model of

¹⁵ J. Ubido, et. al., "Inequalities in access to healthcare faced by women who are deaf," 2002, *Health & Social Care in the Community*, 10: 247–253. doi: 10.1046/j.1365-2524.2002.00365.x.

¹⁶ WHO, "WHO Global Disability Action Plan 2014-2021," <http://www.who.int/disabilities/actionplan/en/>.

¹⁷ WHO, "Disabilities and rehabilitation: WHO Global Disability Action Plan 2014-2012" 2015. Found at: <http://www.who.int/disabilities/actionplan/en/>

treatment, both in discussing different treatment possibilities and in implementing them, the disabled and healthcare providers can work together to try and improve access to healthcare.¹⁸

When reexamining the example of hearing loss, for instance, careful observers may note that although technologies exist to ease communication between hard of hearing persons and those without hearing loss, such as telephone relay systems for making calls or real-time text instant messaging, these are widely seen as niche products. Oftentimes, persons without hearing loss are unaware of these systems and how to use them, making it more difficult for them to assist those with hearing loss if the need arises. An increase in awareness of hearing loss generally – and of these assistive technologies specifically – could not only increase understanding between the communities, but help those who suffer from hearing loss receive proper treatment.

This model can easily be adapted to other disabilities and other impairments; through an increased emphasis on education to the able-bodied working in the healthcare profession, more of these workers can understand best practices on how to address concerns of coverage and ways they can assist the disabled, rather than trying a series of ad-hoc approaches that may or may not work for some people. It is important to realize that there is no one-size-fits-all approach to handling issues of disability; instead, communities need to work together to understand how various and sundry approaches may work for some members of a disabled community and not others, and how treatment plans can and should change depending on the level and severity of the disabilities in question.

National governments and their respective civil society partners, including health care providers, need to address the situations within their own countries as well as participate in WHO's Global Disability Action Plan. Governments need to enact appropriate legislation as well as devote the requisite resources, financial, legal, and political, to achieving equal access to health services for people with disabilities. In October 2014, Jamaica passed a disabilities act banning workplace discrimination and setting up a tribunal to address the grievances of peoples with disabilities; the Bahamas and Guyana recently passed similar legislation and schools and other facilities are becoming more accessible for people with disabilities.¹⁹ All governments need to expand upon their existing legislation regarding people with disabilities to ensure that health care facilities are fully accessible, including ramps, restroom facilities, and that health care workers are properly prepared and trained to address the needs of people with disabilities.

Conclusion

Although the Convention on the Rights of Persons with Disabilities has been in force since 2008, its presence should not be treated as a panacea, and with it, all problems are solved. Instead, it is a first step toward a systematic overhaul and evolution of

¹⁸ Michael Ashley Stein, et. al., "Health Care and the UN Disability Rights Convention," 2009, *Popular Media*, Paper 34. http://scholarship.law.wm.edu/popular_media/34.

¹⁹ *Associated Press*, "Long Neglected, Disabled Make Gains in Caribbean" October 16, 2014.

healthcare systems throughout the world to better address the needs and the rights of those with disabilities. Because healthcare systems were often designed by able-bodied persons to help able-bodied persons, the needs and the rights of the disabled have often been neglected.

What happens next can vary. Institutional support for nongovernmental organizations that assist in liaising between disabled communities and their public and/or private healthcare providers may be worth exploring; as Stein, et. al. noted, because these grassroots communities have more experience working with disabled groups, they may know the needs of their members more effectively than a larger institution might. Similarly, the somewhat obvious step of including disabled persons in conversations about their healthcare would be an easy first step to ensuring their rights and needs are represented by their healthcare systems.

Guiding Questions:

Has your country ratified the Convention on the Rights of Persons with Disabilities? Why or why not? What further steps can the UN System, including the World Health Organization, take to ensure universal ratification of the Convention on the Rights of Persons with Disabilities?

How many disabled persons are in your country's healthcare system? Do they receive adequate treatment?

What strategies has your country undertaken to improve access to healthcare? Are these strategies inclusive of multiple types of disability?

Has your country passed any new legislation or updated existing legislation in recent years to improve access to healthcare for the disabled? How effectively is your government and/or your healthcare system collecting and analyzing data about access to healthcare for the disabled?

World Health Assembly Resolutions:

World Health Assembly (WHA), WHA 66.9, "Disability", May 27, 2013.

World Health Organization Reports:

World Health Organization and The World Bank, "World Report on Disability", 2011. The entire report may be accessed at: http://who.int/disabilities/world_report/2011/en/

United Nations General Assembly Resolutions:

United Nations General Assembly resolution A/71/165, (A/RES/71/165), “Inclusive development for persons with disabilities”, December 19, 2016.

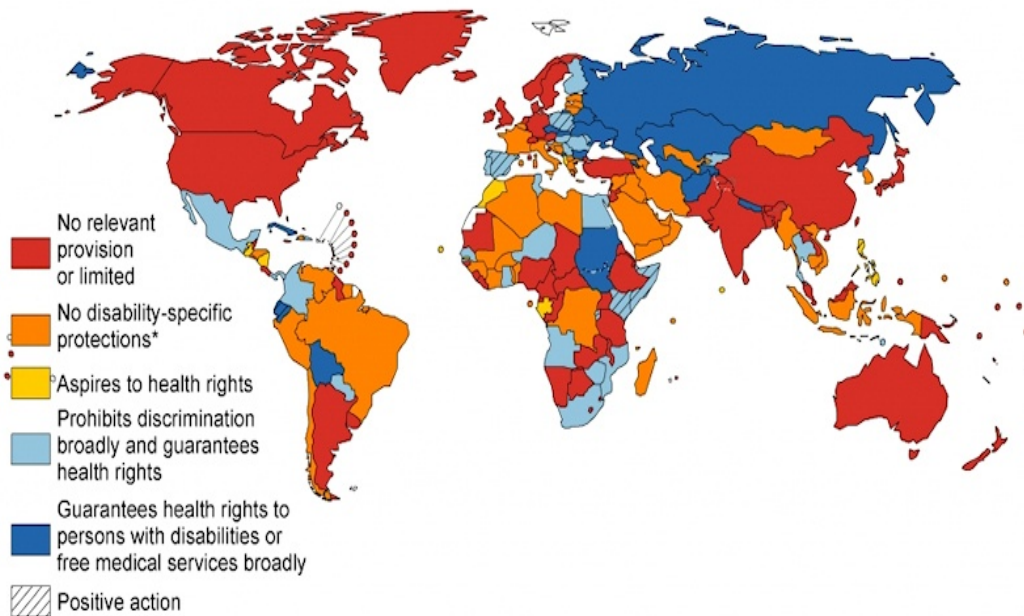
United Nations General Assembly resolution A/70/170, (A/RES/70/170), “Towards the full realization of an inclusive and accessible United Nations for persons with disabilities”, December 17, 2015.

United Nations General Assembly resolution A/46/119, (A/RES/46/119), “The protection of persons with mental illness and the improvement of mental health care”, December 17, 1991.

Statistical Research

Zero Project, “International Study on the Implementation of the UN Convention on the Rights of Persons With Disabilities: Zero Project Report 2014”, 2014.

Does the constitution guarantee the right to health for persons with disabilities?



*These constitutions do not include disability-specific protections, but they do broadly guarantee health rights. This map is focused on specific constitutional guarantees for persons with disabilities.

Source: WORLD Policy Analysis Center, Constitutions Database, 2014