Disability Inclusion Helpdesk, December 2021

Evidence digest focus issue: Health and Disability Inclusion

Contents

Guest blog: Alarcos Cieza on disability inclusion in health systems

To introduce this evidence digest, Susie Rodgers (Technical Specialist Advisor in Disability Inclusion in Global Health) spoke to Dr. Alarcos Cieza, Unit Head of Sensory Functions, Disability and Rehabilitation at the World Health Organization (WHO), about the WHO Resolution on the Highest Attainable Standard of Health for Persons with Disabilities, the effects of the COVID-19 pandemic, and the upcoming Global Disability Summit.

Susie: With the WHO Resolution on the Highest Attainable Standard of Health for Persons with Disabilities adopted this year, what do you believe are the key areas of focus for this resolution?

Alarcos: The **landmark resolution** was adopted by the Member States of the World Health Assembly, the main governing body of WHO. The resolution is significant because it shows Member States are interested to move the agenda of disability inclusion in the health sector forward. The Resolution also called for WHO to implement the **United Nations disability inclusion strategy** (UNDIS). Countries have also requested a WHO global report on disability and health in which we will recommend what needs to be done to ensure persons with disabilities enjoy the highest possible standard of health. We're writing this report in consultation with Member States, broad civil society and organizations of persons with disabilities and organizations working in disability. We also aim to provide Member States with the technical tools to enable implementation of our recommendations in a concrete way.

Susie: The COVID-19 pandemic has drawn exposure to how people with disabilities are being excluded from health systems globally. How do you think countries can

better prepare to include people with disabilities in health emergency responses in the future?

Shahanaj was able to buy basic medical supplies and use her medical training to make money, thanks to support from Inclusive Futures during COVID-19. © ADD International

Alarcos: The impact was devastating for persons with disabilities – at the peak of the pandemic they were at increased risk of getting the disease and of dying from it. And there were also other consequences from the COVID-19 response measures, such as not having access to personal assistants. If health systems were more inclusive, it would not have been so bad. This has been a wake-up call for Member States. Countries have realised that we cannot face the next pandemic this way. We need to make sure that decision makers in the health sector design policies and programmes with a disability lens on. This will create a more inclusive health sector that will benefit everyone, not only persons with disabilities. For example, we need to promote community services, not institutional services. The big lesson learned from the COVID-19 crisis is this: there is an increased risk of dying for people living in institutions in general. It is also important to recognise that that there are widespread concerns about safeguarding and abuse of people with disabilities in institutions, and this was present before the pandemic. We need to build people-centred community services that bring needed services to where people live and beyond institutions.

Susie: Can you think of any examples or case studies of good practice globally, where disability is fully integrated into health systems and programmes?

Alarcos: There are examples of some good programmes but progress is slow and there is no country where disability is "fully integrated" into health systems and programmes. The resolution, global report and UN disability inclusion strategies will all contribute to the progressive realization of inclusive health systems. One example comes to my mind: in one Pacific island, they are trying to integrate disability inclusion into the health system by training the health workforce on stigma and discrimination. This can make a huge difference in terms of attitudinal barriers that persons with disabilities experience in the health sector. Additionally, children with disabilities have a higher risk of being abused and discriminated against. Health workers are in a good position to notice the abuse and discrimination so it is important to enhance their understanding. However, it is frequently overlooked.

Susie: You recently started a series of forums on disability inclusive health, run by the WHO. What do you hope to achieve with these forums?

Alarcos: There has been a lack of dialogue between the health sector and the disability sector and as a result, we understand each other less and less, and are getting lost in translation. These forums are important in building mutual understanding and moving

forward together. Capacity building of OPDs and the health sector is also very important. On the one hand persons with disabilities need to know how things work and how systemic change can be created in the health sector. On the other hand, the health sector need to learn that disability inclusion is about addressing needs and requirements of persons with disabilities so that they can benefit from health services and public health interventions. We need to work on a common language and common ground. We also need advocates that will champion our cause within the health sector, as well as policy makers, service providers and researchers.

Susie: Do you have any thoughts around ambitions on inclusive health at the Global Disability Summit in 2022?

Alarcos: We need to bring disability inclusion high into the agenda of the health sector. I'd like to see greater political priority given to it. If you go today to officials in the ministry of health and talk about disability inclusion, very often they will say, "Sorry, this is not in my mandate, this is part of the ministry of social affairs or it is the agenda of the disability council or whatever other organism." We need to change that. If there is political commitment things move forward, despite budget constraints. The health sector needs to take responsibility for disability inclusion when it comes to health service delivery. Bilateral donors and foundations invested in health also need to see disability inclusion as a priority, and while some do, many do not. There needs to be a transformation in thinking. The health sector also needs to consider persons with disabilities in all aspects, because when they hear disability, they are always thinking of prevention, such as in polio elimination or prevention of injuries. Prevention of diseases and impairments is important. But that's not the agenda we're talking about here. We are referring to addressing the barriers and discrimination that more than one billion people with disabilities experience on a regular basis when accessing health services. If I would have only one wish for all ministries of health, I would ask that they actively engage, consult and include, representatives or organizations of persons with disabilities in decision making related to health policy, programming and service delivery.

The latest evidence and guidance on disability inclusion and health systems

Research

The International Journal of Environmental Research and Public Health has published **"The Inclusion of Rights of People with Disabilities and Women and Girls in Water, Sanitation, and Hygiene Policy Documents and Programs of Bangladesh and Cambodia"**. This study examined 16 WASH policy documents and seven end-line programme reports from Bangladesh and Cambodia to identify the extent to which 21 core concepts of human rights of people with disabilities were included. It found that, while these documents did recognise issues of accessibility, they rarely referenced other issues such as empowerment and support for care givers. The rights of women and children with disabilities,

which are specific and require tailored programming, were mentioned only briefly. This study also found that many of the rights written into policy were not translated into practice.

This same journal has also published **"Health Risks and Consequences of a COVID-19 Infection for People with Disabilities: Scoping Review and Descriptive Thematic Analysis"**. This study synthesised literature on disproportionate health risks and consequences of COVID-19 infection for people with disabilities. It did so by carrying out a descriptive thematic analysis on seven scientific databases and three preprint servers, utilising a snowballing approach and drawing on consultations with experts. The findings of this study include that: 1) people with disabilities living in residential and long-term care facilities were more likely to have higher rates of infection; 2) there were multiple intersecting factors that increased the likelihood of infection rates, including a lack of accessible information; 3) people with disabilities are at risk of unethical disadvantages in the rationing of lifesaving and critical care related to COVID-19.

The International Journal of Environmental Research and Public Health has also published, **"A National Accessibility Audit of Primary Health Care Facilities in Brazil- Are People with Disabilities Being Denied their Right to Health?"**. This report discusses findings from the first national assessment of accessibility of primary health care facilities in Brazil. It finds that overall, the accessibility of primary care facilities in Brazil is low. It also found that primary care facilities were consistently more accessible in the more wealthy regions of Brazil and in urban areas. It concludes that large-scale accessibility audits can and should be undertaken more regularly to help inform service design and delivery.

The same journal also published, "Examining **the Availability and Accessibility of Rehabilitation Services in a Rural District of South Africa: A Mixed-Methods Study".** This paper discusses the availability and accessibility of rehabilitation services in a rural district of South Africa. All of the nine district hospitals were included in the study. Descriptive statistics and semi-structured interviews were used to explore the barriers to accessing assistive device inclusive rehabilitation services at the household level. It found that people with disabilities experienced poorer referral pathways, higher financial barriers, constraints regarding transport and road access, and a lack of accessible equipment. These barriers to inclusive rehabilitation services caused financial, health and other types of harm.

Humanity and Inclusion has published, **"Steps Towards Disability Inclusive Sexual Reproductive Health: Learnings from WISH2ACTION Project."** This provides an overview of various components of the WISH2ACTION project and the lessons learned from these components. These components include: 1) local authorities using the WISH2ACTION beneficiary database to support persons with disabilities; 2) engaging with Organisations of Persons with Disabilities (OPDs) to support people with disabilities to access sexual reproductive health rights (SRHR) and services; 3) assessing the accessibility of health facilities for persons with disabilities to identify areas for improvement; 4) disseminating accurate information about SRHR services; 5) conducting a training needs assessment for health workers and service providers, partners and government representatives; 6) supporting the establishment of the Cluster Management Committee, which comprises government

representatives, social services, service providers and OPDs; 7) supporting the Cluster Management Committees improve the ability of women to give birth at home in safe and clean environments; 8) engaging with OPDs to design social behavioural change communication messages.

The International Journal of Environmental Research and Public Health published **"A Synthesis of Findings from 'Rapid Assessments' of Disability and the COVID-19 Pandemic: Implications for Response and Disability-Inclusive Data Collection".** This study examined the results from various rapid assessments of the impacts of COVID-19 in low- and middle-income countries in Asia and the Pacific on people with disabilities. It found that the COVID-19 pandemic response reduced people with disabilities' access to health, education and social services and increased their exposure to violence. It also found that the majority of Rapid Assessments were conducted by Organisations of People with Disabilities, showing that people with disabilities led the efforts to inform disability-inclusive pandemic responses.

The Journal, Conflict and Health, published, **"Musculoskeletal impairment among Syrian refugees living in Sultanbeyli, Turkey: prevalence, cause, diagnosis and need for related services and assistive products"**. This study involved a population-based survey of 4000 participants. All participants were screened using a Rapid Assessment of musculoskeletal impairment (MSI) tool and any who screened positive were given a standardised examination to identify the presence, aetiology, severity and specific diagnosis and an assessment of need for related services and assistive products. The study concluded that there is a high prevalence of MSI among the Syrian refugee population living in Sultanbeyli District, Istanbul, Turkey. It also found that there is limited availability of relevant services and assistive products. It recommends that these findings inform the design of health services for migrant populations, ensuring that rehabilitation services and assistive products are integrated as a priority.

Global Health Action, published, **"Shifting the focus to functioning: essential for achieving the Sustainable Development Goal 3, inclusive Universal Health Coverage and Supporting COVID-19 survivors".** This report presents various tools that measure components of functioning using clinical assessments and self-report methodologies. It also presents a comprehensive population level tool that combines self-report and clinical measurement methods to measure functioning and the need for rehabilitation. This paper uses the definition of "functioning" put forward by the International Classification of Functioning, Disability and Health. It argues that action must be taken by the Global Health community, to ensure that functioning is developed, accepted and included as a health indicator following the COVID-19 pandemic.

The Disability and Health Journal published, **"Disability and loneliness in nine countries of the former Soviet Union".** This report analysed data from 18,000 adults from the Health in Times of Transition survey, undertaken in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia and Ukraine in 2010/2011. It used a logical regression analysis to examine the association between self-reported disability and self-reported loneliness. It

concludes that people with disabilities are more likely to report loneliness in the countries examined. This is particularly the case among individuals with severe disabilities. The report calls for a stronger focus on this relationship, in recognition of loneliness as a serious public health issue.

The International Social Security Review published, **"The impact of the Lesotho Child Grant Programme in the lives of children and adults with disabilities: Disaggregated analysis of a community randomized controlled trial"**. This study assesses how the Lesotho Child Grant programme impacts on food security, health, education and livelihoods, differently between people with and without disabilities. It uses a community randomised control trial to achieve this. It finds that there is a significant difference in the impact of this grant programme depending on disability status. For example, increased health expenditure resulted in the grant having a lower impact than for people with lower health expenditure. It also found that the grant had no impact on school enrolment for children with disabilities, which was not the case for those without. The study concludes that social protection and poverty alleviation programmes must be adapted and tailored to the needs of those with disabilities to prevent discrepancies in impact.

The British Medical Association published, **"Disability Status and multi-dimensional personal well-being among adolescents in the Southern Highlands Region of Tanzania: results of a cross-sectional study"**. This study used logistic and linear multivariate regressions to identify the links between disability and schooling, livelihoods, health, violence and psychosocial well-being. It found that literacy, schooling, livelihoods and self-efficacy was not associated with disability. However adolescents with disabilities were less likely to report good or very good health, and were more likely to report depressive symptoms, emotional violence, and physical violence, than their counterparts without disabilities. Men reported higher levels of depression than women, and women reported higher levels of violence than men. The paper recommends that programmes and policies should be tailored to the needs of adolescents with disabilities, aiming to improve their well-being and mental health, and reduce their exposure to violence.

PLOS ONE published, **"Prevalence of depression, anxiety, and post-traumatic stress disorder in health care workers during the COVID-19 pandemic: A systematic review and meta-analysis"**. This review conducted a systematic search of EMBASE, MEDLINE, PsycINFO, Global Health, Web of Science, and CINAHL, among others to identify studies on the prevalence of depression, anxiety and PTSD in health care workers during the COIVD-19 pandemic. It examined 65 studies, involving 97,333 health care workers and covered 21 countries. It found that 21% of health care workers experienced depression, 22.1% experienced anxiety and 21.5% experienced PTSD. The Middle East showed the highest pooled prevalence estimates of depression and anxiety, at 314.6% and 28.9% respectively. The study concludes that additional research and immediate support for health care workers is urgently needed.

BMC Public Health published, **"Qualitative study exploring the barriers to menstrual hygiene management faced by adolescents and young people with a disability, and**

their carers in the Kavrepalanchoc district, Nepal". This study uses qualitative methods to identify the barriers faced by people with disabilities and their carers to accessing menstrual hygiene management. The study included twenty people with disabilities aged 15-24 who menstruate and experience 'a lot of difficulty' or more across one or more of the Washington Group functional domains, and thirteen carers who provide menstrual support to these individuals. It finds that the barriers that people with disabilities face to accessing menstrual hygiene management, differ according to the impairment. Inaccessible WASH facilities were a particular challenge for people with mobility, self-care and visual impairments. Access to information was a key barrier to people with intellectual impairments. Carers had no access to support mechanisms related to Menstrual Hygiene Management. Most participants engaged in menstrual restrictions, and many feared they would be cursed if they did not. The report concludes that issues related to Menstrual Hygiene Management are more complex for people with disabilities and that interventions related to this must be tailored to the needs of people with different impairments and their carers.

The latest evidence and guidance on disability inclusion: Other topics

Education

Human Rights Watch published, **"Insisting on Inclusion: Institutionalization and Barriers to Education for Children with Disabilities in Kyrgyzstan".** Human Rights Watch interviewed 111 people including children and young adults with disabilities, teachers and staff at residential institutions, parents and disability rights activists for this report. They found that children with disabilities in Kyrgyzstan were segregated, often subjected to psychotropic drugs or forced psychiatric hospitalisation to control their behaviour and punish them. None of the institutions visited had accessible and confidential reporting systems, meaning that children were unable to report abuse or neglect. The report also found that children with disabilities face significant barriers to accessing mainstream education. Children who are taught from home receive only a few hours of lessons and are often taught by teachers who do not have training on how to teach children with disabilities. This report recommends several reforms to ensure children with disabilities can access safe and quality education.

Political Participation

Human Rights Watch has published, **"No One Represents Us: Lack of Access to Political Participation for People with Disabilities in Iraq".** This report draws on interviews with 14 people with disabilities (11 physical, two visual, and one hearing) from across Iraq. It also draws on analysis of Iraqi laws, following consultation with members of parliament, government officials, and Iraqi lawyers. It finds that there are significant barriers to people with disabilities voting in elections and holding office. The Voice of Iraqi Disabled Association found that in the 2018 elections only 200 of its 7,000 registered members had voted. Barriers included an inability to reach the polling station because of a curfew, the inability to access it

in a wheelchair, and an inability to reach the second floor, where the ballot boxes were placed. Discriminatory laws, inaccessible election material, were also cited as barriers to voting. The report also found that people with disabilities faced barriers to standing for office. These include, discriminatory legislation, lack of financial capital, and an unwillingness of parties to support people with disabilities as candidates. It provides recommendations for government ministries and UN agencies.

Employment

The Denver Law Review published, **"Screened Out Onscreen: Disability Discrimination, Hiring Bias, and Artificial Intelligence".** This paper explores how artificial intelligence used to screen video interviews, applications and other materials for prospective employees does excludes candidates with disabilities as a result of a built-in bias. It concludes with reflections linked to accessibility and equity in the workplace for people with disabilities. It recommends ways that artificial intelligence may help people with disabilities, eliminating hiring bias rather than perpetuating it.

Programme learning on health and disability inclusion

COVID-19 and mental wellbeing training for mental healthcare workers in Ghana

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. Since the COVID-19 outbreak in Ghana in March 2020, Ghana Somubi Dwumadie has adapted its interventions to integrate activities that address the impact of the COVID-19 on people with disabilities, including mental health conditions. In the wake of the sudden outbreak of COVID-19 in March 2020, health institutions and their staff in Ghana needed support in many areas to deal with disrupted healthcare systems, economies, businesses, and families. Ghana Somubi Dwumadie, in discussion with the Mental Health Authority (MHA), identified a gap in healthcare staff preparedness to safely manage the rise in COVID-19 cases; mental healthcare workers did not receive training on COVID-19 at the beginning of the global pandemic, unlike colleagues in other areas of healthcare.

Ghana Somubi Dwumadie partnered with the East London Foundation Trust (ELFT) through Health Education England to deliver a tailored training. The programme facilitated the organisation and delivery of the ELFT's training in management of COVID-19 in mental health settings. The ELFT module was complemented by a module on mental wellbeing for healthcare workers during COVID-19, developed and delivered by Ghana Somubi Dwumadie. The overall objective of the training was to train 100 core healthcare workers as trainers and cascade the learning. The training took place on four different days at Pantang Hospital, Accra, Tamale and Ankaful (Cape Coast) between October and December 2020. To support this activity, the programme carried out a validation exercise on a briefing about healthcare worker wellbeing, which had been previously developed and consulted on. This validation meeting took place on 1 October 2020 and was followed by the development of a training pack on mental wellbeing for healthcare workers. The post-training assessment

showed an 80% increase in participants' knowledge in managing COVID-19 risks at work. 47 respondents indicated they were quite knowledgeable or very knowledgeable before the training, while 96 participants indicated they were quite or very knowledgeable in managing COVID-19 risk afterwards.

Disability inclusion policy news

More than 200 endorsements of Call to Action to protect the right to family: More than 200 disability and children's groups have united in a Call to Action to the United Nations, international development agencies, and governments. It states that every child has the right to live and grow up with a family rather than an orphanage or in residential care. The UN Committee on the Rights of the Child heard from global disability rights experts and activists in September 2021 to consider new international standards for "alternative care". You can join the Call to Action demanding full enforcement of the right to family life for all children **here**.

EDF and IDA welcome decision of the European Court of Human Rights on the Oviedo Convention and call States to #WithdrawOviedo: The European Court of Human Rights has rejected a request by the Bioethics Committee of the Council of Europe, to develop an advisory opinion on two provisions that relate to the forced treatment of persons with psychosocial disabilities that are included in the Oviedo Convention on Human Rights and Biomedicine. The Court acknowledged that it is not within the competence of the Committee of Bioethics to deliver an advisory opinion on the matter. The European Disability Forum (EDF) and International Disability Alliance (IDA) call on the Court to withdraw Oviedo, in light of the many Disability Rights voices that have raised opposition to it. More information about the campaign to #WithdrawOviedo can be found **here.**

IDA welcomes landmark HRC Resolution on violence against women with disabilities: The United Nations Human Rights Council Resolution on "Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities" was recently adopted by consensus. The International Disability Alliance (IDA) and other organisations of women and girls with disabilities have been advocating for this resolution for a significant period of time.

Afghanistan: UN experts urge swift global action to protect human rights and prevent 'civilian slaughter': UN Human Rights Experts issued a statement in August 2021 calling on member states to take immediate and preventative action in Afghanistan, to protect civilians and the decades of human rights, rule of law, and gender equality work that has occurred over the past two decades. In particular, they call on member states to pay attention to the protection of the most vulnerable, including persons with disabilities.

Refugee Athletes Blaze a trail for disability inclusion through sport. UNHCR's Protection Officer highlights the barriers that people with disabilities face in contexts of forced displacement, and highlights what the UNHCR is doing to ensure they have the same access to rights and freedoms as people without disabilities.

About the Disability Inclusion Helpdesk:

The Disability Inclusion Helpdesk provides research and technical assistance on disability inclusion to the UK Foreign, Commonwealth, and Development Office as part of the Disability Inclusive Development Programme. All our published reports are available on **our website**. Contact us via: **enquiries@disabilityinclusion.org.uk**