

WHA66.9 Disability

The Sixty-sixth World Health Assembly, Having considered the report on disability;³

Recalling resolution WHA58.23 on disability, including prevention, management and rehabilitation;

Recalling also the Convention on the Rights of Persons with Disabilities, signed by 155 countries and regional integration organizations and now ratified by 127, which highlights that disability is both a human rights issue and a development issue and, for States Parties, recommends that national policies and international development programmes are inclusive of and accessible to persons with disabilities;

Recalling further United Nations General Assembly resolutions calling for the mainstreaming of disability in the development agenda (resolution 64/131 on realizing the Millennium Development Goals for persons with disabilities, resolution 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, and resolution 66/229 on the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto); resolution 66/288 endorsing the outcome document of the United Nations Conference on Sustainable Development; and resolution 66/124 deciding to convene a High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities;

Recognizing existing national and regional efforts to facilitate the enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity;

Welcoming the first World report on disability,¹ which is based on the best available scientific evidence and which shows that many of the barriers people with disabilities face are avoidable and that the disadvantage associated with disability can be overcome;

Noting that an estimated 1000 million people live with disabilities; that this number is set to increase as populations age, as the prevalence of chronic health conditions rises, and in response to trends in environmental and other factors; that disability disproportionately affects vulnerable populations, notably women, older people and poor people; that low-income countries have a higher prevalence of disability than high-income countries; and that people with disabilities, particularly those in developing countries, experience poorer health than people without disabilities, higher rates of poverty, lower rates of educational participation and employment, increased dependency and restricted participation, and higher rates of violence and abuse than non-disabled people;

Further recalling that, according to the Convention on the Rights of Persons with Disabilities, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others;

Recognizing the responsibility of Member States to take appropriate measures to ensure equal access to health services and care for persons with disabilities ideally through universal health coverage;

Recognizing also that people with disabilities have the same need for general health care as non-disabled people, yet have been shown to receive poorer treatment from health care systems than non-disabled people;

³ Document A66/12.

Recognizing further the important role that formal and informal caregivers play in supporting persons with disabilities and that, although informal caregivers cannot replace the role of the national and local authorities, they need particular attention from the authorities to help them with their tasks, and noting that both formal and informal caregivers' role is increasing in the context of the sustainability of health systems and the ageing of the population;

Acknowledging that providing universal access to health care and health services is an investment for society;

Also recognizing the extensive unmet needs for habilitation and rehabilitation services, which are vital to enable many people with a broad range of disabilities to participate in education, the labour market, and civic life, and, further, that measures to promote the health of people with disabilities and their inclusion in society through general and specialized health services are as important as measures to prevent people developing health conditions associated with disability;

Acknowledging that a comprehensive multisectoral approach is required to meet the multiple barriers faced by persons with disabilities and that mainstreaming disability in development is the most efficient and cost-effective way of meeting the needs of people with disabilities;

Welcoming the work of WHO's Task Force on Disability to raise awareness of disability as a cross-cutting issue in WHO's technical work, and in removing physical, information and policy barriers to the participation of people with disabilities in WHO's work,

1. ENDORSES the recommendations of the World report on disability, which offer strategies for the implementation of the Convention on the Rights of Persons with Disabilities;

2. URGES Member States:

(1) to implement as States Parties the Convention on the Rights of Persons with Disabilities;

(2) to develop, as appropriate, plans of action, in close consultation with and active involvement of persons with disabilities, including children with disabilities, through their representative organizations, so that different sectors and different actors can coordinate effectively to remove barriers and enable persons with disabilities to enjoy their human rights and improve their quality of life;

(3) to establish and strengthen a monitoring and evaluation system with the goal of gathering appropriate sex- and age-disaggregated data, as well as other relevant information on disability, including prevalence, needs and unmet needs, direct and indirect costs, barriers and quality of life, using the International Classification of Functioning, Disability and Health, and effective programmes and good practices developed in different regions in order to ensure that data are nationally relevant and internationally comparable;

(4) to work to ensure that all mainstream health services are inclusive of persons with disabilities, an action that will necessitate, inter alia, adequate financing, social protection, comprehensive insurance coverage, accessible health care facilities, services and information, and training of health care professionals, in order to respect the human rights of persons with disabilities and to communicate with them effectively;

(5) to promote the receipt by informal caregivers of appropriate support in supplementing the services provided by health authorities;

(6) to promote habilitation and rehabilitation across the life course and for a wide range of health conditions through: early intervention; integrated and decentralized rehabilitation services, including mental health services; improved provision of wheelchairs, hearing aids, low vision devices and other assistive technologies; and training to ensure that there is a sufficient supply of rehabilitation professionals to enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society;

(7) to promote and strengthen integrated community-based support and services as a multisectoral strategy that empowers all persons with disabilities to access, benefit from, and participate fully in inclusive education, employment, and health and social services;

(8) to prevent discrimination in access to health care or health services in order to promote equality;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States in implementing the recommendations of the World report on disability;

(2) to provide support to Member States, intensifying collaboration with a broad range of stakeholders including organizations of the United Nations system, academia, the private sector and organizations for persons with disabilities, in the implementation of the Convention on the Rights of Persons with Disabilities, in particular Articles 16 (Freedom from exploitation, violence and abuse), 19 (Living independently and being included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation) and 31 (Statistics and data collection) across the global health agenda;

(3) to ensure that the health needs of children and adults with disabilities are included in WHO's technical work on, inter alia, child and adolescent health, sexual, reproductive and maternal health, long-term care for older people, care and treatment of noncommunicable conditions, work on HIV/AIDS and other communicable diseases, emergency risk management, and health system strengthening;

(4) to ensure also that the WHO Secretariat itself is inclusive of people with disabilities, whether they be visitors, collaborators or employees, by continuing to create accessible premises and information, providing reasonable accommodation and by ensuring that people with disabilities are consulted closely and involved actively through their representative organizations wherever necessary and appropriate;

(5) to support, and participate in, the High-level Meeting of the United Nations General Assembly on the Realization of the Millennium Development Goals and Other Internationally Agreed Development Goals for Persons with Disabilities, as well as efforts to include disability in the post-2015 development agenda by drawing attention to disability data, support and services, and to health and rehabilitation needs and related responses;

(6) to prepare, in consultation with other organizations of the United Nations system and Member States¹ and within existing resources, a comprehensive WHO action plan with measurable outcomes, based on the evidence in the World report on disability, in line with the Convention on the Rights of Persons with

³ Document A66/12.

Disabilities and the report of the High-level Meeting of the United Nations General Assembly on Disability, “The way forward: a disability-inclusive development agenda towards 2015 and beyond”, for consideration, through the Executive Board, by the Sixty-seventh World Health Assembly.