

Promoting sexual and reproductive health for persons with disabilities

WHO/UNFPA guidance note

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Suzanne Reier/WHO (top)

Disability and Rehabilitation team/WHO (middle)

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Acronyms

APAES	Federation of Associations of Parents and Friends of People with Disabilities
CEB	Chief Executive Board
CCA	Common Country Assessment
DAR	Disability and Rehabilitation Unit
DESA	Department of Economic and Social Affairs
DM	Department of Management
DPI	Department of Public Information
DPI	Disabled Peoples' International
DPKO	Department of Peacekeeping Operations
ECA	Economic Commission for Africa
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based Violence
HI	Handicap International
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IASG	Inter-agency Support Group for the Convention on the Rights of Persons with Disabilities
IBP	Implementing Best Practices Initiative (Consortium)
ICPD	International Conference on Population and Development
IDA	International Disability Alliance
IDP	Internally Displaced Persons
IFHOH	International Federation of Hard of Hearing People
ILO	International Labour Organization
MDGs	Millennium Development Goals
MTV	Music Television
NGO	Nongovernmental organization
NUDIPU	National Union of Disabled Persons of Uganda
OHCHR	Office of the High Commissioner for Human Rights
POA	Programme of Action
PRSP	Poverty Reduction Strategy Papers
RI	Rehabilitation International
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWAp	Sector-wide Approaches
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	The United Nations Human Settlement Programme
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNHCR	United Nations High Commissioner for Refugees
UNWTO	World Tourism Organization
USAID	United States Agency for International Development
USDC	Uganda Society for Disabled Children
VCT	Voluntary Counselling and Testing
WBU	World Blind Union
WFD	World Federation of the Deaf
WFDB	World Federation of the Deafblind
WHO	World Health Organization



1. Introduction



Now is the time for action concerning sexual and reproductive health of persons with disabilities.

An estimated 10% of the world's population – 650 million people – live with a disability. Persons with disabilities have the same sexual and reproductive health (SRH) needs as other people. Yet they often face barriers to information and services. The ignorance and attitudes of society and individuals, including health-care providers, raise most of these barriers – not the disabilities themselves. In fact, existing services usually can be adapted easily to accommodate persons with disabilities. Increasing awareness is the first and biggest step. Beyond that, much can be accomplished through resourcefulness and involving persons with disabilities in programme design and monitoring.

Now is the time for action concerning SRH of persons with disabilities. On 3 May 2008 the Convention on the Rights of Persons with Disabilities came into force. This is the first legally binding international treaty on disability. It mentions SRH specifically. Both UNFPA Executive Director Thoraya A. Obaid and WHO Director-General Margaret Chan have welcomed the Convention and have emphasized the importance of addressing the needs of persons with disabilities.

This guidance note addresses issues of SRH programming for persons with disabilities. It is intended for SRH experts and advocates within UNFPA and WHO as well as those in other development organizations and partners. Those who address issues of family planning, maternal health, HIV and AIDS, adolescence, and gender-based violence (GBV) may find this information particularly helpful. SRH, in particular, deserves attention because these needs have been so widely and so deeply neglected. At the same time, however, the approaches discussed here apply broadly to all aspects of health programming for persons with disabilities. This note outlines a general approach to programming and does not address specific protocols for the SRH care and treatment of persons with disabilities.

This guidance note recommends action in five areas:

- Establish partnerships with organizations of persons with disabilities. Policies and programmes are consistently better when organizations of persons with disabilities take part in their development.
- Raise awareness and increase accessibility in-house. Attention to the needs of persons with disabilities should be an integral part of current work. Separate or parallel programmes usually are not needed.
- Ensure that all SRH programmes reach and serve persons with disabilities. Most persons with disabilities can benefit from inclusion by SRH programmes designed to reach the general community.
- Address disability in national SRH policy, laws, and budgets. UNFPA, WHO and other reproductive health partner organizations' staff should work with organizations of persons with disabilities to make sure that all legislation and regulations affecting SRH reflect the needs of persons with disabilities.
- Promote research on the SRH of persons with disabilities. A stronger evidence base will help improve SRH programmes for persons with disabilities.



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