



WHO GLOBAL DISABILITY ACTION PLAN 2014–2021

BETTER HEALTH FOR ALL PEOPLE WITH DISABILITY



World Health
Organization

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WHO global disability action plan 2014–2021: better health for all people with disability^{1,2}

[A67/16 – 4 April 2014]

1. In May 2013, the Sixty-sixth World Health Assembly in resolution WHA66.9 on disability endorsed the recommendations of the World report on disability.³ The Health Assembly requested the Director-General to prepare, in consultation with Member States⁴ and organizations of the United Nations system, a comprehensive WHO action plan based on the evidence in the World report on disability, and in line with the Convention on the Rights of Persons with Disabilities (adopted by the United Nations General Assembly in resolution 61/106) and the outcome document of 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: the way forward, a disability-inclusive development agenda towards 2015 and beyond.
2. Disability is universal. Everybody is likely to experience disability directly or to have a family member who experiences difficulties in functioning at some point in his or her life, particularly when they grow older. Following the International Classification of Functioning, Disability and Health and its derivative version for children and youth, this action plan uses “disability” as an umbrella term for impairments, activity limitations and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual (environmental and personal) factors. Disability is neither simply a biological nor a social phenomenon.
3. WHO recognizes disability as a global public health issue, a human rights issue and a development priority. Disability is a global public health issue because people with disability, throughout the life course, face widespread barriers in accessing health and related services, such as rehabilitation, and have worse health outcomes than people without disability. Some health conditions may also be a risk factor for other health problems, which are often poorly managed, such as a higher incidence of obesity in people with Down syndrome and higher prevalence of diabetes or bowel cancer in people with schizophrenia. Disability is also a human rights issue because adults, adolescents and children with disability experience stigmatization, discrimination and inequalities; they are subject to multiple violations of their rights including their dignity, for instance through acts of violence, abuse, prejudice and disrespect because of their disability, and they are denied autonomy. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another. Poverty increases the likelihood of impairments through malnutrition, poor health care, and dangerous living, working and travelling conditions. Disability may lead to a lower standard of living and poverty through lack of access to education and employment, and through increased expenditure related to disability.

1 See resolution WHA67.7.

2 The terms “people” and “persons” with disabilities are used interchangeably throughout this action plan and include children and youth. Consistent with the Convention on the Rights of Persons with Disabilities (adopted by the United Nations General Assembly in resolution 61/106), “persons with disabilities” is used whenever the plan refers to rights and entitlements. In most other instances “people with disabilities” is used.

3 World Health Organization, World Bank. World report on disability. Geneva: World Health Organization; 2011.

4 And, where applicable, regional economic integration organizations.

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4. The action plan will be relevant to and should benefit all people with disability from birth to old age. Persons with disability include people who are traditionally understood as disabled, such as children born with cerebral palsy, wheelchair users, persons who are blind or deaf or people with intellectual impairments or mental health conditions, and also the wider group of persons who experience difficulties in functioning due to a wide range of conditions such as noncommunicable diseases, infectious diseases, neurological disorders, injuries, and conditions that result from the ageing process. Article 1 of the Convention on the Rights of Persons with Disabilities indicates that 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.
 5. Much of WHO's mission is dedicated to the prevention of health conditions that may result in death, morbidity or disability. This action plan, however, is directed at improving the health, functioning and well-being of people with disability. It therefore considers prevention only in so far as persons with disabilities require the same access to preventive services and programmes as others. Prevention includes a wide range of measures aimed at reducing risks or threats to health: promotion of healthy lifestyles, such as guidance on good nutrition, the importance of regular physical exercise and avoiding tobacco use; protection of people from developing a health condition in the first place, such as immunization against infectious diseases or safe birthing practices; detection of a secondary or co-morbid health condition at an early stage, such as screening for diabetes or depression; and reduction of the impact of an established health condition, by means such as pain management, rehabilitation programmes, patient support groups or removal of barriers to access. Improving access to preventive services and programmes for persons with disabilities is important for achieving better health outcomes and is covered by Objectives 1 and 2 of this plan.

Overview of the global situation

6. There are more than 1000 million people with disability globally, that is about 15% of the world's population or one in seven people. Of this number, between 110 million and 190 million adults experience significant difficulties in functioning. It is estimated that some 93 million children – or one in 20 of those under 15 years of age – live with a moderate or severe disability. The number of people who experience disability will continue to increase as populations age, with the global increase in chronic health conditions. National patterns of disability are influenced by trends in health conditions and environmental and other factors, such as road traffic crashes, falls, violence, humanitarian emergencies including natural disasters and conflict, unhealthy diet and substance abuse.
7. Disability disproportionately affects women, older people, and poor people. Children from poorer households, indigenous populations and those in ethnic minority groups are also at significantly higher risk of experiencing disability. Women and girls with disability are likely to experience “double discrimination”, which includes gender-based violence, abuse and marginalization. As a result, women with disability often face additional disadvantages when compared with men with disability and women without disability. Indigenous persons, internally displaced or stateless persons, refugees, migrants and prisoners with disability also face particular challenges in accessing services. The prevalence of disability is greater in lower-income countries than higher-income countries. In its outcome document of the high-level meeting on disability and development in 2013, the United Nations General Assembly noted that an estimated 80% of people with disability live in developing countries and stressed the need to ensure that persons with disabilities are included in all aspects of development, including the post-2015 development agenda.

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8. People with disability face widespread barriers in accessing services, such as those for health care (including medical care, therapy and assistive technologies), education, employment, and social services, including housing and transport. The origin of these barriers lies in, for example, inadequate legislation, policies and strategies; the lack of service provision; problems with the delivery of services; a lack of awareness and understanding about disability; negative attitudes and discrimination; lack of accessibility; inadequate funding; and lack of participation in decisions that directly affect their lives. Specific barriers also exist in relation to persons with disabilities being able to express their opinions and seek, receive and impart information and ideas on an equal basis with others and through their chosen means of communication.
 9. These barriers contribute to the disadvantages experienced by people with disability. Particularly in developing countries, people with disability experience poorer health than people without disability, as well as higher rates of poverty, lower rates of educational achievement and employment, reduced independence and restricted participation. Many of the barriers they face are avoidable and the disadvantage associated with disability can be overcome. The World report on disability synthesizes the best available evidence on how to overcome the barriers that persons with disability face in accessing health, rehabilitation, support and assistance services, their environments (such as buildings and transport), education and employment.

Vision, goal, objectives, guiding principles and approaches

10. The vision of the action plan is a world in which all persons with disabilities and their families live in dignity, with equal rights and opportunities, and are able to achieve their full potential.
11. The overall goal is to contribute to achieving optimal health, functioning, well-being and human rights for all persons with disabilities.
12. The action plan has the following three objectives:
 - (1) to remove barriers and improve access to health services and programmes;
 - (2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and
 - (3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.
13. This action plan supports the implementation of measures that are designed to meet the rights of persons with disabilities, as enshrined in the Convention on the Rights of Persons with Disabilities, in particular Articles 9 (Accessibility), 11 (Situations of risk and humanitarian emergencies), 12 (Equal recognition before the law), 19 (Living independently and being included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation), 28 (Adequate standard of living and social protection), 31 (Statistics and data collection), 32 (International cooperation) and 33 (National implementation and monitoring). It also supports Articles 4 (General obligations), 5 (Equality and non-discrimination), 6 (Women with disabilities), 7 (Children with disabilities) and 21 (Freedom of expression and opinion, and access to information). It proposes actions to support the commitments made in the outcome document adopted by the United Nations General Assembly at its high-level meeting on disability and development (New York, 23 September 2013) to ensure access for persons with disabilities to health care services, including rehabilitation, habilitation and assistive devices, and to improve disability data collection, analysis and monitoring and promote knowledge, social awareness and understanding of disability.

14. The action plan supports the Organization's continuing work towards mainstreaming disability in its programmes, in line with recent United Nations General Assembly resolutions.¹ It is aligned with the Twelfth General Programme of Work, 2014–2019, in particular reflecting the new political, economic, social and environmental realities and evolving health agenda. It complements and supports the implementation of other plans and strategies of the Organization, such as those on healthy ageing, reproductive, maternal and child health, emergencies and disasters, mental health, avoidable blindness and visual impairment, and noncommunicable diseases.
15. The design of the action plan is guided by the following principles, most of which are reflected in the Convention on the Rights of Persons with Disabilities:
 - respect for the inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons;
 - non-discrimination;
 - full and effective participation and inclusion in society;
 - respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
 - equality of opportunity;
 - accessibility;
 - equality between men and women;
 - respect for the evolving capacities of children with disability and respect of the right of children with disability to preserve their identities;
 - respect for the continued dignity and value of persons with disabilities as they grow older.
16. People with disability have unique insights about their disability and situation but have been excluded from the decision-making process about issues that directly affect their lives. In line with Article 4 of the Convention on the Rights of Persons with Disabilities, persons with disabilities through their representative organizations should be fully consulted and actively involved in all stages of formulating and implementing policies, laws, and services that relate to them.
17. The design and implementation of the action plan are based on and guided by the following approaches:
 - a human rights-based approach, including empowerment of persons with disabilities
 - a life-course approach, including the continuum of care

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