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# Advancing Health Equity for Persons with Disabilities and Older People in the 2023 WHO and UN Agendas

Policy debate hosted by G2H2

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# Key points to address

- 1. Common contributing factors to health inequities for persons with disabilities and older people**
- 2. Relationship between disability and ageing**
- 3. Common opportunities for older people and persons with disabilities to realize their right to health as part of efforts to advance UHC**

**COMMON CONTRIBUTING FACTORS TO HEALTH INEQUITIES** for persons with disabilities and older people include...

Stigma and discrimination

Lack of participation

Determinants of health

Disease risk factors

Health system barriers

Violence, abuse and neglect

Exclusion from clinical research

Lack of disaggregated data

Workforce limitations

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## Risk factors for disease and multimorbidity

- Increased (**up to double**) risk of developing health conditions and living with multimorbidity (e.g. Non-Communicable Diseases, COVID-19).
- Prevalence of multimorbidity increases with age and higher among older women than men in most countries.

## Stigma and discrimination (Ageism and Ableism)

- Ableism is broad societal negative attitudes and treatment of persons with disabilities.
- Ageism is how we think, feel, act towards others or ourselves based on age.
- Ageism and Ableism affect physical and mental health, leading to lower QoL and poorer health outcomes, social isolation and loneliness.
- Ageist attitude about older people's health and self-directed ageism prevent many older people from being able to access the quality of care they need.

## Lack of disaggregated data

- Less visible, due to lack of disaggregated data.
- The disaggregated data and analysis is critical to identify risk factors, and provide more information to inform policies, coverage of services and support person-centred programmes for groups at risk.

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## Lack of participation and meaningful engagement

- Older people, people with disabilities, and their support persons, often have limited power and agency in policy decision making from the community to the national levels.
- During policy development, programme design or evaluation, impacts are therefore often excluded

## Determinants of health

- Poverty – more likely to experience poverty and face higher health care costs
- Living conditions – housing and food insecurity as well as institutionalization
- Education and employment limitations
- Lack of transportation – 15 times more hindering
- Climate change – exacerbation of vulnerabilities
- Violence – particularly women and girls with disabilities

## Workforce limitations

- Negative attitudes; lack of knowledge and skills of health and care workers (HCW) and discrimination by HCW
- Personal assistance and caregiving is undervalued and can sometimes be considered a family responsibility, impacting physically, mentally and financially on families

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# RELATIONSHIP between disability and ageing

## WHO definitions

**Older age:** second half of life

**Healthy ageing:** the process of developing and maintaining the functional ability that enables well-being in older age

**Disability:** interaction between a person's health condition and certain contextual (personal and environmental) factors

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# Physical and mental capacities and functional ability of older people

- Numerous physiological changes occur with increasing age, and the risks of experiencing declines in physical and mental capacities increase for older people.
- Over 65% of adults above 60 years of age experience hearing loss (2019).
- 80% of bilateral distance vision impairment and blindness in persons aged 50 years or older (2018).
- 280 million were living with depressive disorders with highest estimates in people between 50 and 69 (2019).
- 14% of older people have limitations in their abilities to meet the basic needs necessary for a life of meaning and dignity. (Population survey from 37 countries) (2019).

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# Health inequities arise from unfair conditions that are avoidable

- 1.3 billion people globally have significant disability (1 in 6 of us OR 16%)
- Many are
  - likely to die 20 years earlier
  - double the risk for certain health conditions
  - experience more limitations in functioning
- 80% live in low/middle income countries

Global prevalence of disability increases

- Increases with age
- 5.8% in children 0-14
- 34.4% in adults aged over 60 years
- Higher in women (18% compared to 14.2% for males)



# WAY FORWARD TO ADDRESS HEALTH INEQUITIES for persons with disabilities and older people include...

Person-centred  
integrated care

Meaningful  
engagement

Address ageism  
and ableism

Provide enabling  
environments

Build workforce  
capacity

Shift from  
institutional care  
to community

Address data  
gaps

Strengthen PHC  
approach

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## Active meaningful involvement

- Engage in health sector processes - including those who are at higher risk of exclusion such as older women, those with intellectual, cognitive, or psychosocial disabilities and people living in residential settings.
- Listening to the voices and ensuring their meaningful engagement is a key enabler for the UN Decade of Healthy Ageing to ensure older people are at the centre

## Enabling environments

- Apply universal design principles to the built environment
- Promote non-discriminatory legislation, policies and strategic plans that actively recognize excluded groups
- Improve coordination among health and social sectors, including related sectors such as transport and housing
- Provide inclusive feedback (monitoring) processes to enable participation
- Promote deinstitutionalization and provide care in the community

## Capacity building of health workforce

- Address negative attitudes and stigma
- Build the capacity and confidence of health and care workforce
- Redesign health and care service pathways to provide person-centred integrated care including close to where people live
- Include older persons and persons with disabilities in the health and care workforce
- Train non-medical staff in the health sector on accessibility and respectful communication
- Guarantee free and informed consent

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## Person-centred integrated care

- Provide continuum of care that will help to reorient health and social services towards a more person-centred and coordinated model of care. (WHO ICOPE approach)
- Understand person's values, preferences and goals, and involve the person (and caregivers) in the decision-making process
- Involve multi-disciplinary team

## Address ageism and ableism

- Raise awareness thorough the campaign and communications about ageism and ableism and coordinate efforts to prevent and respond to them
- Develop and implement policies and laws that address ageism and ableism
- Provide intergenerational and intersectional interventions

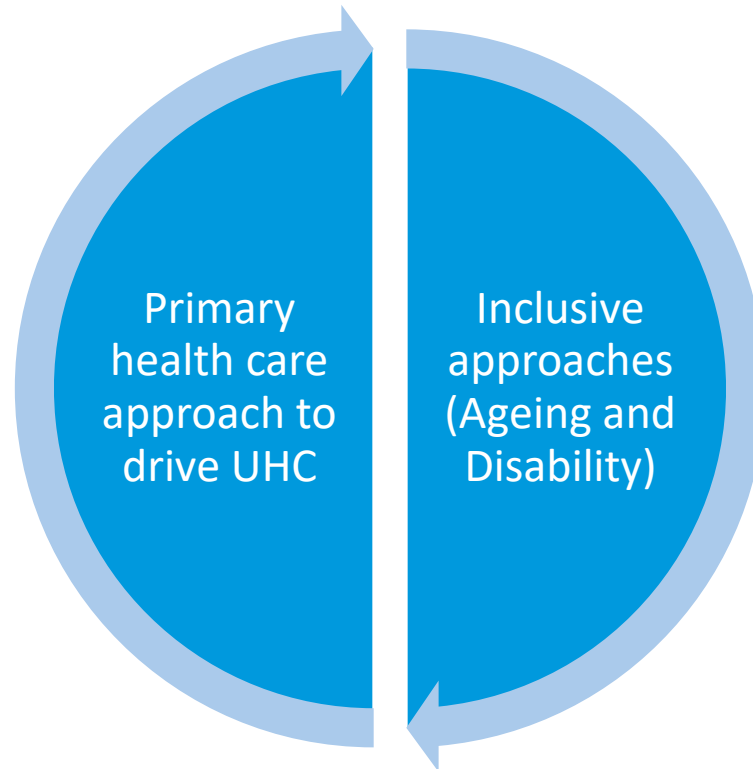
## Strengthen Primary Health Care approach

- Provide a full range of health and care services, affordable and accessible, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.
- Monitor health inequalities to identify and track disadvantaged populations in order to provide decision-makers with an evidence base to formulate more equity-oriented policies, programmes and practices

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# Primary health care is the driver for universal health coverage

**PHC / UHC is the foundation for achieving health equity for persons with disabilities and older people**



**Inclusive approaches strengthen the effectiveness of primary health care to advance universal health coverage**

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# Thank you

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