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| **Article 25 – Illustrative indicators on the right to health** |
| **Enjoyment of the highest attainable standard of health without discrimination on the basis of disability** |
| **Attributes/****Indicators** | **Equal access to mainstream and specific services within general health services** | **Inclusive health Insurance** | **Free and informed consent** |
| **Structure** | 25.1 Legislation relating to health[[1]](#endnote-1) which explicitly recognises: * equal access by persons with disabilities[[2]](#endnote-2) to affordable, accessible, quality and culturally-sensitive health services, in private and public settings;
* the denial of reasonable accommodation constitutes disability-based discrimination;
* respect for confidentiality of persons with disabilities[[3]](#endnote-3).

25.2 Laws and regulations that guarantee women and girls access to sexual and reproductive health care, information and education (based on SDG indicator 5.6.2), including women and girls with disabilities.25.3 Existence of a national policy/plan[[4]](#endnote-4) to ensure that persons with disabilities[[5]](#endnote-5), have access to quality and affordable health services,[[6]](#endnote-6) including access to universal health coverage.[[7]](#endnote-7)25.4 National accessibility standards adopted and applicable for public and private health facilities.25.5 Legislation prohibits health insurers from discriminating against persons with disabilities on the basis of pre-existing impairments/health conditions. | 25.6 Legislation which: * Recognises the right to free and informed consent to medical treatment[[8]](#endnote-8) of every individual regardless of any legal status or condition of liberty;
* Ensures that all health information and consent forms are fully accessible to all persons with disabilities;
* Prohibits discrimination in the exercise of this right:[[9]](#endnote-9)
* Requires health care providers to act in accordance with advance directives, powers of attorney and other forms of supported decision-making for health care decisions.[[10]](#endnote-10)

25.7 No provisions in legislation or regulations[[11]](#endnote-11) which permit:* Consent to be provided or substituted by any third party;[[12]](#endnote-12)

- Any type of involuntary treatment including through operations;[[13]](#endnote-13) administration of medication,[[14]](#endnote-14) therapies (e.g. ECT), mechanical devices, belts and restraints. |
| 25.8 Mandatory courses and training on right to health of persons with disabilities and free and informed consent as an integral part of core training curricula for health professionals in universities and other educational institutions. |
| **Process** | 25.9 Proportion of public health clinics and hospitals that meet national accessibility standards, including accessible buildings and environment[[15]](#endnote-15), medical and health equipment, information and communications.25.10 Proportion of public health clinics and hospitals that have access to accessible and alternative communication methods.[[16]](#endnote-16)  | 25.11 Number of people covered by health insurance or a public health system per 1,000 population (SDGs indicator 3.8.2) disaggregated by age, sex and disability.25.12 Proportion of persons with disabilities who use government-supported health-care programmes, as compared to others, by age, gender and type of disability. 25.13 Average out of pocket health care costs of persons with disabilities compared to other persons, by type of impairment. | 25.14 Protocol adopted on the right to free and informed consent to treatment and the right to refuse treatment which explicitly refers to persons with disabilities.[[17]](#endnote-17)  |
| 25.15 Coverage of essential health services[[18]](#endnote-18) disaggregated by age, sex and disability (SDGs indicator 3.8.1)[[19]](#endnote-19)25.16 Consultation processes undertaken to ensure active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of laws, regulations, policies and programs, related to health, including sexual, reproductive and mental health. [[20]](#endnote-20) 25.17 Proportion of staff working in public and private health sector and those involved in the delivery of health programs and services, trained on right to health of persons with disabilities and free and informed consent.25.18 Awareness raising campaigns and activities concerning health programmes and services for persons with disabilities[[21]](#endnote-21).  |
| 25.19 Number of received complaints on access to and delivery of health services and health insurance alleging discrimination on the basis of disability[[22]](#endnote-22) and/or involving persons with disabilities, investigated and adjudicated in favour of the complainant, disaggregated by kind of mechanism, and the proportion of these complied with by the government or duty bearer (e.g. private health services provider). |
| **Outcome** | 25.20 Maternal mortality ratio (SDGs indicator 3.1.1) disaggregated by age and disability of the person. 25.21 Proportion of women and girls of reproductive age who have their need for family planning satisfied with modern methods (based on SDGs indicator 3.7.1) disaggregated by age and disability.25.22 Number of new HIV infections per 1,000 uninfected population, by sex, age and key population (SDGs indicator 3.3.1) and disability.25.23 Tuberculosis, malaria and hepatitis B incidence per 1,000 population (SDGs indicators 3.3.2, 3.3.3, and 3.3.4) among population of persons with disabilities compared to others.25.24 Birth and death registration rates of persons with disabilities compared to other persons. 25.25 Prevalence of undernourishment (SDG indicator 2.1.1) disaggregated by age, sex and disability.25.26 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight), (SDG indicator 2.2.2) and by age, sex and disability.25.27 Proportion of births attended by skilled health personnel (SDG indicator 3.1.2).disaggregated by age and disability of the individual giving birth. | 25.28 Proportion of women and girls who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (based on SDG indicator 5.6.1) by age and disability. |

**ANNEX**

1. Including sexual and reproductive health, etc. [↑](#endnote-ref-1)
2. Including people living with HIV/AIDS. [↑](#endnote-ref-2)
3. Including women, children and older persons. [↑](#endnote-ref-3)
4. National policies/action plans can be mainstream or disability-specific which are designed in meaningful consultation with organizations of persons with disabilities and contains:

	* Clear lines of responsibility, targets and timetable for implementation;
	* Mechanisms for cross-ministerial cooperation;
	* Allocated budget;
	* Monitoring and enforceability mechanism;
	* Criteria requiring physical and informational accessibility. [↑](#endnote-ref-4)
5. Particularly women, children and older persons. [↑](#endnote-ref-5)
6. This includes:

	* mainstream health and prevention programmes and services, on an equal basis with others;
	* specific services within general health services including: early identification & early intervention as appropriate (including early childhood disability screening and planning for targeted service provision such as physiotherapy, occupational therapy, speech therapy, sign language communication, early childhood stimulation, etc., and provision of assistive aids and mobility devices);
	* services addressing minimising and preventing further impairment(s);
	* covering all areas of health, including sexual and reproductive health, HIV/AIDS, adolescent and older person’s health, etc.;
	* providing explicitly for non-discrimination on the basis of disability;
	* recognising the free and informed consent of persons with disabilities on an equal basis with others;
	* mental health services should be provided based on the psychosocial rather than the medical model, as a general service available to all individuals, including persons with any type of disability, and as a disability-specific service for people with psychosocial disabilities. Such services must be based on free and informed consent of the person concerned and should include crisis support, psychotherapy and counselling (including trauma counselling), a wide range of alternatives to conventional services including peer support (which can vary by cultural practice), etc. [↑](#endnote-ref-6)
7. Implementation of universal health coverage — from packages of essential health services to health financing reforms — should include the full range of health-care services that persons with disabilities may need, including health-related habilitation and rehabilitation, assistive devices and technologies. [↑](#endnote-ref-7)
8. Including the right to refuse treatment. [↑](#endnote-ref-8)
9. Including the denial of reasonable accommodation. [↑](#endnote-ref-9)
10. This includes that health care providers address people with disabilities directly in discussing their health care and seeking free and informed consent, while respecting the involvement of their chosen supporters. [↑](#endnote-ref-10)
11. This includes health, mental health, family, civil, and criminal law. [↑](#endnote-ref-11)
12. Third party includes family member, guardian, health or social worker or professional. [↑](#endnote-ref-12)
13. E.g. sterilisation, abortion, etc. [↑](#endnote-ref-13)
14. E.g. contraception, neuroleptics, growth attenuating drugs. [↑](#endnote-ref-14)
15. Consultation, treatment and operation facilities, toilets, waiting areas. [↑](#endnote-ref-15)
16. For example, sign language interpreters and patient material in Braille. However, communication methods should not be limited to this. [↑](#endnote-ref-16)
17. The protocol should:

	* prohibit non-consensual treatment and consent provided by a third party;
	* recognise and ensures the provision of support which respects the individual’s autonomy, will and preferences;
	* recognise and makes available accessible and alternative communication methods;
	* recognise advance directives/planning instruments subject to the person’s exercise of legal capacity at all times. [↑](#endnote-ref-17)
18. This is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population. [↑](#endnote-ref-18)
19. See metadata on SDG indicator, stating that “disaggregation: Equity is central to the definition of UHC, and therefore the UHC service coverage index should be used to communicate information about inequalities in service coverage within countries. This can be done by presenting the index separately for the national population vs disadvantaged populations to highlight differences between them.” [↑](#endnote-ref-19)
20. This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4.3 of the CRPD, including consultation meetings, technical briefings, online consultation surveys, calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must

ensure that consultation processes are transparent

ensure provision of appropriate and accessible information

not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions.

include both registered and unregistered organizations.

ensure early and continuous involvement.

cover related expenses of participants (e.g. transport and other expenses to attend meetings and technical briefings). [↑](#endnote-ref-20)
21. In particular women, children and older persons with disabilities. [↑](#endnote-ref-21)
22. Including non-consensual treatment (encompassing also treatment consented to by a third party) [↑](#endnote-ref-22)