

# Advancing Health Equity for Persons with Disabilities – A Global Movement

WHO Disability Health Equity Initiative

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**Dr Nor Bizura Binti Abdul Hamid**

Head of PWD Health Sector,  
Ministry of Health Malaysia



**Dr. Pratima Gajraj-Singh**

Rehabilitation Medicine Specialist,  
Ministry of Health & Medical Services Fiji



**Jody Mills**

Technical Officer, WHO  
Regional Office for the Western Pacific

# Introduction and Acknowledgement of Country

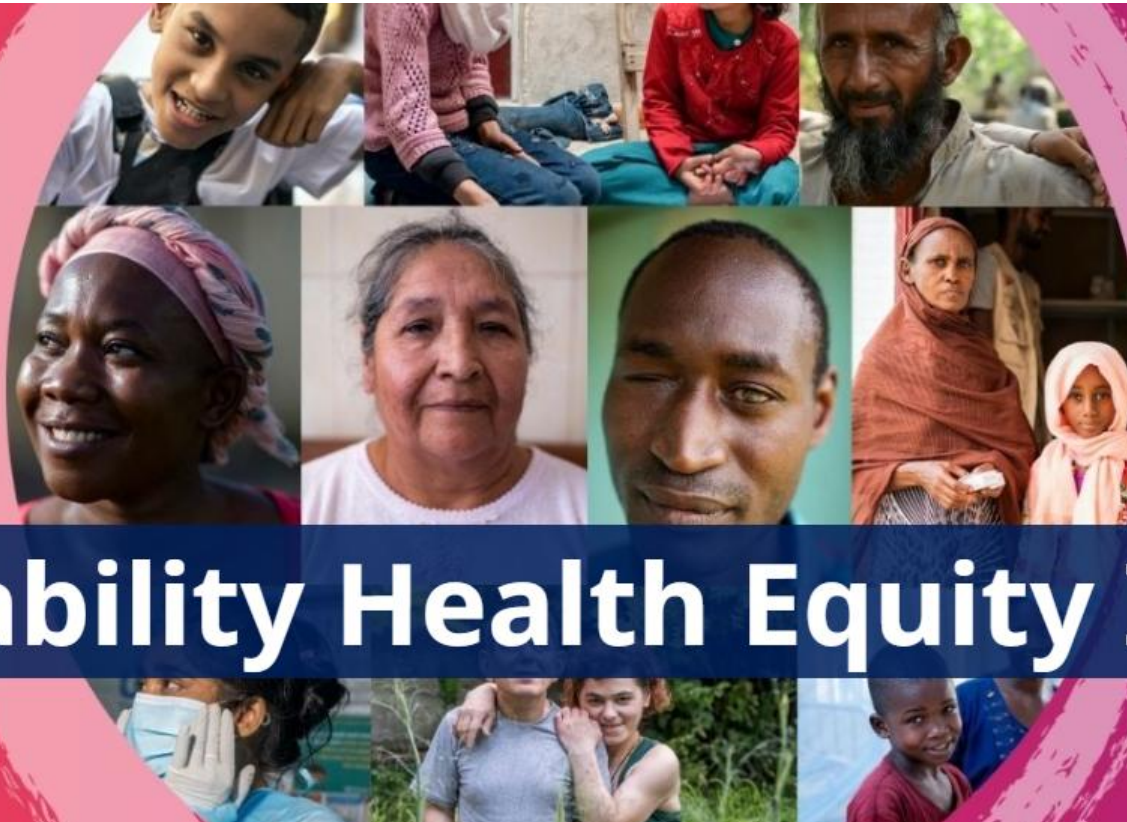
- ▶ We acknowledge the traditional owners of the Country throughout Australia and those lands from which we are all joining.
- ▶ We acknowledge their continuing resilience, contributions and connections to the land, culture and water and pay respects to their Elders past, present and emerging.



# Browser captioning URL

<https://tinyurl.com/addc26>





# WHO Disability Health Equity Initiative

# WHO Health Equity Network

The WHO Disability Health Equity Network is a WHO-hosted network of stakeholders whose mission is to support the WHO Disability Health Equity Initiative through coordinated advocacy and united action towards health equity for persons with disabilities.

- ▶ Objectives of the WHO Health Equity Network



# Reasons to join the Network

- ▶ Influence and advocate
- ▶ Connect, share and learn
- ▶ Be recognised
- ▶ Increased visibility
- ▶ Benefit your network and partnerships



# Criteria for acceptance to the Network

1. Contribute significantly to the advancement of health equity, disability and/or public health;
2. Must be working internationally, with proven experience and expertise in the subject matter for at least 3 years; and
3. Must have an established structure, constitutive act, and accountability mechanism



# Different workstreams

- ▶ **Workstream 1: Build leadership on health equity among persons with disabilities**
- ▶ **Workstream 2: Elevate health equity for persons with disabilities as a political priority in health**
- ▶ **Workstream 3: Create a disability inclusive health sector**
- ▶ **Workstream 4: Establish robust indicators, evidence and monitoring**



# Jody Mills

- ▶ Technical Officer, Health Policy and Service Design Unit of the WHO Western Pacific Regional Office

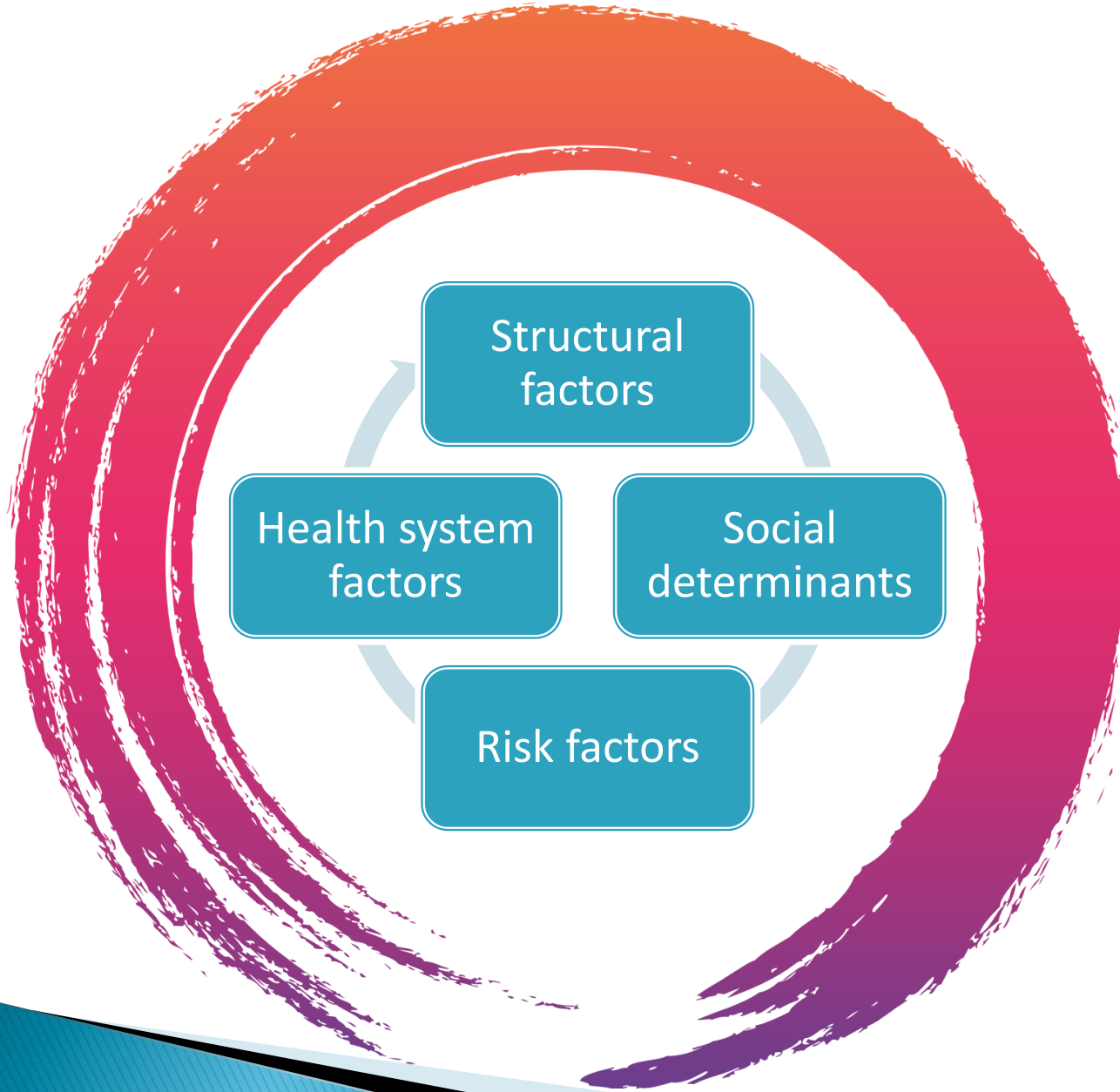




**Building the global  
movement** to improve  
health outcomes for persons  
with disabilities

Dr Jody-Anne Mills  
Technical Officer  
Service Delivery and Quality  
Division of Health Systems and Services  
WHO Regional Office for the Western  
Pacific

# Collaboration as a catalyst for disability health equity



**Contributing factors to health inequities span different sectors and stakeholder groups**

# The collaboration potential



- ▶ Collaboration builds the critical mass needed for effective advocacy
  - Collective action across actors creates the political weight needed to shift policy and funding priorities
- ▶ Collaboration is needed between disability actors and mainstream health development initiatives
- ▶ Cross-sector collaboration creates conditions for co-designing innovative service models that neither health nor disability systems would develop independently



## Collaboration in action: Activities of the WHO Health Equity Network

- ▶ Targeting high-level fora and either organized sessions on the topic, or brought self advocates with disability to speak at the events
- ▶ Lancet commission: Special issue on disability and health
- ▶ Support to countries for disability inclusion interventions, e.g. including disability identifier in health information system
- ▶ developing a shared communication tool on OPD leadership in health equity



## Building global momentum

- ▶ Leveraging collaboration and networks
- ▶ Making it everyone's business – building accountability for disability inclusion
  - Mainstream the need for disability-related indicators and specific reporting on equity
- ▶ Make inequities visible through data disaggregation

## Moving forward

- ▶ Countries are seeking concrete examples and guidance on implementing the recommendations of the WHO Global Report
  - Concrete/operational resources and tools
  - Case studies demonstrating implementation in different contexts
  - Cross-country learning

# Find out more about our work and resources



**Website**

[who.int/health-topics/disability](https://who.int/health-topics/disability)

**Contact me**

[millsj@who.int](mailto:millsj@who.int)

# Dr. Pratima Singh

- ▶ Rehabilitation Medicine Specialist, Ministry of Health & Medical Services Fiji



# Strengthening Disability Inclusion in Health in Fiji

*The role of national action plans in enabling multi-stakeholder coordination*

Dr. Pratima Singh

HOD Rehabilitation Department

Ministry of Health and Medical Services – Fiji

# Disability in Fiji

## *Data on disability in Fiji:*

- According to the 2017 Fiji National Census, **13.7 %** of Fiji's population (aged 3 and above) reported at least one functional difficulty/disability — roughly **113,595 persons**.
- More recent survey data (Fiji Multiple Indicator Cluster Survey 2021) estimates that **8.8 % of children aged 2–17 years** have functioning difficulties in at least one domain.

# Barriers to health for persons with disabilities in Fiji

- **Structural and social determinants:** poverty, and inadequate access to assistive products.
- **Physical and infrastructure barriers:** inadequate public transport access to wheelchair users.
- **Financial barriers:** out-of-pocket costs for care, travel, assistive devices, and caregiver support; disability allowances from Govt are often insufficient.
- **Communication and information barriers:** limited availability of sign language interpreters, accessible formats (Braille, easy-read), and inclusion in health promotion campaigns.

# Barriers to health for persons with disabilities in Fiji

- **Attitudinal and cultural barriers:** Stigma, negative societal attitudes, and cultural beliefs (e.g. viewing disability as a curse) discourage persons with disabilities and their families from seeking care.
- **Health workforce limitations:** Many health providers lack training in disability-inclusive care and may not know how to adapt services or communicate effectively with patients with disabilities.
- **Limited access to sexual and reproductive health (SRH) services:** Women and young people with disabilities often do not receive the full range of SRH services, and accessible information is scarce.
- **Data limitations:** Insufficient disability-disaggregated data hampers planning, monitoring, and evaluation of health services for persons with disabilities.

## What Fiji is doing / Policy Response So Far

- 1) Cabinet Endorsed *National Disability Inclusive Health and Rehabilitation Action Plan 2023–2027* (MHMS) on 14<sup>th</sup> March 2023.
- 2) The Government is increasingly collaborating with **disability-led organizations** (e.g., National Council for Persons with Disabilities (NCPD), Fiji Disabled People's Federation (FDPF), Frank Hilton Organisation (FHO)) and international partners to expand access across all ages.

National commitments to health equity for persons with disabilities

**NATIONAL DISABILITY INCLUSIVE HEALTH AND REHABILITATION ACTION PLAN (NDIHRAP) 2023 – 2027**

**The Action Plan has 2 Goals and 4 Objectives**



# Goals of NDIHRAP

- **Goal 1 — Inclusive health**

Ensure that children and adults with disabilities have access to inclusive health services at community, primary, secondary and tertiary levels.

- **Goal 2 — Rehabilitation**

Strengthen the MHMS rehabilitation and assistive-products workforce, and ensure rehabilitation and assistive-products services are available and accessible to all who may benefit.



# Objectives of NDIHRAP

1. **Reduce barriers and improve access to health care services** and programs for all (including persons with disabilities).
2. **Improve the quality and reach of rehabilitation and assistive-product services** at community, primary, secondary and tertiary levels.
3. **Strengthen disability-specific data and information collection** throughout the MHMS health information system.
4. **Increase multi-sectoral collaboration** for better coordination and more efficient rehabilitation and disability support services at all levels.



## Action to date

1. **Establishment** and Recruitment of the **Rehabilitation Coordinator role** within MHMS structure
2. **NDIHRAP Steering Committee formed** with multi-sectorial representation, providing governance, monitoring and evaluation of NDIHRAP activities
3. **Dedicated funding secured under MHMS** to implement the Action Plan
4. Korean Govt funded construction and establishment of the National Rehabilitation Centre – currently underway and projected to be completed in August 2027.
5. **ATScale Program** – Fiji secured significant funding for screening and provision of vision, hearing and mobility assistive products to school-aged children

## Action to date

6. **Fiji National Policy on the Rights of Persons with Disabilities 2025–2035**
  - **Launched in October 2025.** The Policy Commits to mainstreaming disability across **health, education, employment, social protection, and infrastructure.**

# How the Action Plan Enables Multi- Stakeholder Coordination

The NDIHRAP provides a formal, government-endorsed framework that brings together multiple sectors and stakeholders around shared goals for disability-inclusive health. It enables coordination in four key ways:

- **Shared goals and accountability** – establishes common objectives, indicators, and timelines, creating a shared accountability framework
- **Structured multi-sectoral governance** – mandates multi-sectoral participation
- **Mainstreamed disability inclusion** – by mainstreaming disability into the MHMS health planning cycle, the plan reduces fragmented, siloed approaches and enables coherent service delivery in the health sector
- **Disability leadership and participation** – OPD engagement from action plan development through implementation

# The National Disability Inclusive Health and Rehab Steering Committee (NDIHRC)

The **National Disability Inclusive Health and Rehab Steering Committee (NDIHRC)** is the primary governance mechanism through which the Action Plan enables sustained, multi-stakeholder coordination.

- **Composition** – Multi-sectoral representation
- **Functions** – Provides governance, oversight, and M&E of NDIHRAP implementation; facilitates information sharing across sectors; reviews progress against Action Plan goals and objectives
- **Disability leadership** – operationalizes the principle of “nothing about us, without us” (alongside the National Council of Persons with Disabilities)

# Dr Nor Bizura Binti Abdul Hamid

- ▶ Head of PWD Health Sector,  
Ministry of Health Malaysia





QUESTION AND  
ANSWER

# Closing remarks

- ▶ Thank you to our panellists
- ▶ Join ADDC
- ▶ Recording will be shared
- ▶ More information on the WHO Health Equity Network

