

Advancing Health Equity for Persons with Disabilities – A Global Movement

WHO Disability Health Equity Initiative

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Introduction and Acknowledgement of Country

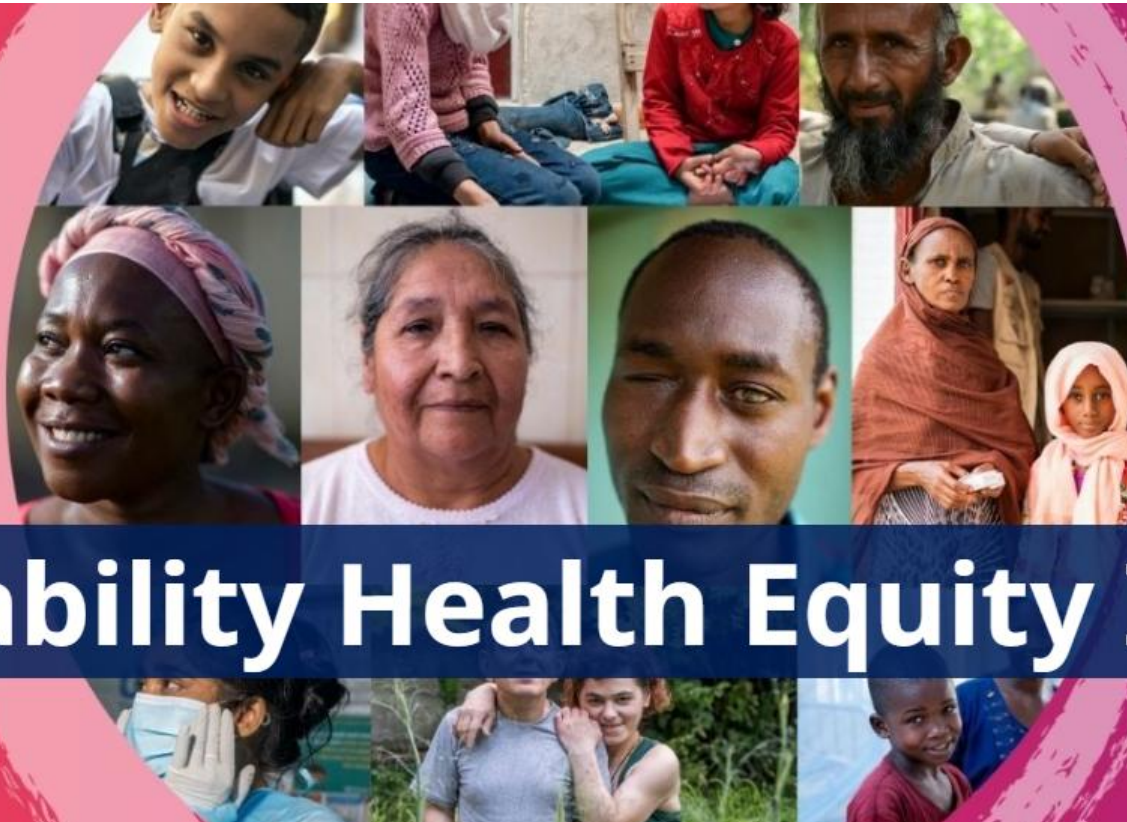
- ▶ We acknowledge the traditional owners of the Country throughout Australia and those lands from which we are all joining.
- ▶ We acknowledge their continuing resilience, contributions and connections to the land, culture and water and pay respects to their Elders past, present and emerging.



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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

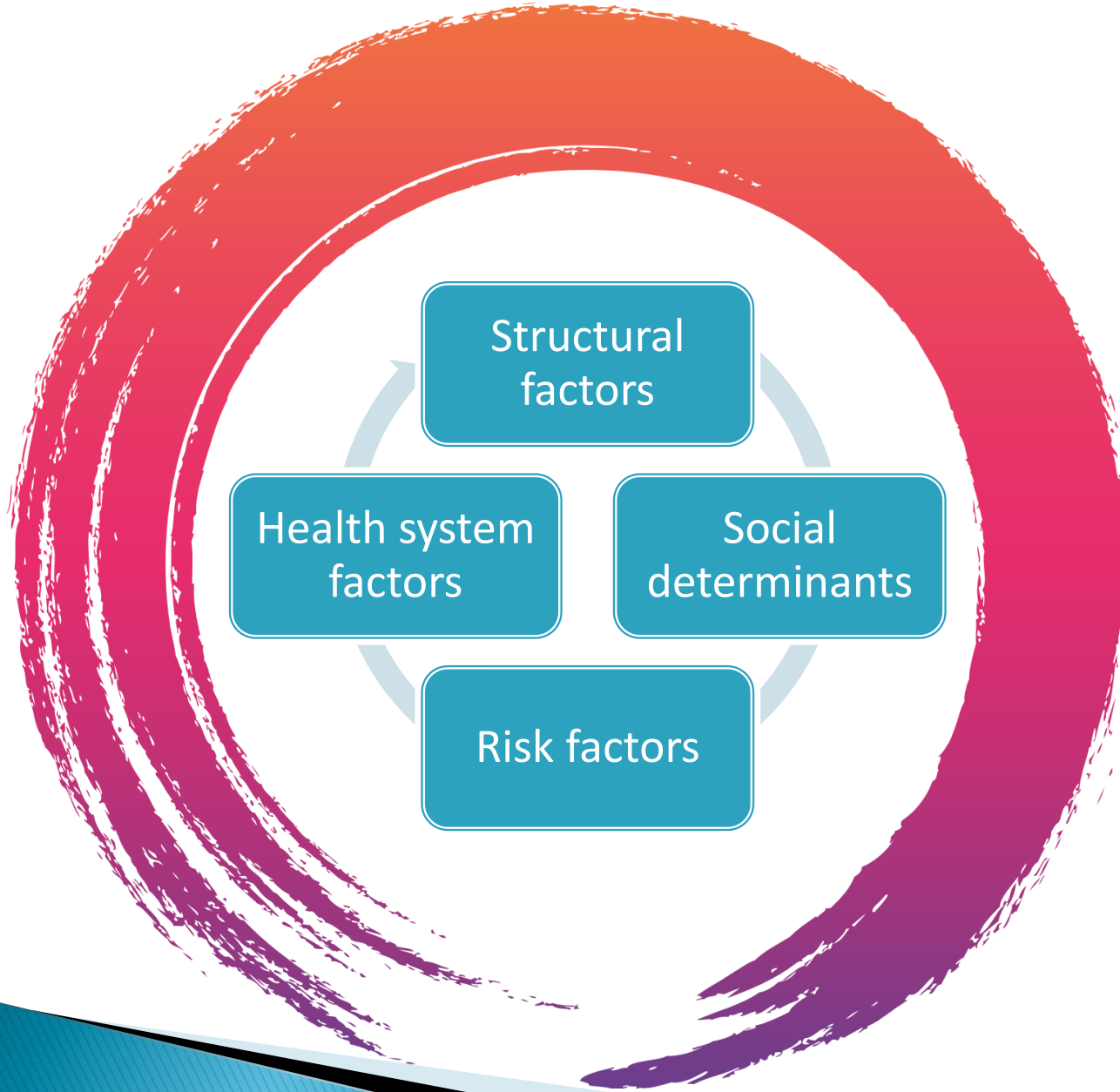




**Building the global
movement** to improve
health outcomes for persons
with disabilities

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

Contact me

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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 14th 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



Distilled from the 2024
WHO Disability
Program Experience.

Dr Nor Bizura Binti
Abdul Hamid, Head of
the Disability Health
Sector (Sektor
Kesihatan OKU), Family
Health Development
Division, Ministry of
Health Malaysia.

Leaving No One Behind

**Advancing Health Equity for
Persons with Disabilities in
Malaysia**



Family Health Development Division,
Ministry of Health Malaysia



**FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA**

The Catalyst for Structural Reform

The Mandate

Driven by the 12th Malaysia Plan and the structural reforms of the Health White Paper.

The OKU Reality

UHC remains fundamentally incomplete unless Persons with Disabilities (OKU) enjoy equivalent life functionality, free from premature mortality.

We cannot claim Universal Coverage if we leave anyone behind.

The Objective

Achieving true Universal Health Coverage (UHC) for the general population.



The 2024 Partnership: A Year of Deep Engagement



Phase 1: Ground Truth & Assessment

April 22 – May 3

Bypassing desk research for on-the-ground realities using the WHO Disability Guide for Action. Assessed primary, secondary, and rural frontline access.

- CBR & Down Syndrome centers
- Klinik Desa Kuala Sawah, Seremban
- Hospital Rembau (District Hospital)



Phase 2: Action Planning & Co-Design

June 24 – July 5

Transitioning from identifying gaps to designing scalable solutions through dynamic advocacy roundtables and local innovation scaling.

- AIDA Group roundtables
- DIDCOM WhatsApp info center for the Deaf
- Cheras Health Clinic visual impairment practices



Voices from the Ground: Participatory Diagnostics

Focus groups with diverse OKU, parents, and adolescents revealed specific systemic friction points:



Communication

Severe communication barriers isolate the deaf community within standard clinical settings, hindering basic diagnosis and care.



Workforce Shortages

A critical, widespread lack of public sector speech and language therapists creates massive bottlenecks for early intervention.








Environment

Intense sensory overload experienced by neurodivergent individuals in traditional, chaotic clinic environments.

Anchored by the Quality Life Care (QLC) Committee: A multi-sectoral beating heart of medical experts, allied health, ministries, and Organizations of Persons with Disabilities (OPDs).

The Structural Audit: Health System Assessment Matrix

Evaluating the Malaysian health ecosystem across strategic entry points using the WHO Disability Inclusive Health Systems Assessment scoring tool.

High Functioning Areas	Critical Growth Priorities
 Inclusive health service planning	 Health workforce competency
	 Accessibility of health information
 Comprehensive care models	 Integration of digital health technologies

Insight: While strategic planning is robust, the critical gaps exist in ground-level execution, communication accessibility, and digital infrastructure.



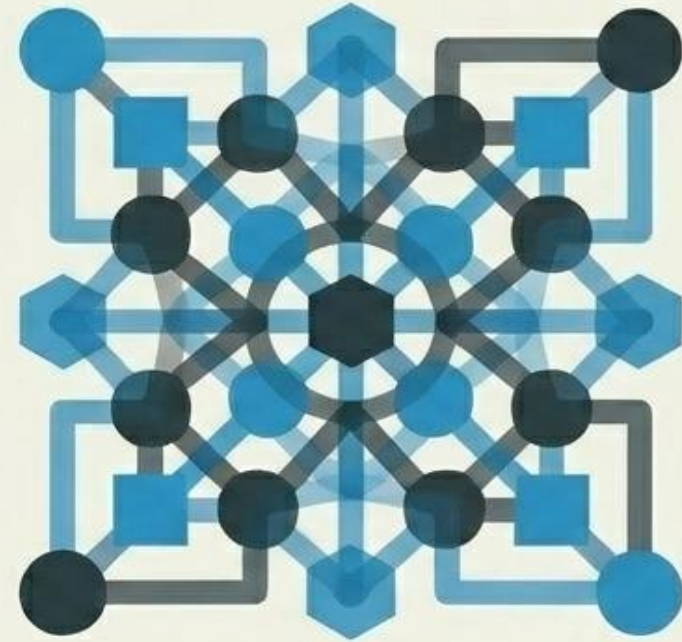
The Paradigm Shift

From: Siloed Programs



Treating disability as an isolated medical issue addressed through detached, standalone, impairment-specific initiatives.

To: True Systemic Inclusion



Embedding OKU accessibility, representation, and care directly into the foundational DNA of the national healthcare architecture.

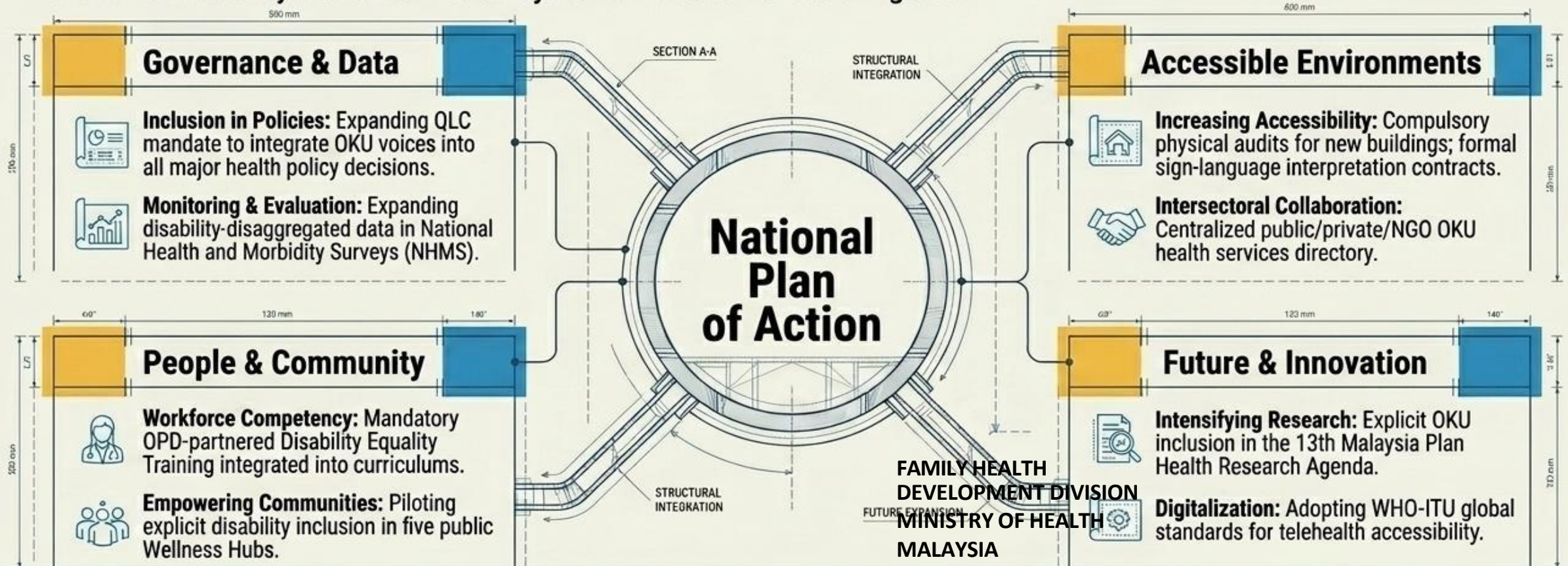
MADE WITH
DEVELOPMENT DIVISION
MINISTRY OF HEALTH
MALAYSIA

Anchored by the Quality Life Care (QLC) Committee: A multi-sectoral beating heart of medical experts, allied health, ministries, and Organizations of Persons with Disabilities (OPDs)



The Blueprint: 8 Pillars of the National Plan of Action 2026–2030

Evaluating the Malaysian health ecosystem across strategic entry points using the WHO Disability Inclusive Health Systems Assessment scoring tool.



Anchored by the Quality Life Care (QLC) Committee: A multi-sectoral beating heart of medical experts, allied health, ministries, and Organizations of Persons with Disabilities (OPDs).



Beyond the Ramps

“True health equity is not just about building ramps for wheelchairs; it is about building respect, understanding, inclusive communication into the very DNA of our healthcare workforce.”

FAMILY HEALTH
DEVELOPMENT DIVISION
MINISTRY OF HEALTH
MALAYSIA

Equipped with the **Plan of Action 2024–2030**, the Ministry of Health, the WHO, and the OKU community are forging a healthcare system that is truly accessible, inclusive, and equitable for all.





QUESTION AND
ANSWER

Closing remarks

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

