



## Action on Supporting Access to Health for Persons with Disabilities



In 2006, the U.N. adopted the Convention on the Rights of Persons with Disabilities (CRPD), a landmark global agreement committing countries to promote, protect, and ensure the human rights of persons with disabilities. Over the past decade, 168 countries and territories have ratified the CRPD, making it one of the most rapidly ratified human rights treaties in history. This fact sheet series by the WORLD Policy Analysis Center examines the extent to which countries have enacted and passed constitutional rights, laws, and policies consistent with CRPD commitments.

### Background

- The CRPD calls on States Parties to “recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” in Article 25.
- For many people with disabilities, ongoing access to coordinated care and rehabilitation measures focused on achieving, maintaining, or restoring functioning are instrumental to the full realization of the right to health. Yet studies have shown that people with disabilities often face physical, social, and economic obstacles to accessing care.
- For example, globally, 53% of men with disabilities report foregoing needed care because it is unaffordable, compared to 34% of men without disabilities. People with disabilities are also more likely to report that lack of transport, poor treatment by healthcare providers, and the inability to take time off of work pose barriers to accessing health services.
- Countries can take steps to improve care access by enacting legal protections of inclusive healthcare and removing barriers to family caregiving.
  - A constitutional right to health provides a strong foundation for laws and policies that advance the availability of affordable rehabilitation, health care, and state-funded social support services.
  - Without comprehensive formal support services, many people with disabilities rely on informal assistance from family to meet their health needs. Well-designed policies can enable workers to support their family members’ full access to care.

### Findings

#### Fundamental Protections of the Right to Health

- Globally, only 26% of 193 constitutions explicitly guarantee the right to health to persons with disabilities, or guarantee free medical services broadly or specifically to people with disabilities.
- Although guarantees remain uncommon, 63% of constitutions adopted in 2010 or later guarantee the right to health for persons with disabilities compared to only 6% of those adopted before 1990.
- 4% of constitutions have provisions that allow countries to promote health for persons with disabilities.

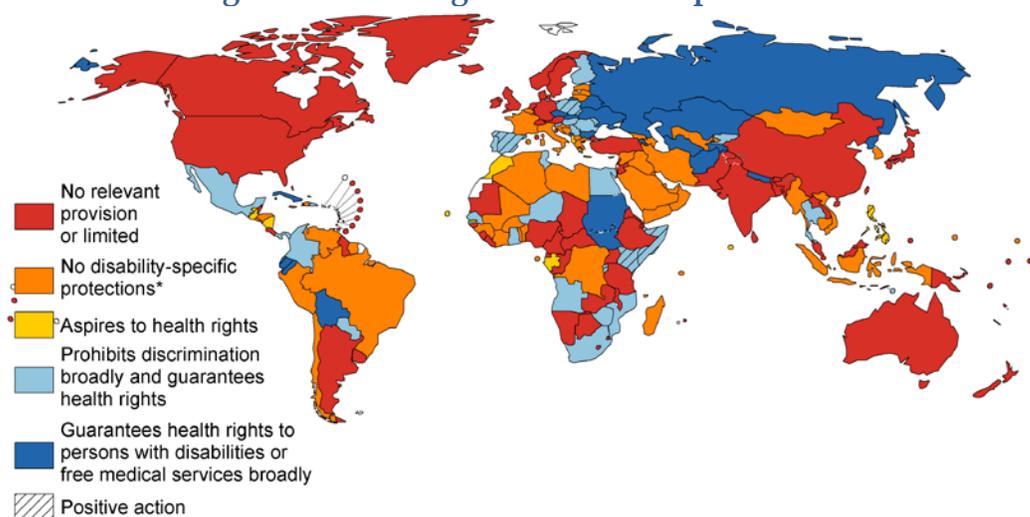
#### National Laws and Policies to Support Access to Habilitation, Rehabilitation, and Health Care

- Ongoing access to comprehensive habilitation and rehabilitation services can be critical for children with disabilities, and paid leave policies can provide working parents with the ability to support their children’s access to health without losing income; however, 76% of countries do not make any paid leave specifically available for either the everyday or disability-related health needs of school-aged children with disabilities.
- While there are many approaches to policy design that advance the right to health for children with disabilities, 11% of countries have explicitly incorporated consideration for these health rights into legislation by making paid leave specifically available to meet the health needs of children with disabilities.

## Findings (Continued)

- While paid leave policies that specifically support caregivers to meet the health and rehabilitation needs of family members with disabilities remain uncommon, a wide range of countries have shown that enacting these policies is feasible:
  - In Peru, 90 days of leave and benefits for new mothers of infants are extended for 30 days in the case of the birth of a child with a disability.
  - In addition to paid leave for infant caregiving, each family in Poland receives 36 months of paid leave devoted to meeting child care needs until children turn 5; this benefit can be extended to 72 months if the child has a disability.
  - Working parents in Armenia are guaranteed paid leave when they need to accompany children with disabilities under age 18 to access treatment.
  - In Seychelles, workers have access to 30 days of paid leave to meet the care needs of their dependents each year. This leave allows workers to support the health needs of adult family members with disabilities as well as elderly parents.

### Map: Does the constitution guarantee the right to health for persons with disabilities?



\*These constitutions do not include disability-specific protections, but they do broadly guarantee health rights. This map is focused on specific constitutional guarantees for persons with disabilities.

Source: WORLD Policy Analysis Center, *Constitutions Database*, 2014

**Table: Availability of paid leave specifically designed to meet the everyday and disability-related health needs of school-aged children\* with disabilities**

Paid leave for health needs of children with disabilities	Low-income Countries	Middle-income Countries	High-income Countries	Total Countries
No paid leave specifically for children's everyday or disability-related health needs	32 (89%)	84 (84%)	29 (53%)	145 (76%)
Less than 1 week of paid leave	1 (3%)	1 (1%)	3 (5%)	5 (3%)
1 – 3 weeks of paid leave	1 (3%)	5 (5%)	7 (13%)	13 (7%)
More than 3 weeks of paid leave	2 (6%)	4 (4%)	9 (16%)	15 (8%)
Paid leave available as needed	0 (0%)	6 (6%)	7 (13%)	13 (7%)

Source: WORLD Policy Analysis Center, *Adult Labor Database*, 2015

\*Analysis reflects paid leave specifically made available to meet either or both the everyday and disability-related health needs of a child at age 8

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