Health equity for persons with disabilities





I in **6** people

is the estimated number of persons with disabilities living in low- and middle-income countries where access to basic health services are especially limited for persons with disabilities

Persons with disabilities experience health inequities

Many of them:



Are likely to die **20 years** earlier



Experience poorer health – having more than **double** the risk of developing conditions such as diabetes, stroke or depression



Have more limitations in functioning – for example inaccessible health facilities are up to **6 times** more hindering for them



Health inequities arise from unfair conditions that affect persons with disabilities disproportionally. These conditions are part of the socioeconomic and political context, social determinants of health, risk factors, and health system barriers

Investing in health equity for persons with disabilities means investing in Health for All, bringing high dividends to individuals and communities

There could be a



on implementing disability inclusive prevention and care for noncommunicable diseases

Interventions such as family planning and vaccination could be highly cost-effective when provided in disability inclusive manner, despite the additional cost required

Achieving



SDG₃

and the global health priorities of







pursuing universal health coverage

preventing and responding to health emergencies populations

promoting healthier

FOR ALL requires action to address health inequities for persons with disabilities

Countries are only



steps away from achieving health equity for persons with disabilities

All governments and health sector partners need to commit to 3 recommended principles when implementing actions



Include health equity at the center of all actions



Empower and include persons with disabilities



Monitor the impact of health section actions for persons with disabilities

