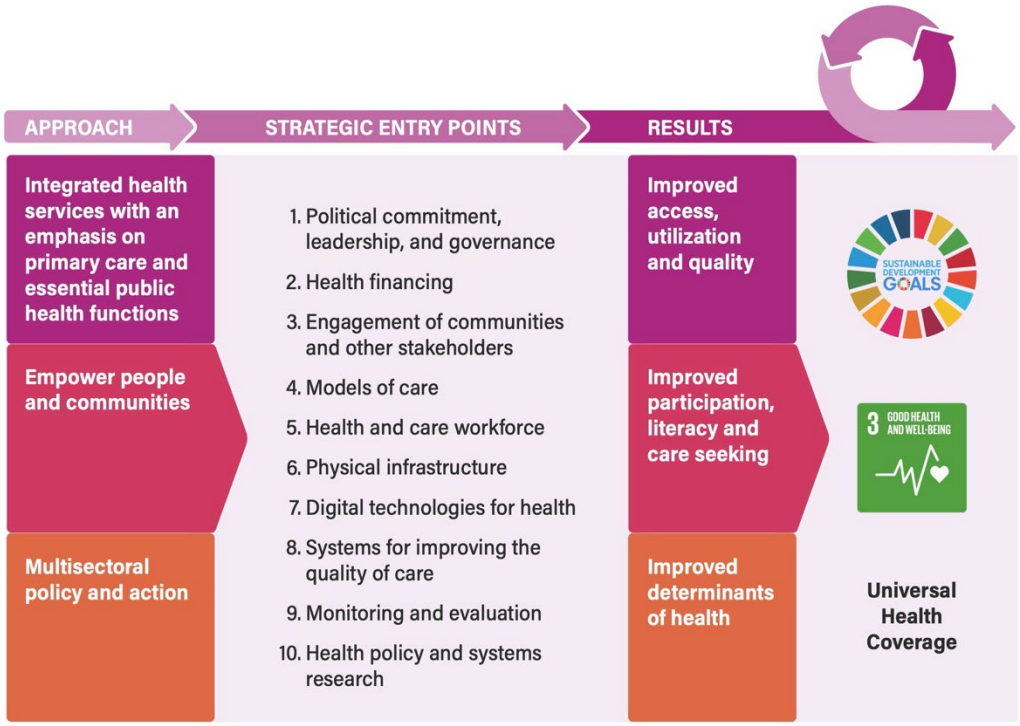
Ten strategic entry points for disability health equity: A two-page summary to support GPW14 output indicator country office form for 4.1.1.IND4

How to use this guide: The *WHO Global report on health equity for persons with disabilities* puts the primary health care (PHC) approach into practice through 10 strategic entry points that are essential to advance disability inclusion in the health sector. The figure below shows the strategic entry points, and the text that follows provides examples of actions that indicate disability inclusion in each entry point (these are only examples of actions, it is not required to meet all of them for this strategic entry point to be considered met). Each entry point below explains what it means, and lists examples of measures that show disability inclusion in national health programmes, strategies, plans, budgets or legislation.



1. Political commitment, leadership and governance

What it means

This entry point concerns whether the government has made health equity for persons with disabilities an explicit priority and given the health sector a clear stewardship role for disability inclusion. It covers the legal and policy frameworks, institutional arrangements and accountability mechanisms that set the direction of the health sector, grounded in a human rights-based approach consistent with the Convention on the Rights of Persons with Disabilities (CRPD).

Examples of measures to look for

- A national health strategy, policy or sector plan with explicit objectives, targets or actions for persons with disabilities.
- Health emergency preparedness and response plans that address persons with disabilities, for example accessible risk communication and continuity of essential services.
- A national disability strategy or action plan with health-specific actions assigned to the Ministry of Health.
- A disability focal point, unit or committee in the Ministry of Health, ideally including persons with disabilities.
- Legislation or policy recognizing the right to health of persons with disabilities, or health-sector accountability mechanisms (such as joint annual sector reviews) that track disability inclusion.
- Social protection schemes, such as disability allowances, cash transfers or health insurance subsidies, designed to cover the health-related needs of persons with disabilities.
- Multisectoral coordination mechanisms, networks or partnerships on disability and health.

2. Health financing

What it means

Disability-inclusive financing follows progressive universalism: the rights and needs of persons with disabilities and other marginalized groups come first in every financing function. Because persons with disabilities often have greater health needs and face additional costs, financing arrangements strongly influence whether they can afford and use services.

Examples of measures to look for

- UHC benefit or essential service packages that explicitly include services for specific impairments and health conditions, such as rehabilitation, assistive products or mental health services.
- Fee exemptions, reduced co-payments, subsidized premiums or automatic enrolment in health insurance for persons with disabilities.
- Health budgets with dedicated lines for making facilities, information and services accessible, or for reasonable accommodation.
- Purchasing or provider payment arrangements that cover the additional time or costs of serving persons with disabilities, such as support persons or interpreters.
- Consultation of organizations of persons with disabilities in health financing decisions, such as benefit package design.

3. Engagement of stakeholders and private sector providers

What it means

This entry point is about building collaborative relationships so that the health sector, communities and other stakeholders jointly define priorities, identify solutions and plan actions to advance health equity for persons with disabilities. For disability inclusion, it centres on the meaningful engagement of persons with disabilities and their representative organizations, including groups often left out, such as women and girls with disabilities and persons with psychosocial disabilities. It also covers families and other informal support providers, the research community and private-sector providers.

Examples of measures to look for

- A formal mechanism, such as an advisory group or a seat on a health council or technical working group, for organizations of persons with disabilities to take part in health-sector decision-making.
- Consultation of organizations of persons with disabilities in developing national health strategies, plans or emergency responses.
- Gender-sensitive community empowerment or health literacy programmes that target persons with disabilities.
- Support, training or respite for families and other informal support providers.
- Involvement of persons with disabilities in health research and the research workforce.
- Regulation, contracting or accreditation requirements that oblige private providers to deliver accessible, disability-inclusive services.

4. Models of care

What it means

Disability-inclusive models of care provide integrated, people-centred care that is accessible and close to where people with disabilities live, with strong referral and care coordination; coordination programmes have reduced unmet needs, emergency visits and missed appointments among children with disabilities.

Examples of measures to look for

- A plan or policy to make primary care services inclusive and accessible for persons with disabilities.
- Rehabilitation integrated into primary care and referral pathways, including early rehabilitation after injury or illness.
- Assistive products included in UHC packages, or a national assistive products list or programme.
- Early identification and intervention services for children with developmental delays and disabilities, linked to early childhood development programmes.
- Funding or provision of support persons, sign language interpreters and personal assistants in health settings.

- Care coordination or case management for persons with complex health needs.
- A deinstitutionalization policy or plan, with investment in community-based services and living.

5. Health and care workforce

What it means

Disability inclusion requires that all health and care workers have the knowledge, attitudes and skills to provide respectful, rights-based care that respects the autonomy and dignity of persons with disabilities.

Examples of measures to look for

- A mandatory module on disability inclusion in pre-service curricula for medical, nursing, midwifery and other health professions.
- In-service or continuing professional development training on disability inclusion, covering topics such as communication, reasonable accommodation and unconscious bias.
- Training for non-medical staff, such as receptionists and administrative staff, on accessibility and respectful communication.
- Workforce plans that address shortages of skilled workers relevant to persons with disabilities, such as rehabilitation professionals.
- Policies to recruit, retain and accommodate health and care workers with disabilities.
- Legislation, policies or clinical guidelines that guarantee free and informed consent for persons with disabilities.

6. Physical infrastructure and health communication

What it means

Physical infrastructure covers the availability and quality of health facilities, including their design, amenities, safety, accessibility, sanitation, connectivity and power supply. Universal design is the foundation for accessible facilities: Where universal design is not enough, reasonable accommodation, which can include changes to policies, practices or procedures as well as to buildings, ensures that individual needs are met. Health communication is essential for persons with disabilities and should be provided in an accessible format.

Examples of measures to look for

- National building codes, standards or health facility guidelines that require universal design or accessibility.
- Accessibility requirements in plans, tenders or budgets for the construction or refurbishment of health facilities.
- Accessibility audits or assessments of health facilities.
- Accessible medical equipment, such as height-adjustable examination tables and accessible weighing scales.
- Accessible water, sanitation and hygiene facilities in health settings.

- Policy or guidance on providing reasonable accommodation in health facilities and services.
- Health information and communication provided in accessible formats, such as Easy Read, sign language, Braille or captioning, including in health promotion campaigns.

7. Digital technologies for health

What it means

Digital technologies for health range from telehealth, mHealth and electronic health records to artificial intelligence and big data. They can bring care closer to persons with disabilities, but the digital divide risks excluding them unless accessibility is built in from the start. The report calls for a systems approach to digital health with equity as a key principle, for the involvement of persons with disabilities in design, and for the adoption of international accessibility standards.

Examples of measures to look for

- A national digital health strategy that addresses equity and accessibility for persons with disabilities.
- Formal adoption of international accessibility standards for health websites, apps and telehealth, such as the WHO–ITU global standard for accessibility of telehealth services.
- Involvement of persons with disabilities in the design and testing of digital health solutions.
- Telehealth services that allow support persons or interpreters to join and that keep non-digital alternatives available.
- Health information systems or electronic records that can record a person's accessibility or communication needs.

8. Systems for improving the quality of care

What it means

Quality care is effective, safe and people-centred, as well as timely, equitable, efficient and integrated, and it can only be of good quality if it reaches everyone. This entry point asks whether national quality and safety systems recognize the specific needs of persons with disabilities and capture their experience of care, so that gaps in safety, continuity and outcomes become visible.

Examples of measures to look for

- National or subnational patient safety protocols that integrate the specific needs and priorities of persons with disabilities.
- Quality standards or accreditation criteria for health facilities that include accessibility and disability inclusion.
- Accessible feedback and complaint mechanisms, from electronic accessibility questionnaires to participatory methods and user groups at community level.
- Patient experience or satisfaction surveys disaggregated by disability.

- Systems that monitor care pathways and take persons with disabilities into account.

9. Monitoring and evaluation

What it means

Monitoring and evaluation lets countries assess gaps, set baselines and targets, and track progress across health system strengthening. Disability data are essential for evidence-based policy, for measuring progress towards national targets and for monitoring implementation of the CRPD. This entry point asks whether the health information system can show how persons with disabilities fare compared with others, and whether progress on disability inclusion is tracked.

Examples of measures to look for

- A monitoring and evaluation plan for disability inclusion in the health sector, developed with the participation of persons with disabilities.
- Disability questions included in national health surveys or other routine data collection.
- Key health indicators in the national health information system that can be disaggregated by disability.
- Disability inclusion indicators in the national health sector monitoring and evaluation or results framework.
- Regular reporting on access to services and health outcomes of persons with disabilities.

10. Health policy and systems research

What it means

The action for countries is to develop a national research agenda on disability, integrated with existing research strategies rather than siloed.

Examples of measures to look for

- A national health research agenda or strategy that includes disability as a priority or cross-cutting theme.
- Research funding calls or programmes that prioritize disability and health systems questions.
- Research institutions, networks or partnerships working on disability and health systems, with persons with disabilities involved.