Article 25: Illustrative indicators on health

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<tr><th colspan="4">Article 25: Illustrative indicators on health[a]</th></tr>
<tr><th colspan="4">Enjoyment of the highest attainable standard of health without discrimination on the basis of disability</th></tr>
<tr><th>Attribute/type of indicator</th><th>Equal access to mainstream and specific services within general health services</th><th>Inclusive health insurance</th><th>Free and informed consent</th></tr>
<tr><td>Structure</td><td colspan="2">25.1: Legislation related to health that explicitly recognizes:
Equal access by persons with disabilities[b] to affordable, accessible, quality and culturally sensitive health services, in private and public settings
That the denial of reasonable accommodation constitutes disability-based discrimination
Respect for the confidentiality of persons with disabilities, including women, children and older persons
25.2: Laws and regulations that guarantee women and girls access to sexual and reproductive health care, information and education (based on Sustainable Development Goal indicator 5.6.2), including women and girls with disabilities
25.3: Existence of a national policy/plan to ensure that persons with disabilities, particularly women, children and older persons, have access to quality and affordable health services,[c] including access to universal health coverage[d] and access to emergency care on an equal basis with others (see also indicator 10.4 on the Convention on the Rights of Persons with Disabilities)
25.4: National accessibility standards adopted and applied to public and private health facilities
25.5: Legislation that prohibits health insurers from discriminating against persons with disabilities on the basis of pre-existing impairments/health conditions</td><td>25.6: Legislation that:
Recognizes the right to free and informed consent to medical treatment, and the right to refuse treatment, of every individual at all times, regardless of their legal capacity status or condition of liberty, including in situations of mental distress
Prohibits discrimination in the exercise of free and informed consent, including the denial of reasonable accommodation
Ensures that all health information and consent forms are fully accessible and culturally appropriate
Requires health-care providers to act in accordance with advance directives, powers of attorney and other forms of supported decision-making for health-care decisions[e]
25.7: No provisions in legislation or regulations[f] that permit:
Consent to be provided or substituted by a third party[g]
Any type of involuntary treatment, including through any form of surgery[h] or the administration of any type of medication,[i] therapy (e.g. electroconvulsive therapy), mechanical devices, belts or restraints</td></tr>
<tr><td>Process</td><td colspan="3">25.8: Number and proportion of medical and health programmes in universities and other educational institutions with mandatory courses and training on the right to health of persons with disabilities, on free and informed consent, and on underlying social determinants affecting health, including mental health, constituting an integral part of core training curricula for students of medical and health programmes in universities and other educational institutions</td></tr>
<tr><td></td><td>25.9: Proportion of public health clinics and hospitals and other facilities offering health-care provision that meet national accessibility standards, including accessible buildings and an accessible environment,[j] medical and health equipment, information and communications</td><td>25.12: Proportion of population with large household expenditures on health as a share of total household expenditure or income (Sustainable Development Goal indicator 3.8.2), disaggregated by sex, age and disability</td><td>25.15: Number of health-care services that implement a protocol on the right to free and informed consent to treatment and the right to refuse treatment that applies across all health-care services, including, among others, mental health services in situations of mental distress[l]</td></tr>
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	25.10: Proportion of public health clinics and hospitals that offer accessible and alternative communication methods[k] 25.11: Proportion of the budget designated for mental health that is allocated to and spent on community-based services and support (as opposed to the budget allocated to and spent on psychiatric hospitals and beds)	25.13: Proportion of persons with disabilities out of the total population who use government-supported health-care programmes, by age, gender and type of disability 25.14: Average out-of-pocket health-care costs of persons with disabilities compared to other persons, by sex, age and disability	
	25.16: Coverage of essential health services (Sustainable Development Goal indicator 3.8.1),[m] disaggregated by sex, age and disability[n] 25.17: Number of consultation processes undertaken on the design, implementation and monitoring of laws, regulations, policies and programmes related to health, including sexual, reproductive and mental health, and proportion of persons with disabilities who participated in those processes, disaggregated by age, sex, disability and geographical location[o] 25.18: Proportion of staff, notably health-care professionals, working in the public and private health sectors, and those involved in the delivery of health programmes and services, trained on the right to health of persons with disabilities and free and informed consent 25.19: Number of awareness-raising campaigns and activities directed at persons with disabilities and their families concerning health information, programmes and services for persons with disabilities, in particular women, children and older persons with disabilities, including on free and informed consent, mental health and well-being, sexual and reproductive health, and the benefits of engagement in physical activity; and proportion of population who gained access to those campaigns and activities, disaggregated by age, sex, disability and geographical location		
	25.20: Proportion of complaints received on access to and delivery of health services and health insurance alleging discrimination on the basis of disability and/or involving persons with disabilities that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the Government and/or duty bearer (e.g. private health services provider); each disaggregated by type of mechanism		
Outcome	25.21: Maternal mortality ratio (Sustainable Development Goal indicator 3.1.1), disaggregated by age and disability of the person 25.22: Proportion of women and girls of reproductive age who have their need for family planning satisfied with modern methods (based on Sustainable Development Goal indicator 3.7.1), disaggregated by age and disability 25.23: Number of new HIV infections per 1,000 uninfected population, by sex, age and key population (Sustainable Development Goal indicator 3.3.1) and disability 25.24: Tuberculosis, malaria and hepatitis B incidence per 1,000 population (Sustainable Development Goal indicators 3.3.2, 3.3.3 and 3.3.4) among the population of persons with disabilities compared to others 25.25: Probability of dying (per 1,000) between ages 15 and 60 years, disaggregated by sex (World Health Organization indicator), disability and indigenous/minority background		25.29: Proportion of women and girls who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (based on Sustainable Development Goal indicator 5.6.1), by age and disability 25.30: Annual rates of involuntary hospitalization per 100,000 individuals in the general population

	25.26: Prevalence of undernourishment (Sustainable Development Goal indicator 2.1.1), disaggregated by sex, age and disability 25.27: Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight) (Sustainable Development Goal indicator 2.2.2), sex, age and disability 25.28: Proportion of births attended by skilled health personnel (Sustainable Development Goal indicator 3.1.2), disaggregated by age and disability of the individual giving birth	

[a] See report of the Special Rapporteur on the rights of persons with disabilities on the right to the highest attainable standard of health of persons with disabilities (A/73/161); and report of the Special Rapporteur on the rights of persons with disabilities on the impact of ableism in medical and scientific practice (A/HRC/43/41).

[b] Including people living with HIV/AIDS.

[c] This includes:

- Non-discrimination on the basis of disability
- Recognizing the free and informed consent of persons with disabilities on an equal basis with others
- Mainstream health and prevention programmes and services on an equal basis with others
- Specific services within general health services, including early identification and early intervention as appropriate (including early childhood disability screening and planning for targeted service provision, such as physiotherapy, occupational therapy, speech therapy, sign language communication and early childhood stimulation; and the provision of assistive devices and technologies for mobility, vision, hearing, communication and self-care)
- Services addressing minimizing and preventing further impairments
- All areas of health, including sexual and reproductive health, HIV/AIDS, adolescent and older person's health, and mental health services. Mental health services should be provided as a general service available to all individuals, including persons with any type of disability, and as a disability-specific service for persons with psychosocial disabilities. Such services must be based on free and informed consent of the person concerned and should include a wide range of alternatives to conventional services, including peer support, crisis support, psychotherapy and counselling (including trauma counselling)

[d] Implementation of universal health coverage – from packages of essential health services to health financing reforms – should include the full range of health-care services that persons with disabilities may need, including health-related habilitation and rehabilitation, assistive devices and technologies.

[e] Health-care providers should address persons with disabilities directly in discussing their health care and seeking their individual free and informed consent, while respecting the involvement of their chosen supporters. Advance directives and powers of attorney are to be accepted as support measures subject to the person's right to revoke them at any time as an exercise of their legal capacity. When, despite

significant efforts, it proves to not be feasible to obtain a person's will, protocols will be in place to determine the best interpretation of the person's will and preferences based on evidence (including consideration of the previously manifested preferences, values, attitudes, narratives and actions, inclusive of verbal or non-verbal communication, of the person concerned (A/HRC/37/56, para. 31)) and subject to being corrected by subsequent expressions of will or decision-making by the individual (whether or not they are obtained through support measures).

[f] This includes health, mental health, family, civil and criminal law.

[g] A third party includes a family member, legal guardian, or health or social worker or professional.

[h] For example, sterilization or abortion.

[i] For example, contraception, neuroleptics, growth attenuating drugs or mind-altering medications.

[j] Including consultation rooms, treatment and operation facilities, toilets and waiting areas.

[k] Including information for patients in accessible languages and formats, including sign language, indigenous/minority languages and Braille, and interpretation into sign language and indigenous/minority languages.

[l] The protocol should:

- Be explicitly inclusive of persons with disabilities
- Prohibit non-consensual treatment and consent provided by a third party
- Recognize and ensure the provision of support that respects the individual's autonomy, will and preferences
- Recognize and make available accessible and alternative communication methods
- Recognize advance directives/planning instruments subject to the individual's exercise of legal capacity at all times
- Ensure that, when it has not been possible to obtain the expression of the person's will despite significant efforts, the best interpretation of will and preferences will determine the course of action and not the "best interests" standard (see Committee on the Rights of Persons with Disabilities, general comment No. 1 (2014) on article 12: equal recognition before the law)

[m] This is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access among the general and the most disadvantaged population.

[n] See the metadata on the Sustainable Development Goal indicator, where, under disaggregation, it is stated that equity is central to the definition of universal health coverage and, therefore, the universal health coverage service coverage index should be used to communicate information about inequalities in service coverage within countries. This can be done by presenting the index separately for the national population compared to disadvantaged populations to highlight differences between them.

[o] This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4 (3) of the Convention on the Rights of Persons with Disabilities and general comment No. 7 (2018) of the Committee on the Rights of Persons with Disabilities, including consultation meetings, technical briefings, online consultation surveys, and calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must:

- Ensure that consultation processes are transparent and accessible
- Ensure the provision of appropriate and accessible information
- Not withhold information or condition or prevent representatives of persons with disabilities from freely expressing their opinions

- Include both registered and unregistered organizations
- Ensure early and continuous involvement of persons with disabilities
- Cover related expenses of participants