

# END THE CYCLE.

OF POVERTY & DISABILITY



## Healthcare, Disability and Poverty



Ten Touch, Cambodia

### DISABILITY AND POVERTY THE FACTS

- The World Bank estimates that persons with disabilities may account for as many as 1 in 5 of the world's poorest people.<sup>1</sup>
- Evidence shows that persons with disabilities often experience poorer levels of health than the general population.
- Persons with disabilities are often unable to access health-promotion information or activities.

#### SOURCES:

<sup>1</sup> United Nations, General Assembly, Status of the Convention on the Rights of the Child: Report of the Secretary General, A/66/230 (3 August 2011), p.12

#### OUR STORY: TEN TOUCH AND SIENG SOK CHANN, CAMBODIA

Cambodian woman Ten Touch lost her arm collecting firewood when a land mine exploded nearby. Ten Touch is frustrated by the difficulties many women with disabilities face, especially poor access to healthcare.

*“People with a disability don’t have money to go to the doctor ... I wish the healthcare centre stopped asking for a fee from our women with disabilities because women with a disability face a lot of disease.”*

**Ten Touch, Cambodia**

Ten Touch knows what it’s like not to receive the healthcare treatment she needs. When people are sick they miss school or work and are less able to care for themselves or their families. Without treatment their condition can worsen or result in long-term health complications, and even death. Obtaining the right treatment is often hard for persons with disabilities living in poverty.

#### THE CYCLE

If healthcare services do not cater for persons with disabilities who often earn extremely low incomes, illness can be a stressful and dangerous experience. Falling ill often means being at greater risk of entering into, and then being trapped in the cycle of poverty, which can affect the whole family.

*“When my baby was four months old he had a very big fever...I had no money so I carried my baby in front of myself in my wheelchair...I explained I didn’t have any money and I was very lucky, a doctor helped. It seemed very lucky that I met a very kind doctor...”*

**Sieng Sok Chann, Cambodia**

The key to healthcare is inclusion, and this is important across all development sectors. Persons with disabilities must be included in the development of healthcare services and in the production of healthcare information, to make sure the services in the community can meet the needs of everyone.

*“Illness can reduce household savings, lower learning ability, reduce productivity, and lead to a diminished quality of life, thereby perpetuating or even increasing poverty.”*

**World Health Organisation (WHO), 2016**

Empowering persons with disabilities so they can receive a worthwhile education, access health and rehabilitation services, gain a livelihood, learn how to respond to and recover from all emergency situations, and participate fully in society is essential to ending the cycle of poverty and disability.

## A CONSTANT STRUGGLE INSIDE THE CIRCLE

Persons with disabilities living in low or middle income countries often miss out on their right to healthcare because:

- Healthcare centres can be hard to reach.
- Fees and medication can be expensive.
- Information about healthcare services can be hard to understand and/or access.
- Families and communities may have negative attitudes towards persons with disabilities and not understand the importance of healthcare for improving quality of life, or the valuable contribution persons with disabilities can make to the community.

## REAL CHANGE DOES HAPPEN

*“I found out in the healthcare centre about accessibility, that if I could not go up, they would come downstairs and treat me on the ground floor.”*

**Sieng Sok Chann, Cambodia**

Despite the difficulties that can surround delivering quality inclusive healthcare to people in low and middle income countries, there are solutions. Healthcare services can:

- Be designed with input from persons with disabilities to ensure services cater for everyone's needs.
- Be flexible about where services are delivered.
- Make sure healthcare information is accessible to persons who deaf or hard of hearing, blind or vision impaired or persons with psychosocial disability.
- Make sure reproductive healthcare services are available and accessible to women with disabilities.
- Develop a fee structure that ensures the poorest people can still access healthcare.

In 2015 the world committed to the 2030 Agenda for Sustainable Development. This Agenda is a plan of action for people, planet and prosperity. The 2030 Agenda and the corresponding 17 goals, including Goal 3 on Good Health and Wellbeing, must be implemented according to the Convention on the Rights of Persons with Disabilities.

By addressing the challenges faced by persons with disabilities in low and middle income countries, we not only achieve the human rights of persons with disabilities, but everyone benefits from their contribution.

**END THE  
CYCLE.**   
**OF POVERTY & DISABILITY**

*End the Cycle is an  
initiative of CBM*

**END THE CYCLE** promotes the human rights and lived experience of persons with disabilities in low and middle income countries.



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**Sieng Sok Chann, Cambodia**

## DISABILITY AND POVERTY THE FACTS

- Women with disabilities face additional barriers when accessing reproductive healthcare.
- 85% of people with mental health problems in poor countries do not have access to appropriate mental health services.
- Only 5% – 15% of persons in low and middle income countries who require assistive devices/ technologies receive the equipment they need.<sup>3</sup>

### SOURCES:

- 2 World Health Organisation (2010). Mental health and development: Targeting people with mental health conditions as a vulnerable group. WHO Press, Geneva. p.16
- 3 World Health Organisation and World Bank, World Report on Disability, WHO Press, Geneva, 2011, p.29
- 4 World Health Organisation, <http://www.who.int/topics/poverty/en/>, 2016