Policy brief: How inclusive are Zambia’s Health Policies of the needs of Persons with Disabilities? An Analysis of Selected Policies

Key policy messages

- Even though the health policies do not make much reference to the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the fact that they are designed on the human rights model makes the health policies relatively inclusive of the needs of persons with disabilities.

- Even though the health-related policies are well articulated in terms of rights, access, inclusiveness and implementation plans as they mirror international best practices, they are not detailed and robust enough with regard to budgetary and monitoring mechanisms, which makes effective implementation a challenge.

- Policy documents should be clear on budgetary allocations for programmes targeting persons with disabilities, as well as the inclusion of detailed monitoring mechanisms. Furthermore, rather than focussing only on how to prevent disability in their programming, the policy should also include details on how health services shall be provided to those who are already disabled.

Overview

As with for persons without disabilities, provision of health care services for persons with disabilities is important in determining the quality of life. This is particularly the case because, due to the impairments that they may have, some persons with disabilities tend to be more susceptible to secondary health conditions than the general population, and therefore have increased need for health services. However, persons with disabilities tend to encounter significant barriers when accessing health care, such as inaccessible medical facilities; the lack of appropriate transport to enable them to seek medical care; the inability to communicate with health providers, as well as inappropriate accommodation in some of the health facilities; inappropriately trained health personnel to provide appropriate services required by persons with disabilities; and negative attitudes of care providers.

The National Disability Policy (2013) reports that in addition to being more vulnerable and having limited access to infrastructure and services, such as education and employment, persons with disabilities also have limited access to health care services. However, previously published research evidence provides a contrasting view to this. An assessment of living conditions among those with activity limitations (Eide and Loeb, 2006) shows that even though large gaps are observed in the provision of services needed by persons with disabilities such as vocational training, welfare services, assistive devices and counselling, this was not the case for health care, where about 80 percent of persons with disabilities who indicated that they needed the service, received it.
Internationally, the right to health is enshrined in Article 25 of the United Nation’s Universal Declaration of Human Rights (1948), which states that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services”. Similarly, Article 25 of the Convention on the Rights of Persons with Disabilities (2006) specifies that “persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability”. It further states that States shall provide persons with disabilities the same “range, quality, and standard” of health care as they provide to other persons.

In Zambia, the right to accessing health services for persons with disabilities is enshrined in the Persons with Disabilities Act (2012). Also, the National Policy on Disability (2013) specifies the different programmes aimed at ensuring access to health services for persons with disabilities, as well as clearly identifying those responsible for providing such services. According to the Persons with Disabilities Act (2012), the Minister responsible for health is mandated to take appropriate measures to ensure access for persons with disabilities to gender-sensitive health services and to health-related rehabilitation. Measures shall be put in place to provide persons with disabilities with the same range, quality and standard of free affordable health care and programmes as provided to other persons, and to provide health care services close to people’s communities. Additional health services should be provided for persons with disabilities that are specifically related to their impairments. The act also specifies that health professionals provide care on the basis of free and informed consent. Similarly, the National Policy on Disability (2013) prescribes a number of measures and programmes aimed at increasing access to quality health care and services at all levels for persons with disabilities.

These results and policy recommendations are drawn from analysis of selected policy documents related to health provision in Zambia. These include the National HIV/AIDS/STI/TB Policy (2005); National Reproductive Health Policy (2008); National Health Strategic Plan for 2011-2015 (2011); Adolescent Health Strategic Plan for 2011-2015 (2011); and the National Health Policy (2012). These documents are analysed against seven criteria in terms of content related to persons with disabilities: rights, accessibility, inclusivity, national implementation plan, enforcement mechanisms, budgetary concerns, and information management. Each of these criteria is scored on a scale of 1-4 depending on how disability is addressed: 1 (weak); 2 (questionable); 3 (medium); and 4 (high).

Specifically, ‘high’ means that the policy explicitly acknowledges the right to services and programmes and any issues addressed in that policy for persons with disabilities and specifically mentions persons with disabilities; ‘questionable’ means the policy states the right to services but does not mention persons with disabilities; while ‘weak’ means no mention of access to services in the policy or the rights to services by persons with disabilities.

The results presented here form part of a larger research project: Bridging the Gap: Examining disability and development in four African countries. The research programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, UCL, UK, and is funded by the Economic and Social Research Council and the UK Department for International Development.
Results

Figure 1 presents the comparisons of the averages for the selected policies guiding the provision of health services in Zambia. Analysis of the individual policies under this domain shows that the National HIV/AIDS/STI/TB Policy (2005) scores fairly highly (3.0 out of 4.0), despite having been formulated before Zambia ratified and signed the UNCRPD. The National Health Strategic Plan and the Adolescent Health Strategic Plan also score relatively well (each averaging 2.6 out of 4.0). However, the National Health Policy (2012) and the National Reproductive Health Policy (2008) have the lowest average scores (each having an average score of 1.3).

Figure 1: Average scores for the selected policy documents

The policies are also analysed with regard to their average performance on the aspects concerning rights to services/programmes, inclusivity of the programmes, clearly defined implementation plans, enforcement mechanisms, budgetary concerns and information management. These are also scored on a scale ranging between 1 and 4, depending on how the above thematic categories are covered or included in the documents in relation to persons with disabilities. The results (Figure 2) show that overall the policies perform better on the rights of vulnerable persons, including persons with disabilities, with regard to services and programmes (average score of 2.7 out of 4.0) and accessibility of services and programmes (2.6 out of 4.0). However, the policy documents tend to score very poorly with regard to budgetary concerns (1.6 out of 4.0) and information management (1.7 out of 4.0).
Key message 1

By design, the health policies in Zambia are modelled along the National Health Vision of equality of access, cost effective and affordable health services and being as close to the family as possible. As such, most of the key policy documents implicitly highlight the objective of ensuring equitable access to primary health care for all, and comply with and mirror the international standards, despite not explicitly making reference to the UNCRPD.

Key message 2

Even though the National Health Policy (2012) scores poorly with being inclusive of the needs of persons with disabilities, and despite it being a recent document that was formulated after Zambia ratified and signed the UNCRPD, implementation of this policy is mainly through four-year strategic plans, which tend to be inclusive themselves.

Key message 3

Even though the health policies tend to be quite articulate and rate fairly highly with regard to the rights of persons with disabilities, accessibility of services and programmes, inclusiveness of services and programmes and the implementation plans, the same amount of detail lacks when it comes to budgetary concerns and information management. These weaknesses tend to impact negatively on effective implementation of some programmes.

Key message 4

The policy documents also tend not to have disability disaggregated and robust monitoring plans. In most cases, persons with disabilities are covered under ‘vulnerable populations’, which masks the additional challenges that persons with disabilities face in accessing health services and makes planning for them difficult. Finally, even though these health policies tend to be quite emphatic on services and
programmes aimed at preventing disability, they are not very clear on how they are going to make services and programmes available to persons who already have an impairment.

**Recommendations**

The analysis of selected health policies shows that, even though they are not specific with regards to providing services to persons with disabilities, the fact that they are premised on the human rights model means that the needs of persons with disabilities are covered, though in most cases not exclusively. In this regard, it is recommended that:

1. The budgetary sections of the different policy documents should clearly include financial allocations, specifically targeted for health issues dealing with persons with disabilities, as well as clear indications on the sources of funding and the institutions responsible for providing the funding.
2. There is a need to improve on issues of monitoring. For instance, the tendency of looking at persons with disabilities as a homogenous group, or indeed in most cases not acknowledging that persons with disabilities tend to have special needs that are different from the needs of other vulnerable groups, results in designing services and programmes that tend to be inaccessible to persons with disabilities. It is therefore recommended that in policy documents, persons with disabilities be separated from the so-called ‘vulnerable groups’ in view of the additional challenges they face.
3. In addition to focussing on how disability can be prevented through implementation of health programmes, there is also a need to focus on how persons who already have an impairment are going to access services, considering the many challenges that they may face as a result of their disability. In this regard, aligning the health policy documents with documents such as the National Policy on Disability (2013) would be very helpful.

**Further reading**


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Bridging the Gap: Examining disability and development in four African Countries is a three-year research programme funded by the ESRC/DFID Poverty Alleviation Research Grant programme. The programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, University College London. For more information about the programme, visit gap.leonardcheshire.org

This research has been funded by UKAID from the UK Government. However the views expressed do not necessarily reflect the UK Government’s official policies.