

Inclusive, Sustainable, Prosperous and Resilient Health Systems in Asia and the Pacific

INSPIRE Health Forum

7-11 July 2025 • A Hybrid Event



PARALLEL SESSION

#INSPIREhealth2025

Investing in Actions Addressing Disability

Explore disability inclusion as an essential component of universal health coverage in Asia and the Pacific. Highlight strategies to mainstream inclusive policies, expand service delivery, and address attitudinal and systemic barriers through multisectoral collaboration, capacity building, and regional knowledge sharing.

08 July 2025 • 09:00 - 10:15 AM

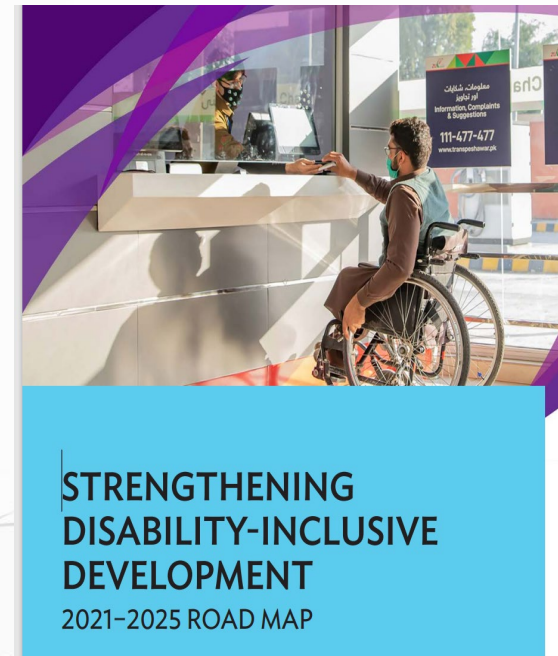
• Multifunction Hall 1



Setting the Scene

- **Poverty and disability** are interrelated.
- **By 2050, one in four people in Asia and the Pacific will be over 60 years old.** In a few decades, the region will become one of the oldest in the world and will have a larger percentage of people with disabilities.
- In low and middle-income countries, the loss to GDP from the exclusion of people with disabilities from the labor market is estimated to be **between 3% and 7% of GDP.**
- ADB promotes disability inclusion in investments to address one of the important remaining “left behind” vulnerable groups and drivers of poverty and inequality in the region.

Current estimates are around 700 million people in the region with disabilities

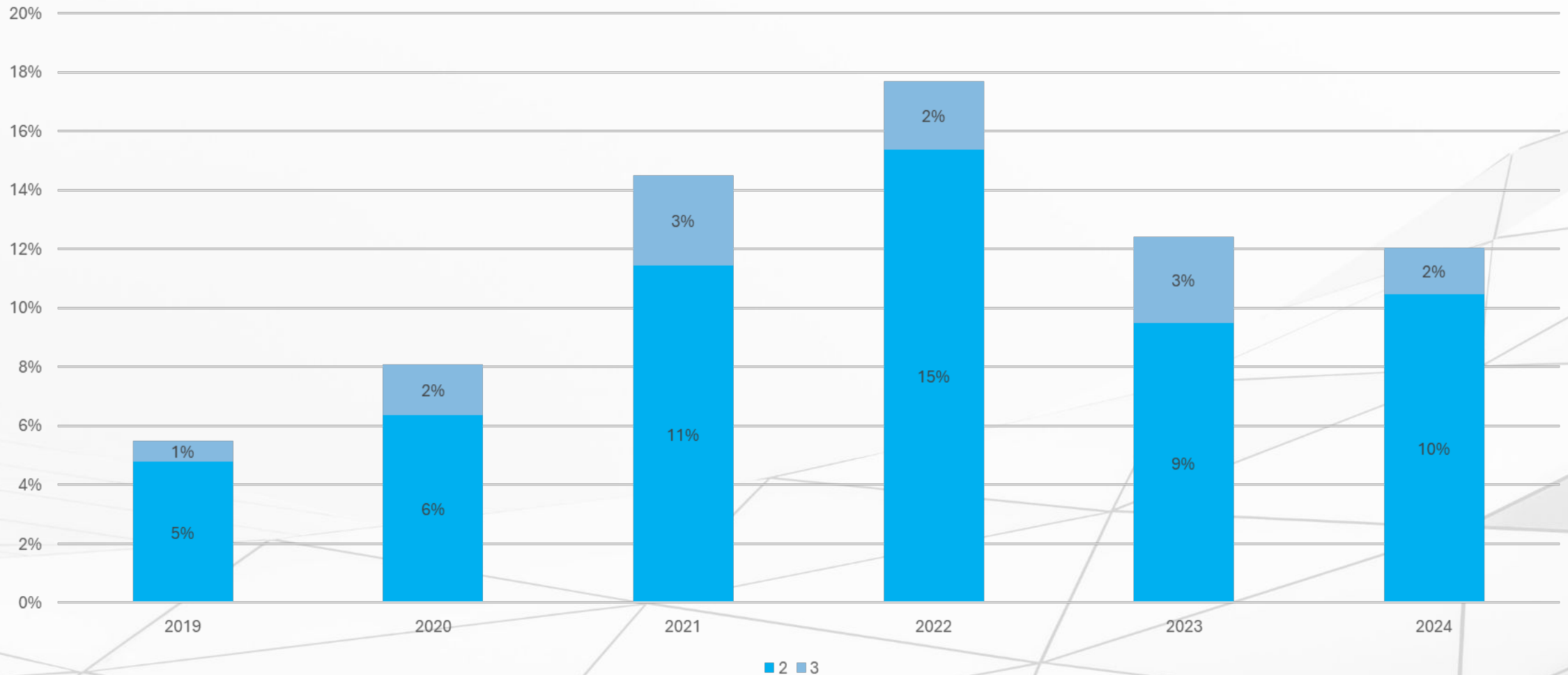


ADB is committed to an inclusive Asia and the Pacific

- **Component 1:** Coordinate action on disability inclusion and develop capacity within ADB.
- **Component 2:** Establish strategic partnerships to leverage impact.
- **Component 3:** Establish a culture of data collection, disaggregation, and publishing disability-sensitive analysis.
- **Component 4:** Develop sectoral guidelines and gradually expand portfolio of disability-inclusive development interventions.
- **Component 5:** Develop a Diversity, Inclusion and Belonging Framework that sets the blueprint for mainstreaming disability inclusion across ADB's employment and business practices.



Disability inclusive operations as annual %



Health and Disability: Laying the Foundation for Inclusive and Equitable Services

Mr. Abner Manlapaz, Senior Associate, Center for Inclusion Policy

HEALTHCARE SERVICES



DOCTOR



MEDICAL CARE



MEDICINES



HEALTH FACILITY

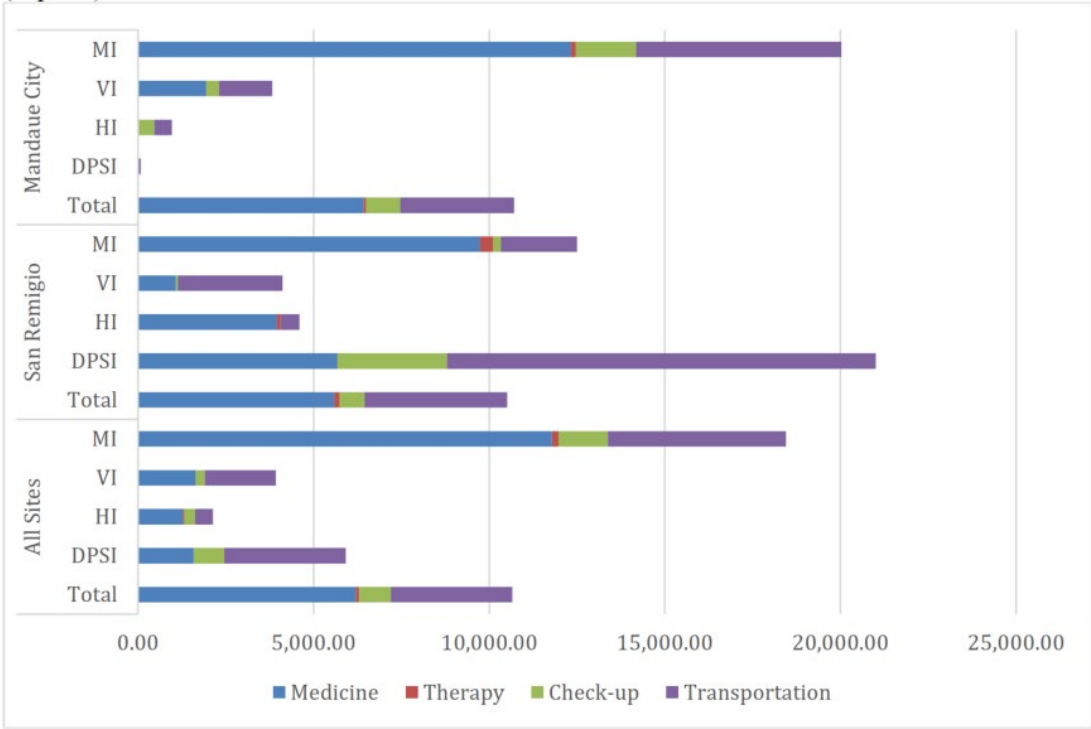
Potential barriers to
accessing healthcare



What do we know about access to health in selected local government?

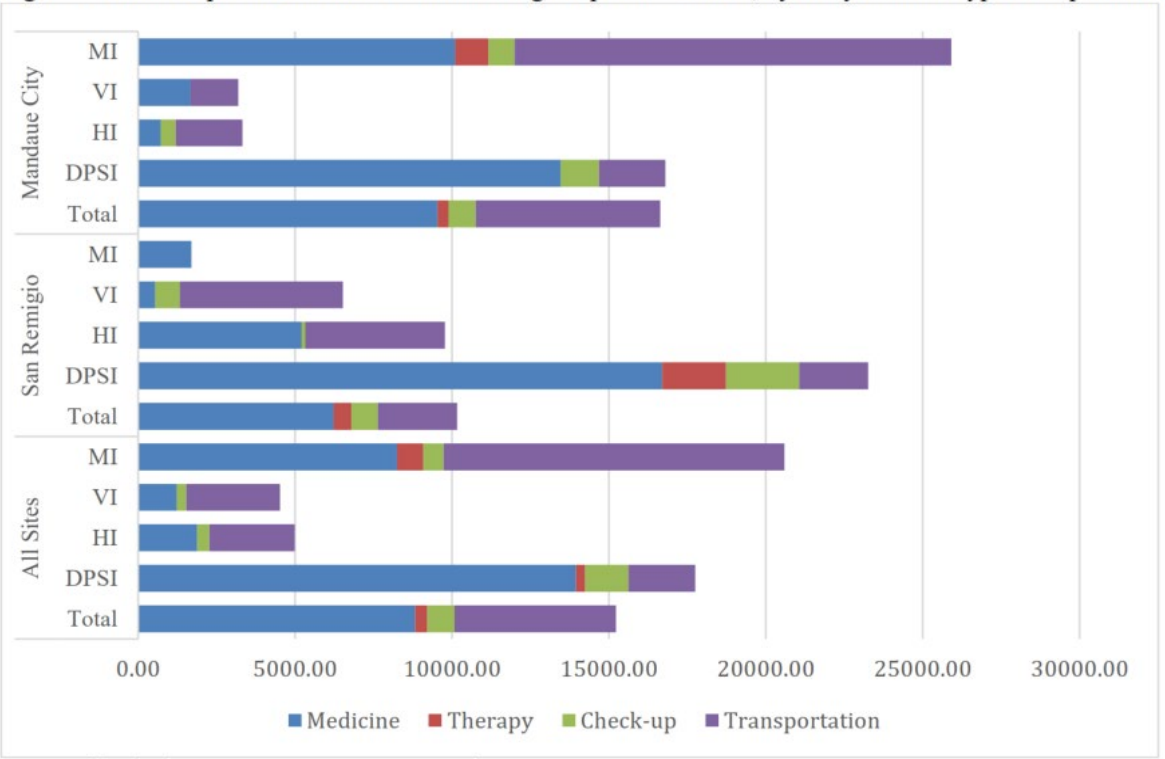
- More women with disabilities who got sick are from rural
- Only 7.1% who got sick have access to PhilHealth
- On average, healthcare expenditures is equivalent to 50% of their average personal income

Figure 12. Health expenses of PWD adult women during the past 12 months, by study area and type of impairment (in pesos)



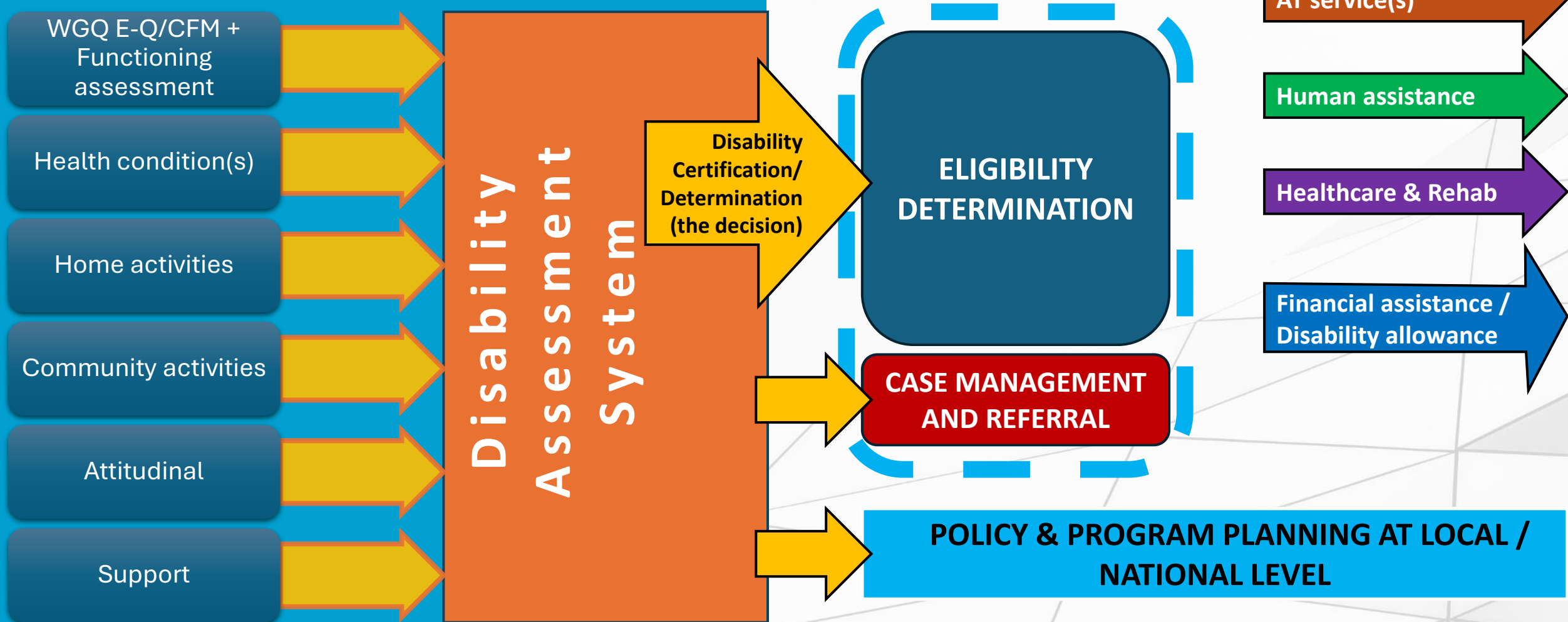
- More children with disabilities who got sick are from rural
- Only 15.5% who got sick were covered by PhilHealth
- On average, health expenditures is equivalent to 15% of their HHs income

Figure 7. Health expenses of PWD children during the past 12 months, by study area and type of impairment



Source of basic data: PIDS-IDE PWD Survey, July 2016

You cannot make a good plan if you do not know what needs to be done. A comprehensive Disability Information Management System to collect information on support requirements for equal participation is key to inclusion. It must be CRPD compliant as well.



Increase investment on...

- Assistive Technology
 - Facilitating investment to setting-up local production / manufacturing
 - Tax exemption schemes for imported products
 - Inclusion of AT in national health insurance scheme(s)
- Human assistance service(s)
 - Caregiver allowance
 - Inclusion of human assistance (personal assistance) service in public program that generate work (to cover the cost of using the service)
- Community-Based Rehabilitation (CBR) service(s)
 - Training program and accreditation
 - Formal inclusion of CBR workers in delivery of healthcare/rehabilitation service(s) in view of addressing unpaid care work