



Health workers for All

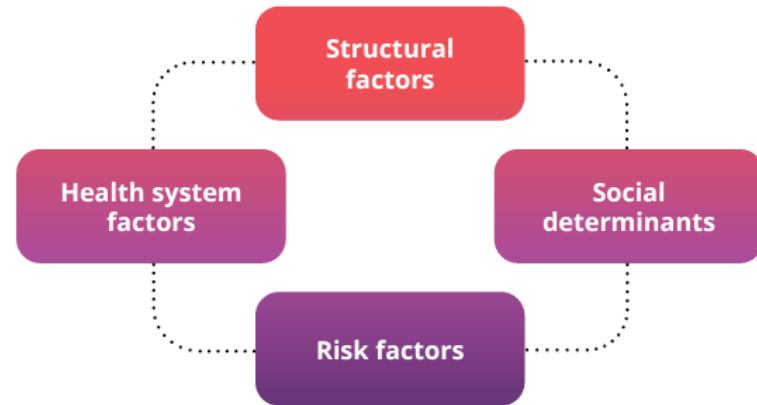
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Health equity for persons with disabilities

Approximately **1.3 billion people** or **16% of the population** has **significant disability**

Persons with disabilities die earlier, have poorer health and functioning, and are more affected by health emergencies than persons without disabilities.

Categories of inequities:



What health workforce shortage leads to

Long waiting time → No access to health care in a timely manner

Centralisation of services

Reduced time available during services provision

Less specialised services



What health workforce shortage leads to, for people with disabilities



No access to health care in a timely manner

Late detection of health conditions → higher long terms impact of health conditions



Centralisation of services

Need of accessible transport
Increased costs to reach the health care facility



What health workforce shortage leads to, for people with disabilities



Reduced time available during services provision

Reduced possibility to do a thorough examination when adaptations are needed or when presented with complex cases

Reduced time available to deliver health information (sensory impairments, cognitive impairments)



Less specialised services

Focal points for accessibility are not in place anymore

Focus on staffing basic health care service – no resources for specialisations



What possible solutions can we adopt

Train all health professional at university level on adaptation of service delivery

Adopt Skills Transfer or Skilled Mixed strategy

Adopt Telehealth



What possible solutions we can adopt

1. Train all health professional at university level on adaptation of service delivery
- Develop competencies for disability inclusion in the education of all health workers
 - Provide training in disability inclusion for all health service providers
 - Train all non-medical staff working in the health sector on issues related to accessibility and adapted communication



What possible solutions we can adopt

2. Adopt Skills Transfer or Skilled Mixed strategy

	Skill Transfer	Skilled mix
Definition	Shifting specific tasks traditionally performed by one type of healthcare professional to another type	Healthcare providers possessing a diverse set of competencies that allows them to perform a range of tasks typically associated with different roles within healthcare
Benefits	Specialized providers to focus on tasks that require more advanced training while enabling more routine tasks to be managed by others.	Provision of different services within 1 person Fewer referrals and wait times



What possible solutions we can adopt

2. Adopt Skills Transfer or Skilled Mixed strategy

	Skill Transfer	Skilled mix
Challenges	<p>Proper training and oversight to maintain quality of care and ensure patient safety</p> <p>Requires a supportive regulatory framework to define what tasks can be transferred</p> <p>Certification</p>	<p>Requires defining clear boundaries of practice to ensure that multiskilled providers remain within safe and effective practice areas.</p> <p>Multiskilling demands significant time</p> <p>Necessity of investment in cross-training,</p> <p>Certification to maintain competence across a broader skill set.</p>



What possible solutions we can adopt

4. Adopt Telehealth

- Help in reduce centralisation
- Timely identification
- Enhance accessibility and accomodation (but!)

BUT!

- Health Staff need to be trained in performing TeleHealth
- Health staff and receiving station need to have necessary equipment (not only IT)
- The IT equipment of Telehealth needs to be accessible and the receiving person needs to be able to use the accessible feautres



Thanks for
your attention

