Questionnaire on the right of persons with disabilities to the highest attainable standard of health

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

PROPOSED

There are currently three major proposed legislation relating to the realization of the right to health of persons with disabilities on:

* + Mental Health (approved by both Upper and Lower Houses of Congress, awaiting a bicameral consolidation to be signed by the President to be enacted into law);
	+ Universal Health Coverage (currently under deliberations by the Upper House of Congress, having been preliminarily approved by the Lower House); and
	+ Comprehensive Cancer Control (approved by the Lower House of Congress, and under deliberations by the Upper House)

The first two are listed as high priority by the current government, while the third is an initiative of civil society (see attached versions).

In addition, a multisectoral CSO alliance (of which this Coalition is a member) has proposed comprehensive Anti-Discrimination legislation which includes protection against infliction of harm on health and wellbeing (see attached version).

EXISTING

1. On mental health

Department of Health administrative policy

2016 “Revised Operational Framework for a Comprehensive National Mental Health Program”. Department of Health Administrative Order Series 2016 No. 0039 (see attached version)

1. Philippine Health Insurance Corp. coverage relevant to disability

Z Benefits for Mobility, Orthosis, Rehabilitation, Prosthesis

<https://www.philhealth.gov.ph/news/2016/prosthesis_package.html>

Z Benefit Package for Children with Developmental Disabilities

<https://www.philhealth.gov.ph/news/2018/zben_cdd.html>

1. On cancer control

Department of Health statement (see attached)

 Chronic conditions: Cancer-related; Chronic kidney disease

1. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:
* Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities;
* access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage;
* access to free or affordable disability-specific healthcare services and programmes; and
* access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention.

No systematic/ comprehensive data at national level, specific for persons with disabilities (but see attached powerpoint presentation for context of healthcare for Filipinos in general).

Excerpt from:

####  this Coalition’s 2013 Parallel Report

#### ARTICLE 25

Health

*Legislation*

205 Health based laws like the Newborn Screening Act (R.A. 9288) address the need for early and timely intervention to those who may have various impairments (1, 2). However, it presents these longterm conditions in such a negative light as to perpetuate a stigma of disability. The perspective on health by the Magna Carta for persons with disabilities (R.A. 7277, 9442) is also strongly premised on primary prevention. This contrasts with the Convention which discusses prevention only in the context of further disabilities, including children and older persons with disabilities.

*Health care insurance*

206 There is no universal health care insurance program that addresses the health needs of persons with disabilities. There are families with persons with disabilities who are able to receive free PhilHealth insurance cards through the Conditional Cash Transfer program. However, these do not systematically or exhaustively include all persons with disabilities because disability is not included as a variable for targeting in this poverty reduction program (3).

207 Insurance on health is typically limited only to working persons with disabilities or employees who acquire their disability while employed in their work places.

208 Though there are recent provisions by the Philippine Health Insurance Corporation (Case Type Z Benefit Packages) for chronic illnesses, these are limited only to certain forms of cancers, or for kidney transplants (4).

209 There are reports from experiences of persons with disabilities that the government Insurance Commission views persons with disabilities as high risk, so are not able to qualify for insurance coverage.

*Services and facilities*

210 There is no National Health Program for persons with disabilities as provided for since 1992 by Sec. 18 of R.A. 7277. There has not been systematic creation and monitoring of rehabilitation centers in government provincial hospitals throughout the country as intended in Sec. 25.b (5).

211 It remains a great concern to the Coalition that rehabilitation services in hospitals are still not at par with the

required and needs in accordance with human rights standards.

212 There are no systematized government services or programs for palliative and hospice / end of life care, particularly for elderly persons with disabilities, or those with chronic illnesses, including children with disabilities. Currently only privately run and faith-based or nonprofit organizations offer these services.

213 Accessibility of the built-in environment, communication requirements and materials is extremely wanting in national, regional and local health facilities. Persons with disabilities need appropriate support and assistance whether they are being treated on an in-patient or out-patient basis. Very often, a person with disability would have to be treated as an outpatient due to the non accessibility of the hospitals, clinics and health centers.

*Awareness raising*

214 Medical practitioners are purely focused on the medical aspect in dealing with persons with disabilities and do not receive any systematic public training on human rights, dignity and autonomy of persons with disabilities in relation to their health needs.

*Budget allocation*

215 The National Center for Mental Health administration bewails the very low prioritization for budget allocation of its facilities compared to other national hospitals. They attribute this as related to the stigma towards persons with psychosocial disabilities which is reflected even in Department of Health spending.

B. this Coalition’s List of Issues submission March 2018 (INT\_CRPD\_ICO\_PHL\_30163\_E):

Health (art. 25)

Information materials, including HIV/AIDS, and sexual and reproductive health are typically not available in accessible formats (if at all), with no reported progress on this until now.

Publicly available information making possible estimations by this Coalition only for a single year reveal only 0.04 % of the national budget spent for persons with disabilities through the Department of Health [16].

1. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.

In the preparation by this Coalition of its CRPD Parallel Report, it reports that from 2008 to mid 2012, of the 126 cases involving persons with disabilities which have reached the Supreme Court, labor disputes relating to disability benefits, and psychological incapacity as basis for the nullification of marriages - rank 2nd and 3rd, violence of women / girls with disabilities accounting for 73% of all complaints (primarily rape).

1. Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.

Ongoing approved versions of mental health proposed legislation (see attached versions of bills from Senate and House of Representatives) include the following sections, despite strong resistance from our DPOs and Coalition:

Approved sections on:

* + “impairment or loss of legal capacity”; functional tests for these
	+ selective provision of support for decision-making
	+ “legal representatives” acting virtually as substitute decision-makers
	+ exceptions to free and informed consent during “psychiatric emergencies”
1. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.

Excerpt from this Coalition’s List of Issues submission March 2018 (INT\_CRPD\_ICO\_PHL\_30163\_E):

“ If done at all, repeated unproductive, biased and token “consultations” with DPOs are typical in e.g., the 2016 and 2017 national Summits on education; legislative deliberations on the proposed mental health law [2] since 2015; and “dialogues” with the NCDA for the past 12 years on the establishment of an interpreting system for hundreds of deaf cases [3].”