**Policy Guidance for Inclusive Sustainable Development Goals**

**Training materials**

**Participatory webinar 3**

**Good health and**

**well-being**

**E-workbook**

**Participatory webinar 3**

**Good health and well-being**

**E-workbook**

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# Activity 3.1.1. Materials: Participant info cards

Module 3 Session 1 Activity 3.1.1. – Info cards

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Something I care deeply about ….

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Something I care deeply about ….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activity 3.1.3. Handout: Five core pillars of inclusive policies

Module 3 Session 1 Activity 3.1.3. Key concepts – Foundations (optional)

Source: (extracted from the Foundations Guidance, sections 4-8)

The Policy Guidance for Inclusive Sustainable Development Goals – Foundations, outline five core pillars that are necessary to construct an inclusive policy framework. These should also be considered in the design and implementation of any public policy or programme.

**Non-discrimination**

A non-discrimination framework that prohibits discrimination across all areas of life and ensures that reasonable accommodation is available to persons with disabilities is essential.

**Accessibility**

Involves addressing and preventing barriers which restrict the participation of persons with disabilities.

**Assistive technology and support services**

Assistive technology and support services allow persons with disabilities to benefit from policies and programmes alongside their peers and partially remedies limitations in accessibility.

**Participation**

Participation ensures that the valuable expertise and experiences of persons with disabilities shape policy and programmes, to ensure the most effective solutions.

**Awareness raising**

Awareness raising for and about persons with disabilities contributes to combating negative stereotypes and promotes knowledge about, and respect for, their rights and dignity.

Activity 3.2.2. Handout: Health services rating chart

Module 3 Session 2 Activity 3.2.2. Barriers and disparities in healthcare

|  | **Health services** |
| --- | --- |
| **Persons** | **ER** | **Giving birth** | **Applying** **for health coverage** | **Psychotherapy** | **Gynecologist** |
| Person with no impairment |  |  |  |  |  |
| Wheelchair user |  |  |  |  |  |
| Person with psychosocial disabilities |  |  |  |  |  |
| Person with intellectual disabilities |  |  |  |  |  |
| Deaf person |  |  |  |  |  |

Note: Trainers can select other health services and groups of persons with disabilities in this activity. They could consider for example, deafblind persons, blind and low vision persons, persons with autism, persons with albinism, persons using crutches, etc.

**Task**

Together with the members of your group, and based on the reality in your country, you will rate the level of the barriers faced by persons with disabilities to receiving health services.

For each person listed in the first column of the table:

* reflect on the barriers the person may face given their type of impairment, or absence of impairment
* rate the level of barriers the person experiences, to receive each of the health services listed in the top row of the table, according to the rating scale provided below
* write the number that corresponds to your rating in the appropriate square in the table
* discuss the rationale for your rating

**Rating scale levels**

1 2 3 4 5

**Level 1** represents the least barriers to receiving adequate services and **Level 5** represents the most barriers to receive adequate services.

Activity 3.2.3. Handout: Extended character stories

Module 3 Session 2 Activity 3.2.3. Stories of persons with disabilities

## **Akari’ story**

Akari is a young woman who is deaf-blind; she has a loving and supporting family who always believed in her. She studied to become a social worker and now provides inclusive education orientation to families of deaf-blind children. She met her husband, Takeshi, 3 years ago when he was assigned as her guide-interpreter in school. They fell in love, and could not be happier about the arrival of their baby. Takeshi’s parents have been ill, and he’s had to travel and stay with them for extended periods of time. Therefore, he has not been able to go with Akari to her doctor’s appointments, and several of her appointments have been cancelled because the clinic says they can’t afford - or weren’t able to find - have a guide-interpreter for her. She is really worried about what will happen during the delivery if her husband is not with her. She often feels lost trying to access the health care system and feels she has not received adequate information.

**Task**

Together with the members of your group you will determine, the kinds of actions required to advance Akari’s health and well-being under each of the six categories of actions posted in the breakout rooms.

1. Read Akari’s story.
2. Then, beginning with the breakout room as directed by the trainer, identify actions to advance Akari’s health and well-being.Refer to the questions provided on the slide to help guide your discussion. Also refer to the **Handout:** Actions by targets tables.
3. Write the actions you identify and post them in the appropriate quadrant of the slide at the breakout room. (10 min per breakout room)
4. When the trainer calls time, you will join the next breakout room. Repeat the process until you have visited all six breakout rooms.

**Activity 3.2.3. Handout: Extended character stories**

Module 3 Session 2 Activity 3.2.3. Stories of persons with disabilities

##

## **Samuel’s story**

Samuel has autism and has greatly benefited from having sensory integration therapy. For some years he was able to receive this service through and NGO but, since he’s now an adult, they can’t offer him this service anymore. He is trying to get healthcare coverage, but the health insurance tells him that sensory integration therapy is not considered essential, and that he has to pay a premium coverage because autism is considered a pre-existing condition. He can’t afford the premium and feels very frustrated because he was offered a temporary research job but, to get hired, he has to show proof that he has health insurance.

**Task**

Together with the members of your group you will determine, the kinds of actions required to advance Samuel’s health and well-being under each of the six categories of actions posted in the breakout rooms.

1. Read Samuel’s story.
2. Then, beginning with the breakout room as directed by the trainer, identify actions to advance Samuel’s health and well-being.Refer to the questions provided on the slide to help guide your discussion. Also refer to the **Handout:** Actions by targets tables.
3. Write the actions you identify and post them in the appropriate quadrant of the slide at the breakout room. (10 min per breakout room)
4. When the trainer calls time, you will join the next breakout room. Repeat the process until you have visited all six breakout rooms.

**Activity 3.2.3. Handout: Extended character stories**

Module 3 Session 2 Activity 3.2.3. Stories of persons with disabilities

## **Amara’s story**

Amara is 23 years old and has an intellectual disability. She has two siblings, and her mother, Avelina, is a single mother who works as a janitor at a cell phone company. Amara never went to a regular school, just to a special school ran by a private organization. In the organization, before Amara turned 18, they advised Avelina to apply for guardianship for Amara and told her that it would be best for her, that it would protect her. Avelina did, and a judge designated her as Amara’s guardian. In the organization, they also told Avelina that since Amara is now 23 and has a boyfriend also with an intellectual disability, if Amara gets pregnant, it would be Avelina’s responsibility to raise her grandchild. However, the organization told Avelina that, since she’s the guardian, she can request that Amara is sterilized, and she doesn’t even need to know why, as this is for her protection.

**Task**

Together with the members of your group you will determine, the kinds of actions required to advance Amara’s health and well-being under each of the six categories of actions posted in the breakout rooms.

1. Read Amara’s story.
2. Then, beginning with the breakout room as directed by the trainer, identify actions to advance Amara’s health and well-being.Refer to the questions provided on the slide to help guide your discussion. Also refer to the **Handout:** Actions by targets tables.
3. Write the actions you identify and post them in the appropriate quadrant of the slide at the breakout room. (10 min per breakout room)
4. When the trainer call time, you will join the next station and repeat the process until you have visited all six breakout rooms.

**Activity 3.2.3. Handout: Extended character stories**

Module 3 Session 2 Activity 3.2.3. Stories of persons with disabilities

## **Ian’s story**

Ian is a very sweet person but, at times, the world becomes too much and he’s consumed with anguish. He used to take dancing classes and that really helped him stay calm. Unfortunately, he cannot afford them anymore. Since he was a teenager, he has struggled, and has taken antidepressants for several years, but he would like to stop taking them. Last month he had a panic attack and felt that he really needed help. He called the emergency line and they sent a psychiatric ambulance to his place. The medics who arrived were big and aggressive. They restrained him physically and loaded him onto the ambulance without letting him pack a few toiletries or clothes. Then he was taken to a psychiatric hospital, placed in a room that locked from the outside, and nothing he said would be considered an expression of will, only a confirmation that he needs to be there. He could hear other people scream and thought he would never get out. He never wants to go through that again and is not sure what to do when if it happens again.

**Task**

Together with the members of your group you will determine, the kinds of actions required to advance Amara’s health and well-being under each of the six categories of actions posted in the breakout rooms.

1. Read Ian’s story.
2. Then, beginning with the breakout room as directed by the trainer, identify actions to advance Ian’s health and well-being.Refer to the questions provided on the slide to help guide your discussion. Also refer to the **Handout:** Actions by targets tables.
3. Write the actions you identify and post them in the appropriate quadrant of the slide at the breakout room. (10 min per breakout room)
4. When the trainer calls time, you will join the next breakout room and repeat the process until you have visited all six breakout rooms.

# Activity 3.2.3. Handout: Actions by targets - SDG 11

Module 3 Session 2 Activity 3.2.3. Part B

| **Ensure healthy lives and promote well-being for all at all ages** |
| --- |
| SDG 3 Icon: Good health and wellbeingGeneral actions applicable to all Goal 3 targets |
| **Leadership, governance and legal framework:** Set up a coordinated approach to policy development, implementation and monitoring involving authorities at all levels, health service providers, civil society, households and individuals.Persons with disabilities must be meaningfully involved. |
| **Financing:** Ensure mobilization, accumulation and allocation of sufficient resources to reduce out-of-pocket expenses and prevent catastrophic expenditures for persons with disabilities.  |
| **Service delivery:** Ensure the availability of services, including specialist services, that are affordable, acceptable and accessible for persons with disabilities and based on the principle of free and informed consent.  |
| **Health workforce:** Take measures to build capacity of health workers to remove barriers and enhance their skills to address the needs of persons with disabilities, including women and girls.  |
| **Medicines and technology:** Ensure accessibility, affordability and availability of medicines, health products and assistive technology using, among other tools, public procurement structures.  |
| **Health information systems:** Collect and disaggregate information on service utilization and health outcomes by disability.  |
|  |

| **Ensure universal health coverage and access to quality health services, medicines and vaccines** |
| --- |
| SDG 3: Good health and well being3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all |
| Ensure that health laws and policies include non-discrimination provisions and enable better access to quality health services  | Increase access to quality health services, including rehabilitation services, medicines, health products and assistive technology | Prevent and mitigate financial hardship and catastrophic expenses for persons with disabilities | Repeal restrictions to insurance schemes based on “pre-existing conditions” |
|  |

| **Promote inclusive, human rights-based and community-based mental health services** |
| --- |
| SDG 3 Icon: Good Health and well being3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. |
| Reform legislation and policy to eradicate discrimination, stigma, violence, coercion and abuse in mental health service provision | Develop and promote community-based, person centred, rights-based and recovery-oriented mental health and psychosocial support services | Develop peer-support services |
|  |

| **Mobilize resources and develop the health workforce** |
| --- |
| SDG 3 Icon: Good Health and well being3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States |
| Mobilize and increase resources for the provision of quality health services, notably primary care | Build capacity in the health workforce to address barriers and improve quality of services for persons with disabilities | Promote the development and recruitment of specialized health and rehabilitation professionals for services for persons with disabilities |
|  |