

they may also result in second-rate treatment for parents who have a child with a disability due to 'discrimination by association' whereby parents and other family members are stigmatized by the disability in their family because of misconceptions.

In terms of access, investments also need to be made in the health care system itself. Well-designed, resourced, staffed, and affordable health care cannot be substituted, without which families are left vulnerable to preventable yet life-threatening diseases. As mentioned, the medical community must be well trained to deal with diversity. Sensitization about diversity, equality and ethics applies as much to the medical community as it does to civil society organizations working in the field of health. Understanding and appreciating the value of diversity, in this case of people with disabilities, enables health care professionals and volunteers to help solve health problems instead of contributing to discrimination and exclusion.

Investments in inclusive health care systems must include:

- Non-discriminatory provision of health care and medicines must be a criteria for investments in health care systems.
- Partnerships through international institutions, governments and civil society organizations must reflect a commitment to inclusive and consultative health planning and implementation.
- Support to local governments and civil society organizations implicated in health care provision must insist on the development of inclusive systems.
- Monitoring mechanisms should be designed by local communities to meet the needs of all its constituents or be designed in a way that does not overlook or ignore the impact (or lack of impact) of health policies and programs.
- Training of medical staff must include a component on dealing with diversity in a respectful manner and in treating all patients equally.