

absence of adequate, affordable and accessible health care is a disaster for individuals, families and communities. Today, more than 40% of the 50 million people each year are avoidable. By looking at HIV/AIDS alone, over 40 million people are estimated to suffer from this disease, the severity of which is effectively wiping out family and social structures as well as the productive labour pool while leaving already limited health care budgets and delivery systems.

At the 20<sup>th</sup> century has seen remarkable advances in health. According to the UN's Human Development Report, 1 billion people have averaged life expectancies of nearly 80 years, double the average of a century ago. However, like many other health care services, health provision and access to adequate health care are not equally distributed resulting in a large proportion of the world's population living in poverty and a high burden of preventable diseases among those less privileged. The majority of human

health is increasingly understood as more than an absence of disease or illness. Health policies and programs need to focus on providing individuals, groups and communities with the tools to exercise greater control over the resources and strategies necessary to achieve their health and well-being. This requires a removal of barriers to health systems for marginalized people including those with

disabilities. Barriers such as:

- Negative attitudes
- Physical barriers
- Exclusion of disability with its medical and services
- Lack of adequate planning and coordination supports
- Rationing health care
- Training of medical personnel

Disability is often the last barrier to receive food, water and care, and in many situations, viewed as a burden to be left behind.

Health care is derived from both knowledge and access. Knowledge contributes to new vaccines as well as new ways of working with

patients. Community-based knowledge systems can be drawn on to shape programs for providing good quality and accessible health care. Through community consultations, governments and organizations can uncover some of the differing health needs of community members and learn about the various social, economic and medical resources that can be used to meet these needs. For example, parents who have a child with a disability have often expressed increased levels of illness. Many times this is associated with higher levels of stress because families are left alone to provide care giving

consultations with families would reveal that care giving support could significantly reduce stress levels by providing care giving with some free time. This is not confined to parents who have a child with a disability. Finding community-based mechanisms to address this, governments could reduce strain on health care where the nature of the illness is not physical but a manifestation of social exclusion.

Knowledge also requires the training of the medical community to be able to deal with diversity. In the case of people with disabilities, often when an illness with a disability is born parents are given minimal support and more often than not tell their child is weaker. This results in second-class treatment for their child with a disability, which continues throughout their lifetime. In some cases