

Health, habilitation and rehabilitation in the CRPD

Perspectives of people living with a rare disease & disabilities

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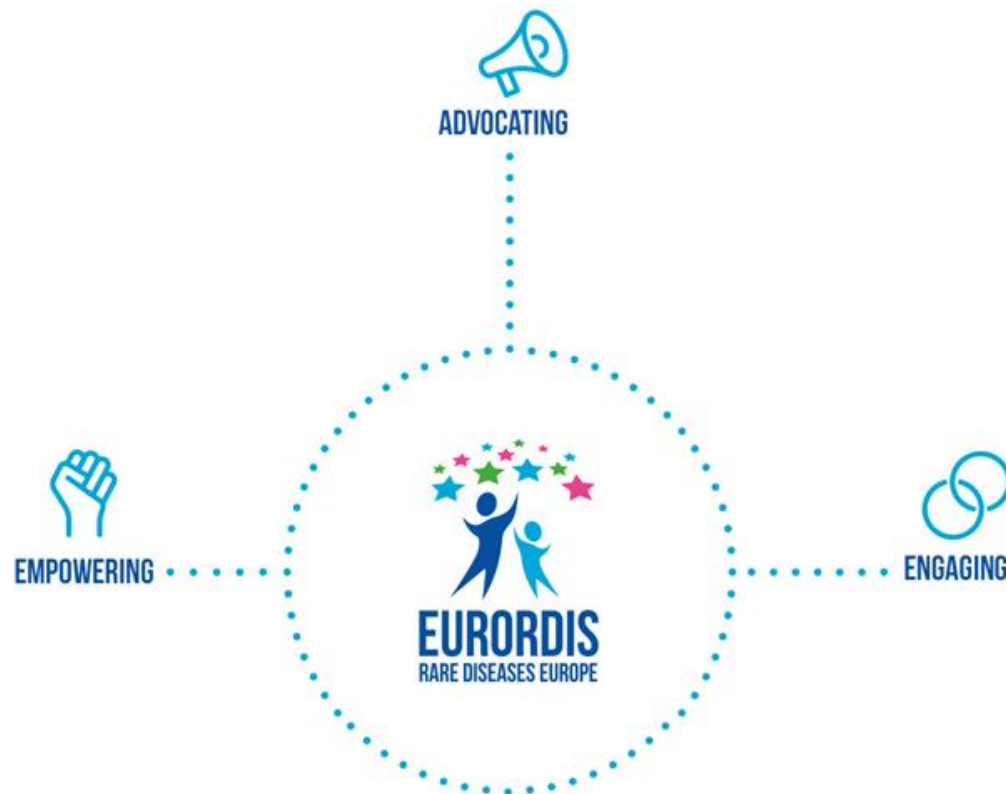
Work Forum on the Implementation of the UN Convention on the Rights of Persons with
Disabilities in the EU and the Member States
Brussels, 29 May 2017



EURORDIS-Rare Diseases Europe

Mission: *to work across borders and diseases to improve the lives of people living with a rare disease*

- ✓ **800+** member patient organisations
- ✓ **69 countries** (28 EU countries)



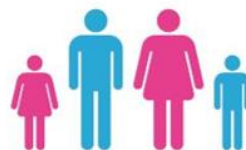
What is a rare disease?

OVER
6000

distinct rare
diseases

Each one affects
fewer than

1 IN
2000
PEOPLE



All together, an
estimated

30
MILLION PEOPLE

are living with a rare
disease in Europe



Expertise, knowledge,
information on diseases and
their consequences are **scarce**
and difficult to access



Rare, complex, chronic,
disabling, progressive,
degenerative, often
life-threatening

NO
CURE

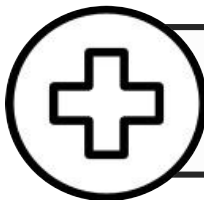
for the vast
majority of
diseases and
few treatments
available

They are **geographically**
scattered and often
isolated

Few experts,
geographically **scattered**

Research is fragmented

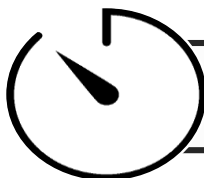
Challenges faced by people living with a rare disease & their carers



Challenges **accessing health care**: undiagnosed, misdiagnosed, wait years for diagnosis; rejection by HC professionals; difficulties accessing **treatment**



Significant impact on everyday life activities: impairments, activity limitations, participation restrictions



Significant **time and care burden**, which falls heavily on **women** (often main the main carer)

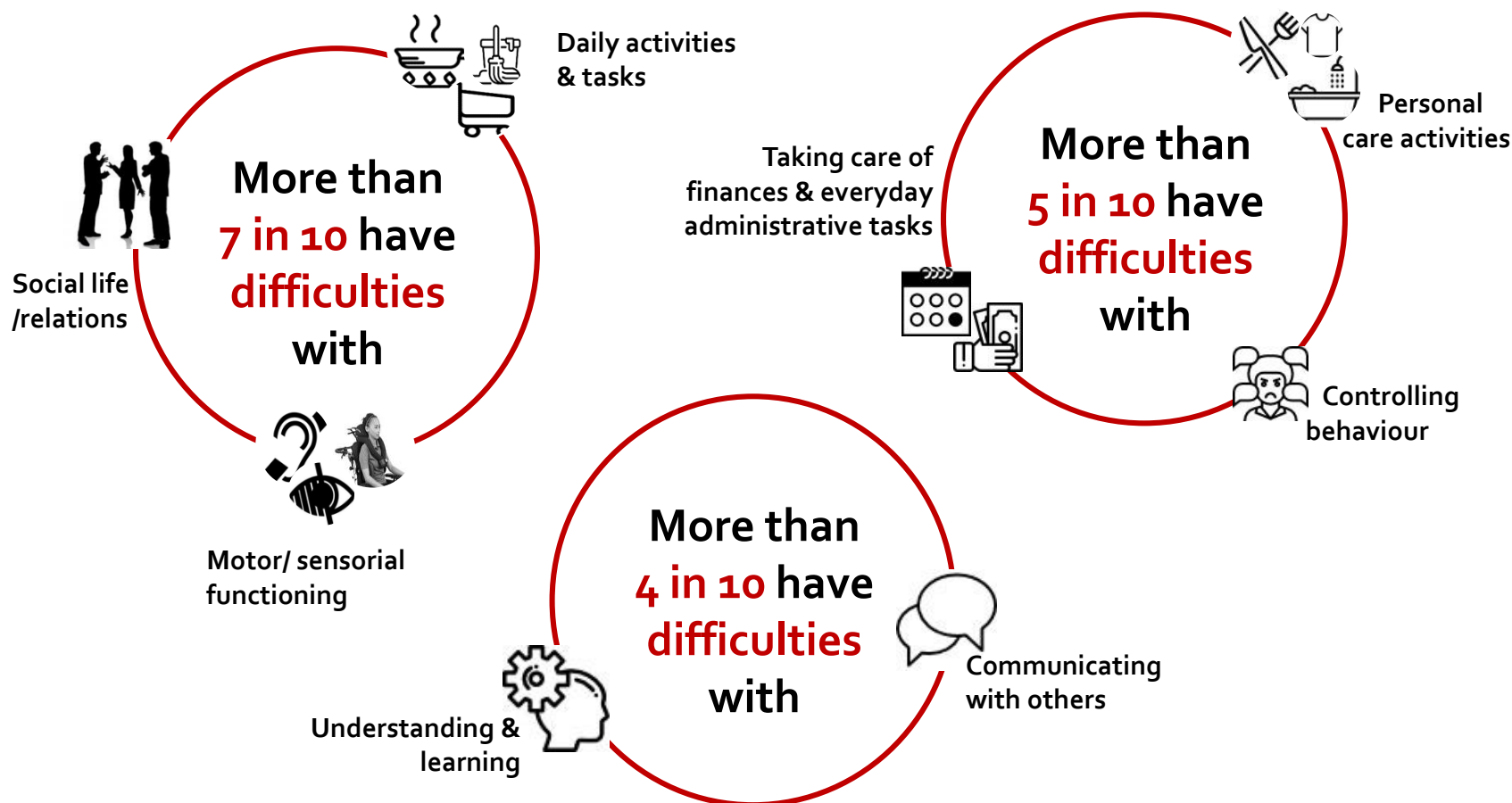


Strong **impact on work-life**: absence from work, hampered professional activity, **economic burden**



Impact on **mental health** and well-being

People living with a rare disease have difficulties with several Activities of Daily Living



"Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions" WHO

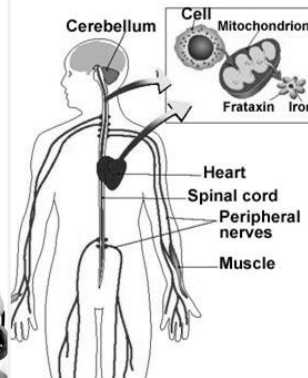
Symptoms **vary** & can be **invisible** in many ways

“One day you appear completely healthy, the next day you are sick, and two days later you appear completely normal again” Female, Spain

“I don't look ill but am very ill with a condition which no one understands or has heard of” Female, United Kingdom

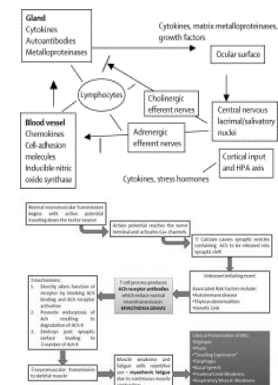
Katerina is in a wheel chair...

She has a complex neurodegenerative disease (*Friedreich's ataxia*)



N.R. looks healthy...

She has two autoimmune diseases... (*Myasthenia Gravis* & *Sjogren Syndrome*)



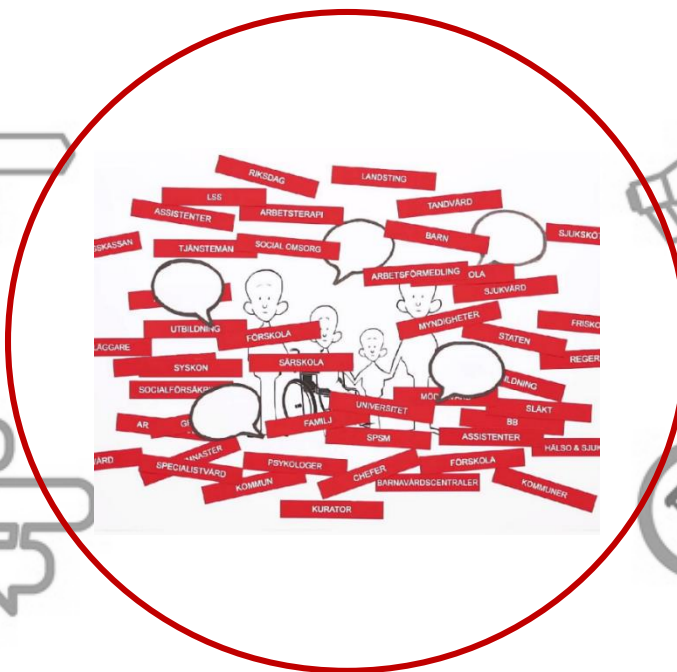
Access to healthcare and habilitation for people living with a rare disease: **complex** and **hard to manage**

65%

have to visit different health, social and local services in a short period of time

67%

feel that these services communicate badly between each other



7in10

do not feel well informed about their rights

7in10

find that organising care is time-consuming; 6 in 10 find it hard to manage

Image used for illustration purposes. Source: [Nationella Funktionen Sällsynta Diagnoser](#), Sweden

People living with a rare disease have uncovered health and rehabilitation needs

48%

Have **uncovered needs** regarding **access to rehabilitation and therapies** *(21% have access but find they are not enough to cover their needs; 27% do not have access but find that they would need it)*

28%

Have **uncovered needs** regarding **access to health services** *(14% have access but find that they are not enough to cover their needs; 14% do not have access but find that they would need it)*

1 in 5

Experienced **rejection by healthcare professionals**, often due to the complexity of the disease

People living with a rare disease have uncovered needs regarding disability benefits

34%

of respondents submitted to disability assessment **find that the % of disability assigned to them too low**

50%

have **uncovered needs regarding access to disability benefits** *(28% have access but find that these are not enough to cover their needs; 22% do not have access but find that they would need it)*



Examples of good practices to support access to health, rehabilitation and habilitation

Initiatives supporting, empowering and engaging people living with rare diseases and their carers

European policy

- Commission Communication (2008): Rare Diseases: Europe's Challenges
- Council Recommendation on an action in the field of Rare Diseases (2009)
- EUCERD and Commission Expert Group on Rare Diseases



Policy: Commission Expert Group Recommendations to Support Integration of RD into Social Policy

Unanimously adopted by representatives of all EU Member States (April 2016)

4. Member States (MS) should promote measures that facilitate **multidisciplinary, holistic, continuous, person-centred and participative care provision** to people living with rare diseases, supporting them in the **full realisation of their fundamental human rights**

8. **Rare Disease specificities should be integrated into national systems assessing a person's level of functioning**, in line with the United Nations Convention on the Rights of Persons with Disabilities

https://ec.europa.eu/health/sites/health/files/rare_diseases/docs/recommendations_socialservices_policies_en.pdf

- **Virtual healthcare:** specialist advice
- **Knowledge generation:** sharing experience and expertise, research and innovation
- **Knowledge dissemination:** clinical guidelines, healthcare pathways, education and training



Habilitation: European Network of Resource Centres for Rare Diseases (RareResourceNet)

Advancing holistic high quality care and services for people living with rare diseases across Europe

- One-stop shop style services
- **Holistic care and support**
- Complementary to health care and social services
- Create a bridge between people living with a rare disease/families and stakeholders providing health care, social care and social support

Examples of resource centres for rare diseases:

[Ågrenska](#), Sweden

[Frambu](#), Norway

[NoRo](#), Romania

[List of resource centres](#) in Europe



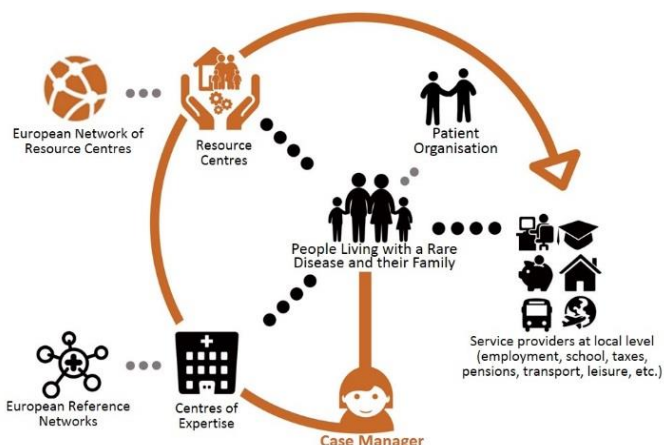
European projects: supporting integrated-holistic care

*These projects co-organised **multistakeholder workshop on holistic care** for people living with a rare disease (April 2018): presentations and outcomes [available here](#)*

INNOVCare

2015-2018


- Co-funded by EC-DGEMP
- Focus: integrated and holistic care
- Pilot of **case management for rare diseases** and other complex conditions



2015-2018

- Co-funded by EC-DGSANTE
- European Joint-Action for Rare Diseases
- Focus: supporting the development and implementation of European and national policies/recommendations on policy, information and data for rare diseases



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Rare diseases

Search

Classifications

Genes

Diagnosis

Encyclopaedia for patients

Encyclopaedia for professionals

Emergency guidelines

Support procedures

Home » Rare diseases » Disability » Search for a disease and its functional consequences

Free text search field




 - ☒ Disease name
 - ☐ Orphan number

ORPHA861 Treacher-Collins syndrome

= Activity limitation/participation restriction is described according to the [Orbanet Functioning Thesaurus](#), derived and adapted from the International Classification of Functioning, Disability and Health - Children and Youth (ICF-CY, WHO 2007). The provided information is assessed from the whole patient's population affected by the disease, recalling standard care and management (specific and/or symptomatic management, prevention and prophylaxis, devices and aids, care and support). Functional consequences are organised by their frequency in the patients' population. This general information may not apply to specific cases. Some difficulties reported here can occur with a different temporality or severity degree, and others that are not listed can nevertheless arise.

✓ Loss of an ability

Very frequent	Temporality	Severity
Hearing/listening	Permanent limitation	Moderate
Hearing/listening	Acquisition delay	Severe
Acquiring language	Acquisition delay	Moderate
Learning to read	Permanent limitation	Low
Learning to read	Acquisition delay	Low
Learning to write	Permanent limitation	Low
Reading	Acquisition delay	Low
Writing	Acquisition delay	Low
Receiving spoken messages	Permanent limitation	Moderate
Receiving spoken messages	Acquisition delay	Severe
Receiving written messages	Acquisition delay	Low
Speaking	Permanent limitation	Low
Speaking	Acquisition delay	Severe
Writing messages	Acquisition delay	Low
Participating in a conversation	Permanent limitation	Severe
Participating in a conversation	Acquisition delay	Severe
Using communication devices	Permanent limitation	Severe

Syndrome de Treacher-Collins

syndrome de Franceschetti-Klein, dysostose mandibulo-faciale
sans anomalies des extrémités

Cette fiche rassemble des informations susceptibles d'aider les professionnels du handicap dans leur travail d'évaluation et d'accompagnement des personnes atteintes de maladies rares. Elle ne se substitue pas à une évaluation individuelle.

Le syndrome de Treacher-Collins en bref

Extrait de l'encyclopédie Orphanet pour les professionnels

- **Définition :** Le syndrome de Treacher-Collins est une **anomalie congénitale du développement crânio-facial caractérisé par une dysplasie oto-mandibulo-bilatérale et symétrique sans anomalies des extrémités**, associée à diverses anomalies de la tête et du cou.
- **Épidémiologie :** L'incidence annuelle à la naissance est estimée à 1/50 000.
- **Clinique :** Les enfants présentent une dysmorphie faciale caractéristique avec une hypoplasie bilatérale et symétrique des os maxillaires et de la margelle infra-orbitaire (80%) et de la mandibule (75%) (rétrognathie, rétrognathie) qui entraîne une malocclusion dentaire souvent caractérisée par une balancé antérieure. Une hypoplasie prédominante des tissus mous est observée au niveau du maxillaire, du rebord orbitaire inférieur et de la joue. Sont également observées des anomalies multiples de l'articulation temporo-mandibulaire : responsables d'une lentilles palpatoires bilatérale de sévérité variable, une obliquité anté-mongoloïde des fentes palpatoires (89%) et un colobome des paupières inférieures à l'un/à l'autre/à 1/3 moyen (89%) sans cils à l'1/3 externe de la paupière inférieure. On observe un palais agal et parfois une fente palatine (28%). Des anomalies de l'oreille externe telles qu'otite ou microtie, atrophie des conduits auditifs externes et anomalies de la chaîne des osselets sont souvent présentes (50%) et entraînent une surdité de transmission. L'intelligence est généralement normale. Des difficultés de croissance peuvent se manifester pendant les premières années du fait de l'étiologie des voies respiratoires supérieures et de la limitation de l'ouverture buccale. Des signes moins constants sont les échondromes et/ou fistules prétragiques, des anomalies vertébrales et cardiaques, des fentes commissuro-bilatérales.
- **Étiologie :** Le syndrome est dû à des mutations du gène **TCOF1** (p.231-233.1) codant pour la phosphotransférase nucléaire et des gènes **POKRI1** (p.622.1) et **POKRI2** (13q21.2), codant pour des sous-unités des ARN polymérases I et II. La transmission est autosomique dominante avec une pénétrance de 80% et une expressivité variable, également chez les individus de la même famille.
- **Prise en charge et pronostic :** La prise en charge est pluridisciplinaire. En cas de détresse respiratoire postnatale, une trachéotomie, une ventilation non invasive (VNI) ou une dissection mandibulaire chirurgicale doivent être discutées. La chirurgie maxillo-faciale et plastique permet de corriger l'hypoplasie des tissus mous (liposuction), l'hypoplasie osseuse (dissection chirurgicale des osselets), le colobome palatal et la fente palatine. Le traitement de la limitation de l'ouverture buccale est très difficile. La chirurgie ORL, spécialisée en requiert pour les anomalies de l'oreille moyenne (chirurgie fonctionnelle).

Syndrome de Treacher-Collins – Encyclopédie Orphanet du Handicap
www.orphanet.fr/data/pathtp/Handicap_TreacherCollins-1rfp29301.pdf 27 novembre 2019

Disability factsheets collection

- Description of disease
- Disability situations
- Living with a disability
- Aids to limit or prevent disabilities

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Complementary information & Sources

Submission by the



to the United Nations Special Rapporteur on the Rights of People with Disabilities for the study on *"the right of persons with disabilities to the highest attainable standard of health"* to be presented at the 73rd session of the General Assembly (October 2018).

- Access to accurate and timely diagnosis
- Proper and timely access to treatment
- Access to infrastructure
- Availability
- Marginalisation
- Examples of good practices from the rare disease community on access to health services & on engaging people with a rare disease in service design

You can [access the full contribution here](http://www.ngocommitteerarediseases.org)



ALLIANCE INTERNATIONALE DES FEMMES



International Federation for Spina Bifida and Hydrocephalus



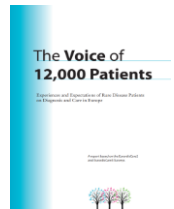
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WORLD FEDERATION OF HEMOPHILIA

Sources: challenges faced by people with a rare disease

EURORDIS-Rare Diseases Europe (2009). The Voice of 12,000 Patients: Experiences and Expectations of Rare Disease Patients on Diagnosis and Care in Europe. www.eurordis.org/publication/voice-12000-patients.



EURORDIS-Rare Diseases Europe (2017). Juggling care and daily life: The balancing act of the rare disease community. <http://bit.ly/SurveyRD>.

- Over 3000 respondents from 42 European countries; affected by 802 diseases
- Conducted through the EURORDIS survey initiative Rare Barometer Voices in the scope of the EU-funded project [INNOVCare](http://www.innovcare.eu)



EURORDIS-Rare Diseases Europe (2017). Access to treatment: Unequal care for European rare disease patients. <http://bit.ly/SurveyAccessTreatment>

- 1350 respondents from 21 European countries from 42 countries
- Conducted through the EURORDIS survey initiative Rare Barometer Voices



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www.eurordis.org/voices

Thank you

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EURORDIS would like to thank all Rare Barometer partners for their support to co-fund the surveys conducted via EURORDIS survey initiative Rare Barometer Voices



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eurordis.org/voices



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NOVARTIS



SANOFI GENZYME

INNOCare



This project is co-funded by
the European Union
*EaSI PROGRESS, DG Employment, Social
Affairs and Inclusion*



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the Health Programme
of the European Union

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