The Missing Billion initiative is dedicated to transforming health systems to ensure better access and outcomes for everyone, including people with disabilities.

We want to be a catalyst for inclusive health.

Together with people living with disabilities and systems actors, we are identifying gaps, building evidence, compiling best practice, co-creating new services and delivery models. And we are advocating for inclusive health to be a priority in global health.
We are compiling good practice examples.
We look for good practices in all areas of our health systems framework

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Social Determinants and Context
Share your good practice example with us!

1. Selecting good practice
   - Share your ideas on what should be included as good practice examples.
   - We will work with you to fill out the template.

2. Completion & Review
   - We will complete the good practice example with the information you have provided.
   - You are welcome to review the final version.

3. Published & Shared
   - Your good practice example will be published in the Missing Billion website and shared as an example around the world!
Selection criteria

- Good practice defined within participation of people with disabilities.
- Good practice described within the context of the human rights-based approach i.e. art. 25 and 26, UNCRPD.
- Good practice has had impact analysis or program evaluation.
- Good practice is sustainable i.e. human resources, funding etc.
- Good practice exemplifies MB framework elements and indicators.
Information about good practice we would like to collect

• **Title** (i.e. name of the program, policy, organization etc.)
• **Geography and scale** (e.g. Germany, nation-wide)
• **Type of disability** (e.g. all, people with learning disabilities etc.)
• **Involved actors** (e.g. ministry of health, civil organization etc.)
• **Best practice description** (i.e. what, how, since when etc.)
• **Impetus for best practice** (e.g. evidence, new policy etc.)
• **Impact / results of implementing best practice** (e.g. new guidelines)
• **Critical success factors** (e.g. advocacy, political will etc.)
• **Impact statement** (i.e. we will quote your impressions)
• **Lessons learned** (e.g. what could have been done differently?)
• **Sources** (e.g. study, reports etc.)
• **Further links & information** (i.e. to websites, organizations etc.)
Example: health insurance changes for dental care in Germany

Health insurance reimbursement for oral health and dental care for people with disabilities

**Geography and scale:** Germany, nation-wide

**Type of disability:** All persons with disabilities insured by the public health insurance and entitled to integration assistance and care support.

**Involved actors:**
- German Federal Ministry of Health
- Federal Joint Committee (G-BA)
- National Association of Statutory Health Insurance Dentists (KZBV)
- German Dental Association (BDZK)
- German Society of Geriatric Dentistry (DGAD)
- Working group dentistry for patients with disabilities (AG ZMB)
- Public health insurance companies

**Best practice description**
Special regulations apply for people with disabilities already since 2012: simple dental care procedures provided at home and travel costs to outpatient dental facilities covered for persons with severe disabilities. However, in 2018, a new directive was established to further change the reimbursement for insured persons with disabilities. Four main benefits apply: (1) Oral health status assessed and registered on a form with an accessible format. (2) Dental calculus removal available and offered; (3) Individual oral health plans developed with measures and means to promote dental care and (4) Oral health education tailored to the specific needs of each person, for instance with demonstrations and practical instructions. Carers are considered in oral health education and individual health plans when needed. All benefits are provided every six months (once per year for the general population).

**Origin / impetus for best practice**
- Scientific studies had shown that some adults with disabilities have worse oral health (more decayed and missing teeth) than the general population. 
  Main reasons are financial barriers, physical inaccessibility, and lack of knowledgeable health workers.
- The social law stipulates that health insurances need to consider specific needs. Advocates used that to convene stakeholders and develop the "Oral health for elderly and people with disabilities" report, published in 2010.
- Advocates used this report to enforce the new 2018 directive that changed the reimbursement.
Where to find more information?

Read our report, visit our website or contact us at info@themissingbillion.org