Prioritising disability in universal health coverage

Current health systems are failing the 1 billion people worldwide living with disabilities. Unless access to health care is dramatically improved for this marginalised group, the goal of universal health coverage will not be achieved. These are the stark conclusions of *The Missing Billion*, a report from the London School of Hygiene & Tropical Medicine and other partners, published on July 9, which shines a light on the barriers to health care and disparities in outcomes faced by people living with disabilities.

The burden of disability, which encompasses physical, mental, intellectual, or sensory disabilities, is concentrated in low-income and middle-income countries, with about 80% of disabled people living in these settings. People with disabilities are less likely to access health services than those without disabilities, have greater health needs, and are more likely to have worse outcomes—including higher prevalence of preterm birth and stillbirth, greater risk of malnourishment in childhood, higher rates of HIV, diabetes, and cardiovascular disease, and lower life expectancy.

Affordability of care is a major obstacle. People with disabilities tend to be poorer, have higher health-care costs, and are 50% more likely to experience catastrophic health expenditure than non-disabled people. Physical inaccessibility of health facilities and problems with transportation can also present major logistical challenges; thus, facilities must be inclusive and accessible to everyone. Stigma faced by people living with disabilities can also be a barrier and, all too often, negative attitudes, ignorance, and poor communication skills among health professionals can hinder health-seeking. People with disabilities are affected by health ailments unconnected to their disability, just like everyone else, and health professionals should not allow the presence of a disability to overshadow an individual’s health needs.

Better data are needed, including routine health metrics and information on health coverage disaggregated by disability. But there are actions that can be implemented now. Disability awareness should be a core aspect of health professionals’ training. Reasonable adjustments, such as longer appointments for patients with intellectual disability, or simply considering how best to communicate with people with visual or hearing impairments, can make a huge difference. Systematically including adaptations within health systems and facilities at the planning stage is much more efficient and cheaper than adapting existing systems as an afterthought.

In addition to breaking down barriers to health care for people with disabilities, improving the quality of care is crucial to minimise harm. Poor quality of care during pregnancy, childbirth, and the neonatal period can lead to neurodevelopmental delays and disabilities. In Uganda, for example, prevalence of cerebral palsy in children aged 2–17 years was substantially higher than in high-income countries. However, whereas only 5–6% of cases of cerebral palsy occurred after the neonatal period in high-income countries, a quarter of cases in Uganda developed after this period, most likely due to infections.

Importantly, the course of disability is not static. With good-quality care and rehabilitation, individuals with cognitive and physical disabilities, if identified early, can improve function. And in children with sensory impairments, early intervention with cochlear implants, hearing aids, or visual correction allows them to follow a more normal trajectory of development. Knowledge that some impairments can be treated can also help combat the stigma associated with disabilities in some settings.

That 1 billion people worldwide with disabilities are being failed by current health services is a travesty. As we advance the universal health coverage agenda, people with disability must not be forgotten. Prioritising disability will require creativity and innovation but also hard work. Primary health care, as the strategy by which universal health coverage will be achieved, needs not only to be inclusive of disability issues but also dynamic about early detection and treatment. Tackling disabilities early has knock-on effects for human capital and development because, with appropriate intervention, many children can achieve near normal development, enabling them to contribute more fully to society and economic prosperity.

Although implicit in the pursuit of universal health coverage, disability does not feature on the agenda of the upcoming UN High-Level Meeting on Universal Health Coverage, nor is it mentioned specifically in Sustainable Development Goal 3. Access to good-quality health care for people with disabilities is a litmus test for whether universal health coverage is achieved. Designing health-care systems that meet the needs of people with disabilities and other marginalised groups will undoubtedly improve health care for all. ■ *The Lancet*