In their compact and accessibly written report *The Missing Billion*, Hannah Kuper and Phyllis Heydt argue persuasively for the inclusion of people with disabilities in achieving the United Nations’ Sustainable Development Goal 3 (SDG 3) by 2030. SDG 3 aims to ensure healthy lives and promote well-being for all at all ages but, the authors note, mentions the word “disability” only once. This lack of engagement with disability, they argue, is representative of the ways in which “the missing billion,” people with disabilities worldwide, have been left behind by health care policy. *The Missing Billion* is an important call to arms for the global health community because it reminds us that people with disabilities are too often overlooked in campaigns to improve public health.

Kuper and Heydt call for placing health care access and quality for people with disabilities at the center of assessment metrics for achieving improved global health. They argue for “universal design” approaches, to ensure that all health care products and services are accessible to the most people possible. In doing so, they highlight the important understanding that “[i]f a design works well for people with disabilities, it works better for everyone” (p. 7). This valuable, universalist perspective reflects the important insights of American sociologist and disability scholar Irving Kenneth Zola, who argued that the only effective long-term approach to supporting people with disabilities was to adopt the view that because all people are “at risk” for disability, everyone benefits from infrastructures that accommodate it.¹ For instance, we all profit from interventions—such as elevators, ramps, and visual, tactile, and auditory cues—that make physical spaces more accessible.

**PERSONIFYING DISABILITY**

Kuper and Heydt refer to the estimated 1 billion people with disabilities as a large “cohort”/vulnerable population” (p. 13), diverse in types of impairment and intersections with gender, age, and environment. To help describe this heterogeneous population, *The Missing Billion* focuses on five representative “ personas” of people with disabilities. This approach allows identification of the many barriers that people with disabilities face in the social and health care arenas and their consequences for health, including misunderstandings and stigma from health care workers, lack of immediately accessible providers and services, and an absence of community support systems and transportation options.

The authors emphasize the heterogeneity of people with disabilities. Thus, the five personas are a man with intellectual disabilities, a child with a hearing impairment, a woman with a physical disability, a woman with a visual impairment and HIV, and a girl born with Zika syndrome. The authors follow each of these personas as they attempt to acquire health services and encounter challenges. For instance, the boy with a hearing impairment struggles in school. Finding an audiologist proves very difficult for his father because the nearest hospital is eight hours away. Ultimately, the boy receives a hearing aid, but it soon stops working. This medical device proves both difficult to acquire and difficult to maintain, revealing the struggle to access health care.

At times, the authors’ approach to disability is overly narrow. For example, their story of the boy with impaired hearing does not consider other social or educational arrangements beyond medical interventions that could support his learning and contribute to his quality of life.

**BEYOND HEALTH**

The primary recommendation of *The Missing Billion* is to include people with disabilities in the SDG 3 action plan and assessment. This is an important goal, but only if it is considered in a broader context. The United Nations defined a total of 17 SDGs in 2015, including efforts in many other areas that would directly and uniquely benefit people with disabilities, such as ending poverty, providing a quality education, and improving decent work opportunities. Kuper and Heydt acknowledge that all of the SDGs are linked and must be achieved. As they put it, “If people with disabilities do not

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¹ For instance, a boy born with a visual impairment and HIV, and a girl born with Zika syndrome.
achieve good health, then they are less likely to get a good education (SDG 4) or be able to earn a living wage (SDG 1)." (p. 7).

The authors assume a direct causal link between disability and poor health by implying that "good health" is a prerequisite for quality education or job opportunities. But this need not be the case. Other SDGs seek to create the opportunity for a quality education and a living wage for all people, independent of their disability or health status. Linking disability to health, and then health to educational and economic success, has the effect of deemphasizing, or questioning, the direct and often primary significance of other SDGs in improving the lives of people with disabilities.

The frequent assumption by the World Health Organization and other global advocacy and support groups that disability is primarily a health issue has been widely criticized by disability scholars and advocates as part of their larger critique of the "medical model" of disability. In his 2003 review of the World Health Organization's *International Classification of Functioning, Disability, and Health*, British disability scholar Colin Barnes lamented that, "[w]ithin this framework, disability remains a health rather than a political concern." Along similar lines, disability scholar Tom Shakespeare, a member of the steering committee for *The Missing Billion*, argued in 2009 that "[h]aving a disability is not incompatible with being healthy." Many disability scholars and advocates prioritize political change as necessary before health interventions.

*The Missing Billion* also highlights the stigma and misunderstandings that people with disabilities often face from health care workers. According to Kuper and Heydt, greater awareness among health care professionals, including improvements in their education, is a desirable aim. They also note the value of people with disabilities participating in improving the quality of health care services. A related goal should be to train and support more people with disabilities to become health professionals. As Tom Shakespeare put it, "Learning alongside a student who is a wheelchair user or has restricted growth or is deaf can challenge negative assumptions directly, as well as broaden the pool of qualified people entering the health professions."

Kuper and Heydt deserve praise for arguing that a greater focus on the accessibility and quality of health care for individuals with disabilities must be a central goal and foundational metric for assessing SDG 3. Because people with disabilities are marginalized, stigmatized, and disproportionately impoverished worldwide, measurable improvements in their health care would be evidence of enhancements in the health care system as a whole. The authors’ defense of this argument, using personal stories and population data, makes *The Missing Billion* a major accomplishment. Although health is an important component of policies and practices that respond to disability, change must begin with political, social, economic, and educational considerations and services that should be addressed independently of "good health."

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**CONFLICTS OF INTEREST**

The author declares no conflicts of interest.

**REFERENCES**


**ACKNOWLEDGMENTS**

I thank Daniel M. Fox for his helpful comments and suggestions on an earlier version of this review.