Mixed approaches to data collection

There was consensus among all the representatives of international organisations that data on age and disability needed to be collected and reported, using consistent tools and standards. Interviewees from organisations that were doing this described the methods used.

HelpAge International collects and disaggregates data on age, sex and disability, using this to develop its humanitarian responses and advocate for other organisations to do the same. The main tool used for disability assessment is the Washington Group questions (described on page 12). As part of its Disability Statistics in Humanitarian Action project, include these questions in needs assessments, considering the thousands of refugees that need to be processed in some humanitarian settings.

Current training initiatives

The representatives of international organisations promote age and disability inclusion. These typically focused either on disability inclusion, or on people with disabilities and older people, but did not give adequate attention to both together.

For example, UNHCR is developing an e-learning course on how to include people with disabilities and older people in humanitarian settings, both in training and in practice.
Executive Summary

Context

There are more than one billion people with disabilities worldwide. That is 15% of the world’s population. People with disabilities often have greater health needs, but experience more barriers to accessing care because of health systems failures at all levels. As a result, people with disabilities frequently have poorer health outcomes. This inequality was recently highlighted during the COVID-19 pandemic – for example, in the United Kingdom, people with disabilities made up 16% of the population but 59% of people who died of COVID-19.

The world is moving beyond the pandemic towards “building back better” health services and systems. This must include people with disabilities as: 1) health targets will not be achieved by 2030 if this large population continues to be left behind, including Universal Health Coverage (UHC) and Sustainable Development Goal 3 (SDG 3: Ensure healthy lives and promote well-being for all at all ages); 2) people with disabilities have the right to healthcare, and healthcare contributes to their ability to live a good life; and 3) inclusive health systems work better for everyone. It is therefore critical for the global community to reimagine how health systems should be designed to be inclusive of people with disabilities.

This Report

The first Missing Billion report highlighted the health inequities and access challenges that people with disabilities face around the world. It raised awareness among global health actors about the widespread health systems failures that people with disabilities experience. The report concluded that people with disabilities should be recognized as a key population that requires a long-term strategic approach, and that there is a need for immediate action to improve health services and address specific access barriers.

This second report builds on the previous work and describes a clear pathway for action towards defined disability-inclusive health systems. This report has the following objectives:

- Present new insights on health outcomes and health system gaps for people with disabilities via newly analyzed data from nearly 900,000 children and adults, including 65,000 with disabilities, across 37 low-and-middle-income countries, and 3 new systematic reviews.

- Present a vision for health systems that are designed to be fully inclusive, using human-centered design and crowdsourcing to highlight the lived experiences of people with disabilities at all stages of the health system; giving voice to their concerns and presenting actionable responses to attain an inclusive health system.

- Translate this vision into a practical Missing Billion road map to 2030 with targets and proposed actions for key stakeholders.

Contents

This report contains the following sections:

1. Awareness of the need for equitable health access is growing
2. The urgent need for disability-inclusive health systems
3. Designing a vision for inclusive health systems
4. A framework and best practices for inclusive health systems
5. Missing Billion road map to 2030
Key messages from this report

- People with disabilities have **2.4-fold higher mortality rates** than those without disabilities and are missing 10 to 20 years of life expectancy. They also face poorer health outcomes across SDG 3 indicators. By designing health systems that prioritize inclusive health services for people with disabilities, we can **reduce the life expectancy gap of people with disabilities**.

- Health Systems that include people with and without disabilities must **expect**, **accept**, and **connect** people with disabilities to quality care. Service delivery and underlying system functions must be intentionally designed to include people with disabilities.

- To reduce the life expectancy gap between people with disabilities, we urge global health actors and country governments to **develop inclusive health programs and systems through institutional leadership** involving disability-inclusion and disability-focused budget lines, plans and monitoring.

- We urge global health actors and country governments to collaborate to **reach the “the 4 million targets” by 2030**: 

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>THE FOUR MILLION TARGETS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy</strong>: People with disabilities make informed decisions about health care and are aware of their rights and options</td>
<td>1 million additional people with disabilities are champions for their right to healthcare</td>
</tr>
<tr>
<td><strong>Affordability</strong>: People with disabilities can afford to access health services</td>
<td>1 million additional people with disabilities in low-and middle-income countries access health insurance and/or social protection</td>
</tr>
<tr>
<td><strong>Human resources</strong>: Health-care workforce is knowledgeable about disability and has the skills and flexibility to provide quality care to people with disabilities</td>
<td>1 million additional health workers trained on disability</td>
</tr>
<tr>
<td><strong>Health facilities</strong>: Health-care services, including health-care facility infrastructure and information, are accessible for people with disabilities</td>
<td>1 million health facilities audited and an additional 10,000 are inclusive</td>
</tr>
</tbody>
</table>