Inclusive Futures (2024)

More than Ramps: Healthcare Accessibility for Persons with Disabilities

Overview

Disability is an inevitable aspect of human life, whether from illness, age, or injury. Its increasing prevalence is expected to continue due to ongoing global challenges like climate change, escalating violence, and the ageing population. Therefore, addressing the challenges facing this population is not just a fundamental human rights issue but an urgent one.

Persons with disabilities face a myriad of challenges due to systematic discrimination rooted in ableist social structures. They experience significantly poorer health outcomes with up to 20 years less life expectancy than their peers. These health inequalities are attributed to barriers to health access. In sub-Saharan Africa (SSA), these barriers are intensified by under-resourced health systems and socio-economic challenges, particularly in rural areas where many persons with disabilities reside. This policy brief outlines evidence-based interventions addressing these barriers, which is critical for the attainment of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

KEY RECOMMENDATIONS

1. **Strengthen community-based primary healthcare**
2. **Expand mHealth solutions for home-based care and health promotion.**
3. **Promote community sensitization to reduce stigma and encourage inclusion.**
4. **Provide interim transport solutions and long-term policies mandating accessible public transport.**
5. **Mandate and fund sign language interpretation in healthcare settings**
6. **Embed disability training in medical curriculums with ongoing professional development.**

Introduction:

Disability is a major global health and policy issue, affecting 1.3 billion people worldwide. This number is expected to continue rising due to increasing life expectancy, chronic illnesses, escalating conflict, and deteriorating climate (WHO, 2022). While many persons with disabilities lead healthy lives, they often face disproportionately poor health outcomes with a higher risk of diseases and shorter life expectancy by up to 20 years (Kuper & Heydt, 2019). The situation is particularly dire in sub-Saharan Africa due to poverty, social marginalisation, and under-resourced health systems.

This problem is rooted in pervasive structural inequalities that systematically limit healthcare access for persons with disabilities. Throughout SSA, healthcare infrastructure and services are scarce, especially in rural areas where most persons with disabilities live (Vergrunst et al., 2015). Accessing care is often a long, costly journey complicated by inaccessible public transportation infrastructure.

(Odame et al., 2023)

Health facilities lack essential features such as ramps and adjustable equipment. This, combined with fragmented and uncoordinated health services, makes quality healthcare largely unattainable for many persons with disabilities.

Additionally, inadequate provisions for alternative communication and sign language interpretation hinder effective treatment, pushing many persons with disabilities to rely on traditional healers (Ganle et al., 2020).

The lack of a trained healthcare workforce and widespread negative attitudes toward disability further complicate care-seeking (Vergrunst et al., 2015).

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High costs and pervasive social stigma further limit the ability to seek and use services. Even where free healthcare is available, financial barriers persist due to associated costs of transportation, caregiver support, and lost income due to missed work (Kuper & Heydt, 2019).

Addressing these barriers is a human rights and legal obligation under the UN Convention on the Rights of Persons with Disabilities (2006). Investing in disability-inclusive health interventions is not only ethically necessary but also economically beneficial as health equity enhances access for other marginalised groups and supports progress towards UHC and SDGs (WHO, 2022).

Methodology Overview

This brief draws on findings from a systematic literature review that synthesised evidence from peer-reviewed studies examining interventions that address healthcare access barriers for adults with disabilities in SSA from 2000. The data was gathered from six databases. While it does not cover all aspects of disability, the findings offer a solid basis for policy recommendations.

Key Results

The review identified 13 interventions across eight African countries, highlighting promising efforts to improve healthcare access for persons with disabilities. However, these initiatives remain limited, especially in low-income countries.

Task-shifting (assigning healthcare tasks to trained non-specialists) **addresses critical workforce shortages** effectively expanding healthcare capacity and reach (Bowman et al., 2000; Razafinimpanana et al., 2012).

Community sensitisation and engagement improve service uptake. **Active involvement** of community leaders and Disabled Persons Organizations (DPOs) in health initiatives fosters acceptance and **reduces cultural resistance** to healthcare (Bowman et al., 2000). Community engagement **builds trust** and aligns healthcare practices with local values, although it is more effective when paired with other interventions

Community-based service delivery improves health service uptake. Delivering healthcare closer to communities **minimises the financial and logistical challenges** persons with disabilities face in reaching distant health facilities. Additionally, seeing successful interventions performed on friends helps **reduce cultural and psychological apprehensions** (Bowman et al., 2000).

Community outreach effectively identifies referral cases but **does not significantly increase uptake**, even when transport and health services costs are free or subsidised (Chibuga et al., 2008; Razafinimpanana et al., 2012). It is, therefore, essential for early identification and referral, but its **effectiveness relies on integrating transport and accessibility** solutions.

Effective transportation strategies cover both financial and logistical support, providing not only **cost subsidies but also personalized assistance** to navigate transport barriers (Fiander & Vanneste, 2012).

Home-based rehabilitation delivered by specialists **is costly and less effective** than community-centred approaches (Olaleye et al., 2010). Instead, **investing in primary and community health systems** where individuals can attend group sessions with peers provides vital emotional and practical support (Divanoglou et al., 2019).

Mobile Health (mHealth) is **more effective for home-based chronic disease management** than hospital visits (Sarfo et al., 2019). It is also feasible for **health promotion,** particularly for Deaf individuals, but risks exacerbating the digital divide (Haricharan et al., 2017; 2023).

Providing sign language interpretation in healthcare significantly **enhances access for Deaf** patients, but at a high cost, as seen in a pilot in South Africa (Zulu et al., 2017). While a step forward, **interpretation alone is insufficient** for effective communication and care. Additional cultural training for healthcare providers is essential.

Building healthcare worker capacity requires **comprehensive and ongoing disability training**. Comprehensive, rights-based training for healthcare workers, such as WHO's eRights program, offers ongoing learning accessible to more healthcare workers, including those in rural areas (Poynton-Smith et al., 2023). Continuous, practical training prepares healthcare workers to meet the unique needs of persons with disabilities, improving overall service quality.

Implications and Recommendations

No single intervention can solve healthcare access challenges for persons with disabilities. Success requires multi-faceted strategies that bring services closer to communities, involve communities, reduce financial and logistical barriers, and empower healthcare providers with skills and attitudes for inclusion. Addressing these complex issues necessitates tailored solutions that balance immediate needs with long-term scalable approaches.

Policy recommendations include:

1. **Strengthen Community-Based Primary Healthcare** - Invest in **community-based primary healthcare** services to overcome the geographical and social barriers that limit healthcare access for persons with disabilities. Enabling trained **community health workers to offer essential services** will reduce dependency on distant hospital services and allow care delivery closer to home, especially in rural areas.

2. **Prioritize Sensitization and Inclusion** - Empower local leaders and DPOs to lead **disability awareness and myth-dispelling campaigns** within communities to reduce cultural resistance to healthcare uptake. Establish peer support groups to increase healthcare accessibility and foster a supportive environment.

3. **Scaling mHealth** for **health promotion and service delivery** - Use mHealth solutions to improve home-based care and chronic disease management, with a focus on inclusivity to prevent digital exclusion.

4. **Provide Affordable and Inclusive Transportation Infrastructure** - Mandate **accessible public transport** with better accommodation and **cover transportation costs** for persons with disabilities. In the short term, enlist community health workers to assist with navigation until infrastructure improves.

5. **Mandate and Fund Sign Language Interpretation in Healthcare Settings** - Develop a **funding** model to **provide and train interpreters in healthcare** settings, particularly in rural areas where resources are scarce.

6. **Comprehensive Training for Healthcare Workers -** Embed disability-focused training into **medical and continuing education** using **rights-based** and practical approaches. Training should include **direct exposure** to persons with disabilities for greater understanding.

Conclusion

Accessible healthcare for persons with disabilities requires multi-layered, sustainable solutions that address social, financial, and logistical barriers. By implementing these recommendations, policymakers can transform healthcare access in SSA, paving the way for a more equitable health system aligned with the UNCRPD, UHC, and SDG goals.

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Acknowledgements & Contact details

This policy brief is based on a dissertation submitted in partial fulfilment of the requirements for a Master's in Global Health at the University of Glasgow in September 2024 by Nancy Waithira Chege.

Dissertation Title: A Systematic Review of Interventions Addressing Barriers to Healthcare Access for Persons with Disabilities in Sub-Saharan Africa

I am grateful to my academic supervisors, Dr Paul Lynch and Dr Stephanie Chambers, for their invaluable guidance. I am also profoundly grateful to the inspiring individuals with disabilities I have worked alongside through The Outstanding Abilities Kenya and Disabled Girl Guide Unit in Glasgow.

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