

An Action Toolkit for Health Care Services Driving Disability Inclusion in Universal Health Coverage

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Abstract : Access to quality health care for persons with disabilities is the litmus test in our strive toward universal health coverage. Persons with disabilities experience a variety of health disparities related to increased health risks, greater socioeconomic challenges, and persistent ableism in the provision of health care. In low- and middle-income countries, the support needed to address the diverse needs of persons with disabilities and close the gaps in inclusive and accessible health care can appear overwhelming to staff with little knowledge and tools available. An action-orientated disability inclusion toolkit for health facilities was developed through consensus-building consultations and field testing in South Africa. The co-creation of the toolkit followed a bottom-up approach with healthcare staff and persons with disabilities in two developmental cycles. In cycle one, a disability facility assessment tool was developed to increase awareness of disability accessibility and service delivery gaps in primary healthcare services in a simple and action-orientated way. In cycle two, an intervention menu was created, enabling staff to respond to identified gaps and improve accessibility and inclusion. Each cycle followed five distinct steps of development: a review of needs and existing tools, design of the draft tool, consensus discussion to adapt the tool, pilot-testing and adaptation of the tool, and identification of the next steps. The continued consultations, adaptations, and field-testing allowed the team to discuss and test several adaptations while co-creating a meaningful and feasible toolkit with healthcare staff and persons with disabilities. This approach led to a simplified tool design with 'key elements' needed to achieve universal health coverage: universal design of health facilities, reasonable accommodation, health care worker training, and care pathway linkages. The toolkit was adapted for paper or digital data entry, produces automated, instant facility reports, and has easy-to-use training guides and online modules. The cyclic approach enabled the team to respond to emerging needs. The pilot testing of the facility assessment tool revealed that healthcare workers took significant actions to change their facilities after an assessment. However, staff needed information on how to improve disability accessibility and inclusion, where to acquire accredited training, and how to improve disability data collection, referrals, and follow-up. Hence, intervention options were needed for each 'key element'. In consultation with representatives from the health and disability sectors, tangible and feasible solutions/interventions were identified. This process included the development of immediate/low-cost and long-term solutions. The approach gained buy-in from both sectors, who called for including the toolkit in the standard quality assessments for South Africa's health care services. Furthermore, the process identified tangible solutions for each 'key element' and highlighted where research and development are urgently needed. The cyclic and consultative approach enabled the development of a feasible facility assessment tool and a complementary intervention menu, moving facilities toward universal health coverage for and persons with disabilities in low- or better-resourced contexts while identifying gaps in the availability of interventions.

Keywords : public health, disability, accessibility, inclusive health care, universal health coverage

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