

Research Article

Access to Healthcare for People with Disabilities in Africa

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Abstract

People with disabilities in Africa face significant, multifaceted barriers in accessing equitable healthcare. Structural, economic, attitudinal, and systemic challenges often lead to poorer health outcomes and exclusion from essential services. This article provides an evidence-based review of these barriers, explores recent innovations, includes data visualizations on healthcare access, and offers policy recommendations for a more inclusive health system across the continent.

Keywords: Disability, healthcare access, Africa, health equity, systemic barriers, inclusive health systems, health outcomes, innovation, policy recommendations.

INTRODUCTION

Globally, more than 1 billion people experience some form of disability, and at least 80 million live in Africa. The continent's diverse population of people with disabilities—including those with physical, sensory, intellectual, and psychosocial impairments—encounters compounded barriers in healthcare compared to non-disabled peers. Despite the adoption of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and African protocols outlining rights to health, implementation remains inconsistent. Achieving Universal Health Coverage and the Sustainable Development Goals in Africa depends on dismantling these barriers and promoting inclusion.

Challenges and Barriers

Structural and Physical Barriers

- **Inaccessible Health Facilities:** Many clinics and hospitals lack ramps, accessible toilets, elevators, or signage, impeding physical access for wheelchair users and those with mobility impairments^{[1][2]}.
- **Transport and Distance:** A large proportion of people with disabilities live in rural areas far from health centers, compounded by inaccessible or unaffordable public transport^{[3][4]}.
- **Communication Barriers:** Limited access to sign language interpreters and information in accessible formats excludes people with hearing or visual impairments^[5].

Economic and Social Barriers

- **Poverty and Cost of Care:** Out-of-pocket health expenditure and transport costs disproportionately affect people with disabilities, who are more likely to experience poverty or unemployment^[2].
- **Stigma and Discrimination:** Negative attitudes from health workers and the broader community create a hostile environment, discourage care-seeking, and can lead to denial of treatment^[6].

Health System Barriers

- **Untrained Personnel:** Many health professionals lack disability awareness or training in communicating and caring for disabled clients, contributing to poor service quality and perpetuating bias^{[1][4]}.
- **Policy Implementation Gaps:** National laws often exist but are poorly implemented, underfunded, or not enforced, resulting in little practical improvement^{[7][8]}.
- **Service Delivery Delays:** Understaffed clinics and long waiting times particularly disadvantage those needing personal assistance or medication refills^[4].

CASE STUDIES: DATA AND EVIDENCE

Study in South Africa

A 2021 review published in *PMC* found that, despite constitutional protections, people with disabilities in South Africa routinely struggle to access therapeutic interventions, rehabilitation, and even life-saving care (e.g., ICU beds during COVID-19). These challenges are

further multiplied by race, gender, and rural location, with black disabled women facing “triple levels of discrimination”^[3].

Research from Zambia and Uganda

Recent studies in Zambia and rural Uganda confirmed similar themes of discrimination, cost barriers, and physical inaccessibility. In Uganda, persons with disabilities reported:

- Reliance on caregivers, which reduced autonomy in health decisions,
- Absence of healthcare workers and inaccessible facilities,
- Discrimination from staff and lack of disability-friendly medical equipment^{[8][4][9]}.

Children with Disabilities

Children with disabilities in sub-Saharan Africa face even greater challenges, such as:

- Stigma within schools and communities,
- Insufficient rehabilitation and assistive devices,
- Caregivers’ inability to prioritize health amid extreme poverty^{[2][10]}.

DATA VISUALIZATION

Table 1: Barriers to Healthcare Access Reported by People with Disabilities in Select African Countries

Type of Barrier	% Reporting (approx.)	Description/Examples
Physical access (buildings)	55–80% ^{[2][3]}	No ramps, stairs, poor signage
Cost of services/transport	45–70% ^{[4][2]}	Unable to afford care or travel
Negative staff attitudes	40–65% ^{[4][6]}	Discrimination, poor welcome
Lack of information/comm.	35–60% ^{[4][5]}	Absence of interpreters/forms
Service delivery delays	30–50% ^[4]	Long waits, missed appointments

Table 2: Access to Healthcare—Disabled vs. Non-Disabled Populations (Sub-Saharan Africa)^{[1][2][11]}

Indicator	Disabled People	Non-Disabled
Likelihood to use health services	-13% to -25%	Baseline
Childhood vaccination coverage	11–16% lower	Baseline
Preventive health checks	18% lower	Baseline
Facility-based childbirth	10–15% lower	Baseline

Innovations and Promising Practices

Community-Based Primary Health Care

Community health workers and mobile clinics bring services closer to people with disabilities, reducing physical and economic access gaps^[5]. Positive results were seen in Mozambique and Uganda with greater engagement of Disabled Persons Organizations (DPOs)^[12].

Task-Shifting and Health Worker Training

Delegation of certain medical tasks from physicians to trained non-specialists (task-shifting) expands workforce reach in under-resourced areas. Embedding disability training in medical curriculums and professional development fosters more inclusive care^[5].

Expanding Accessible Health Communication

Provision of information in sign language, Braille, and easy-to-read formats improves service uptake by people with sensory or intellectual impairments, as piloted in Ethiopia^[13].

Policy Efforts and Systemic Assessments

- Mozambique’s National Disability Action Plan focuses on disability-inclusive health system assessments and multi-sectoral response, with technical support from the World Bank and NGOs^[14].
- Ethiopia’s 2024 WHO Health Equity for Persons with Disabilities workshop formed strategies for disability-inclusive service planning and delivery^[13].

POLICY RECOMMENDATIONS

1. **Strengthen Community-Based Primary Health Care:** Deploy community health workers, mobile clinics, and outreach programs tailored for people with disabilities^[5].
2. **Train and Sensitize Health Workers:** Include disability awareness in medical and nursing training; provide sign language training and communication tools^{[1][5]}.
3. **Promote Community Engagement:** Involve DPOs and local leaders in health planning and monitoring; address stigma through public education^{[5][4]}.
4. **Ensure Accessible Infrastructure:** Mandate accessible design for all new and refurbished health facilities and transport systems^{[2][1]}.
5. **Expand Data Collection:** Gather disability-disaggregated health data for better policy targeting and resource allocation^[8].
6. **Provide Financial Protection:** Introduce targeted subsidies, social protection, or free care for people with disabilities to lower cost barriers^[2].
7. **Foster Cross-Sectoral Collaboration:** Integrate health interventions with education, rehabilitation, and livelihood programs.

CONCLUSION

Despite legislative progress and some innovative initiatives, people with disabilities in Africa still face formidable barriers to accessing healthcare. These intersect with poverty, rural residence, and other forms of exclusion, leading to unacceptably poor health outcomes and reinforcing marginalization. A coordinated effort is needed—across sectors and levels of government—to build inclusive, resilient, and responsive health systems. Only then can Africa begin to fulfill the promise of health for all, including those with disabilities.