Thematic Brief:
Disability Inclusion and Eye Health

Key Messages

- **Persons with disabilities make up approximately 16% of the global population yet continue to face significant barriers to accessing eye health services**, contributing to persistent inequities in access to care and vision outcomes.
- **Disability-inclusive eye health is essential to achieving Universal Health Coverage** (UHC), equitable health systems, and the commitment to "leave no one behind".
- **Many barriers experienced by persons with disabilities** - including inaccessible infrastructure, transport, communication, stigma, and exclusion from decision-making - **are preventable and can be addressed through inclusive policy, systems and service design.**
- **Embedding disability inclusion across eye care systems improves accessibility, quality, accountability, and people-centred care for everyone.**
- Evidence shows that disability-inclusive approaches, including **meaningful engagement of organisations of persons with disabilities (OPDs)**, **accessible services, and disability-disaggregated data**, strengthen eye health systems and improve outcomes.

Why This Matters

Disability is part of human experience, and one in six people globally live with disability. Persons with disabilities have **an equal right to the highest attainable standard of health**, including eye health, yet continue to experience substantial inequities in access to care.

The **World Health Organization** and the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)** recognise **disability inclusion as fundamental to equitable and people-centred health systems**. However, many eye health services continue to be designed without accessibility, participation, or inclusion in mind.

Persons with disabilities are more likely to experience barriers to accessing eye care services, including inaccessible facilities and transportation, unaffordability, communication barriers, stigma, and exclusion from planning and decision-making processes. **These barriers are often compounded by poverty, gender inequality, ageing, rurality, and other intersecting forms of disadvantage.**

Disability-inclusive eye care strengthens health systems overall. Services designed to be accessible and inclusive for persons with disabilities also improve access and quality for older people, people with chronic conditions, caregivers, and others who experience barriers to care.

The Problem

- **Persistent Access Barriers:** Persons with disabilities continue to face physical, financial, communication, and attitudinal barriers that limit access to eye care services.
- **Intersecting Inequities:** Women and girls with disabilities, older persons with disabilities, and people living in poverty or rural areas often experience multiple and overlapping forms of exclusion.
- **Limited Participation:** Persons with disabilities and OPDs are frequently excluded from health planning, programme design, and decision-making processes.
- **Data Gaps and Invisibility:** Many eye care systems do not collect or use disability-disaggregated data, making inequities difficult to identify and address.

What Works: Evidence and Solutions

- **Disability-Inclusive Service Delivery:** Accessible infrastructure, inclusive communication, reasonable accommodation, disability sensitivity training for providers and affordable referral pathways improve access and patient experience.
- **Meaningful Engagement of OPDs:** Partnering with organisations of persons with disabilities strengthens programme design, trust, referral pathways, accountability, and responsiveness.
- **Disability-Disaggregated Data:** Collecting data that can be disaggregated by disability in national health information systems improves visibility of inequities and supports evidence-based planning and resource allocation.
- **Workforce Capacity and Systems Integration:** Training eye health workers in inclusive care and strengthening referral pathways between eye care, rehabilitation, assistive technology, and social support services improve continuity of care.
- **Accessibility Audits and Inclusive Infrastructure:** Accessibility assessments linked to concrete funding and action plans can drive practical systems change and improve access for a wide range of populations.

The **WHO** and the **Lancet Global Health Commission on Global Eye Health** emphasise that achieving equitable eye health requires deliberate inclusion of populations who continue to be excluded from services, including persons with disabilities.

Policy Options

1. **Embed Disability Inclusion in Eye Health Policies and Plans**
   Integrate disability inclusion across national eye health strategies, financing mechanisms, monitoring systems, and Universal Health Coverage commitments to improve equity, strengthen accountability, and support more inclusive health systems.
2. **Design Accessible and Inclusive Eye Health Services**
   Ensure services are accessible and inclusive, including through reasonable accommodation, accessible information and communication, transport support, and inclusive outreach, to improve service access, patient experience, and continuity of care.
3. **Strengthen Meaningful Engagement of OPDs**
   Embed organisations of persons with disabilities in the co-design, implementation, and evaluation of eye health programmes and policies to support more responsive services, stronger accountability, reduced stigma, and improved uptake of care.

Recommended Actions

- **Recognise Disability Inclusion as a Core Determinant of Eye Health:** Embed disability inclusion within eye health and broader health system strengthening.
- **Ensure Disability-Disaggregated Data Collection and Use:** Track access, quality, coverage, and outcomes by disability status and other equity dimensions.
- **Coordinate eye care within and outside the health system:** Strengthen referral pathways across rehabilitation, assistive technology, and social support services.
- **Fund and formalize OPD Engagement:** Ensure persons with disabilities and their representative organisations are meaningfully engaged in planning, implementation, and monitoring.
- **Build a Disability-Inclusive Eye Health Workforce:** Include disability sensitivity training in health workers education and promote participation of persons with disabilities within the workforce.
- **Invest in Accessible Infrastructure and Communication:** Ensure facilities, information, transport, and services are accessible and inclusive.

Expected Impact

- **Increased access** to eye health services for persons with disabilities.
- **Reduced inequities** in prevention, treatment, rehabilitation, and referral pathways.
- **Improved accessibility, quality, and responsiveness of services.**
- **Stronger people-centred and equitable eye health systems.**
- **Greater participation**, independence, and wellbeing for persons with disabilities.
- Progress toward **Universal Health Coverage** and the **Sustainable Development Goals.**

Conclusion

Disability inclusion is essential to achieving eye care for all. Persons with disabilities continue to face avoidable and unacceptable barriers to accessing eye care services, despite the availability of effective and affordable solutions. **Embedding accessibility, participation, and inclusion across eye care systems** is both a **human rights imperative** and a **practical strategy** for strengthening health systems overall. By prioritising disability-inclusive policies, services, and accountability mechanisms, governments and partners can ensure that eye health systems reach everyone - including those most at risk of being left behind.

References

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