

Editorial

The Global Research on Developmental Disabilities Collaborators have recently published an article on developmental disabilities among children younger than 5 years in 195 countries and territories, between 1990 and 2016 ([www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30309-7/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30309-7/fulltext)).

The study has highlighted the disproportionately high burden of developmental disabilities in low and middle income countries, and details the underlying causes of disabilities: refraction and accommodation disorders leading to vision loss; otitis media and congenital anomalies leading to hearing loss; congenital anomalies and neonatal disorders, including preterm birth complications, infections, and birth asphyxia leading to intellectual disability; and neonatal disorders leading to epilepsy. The study recommendations include the urgent need for identification of the major causes and effects of developmental disabilities in regions with the largest prevalence, especially those with low resources. The study concludes that “the global burden of developmental disabilities has not significantly improved since 1990, suggesting inadequate global attention on the developmental potential of children who survived childhood as a result of child survival programmes, particularly in sub-Saharan Africa and south Asia”.

Along similar lines, the 2017 WHO meeting on “Rehabilitation 2030- A Call for Action”, drew attention to the profound unmet rehabilitation need around the world, especially in low and middle income countries, and pointed out that the demand for rehabilitation services will continue to increase due to changing health and demographic trends related to ageing, disease and injury.

The Charter for Change from the Global Disability Summit held in the UK in July 2018 (www.gov.uk/government/publications/global-disability-summit-charter-for-change) has 10 action points, two of which are relevant to the issue of childhood developmental disabilities. Point 8 states “ ‘Leave no one behind’ and put the furthest behind first. We will champion the rights of the most underrepresented and marginalised persons with disabilities, of all ages, affected by any form of multiple discrimination, and notably women and girls with disabilities”, while point 9 is about “Gather and use better data and evidence to understand and address the scale, and nature, of challenges faced by persons with disabilities, using tested tools including the Washington Group Disability Question Sets”.

In this context, it is important to consider how CBR has been and can continue to be, an appropriate response to address early identification and intervention in relation to children with developmental disabilities. The 2011 World Report on Disability (Chapter 3 on General Health Care) recognises the role of CBR in promoting and facilitating access to health care services for people with disabilities and their families in low-income and lower middle-income countries. The Report also recommends (Chapter 4 on Rehabilitation) that in low-resource, capacity-constrained settings, efforts should focus on accelerating the supply of services in communities through CBR, complemented with referral to secondary services. Experiences in countries in the Asia-Pacific region (for example, China, Vietnam, Laos, India) have shown that CBR can play a significant role in activities such as early identification and intervention.

With the UNCRPD and the SDGs providing the frameworks and action points, stakeholders from governments and civil society need to pay urgent attention to address the needs of children with disabilities, especially those from resource-poor regions.

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Disability, CBR and Inclusive Development