

Editorial

HELP: Help Educate Low-income countries to set their own Priorities

Thanks to all authors and reviewers, we once again have a very interesting issue of this journal. The few letters to the editor that have been submitted and an interesting guest editorial show that this may slowly develop into a journal that is increasingly going to play a role in global and local debates about disability, development, and the detested and confusing term and approach for some: rehabilitation. However, the response to my appeal in the latest issue to involve you, as readers, in the debate about the future of the journal has, unfortunately, been marginal. I truly hope that you as readers, authors, and reviewers, are able to take time to respond to the content of articles published as well as to editorials in which some of us are trying to help others to reflect, to trigger discussion, and to influence the debate about developments in the field of disability, development and rehabilitation. In my own editorials, I will continue to mirror theories and strategies to the reality of what I and others observe and experience in the field. What is put down on paper in the form of legislation and policies, and also what is stated at conferences, is often extremely different from what one sees in the field.

I, however, assume that there is consensus about the status of rehabilitation in low-and middle-income countries at peripheral rural level - at community and primary healthcare level institutions, rehabilitation is almost unavailable to most people. Even district hospitals clearly lack capacity for outpatient rehabilitation. I am not arguing here that rehabilitation is a condition for being included in society. That would be by far too simplistic. However, one would be rather ignorant if rehabilitation is not seen as important.

Those who turned their backs on CBR hopefully realise that community mobilisation and advocating for disability rights, albeit both essential, have so far not been able to make a distinct difference in the lives of people. Isn't it time to start with a package I call HELP: Help Educate Low-income countries to set their own Priorities? Let's be honest: there is a serious scarcity of resources in low-income countries. One can make grand plans to meet the needs of people living in low-income countries, embark on the introduction of training professionals at universities, copy western models and standards, but... can and will such countries be helped by this? Can they afford highly trained professionals who will

most likely end up working in the private sector? Are we not too greatly focussed on applying western solutions to non-western situations and is this in fact not a reflection of the arrogance of professionals thinking only within the confines of their own profession, unwilling to give up their power? Maybe that is too harsh, and I apologise to all who work relentlessly towards a better world but... the McDonaldisation of public health efforts which David Werner was criticising in the 1980s, can these days be clearly observed, namely, global development, uniformity, protocolisation. It can be worse however, whereby countries and local organisations (almost) feel obliged to accept whatever western experts and expert organisations prescribe. If they don't accept their ideas, it may even have repercussions in the form of withdrawing funding. Can it be that neo-colonialism is going that far? Frank Bron in his guest editorial is milder in his opinion but also very clearly shows that non-western situations ask for local solutions. Where someone (not necessarily western, by the way) may feel that it is undignified to transport a person with a disability in a wheelbarrow, it may very well be the best and most appropriate way of doing so in an extension of the Kalahari desert. One may have the best and most modern technology at one's disposal but those working in the field know that the hills of Rwanda or Cameroon are like mountains for people with mobility problems. No accessibility guide will help them to change that situation!

A few years ago, the director of a development agency was visiting a low-income country in Asia. The day that we met— by accident – in a small guesthouse, she told me about her meeting with the Minister of Health that same day. She had hoped to convince him to invest more in the field of rehabilitation, but in vain. Upon her remarking that 15% of the country's population was with a disability, he told her without much diplomacy that while she thought this to be true, local studies showed a prevalence rate of less than 4%, which was the rate with which his department was working. He stated that his country was facing many other and more pressing priorities, including life-threatening diseases and natural disasters. Mention of the 15% prevalence rate didn't make much of an impression, as the Minister knew that many of them were well able to cope with their lives, and many of them belonged to a group of old people who accept that their functions had started deteriorating. It would perhaps have made more of an impact if the director had started to talk about the prevalence of people with disabilities who would need certain rehabilitation services!

I realise that it is easy to criticise. However, it is also very easy to accept policies and strategies from global organisations, donor organisations and experts, without critical appraisal. At the same time, there is an increasing consciousness among people on the African continent for instance, that it is time to view the world, and certainly their world, not only from a western middle-class male dominated perspective but also from indigenous perspectives. The recently published book *Disability in Africa*¹ is ground-breaking and acknowledges the demands and challenges of particular African contexts. I have just bought the book and am tempted to leave my daily work and read it, as the titles of the various chapters fill me with enthusiasm. It is a pity that the book is so expensive, however, for it seems an indispensable source of information for those working in the field of disability and development in Africa. For instance, the book talks about the way in which culture and religion shape ideas about disability and its consequences for policymaking in the field of health, education, (community) rehabilitation and development.

Recently, a colleague and I had the privilege of conducting training for a large group of people in Burundi. Half of them had a disability. Amazingly, and although the group represented a large variety of disabilities (blind, deaf, having albinism, with physical disability in various forms and degrees), there was a tendency to always talk about ‘the disabled’ who are discriminated, ‘the disabled’ who have no access to basic resources, ‘the disabled’ who are affected by climate change. It took quite a while before we were able to make people realise that ‘the disabled’ do not exist. It is a very diverse group in terms of gender, age, socioeconomic status, and in terms of the type and the severity of the disability. For someone with albinism the effects of climate change are very serious, while for others it may be marginal. Certain groups may be more stigmatised than others. The list goes on...It was only then that we discovered that this could be the result of years of working with western donor organisations whereby people time and again hear the same global messages, get the same global information, celebrate international disability day and almost forget the richness of their own (cultural) knowledge. They forget that, for instance, traditional leaders and religious leaders have authority and that if one wants to be more successful in lobby and advocacy, one should start with recognising their way of thinking, their ideas about disability, their mindsets, the local governing systems and structures. It was then also that we realised that our way of looking at lobby and

1 Toyin Falolola and Nic Hamel (eds), *Disability in Africa: inclusion, care and the ethics of humanity*, University of Rochester Press, 2021.

advocacy was broader and more comprehensive than theirs, but that their way of viewing and doing lobby and advocacy is embedded in local political systems with all corresponding restrictions attached to it.

In front of you lies the new issue of the DCID journal. In the last editorial, I referred to the new vision paper for the journal. While development – maybe by definition – is usually slow, I can inform you that currently very promising discussions are taking place with an African university to ensure that the journal will be embedded within an organisational structure that is best equipped to publish it. I am delighted with this development for many reasons. I hope to inform you in more detail about this development in the coming year.

Finally, I would like to refer to an excellent scoping review by Gwarega Chibaya et al on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in Africa (see this issue of the journal). Without going into detail, I can tell you that on reading the review one realises there is still a lot of work to be done to ensure that persons with disabilities will benefit from the promises made by governments that signed and ratified the UNCRPD.

Wishing you a peaceful and joyful 2022!

Huib Cornielje