

Editorial

The first World Report on Disability, produced jointly by the World Health Organisation and the World Bank, was released in June 2011. It reports on the current situation of persons with disabilities from all parts of the world, covering understanding of disability, prevalence, health care and rehabilitation, assistance and support, enabling environments, education and employment. The Report has highlighted gaps in knowledge and provided a set of recommendations and action plans for diverse stakeholders, including governments, UN agencies, development organisations, disabled persons' organisations, academic institutions, service providers, the private sector, communities, persons with disabilities and their families.

The Report estimates that about 15% of the world's population lives with some form of disability, and that the numbers may be growing due to various health and environment related factors. At first glance this figure may appear alarming from a developing country perspective, where reported prevalence figures are usually low because these countries traditionally employ narrower, impairment-based definitions of disability to collect census data. Broader definitions based on the concepts of 'functioning', 'activity' and 'participation' according to the International Classification of Functioning, disability and Health (ICF), yield higher prevalence figures, as noted in the Report. The Report also clarifies that the prevalence data presented are not definitive estimates, and calls for 'more robust, comparable, and complete data collection' at national and global levels, using the ICF framework.

The World Report on Disability has confirmed what was known through experiential accounts – that persons with disabilities lag behind in education and employment, have less access to health care, tend to be isolated from social, cultural and political participation, and that families with a disabled member experience higher rates of poverty. The Report has also some good examples of positive responses from different stakeholders in changing lives of persons with disabilities across the world.

Another publication from the World Bank (Mitra S, Poserac V and Vick B. Disability and Poverty in Developing Countries: a Snapshot from the world Health Survey, SP Discussion Paper no. 1109, April 2011) provides a description

of economic and poverty situation of working-age persons with disabilities and their households in 15 developing countries. The results reported are similar and as expected: persons with disabilities in a majority of developing countries show lower educational and employment rates, and are more likely to experience multiple deprivations due to poverty than those living without disabilities. The paper suggests that policies that promote access to education, health care and employment are of importance for the well-being of persons and households with disabilities.

An earlier World Bank Report (2009) on persons with disabilities in India sums it up aptly: “The slow progress in expanding opportunities for disabled people in India results in substantial losses to people with disabilities themselves, and to society and the economy at large in terms of under-developed human capital, loss of output from productive disabled people, and impacts on households and communities.” (People with disabilities in India: From commitments to outcomes. Human Development Unit, South Asia Region, 2009). This report, while commending progress made, comments that policy commitments remain unfulfilled in a number of areas, and that persons with disabilities “remain largely outside the policy and implementation framework.....” The situation is likely to be similar in many other developing countries.

These recent publications are of significance in the disability sector for providing well researched, evidence based data on the situation of persons with disabilities, to confirm what was previously known based on experiential data.

Some recent studies suggest that in many developing countries, the majority of persons with disabilities continue to live in rural areas that have limited coverage of health and rehabilitation services. Poverty and the resultant poor health care, lack of access to health care, lack of awareness, poor hygiene and sanitation, and communicable diseases, continue to be the largest contributors to the causation of impairment and disability in most developing countries.

The World Report on Disability has acknowledged community based rehabilitation (CBR) as one of the significant responses to address concerns related to access to services, opportunities, participation and inclusion of persons with disabilities. It is increasingly evident that CBR practices are present in most low and middle income countries. Recent studies show that the key contributing factors to successful CBR implementation are government commitment to disability issues as evidenced through legislation, policies and programmes; presence of active

civil society and Disabled Persons' Organisations (DPOs); linkages between primary health care and CBR; government-civil society collaboration; and availability of training and material resources. At the same time, many challenges remain: poor coverage of remote areas; poverty among persons with disabilities and associated low levels of awareness, illiteracy and limited access to health and rehabilitation services; limited commitment and awareness among some sectors of government; low multi-sectoral collaboration; inadequate understanding of CBR and rights based approaches; and lack of sufficient numbers of trained personnel, information and material resources on CBR.

The available data and the recommendations arising from them have made the way forward clear. With the recognition of disability as a human rights issue, underlined in the UN Convention on Rights of Persons with Disabilities, the World Report on Disability and the WHO CBR Guidelines, the time is right for all stakeholders in CBR and other development sectors to work together to "make the right real", as declared by UN ESCAP.

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Disability, CBR and Inclusive Development