

LETTER TO EDITOR

Dear Editor,

Relationship between Poverty and Disability in OIC Countries

The Organisation of Islamic Cooperation (OIC), earlier known as the Organisation of Islamic Conference, is an international organisation with a permanent delegation to the United Nations. Among inter-governmental organisations it is second only to the United Nations, with 57 member States from the Middle East, Africa, Central Asia, Caucasus, Balkans, Southeast Asia and South Asia.

The collective population of the OIC member countries is more than one-fourth of the total world population. According to the World Bank data of 2018, GDP per capita levels of the OIC member countries varied significantly from \$378.06 in Niger to \$63,505.81 in Qatar.

With almost 350 million people in these countries living on less than US\$1.25 a day, poverty alleviation occupies a significant place on the agenda of The Standing Committee for Economic and Commercial Cooperation of the Organisation of Islamic Cooperation (COMCEC). Although a special focus on multidimensional poverty is provided by COMCEC Poverty Outlook (COMCEC, 2014) the relationship between poverty and disability is largely overlooked throughout.

Based on the World Health Organisation and World Bank's World Report on Disability 2011, it appears that 15.3% of the world's population has moderate or severe disability. The disability prevalence rates reported by most of the developing countries are lower than the figures reported in many developed countries. If the total population of the OIC member countries is nearly 1.2 billion, it is estimated that over 210 million inhabitants have moderate or severe disability.

Disability has a close relationship with poverty. The relationship between poverty and disability can be described in monetary (high, upper-middle, lower-middle and low-income categories) and non-monetary terms (human development categories) in relation to Years Lived with Disabilities (YLDs). The YLDs average is 7.371 in High Income OIC countries (an income level higher than US\$12,616), 9.437 in Upper-middle Income countries (an income

level higher than US\$4,086 and lower than US\$12,615), 11.38 in Lower-middle Income countries (an income level between US\$1,036 and US\$4,085), and 12.264 in Low-Income countries (an income level lower than US\$1,036) (Colin et al, 2014). In the Upper Income OIC countries the prevalence of disability is lower, but disability increases as income levels decrease in member countries. Analysis of OIC member countries according to their human development categories found, on average, that YLDs were 7.26 in the very high human development category, 8.07 in the high human development category, 10.064 in the middle human development category, and 12.22 in the low human development category (World Health Organisation and World Bank, 2011). A meaningful relationship between disability and poverty in monetary and non-monetary terms, in relation to YLDs, may be seen.

Community-based Rehabilitation (CBR) programmes play a crucial role in reducing poverty by providing opportunities for inclusive health, education, and livelihood for people with disabilities to achieve optimal levels of social life.

A study on the “The Role of Community-Based Rehabilitation in Poverty Reduction: A Comparative Study among Iran, Malaysia, and Indonesia” Project (2014- IRNPOVER-027) funded by the COMCEC and the Ministry of Labour, Cooperatives, and Social Welfare of Iran shows that among the OIC countries, there are currently CBR programmes in 8 of the 22 Arab nations, in 9 of the 16 Asian countries, in 12 of the 17 African nations, and in 1 of the 2 Latin American countries.

Although CBR has been recognised as a strategy for community development by reducing poverty, only 30 of the 57 OIC member countries have CBR programmes. The remaining 27 member States need to adopt CBR programmes to ensure that governments include persons with disabilities in mainstream community development programmes and poverty-reduction schemes. It is common knowledge that inadequate human resources and funding are the major challenges for CBR activities. Due to the lack of adequately trained personnel and limited governmental funding in low-income member States, it is recommended that member States consider the monitoring of CBR programmes as part of their national policy objectives while, at the same time, allowing Non-Governmental Organisations (NGOs) and Disabled People’s Organisations (DPOs) to implement CBR activities. Such a system has been found to be more effective than the implementation of CBR activities solely by either government agencies or by NGOs and DPOs.

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