

WORLD REPORT ON DISABILITY

Background

- **World Health Assembly**

- Resolution 58.23 on "Disability, including prevention, management and rehabilitation", requests WHO to produce a World Report.

- **Convention on the Rights of Persons with Disabilities**

- Adopted in 2006: nearly 150 signatories and 100 ratifications.
- Reinforces understanding of disability as a human rights and development issue.

- **International Classification of Functioning, Disability and Health**

- Emphasis on role of environment in enabling or disabling people with health conditions
- Endorsed by 191 WHO Member States
- Adopted as the conceptual framework for the report.

Aims of the *World report on disability*?

- Provide governments and civil society with a comprehensive analysis of the importance of disability and the responses provided, based on best available evidence.
- Recommend national and international action to improve the lives of persons with disabilities, including:
 - Policy development
 - Health system strengthening
 - Action on access and attitudes
 - Addressing gaps in research
 - Capacity building
- Support implementation of the *Convention on the rights of persons with disabilities*

How was the *World report* developed?

- **Involvement of a large number of stakeholders:**
 - advisory and editorial committee;
 - over 370 contributors;
 - over 70 low, middle and high income countries represented;
- Extensive review process: regional consultations, peer review
- Personal accounts from people with disabilities;
- Case studies promoting good practice;

What does the *World report* tell us?

- **Higher estimates of prevalence**

- 1 billion people (15%), of whom 110-190 million have very significant difficulties in functioning

- **Growing numbers**

- due to ageing populations, increase in chronic diseases

- **Diverse experiences**

- not all people are equally disadvantaged.

- **Vulnerable populations**

- disproportionately affects vulnerable populations: poorer people, women and older people

Disabling barriers: widespread evidence

- Inadequate policies and standards
- Negative attitudes
- Lack of provision of services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence

How are the lives of people with disabilities affected?

- Barriers contribute to:
 - poorer health outcomes
 - lower educational achievements
 - less economic participation
 - higher rates of poverty
 - increased dependency and restricted participation

Content overview

- Ch 1. Understanding disability
- Ch 2. Disability – a global picture
- Ch 3. General healthcare
- Ch 4. Rehabilitation
- Ch 5. Assistance and support
- Ch 6. Enabling environments
- Ch 7. Education
- Ch 8. Work and employment
- Ch 9. The way forward: recommendations

Findings

- Defining and measuring disability
- Higher prevalence
 - Health conditions – decrease in infectious diseases, increase in chronic diseases, injuries
 - Demographics: Higher risk of disability at older ages. Children have a higher risk of disability : poor, malnourished, ethnic minorities.
 - Environmental factors: disasters, attitudes, accessibility.
- Poverty
- Need and unmet need
- Increased costs

Addressing the data gaps

- Disability is on a spectrum
- Adopt the ICF
- Improve national statistics
- Improve comparability of data
- Develop appropriate tools and fill the research gaps

Robert

"Even though during my appointments to the medical centre, doctors haven't discussed health promotion with me and they don't even have a scale to measure my body weight, I still try to engage in activities that would enhance my health and wellbeing. It's not easy as most fitness facilities and equipment are not accessible. I'm yet to find dietary advice for people with spinal cord injury or identify a dentist near my place of residence with accessible facility and equipment."

Healthcare: what's the problem?

- Narrower or thinner margin of health.
- Vulnerability to secondary conditions; co-morbid conditions; early onset of age-related conditions; health risk behaviours; premature death.
- Same needs for general healthcare.
- May require access to specialist healthcare.
- Health care is not affordable.
- Unequal access to healthcare services.

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see if better covered in the first presentation

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Addressing healthcare barriers

- Reform policy and legislation
- Financing (health insurance, targeted funding, income support, reducing fees).
- Service delivery (reasonable accommodations, targeted interventions, coordination).
- Human resources (education and training).
- Fill the gaps in data and research

Casey Marenge

"Day to day activities included physiotherapy, which involved strengthening my muscles, occupational therapy where I learnt how to use voice activation software to perform all computer functions using my voice. There were also counseling sessions to be able to deal with the obvious trauma and education classes to learn how to deal with the new changes physically, psychologically and emotionally. My rehabilitation period despite challenging was a humbling moment of my life and a continuous process that I face until today. I have learned disability is not inability and a strong mentality and great attitude have been very important!"

Rehabilitation: what's the problem?

- Global data is limited on met and unmet needs, but surveys reveal large gaps in the provision of rehabilitation and assistive devices.
- Limited access results in deterioration in health, activity limitations and participation restrictions, increased dependency, and reduced quality of life.
- Few rehabilitation personnel: limited capacity, particularly in Africa
- Limited investment

Addressing barriers to rehabilitation

- Policy, legislation and regulatory mechanisms.
- Financing: address cost issues and selective coverage through international cooperation, partnerships, targeted funding.
- Human resources: build capacity and increase supply of personnel through education and training, mechanisms for recruiting and retaining.
- Service delivery (integration into health system, coordination, community-based).
- Assistive technology (follow-up, local manufacturing, reducing taxes).
- Research and evidence-based practice.

Assistance and support: what's the problem?

- Access to assistance and support are often prerequisites for participation.
- Institutional solutions are generally favoured.
- Formal service provision is limited in low and middle-income countries.
- Between 20%-40% do not have needs met in high-income countries.
- Social isolation, dependency on others, lack of choice and control, risk of abuse.
- Unmet needs also have adverse consequences for informal caregivers.

Addressing assistance and support barriers

- Improve policies and practices by developing commissioning frameworks, developing fair assessment processes, improving coordination between services, developing and monitoring standards.
- Promote effective deinstitutionalization through transition planning and allocating sufficient funding and adequate resources.
- Improve affordability by reallocating money, creating tax incentives, contracting, devolving budgets.
- Expand the coverage and range of community services by developing a mixed economy of care, in particular support development of DPOs, develop respite care and other support for families, create training schemes for interpreters.
- Build capacity of support providers and service users.
 - Make services accountable to users, for example through personal assistance schemes

Enabling environments: what's the problem?

- Environments (physical, social, attitudinal) can be enabling or disabling.
- Access to public accommodations is essential for participation in healthcare, education, employment.
- Transport is frequently cited as an obstacle to participation in all settings.
- People with disabilities excluded from media and communications, e.g. "digital divide" in ICT.
- Negative attitudes can produce barriers even after physical barriers are removed.

Fadi

"After injury I felt that my social life has been affected so much, due to the difficulty of transportation and environment challenges, it is difficult to do the daily activities (visiting friends, going out...etc), as well as go to hospital appointments and rehabilitation. Before the injury I was an active member in the society, I had many friends and used to go out with them to do some activities and sports. But after the injury, it was difficult for me to go out with them, because the environment is not adapted for wheelchair users, either the streets, transportation, shops, restaurants, or other facilities. "

Creating enabling environments

- Adopt appropriate laws and standards.
- Raise awareness of laws and standards, monitor compliance and enforce implementation.
- Apply universal design principles in design and development, for example bus rapid transport schemes which promote access for all.
- Promote information and awareness, for example through training for architects, designers, engineers and other professionals and awareness campaigns for general public.
- Ensure user participation in design, access audit, development, monitoring.

Education: what's the problem?

- Children with disabilities are less likely to start school than their peers.
- Enrolment rates differ across impairment groups.
- Inclusion of children in mainstream schools is desirable for human rights and equality.
- Evidence on impact of setting on education outcomes is not conclusive.

Heba

"I joined a mainstream school near my house for easy access. Although I could go to school on my wheelchair and could go back home with ease if any need arose, there was not any type of accessibility within the school. There were stairs everywhere and no access to classes by any other means. The best thing that could be done was to place my classroom on first floor which meant that I had 15 steps to conquer to get into or out of my class. This was usually done by having two people carry me up and down everyday. To make things really worse there were no accessible toilets. This meant that I either had not to use the toilet the whole day or go back home and loose my classes for the day."

Addressing barriers in education

- Inclusive education system: adopt legislation, policy and national plans.
- Learner centred approaches: review curricula, teaching methods, assessment systems.
- Provide additional supports: special education teachers, classroom assistants, therapy.
- Build teacher capacity: professional development, support, supervision.
- Remove physical barriers and overcome negative attitudes.

Feliza

"The hardest obstacle for my independence has been the attitude of the people. They think that we can't do many things. Also, the steps and architectural barriers. I had an experience in the Casa de la Cultura with the director. There were many steps and I couldn't enter so I sent someone to call for help and when the director came, surprised, he said 'what's happened, what's happened, why are you like this'. He thought that I was there to beg for money, and had not thought that I was working."

Employment: what's the problem?

- Majority of people with disabilities are not employed;
- Employment rates are variable depending on type of disability;
- Wage gap between men and women with and without disabilities is significant;
- Exclusion from the labour market is a major reason for poverty;
- Physical barriers and lack of transport make it harder to find and keep work;
- Negative attitudes, misconceptions about productivity and discrimination limit opportunities

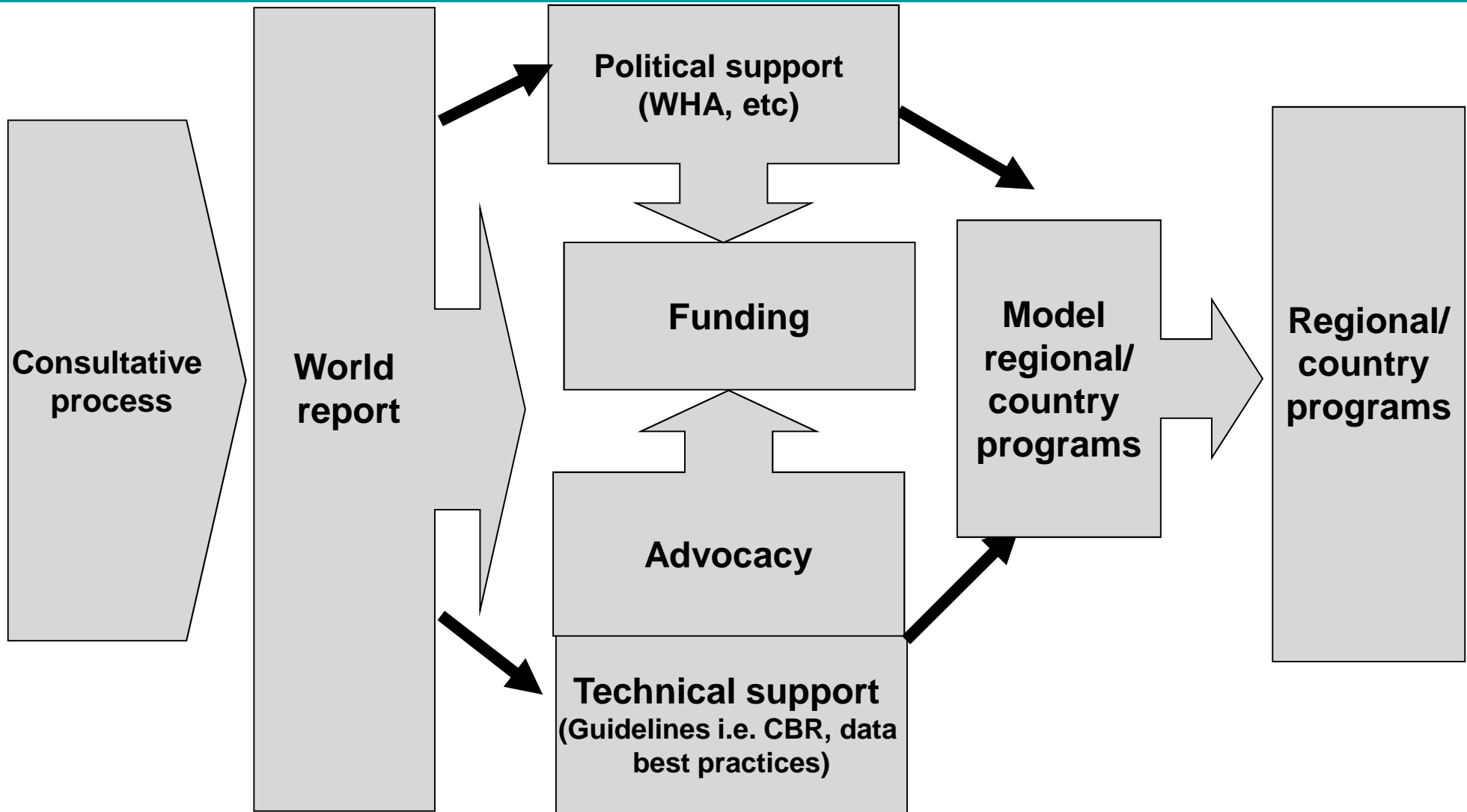
Addressing barriers to employment

- Laws and regulations: anti-discrimination laws, affirmative action, quotas;
- Tailored interventions: incentives to employers, support employment, sheltered employment, employment agencies, disability management;
- Promote access to vocational rehabilitation and training;
- Develop skills and access to microfinance to support self-employment;
- Ensure social protection schemes are available and are not disincentive to productive work
- Challenge misconceptions about disability through awareness raising and work with employers.

Cross cutting recommendations

1. Enable access to all mainstream policies, systems and services.
2. Invest in specific programmes and services for persons with disabilities.
3. Adopt a national disability strategy and plan of action.
4. Involve people with disabilities.
5. Improve human resource capacity.
6. Provide adequate funding and improve affordability.
7. Increase public awareness and understanding of disability.
8. Improve disability data collection.
9. Strengthen and support research on disability.

Strategy for generating action



What stakeholders can do

- **Policy dialogues:** to agree national priorities, audit current provision, develop coordinated interventions based on WR recommendations;
- **Academic symposiums:** to address research gaps;
- **Donors' meetings:** to ensure funding follows WR recommendations;
- **Awareness raising activities:** via media, schools, employers and communities to promote inclusion and positive attitudes;
- **Capacity building sessions:** to ensure that health professionals, architects, designers, support workers are able to promote human rights and inclusion for people with disabilities.