

# **WORLD REPORT ON DISABILITY**

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**World Health  
Organization**



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# Background

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## – **World Health Assembly**

- Resolution 58.23 (May 2005) on "Disability, including prevention, management and rehabilitation", requests WHO to produce a World Report.
- Developed and published in partnership with the World Bank.

## – **Convention on the Rights of Persons with Disabilities (CRDP)**

- UN treaty came into force in May 2008.
- Reinforces our understanding of disability as a human rights and as a development issue.

## – **International Classification of Functioning, Disability and Health (ICF)**

- Emphasizes the role of the environment in enabling or disabling people with health conditions.
- Adopted as the conceptual framework for the report.

# Aims of the *World Report on Disability*

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- To provide governments and civil society with a comprehensive analysis of the importance of disability and the responses provided, based on best available evidence.
- To recommend national and international action to improve the lives of persons with disabilities.
- To support implementation of the *Convention on the Rights of Persons with Disabilities*: addressing barriers, providing evidence of good practice.

# How was the *World report* developed?

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- **Involvement of a large number of stakeholders:**
  - advisory and editorial committee;
  - over 380 contributors;
  - over 70 low, middle and high income countries represented.
- **Extensive review process:**
  - regional consultations, peer review.
- **People with disabilities central to the process**

# What does the *World Report* tell us?

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## – Higher estimates of prevalence

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

## – Growing numbers

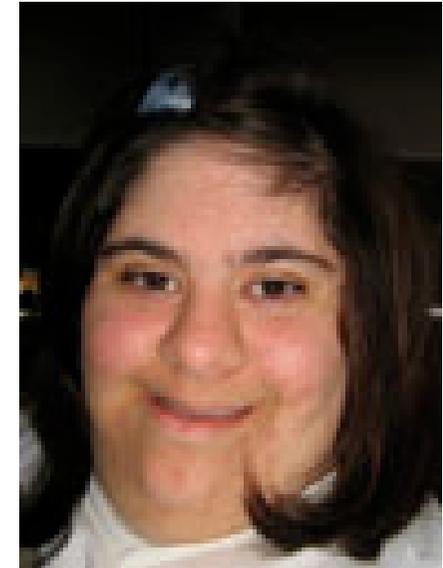
- Due partly to ageing populations, increase in chronic diseases, injuries from road traffic crashes, disasters etc.

## – Inequalities

- Disproportionately affects vulnerable populations: women, poorer people, older people.
- Not all people with disabilities are equally disadvantaged.

# 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



# Outcomes of disabling barriers

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- Poorer health than the general population
- Lower educational achievements
- Less economic participation
- Higher rates of poverty
- Increased dependency and reduced participation

*It is the way that society treats people with disabilities  
which matters most*

# Content overview

- Understanding disability (Article 8)
- Disability – a global picture (Art 31)
- General healthcare (Art 25)
- Rehabilitation (Art 20, 26)
- Assistance and support (Art 9, 12, 23)
- Enabling environments (Art 9)
- Education (Art 24)
- Work and employment (Art 27, 28)
- The way forward

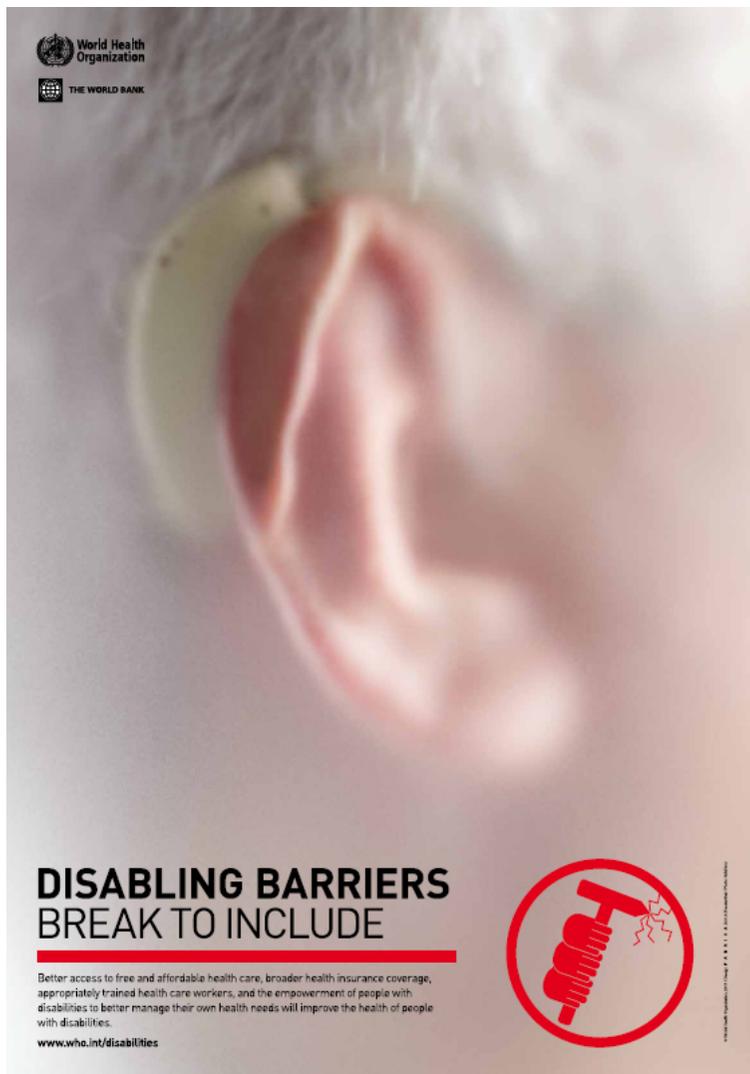


# Data: issues, challenges and solutions

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- Disability is complex and can be difficult to measure. Lack of consistency of definitions and methodologies across the globe.
- Use tools which reflect complexity of disability, e.g. disability as a spectrum, role of environment, measure functioning rather than "impairment head counts".
- Adopt the ICF.
- Improve national statistics.
- Improve comparability of data.
- Develop appropriate tools and fill the research gaps.

# General health care



- People with disabilities have ordinary health needs and therefore require access to mainstream health care.

# Health Care: issues and challenges

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- Danger of overlooking general healthcare needs: "diagnostic overshadowing".
- Narrower margin of health: e.g. secondary conditions and co-morbidities.
- Possible risky behaviours: e.g. smoking, poor diet, physical activity.
- Greater vulnerability to violence, often higher rate of unintentional injuries.
- Barriers to healthcare:
  - 2 x likely healthcare provider skills or equipment inadequate;
  - 3 x more likely to be denied care;
  - 4x more likely to be treated badly.
- Inaccessible information or facilities or lack of transport.
- Financial barriers are crucial: 50% or higher risk catastrophic health expenditure.

# Health Care: solutions

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- Reform **policy and legislation**.
- **Financing**: health insurance, targeted funding, income support, reducing fees, incentives to providers, conditional cash transfers.
- **Service delivery**: reasonable accommodations including accessible information, targeted interventions, coordination.
- **Human resources**: education and training.
- **CBR**: to promote access to healthcare.
- **Research**: include PWD; produce disaggregated data.

# Rehabilitation



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**DISABLING BARRIERS  
BREAK TO INCLUDE**

Rehabilitation promotes the participation of people with disabilities in their societies. Integrated and decentralized rehabilitation services; the improved provision of wheelchairs, hearing aids and other devices; and training to ensure a sufficient supply of rehabilitation professionals can enable people with disabilities to achieve their potential.

[www.who.int/disabilities](http://www.who.int/disabilities)



- Rehabilitation assists individuals with disability to achieve and maintain optimal functioning in interaction with their environment by reducing the impact of a broad range of health conditions.

# Rehabilitation: issues and challenges

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- Rehabilitation is a good investment because it builds human capacity and promotes participation.
- Global data is limited on met and unmet needs, but country 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.
- Systemic problems: rehabilitation overly centralized, lack of effective referral.
- Need for more investment in rehabilitation services.

# Rehabilitation: solutions

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- **Policy, legislation and regulatory mechanisms.**
- **Financing:** address cost and coverage through international cooperation, partnerships, targeted funding.
- **Human resources:** increase capacity and supply of personnel through education and training, mechanisms for recruiting and retaining. Mid-level workers as first step.
- **Service delivery:** integration into health system, coordination, community-based, early intervention.
- **Assistive technology:** appropriate for user needs, good follow-up, local manufacturing, reducing taxes.
- **Research and evidence-based practice.**

# Assistance and Support



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**DISABLING BARRIERS  
BREAK TO INCLUDE**

People with disabilities can live independently in their communities. Investment in a range of well regulated and responsive support services such as respite care, the services of a personal assistant, and sign language provision among others can ensure dignity and well-being for people with disabilities and their families.

[www.who.int/disabilities](http://www.who.int/disabilities)



- Assistance and Support refers to non-therapeutic forms of help which enable people to live independently and participate in society.

# Issues and challenges

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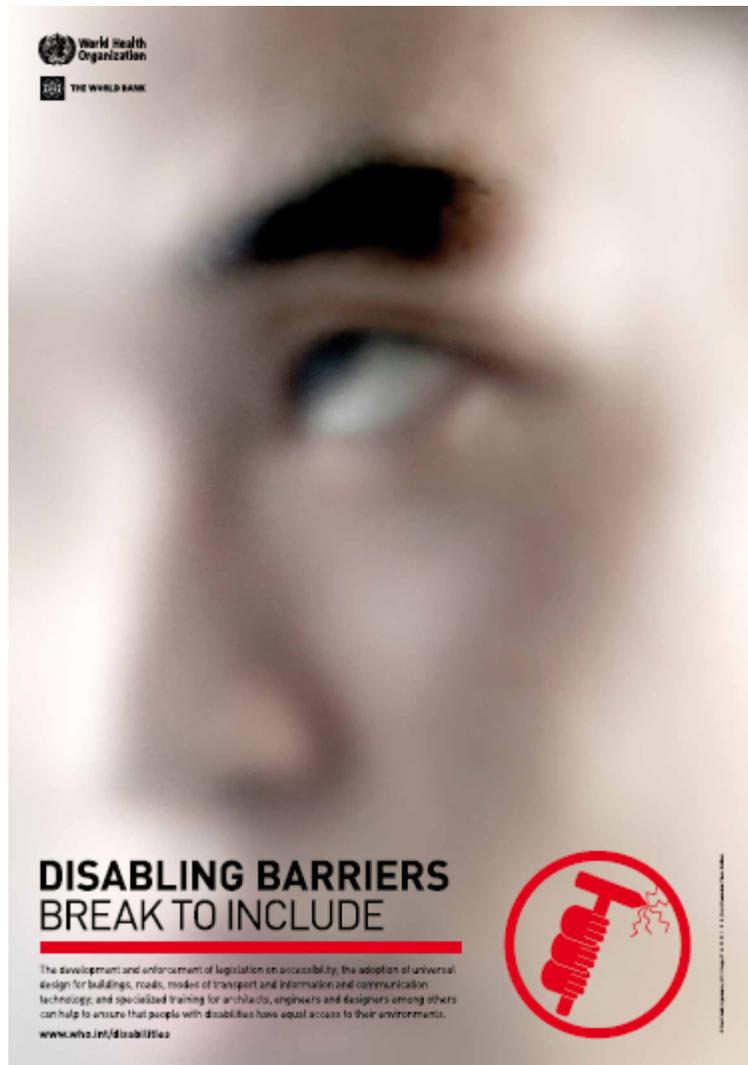
- Access to assistance and support are often prerequisites for participation.
- Institutional solutions are generally favoured.
- Formal service provision is limited in low and middle-income countries.
- Even in high income countries, between 20%-40% do not have needs met.
- Unmet needs for assistance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

# Solutions

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- **Deinstitutionalization:** transition planning, allocate sufficient funding, ensure adequate human resources.
- **Improve policies and practices:** commissioning frameworks, assessment processes, improving coordination, and monitoring standards.
- **Improve affordability:** reallocating money, creating tax incentives, contracting, devolving budgets.
- **Expand community services:** developing a mixed economy of care, in particular support independent living schemes, develop respite care and other support for families, create training schemes for interpreters.
- **Build capacity of support providers and service users,** increase user involvement/ control.

# Enabling Environments



- Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular people with disabilities.

# Issues and challenges

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- Environments (physical, social, attitudinal) can be enabling or disabling.
- Access to public accommodations and transport is essential for participation in healthcare, education, employment.
- But low level of compliance with access laws, need for appropriate standards and enforcement.
- People with disabilities are often also excluded from media and communications, e.g. the "digital divide" in ICT.
- Negative attitudes can produce barriers even after physical barriers are removed.

# Solutions

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- **Adopt appropriate laws and standards.**
- **Improve compliance:** 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



- Despite the importance of education, children with disabilities may be excluded from school.
- Inclusive Education is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual.

# Issues and challenges

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- Education is vital if children with disabilities are going to participate in society and get employment opportunities.
- Children with disabilities are less likely to start school than peers. Enrolment rates differ across impairment groups.
- At system level, problems of leadership, policy, resourcing.
- At school level, problems of negative attitudes, lack of teacher training, inaccessible facilities, inappropriate pedagogy and assessment.
- Inclusion of children in mainstream schools is desirable, but evidence on impact of setting on education outcomes is not conclusive.

# Solutions

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- **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**
- **Research:** collect qualitative and quantitative data

# Employment



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**DISABLING BARRIERS  
BREAK TO INCLUDE**

People with disabilities have the right to decent work. Anti-discrimination legislation, accessible workplaces, access to micro-finance and measures such as vocational training and rehabilitation can assist people with disabilities to work and be productive.

[www.who.int/disabilities](http://www.who.int/disabilities)



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- Disability need not be synonymous with an inability to work.
- Reasonable accommodations may be necessary to enable a person with a disability to perform a job on an equal basis with all others.

# Issues and challenges

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- People with disabilities have lower economic participation.
- 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.

# Solutions

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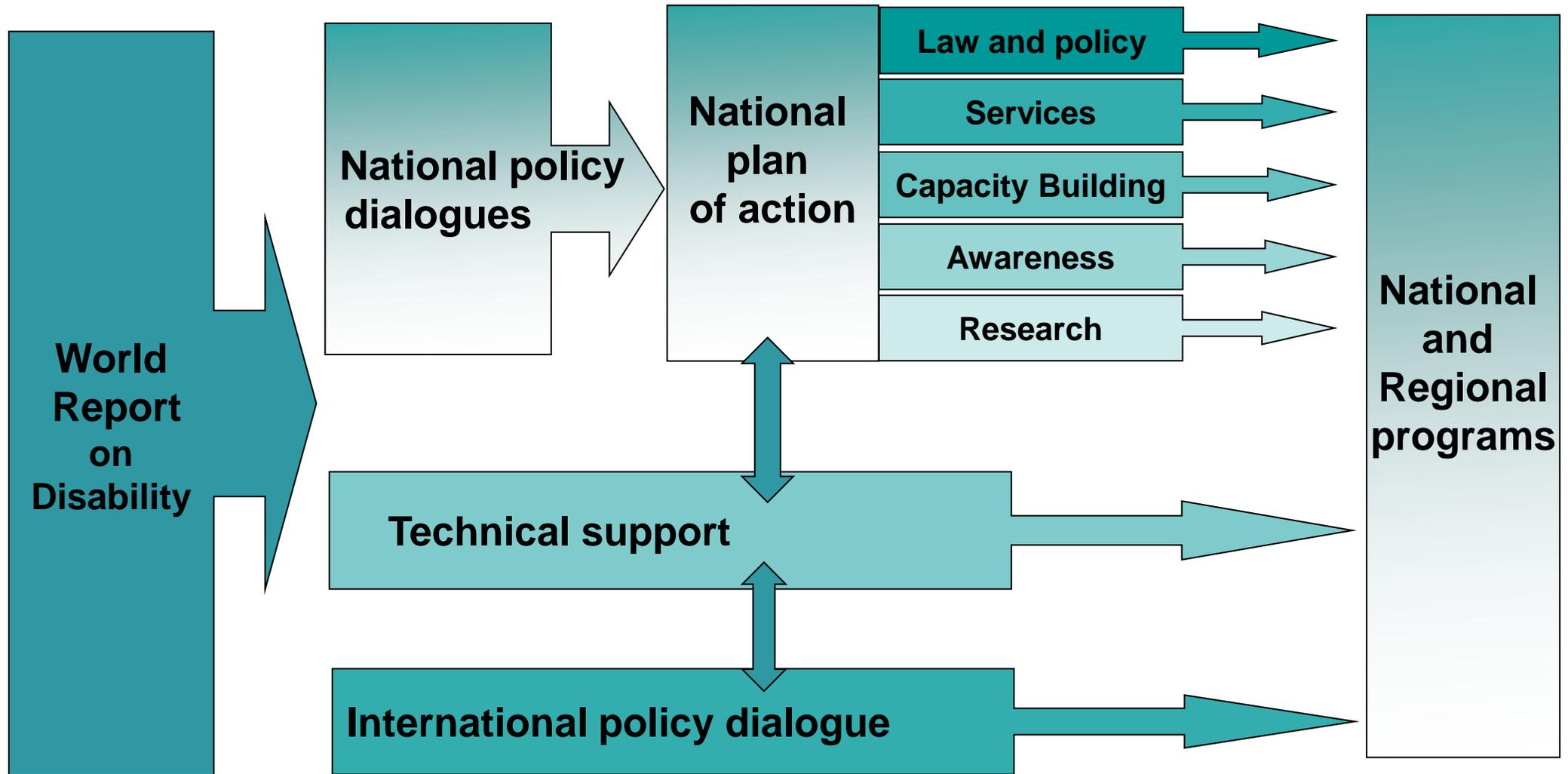
- **Laws and regulations:** anti-discrimination laws, affirmative action, quotas.
- **Tailored interventions:** incentives to employers, supported employment, employment agencies, disability management.
- **Promote access to vocational rehabilitation and training.**
- **Develop skills and access to microfinance.**
- **Social protection schemes,** avoiding disincentive to productive work.
- **Challenge misconceptions** about disability through awareness raising and work with employers.

# Cross cutting recommendations

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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.

# Ways forward



# Summary

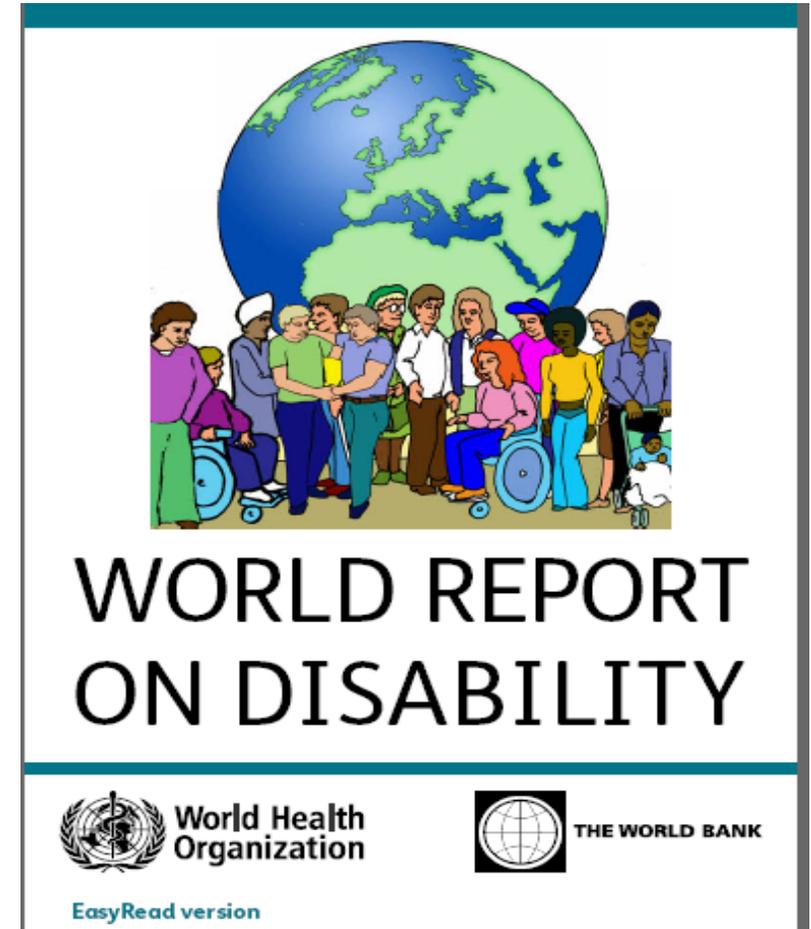
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- 1 billion people
- Increasing numbers
- Barriers can be overcome
- World Report shows us how
- It's time to scale up

# *World Report on Disability:* Our most accessible document

- Braille
- DAISY (audio files)
- Easy Read version
- Accessible PDF

[www.who.int/disabilities/world\\_report](http://www.who.int/disabilities/world_report)



# ***World Report on Disability***

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