

# Disability

## in the South-East Asia Region, 2013

### Defining disability

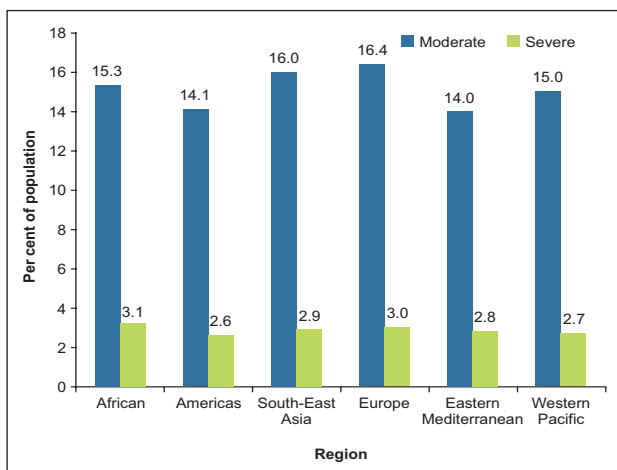
Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).<sup>1</sup>

### Understanding disability

The International Classification of Functioning, Disability and Health (ICF),<sup>2</sup> a classification of health and health-related domains, advanced the understanding and measurement of disability.<sup>3</sup> The ICF emphasizes environmental factors in creating disability, and categorized problems with human functioning in three interconnected areas:

- (1) Impairments are problems in body function or alterations in body structure – e.g. paralysis or blindness.
- (2) Activity limitations are difficulties in executing activities – e.g. walking or eating.

#### Estimated prevalence of disability by WHO region according to Global Burden of Disease estimates for 2004



Source: World report on Disability 2011

- (3) Participation restrictions are problems with involvement in any area of life – e.g. facing discrimination in employment or transportation.

### Global burden of disability

There are over 1 billion people with disabilities (PWD) in the world. This corresponds to about 15% of the world's population.<sup>1</sup>

Disability is more common among women, older people and children and adults who are poor.<sup>4</sup> PWDs face widespread barriers in accessing services in health care (including rehabilitation), education, transport and employment.<sup>5</sup>

### South-East Asia Region situation

Of the WHO regions, the South-East Asia Region has the second highest prevalence rate of moderate disability (16%) and the third highest prevalence rate of severe disability (12.9%).<sup>1</sup>

Both percentages are assumed to be underestimated as most South-East Asia Region countries used an impairment-based definition rather than the ICF<sup>6</sup> definition, except Indonesia and Thailand.

### Categories of impairment in South-East Asia Region countries

In South-East Asia Region countries, except Bhutan, India and Timor-Leste, mobility impairments are ranked as the top form of all disabilities according to burden of disease.

### Estimated prevalence of disability in South-East Asia Region countries during 2001–2010

Country	%	Year
Bangladesh <sup>a</sup>	5.6	2005
Bhutan <sup>a</sup>	3.4	2005
Democratic People's Republic of Korea <sup>b</sup>	3.4	2007
India <sup>c</sup>	2.1	2001
Indonesia <sup>a</sup>	21.3	2006
Maldives <sup>d</sup>	4.7	2010
Myanmar <sup>e</sup>	2.4	2009
Nepal <sup>a</sup>	1.6	2001
Sri Lanka <sup>a</sup>	2.0	2001
Thailand <sup>a</sup>	2.9	2007
Timor-leste <sup>a</sup>	1.5	2006

\* The figures are estimates from the available data from country census or other surveys of different time period.

Sources: <sup>a</sup> World report on disability; <sup>b</sup> Disabled in Korea 2007; <sup>c</sup> Census of India reports 2001; <sup>d</sup> Human Rights commission 2010; <sup>e</sup> Union of Myanmar 2009.

### Ranking of impairment/disability based on prevalence in South-East Asia Region countries<sup>7\*</sup>

Country	Rank 1 impairment	Rank 2 impairment	Rank 3 impairment	Rank 4 impairment
Bhutan	speech and hearing	visual impairment	mobility	intellectual disability
Democratic People's Republic of Korea	mobility disability	visual impairment	speech and hearing	intellectual disability
India	visual disability	mobility impairment	speech and hearing	intellectual disability
Indonesia	mobility disability	speech and hearing	visual impairment	intellectual disability
Maldives	mobility disability	speech and hearing	intellectual disability	visual impairment
Myanmar	mobility disability	visual impairment	speech and hearing	intellectual disability
Nepal	mobility disability	speech and hearing	visual impairment	intellectual disability
Sri Lanka	mobility disability	speech and hearing	visual impairment	intellectual disability
Thailand	mobility disability	speech and hearing	visual impairment	intellectual disability
Timor-Leste	visual impairment	mobility impairment	speech and hearing	intellectual disability

\* Information from Bangladesh is not available. Source: Situation analysis of community based rehabilitation in the South-East Asia Region, WHO, New Delhi, 2012.

speech and hearing visual impairment mobility intellectual disability

## Costs of disability

PWD and their families experience extra expenditure to achieve a reasonable standard of living for health care services, assistive devices or personal assistance.

- There are also noneconomic costs that include social isolation and stress. There is no technical agreement on how to measure and estimate them.<sup>8</sup>
- An important indirect cost is lost labour productivity of PWD. One estimate in a developed country suggests that the loss of work through disability was 6.7% of GDP.<sup>9</sup>
- Globally, the increased number of PWD is creating significant fiscal concerns about affordability and sustainability of the programmes concerned.
- Public spending ranged from 2 to 25% of GDP based on affordability of the state.<sup>10</sup>

## Health care for persons with disability

- PWD experience poorer levels of health than the general population.<sup>11</sup> They are often described as having a narrower or thinner margin of health.<sup>12</sup>
- A wide range of factors determine health status, including individual factors, living and working conditions, general socioeconomic, cultural and environmental conditions, and access to health-care services.<sup>13</sup>
- Many PWD experience unequal access to health-care services and therefore have unmet health care needs compared with the general population.<sup>14</sup>
- PWD are at higher risk of nonfatal unintentional injury from road traffic crashes, burns falls, and accidents related to assistive devices.<sup>15</sup>

- According to a report in 2004, in rural Bangladesh, social and cultural barriers prevent certain disabled groups, notably women, children and the elderly, from accessing health care.<sup>16</sup>
- A 2009 study in Bhutan showed that health professionals are less positive with disability and rehabilitation issues.<sup>17</sup>
- Review of the 10-year medical records in a children's disability hospital in Nepal showed that delayed services at the primary referral level compel most patients to avail complex and costly treatment.<sup>18</sup>
- The Rehabilitation Council of India implemented a national programme (1999–2004) to educate medical officers working in primary health care centres about disability issues.<sup>19</sup>
- In the North of Thailand, the most accessible services to the disabled were health promotion and physical rehabilitation; however, continuing physical rehabilitation services were available to less than half. Most disabled people were dependent on the state welfare system.<sup>20</sup>

## Addressing barriers to accessing health care

PWD encounter a range of barriers when they attempt to access health care services.<sup>21</sup>

- Research in Uttar Pradesh and Tamil Nadu in India found that cost (70.5%), lack of services (52.3%), and transportation (20.5%) were the top three barriers to using health facilities.
- World Health Survey data showed a significant difference between men and women with disabilities and people without disabilities in terms of the attitudinal, physical, and system level barriers faced in accessing care.

A range of strategies is needed to close the gap in access to health care between people with and without disabilities.

### *Reforming policy and legislation<sup>21</sup>*

- Existing policies, systems and services need assessments including analysis of the needs, experiences, and views of PWD. Priorities to reduce health inequalities and plans for improvements for access and inclusion need to be identified.
- Policies, systems and services should be changed to comply with the Convention on the Rights of Persons with Disabilities.
- Health-care standards related to care of persons with disabilities and frameworks should be established and mechanisms to ensure standards are met should be enforced.

### *Addressing barriers to financing and affordability<sup>21</sup>*

Barriers to financing and affordability can be overcome by:

- ensuring that PWD benefit equally from public health care programmes;
- providing affordable and accessible health insurance for PWD and ensuring that PWD are not denied insurance and premiums are affordable for them; and using financial incentives to encourage health-care providers to make services accessible to PWD in countries where health insurance dominates health-care financing;
- linking income support to use of health care; providing support to meet the indirect costs associated with accessing health care such as transport; and reducing or removing out-of-pocket payments for PWD;

- targeting PWD who have the greatest health-care needs and providing incentives for health-care providers to promote access.

### *Addressing barriers to service delivery*

- All groups in society should have access to comprehensive, inclusive health care.<sup>22</sup>
- Targeted interventions can help reduce inequities in health and meet the specific needs of individuals with disabilities.<sup>23</sup>
- Empowering PWD to maximize their health by providing information, training, and peer support. Where appropriate, family members and care takers should be included.
- Groups who require alternative service-delivery models should be identified, for example targeted services and care coordination to improve access to health care.
- Community-based rehabilitation should be promoted to facilitate access for disabled people to existing services.

### *Addressing human resource barriers<sup>21</sup>*

Human resource barriers can be overcome by:

- integrating disability education into undergraduate and continuing education for all health-care professionals;
- involving PWD as providers of education and training wherever possible;
- providing evidence-based guidelines for assessment and treatment emphasizing patient-centred care;
- training of community workers so that they can play a role in screening and preventive health-care services.

### *Filling gaps in data and research*<sup>24</sup>

- Ensuring use of the ICF, to provide a consistent framework in health and disability related research.
- Encouraging research on the needs, barriers to general health care, and health outcomes for people with specific disabilities.
- Establishing monitoring and evaluation systems to assess interventions and long-term health outcomes for PWD.
- Including PWD in research on general health-care services.

### **Empowering persons with disability**

#### *Access of disabled persons to education*

- Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood.<sup>25</sup>
- According to 2004 statistics in Bangladesh, only about 5% of children with disabilities are enrolled in existing educational institutions. The Government has been promoting inclusive education for children with mild disabilities.<sup>9</sup>
- The gap in primary school attendance rates between disabled and non-disabled children in South-East Asia Region countries ranges from 10% in India to 60% in Indonesia.<sup>5</sup>
- In India, 48% of PWD who live in rural areas and 44% in urban areas have access to education.<sup>26</sup>
- A report in 2002 shows that in Nepal, 68% of persons with disabilities have no education. However, the Special Education Unit of the Ministry

of Education has been promoting special education among school-aged children.<sup>28</sup>

- In Thailand, 68% of persons with disabilities in the educational age are provided education; however, about 25% of PWD over 5 years old did not access education, and nearly 60% have a highest education level at below primary school.<sup>27</sup>

### *Enabling environment*

- Research in four districts of Gujarat, India, by a local development organization, UNNATI (Organisation for Development Education) identified accessibility to physical spaces as a key area for mainstreaming the rights of PWD.<sup>29</sup>
- In Thailand, daily television news programmes are broadcast with sign language, interpretation or closed captioning.<sup>1</sup>
- In Bangladesh and India, a television news programme broadcasts in sign language.<sup>1</sup>

### **Rehabilitation**

While addressing disability, priority should be to ensure access to appropriate, timely, affordable and high-quality rehabilitation interventions, consistent with the CRPD, for all those who need them.<sup>1</sup>

In lower-income countries, the focus should be on introducing and gradually expanding rehabilitation services, prioritizing cost-effective approaches.<sup>30</sup>

### *Stakeholders and their role*<sup>1</sup>

- Governments should develop, implement, and monitor policies, regulatory mechanisms, and standards for rehabilitation services, as well as promoting equal access to those services.

## Compilation of disability-related information of South-East Asia Region countries, 2010\*

	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
<b>Definition of disability and person with disability (PWD)</b>										
Disability	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Person with disability	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No
<b>Legislative and policy framework</b>										
Comprehensive disability law	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No
Antidiscrimination law <sup>†</sup>	No	No	Yes	No	No	No	No	No	No	No
National action plan	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
<b>National effort to promote equity</b>										
Employment quota scheme	Yes	No	Yes	Yes	No	No	Yes	No	Yes	No
National accessibility standard	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No
Standardized sign language	Yes	Yes	No	No	No	No	No	No	Yes	No
ICT accessibility guideline	No	No	No	No	No	No	No	No	NA	No
<b>National coordination mechanism<sup>†</sup> focal point</b>										
National focal point or mechanism	Yes	Yes	Yes	Yes	NA	Yes	Yes	Yes	Yes	Yes

\* Information of Democratic People's Republic of Korea is not available; <sup>†</sup>Disability specific anti discrimination law; Source: Disability at a Glance 2010: a profile of 36 countries and areas in Asia and the Pacific.

## Disability-related national acts and commitments of SOUTH-EAST ASIA REGION countries to regional and international conventions 1995–2007\*

	National act	†ILO convention ratified/signed	‡CRPP ratified or signed
<b>Bangladesh</b>	Disability Welfare Act – 2001	No	Yes
<b>Bhutan</b>	National Pension and Provident Fund Plan Rules of Bhutan, 2002	No	Yes
<b>India</b>	The Persons with Disabilities Act (1995)	No	Yes
<b>Indonesia</b>	Act of Republic of Indonesia about Disabled People (1997)	No	Yes
<b>Nepal</b>	The Disabled Persons Protection and welfare Act 2039 (1982)	No	Yes
<b>Sri Lanka</b>	Protection of Rights of Persons with Disabilities Act, 1996	No	Yes
<b>Thailand</b>	Persons with Disabilities Empowerment Act (2007)	Yes	Yes

\*Data from, Democratic People's Republic of Korea, Maldives, Myanmar and Timor-leste are not available †Convention on the Vocational Rehabilitation and Employment (Disabled Persons), ‡Convention on the Rights of Persons with Disabilities  
Source: Disability at a glance 2010: a profile of 36 countries and areas in Asia and Pacific; United Nations and ESCAP

- Service providers should provide the highest quality of rehabilitation services.
- Other stakeholders (users, professional organizations etc.) should increase awareness, participate in policy development, and monitor implementation.
- International cooperation can help share good and promising practices and provide technical assistance to countries that are introducing and expanding rehabilitation services.

### *Policies and regulatory mechanisms<sup>1</sup>*

- Assessment of existing policies, systems, services, and regulatory mechanisms, identifying gaps and priorities to improve provision.
- Development or revision of national rehabilitation plans, in accord with situation analysis, to maximize

functioning within the population in a financially sustainable manner.

- Prioritize setting of minimum standards and monitoring.

### *Financing<sup>1</sup>*

Development of funding mechanisms to increase coverage and access to affordable rehabilitation services, depending on each country's specific circumstances, includes:

- public funding targeted at persons with disabilities, with priority given to essential elements of rehabilitation including assistive devices and persons with disability who cannot afford to pay;
- promoting equitable access to rehabilitation through health insurance;
- public–private partnership for service provision;

- reallocation and redistribution of existing resources;
- support through international cooperation including in humanitarian crises.

### *Human resources<sup>1</sup>*

Numbers and capacity of human resources for rehabilitation can be made adequate through: establishment of strategies to build training capacity in accord with national rehabilitation plans; identifying incentives and mechanisms for retaining personnel especially in rural and remote areas; and training of health professionals on disability and rehabilitation relevant to their roles and responsibilities:

- in Bangladesh, both the government and nongovernmental organizations are active in the fields of education, training and rehabilitation of persons with disabilities. However, community-based rehabilitation has not been supported by the Government for implementation widely.
- in India, Indonesia, Thailand and Sri Lanka, the prosthetics and orthotics courses meet the WHO/ISPO standards.
- mobility India provides specific training in prosthetics and orthotics to students from Bangladesh, Nepal, and Sri Lanka. This good initiative should be modified, accredited, and expanded to meet the vast personnel needs of other developing countries.
- the increase training of physiotherapists in Thailand has filled the needs of district hospitals all over the country.

### *Service delivery*

Developing basic rehabilitation services within the existing health infrastructure, and

prioritizing early identification and intervention strategies using community workers and health personnel are needed.

Models of service provision with multi-disciplinary and client-centred approaches should be encouraged. Efficiency can be improved by better coordination between levels and across sectors.

- Bangladesh and India have unconditional cash transfer programmes targeted at poor people and households with a disabled member.
- Several NGOs have trained their workers in Bangladesh as “key informants” to identify and refer children with visual impairments to specialist eye camps.
- Sri Lanka has several information and communication technology (ICT) accessibility projects, including improving pay phone access for PWD.

### *Technology*

Access to assistive technology that is appropriate, sustainable, affordable, and accessible can be increased through training of users and following up, reduction of tax etc.<sup>1</sup>

- People with hearing impairments were much less likely to receive assistive devices than people with visual impairments.
- The low number of women technicians in India explains why women with disabilities were less likely than men to receive assistive devices.
- Nepal has reduced tax duties for institutions importing assistive devices.
- In Thailand, 79% of PWDs who need an assistive device have access to one.<sup>31</sup>



### Research and evidence-based practice<sup>1</sup>

- Increased research should be promoted on needs, type and quality of services provided, and unmet need.
- Improved access to evidence-based guidelines on cost-effective rehabilitation measures is required.
- Assessment of the service outcomes and economic benefits of rehabilitation is needed.

### Community based rehabilitation (CBR)

CBR is “a strategy that can address the needs of PWD within their communities in all countries.”<sup>32</sup>

This strategy promotes community leadership and the full participation of PWD and their organizations. It promotes multisectoral collaboration to support community needs and activities, and collaboration between all groups that can contribute to meeting its goals”.<sup>32</sup>

- CBR focuses on enhancing the quality of life for PWD and their families, meeting basic needs and ensuring inclusion and participation to empower PWD to access and benefit from education, employment and health, and to have meaningful social roles and responsibilities and to be treated as equal members of society.
- In Bhutan and Myanmar, CBR programmes are implemented through the primary health care system.
- In Nepal CBR programmes are implemented in 35 districts by local NGOs, with the Government providing funding, direction, advice, and monitoring at the national and district levels.<sup>1</sup>
- In India and Sri Lanka ministries of social welfare have national CBR programmes.

- The National Trust Act of India has produced collaboration among a range of NGOs. In India different NGOs or agencies serve different impairment groups, but the lack of coordination between them undermines their effectiveness.
- In Thailand, the national committee which comprises representatives from the department of PWD Development, medical services, local authority support, and disabled people organizations is the main mechanism of national level CBR. However, at the community level the main personnel who take care of PWD are local authorities and community health workers.

### Activities on disability in the South-East Asia Region

- Ten countries in the Region have national plans for disability prevention and rehabilitation.
- Since 2003, employment opportunities for PWDs have been reviewed among Member States, representatives of Industry, NGOs, the International Labour Organization (ILO) and WHO.
- Regional deafness prevention and alleviation activities have significantly progressed since 2005 and have moved forward for integration in CBR.
- The WHO Regional office for South-East Asia, as part of the WHO Taskforce on disability formed in 2008, has raised awareness on CRPD with country offices and Ministry of Health and Family Welfare through several briefings and seminars.
- Major technical units have integrated disability in the work of the units. The Regional office building is the first WHO building to have completed Disability Access Audit and is disabled friendly.

## Organizations responsible for national activities concerning disability in the South-East Asia Region countries, 1987–2011

Country	Nodal ministry	National disability legislations/strategies
<b>Bangladesh</b>	Ministry of Social Welfare	<ol style="list-style-type: none"> <li>1. National Building Code, 1993</li> <li>2. National Policy of Disability, 1995</li> <li>3. Disability Welfare Act, 2001</li> <li>4. National Action Plan on Disability, 2006</li> </ol>
<b>Bhutan</b>	Ministry of Health	<ol style="list-style-type: none"> <li>1. Disability Prevention and Rehabilitation Program</li> <li>2. Inclusion of disability in 5 Year Plans</li> <li>3. Inclusion of disability in laws and regulations related to labour, building code</li> </ol>
<b>Democratic People's Republic of Korea</b>	Ministry of Social Welfare	<ol style="list-style-type: none"> <li>1. Law of Disability Protection, 2002</li> </ol>
<b>India</b>	Ministry of Social Justice and Empowerment	<ol style="list-style-type: none"> <li>1. Persons with Disability Act of 1995, modified as The Rights of Persons with Disabilities Bill (Draft), 2011</li> <li>2. National Policy on Disability, 2006</li> <li>3. The National Trust Act for protection and care of persons with more severe categories of disability, and to provide health insurance cover, 1999</li> <li>4. The Rehabilitation Council Act for developing standardisation and improving quality of training programmes, 1992</li> <li>5. Mental Health Act, 1987</li> </ol>
<b>Indonesia</b>	Ministry of Social Affairs	<ol style="list-style-type: none"> <li>1. National Plan of Action on Disability (2004–2013)</li> <li>2. Law no. 8 of 2008 on Accessibility</li> <li>3. Law no. 4 of 1997 on Disabled Persons</li> </ol>
<b>Maldives</b>	Ministry of Health and Family	<ol style="list-style-type: none"> <li>1. General legislation of 1997 and Guidelines</li> </ol>
<b>Myanmar</b>	Ministry of Social Welfare; Ministry of Health	<ol style="list-style-type: none"> <li>1. National Plan of Action for persons with disability 2010–2012</li> </ol>
<b>Nepal</b>	Ministry of Women, Children and Social Welfare	<ol style="list-style-type: none"> <li>1. National Policy and Action Plan on Disability, 2006</li> <li>2. Protection and Welfare of Disabled Persons Act</li> <li>3. Inclusion of disability in other laws and regulations</li> </ol>
<b>Sri Lanka</b>	Ministry of Social Service and Social Welfare	<ol style="list-style-type: none"> <li>1. Sri Lanka Federation of Visually Handicapped Act, 2007</li> <li>2. National Policy on Disability, 2003</li> <li>3. Ranaviru Seva Act, 1999, for care and rehabilitation of armed forces and police</li> <li>4. Protection of Rights of Persons with Disabilities Act, 1996</li> </ol>
<b>Thailand</b>	Ministry of Public Health. Ministry of Labour, Ministry of Social Development; Ministry of Education	<ol style="list-style-type: none"> <li>1. Persons with Disabilities Empowerment Act 2007</li> <li>2. National Plan on Life Quality Development for Persons with Disabilities (2007–2011)</li> <li>3. Inclusion of disability in other laws and regulations</li> </ol>
<b>Timor-Leste</b>	Ministry of Social and Solidarity	<ol style="list-style-type: none"> <li>1. National Disability Policy, 2011</li> </ol>

Source: Disability at a glance 2010: a profile of 36 countries and areas in Asia and Pacific; United Nations and ESCAP.

- The First Asia–Pacific CBR Congress was organized by WHO and partners in Thailand in 2009, and the First World CBR Congress in India in 2012.
  - A booklet on Roles of the Health Sector as per CRPD and a Regional factsheet on wheelchairs were published and widely distributed by the Regional Office in 2010.
  - There have been national launches of CBR guidelines and the *World Report on Disability* in five Member States (India, Indonesia, Myanmar, Sri Lanka and Timor-Leste) in 2010–2011. CBR is revitalized and there is active collaboration among sectors in most countries.
  - The Regional strategic framework on CBR 2012–2017 was published in 2012. A Situation analysis of CBR in the South-East Asia Region, the Review of CBR practice in the South-East Asia Region and the Situation Analysis of VISION 2020 in WHO's South-East Asia Region are in process.
  - Draft guiding principles for local governments in CBR have been developed and are under review.
  - A Regional workshop on the Wheelchair Service Training Package, basic level, is planned for 2013.
- to identify gaps and barriers and to plan actions to overcome them.
- (3) Develop a national disability strategy and action plan, establishing clear lines of responsibility and mechanisms for coordination, monitoring, and reporting across sectors.
  - (4) Regulate service provision by introducing service standards and by monitoring and enforcing compliance.
  - (5) Allocate adequate resources to existing publicly funded services and appropriately fund the implementation of the national disability strategy and plan of action.
  - (6) Adopt national accessibility standards and ensure compliance in new buildings, in transport, and in information and communication.
  - (7) Introduce measures to ensure that PWD are protected from poverty and benefit adequately from mainstream poverty alleviation programmes.
  - (8) Include disability in national data collection systems. Provide disability-disaggregated data wherever possible and consider the use of International Classification of Functioning, Disability and Health (ICF) in the national data system.
  - (9) Implement communication campaigns to increase public knowledge and understanding of disability and provide channels for PWD and third parties to lodge complaints on human rights issues and laws that are not implemented or enforced.
  - (10) Adopt CRPD as a framework and CBR as main strategies for multisector activities in disabilities.

### Recommendations to Member States of the WHO South-East Asia Region

- (1) Review and revise existing legislation and policies for consistency with the CRPD; review and revise compliance and enforcement mechanisms.
- (2) Review mainstream and disability-specific policies, systems and services

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