

# **WORLD REPORT ON DISABILITY**



**World Health  
Organization**



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# Background

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## – **World Health Assembly resolution**

- Resolution 58.23 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*.

# 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**

1,000,000,000

people with disabilities

15% of the world population

# Data Sources

## ● WHS -

- 70 countries ( Sample size 700 – 38746) . People  $\geq 18$
- Functioning in last 30 days –(≠ impairment)
- Domains (8/16): affect, cognition, interpersonal relationships, mobility, pain, sleep and energy, self-care, and vision.
- Multi stage cluster design, rigorous cognitive testing, adherence to translation protocol and linguistic analysis
- 59 countries used, representing 64% of the world population

## ● GBD -

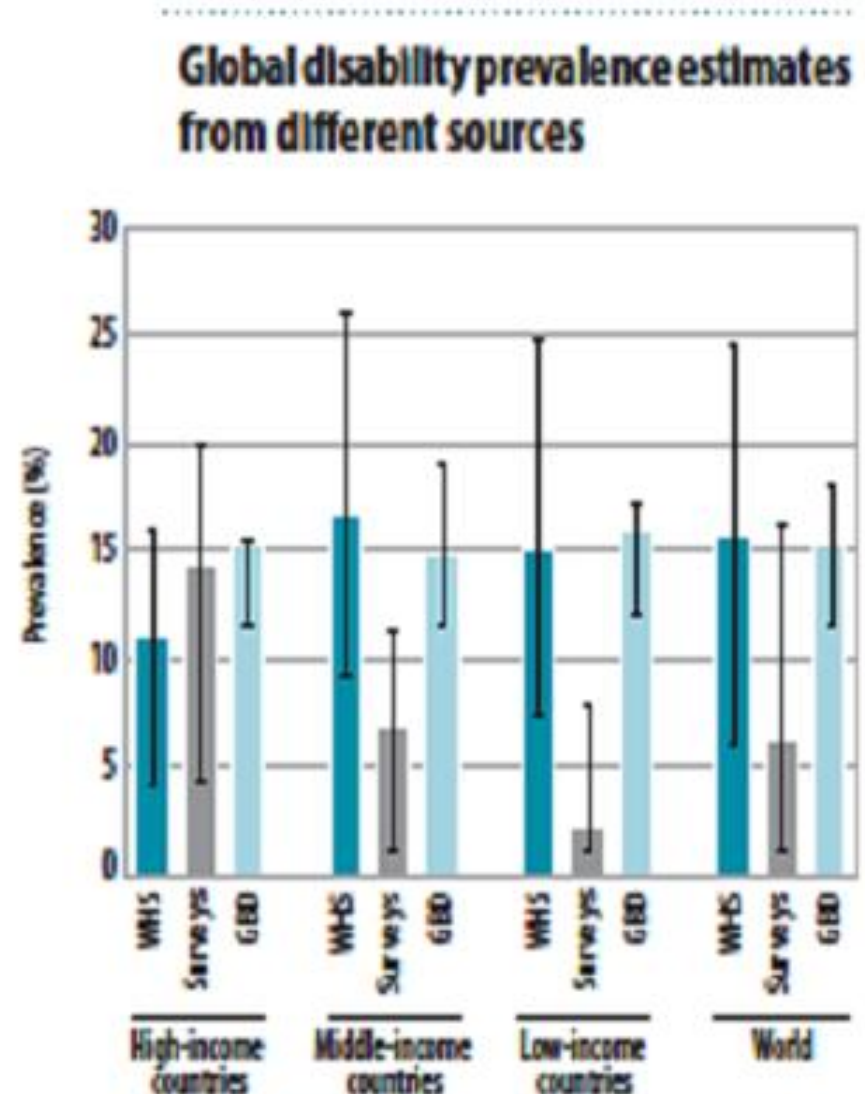
- Years lived with disability (YLD) - functional status of individuals in terms of their capacities and ignores EF.
- Core health domains: mobility, dexterity, affect, pain, cognition, vision, and hearing.
- Prevalence of diseases and injuries and distributions of limitations in functioning – where available then estimates the severity of related disability. 130 health conditions for 17 subregions of the world

# Thresholds

- WHS - A composite score calculated for each individual 0 = no difficulty: 100 = complete difficulty.
- Average scores for respondents reporting extreme difficulties/ cannot do at all in any domain calculated for all countries = 40.
- Average scores of respondents diagnosed with a chronic disease associated with disability = 40 = threshold between disabled and not disabled. This correlates to GBD class moderate disability and has the same health conditions
- 50 = mean score for extreme difficulties in three or more items. Correlates to GBD severe" disability – the equivalent of having blindness, Down syndrome, quadriplegia, severe depression, or active psychosis
- Threshold - no gold standard - rationale for the decision based on a range of implications – i.e. access to services, pension etc. Must be transparent.

# Comparison of Prevalence figures

- WHS: 15.6% and 2.2%.
- GBD:
  - 0–14 years: 5.1% and 0.7%
  - $\geq 15$  years : 19.4% and 3.8%
  - Global: 15.3% and 2.9%









# Disabling barriers

- 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
- Disability – a global picture
- General health care
- Rehabilitation
- Assistance and support
- Enabling environments
- Education
- Work and employment
- The way forward



# 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.

# Addressing data gaps

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- Adopt the ICF
- Improve national statistics (Census, existing sample surveys, dedicated disability surveys, administrative data).
- Improve comparability of data
- Epidemiology of functioning
- Fill related research gaps i.e. environmental factors

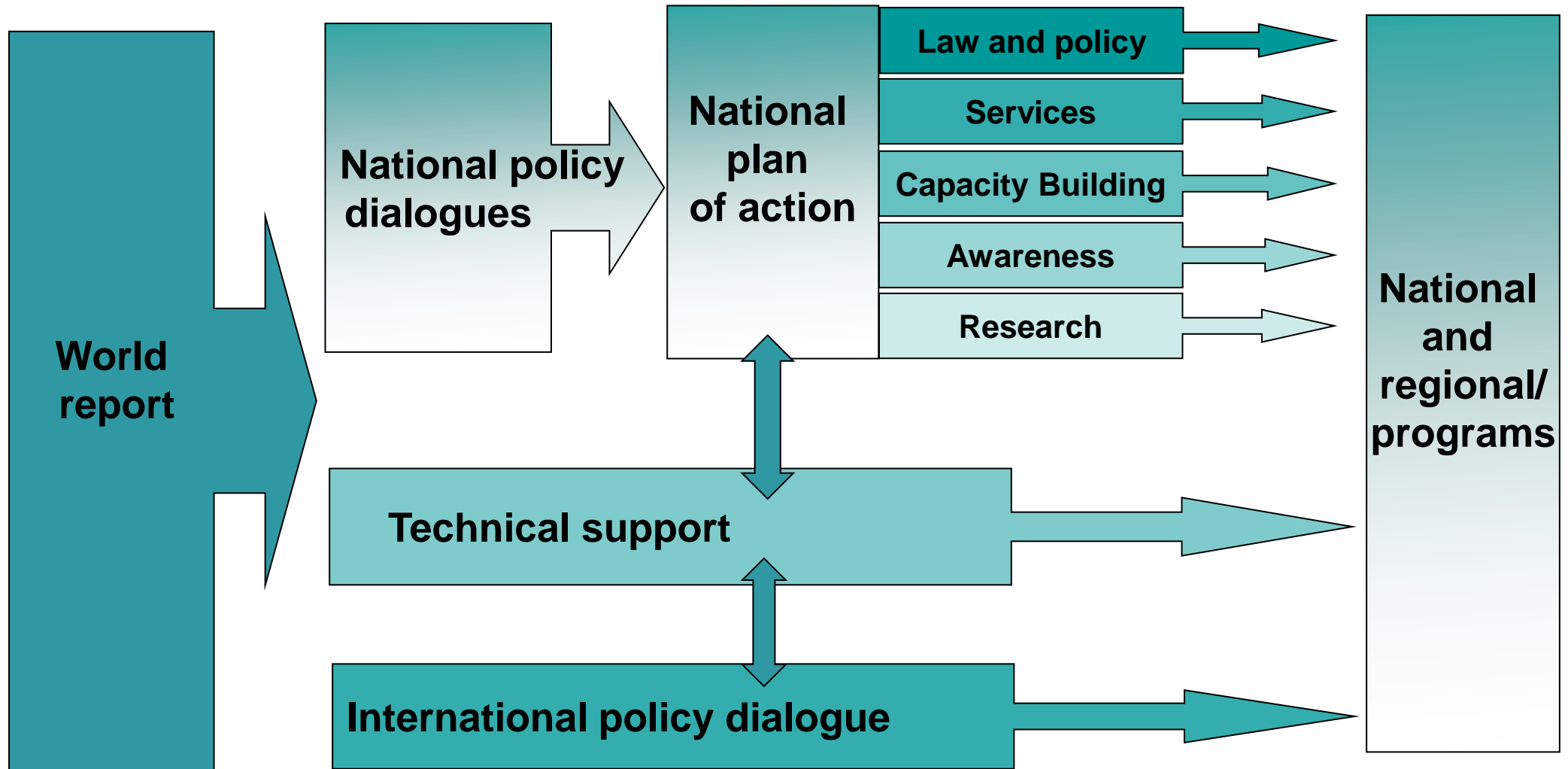
# Research Gaps

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- how best to measure environmental factors
- quality of life and well-being of people with disabilities
- what works in overcoming barriers to mainstream and specific services
- the interactions among environmental factors, health conditions, and disability and between disability and poverty
- the cost of disability and the cost–effectiveness of public spending on disability programs.



# Ways forward ?



# **Model Disability Survey (MDS)**



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# Motivation

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- Support implementation of recommendations of the *World report on disability*
- Contribute to improving understanding of all aspects of disability
- Improve comparability of disability data within and across countries
- Develop a data collection strategy using a scientifically sound and transparent process
- Support monitoring of the CRPD

# ***Understanding disability***

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- Disability is a continuum i.e., it is a matter of degree
- Disability is an outcome of the interaction between a person with a health condition and the contextual factors *and not* determined exclusively by either of them
- The essence of the disability experience is participation

# ***Development process***

## **Phase One: Data collection, Analysis and Preliminary Drafting**

**A. Mapping the situation: Review of existing surveys & construction of the web-based repository**

**B. Micro-data collection and statistical analysis**

**C. Expert Consensus preliminary drafting**

**December 2012**

## **Phase Two: Cognitive Testing and Finalization of a survey protocol**

**A. Cognitive testing**

**B. Pilot study and finalization**

**September 2013**

## **Phase Three: Implementation of National Disability Surveys with related technical support**



# Phase 1: Mapping the situation

Region	Screened	Selected	Analysed	Additional analyses
AFRO	39	3 (LSO, SWZ, TZ)	3	
AMRO	35	3 (CA, CL, NI)	3	HRS, NHANCE
EMRO	3	2 (OM, MA)	-	
EURO	121	4 (FI, ES, IE, KA)	4	ELSA, GHS, UNESCAP
SEARO	7	2	2	UNESCAP
WPRO	15	4 (NZ and UNESCAP)	4	

ELSA: English Longitudinal Study of Ageing German

GHS: National Health Interview and Examination Survey 1998

HRS: Health and Retirement Study

NHANES: United States National Health and Nutrition Examination Survey  
2007/2008

# ***Expert consensus meeting***

***Geneva, December 5<sup>th</sup> & 6<sup>th</sup>***

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## **Objectives**

- Provide an overview of the process to develop a model disability survey
- Review analysis of existing national disability surveys
- Review and finalize the draft model disability survey
- Finalise the process for cognitive and pilot testing and options for technical support (manual, mentoring, on-going technical support or implementation and analysis etc)

# ***Expert consensus meeting***

***Geneva, December 5<sup>th</sup> & 6<sup>th</sup>***

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## **Stakeholders**

- National statistical offices
- Representatives from other ministries
- Representatives from organizations of persons with disabilities
- Washington City Group
- Representatives from UN agencies whose mandate includes disability data i.e. DESA and UNICEF
- Disability and development organizations
- Academic and research organizations
- Donors for whom disability data is perceived as a priority



# ***World Report on Disability and MDS***

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# Thank you



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