

## IV. DISABILITY ISSUES IN THE REGIONS

In each of the Bank's six regions, disabled people tend to experience widespread exclusion from social, economic, and political life of the community, whether due to ongoing stigmatization or to the neglect of their needs in the design of policies, programs and facilities. While simultaneously, the causes of disability vary widely across and within the regions, and in some cases, some countries note common tendencies:

- (i) In the poorer countries, under-nutrition and inefficient or inaccessible health services result in a higher prevalence of disabilities;
- (ii) In most countries with rapid urbanization, traffic-road accidents are a major cause of disability;
- (iii) In tribal communities, consanguinity is still a major cause of some inherited disabilities; and
- (iv) On-going wars, violent country conflicts in civilian areas, landmines and easy access to domestic weapons are all underlying causes behind the rising number of disabled persons.<sup>73</sup>

This section offers a brief overview of disability issues in each of the regions. It is important, however, to examine the issues in each local context given the high diversity of disability issues. In addition, the current global prevalence of disability has been estimated only in broad orders of magnitude, and methods of data collection vary greatly from country to country, and are generally not comparable.

### Africa (AFR)

In Africa, an estimated 60 to 80 million people are living with disabilities.<sup>74</sup> Their numbers are rising due to conflict, malnutrition, natural disasters and HIV/AIDS.

Conflict is one of the major causes of disability in the region,<sup>75</sup> as it causes significant number of non-fatal injuries among civilians and soldiers, and has long lasting psychological impacts. During conflicts, civilians and soldiers are at risk from hostilities, as well as from unexploded landmines and violent incursions. Angola and Mozambique are two heavily mine-affected African countries, which have mines numbering 15 million and 3 million respectively.<sup>76</sup> One in 470 Angolans have had at least a limb amputated. All but two sub-Saharan African countries (Ethiopia and Somalia) are now party to the Convention on the Prohibition of Anti-personnel Mines, and have thereby agreed never to use, transfer, stockpile, produce, or develop anti-personnel mines.<sup>77</sup>

An effort is underway in donor communities to provide assistance to the people who are disabled from war; this includes Multi-Country Demobilization & Reintegration Program (MDRP), multi-agency program that supports the demobilization and reintegration of ex-combatants in the greater Great Lakes

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<sup>73</sup> Al Smadi and Saba (2004) present these characteristics in the context of MENA region; however, these characteristics can be applied region-wide. See also--The World Bank consultancy report Mar 15-June 30, 2004. Mainstreaming Disability in MENA- Review and Recommendations.

<sup>74</sup> USAID: [http://www.usaid.gov/locations/sub-saharan\\_africa/features/disabilities.html](http://www.usaid.gov/locations/sub-saharan_africa/features/disabilities.html).

<sup>75</sup> Globally, conflict is estimated to have caused 310,000 deaths in the year 2000, with more than half taking place in sub-Saharan Africa.

<sup>76</sup> Onasanya (2002).

<sup>77</sup> International Committee for the Red Cross (2004).

region of Central Africa that provides assistance for medical rehabilitation based on the type and degree of disability.

HIV/AIDS epidemic is another major cause of disability in the region. The region has more than 60 percent of all people living with HIVs in the world. In 2005, an estimated 3.2 million people in the region became newly infected. HIV information and services, however, are highly inaccessible to disabled people due to misconceptions, communication barriers and discrimination in many communities. It is also reported that the “virgin myth”, the belief that sex with a virgin can cure AIDS has fueled additional violence. Because disabled children youth and women are often misconceived to be asexual, and therefore virgins, many are systematically raped by people who are desperate to rid their infection. Malnutrition poses another critical threat, which in turn increases disabilities in the region. Every year, many children become blind due to poor nutrition.<sup>78</sup>

Responding to this situation, the African Decade of Persons with Disabilities, 1999-2009, has been declared by African Union to raise awareness about disability issues in the region and to identify solutions tailored to the African experience that enhance full participation, equality and empowerment of Africans with Disability.<sup>79</sup>

## Eastern Europe & Central Asia (ECA)

In 17 of the 27 ECA countries, the total number of people with disabilities is estimated at about 29 million, or about eight percent, out of total population of 385 million.<sup>80</sup> Changing economies, new social and political strategies along with post conflict situations, de-institutionalization, HIV/AIDS, and mental health issues are among the many challenges facing the region.

The ECA region is notable for disability issues, partly because of historical and institutional reasons related to the importance of pensions and transfers in the government budget. As a result, disability issues have received more attention among countries in Eastern Europe, as well as those of the former Soviet Union, which is reflected in their PRSPs.<sup>81</sup> More than half of the projects are directed to the social protection sector; this reflects the fact that many transition countries have undergone de-institutionalization, where deteriorated social services for the vulnerable population including the disabled.

During the socialist period, the life experience of the disabled varied. Families were encouraged to place seriously disabled children in state institutions, where they spent their entire lives. Less disabled family members were cared for in the family home. Many of those who were blind, deaf, or had less serious disabilities earned salaries in sheltered enterprises, or through home-based work. Before 1991, for example, disabled people comprised half the personnel, or 30,000 workers at the 43 enterprises controlled by the Moscow city authorities, while other disabled did home work for some 120 enterprises. When the state withdrew their subsidies, the enterprises were forced to lay off workers.<sup>82</sup> Likewise, government-funded clubs and social activities that once linked the disabled throughout the Soviet Union have also collapsed. At the same time, mental and psychological disorders had become treated based on more integrated, community-based approach.<sup>83</sup>

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<sup>78</sup> Onasanya (2002).

<sup>79</sup> <http://www.secretariat.disabilityafrica.org/>

<sup>80</sup> World Bank Fact Sheet: Disability and Development in the East Europe and Central Asia Region.

<sup>81</sup> World Bank (2004b).

<sup>82</sup> Samodorov (1992).

<sup>83</sup> Treatment of mental and psychological disorders has changed substantially from the period when the Soviet Union (as well as some other Eastern European countries) used psychiatry and incarceration in

Those with physical or psychological disabilities remain least likely to find new employment; those who once worked consequently feel that they have lost an important component of social identity. Their economic exclusion reinforces the stigma accompanying disability in most ECA countries. Notably, despite their numbers, many disabled earthquake survivors in Armenia reported feeling isolated despite extensive material aid. They explicitly described themselves as “poor” because they were unable to earn money or to see prospects for employment or integration into the larger society.<sup>84</sup>

The rapid social change, economic hardship and increased insecurity also foster the region’s rapid growth of HIV/AIDS epidemic in recent years, particularly among young people. According to UNAIDS in 2005, 270,000 people in the region became newly infected with HIV, the fastest growth in the world, bringing the number of people living with HIV/AIDS to approximately 1.6 million. Of them, more than 80 percent of those living with HIV are under the age of 30 years, as they are particularly vulnerable facing the challenges of poverty and unemployment.<sup>85</sup> The increase in drug trafficking and intravenous drug use has been a major factor in the spread of the HIV/AIDS, as well as commercial sex work and unsafe sex practices among youth.

In addition to de-institutionalization and spread of HIV/AIDS, conflict and its aftermath create special disability issues. Armed conflict in the Balkans has resulted in a large number of people becoming disabled both physically and mentally. The effort has been made for the post-conflict reconstruction, including de-mining of the country, resulting in a great decrease of the new landmine victims. Yet, Bosnia and Herzegovina remains one of the most mine-affected countries in the world with nearly one million landmines. Also, disabled Bosnians face discrimination in employment, and in almost every sector of society. Further, reconstruction in Bosnia did not address accessibility concerns the disabled.<sup>86</sup>

The perception toward people with disability has also changed after the conflict. The dramatic increase of number of people with disability made disability more common and visible in the community. People who acquired a disability because of the war were often more accepted by their community after the war. Since the war, the stigma and isolation of mental health issues has reduced significantly. Overall, there appears to be much more integration of people with disability in day-to-day life and some of the aid provided by international non-government agencies has gone to assist people with disabilities.<sup>87</sup>

Although many countries in the region provide constitutional rights to the disabled to support their ability to provide for themselves and pursue professional training,<sup>88</sup> they have not implemented these rights in practice, and the disabled remain excluded from fully participating in the political, social, educational, and cultural life of their communities. Nevertheless, particularly in the EU accession countries, increasing attention to social inclusion is affecting legislation and policy. International donors have also introduced or encouraged new approaches to integrating formerly excluded groups, including disabled children and adults.

Finally, discrimination against Roma population provides the example of “disability as functional

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psychiatric institutions to control political dissidence. This called international condemnation and isolation of mental health sector (World Bank, 2003c).

<sup>84</sup> Dudwick (1996).

<sup>85</sup> UNAIDS (2005).

<sup>86</sup> Plamenko Priganica. (2003).

<sup>87</sup> Multicultural Disability Advocacy association of NSW.

<sup>88</sup> U.S. Dept. of State (1999).

limitations.” Roma children are often labeled as mentally disabled because many of them fail at school, due to cultural and linguistic barriers. In one district in the Czech Republic, for example, Roma children constitute 50 percent of the special school population, although they represent less than five percent of all primary school age students in the city.<sup>89</sup>

## **Latin America & the Caribbean (LCR)**

Around 50 million people are estimated to have disabilities in the LCR region, of which about 82 percent live in poverty. Disability is especially high in post-conflict countries, such as Colombia, and in areas of natural disasters including many Central American countries affected by the hurricanes.<sup>90</sup> As in the other regions, they are severely disadvantaged with lack of access to employment, education, and health services.

About 80 to 90 percent of disabled people in the region is unemployed or falls outside the work force. For example, the unemployment rate of disabled people is estimated to be close to 91 percent in Argentina, and 75 percent in Mexico. Most of those who have jobs receive little or no monetary remuneration.

Between an estimated 20 to 30 percent of children with disabilities attend school in the region, which results in high illiteracy rate among the disabled children. In Honduras, for instance, people with disability have an illiteracy rate of 51 percent compared to 19 percent for the general population. Low school attendance rate among the disabled children is primarily due to the severe lack of adequate transportation, learning materials, access to school infrastructure etc. Approximately 20 percent of schools in Brazil are accessible to disabled children and less than 10 percent in Mexico. In addition, most people with disabilities lack access to health services, as well as physical access to health clinics. They are more likely to be rejected by health insurers and important services and devices to help disabled people are not provided. In countries where data is available, less than 20 percent of disabled people receive insurance benefits.

## **Middle East & North Africa (MNA)**

It is estimated that MENA region has approximately 30 million or more people with disability. The high rate of birth-related disabilities, communicable and chronic diseases, weak access to and availability of health services, poor nutrition, accidents and violence, are important determinants contributing to current levels of disability in the region. The countries in the region are currently at different stages of demographical transition, which affects the age structure and disease patterns, and thus, different manifestations of disability.<sup>91</sup> Over the next decade, it is expected that both socio-economic and demographic transitions will lead to an increase in non-communicable diseases, as well as injuries and work related diseases in most countries in the region.

Job-related injuries and diseases are on the rise in the region, which is related in part to rapid industrialization. While the region has a comprehensive legislative framework of protection for work-related injury and disability, the majority of workers remain unprotected to the risks since large segments of the labor force work in the informal sector without access to social security provisions. In Morocco, for instance, only 22 percent of the labor force was covered by social security provisions in 2002. Also, women are more likely than men to work in the informal sector.

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<sup>89</sup> World Bank (2003c).

<sup>90</sup> World Bank Fact Sheet. Disability in Latin America & the Caribbean.

<sup>91</sup> World Bank (2005d).

Road traffic injuries are another growing concern in the region. The region shows among the highest rates of traffic accidents in the world; the fatality rates due to traffic injuries were the second highest in the world in 2000 (the highest is in LCR). About 130,000 people died in road accidents in the region in 2002, which suggests that there is a high rate of road-accident related disability in the region.

Conflicts, including the ones in Iraq, West Bank and Gaza, and Algeria, are also the major cause of disability in the region. Due to conflict and its negative impact on employment and income among Palestinian families, malnutrition rates are increasing in West Bank and Gaza. The physical disabilities and chronic emotional problems among the working age population in Iraq have climbed dramatically directly resulting from the ongoing violence, as well as the breakdown of community support systems and the limited access to health/rehabilitation services. Poverty, instability and conflicts also take a toll on the mental health of the population, and are manifest in the heightened incidence of depression and Post Traumatic Stress Disorder (PTSD). These mental health issues are not adequately captured in the region, and therefore, may be significantly underestimated.

Very few organizations exist for people with disabilities, much less led by people with disabilities, in the region. Lack of adequate infrastructure and transport facilities remains a major impediment to social and economic inclusion in the region. Educational systems in the region continue to exclude more than 95 percent of the disabled school-aged population at the primary level, and almost entirely at the university level.

## South Asia (SAR)

In SAR, a vast number of people are disabled and lack basic support such as access to social safety nets, education, health services, and gainful employment. Little or no data is available, in part because disability issues are given very low priority, or are excluded from official statistics. Many forms of disability are difficult to capture in statistics, often due to under-reporting. Nevertheless, the incidence of disability is increasing due to conflicts, disasters, malnutrition and the HIV/AIDS pandemic.<sup>92</sup>

The issues of disability vary significantly among countries in the region based on their unique environment; their cultural and traditional practices also differ from each other due to racial or religious differences between them.

In Afghanistan, for example, mobility impairment accounts for about half of disabilities mostly resulting from decades of conflict. War injuries, mainly from landmines, have created amputees, blindness and paralysis. In India and Pakistan, physical disabilities due to polio constitute the majority of disabilities, while cerebral palsy is also a critical cause in Pakistan. In Sri Lanka, incidence of polio has declined due to effective immunization programs, while disability due to accidents and armed conflict is on the rise. In Bangladesh, people with speech and hearing problems constitute the major proportion of disabled people. Environmental factors, including large amounts of arsenic poisoning of ground water, is another problem specific to the country.<sup>93</sup>

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<sup>92</sup> World Bank (2003d).

<sup>93</sup> Arsenic contamination of ground water is a major public health problem in Bangladesh. It is estimated that more than 20 million people are potentially exposed to arsenic poisoning (Molla et al, 2004). WHO predicted that, within a few years, death across much of southern Bangladesh (1 in 10 adults) could be from

In Nepal, people with visual and communication disabilities constitute the majority of disabled population caused by malnutrition, poverty, communicable diseases, consanguinity, and poor health-care, etc.<sup>94</sup>

At the same time, natural disasters, such as earthquake and tsunami, have caused huge damages region-wide, not only physical disabilities, but also long-lasting mental health problems. For example, in Sri Lanka, WHO estimated that 50 percent of population may have problems and 5 to 10 percent have serious problems needing treatment.

## East Asia & the Pacific (EAP)

WB/WHO estimates that approximately 400 million persons with disabilities live in EAP region—comprising almost two-thirds of the world’s disabled population.<sup>95</sup> It is important to recognize the importance of disability issues in the region, the UN Economic and Social Commission for Asia and the Pacific (ESCAP) proclaimed the Asian and Pacific Decade of Disabled Persons (1993-2002) and the Agenda for Action for the decade. Despite diligent efforts throughout the decade, still a large number of people with disabilities in the region are socially vulnerable without equal rights and opportunities, and are not included in the region’s socio-economic development.<sup>96</sup>

A great variety of disabilities exist in the region. The major causes of disability in the EAP region include nutritional deficiency, landmines explosion, and traffic accidents. About the half of the developing countries in the region are at risk of nutrition-related disabilities associated with food deficits. Explosion of landmines and UXOs are major causes of disability in countries which experienced prolonged war and civil conflicts such as Cambodia, Lao PDR, Burma, Thailand, and Vietnam. Particularly in Cambodia, about 11 percent of disability among men was cause by landmine explosion. In addition, the region will experience the increase of the number of people aged 60 and over from 600 million to one billion in 2050. This trend will definitely multiply the number of old persons with disabilities in the region. Physical disability or mobility impairment is the major disability in Thailand and Vietnam, while hearing and speech impairments has the largest proportion of disabled people in China, visual impairment in Philippines, and mental disability in Tonga, respectively. At the same time, polio, which has been the major cause of physical disabilities, has been recently eradicated from countries in the region due to successful immunization efforts. Therefore, it is expected that the number of physical disabilities in the region will decline drastically.

The most persisting challenge in the region is an alarmingly low rate of access to education among children and youth with disabilities. Less than 10 percent of children and youth with disabilities have access to education. Most common form of educational provision for children with disabilities in the region has been in segregated special schools. These are mostly located in urban areas and have limited capacity, and many are run by NGOs.

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cancers triggered by arsenic. Several studies (Molla et al. 2004; Lokuge et al. 2004) were conducted to assess the effect of arsenics in terms of disease burden in terms of Disability Adjusted Life Years (DALYs).

<sup>94</sup> Thomas and Thomas (2002).

<sup>95</sup> McClain-Nhlapo (2006).

<sup>96</sup> Takamine (2003).