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Disabilities – Still Misunderstood!

Insight Thursday

12 May 2016

Claude Bodart, EARD



Quiz:

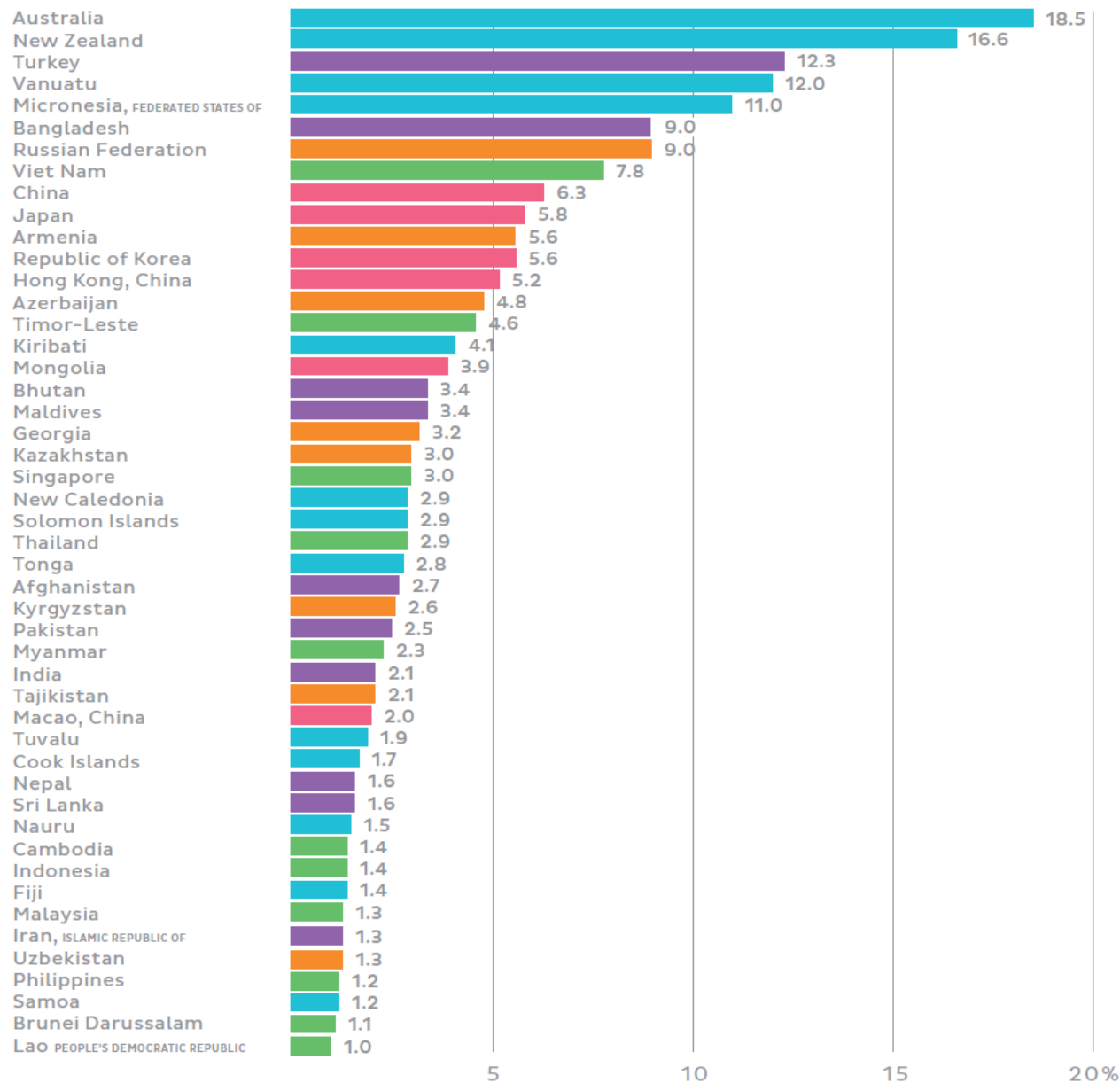
Share of **severely disabled** Australians aged 65 and over in 2003 and 2030?

	2003	2030
Share severely disabled	22%	66%

Storyline and Key Messages

- **Population aging** results in ever higher numbers of people with disabilities and especially in emerging and developing countries
- **Huge implications:** (i) economic, (ii) financial, (iii) social
- **Disability can be addressed** (from the womb throughout life and the key is to adapt the environment in which disabled live)
- Disability is a **concern for all sectors of ADB**
- There are **best practices**
- **ADB can be better** at addressing Disability

Disability Prevalence in Asia-Pacific: Can It Be?



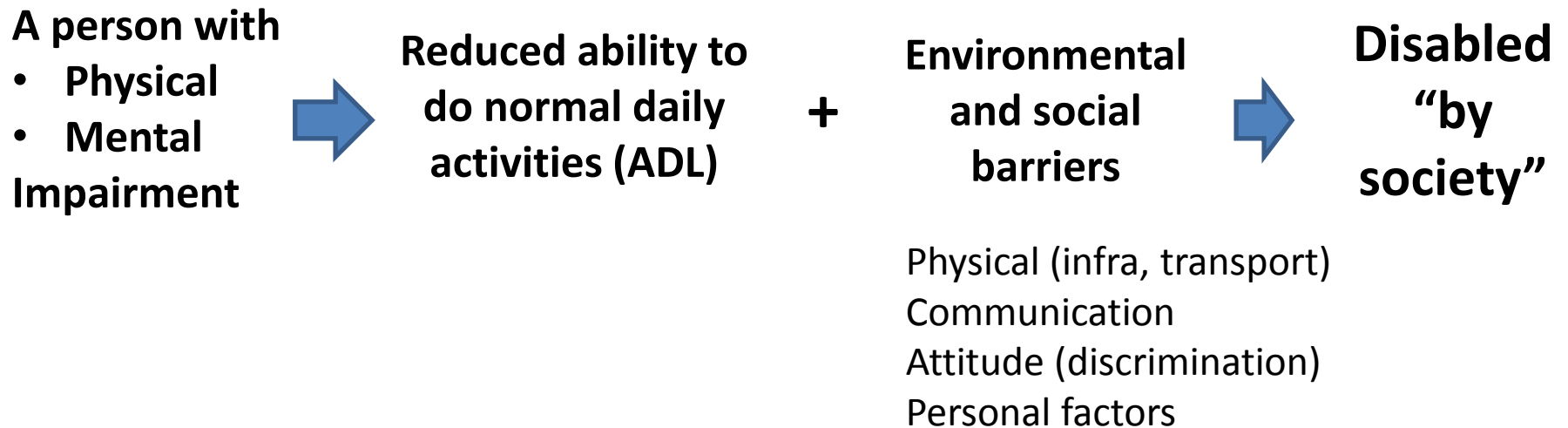
Source: UNESCAP. 2012. Disability at a Glance

East & North-East Asia North & Central Asia Pacific South-East Asia South & South-West Asia

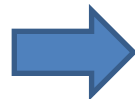
Disability is not easy to define

1. ~~Medical~~ **NO!**

2. **2006: UN Convention on the Rights of Persons with Disabilities**
based on how people “**function**” in society (independent living concept)



3. **Measurement issue:** in developed and developing countries alike



International Classification of Functioning, Disability and Health (ICF, WHO 2002): Classification system for measurement and data collection.

Two Main Factors Drive Disabilities

1. Population aging
2. Disability rates (age and sex specific)

Factor 1: Population Aging (unprecedented Speed)

Population Doubling Period (aged over 65)

	7%	14%	Doubling Period
France	1870	1985	115
USA	1950	2010	60
UK	1930	1975	45
Hong Kong	1984	2013	29
China - PRC	2001	2027	26
Japan	1970	1995	25
Taiwan	1994	2017	23
Singapore	1999	2021	22
Indonesia	2023	2045	22
Vietnam	2016	2033	17

Source: UN, World Population Prospects: The 2012 Revision; Kinsela K.He W. An Aging World. 2008

Factor 2: Past trend of severe disability among the elderly

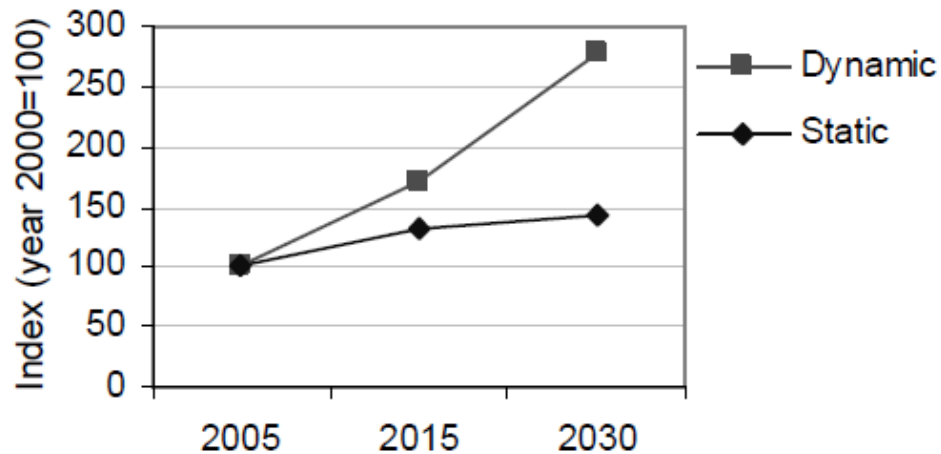
Falling	Stable	Rising	Diverging
USA	Australia	Japan	France
Denmark	Canada	Sweden	UK
Finland		Belgium	
Italy			
Netherlands			

What influences the disability rate?

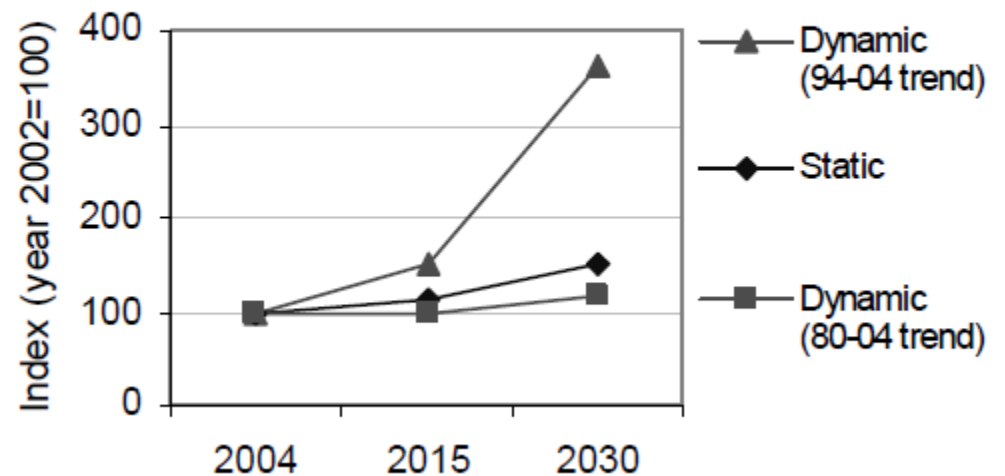
Increase in socio-economic status (education, income, living conditions)
Health risk factors (smoking, hypertension, diabetes, physical activities)
Obesity, diet
Dementia
Road traffic injuries, natural disasters and conflicts

Rising Past Rates of Severe Disability

Japan

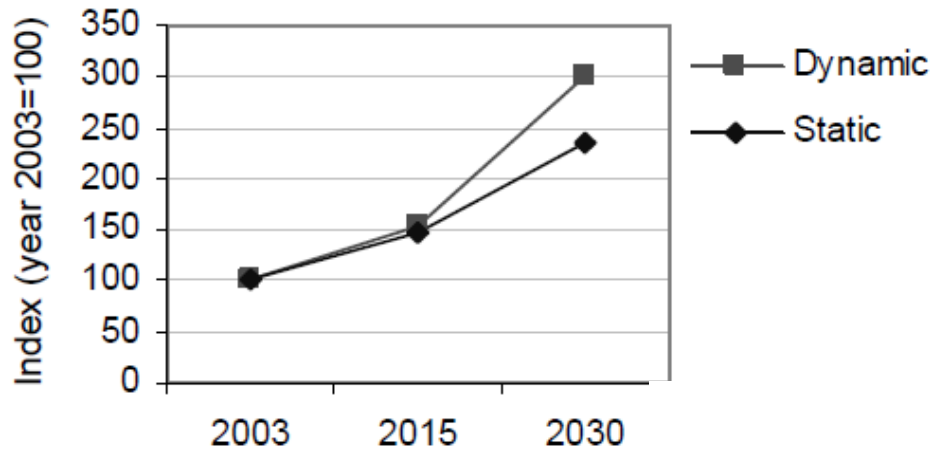


Sweden

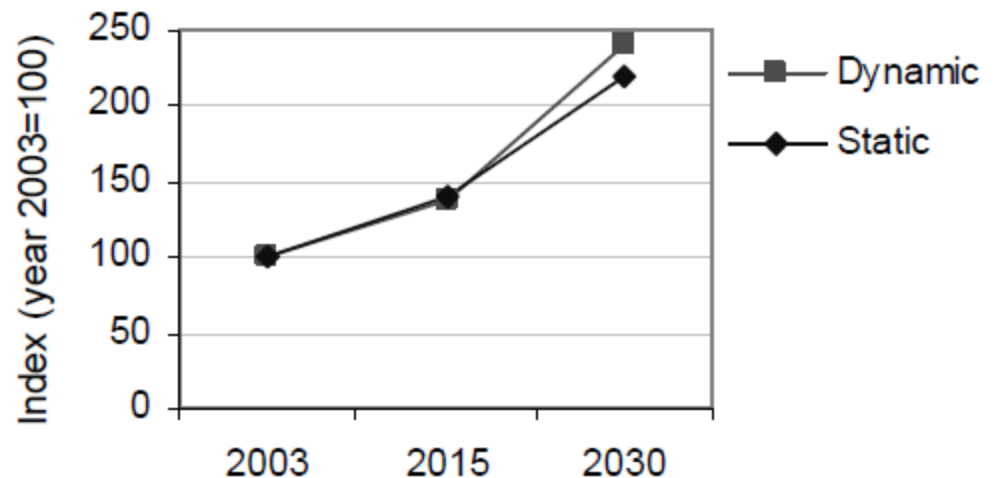


Stable Past Rates of Severe Disability

Australia

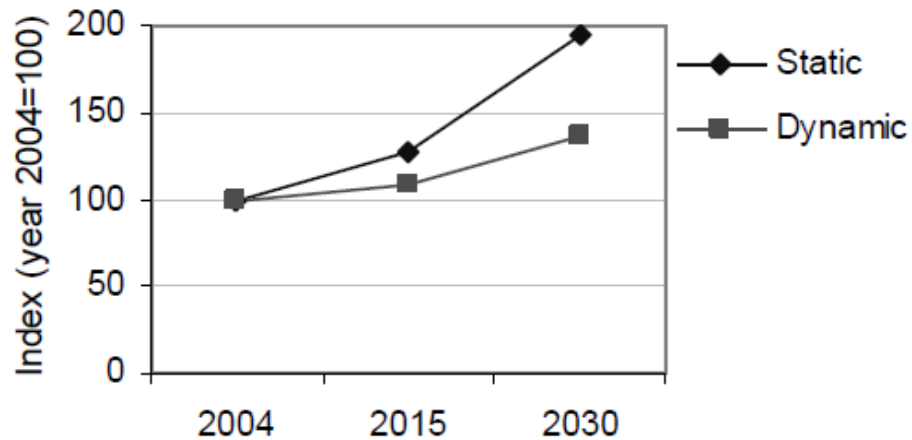


Canada

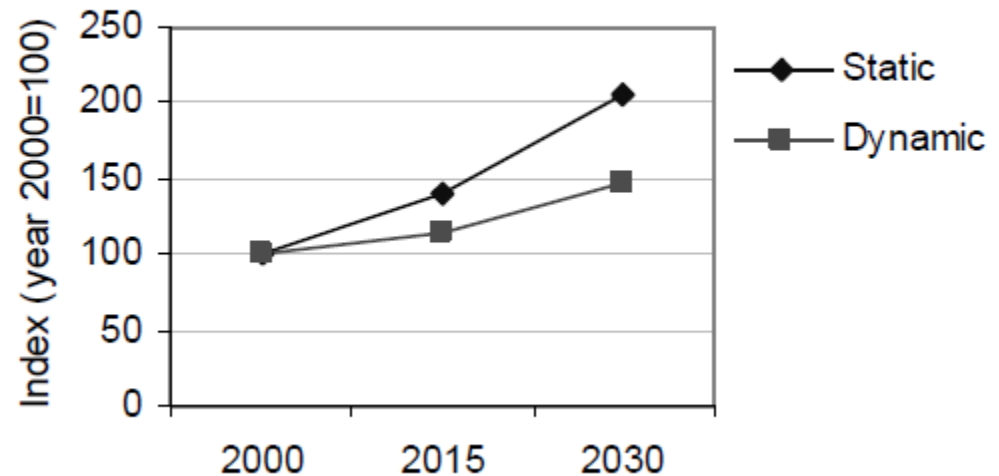


Falling Past Rates of Severe Disability

United States (MCBS)



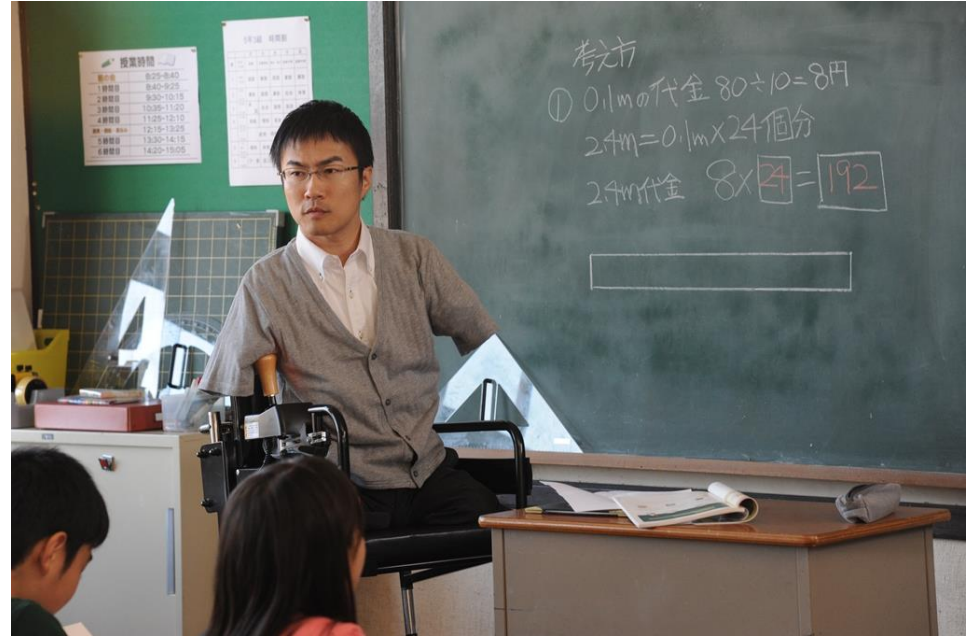
Finland



Policy implications

- **Expect sharp rising demand for long-term care** will probably not be offset by future reduction of the rate of disabilities
 - Sharp increase in demand for long-term care
 - Enormous financial and fiscal pressure
 - Dire social consequences
 - Missed opportunities to fill labor shortages
- Need to **adapt the environment** (disability and aging friendly cities, infrastructure, and transportation; ICT tools and services; health and education systems)
- Greater emphasis needed on **preventing and postponing the onset of chronic diseases and disabilities to** reduce the demand for long-term care (e.g., Japan)

“Nobody is Perfect”



Hirotsada Ototake

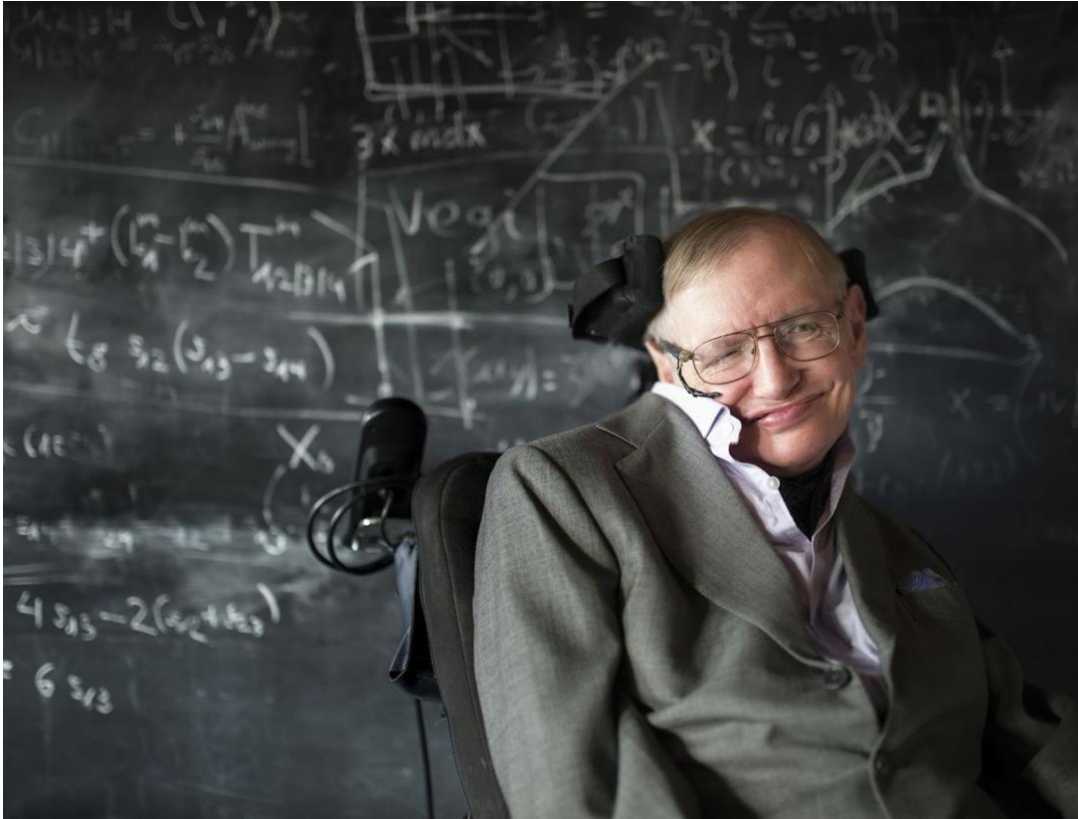
Born in 1976 without arms and legs

Successful sports journalist and primary school teacher

Considered for the 2016 upper house elections in Japan

Source: https://en.wikipedia.org/wiki/Hirotsada_Ototake

Ripe for the Nobel Prize?



Stephen Hawking

Born in 1942

Theoretical physicist, cosmologist, Director of Research at the Centre for Theoretical Cosmology at the University of Cambridge

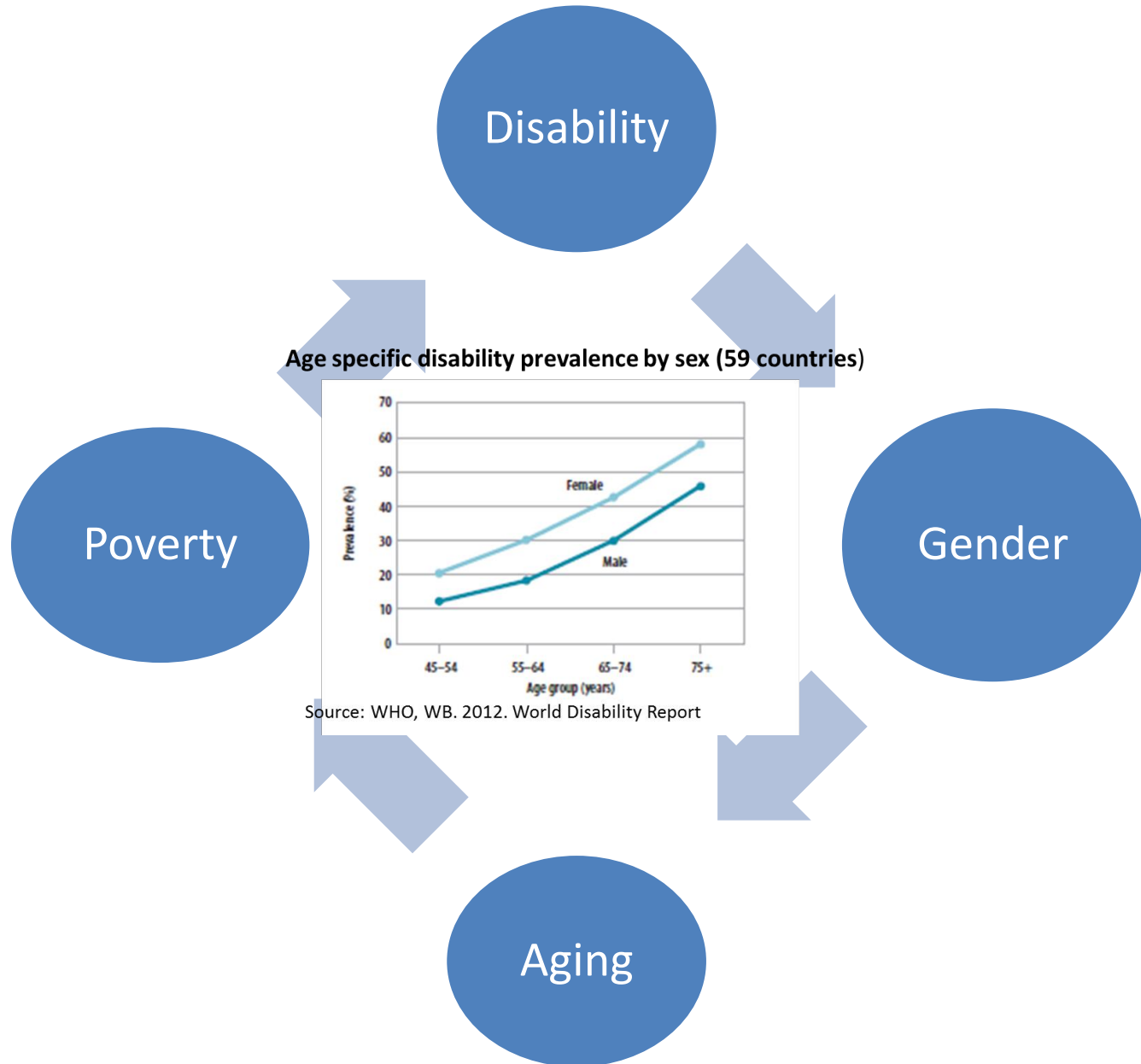
Source: https://en.wikipedia.org/wiki/Stephen_Hawking

Disability and Poverty (bi-directional)

Poverty $f(x)$ = (a) education + (b) employment + (c) extra-cost + (d) material hardship

Global evidence	Mongolia (2016)	
	Non-disabled	Disabled (14% of HH)
Poverty rate (consumption expenditures): OFFICIAL	20%	32%
ADJUSTED for extra cost	18%	42%
Extra cost (e.g. share of health expenditures)	3%	6%
Literacy rate (unable to read or with difficulty; 6-18 years old)	12%	58%
School attendance (11-17 years old)	92%	56%
Employment rate	Total: 64% M: 70%, F: 58%	Total: 30% M: 32%, F: 27%
Material hardship (access to food, health care, housing, water and sanitation, welfare benefits)		Much worse

Disability: Multifaceted Gender Inequality



Economic/Financial Impact of Disability

- Not Yet Clear –

Why?

- Problem of definition
- Costs are fragmented and no agreed methods
- Benefits are difficult to quantify

GDP loss:

Global GDP lost due to disability estimated at 5.35 – 6.97% (Metts. 2000)

Low and Middle-Income Countries estimated at 3 – 7% (ILO 2009)

Inclusion makes business sense!

Disability in ADB Sectors/Operations

Sectors/Operations	What is done?	What should be done? Pull instead of push factor
Urban development and infrastructure	Too little	Adopting universal design systematically Developing effective policies Improving standards Education and campaigning Promote and develop disability friendly cities
Transport	Decent	Adopting universal design systematically Developing effective policies Improving standards Physical access Continuity in travel chain Special transport systems and accessible taxis Education and training
Education	Sporadic	Inclusive education (teachers' skills development, standards, etc.) Provide speech and language therapy, occupational therapy, and physiotherapy

Disability in ADB Sectors/Operations (cont.)

Sectors/Operations	What is done?	What should be done? Pull instead of push factors
Social Protection	Initial steps	<p>Legislative and regulatory reforms</p> <p>Improve assessment (social-medical) of adults and children</p> <p>Improve support programs (for disabled and family carers)</p> <p>Develop insurance and welfare systems</p> <p>Develop community-based support and rehabilitation services</p>
Labor market	Initial steps	<p>Quotas for open market employment</p> <p>Employment support programs and services</p> <p>Skills development and brokerage services</p>
Health	Neglected	<p>Early detection of disability</p> <p>Prevention (new born diseases, chronic diseases, dementia)</p> <p>Rehabilitation centers (including social /psychological focus)</p> <p>Adapt health services for health problems of the elderly</p>
ICT	Addressed?	<p>Access to information and communication tools (computers, phones, televisions, etc.) and services</p>

Best Practices

- UN Agencies: UNICEF, ILO, UNDP
- Disabled People's Organizations: International Disability Alliance
- Countries:
 - **Scandinavian countries:**
 - Strong policies, services
 - Strong in inclusion and empowerment
 - Sweden: first country in the world to deinstitutionalize
- International organizations: WB, AusAid

What can ADB do?

In general

- Linking the work on Disability and Aging

Specifically

- Increase ADB's **specific capacity** in disability (at least one specialist/reference person)
- A Disability/Aging **champion** at senior Management level
- Increase **staff general understanding** about disability
- Work on **Universal Design implications** for all sectors (urban development, transport, health, education, social protection, ICT, labor market, public finance)
- **Revise policies/strategies/operational plan** (hiring practices, urban development, health, education, social protection, etc.)