

## KEY POINTS

- Persons with disabilities are among the poorest and most vulnerable. Disability prevalence increases with age as functioning declines or changes. More than half of all persons with disabilities are older than 60 years of age in Asia.
- Most countries in the region have signed up to both the Convention on the Rights of Persons with Disabilities and the Incheon Strategy and are increasingly responsive to the needs of persons with disabilities.
- The Washington Group Questions, designed to achieve more robust statistical estimates of disability prevalence, are increasingly being used by countries in Asia in response to the requirement for monitoring the implementation of the Convention on the Rights of Persons with Disabilities.
- Between 2009 and 2018, overall expenditure in Asia on disability-targeted programs has increased, although from a very low starting point.
- Social protection programs for persons with disabilities need to become more comprehensive and responsive, taking into account the additional costs of disability and supporting inclusion of persons with disabilities.

## Disability and Social Protection in Asia

## INTRODUCTION

Persons with disabilities are among the poorest and most vulnerable, lacking access to education, social protection,<sup>1</sup> health-care services, employment, and livelihood opportunities, as well as facing barriers in the built environment, transport and communications, and in accessing information and assistive technology.<sup>2</sup> Poverty and disability are widely recognized as being interrelated. Poor people are more likely to become disabled because of the conditions in which they live,<sup>3</sup> and disability is likely to make people poorer because of discrimination and inequality of access.<sup>4</sup>

Disability prevalence increases with age as functioning declines or changes. In many countries in the region, more than half of all persons with disabilities are older than 60 years of age (footnote 3). The population of older persons in Asia will reach close to 1.3 billion people by 2050, tripling in size since 2010.<sup>5</sup> As a result, Asia's population is on track in the next few decades to become one of the oldest in the world and, as a consequence, to have a larger percentage of persons with disabilities than other regions.

Governments are generally poorly prepared for this demographic transition that will have wide-ranging social and economic consequences, as already evidenced in the low levels of social protection coverage in the region, where only 28%–30% of persons with disabilities are benefiting from social protection measures, such as government-funded health care (footnote 5), and only 21.6% of people with severe disabilities are covered by disability benefits.<sup>6</sup>

- <sup>1</sup> This brief, which is one of the outputs of the technical assistance project of the Asian Development Bank (ADB) on Enhancing ADB's Support for Social Protection to Achieve the Sustainable Development Goals (TA 9534-REG), was prepared by Joanna Rogers, ADB consultant on disability inclusion and author of the chapter on disability and social protection for the upcoming social protection indicator regional reports for Asia. It benefited from the technical inputs of Michiel Van der Auwera, senior social development specialist (social protection), Sustainable Development and Climate Change Department (SDCC); and Ludovico Carraro, ADB consultant on social protection, with overall guidance from Wendy Walker, chief of the Social Development Thematic Group, SDCC.
- <sup>2</sup> ADB. Forthcoming. *Road Map for Strengthening Disability Inclusive Development, 2021–2025*. Manila.
- <sup>3</sup> Governance and Social Development Resource Centre. 2018. *Poverty and Disability*. Birmingham.
- <sup>4</sup> United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Social Development Division. 2018. *Building Disability-Inclusive Societies in Asia and the Pacific: Assessing Progress of the Incheon Strategy*. Bangkok.
- <sup>5</sup> United Nations Population Fund Asia-Pacific Regional Office. 2020. *Addressing Population Ageing in Asia and the Pacific Region: A Life-Cycle Approach*. Bangkok.
- <sup>6</sup> International Labour Office (ILO). 2021. *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future*. Geneva.

## DISABILITY-INCLUSIVE SOCIAL PROTECTION

### Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty of the United Nations (UN) intended to protect the rights and dignity of persons with disabilities. All Asian Development Bank (ADB) developing member countries, except Timor-Leste, have signed the CRPD; Bhutan and Tajikistan have also signed but are yet to ratify it as of November 2021. Article 28 of the CRPD recognizes the right of persons with disabilities to an adequate standard of living and social protection. This recognition includes access to appropriate and affordable services, devices and other assistance for disability-related needs and expenses, as well as access to programs focused on social protection, poverty reduction, public housing, and retirement.

The Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific is an action plan on disability-inclusive development agreed by all governments in the region to accelerate the implementation of the CRPD. Goal 4 of the Incheon Strategy highlights the centrality of ensuring that persons with disabilities also have equal access to social protection, including access to affordable disability-specific services to enable independent living.

### Building Blocks for Adequate Social Protection for Persons with Disabilities

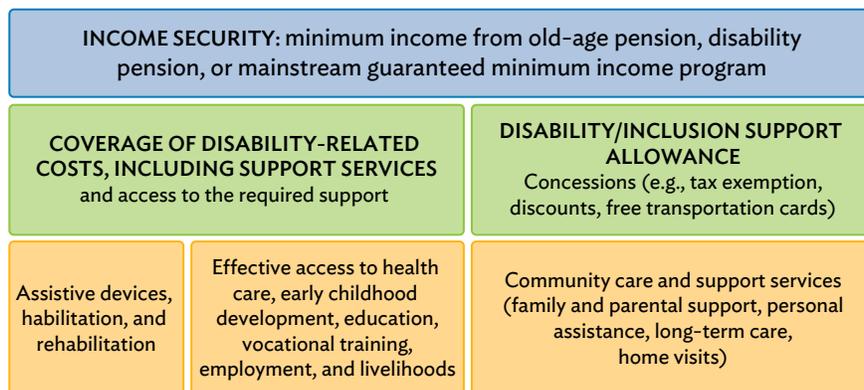
The costs of living for many persons with disabilities depend on their difficulties in functioning, health and support needs, as well as

the accessibility of their environment and their level of participation. Disability-related extra costs include spending more on essential goods and services such as transport and health services as well as on disability-specific equipment, support services, and rehabilitation. Indirect extra costs include lower income resulting from barriers to education and employment opportunity costs of family members not working in order to provide support.<sup>7</sup>

The building blocks of social protection for persons with disabilities (Figure 1) are (i) cash benefits that address the additional costs of disability and top up other social protection programs that provide income security such as old-age pensions; (ii) services and assistive devices that maximize functioning, participation, and support access to mainstream services such as health, education, and transport; and (iii) tailored measures to support access to education and employment—reasonable accommodations, employment quotas, employment services, and personal assistance. For older persons with disabilities, access to affordable health care and medicines, in addition to an old-age pension, top-up disability benefits, assistive devices, home modifications, and social care services, can help ensure autonomy, dignity, and participation.<sup>8</sup> This requires clear identification and close coordination among different agencies responsible for education, health, and social welfare.

Disability-inclusive social protection means ensuring access to (i) mainstream social protection programs that aim to reduce poverty or provide adequate income in case of contingency, and (ii) disability-targeted programs where being recognized as having a disability is the main criterion for access to the program. Social protection for persons with disabilities is fundamental for achieving

**Figure 1: The Building Blocks of Social Protection for People with Disabilities**



Source: Adapted from C. Knox-Vydmannov et al. 2021. *Social Protection and Older Persons with Disabilities*. United Nations Children’s Fund (UNICEF), International Labour Organization (ILO), United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), HelpAge International, and Asian Development Bank.

<sup>7</sup> D. Mont and A. Cote. 2020. *Inclusive Social Protection for Empowerment of Persons with Disabilities*. Background Paper # 2: Considering the Disability Related Extra Costs in Social Protection. United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), Leonard Cheshire, Innovation 2 Inclusion, and UKAid.

<sup>8</sup> C. Knox-Vydmannov et al. 2021. *Social Protection and Older Persons with Disabilities*. United Nations Children’s Fund (UNICEF), ILO, UNPRPD, HelpAge International, and ADB.

their effective inclusion and active participation in society.<sup>9</sup> This can include both contributory and noncontributory cash benefits or pensions, subsidies, and discounts as well as services and support such as personal assistance, assistive devices and technology, and caregiver allowances.

### Barriers to Access to Social Protection for Persons with Disabilities

The added costs of disability can cause significant inequities so social protection programs that take these costs into account are better able to lift persons with disabilities out of poverty.<sup>10</sup> In 2018, the UN Department of Economic and Social Affairs compiled estimates of the additional costs of disability based on studies with differing methodologies conducted across a range of different years, and showed that the extra costs associated with “any disability” as a percentage of average income can range from 8% to 43%. In Australia, for example, the extra costs of moderate disability are 30% of average income and 40% for severe disability.<sup>11</sup> Many social protection programs aimed at guaranteeing minimum income do not take into account the additional costs of disability when calculating eligibility. Persons with disabilities are often excluded, even though they face higher risk of living below the established poverty thresholds.

Other common barriers to accessing social protection programs for persons with disabilities can include constrained physical access to offices and service providers where benefits are administered, lack of information about programs and application requirements, and stigma and discrimination by social assistance personnel. Many persons with disabilities, especially those who were born with disabilities, have little or no education, and their literacy levels can be low compared to those without disabilities; hence, they find it difficult to navigate complex application procedures or compliance conditions (footnote 9). Persons with disabilities often have lower access to financial and banking services, mobile phones, and other important instruments for distributing social assistance as part of social protection programs.<sup>12</sup>

Social services and independent living services are fundamental to maximizing inclusion of persons with disabilities. The Republic of Korea has begun to expand access to social services that can support independent living and increase education participation and economic activation of persons with disabilities. In its response to the UN Committee on the Rights of Persons with Disabilities, when it was reporting in 2019, the Government of the Republic of Korea emphasized the scale and purpose of this shift: “as all disabled people will become eligible for applying for the activity assistant services starting July 2019, unlike in the past when only those in Grades I

through III (people with more severe disabilities) were eligible.” The budget for the said services was drastically increased by 45.3% from W609.7 billion in 2018 to W1,003.5 billion in 2019. The budget for support projects for the developmentally disabled rose fourfold from W8.5 billion in 2018 to W42.7 billion in 2019. In total, the budget of the Bureau of Policy for Persons with Disabilities under the Ministry of Health and Welfare rose by 25.3% from W2.22 trillion in 2018 to W2.78 trillion in 2019. The Government of the Republic of Korea will continually expand the spectrum of its disability services and the amount of budget allocated for such services to ensure independent living and protect the rights of the disabled.<sup>13</sup>

Providing information in accessible formats, ensuring eligibility criteria, making administration offices for benefits physically accessible, strengthening inclusive data management systems, and facilitating accessible payment methods can all contribute to improving access to social protection programs for persons with disabilities. Box 1 presents an example from Thailand of how disability registration cards improve access to social assistance and services for persons with disabilities.

#### Box 1: Disability Registration in Thailand

Disability registration in Thailand enables persons with disabilities to access welfare benefits and government support such as medical services, educational opportunities, career promotion, provision of assistive devices, disability rights and welfare services, accommodations, and a lifetime universal monthly disability allowance. In 2017, 3.08% of the population registered as having a disability. This represented 56% of persons with disabilities, based on a 5.5% prevalence rate as per the National Statistics Office 2017 survey of persons with disabilities. This represented a much higher coverage of persons with disabilities than the regional average coverage of 21.6% (for Asia and the Pacific), or 9.4% (for Asia and the Pacific without central Asia) cited by the International Labour Organization and the World Health Organization.

Source: International Labour Office. 2021. *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future*. Geneva.

The goals of disability-targeted or disability-specific programs depend on the political and social context in any given country. In many countries, support for persons with disabilities is closely associated with compensation for not being able to work. In this context, disability assessments are linked to capacity to work.

<sup>9</sup> UNESCAP Social Development Division. 2021. *How to Design Disability-Inclusive Social Protection*. Bangkok.

<sup>10</sup> Office of the United Nations High Commissioner for Human Rights. 2020. *Policy Guidelines for Inclusive Sustainable Development Goals: No Poverty*. Geneva.

<sup>11</sup> United Nations Department of Economic and Social Affairs. 2018. *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities*. New York. pp. 37–38.

<sup>12</sup> V. Barca et al. 2021. *Inclusive Information Systems for Social Protection: Intentionally Integrating Gender and Disability*. SPACE. Government of the United Kingdom Foreign, Commonwealth & Development Office (FCDO); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and the Government of Australia's Department of Foreign Affairs and Trade (DFAT).

<sup>13</sup> Committee on the Rights of Persons with Disabilities. 2019. *Combined Second and Third Periodic Reports Submitted by the Republic of Korea under Article 35 of the Convention Pursuant to the Optional Reporting Procedure, Due in 2019*. CRPD/C/KOR/2-3. UN Treaty Body Database (accessed 11 June 2021).

In other countries, support for enabling daily functioning and maximizing the ability to live independently drive the design of disability-specific programs. In Viet Nam, for example, eligibility is based on an assessment of functioning and the support required for daily tasks (footnote 9). In Thailand, the universal noncontributory disability allowance is designed to compensate for the additional costs of disabilities, and it is not means-tested so it cannot be taken away when persons with disabilities become employed or when they reach pension age.<sup>14</sup> In some countries, the entry into employment of persons with disabilities is disincentivized since disability-specific benefits are means-tested and can be taken away if income increases. In most countries with disability-specific programs, a medical assessment—often as part of a capacity-to-work assessment—is part of the process for conferring disability status and the eligibility for disability-specific programs and is also used to confirm extra needs in mainstream social protection programs.

## MEASURING SOCIAL PROTECTION COVERAGE FOR PEOPLE WITH DISABILITIES

Measuring social protection coverage for persons with disabilities requires knowing the population to be reached (the whole population of persons with disabilities, the denominator) and having data on the people who are receiving the social protection benefits (the numerator). In both cases, there are considerable challenges. Stigma, discrimination, complex assessment procedures, or other barriers may mean that people are not motivated to register as disabled. Thus, disability prevalence estimates based on registered persons with disabilities can significantly undercount the number of persons with disabilities in the population.

All but one ADB developing member country in the Asia and Pacific region (Timor-Leste) have either signed or ratified the CRPD. This means that definitions of disability in national legislation across the region have become increasingly aligned with the CRPD definition: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (CRPD, 2006, Article 1).

Identifying persons with disabilities, nevertheless, remains challenging, and data that are comparable across countries continue to have limitations. This is largely because methods vary and because disability is mostly understood in relation to perceptions of “normal

functioning” and is, therefore, influenced by contextual factors such as age, sex, and even income group.<sup>15</sup> For example, older people may not think of themselves as having a disability even though they experience considerable difficulties in functioning because they perceive these challenges as normal for their age. Similarly, parents or caregivers who answer questions about their children may not accurately report their difficulties in functioning either because of stigma and fear of admitting difficulties, or because of differing perceptions of what is considered normal functioning at different stages of development. The way that questions are asked (e.g., face-to-face or by questionnaire) and the kind of questions that are asked (focused on impairments, disability, or difficulties in functioning) can also influence the resulting disability prevalence rates. Since the CRPD was introduced in 2006, several initiatives have been underway to address these challenges, resulting in the development of the World Health Organization (WHO) Disability Assessment Schedule 2.0 (DAS 2)<sup>16</sup> and the Washington Group Questions (WGQ).<sup>17</sup>

The Sustainable Development Goals (SDGs), with their focus on “leaving no one behind” and including target 1.3 to implement social protection systems for all, have also driven greater attention to disability-disaggregated data and statistics. Indicator 1.3.1 (population covered by social protection floors/systems) tracks the *proportion of population covered by social protection floors/systems* disaggregated for gender, persons with disabilities, children, and older people.<sup>18</sup>

The WHO and World Bank 2011 *World Report on Disability* used two global studies published in 2004, the World Health Survey (WHS) and the Global Burden of Disease (GBD), to estimate the often-quoted disability prevalence rate of 10%–15% of the world’s adult population (footnote 15).<sup>19</sup> These studies used different methods for determining disability. To some extent, these studies were forerunners of the methods that are used today in surveys and censuses. The GBD and the WHS both indicate much higher prevalence of disability among people aged over 60 years since functional impairments increase with age.

The WGQ, based on functioning across different domains, are designed to address the challenges of estimating the population of persons with disabilities in census or other surveys, and are increasingly being used in the Asia and Pacific region for estimating disability prevalence. The WGQ Short Set asks if a person has “no difficulty,” “some difficulty,” “a lot of difficulty,” or “cannot do at all” in six domains of functioning: vision, hearing, mobility, cognition (remembering and concentration), self-care, and communicating (understanding and being understood). The WGQ and the WHO DAS 2 are designed for use when asking questions to and about adults.

<sup>14</sup> ADB. Forthcoming. *Thailand: Social Protection Indicator*. Consultant’s report. Manila (TA 9534).

<sup>15</sup> World Health Organization (WHO) and World Bank. 2011. *World Report on Disability*. Geneva.

<sup>16</sup> TB Üstün et al., eds. 2010. *Measuring Health and Disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0)*. Geneva: WHO.

<sup>17</sup> Washington Group on Disability Statistics.

<sup>18</sup> Global Change Data Lab. SDG Tracker.

<sup>19</sup> The WHS gives prevalence among adults with “very significant difficulties” in everyday functioning (with a threshold score of 50 or more) of 2.2% and “significant difficulties” (threshold score of 40 or more) of 15.6%. The GBD indicates 3.8% for “severe disability” for the population aged 15 years and above, and 15.3% for “moderate disability.”

To address the challenges of asking questions about child functioning, the United Nations Children’s Fund (UNICEF) and the Washington Group collaborated to develop the child functioning module for the UNICEF Multiple Indicator Cluster Surveys (MICS) that are conducted periodically in many of the developing countries in Asia.<sup>20</sup> Reliable data on children with disabilities are generally challenging to find since parents and caregivers might hide their child’s impairments during surveys, or they may underestimate or overestimate their child’s level of functioning when compared to other children—this type of questions is used in the UNICEF and Washington Group child functioning module.

The WGQ is increasingly being used by national governments in census and household surveys. While the statistics are improving, this has not yet translated into their use in designing social protection programs. If social protection systems continue to reach only the people who find their way to the necessary office, undergo the disability assessment, and apply successfully for the disability

allowances and services, then coverage will continue to be low and prevalence estimates relying on administrative data will continue to be underestimates.

### ADB’s Social Protection Indicator and Disability Data Disaggregation

In 2005, ADB developed the Social Protection Indicator (SPI) as a tool for monitoring and analyzing social protection at the country and regional levels. For the 2018 SPI study, ADB has made an intensive effort to gather data on persons with disabilities benefiting from social protection policy measures and programs and attempted to calculate the proportion of social protection expenditure that is reaching persons with disabilities. Of the 25 countries that participated in the ADB SPI study, 9 countries used the WGQs or WHO DAS 2; 10 countries used administrative data; 3 countries used other ways of asking about disability in surveys; and, for 3 countries, there was no information in the SPI reports on how the rate was calculated. Table 1 summarizes

**Table 1: Prevalence Rates of People with Disabilities among Different Age Groups**

Country	% of Population Aged 0–14 Years	% of Population Aged 15–59 Years	% of Population Aged 60+ Years	% of Total Population
Bangladesh <sup>a</sup>	1.4	0.9	7.0	1.5
Bhutan <sup>a</sup>	0.4	1.3	13.0	2.1
China, People’s Republic of <sup>b</sup>	1.0	6.0	13.0	6.3
Georgia <sup>c</sup>	1.0	5.0	2.0	3.0
Japan <sup>c</sup>	4.0	6.0	12.0	7.5
Kazakhstan <sup>c</sup>	2.0	4.0	8.0	3.7
Korea, Republic of <sup>c</sup>	1.0	3.0	12.0	5.0
Malaysia <sup>a</sup>	2.0	12.0	20.0	7.0
Maldives <sup>c</sup>	2.0	1.0	4.0	2.0
Mongolia <sup>a</sup>	1.0	5.0	12.0	4.0
Pakistan <sup>a</sup>	2.0	5.0	32.0	6.0
Singapore <sup>d</sup>	3.0	3.0	17.0	6.0
Sri Lanka <sup>a</sup>	1.0	5.0	33.0	7.0
Thailand <sup>c</sup>	1.0	2.0	10.0	3.0
Uzbekistan <sup>c</sup>	1.0	2.0	16.0	2.2
Viet Nam <sup>d</sup>	6.0	4.0	22.0	7.0
<b>Range of prevalence rates</b>	<b>0.4%–6.0%</b>	<b>0.9%–12.0%</b>	<b>4.0%–32.0%</b>	<b>1.5%–7.5%</b>

<sup>a</sup> Surveys or census using the Washington Group Questions (see Social Protection Indicator Asia Regional Report [forthcoming], chapter on Disability and Social Protection).

<sup>b</sup> The rates for the People’s Republic of China are calculated by the author from two sources: (i) persons with disabilities as percentage of population based on a total prevalence of 6.34% from a 2006 survey, and (ii) the age ratios from the administrative data of people registered with disabilities reported in the *Statistical Year Book 2019*.

<sup>c</sup> Administrative data for people registered with a disability by the country’s ministry of social protection or health.

<sup>d</sup> No information on the sources of data.

Sources: Asian Development Bank Social Protection Indicator (SPI) country reports and data sheets for 2018, and the SPI Asia Regional Report (forthcoming) chapter on Disability and Social Protection.

<sup>20</sup> UNICEF and Washington Group. 2016. *Module on Child Functioning*. New York.

the official prevalence rates used in the ADB study for selected countries and their sources.

Lower prevalence rates among children and higher prevalence among people over 60 years of age reported in the ADB SPI studies are consistent with the global and regional estimates from the GBD and the WHS. Significant variations exist between prevalence rates in different countries for the same age groups, for example, one-third of older people are persons with disabilities in Sri Lanka and Pakistan compared to only 2% in Georgia and 4% in Maldives. This can be accounted for by different data sources, differing methods and questions used in surveys, differing cultural norms and perceptions of disability in different contexts, and varying thresholds for defining disability (moderate or severe) in administrative data sets. It could also be the case that there are higher proportions of people in the older age ranges such as 75–85 years of age and above in some countries, and this translates into a higher disability prevalence rate.

Disability prevalence data are generally considered more reliable when the WGQ and the UNICEF and Washington Group child functioning module have been used in general population surveys or censuses and then followed up by a disability-focused survey to verify the results. A useful next step is to include the WGQ in social registries and then follow up with a disability assessment for the provision of benefits and services. These approaches require considerable investment of resources. But they can provide more accurate data to support planning of services and social protection programs, since census or household surveys using the WGQ alone can only be used for screening and generating statistical estimates.

Accurate prevalence rates at different ages are important to support policy planning and monitoring, as the needs of persons with disabilities change throughout the life cycle and cut across government sectors such as education, health, social protection, housing, employment, transport, and civic participation. Disability prevalence tends to increase with age since acquired disabilities increase, which is caused by health problems, injuries, and eventually by the changes in functioning that come with old age. Early intervention and early childhood development can impact positively on education<sup>21</sup> and consequently on employment outcomes for persons with disabilities.<sup>22</sup> Adolescents with disabilities are significantly more likely than their peers without disabilities to not have completed primary or secondary education. In Cambodia, for example, only 4% of adolescents with disabilities complete secondary education compared to 41% of adolescents without disabilities.<sup>23</sup> The poverty rate for adults with disabilities

aged 19–40 years is greater than people without disabilities of the same age.<sup>24</sup> Accurate data on prevalence at different ages can help to ensure more targeted and effective policy responses—including social protection—that promote equity and social inclusion.

In many countries, persons with disabilities cannot continue to receive disability allowances once they reach the age of retirement and are transferred to the old-age pension program. The results of this transfer can be seen in Table 1 for countries such as Georgia where the prevalence of disability among older people is hidden in administrative data. As long as persons with disabilities can continue to access other services and support, such as assistive devices, social services, and reasonable accommodations, then this may not have a significant negative impact. In Thailand, more than 9 in 10 older people receive pension as well as disability allowance if they are registered with a disability card.<sup>25</sup> In Georgia, some older people with severe disabilities receive disability benefit in addition to the pension. However, if the move to the old-age pension represents a reduction in income or a reduction in support for the extra costs of disability that a person with disabilities may have received when they were of working age, then this can have a significant impact on the quality of life, dignity in old age, and the ability of a person with disabilities to age actively alongside older people without disabilities (footnote 8).

## SOCIAL PROTECTION SUPPORT FOR PEOPLE WITH DISABILITIES IN ASIA

The ratification of the CRPD and the 2012 Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific (adopted by all governments in Asia) and SDG target 1.3 are helping to put disability inclusion on the social protection map in the region, as evidenced by a number of disability-focused social protection strategies, policies, and mechanisms since 2012 (Box 2). This effort has also led to the harmonization of legislation and legal definitions of disability with the CRPD even in countries such as Bhutan, which are yet to ratify the CRPD.

### Social Protection Expenditure

Under the 2018 SPI study, ADB introduced the disaggregation of disability data, calculating the proportion of social protection expenditure that is reaching persons with disabilities. At this stage, with the scarcity of data and complications of sourcing of information across agencies, it is challenging to come to a clear set of conclusions. The findings below provide an initial

<sup>21</sup> WHO and UNICEF. 2012. *Early Childhood Development and Disability: A Discussion Paper*. Geneva: WHO; and WHO, UNICEF, and World Bank Group. 2018. *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*. Geneva: WHO.

<sup>22</sup> Studies from Nepal, the People’s Republic of China, and the Philippines cited in L. M. Banks and M. Keogh. 2016. *Inclusion Counts: The Economic Case for Disability-Inclusive Development*. Bensheim, Germany: CBM. p. 60.

<sup>23</sup> Footnote 11, pp. 76–84.

<sup>24</sup> Footnote 11, pp. 34–37.

<sup>25</sup> C. Knox-Vydanov. 2016. *Work, Family and Social Protection: Old Age Income Security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam*. Chiang Mai: HelpAge International.

## Box 2: Overview of Mechanisms to Strengthen Implementation of the Convention on the Rights of Persons with Disabilities

**Bhutan.** The National Policy for Persons with Disabilities introduced in 2019 strengthens and extends community-based rehabilitation and provision of assistive technology and devices to persons with disabilities as well as improves reasonable adjustments in access to health services. The Gross National Happiness Commission Secretariat is charged with leading on the rights of persons with disabilities until a separate entity is established.

**Kazakhstan.** The government began to strengthen online services for persons with disabilities in 2020 to help them identify social and rehabilitation services relevant to their needs and further push for a barrier-free environment for persons with disabilities. The online portal has been welcomed by persons with disabilities since it removes the intermediary of state procurement, which affected the quality of services and assistive devices and technology. An

Sources: Asian Development Bank (ADB). Forthcoming. *Bhutan: Social Protection Indicator*. Consultant's report. Manila (TA 9534); ADB. Forthcoming. *Kazakhstan: Social Protection Indicator*. Consultant's report. Manila (TA 9534); and ADB. Forthcoming. *Uzbekistan: Social Protection Indicator*. Consultant's report. Manila (TA 9534).

“interactive accessibility map” allows users of the portal, whether with or without disabilities, to enter information about accessibility of buildings, transport hubs, or other infrastructure. Users with limited mobility can therefore go online before visiting a building or making a journey to assess the degree and quality of adaptations that have been introduced.

**Uzbekistan.** The country ratified the Convention on the Rights of Persons with Disabilities in 2021. In 2019, the Government of Uzbekistan established a new information system, the Single Registry of Social Protection, which is an interagency e-government data transfer network that will introduce efficiencies in administering disability benefits and providing information on disability status from the Ministry of Health medical and social expertise committees, among other aspects of social protection programs.

analysis that likely will improve over time as the quality of the data improves and will become increasingly helpful for policy makers.

Table 2 presents data gathered by the ADB SPI study on the proportion of social protection expenditure per capita that is reaching persons with disabilities using minimum estimates of social protection expenditures targeted to persons with disabilities only. The average proportion of expenditure on persons with disabilities is 3.47% of the overall social expenditure per capita gross domestic product (GDP) for a population with disabilities that is 4.55% of the overall population. This means that a relatively smaller share of social protection spending goes to persons with disabilities and a relatively larger share to people without disabilities. Overall, with some exceptions, the disability-targeted expenditure is lower than the proportion of persons with disabilities in the total population. The exceptions are Georgia, Kazakhstan, the Kyrgyz Republic, Malaysia, Maldives, Mongolia, and Uzbekistan where the social protection expenditures seem to be weighted to a greater extent toward persons with disabilities. In the case of countries in Central Asia and the Caucasus, this is largely due to the legacy of the Soviet system, with a comprehensive social protection system supporting people from cradle to grave.

If the estimated expenditure for persons with disabilities benefiting from mainstream social protection programs are included (for instance, elderly persons with disabilities receiving an old-age pension), then the weight of expenditures toward persons with disabilities increases. It is, however, challenging to get reliable estimates of the shares of persons with disabilities in mainstream social protection programs. Disability prevalence data from surveys

that have used the WGQ or other robust methods are a good source for these estimates.

In Pakistan, for example, there are no national social assistance programs targeted to persons with disabilities (Punjab Province has a provincial program); however, a national survey indicates a high prevalence of persons with disabilities among the older population above 65 years of age (32%, Table 1). Assuming that most or all of these older persons with disabilities are receiving old-age pensions or allowances under several national old-age pension schemes, then a greater proportion of social protection expenditures are reaching persons with disabilities than if only disability-targeted program are considered.

The situation is similar in the Philippines where expenditure on disability-targeted programs seems nonexistent; however, this is because persons with disabilities are benefiting from programs that are accounted for in a different way than most social protection programs. Although the Philippines does not have an allowance for disability that is targeted only to persons with disabilities, it has a number of mainstream social protection programs providing support to persons with disabilities. Social insurance programs in the Philippines cover people in employment if they become disabled and cannot continue working. Government social assistance reaches children and adults with disabilities living in low-income households that meet the poverty threshold criteria for the “Pantawid Pamilyang Pilipino” Program (4P). The 4P program places conditionalities on households in relation to school attendance, and there are exemptions for children with disabilities who are excluded from mainstream education or any education services. In the Philippines, persons with disabilities are also entitled to a disability identity card that provides a range of

**Table 2: Disability-Targeted Expenditure as a Proportion of Overall Social Protection Expenditures, 2018**

Country	SP Expenditure for Intended Beneficiary (% of GDP per capita)	SP Expenditure for People with Disabilities (% of GDP per capita)	Disability-Targeted Expenditure Divided by Overall SP Expenditure (%)	Disability Prevalence Rate (%)
Armenia	5.60	0.05	0.81	6.30
Azerbaijan	5.90	0.25	4.19	6.37
Bangladesh	1.30	0.03	2.15	1.53
Bhutan	1.20	0.00	0.29	2.10
Cambodia	1.00	0.02	1.57	4.00
China, People's Republic of	5.80	0.03	0.56	6.34
Georgia	4.70	0.25	5.27	3.00
Indonesia	2.10	0.00	0.10	2.80
Japan	11.70	0.51	4.32	7.50
Kazakhstan	4.62	0.46	9.97	3.70
Korea, Republic of	6.00	0.06	1.07	5.00
Kyrgyz Republic	5.00	0.57	11.33	3.00
Lao PDR	0.90	0.00	0.00	2.10
Malaysia	3.70	0.33	8.95	7.00
Maldives	4.00	0.19	4.65	2.00
Mongolia	4.78	0.43	8.93	4.00
Nepal	2.70	0.03	1.23	1.94
Pakistan	2.14	0.00	0.19	6.00
Philippines	3.00	0.00	0.00	12.00
Singapore	5.70	0.00	0.00	6.20
Sri Lanka	3.15	0.01	0.39	7.22
Tajikistan	4.10	0.05	1.15	1.63
Thailand	3.90	0.08	2.11	3.00
Uzbekistan	6.30	1.04	16.48	2.20
Viet Nam	4.45	0.04	1.01	6.76
<b>Unweighted average</b>	<b>4.15</b>	<b>0.18</b>	<b>3.47</b>	<b>4.55</b>

GDP = gross domestic product, Lao PDR = Lao People's Democratic Republic, SP = social protection.  
Source: Asian Development Bank Social Protection Indicator country reports and data sheets for 2018.

discounts on medicines, health services, food, transport, among others. Each card is issued by local municipal authorities according to assessment criteria that may vary. However, there is no national database of people with disability cards that can facilitate monitoring of coverage and of expenditure.

It should be noted that, in calculating the expenditure on persons with disabilities in Table 2, welfare assistance for persons with

disabilities—including, for example, residential and day-care services, personal assistance and caregiver allowances, subsidies, assistive devices, and rehabilitation services—has been included for some countries and not for others. The reason may be that there are no such services and, therefore, no expenditures in the social protection program; or such services exist, but expenditures cannot be distinctly identified (as in the Philippines where discounts are paid for through the local government and

are not captured in the calculation), or belong to other sectors (for example, health programs might include rehabilitation services and provision of orthopedic or assistive devices in some countries; and, in others, these might be included as social assistance or social insurance expenditure). Indonesia, Lao People’s Democratic Republic (Lao PDR), and Singapore do not have disability-targeted programs, and Pakistan has such a program in one province but no national disability-specific program. This does not mean that persons with disabilities might not be benefiting from other social protection programs, but that programs targeted to persons with disabilities were not identified in these countries and, as such, not included in the calculation.

### Disaggregation of Social Protection Data—A Case Study of the Republic of Korea

The disaggregation of social protection data for persons with disabilities allows the making of more substantiated policy decisions. The case study of the Republic of Korea (Box 3) illustrates that, if differentiated reference populations are used, more accurate coverage rates can be generated. According to the International Labour Organization, 3.2% of the population of the Republic of Korea have severe disabilities, of which 24.8% receive disability benefits. When persons with disabilities are disaggregated by age (children, adults, older people), it becomes clear that, for some population groups, a larger proportion is reached (for example, 36% of children who are registered with disabilities are receiving disability allowances) and, for others, a lower proportion is reached (for example, only 14% of the registered adults receive a disability pension). It also allows assessment as to what extent, for instance, people with severe disabilities are receiving assistance.

#### Box 3: The Republic of Korea—Disaggregated Data on Disability-Targeted Programs

- 365,000 persons with disabilities receive a disability pension (14% of adults registered with disabilities)
- 19,000 children with disabilities receive an allowance for children with disabilities (36% of children registered with disabilities)
- 84,000 persons with disabilities receive assistance service for people with severe disabilities (3.3% of all people registered with disabilities)

Source: Asian Development Bank. Forthcoming. *Republic of Korea: Social Protection Indicator*. Consultant’s report. Manila (TA 9534).

More accurate, disaggregated information also facilitates assessment whether persons with disabilities are receiving support from mainstream social protection programs, as illustrated in Box 4. In the case of universal programs, like the health insurance program,

the administrative data can be benchmarked against prevalence rates to assess whether persons with disabilities are effectively being covered. In the case of the National Basic Livelihood Security System, a means-tested poverty alleviation program, the aim is to reach the poorest and most vulnerable people. In 2018, persons with disabilities represented 25% of the targeted beneficiaries, which is five times the prevalence of persons with disabilities in the general population (based on the SPI, 5% of the population is registered with disabilities). Persons with disabilities are, therefore, overrepresented among the poorest and most vulnerable people who are being targeted by this program, as persons with disabilities are among the poorest and most vulnerable. The data also reveal that only 17% of persons with disabilities were benefiting from this program in 2018, prompting further efforts from the government to reach the most vulnerable.<sup>26</sup>

### Trends in Social Protection Expenditures

In order to look at trends over time in the social protection expenditures targeted to persons with disabilities, ADB has examined these expenditures recorded in previous SPI studies as a share of GDP, and the data indicate that they have increased since 2009 in most Asian countries (Table 3). In 2009, the unweighted average for disability-targeted programs was 0.17% of GDP per capita. In 2018, it was 0.22%, an increase of around 29%, although the spending starts from a low base. This could reflect that commitments under the CRPD and the Incheon Strategy are beginning to increase the governments’ awareness of disability-related issues, eventually resulting in an increase in social protection expenditure. In some countries, the disability-targeted expenditures have increased significantly between 2009 and 2018—notably in Japan, Malaysia, and Mongolia. In other countries, disability-targeted expenditures have decreased—especially in Georgia, Maldives, and Uzbekistan. The increases may indeed reflect increased expenditures. In Japan, for example, there is a rapidly growing older population with disabilities, and disability social assistance expenditures in 2018 have more than doubled as a percentage of GDP compared to 2009. There is also a 50% increase in the disability expenditures of Mongolia from 2009 to 2018, which is mainly explained by an increase in the number of beneficiaries as well as increases in the amounts of pension payments.<sup>27</sup> The decreases in expenditure as a percentage of GDP per capita seem to be linked more to the significant increase in the GDP per capita than to a decrease in expenditure on programs targeted to persons with disabilities.

The increase in attention to disability and social protection is also illustrated in the expansion of existing programs and the growing number of new programs. In Kazakhstan, for example (for which disability expenditure data was not available for 2009 and 2012), there are several new social protection measures focused on persons with disabilities that have been put in place since the ratification of the CRPD in 2015, and that have undoubtedly contributed to increased expenditure (Box 5).

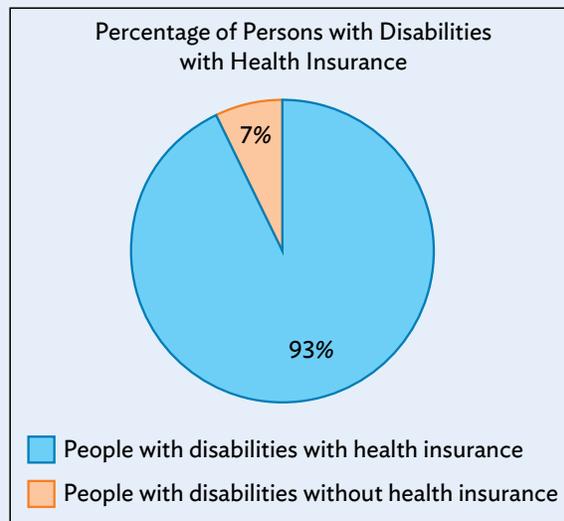
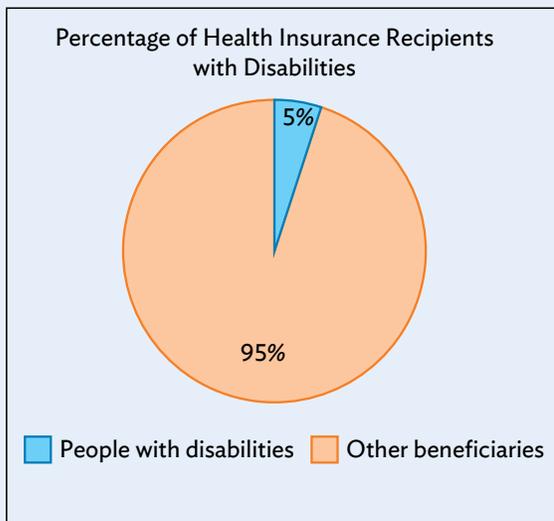
<sup>26</sup> The first Comprehensive Plan for Basic Livelihood Security (2018–2020) was introduced to address “blind spots” among the poor and to have the targeted beneficiaries covered, mainly by gradually easing the access criteria for those targeted under the program (ADB. Forthcoming. *Republic of Korea: Social Protection Indicator*. Consultant’s report. Manila (TA 9534)).

<sup>27</sup> ADB. Forthcoming. *Mongolia: Social Protection Indicator*. Consultant’s report. Manila (TA 9534).

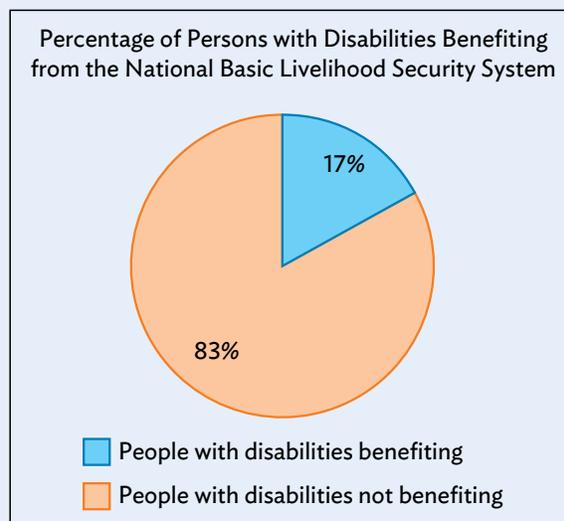
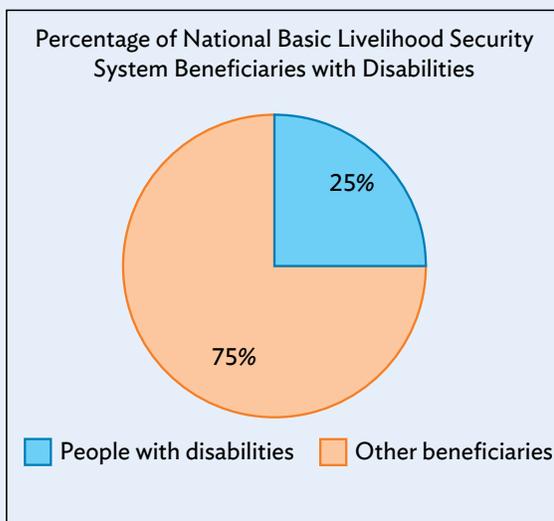
### Box 4: The Republic of Korea—Percentage of People with Disabilities Benefiting from Mainstream and Disability-Targeted Social Protection Programs in 2018 (Based on Actual Administrative Data)

**Coverage of persons with disabilities under mainstream social protection programs:**

- 2.586 million people are registered with disabilities (5% of the population)
- 2.4 million persons with disabilities benefit from health insurance (93% of people registered with disabilities and 5% of all health insurance beneficiaries)



- 437,708 persons with disabilities benefit from the National Basic Livelihood Security System, which represent 25% of all targeted beneficiaries and 17% of all people registered with disabilities



Source: Asian Development Bank. Forthcoming. *Republic of Korea: Social Protection Indicator*. Consultant’s report. Manila (TA 9534).

**Table 3: Share of Disability Expenditures to Gross Domestic Product for Selected Asian Countries, 2009–2018 (%)**

Country	2009	2012	2018
Armenia	0.03	0.12	0.11
Azerbaijan	0.02	0.11	0.24
Bangladesh	0.01	0.01	0.04
Bhutan	0.00	0.00	0.00
Cambodia	0.00	0.00	0.02
PRC	0.02	0.05	0.06
Georgia	0.64	0.58	0.43
Indonesia	0.00	0.00	0.00
Japan <sup>a</sup>	0.25	0.45	0.58
Korea, Republic of	0.04	0.05	0.10
Kyrgyz Republic	0.27	1.14	1.04
Lao PDR	0.00	0.00	0.00
Malaysia	0.10	0.11	0.35
Maldives	0.02	0.34	0.22
Mongolia	0.50	0.38	0.76
Nepal	0.02	0.02	0.04
Pakistan	0.00	0.00	0.01
Philippines	0.04	0.00	0.00
Singapore	0.01	0.00	0.00
Sri Lanka	0.00	0.01	0.01
Tajikistan	0.05	0.03	0.05
Thailand	0.00	0.06	0.11
Uzbekistan	1.91	1.42	1.00
Viet Nam	0.04	0.10	0.11
<b>Unweighted Asia average</b>	<b>0.17</b>	<b>0.21</b>	<b>0.22</b>

Lao PDR = Lao People's Democratic Republic, PRC = People's Republic of China.

<sup>a</sup>Not including disability pension under social insurance as data was not available for 2009 and 2012.

Source: Asian Development Bank Social Protection Indicator country reports and data sheets for 2018.

## CONCLUSIONS

Disability-inclusive social protection is made up of cash transfers that address the additional costs of disability, services, and assistive devices that can support inclusion and participation in education and employment, as well as access to basic services such as health, housing, water, and sanitation. As a minimum,

### Box 5: Kazakhstan—New Programs and Initiatives Introduced Since Ratification of the Convention on the Rights of Persons with Disabilities in 2015

- Expenditure on “Disability allowance” from 2015 to 2018 increased by almost 20% (from \$600 million to \$722 million) and the number of beneficiaries increased by 4%.
- Expenditure on “Allowances for parents, guardians raising children with disabilities” has more than doubled (from T13 billion to T30 billion).
- In 2018, a new benefit for a person caring for adults with severe disabilities has been introduced.
- A new program subsidizing employer’s costs for the creation of employment for persons with disabilities has been launched.
- Since 2017, the list of technical rehabilitation aids has been updated and significantly expanded from 32 to 55 types of products.

Source: Asian Development Bank. Forthcoming. *Kazakhstan: Social Protection Indicator*. Consultant’s report. Manila (TA 9534).

there is a need to ensure that persons with disabilities have access to minimum guaranteed income that takes into account the extra costs of disabilities. This means excluding disability benefits from the calculation of household income or taking into account extra household consumption related to disability when calculating eligibility for minimum-income programs. Over time, the governments of Asia and the Pacific should consider moving toward a system where individual budgets can be allocated, based on a comprehensive assessment of each individual and their situation, that does not only consider ability to work but also issues of early childhood development, education, aging, and participation.

The disaggregated monitoring of the CRPD, Incheon Strategy, and the SDGs has helped stimulate governments to incorporate the WGQ into censuses and household surveys. However, there is a need to continue to strengthen these initiatives and to extend them to social registers where people are enrolled into poverty alleviation programs, employment programs, or other social protection programs. Crude whole-population prevalence rates have very limited value when applied to programs that are targeting older people or children, or even working-age adults.

Coverage of persons with disabilities in mainstream social protection programs should be tracked through administrative data and screening questions on functioning. This would mean more accurate reporting on social protection expenditures for persons with disabilities, as illustrated in the case of the Republic of Korea.

Similarly, without good data on children and young persons with disabilities, it can be difficult to plan for the full range of social, educational, and employment services that are needed to support them and their families when young and into productive independent living as young adults, regardless of the severity of their disability.

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### Notes:

In this publication, “\$” refers to United States dollars, “T” refers to tenge, and “W” refers to won.

ADB recognizes “Vietnam” as Viet Nam.

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