

## Editorial

# What do Covid-19, Conflict and Climate Change have in common?

At first sight these three challenges have nothing in common except that all three issues start with the letter 'C'. However, on taking a closer look, one may recognise more similarities than are apparent at first sight.

Rapid demographic and epidemiological transitions are increasingly posing a threat to the world in which we live. For instance, the Covid-19 pandemic has seen significantly higher morbidity and mortality levels, which brought healthcare systems in some countries to the verge of collapse. We do not know as yet how many people will end up with disabilities as a result of long-Covid, but we do know that it has had a great impact on the functioning of people and, in all likelihood, may cause serious socio-economic consequences in many lives.

While there have always been conflicts and wars, one notices at this moment geopolitical developments with dormant conflict in several parts of the world. Large populations, especially in remote places, face the results of 'old and forgotten' wars. Autocratic leaders continue to ruthlessly murder thousands of innocent people. While we see and read about those who are killed, seldom do we hear about the number of people who end up with permanent disabilities, both physical and mental.

Do we realise that the effects of climate change will be pretty serious for many countries and communities, affecting the lives of the poor rural (and urban) population with disability the most?

You may argue – and I am happy if you do so – that these three aspects have only one thing in common: the letter 'C'. As part of a recent evaluation of a large number of community-based rehabilitation programmes, we had a discussion with the director of a large organisation, who was convinced that these are the three main challenges that countries like India - in general - are facing. On further reflection, I realised that this is not just a prophetic perspective but in fact is already part of the global situation. While some among us do not want to recognise it, for many this has already become reality: the daily threat of survival for people with and without disabilities. The sad thing is that those who live in wealthy countries, with access to good healthcare, to the most recent therapies and high-tech interventions, have been feeling more or less autonomous until

faced with the threat of war. Look at what is happening in Europe, with Ukraine being destroyed by a ruthless dictator and his war machine, along with gross violation of human rights on a massive scale.

Amid these developments we – rightfully – continue to talk about the inclusion of people with disabilities. We develop grand plans, new ideas and new terms. We argue and disagree with each other, but, most often, we do this without including people with disabilities themselves. We may invite organisations of people with disabilities but how often are those who are most affected, those living in absolute poverty, being heard? It is the well-educated elite that is heard, as much as it is the powerful international agencies and organisations that make the decisions.

Most of the readers, like me, are not policymakers, but the perspective of what we are seeing and what we are hearing from the field is the basis for our reflections and actions.

Policymakers need to recognise that the divide between the wealthy and middle-class on one hand, and the (ultra) poor on the other, has become bigger during the past decades and that this is a recipe for (further) conflict. Those who are poor and living in low- and middle-income countries are most affected by Covid-19, conflict, and climate change. The - at times small - NGO programmes supported by development agencies (some known to be working in the field of disability but many others who are not at the forefront of our discussions) often form the only source of assistance for people with disabilities. Their situation will not change soon. Governments may have a complete disinterest in the (ultra) poor but of course they will not tell you. Ratification of the UNCRPD is by no means a guarantee that anything has changed or will change for the ultra-poor, with and without disabilities. As long as there is no access to the most essential basic resources and the most basic rights are not being met, do not expect that people are much interested in 'hearing about higher level individual rights'. We need, in my view, a wake-up call about the real situation, the reality, and not the parallel universe in which some people and organisations operate.

What actions are needed?

- Listen carefully to people at the grassroots: you may not hear the development jargon but if you take time to truly listen, you will certainly hear about their needs, concerns, hopes, and dreams.

- Ensure that the WHO in its Rehab-2030 strategy emphasises the importance of creating and facilitating access to rehabilitation for the (ultra) poor, with and without disability. This means that emphasis should not be placed on increasing the numbers of highly trained rehabilitation professionals. It will simply take too long to get them interested in working in the conditions we are talking about. The WHO and others should emphasise the need for well-trained mid-level rehab workers who can deliver meaningful services to people with the most common conditions and disabilities. Thousands of them are needed; governments need to be made aware of this, and good quality training, support and supervision need to be offered. A true advocacy task for (influential) UN bodies such as the WHO!
- These mid-level rehab workers would need support and supervision from professionals, as they require training for a different role than those who work in affluent societies. Copying western care and rehabilitation systems is not the solution. Copying western training is assuredly not the answer to the reality of the rural and urban poor. Instead, face the criticism one will receive from professional boards and develop curricula that fit the local situation. Realise that professionals and their organisations have vested interests; do not be naïve! Allow for flexibility and be bold to oppose westerns standards.
- Study innovative models, e.g., the government of Nepal started a CBR programme with hundreds of CBR field staff employed by government in Province No.1.
- Build capacity of national OPDs and help them become true watchdogs. But, at the same time, realise that this often requires a lot of careful manoeuvring in terms of used terminology, actions, advocacy/lobby, given that a large number of countries have political systems that do not allow activities that may be seen as subversive.

We should see and recognise the **community** as key to the furtherance of disability inclusion. Disability inclusive development should be based on three elementary values: **solidarity**, **social justice** and **social friendship**. Such an approach, based on classical principles of community development, offers – in my view – more direction for the future than any debate about terminology.

Community engagement and participation were important principles of the Alma Ata Declaration in 1978 and are in line with the Primary Health Care movement, as well as with Community-based Rehabilitation. More than 40 years later, this

sounds like a faraway dream. Social movements and activists defending rights are facing increasing pressure all over the world and citizens' control stands at an all-time low in an increasing number of countries.

Isn't it time to start with more bottom-up processes, helping communities to help themselves, including those who are with disability? Isn't it time to think with the broader movement for human rights on how we can strengthen social movements that are inclusive for all, and work towards more control of communities in their own development?

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