

Editorial

Dear readers,

It is with great joy that I am introducing this new issue of the DCID journal. It has taken a while to publish this first issue of the DCID journal and before saying more about this I would like to thank all people who made it possible to publish the journal. One may argue that this has been the case for the past 3 decades and that is true. However, this is a very special issue for various reasons. It is the last issue published by Ubiquity Press and I can only say that they have done a great job in supporting the entire editorial team during the past few years. Another reason is the fact that the journal had to rely, from the 1st of January of this year, almost entirely on volunteers. Next to the immense support always given by the reviewers, essentially all editorial work was done on a voluntary basis. A big thank you to all people who want the journal to continually offer knowledge and new insights and ideas to its readers. We, however, still hope that better times will come and that the University of Gondar in Ethiopia (now owner of the journal) will continue to publish the journal and play a pivotal role in continually informing the field about research outcomes; further try to improve the relevance of the journal for its readers, especially and primarily for those from low-and middle-income countries. New sections will be added to the journal to engage readers in debates as we strongly believe these should not be left to the elite, to the West, to influential INGOs or to professional boards.

We hope that in the next issue we can publish an article about the recent study done by a master student at the VU University in Amsterdam: a study that focused on the relevance of the journal for authors, editorial board members as well as the readers. To shed some light on the outcomes of that study, I can already inform you that the value of the DCID journal is based on two main aspects. First, the practical usefulness of the journal's content. Second, the journal is recognised for providing individuals from LMICs an opportunity to express their perspectives and share insights regarding the realities they experience.

I would also like to welcome Dr Solomon Mekonnen, who will be the new editor-in-chief, and Tesfahun Melese as the new journal manager. I will of course continue to support them, and I am asking you to do the same.

A very interesting journal lies in front of you. It consists of a number of very valuable articles, including stimulating and perhaps controversial letters to the editor. I urge you to read the articles – some of them are outstanding – and letters

to the editor. The new section – book reviews – will discuss 2 recently published books that may be of interest.

Recently, I attended in Ghana a conference with the theme ‘improving the quality of life of persons with disabilities along with the life course by research and practice’. I was honoured to be the keynote speaker and was blessed to be able to talk for 30 minutes and answer questions for 15 minutes. I decided to keep my presentation very practical and focus on ramping up services for people with disabilities in Ghana rather than paying too much attention to the fact that the audience was largely formed by academia; some with and most without disabilities. The majority belonged to the elite; disabled or not. Therefore, the line of my presentation was not focusing on the need to ramp up services for those already having access to more than the most elementary services. I was not focusing either on those who can afford to send their child (with a disability) to a private school or follow a post-graduate university study. No, I wanted to show that in a country like Ghana – in spite of good intentions, law and legislation, and even great policies – the majority (possibly at least 90%) of people with disabilities live in miserable conditions. These people won’t be helped with increased numbers of professionals such as therapists. These people are trying to survive. They often live in abject poverty; many of them face stigma; either from society or themselves. They face rejection by society because of rock-hard belief systems including the bondage of witchcraft. Something else is thus needed. Rehabilitation in a narrow medical focus is not offering the solution to the challenges faced by the majority of people with disabilities and their families. A much broader, much more comprehensive approach, that takes the context of disability not just into consideration but also includes related actions to ensure some fundamental determinants of inequality and lack of development are also tackled.

Increasingly I believe that if we really want to make a difference to people’s lives, we for instance must better understand the importance of culture, tradition and religion. Contemporary development cooperation– very much based on Eurocentric interpretations of the world – has shown for many years little to no attention to the importance of religion for instance. Yet, 86% of the world population is (deeply) religious.

Next to this omission, there is another issue as well: a growing focus on inclusion on one hand but at the same time the increasing support in affluent societies for minimalizing the chances of getting (a child with) a disability to such an

extent that – in an often subtle way – it becomes clear that there is little room for disability and thus for those who have a disability too. What about the impact of genetic testing and pre-term testing to detect an ever-growing number of disabling conditions allowing parents to decide for or be persuaded to choose for an abortion? Our inability to accept disability seems to be not one that is just something that happens in traditional, rural or remote societies but is – at least – equally prominent in modern western society. I thus see this as a global concern and unless we start acknowledging this, we may just keep up the inclusion façade.

With all the good intentions of social and human rights models, there is in my view a risk that the strong and the most intelligent people with impairments living in urban areas are getting the most and best opportunities to develop. This can further aggravate the situation of the people who are weak and vulnerable. The mother of a child living with severe and multiple disabilities in rural Ghana, Burundi or Bangladesh isn't helped with legislation alone. She searches for the best services for her child because she wants her child to participate, to develop, to live her life. However, the child may be so severely disabled that interventions are 'limited' to care and love; to spiritual support and counselling to help this mother to accept her child. Who are we to despise this love and care? We rather nurture charity as life in this world would be unbearable if it didn't exist anymore.

The – at times – extreme attention these days for economic progress; for strong and successful people, can be a symptom of a world that doesn't care about those who are weak, poor or 'limited'.

I hope that we, the readers of this journal start realising the above and start looking for old and new ways to find solutions to the needs and challenges of children and adults with disabilities in low resource settings.

On the 25th of May this year, 194 UN member states committed themselves during the seventy-sixth World Health Assembly to ensure that everyone, including the poor and the most vulnerable can access quality rehabilitation without incurring financial hardship. Let it not be just a nice political(ly correct) statement but let it become true in the lives of so many people with disabilities, as well as reality for all those – usually – mothers and grandparents who take care of children with disabilities.

Your editor-in-chief.

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