Editorial

Thirty years ago when community-based rehabilitation (CBR) programmes were started in low and middle income countries, they generally tended to focus on working with children and young adults with disabilities, because the incidence of impairments and disabilities was higher in this age group due to preventable causes such as infectious or communicable diseases. Lower life expectancy in many of these countries in the early years of CBR meant that there were fewer elderly persons in many families. In low resource countries, it was also considered more cost effective to allocate resources for what was viewed as a 'productive' age group. As a result, older persons who acquired disabilities, or others who had age-related sensory or mobility difficulties, were not assisted very much, beyond facilitating access to social security schemes. Besides, older people in traditional rural communities who had age-related disabilities such as cataract for example, were not considered 'disabled', because their difficulties were seen as part of the normal ageing process.

Over the last few years, there have been discussions and pointers towards the emerging challenges that CBR programmes will have to consider; and a significant one is related to demographic and epidemiological transitions resulting in more elderly persons with disabilities in the community whose needs will have to be addressed. On the one hand, better health care access has led to increased longevity for many persons with disabilities; and on the other, longevity in persons without disabilities has led to higher incidence of age-related and other disabilities in the elderly population. It appears that people aged 80 years and above constitute one of the fast growing age groups world-wide. According to recent UNESCAP reports, about 5 to 10 per cent of those aged over 65 show signs of Alzheimer's disease in the Asia-Pacific region and an estimated 33 million people will be living with dementia in this region by 2030.

As people age, they become more vulnerable and there is increased likelihood of their acquiring some physical or mental health condition leading to disabilities. In many low and middle income countries, there has been an increase in non-communicable and life-style related health conditions such as heart disease, stroke, cancer, diabetes, respiratory diseases, musculo-skeletal diseases, hearing or visual impairments, dementia or psychiatric illness, which can result in disabilities in a significant proportion of the adult population. In some countries,

older persons constitute a disproportionately large group among populations of persons with disabilities.

In the coming years, almost all countries will have larger numbers of persons with disabilities in the older age group, due to a combination of higher disability prevalence among older persons, and a rapidly ageing population. This presents great challenges for family members, policy makers and service providers in terms of addressing concerns related to both ageing and disability.

Older persons with disabilities have needs related to rehabilitation, for example, mobility, communication, daily living skills, assistive devices, home adaptation and living arrangements, and a variety of other support services. Needs for inclusion and social participation of older persons with disabilities, will also have to be addressed, to ensure better quality of life. All the challenges faced by persons with disabilities in low and middle income countries – barriers in access to services; low availability and affordability of need-based services, especially in rural communities; and lesser numbers of trained personnel - will be challenges for ageing persons with disabilities as well. The challenges are compounded by the fact that changes in traditional family structures have resulted in lower availability of care-givers and support systems in the community. In some low and middle income countries, population trends showing an increasingly ageing population has led to a situation where the younger people have to care for a disproportionately larger number of elderly persons in their families.

Addressing needs of elderly persons with disabilities, especially the varied health care and rehabilitation needs, can be cost-intensive. It is in this context that CBR programmes in low and middle income countries may be viewed as a possible cost-effective response to address the needs of older persons with disabilities in the community, since such programmes have many years of experience in working with families and communities in promoting inclusion and participation of children and younger adults with disabilities. In some countries, CBR programmes have already moved in this direction, for example, including elderly stroke survivors in home based rehabilitation activities, providing family education and counselling, and access to income generation.

CBR programmes will have to prepare themselves to meet the emerging challenge of the rapidly growing older age groups of persons with disabilities, using the framework of the UN Convention of Persons with Disabilities. Key stakeholders such as policy makers in government and international donor agencies that

support CBR will need to re-orient their policies and perspectives to meet these emerging challenges, and to enable CBR programmes to work towards improving quality of life of the ageing population with disabilities in their communities.

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