

WHO ARE THE “BOTTOM BILLION”? PEOPLE WITH DISABILITIES

INTRODUCTION

15% of the global population is estimated to have a disability,¹ 80% of whom live in low- and middle-income countries (LMICs).² There is now strong empirical evidence from across multiple LMICs on the link between poverty and disability, with poverty and disability reinforcing each other, creating a cycle.³ This profile⁴ summarises the data and evidence on poverty and disability to highlight how people with disabilities are likely to be disproportionately impacted by poverty in the “bottom billion” countries outlined in the FCDO Chief Economist’s August 2020 paper *Who are the “Bottom Billion”?*⁵

The evidence in this profile largely pre-dates the COVID-19 pandemic. Although representative and comparative quantitative data is limited, studies show that people with disabilities are being disproportionately impacted by COVID-19; for example data from the UK shows that people with disabilities made up almost 6 in 10 of all deaths involving COVID-19 between 2 March and 14 July 2020.⁶ In LMICs, people with disabilities often do not have access to protective equipment or accessible information on the pandemic; a rapid assessment in Nepal found half of people with disabilities did not have access to masks or soap⁷; and studies in India⁸ and the Philippines⁹ have found high proportions (50% and 91% respectively) of people with disabilities did not have accessible information about COVID-19. The impacts on people with disabilities’ wellbeing is likely to be profound and longlasting. In Nepal¹⁰, 32% people with disabilities reported that services usually provided by caregivers had to stop because of the lockdown, and in 50% of cases caregivers could not be replaced. In Jordan¹¹ 79% of households of people with disabilities have not received external support in the last 3 months.¹² In Vietnam¹³, 96% of respondents were concerned for their financial security, 30% of respondents became unemployed due to COVID-19, and 28% of respondents saw their income decrease in March 2020.

EVIDENCE ON POVERTY AND EXCLUSION

Income poverty: Analysis across multiple LMICs shows a link between income poverty and disability using a range of measures including the World Bank \$1.90 extreme poverty line. For example:

- People with disabilities in 13 out of 14 LMICs were more likely to live in poor households than those without disabilities. In Kenya, 52% of people without disabilities live in poor households compared with 67% of people with disabilities.¹⁴
- Households in Ethiopia, Malawi, Tanzania and Uganda with a member with severe functional difficulties are more likely to live below the World Bank \$1.90 extreme poverty line.¹⁵¹⁶ Households including people with disabilities were more likely to be food insecure and vulnerable to shocks.¹⁷
- A 2017 systematic review found that 81% of included studies found an association between disability and income or asset poverty¹⁸ in LMICs.¹⁹²⁰
- According to World Health Survey data from 2002-2004, people in the poorest wealth quintile are more likely to have a disability than those in wealthier groups.²¹
- Nationally representative data from Multiple Indicator Cluster Surveys (MICS) shows that children from poor households are significantly more likely to have a disability.²²

It should be noted that the \$1.90 World Bank measure for extreme poverty does not take into account the higher costs associated with disability, including for healthcare, personal assistance, transportation, assistive devices and accessible homes.²³

Health and education: The available data shows significant disparities in health and education for people with disabilities compared with those without disabilities or the general population, including:

- Analysis from 51 countries using World Health Survey data showed that 48% of 18-49 year olds with disabilities had completed primary school compared to 60% without disabilities.²⁴
- Data from the UNESCO Institute of Statistics shows 34.5% children with disabilities are out of school compared with 14.1% children without disabilities at the primary level across six LMICs. Using data from 26 LMICs, the literacy rate for adults with disabilities is 55.6% compared with 74% adults without disabilities.²⁵
- More than 80% of people with severe disabilities in Ethiopia, Malawi, Tanzania and Uganda are poor using multidimensional measures.^{26,27}
- A recent systematic review found that people with disabilities have higher need for general healthcare services, poorer coverage, and experience higher healthcare costs. They also have limited access to specialist healthcare services including rehabilitation and assistive technologies.²⁸ Data from several countries shows people with disabilities are at higher risk of HIV infection and poor mental health, and that children with disabilities are more likely to experience serious illnesses.²⁹
- In Kenya, children with disabilities are up to three times as likely as those without disabilities to be malnourished. In Malawi, children with disabilities are twice as likely to die from malnourishment as those without.³⁰

Broader exclusion: Evidence from a number of LMICs shows disparities in access to employment and experience of violence. People with disabilities face significant barriers to their access to services and full and active participation in society, including attitudinal barriers linked to disability-related stigma, environmental barriers such as lack of accessible infrastructure, and institutional barriers including limited supportive laws and policies. Key evidence includes:

- People with disabilities are often less likely to be employed than those without disabilities. In Nigeria, the unemployment rate for people with disabilities aged 25 to 64 is 63%, compared with 21% of the general population.³¹ In Cambodia, 39% of people with disabilities are unemployed in contrast to 12% of the general population.³²
- People with psychosocial disabilities have unemployment rates between 70 and 90% and 30% governments in LMICs offer no social support to people with psychosocial disabilities.^{33,34,35}
- People with disabilities are more likely to experience violence than people without disabilities, with children being 3-4 times at risk.^{36,37} Recent data from studies in six LMICs funded under the DFID-funded What Works to Prevent Violence Against Women and Girls (VAWG) programme found that women with disabilities are 2-4 times more likely to experience intimate partner violence (IPV) than women without disabilities. Women with disabilities are also more likely to experience non-partner sexual violence.³⁸
- Stigma and discrimination against children with disabilities and their carers is common, and this is associated with barriers to accessing services and participation in economic and social life.^{39,40}

POVERTY, DISABILITY AND OTHER IDENTITIES

Disability stigma and discrimination interacts with gender inequality and other structural factors such as racism to compound people with disabilities' experience of poverty. Certain groups are more likely to have a disability than the general population, including older people, women, indigenous people and children from ethnic minority groups.^{41,42} Data and evidence on the levels of poverty

among these groups suggest that a significant proportion of people with disabilities will face a double or triple disadvantage in LMICs, however there is limited disaggregated data with the exception of women and girls with disabilities. Recent data and evidence demonstrate that:

- **Women and girls with disabilities:** The WHO estimates that more women have a disability globally than men (19.2% of women compared to 12% of men), due to a combination of exclusion from education and healthcare, poor nutrition and VAWG.⁴³ Data shows women with disabilities are more likely to be poor, unemployed, live in food-insecure households and have lower levels of education than men with disabilities. In analysis of data across six regions, women with disabilities were more likely to be unemployed than men with disabilities and women without disabilities in all regions.⁴⁴ In Uganda, 96% of women with severe functional difficulties are multidimensionally poor compared with 52% of men with no functional disability.⁴⁵ Data from 51 countries shows girls with disabilities are less likely to complete primary school than boys with disabilities, with 33% of women with disabilities aged 18 and over completing primary school compared with 46% of men with disabilities.⁴⁶
- **Older people with disabilities:** analysis of World Health Survey data from 53,447 adults aged 50 or older from 43 LMICs found that older people with disabilities were more likely than those without disabilities to report lower levels of education and household wealth.^{47,48} However, the picture is mixed, with a 2017 systematic review finding empirical studies of older people are less likely to find positive associations between disability and poverty compared with other age groups.⁴⁹
- **LGBT+ people with disabilities:** There is no data on disability prevalence among LGBT+ people in LMICs, however, data from HICs have found that lesbian, gay and bisexual people have a higher disability prevalence.⁵⁰ While there is no data on poverty rates among LGBT+ people with disabilities, it is recognised that the intersection of LGBT+ status and living with a disability is likely to compound exclusion and discrimination, elevating the risk of experiencing poverty.⁵¹

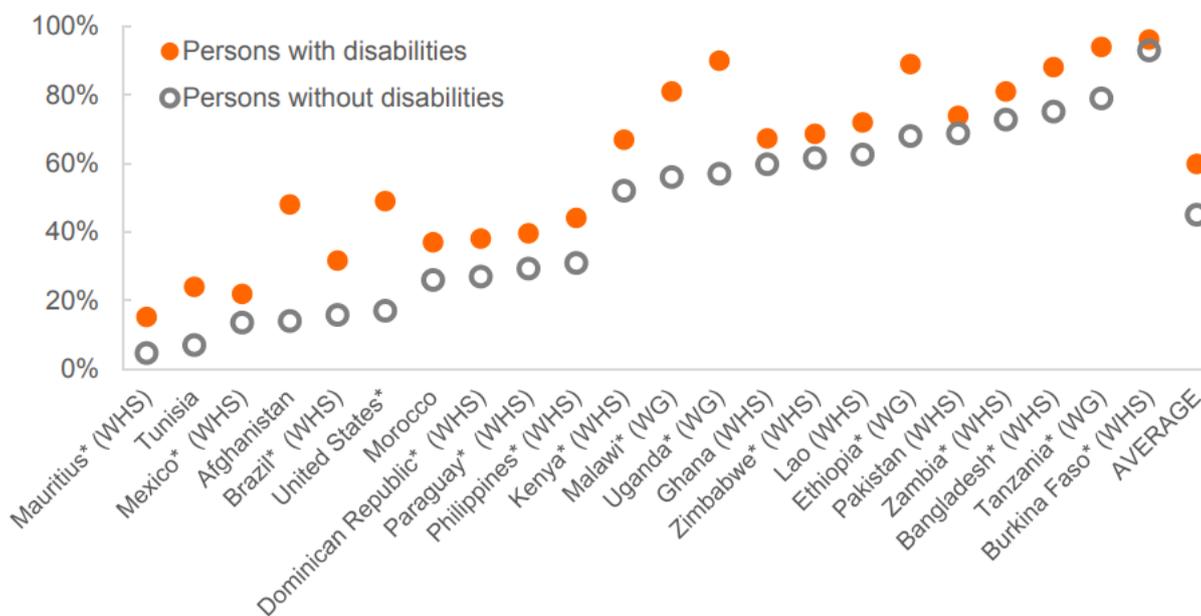
DISABILITY, POVERTY AND GEOGRAPHY

Contextual factors such as rural or urban location, conflict and displacement influence the experience of poverty for people with disabilities. The experience of poverty for people with disabilities is context-specific, with limited disaggregated and comparable data, however there are also some trends to be drawn. Key data and evidence show:

- **Rural/urban divide:** People with disabilities in rural areas in Southern Africa have been found to have lower standards of living than those without disabilities.^{52,53} A 2017 systematic review of studies using economic measures of poverty (income and assets) found little difference between rural and urban locations and disability and poverty.⁵⁴ However, a 2015 study in Morocco and Tunisia using multidimensional measures found people with disabilities were more likely to be poor in rural areas.⁵⁵
- **Conflict and displacement:** the prevalence of disability is often higher in conflict and humanitarian settings. In Syria 27% people aged over 12 have a disability, increasing to 99% of men and 94% of women over the age of 65. Over half of all households include at least one person with a disability and 33% of heads of household are people with disabilities.⁵⁶ 1 in 5 Syrian refugees in Jordan and Lebanon has a disability and refugee children with disabilities were less likely than those without disabilities to enrol in and attend school regularly.⁵⁷ According to WHO prevalence estimates based on data from 39 conflict-affected countries, 22% people have a mental health disorders such as depression, anxiety, post-

traumatic stress disorder (PTSD), bipolar disorder or schizophrenia, which if left untreated are likely to result in long-term impairments and in many cases disability.⁵⁸

Multidimensional poverty rates for persons with and without disabilities, in 22 countries, in 2002-2014 (taken from UNDESA, 2018).^{59, 60}



MEASUREMENT AND DATA

The [Washington Group Questions](#) (WGQs) generate internationally comparable prevalence data on persons with disabilities with question sets for specific purposes which can be inserted into censuses and surveys to disaggregate data by disability.⁶¹ The WGQs seek to overcome barriers to disability data collection, most significantly stigma and discrimination. Historically, questions on disability tended to include terms such as ‘disability’ which often attach stigma and Yes/No answers, resulting in low prevalence rates. In contrast, the WGQs focus on functional difficulties and respondents answer according to a scale from “no difficulty” to “cannot do at all”. However, the WGQs are often not used or used incorrectly. “Do you have a disability?” or similar questions with Yes/No answers are still common. In Zambia, “Do you have a disability” resulted in a 2% prevalence rate whilst the WGQs resulted in 8.5% prevalence.⁶² Terms like “disability” are still often included into the introduction to the WGQs, against the recommendations of the Washington Group.

Key data sources are:

- **Demographic and Health Surveys (DHS):** disability data has been collected in 38 DHS surveys in a range of LMICs. In 2016, DHS published a [disability module](#) based on the WGQs.
- **Multiple Indicator Cluster Surveys (MICS):** the MICS have collected data on childhood disability since the early 2000s, and in 2016 introduced the Child Functioning Module developed in collaboration with the Washington Group.
- The WGQs and other questions on disability are commonly inserted into **national censuses**.
- **Leonard Cheshire’s [Disability Data Portal](#)** collates data on disability from 40 countries, mostly LMICs, to provide a snapshot of disability prevalence and disparities in education, economic empowerment, technology and stigma and discrimination.

- **UNESCO Institute of Statistics ([UIS](#)) disability and education dashboard:** collates data from multiple LMICs on disability and education.

Challenges and limitations of the data include:

- Data on poverty is not routinely disaggregated by disability status.
- Data on poverty is often collected at the household level, meaning that intra-household differences in experiences of poverty, including for household members with disabilities, will not be picked up.⁶³
- Because of the different questions used to measure disability, data is often not comparable across contexts.⁶⁴
- Some approaches to poverty measurement may underestimate poverty amongst people with disabilities given the higher living costs associated with having a disability.⁶⁵
- Data is often not disaggregated further to understand the impact of other factors of exclusion such as gender, type and severity of disability.⁶⁶

KEY RESOURCES:

- World Health Organisation (WHO) (2011) [World Report on Disability](#). Geneva: World Health Organisation. The first WHO/World Bank report on disability reviews the evidence on the situation of people with disabilities.
- UNDESA (2018) [Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities](#). New York: United Nations. Presents the evidence on how people with disabilities are doing in relation to the SDGs.
- The [Disability Data Portal](#) is an online resource managed by Leonard Cheshire which collates disability data from 40 countries, mostly LMICs. It provides a snapshot of disability prevalence and data on education, economic empowerment, technology and stigma and discrimination.
- The [Washington Group On Disability Statistics](#) website, hosts the WGQ sets, as well as implementation guidelines and other resources such as e-learning and webinars.

¹ As defined in the [UN Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#) people 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.”

² World Health Organization (WHO) (2011) *World Report on Disability*. Geneva: World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/70670/WHO_NMH_VIP_11.01_eng.pdf;jsessionid=6E3BCFAAA9D465CADF814DDC4D143ECB?sequence=1

³ Banks, L. M., Kuper, H. and S. Polack (2017) “Poverty and disability in low- and middle-income countries: A systematic review” in *Plos One*, vol. 12, no. 12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739437/>

⁴ The profile is part of a package focusing on women and girls, LGBT+ people, race and ethnicity, mental health, older people, youth and religious minorities. It is accompanied by a summary document outlining the key findings relating to poverty and identity to feed into the Foreign, Commonwealth and Development Office’s thinking on their work on poverty reduction. These profiles are intended to provide detail on how some groups are more likely to live in poverty, as highlighted in the FCDO’s Chief Economist’s Paper *Who are the “Bottom Billion”*

⁵ The profile is the result of 2 days researcher time; it was therefore not possible to conduct analysis of data and evidence at the country level. Global data sets, with most examples coming from the 55 “bottom billion” countries were used.

⁶ Putz, C. and Ainslie, D. (2020). Coronavirus (COVID-19) related deaths by disability status, England and Wales: 2 March to 14 July 2020. UK Office for National Statistics. [Coronavirus \(COVID-19\) related deaths by disability status, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

⁷ Humanity & Inclusion (2020) Rapid Assessment: an inclusive response to COVID-19 in Nepal. <https://www.fsnnetwork.org/sites/default/files/HI%20Rapid%20Need%20Assessment%20-%20An%20Inclusive%20response%20to%20COVID-19%20in%20Nepal.pdf>

⁸ Sightsavers & Rising Flame (2020) Neglected and forgotten: women with disabilities during the COVID crisis in India. https://risingflame.org/wp-content/uploads/2020/07/NeglectedAndForgotten_RFandSS.pdf

⁹ Humanity & Inclusion (2020b) A principled and inclusive response to COVID-19, focused on the most vulnerable. https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/3859/attachments/original/1587040304/HI_Messages_on_COVID19_Policy_Paper_%E2%80%93%20April_2020_%E2%80%93_web.pdf?1587040304

¹⁰ Humanity & Inclusion (2020)

¹¹ Humanity & Inclusion (2020c) COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI’s operations in humanitarian settings. https://blog.hi.org/wp-content/uploads/2020/06/Study2020_EN_Disability-in-HA-COVID-final.pdf

¹² Meaney-Davis, J., Lee, H. and N. Corby. (2020) *The impacts of COVID-19 on people with disabilities* (No. 35). London, UK: Disability Inclusion Helpdesk. Available at: <http://www.sddirect.org.uk/media/1909/disability-inclusion-helpdesk-query-35-covid-19-rapid-evidence-review.pdf>

¹³ UNDP (2020) Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Viet Nam. https://www.vn.undp.org/content/vietnam/en/home/library/democratic_governance/ImpactPwDs.html

¹⁴ Leonard Cheshire (2018) *Disability Data Review: A collation and analysis of disability data from 40 countries Extended Summary*. London: DFID and Leonard Cheshire. Available at: https://www.disabilitydataportal.com/fileadmin/uploads/lcdp/Documents/Disability_Data_Review_Extended_Summary_-_A_collation_and_analysis_of_disability_data_from_40_countries.pdf

¹⁵ The Living Standards Measurement survey includes questions on household economic wellbeing (e.g., expenditures, living conditions, assets) and each individual’s education, health, disability, and labour force activities. It includes the Washington Group Short Set of Questions.

¹⁶ The difference was not significant for those with moderate functional difficulties

¹⁷ Mitra (2018) *Disability, health and human development*. Available at: <https://www.econstor.eu/bitstream/10419/181950/1/978-1-137-53638-9.pdf>

¹⁸ N.B. the definition appears to have been broader than the \$1.90 World Bank definition of extreme poverty.

¹⁹ Banks et al., 2017

²⁰ Studies from upper-middle income countries more likely to find a relationship than studies from low-income countries, however even in low-income countries most studies found a link between poverty and disability. The reasons for this were not discussed in the paper.

²¹ WHO, 2011

²² Ibid

²³ United Nations Department of Economic and Social Affairs (UNDESA, 2019). ‘Disability and Development Report’. Available at: <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/UN-flagship-report-on-disability-and-development.pdf>

²⁴ WHO, 2011

²⁵ Contact the FCDO Children, Youth and Education Department for the UNESCO Institute of Statistics Disability and Education dashboard.

²⁶ Using five equally weighted domains including material wellbeing, economic security, education, morbidity, and work. A person is considered multidimensionally poor if he or she is deprived in some combination of indicators whose weighted sum exceeds 40%, ie. in two out of the five domains.

²⁷ Mitra, 2018

²⁸ T. Bright, S. Wallace, H. Kuper, "A Systematic Review of Access to Rehabilitation for People with Disabilities in Low- and Middle-Income Countries," *International Journal of Environmental Research and Public Health* 15(10); (Oct. 2, 2018). Cited in Kuper, H. and P. Heydt (2019) *The Missing Billion: Access to Health Services for 1 Billion People with Disabilities*. London: The Missing Billion Initiative. <https://www.lshtm.ac.uk/media/38726>

²⁹ Kuper, H., Monteath-van Dok, A., Wing, K., Danquah, L., Evans, J., Zuurmond, M., and J. Gallinetti (2014) "The Impact of Disability on the Lives of Children; Cross-Sectional Data Including 8,900 Children with Disabilities and 898,834 Children without Disabilities across 30 Countries" in *PLOS One*, vol. 9, no. 9.

in Kuper, H. and P. Heydt, 2019

³⁰ Kuper & Heydt, 2019

³¹ According to data from the 2012/13 nationally representative General Household Survey in Nigeria which used the WGQs not as recommended, reproduced on the Disability Data Portal: <https://www.disabilitydataportal.com/explore-by-country/country/empowerment/Nigeria/>

³² According to data from the 2014 nationally-representative Demographic Health Survey which used the WGQs as recommended, reproduced on the Disability Data Portal: <https://www.disabilitydataportal.com/explore-by-country/country/empowerment/Cambodia/>

³³ Funk M, Drew N, Freeman M. *Mental Health and Development: Targeting people with mental health conditions as a vulnerable group*. Geneva: Mental Health and Poverty Project, World Health Organization, 2010. Cited in Ryan, G., Lemmi, V., Hanna, F., Loryman, H. and J. Eaton (2020) *Mental Health for Sustainable Development: A Topic Guide for Development Professionals*.

https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14908/K4D_MentalHealthTopicGuide_Online.pdf?sequence=2&isAllowed=y

³⁴ WHO. *Mental Health Atlas 2017*. Geneva: World Health Organization, 2018, cited in Ryan et al., 2020.

³⁵ Harnois G, Gabriel P. *Mental health and work: impact issues and good practices*. Geneva: International Labour Organization, World Health Organization, 2000. Cited in Ryan et al., 2020.

³⁶ Jones, L et al (2012) '[Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies](#)', *The Lancet*, vol. 380, No. 9845.

³⁷ Hughes, K., Bellis, M., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T, Officer, A. (2012). [Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies](#). *The Lancet*, 379: 9826, 1621-1629.

³⁸ Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) [Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme](#), Pretoria: What Works.

³⁹ Including poor mental and physical health, social isolation, limited access to health and education services and increased economic strain at household level.

⁴⁰ Smythe, T., Adelson, J. D. and S. Polack (2020) "Systematic review of interventions for reducing stigma experienced by children with disabilities and their families in low- and middle-income countries: state of the evidence" in *Tropical Medicine and International Health*, vol. 25, no. 5. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/tmi.13388>

⁴¹ WHO, 2011

⁴² UN (2009) *The State of the World's Indigenous Peoples*. New York: UN.

https://www.un.org/esa/socdev/unpfii/documents/SOWIP/en/SOWIP_web.pdf

⁴³ WHO, 2011, cited in Gender and Development Network (2020) *The intersection of gender and disability: A primer for international development practitioners on women and girls with disabilities*. Available at: <https://gadnetwork.org/gadn-resources/the-intersection-of-gender-and-disability-a-primer-for-international-development-practitioners#:~:text=The%20intersection%20of%20gender%20and%20disability%3A%20A%20primer%20for%20international%20development%20practitioners,-August%202020&text=This%20primer%20seeks%20to%20support,women%20and%20girls%20with%20disabilities.>

⁴⁴ UNDESA, 2018

⁴⁵ Mitra, 2018

⁴⁶ WHO, 2011

- ⁴⁷ Hosseinpoor, A. R., Bergen, N., Kostanjsek, N., Kowal, P., Officer, A. and S. Chatterji (2016) "Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey" in *International Journal of Public Health*, vol. 61.
- ⁴⁸ Measures included different levels of education, including completion of primary, secondary, as well as income expressed in quintiles, ownership of assets and
- ⁴⁹ Banks et al., 2017
- ⁵⁰ Blyth, J., Alexander, K. and Woolf, L. (2020) *Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts*, Edge Effect, <https://www.42d.org/2020/08/10/out-of-the-margins-an-intersectional-analysis-of-disability-and-diverse-sexual-orientation-gender-identity-expression-sex-characteristics-in-humanitarian-and-development-contexts/>
- ⁵¹ Ibid
- ⁵² Eide, A. R. & B. Ingstad (2013) "Disability and poverty – Reflections on research experiences in Africa and beyond" in *African Journal of Disability*, vol. 2, no. 1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5442579/>
- ⁵³ Foundation for Scientific and Technological Research (SINTEF) survey data.
- ⁵⁴ Banks et al., 2017
- ⁵⁵ Jean-Francois Trani, Parul Bakhshi, Sarah Myers Tlapak, Dominique Lopez & Fiona Gall (2015) Disability and Poverty in Morocco and Tunisia: A Multidimensional Approach, *Journal of Human Development and Capabilities*, 16:4, 518-548, DOI: [10.1080/19452829.2015.1091808](https://doi.org/10.1080/19452829.2015.1091808)
- ⁵⁶ Humanitarian Needs Assessment Programme (undated – 2019 or 2020) DISABILITY: PREVALENCE AND IMPACT A Nationwide Household Survey Using Washington Group Methodology. https://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf
- ⁵⁷ Humanity & Inclusion (2018) Factsheet 1: Demographics and Disability. Available at: <https://humanity-inclusion.org.uk/en/news/1-in-5-syrian-refugees-has-a-disability-new-survey-reveals>
- ⁵⁸ Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., and S. Saxena (2019) *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*, published in *The Lancet* online 11th June 2019. Available at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>
- ⁵⁹ This graph pulls together data from a number of studies, some using World Health Survey data and others using the Washington Group Questions integrated into other surveys. It is not clear whether the same measures have been used across surveys and what the measures are.
- ⁶⁰ Please note WG denotes Washington Group Questions were used, WHS denotes the World Health Survey questions were used.
- ⁶¹ including the most commonly-used [Short Set](#) (6 questions) focusing on six functional domains, the Enhanced Set (The Short Set plus questions on anxiety and depression), the [Extended Set](#) (questions on functioning with the aid of assistive devices, on the onset of disability and on environmental factors which may influence functioning and participation) and the [Child Functioning Set](#) (developed with UNICEF to collect data on children aged between 2 and 17). The Washington Group has further question sets under development.
- ⁶² Leonard Cheshire, 2018
- ⁶³ Leonard Cheshire, 2018
- ⁶⁴ Leonard Cheshire, 2018
- ⁶⁵ Banks, L. M. (2020) *Are current approaches to poverty measurement disability-inclusive? Considerations for measuring poverty amongst people with disabilities*. London: PENDA. <https://www.lshtm.ac.uk/sites/default/files/2020-08/Are%20current%20approaches%20to%20poverty%20measurement%20disability-inclusive.pdf>
- ⁶⁶ UNDESA, 2018