

Facilitating Disability Inclusive Development in Lao PDR by Improving Access to Social and Economic Services: A Scoping Review of Contexts and Concepts

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ABSTRACT

People with disability are among the most vulnerable in the world. Regardless of context, people with disability are at higher risk of social and economic exclusion; have lower levels of education attainment; poorer employment prospects and outcomes; experience discrimination and stigmatization; and have poorer health status, overall wellbeing, and quality of life than people without disability. There is also a risk of multiple disadvantages related to gender, ethnicity, religion, and social background. The international community has recognized the vulnerability of people with disability and new programs and policies to facilitate disability-inclusive development are being implemented in many countries.

This paper provides an overview of the literature about disability in Lao PDR related to the inclusive-development agenda. This scoping review of the formal literature supports a larger research project identifying barriers and facilitators to social and economic participation for people with disability in Lao PDR, and is complemented by additional hand searches of both formal and informal or grey literature. A systematic search related to disability in Lao PDR was carried out in November 2013 in Medline, PsychInfo, and ScienceDirect. A total of 1,746 publications of potential interest were identified. After title and abstract review, 20 publications were selected. This paper discusses disability-inclusive development in Lao PDR in the context of both the formal and informal literature.

Our findings suggest that there are very few empirical studies related to disability-inclusive development in Lao PDR. This paper will summarize areas and themes covered in both the formal and informal literature and propose areas requiring further investigation.

Keywords: disability-inclusive development, Lao PDR, scoping review

1. INTRODUCTION

The World Health Organization (WHO) and the World Bank in the World Report on Disability (2011) recognize that '[d]isability is complex, dynamic, multidimensional, and contested' (p.3). Furthermore, the report recognizes that there are challenges with the conceptualization of disability in both the medical and social models. Hence a 'balanced approach' which incorporates the 'different aspects of disability' is recommended (p.4). Therefore, the World Report on Disability adopted the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) as its conceptual framework. The ICF was endorsed by all 191 WHO member states including Lao PDR on 22 May 2001. Even though the ICF has recognized limitations, it remains a useful framework from which disability and inclusive development may be explored.

Despite people with disability being some of the most vulnerable people in the world, the Millennium Development Goals (MDGs) did not include disability-specific development targets (Wolbring et al., 2013). For the purposes of this paper, disability-inclusive development is defined as a set of development strategies or targets that facilitate or include specific approaches to progress the lives of people with disability. The MDGs constitute the current international development framework adopted following the United Nations Development Summit in 2000 and framed around eight goals, each with measurable targets or indicators. The Convention on the Rights of Persons with Disabilities (UN General Assembly, 2006), signed by 114 countries with 64 countries signing the optional protocol, reinforces the innate human rights of all people and places specific obligations for signatories to protect these and to promote the social and economic inclusion of people with disabilities. Furthermore, an extensive consultation process which includes a specific focus on social and economic inclusion of people with disability is currently underway to create the post-2015 development agenda to replace the MDGs. The UN Secretary-General's report on disability-inclusive development as a lead-in to the General Assembly is informing this consultation process (UN General Assembly, 2011, 2012, 2013).

This review of the literature will:

- Summarize the conceptualization and prevalence of disability in Lao PDR;
- Provide an overview of the development agenda in Lao PDR;
- Identify barriers and facilitators for disability-inclusive development in Lao PDR;
- and,
- Suggest future strategies for disability-inclusive development in Lao PDR.

Limitations of this paper fall into two categories: the positioning of the authors and the review process itself. First, the paper represents an outside-in account of disability-inclusive development in Lao PDR. While the authors are experienced in development-, disability-, health-, international-, and social justice research, none is resident of Lao PDR or has a disability. Second, the review is focused on information about disability-inclusive development in Lao PDR disseminated to international audiences, and only English language documents have been included. While the search of the literature was systematic, it was not a systematic review in terms of the PRISMA statement (Moher et al., 2009).

2. BACKGROUND

2.1 *Prevalence and the conceptualization of disability*

“Disability ... poses several challenges for measurement. Approaches to measuring disability vary across countries and influence the results. Operational measures of disability vary according to the purpose and application of the data, the conception of disability, [and] the aspect of disability examined ...” (WHO & The World Bank, 2011, 21).

Lao PDR is a landlocked country in Southeast Asia, and the most recent census shows a population of 5.6 million. In the 2005 Population and Household census (Messerli et al., 2008), only 70,261 people, or 1.3 % of the population, reported having a disability. The most commonly reported disabilities were ‘arm or leg handicapped’ (39%) followed by ‘deaf or dumb’ (27%), ‘visually impaired’ (17%), ‘other disabilities’ (10%) and ‘multiple disabilities’ (7%). This 1.3% represents an increase from the 1996 estimate of a 0.7-1.0 % prevalence, although 1996 estimates excluded people with intellectual disability and mental illness (Takamine, 2004). Clearly, the 1.3% prevalence rate in Lao PDR is much lower than indicated by other sources and, in part, this relates to the lack of a ‘nationally recognized classification of disability’ (p.74). In contrast, the World Report on Disability suggests a prevalence rate of 8.0% for Lao PDR (WHO & The World Bank, 2011, 273).

The WHO and the World Bank (2011, 22) suggest that countries which report lower than expected prevalence rates are usually developing countries, typically using census data focusing on specific impairments. In contrast, countries reporting much higher prevalence typically use surveys which measure activity limitations. Although the interrelationship between disability and poverty is well established, surveys measuring activity limitations may also be inaccurate in very poor settings as some exclusionary features may be the result of poverty rather than disability. Mitra et al. (2011) used two different measures of disability based on the World Health Survey to determine the prevalence rate in Lao PDR. For Laotians of working age, the disability prevalence rate ranged from a low 3.1 % to a high 12.7 % using the expanded conceptualization of disability (p.168). Estimation of these prevalence rates using two different conceptualizations of disability were based on data from the World Health Survey which estimated a prevalence rate in the middle of this range (8.0%).

This work of Mitra et al. (2011) illustrates the challenges in estimating disability prevalence rates and the importance of being attuned to the purpose of, and the conceptualizations of disability and methodologies used in developing estimates. Typically, there are three different measures for determining disability status: measures of impairment, functional limitations, and activity limitations. Arguably, another dimension relates to self-identification. Furthermore, the social model emphasizes that disability is the result of environmental factors and lack of environmental adjustments, rather than individual impairments or limitations (Shakespeare & Watson, 2001). These challenges in defining and conceptualizing disability are universal and by no means isolated to Lao PDR or developing countries. However, the lack of disability-related targets for development and different methodologies in determining or assessing disability status across jurisdictions in the context of disability inclusive-development, re-emphasizes the importance of local context in addition to identifying international trends in defining and conceptualizing disability. This is an important consideration in Lao PDR where disability is defined by individual type for enumeration by both the National Statistics Bureau in its population census and by the Ministry of Health in its survey of disabled persons (UNESCAP, 2012).

2.2 Disability-inclusive development

'Disability is a development issue, because of its bidirectional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability' (WHO & The World Bank, 2011, 10).

Significant progress has been made across most of the MDGs since the turn of the century with many targets met or likely to be met including extreme poverty reduction, access to safe drinking water, the fight against malaria and tuberculosis, reduction in urban slum dwellers, improved trading conditions for developing countries, and reduction in undernourished people. However, substantial challenges remain and relate to environmental sustainability, child mortality, maternal health, HIV/AIDS, primary education, and sanitation (UN, 2013). Development is unequal, as are the diverse achievements of the MDGs across geographical regions and countries, and specific subgroups of vulnerable people including people with disability, women, and indigenous groups and ethnic minorities, who remain excluded (P. Thomas, 2005).

The United Nations Development Programme (UNDP) publishes annual summaries of progress in its Human Development Report series which include a calculated Human Development Index (HDI) value; a composite indicator across a number of component indices. Although Lao PDR is ranked 138 out of 187 countries and territories on the UNDP HDI, Lao PDR is classified in the mid-tier (Medium Human Development). Lao PDR has achieved significant progress since 1980: life expectancy at birth increased to 67.8 years (an increase of 19.0 years or 39%), expected years of schooling increased from 6.4 years to 10.1 years (an increase of 3.7 years or 58%), mean years of schooling increased from 2.1 years to 4.6 years (an increase of 2.5 years or 119%), and per capita gross national income (purchasing parity power in 2005) increased from \$877 to \$2,435 (an increase of \$1,558 or 178%) (UNDP, 2013).

However, Lao PDR still faces major development challenges. According to UNICEF (2013), one-third of the population does not have access to clean drinking water and more than one-third of the population does not have access to proper sanitation facilities. In addition, more than one-third of the population lives below the international poverty line of US\$1.25 a day and 11% of Laotian children (10% of males and 13% of females) are involved in child labor (for children aged 5-11, this equates to 1 hour of economic activity or 28 hours of household chores; for children aged 12-14, 14 hours of economic activity and 28 hours of household chores).

The post-2015 development agenda places disability-inclusive development forefront. Over the past three years, high level meetings of the UN General Assembly (2011, 2012, 2013) have included an emphasis on disability-inclusive development. The UN recognizes that specific targets are required to ensure that the basic human rights of people with disabilities are protected and included in the broader development agenda. The Convention of the Rights of Persons with Disabilities (UN General Assembly, 2006) also promotes disability-inclusive development with a 'demand that international co-operation, including international development programs have to be inclusive of and accessible to persons with disabilities' (Wolbring et al., 2013, 4154). A number of initiatives have now been operationalized to support and progress disability-inclusive development. For example, the Australian Government's (2008) 'development for all' is the Australian Aid disability-inclusive development strategy for 2009-2014. This focus on inclusion is intended to benefit the whole of society.

Social inclusion is not simply the opposite of social exclusion. For this paper, social inclusion means processes which aim to ensure that everyone, regardless of their life experiences, can achieve their potential. One challenge in development practices is that modernisation may impose assimilation to the majority culture, and worsen existing social exclusion. Those who are experiencing exclusionary practices need to be involved in changing those practices. Social inclusion is a process which can be measured against specified indicators, for example, improved educational achievement, improved employment prospects, and improved health.

3. METHODS

A search of the formal literature using the search terms ‘disabilit*’ and ‘Lao*’ (the * representing the wildcard function within the respective databases) was carried out on November 29th 2013 in three databases: PsycInfo, ScienceDirect, and Medline. No publication date limitations were included. A total of 1,748 publications of potential interest were identified across the three databases. The review process is summarized in Table 1. Publications included in the review met the following criteria:

- English full-text empirical study (operationalized as having a research methods section) peer-reviewed journal article available;
- Engaged with any aspects of disability including: prevalence, definition, organizations and services, policy and advocacy, lived experience, rehabilitation including community based rehabilitation, participation, social and economic inclusion, quality of life, employment, education, health and wellbeing; and,
- Included the geographical country Lao PDR (e.g. exclude publications accounting for Laotian ethnic groups residing elsewhere) either as an individual account or in conjunction with other geographical areas.

Table 1: *Identified journal articles of potential interest.*

	Title reviewed	Abstract reviewed ¹	Full text reviewed	Included
Medline	27	6	3	3
PsychInfo	12	6	0	0
ScienceDirect	1,707	8	2	1
Total	1,746 ²	20	5	4

¹Two duplicate articles were identified at this stage (retained in the Medline row and removed from the PsychInfo row). ²May include duplicates.

In addition to these four articles, hand and ancestry searches were carried out to identify additional publications of potential interest. This included using the search term ‘disability lao’ in Google Scholar and reviewing the first 200 of 9,450 results. A total of three additional journal articles were included, making seven journal articles in all. Those journal articles identified as having some bearing on the objectives of the review, but not meeting all the inclusion criteria outlined above, are included in the grey literature together with research and project reports identified in process described above.

4. RESULTS

Findings from the seven journal articles which met all inclusion criteria are summarized in Table 2. In broad terms, these studies are limited to three key areas: mental illness, in particular depression and psychosis (Siphantong et al., 2010; Westermeyer, 1980); unexploded ordnance (UXO), landmines, and explosive remnants from war (Durham & Hoy, 2013; Morikawa et al., 1998; Wyper, 2012); and disability prevalence, poverty, employment and economic wellbeing in developing countries (Mitra et al., 2013; Mizunoya & Mitra, 2013). Four of the seven articles included original data collection while the remaining three relied on secondary data analysis or literature searches. Similarly, the four with original data presented findings from Lao PDR only, while the remaining three presented findings from other countries; one from Lao PDR and Cambodia and two accounting for findings across the same set of 15 developing countries.

Table 2: Summary of identified journal articles meeting all inclusion criteria.

Authors	Methodology	Population/Participants	Location/s	Themes/Issues	Results/Conclusions
Durham and Hoy (2013)	<ul style="list-style-type: none"> Systematic search of three databases on disability prevalence (1990-2011) from UXO 	<ul style="list-style-type: none"> Civilian/non-combatant injuries 	<ul style="list-style-type: none"> Lao PDR and Cambodia 	<ul style="list-style-type: none"> Prevalence/ incidence Injury patterns Economic and social impact 	<ul style="list-style-type: none"> Inconsistencies between local and peer-reviewed epidemiological data
Mitra et al. (2013)	<ul style="list-style-type: none"> Statistical analysis of disability and multidimensional poverty based on data from the World Health Survey. 	<ul style="list-style-type: none"> Fifteen developing countries: Bangladesh, Brazil, Burkina Faso, Dominican Republic, Ghana, Kenya, Lao PDR, Malawi, Mauritius, Mexico, Pakistan, Paraguay, Philippines, Zambia and Zimbabwe 	<ul style="list-style-type: none"> See participant-countries 	<ul style="list-style-type: none"> Prevalence Multidimensional poverty Developing countries Economic wellbeing 	<ul style="list-style-type: none"> Disability significantly linked to higher multidimensional poverty Higher multidimensional poverty in middle income countries
Mizunoya and Mitra (2013)	<ul style="list-style-type: none"> Statistical modelling based on data from the World Health Survey. Two measures of disability 	<ul style="list-style-type: none"> Fifteen developing countries – see Mitra et al. (2013) 	<ul style="list-style-type: none"> See participant-countries for Mitra et al. (2013) 	<ul style="list-style-type: none"> Disability prevalence rates Employment 	<ul style="list-style-type: none"> Employment gap between people with and without disability Higher proportion of people with disability were self-employed
Morikawa et al. (1998)	<ul style="list-style-type: none"> Questionnaires related to UXO 	<ul style="list-style-type: none"> Individuals who have died or sustained injuries due to UXO 	<ul style="list-style-type: none"> Xieng Khouang province (Lao PDR) 	<ul style="list-style-type: none"> UXO morbidity and disability prevalence 	<ul style="list-style-type: none"> UXO injury occurs every second day High fatality rates. Complex injuries
Siphantong et al. (2010)	<ul style="list-style-type: none"> Assessment of construct, criterion and convergent validity of the Beck Depression Inventory (BDI-II) 	<ul style="list-style-type: none"> Validation by small group of doctors and patients Administration to 210 in and out patients suffering from chronic rheumatic pain 	<ul style="list-style-type: none"> Lao PDR 	<ul style="list-style-type: none"> Depression Cross-cultural adaption, instrument for measurement. 	<ul style="list-style-type: none"> The BDI-II in Lao was adapted and validated to comprise of 12 items across three dimensions to measure depression
Westermeyer (1980)	<ul style="list-style-type: none"> Field report including interviews with subjects and informants, regarding lived experience 	<ul style="list-style-type: none"> Thirty-five individuals from 27 rural villages socially labelled as “baa” & mean of 6.9 collateral informants for each subject 	<ul style="list-style-type: none"> Lao PDR 	<ul style="list-style-type: none"> Social disability from psychosis Psychosis in the absence of psychiatric care Social labelling 	<ul style="list-style-type: none"> Social disability linked with mental illness Impacts of self-labelling and labelling of others on social functioning needs further attention
Wyper (2012)	<ul style="list-style-type: none"> Pilot of Perceived Impact of Problem Profile (PIPP) instrument. Interviewer-administered questionnaire 	<ul style="list-style-type: none"> Fifty-one individuals from both urban and rural locations in Lao PDR with mobility impairment as a result of injury or illness affecting the limbs from UXO 	<ul style="list-style-type: none"> Lao PDR 	<ul style="list-style-type: none"> Psychosocial impact of disability as a result of UXO Lived experience Effects of time on lived experience/ perceived impact 	<ul style="list-style-type: none"> Victims of UXO accidents reported higher impact on psychosocial aspects of their lives More research and attention needed on early psychosocial interventions in Lao PDR

While the identified empirical studies cover a broad spectrum of themes and issues such as disability prevalence, economic and social impact, employment, depression, social disability, and lived experience, there is little overlap between the studies, making it difficult to assess the generalizability of these findings. Given the small number of journal articles, the discussion section combines findings from both the formal and grey literature.

5. DISCUSSION

This review of the literature has identified particular barriers and facilitators to disability-inclusive development in Lao PDR as well as potential strategies to enhance social and economic participation for people with disability. In particular, barriers are potentially engendered by the way in which disabilities are classified and by the way in which UXO-related injury has influenced classification. Further, the importance of inclusive education in Lao PDR as a facilitator of social and economic inclusion is recognized, as well as the potential for community-based rehabilitation as a strategy to enhance access to social and economic participation. Accounts of lived experience are minimal.

5.1 *Disability classification*

Disability in Lao PDR is defined according to individual types of disabilities (UNESCAP, 2012). The five classifications of disability used in the 2005 Population and Housing Census were arguably limited to speech, sensory, and arm or leg handicap, with the more common classifications of physical, developmental and intellectual disability and mental illness clustered and subsumed into the general categories of other or multiple disabilities. These classifications of disability are limited and may contribute to observations of inaccurate or inappropriate labelling of disability as well as the difficulty in defining disability as reported in the grey literature (Grimes, 2009). Both the specific classification of some disabilities and the subsuming of others under very general categories obscure the nature of disability in Lao PDR, and this has the potential to serve as barriers to social and economic participation for people with disability. The Lao Disabled People's Association (n.d.) advocates for continued improvements in conceptualization of disability in Lao PDR, as 'mental disorders, intellectual, emotional, developmental and non-visible conditions are still not widely recognized as disabilities'.

It is also evident that the term 'arm or leg handicap' is related to the recognition and prominence of UXO-related disability in the country and that this has understandably influenced the classification of disability, although the Census does not identify UXO-induced disability, and only 11% of disability is thought to be caused by 'war' (Messerli et al., 2008, 78). UXO dominates both the empirical and grey literature. Three of the seven empirical studies focused on the challenges related to UXO: prevalence, injury patterns, and economic and social impact (Durham & Hoy, 2013); morbidity and disability prevalence (Morikawa et al., 1998); and, psychosocial impact, lived experience, and effects of time on lived experience and perceived impact (Wyper, 2012). Additional grey literature emphasized the underreported burden of disease caused by UXO (Durham et al., 2013); UXO morbidity and disability prevalence (Takamine, 2004); and, specified that there is no reliable information on the number of people with disabilities in Lao PDR with the exception of disability caused by UXO (ILO & Irish Aid, 2009).

5.2 *Inclusive education*

Lao PDR carried out a 16 year Inclusive Education Project to improve access to schools for people with disability (Grimes, 2009; Grimes et al., 2011). In 1992, education for people with disabilities in Lao appears to have been limited to the single special school for blind and deaf children in Vientiane. At the completion of the project in 2009, 539 pre-, primary and

secondary schools had provided support to children with special needs (disabilities, girls, ethnic minorities, and low socioeconomic backgrounds).

This major program in Lao has the potential to facilitate disability-inclusive development. An evaluation was conducted in the last year of the project (Grimes et al., 2011). While the project's report cannot be included as empirical (research methods were not specified), the learning was profound. The project facilitated the enrolment of children with disability and other special needs in school, in particular children with mild or moderate support needs. The evaluation identified a number of challenges, including inadequate teacher training, poor records and evaluation practices, lack of supportive resources, varied uptake of inclusive practices, and variation in effectiveness and 'enthusiasm' of teachers across areas. As a result Grimes (2009) advocates the development of 'child centred practices' and 'learning centred practices'. The inclusion of systematic monitoring and evaluation of the project from its beginning may have facilitated earlier adjustments to enhance the effectiveness of the project. Other countries in the region view Lao PDR as a model for inclusive education (Takamine, 2003).

5.3 Community based rehabilitation

Community based rehabilitation (CBR) is an internationally-recognized community development strategy based on the principles of the Convention on the Rights of Persons with Disabilities. Its goal is to facilitate the participation of people with disability in all areas of their lives including health, education, and social and economic participation (Madden et al., 2013). CBR was introduced in Lao PDR in 1993 in two provinces and 2,598 people benefitted from these services during the first five years (Murray, 1998). CBR has the potential to empower people with disability, their families, and the community at large although Stuelz identified some attitudinal and administrative challenges in Lao PDR (including the restricted number of local non-government organizations allowed to register) (Stuelz, 1999). One key problem for CBR agencies was the inefficient distribution of adequately-qualified health practitioners, particularly at a district level. These problems were further hampered by low wages and low self-confidence amongst practitioners as well as low expectations of the potential benefits of CBR. Families also sometimes placed low priority on CBR for the family member with disability. While CBR could be of value in Lao PDR, significant structural barriers to its efficient roll-out have been identified (Inthirat & Thonglith, 1999). There were no reports of either tangible outcomes or capacity building in CBR projects.

It is difficult to explain the absence of any reference in the formal and grey literature to CBR in Lao PDR in the last 15 years, particularly given CBR has received recent and increased attention in the region including Cambodia and Viet Nam (see for example Disability and International Development 21(2), 24(1), and 24(2)). This absence requires further investigation particularly given the future potential for CBR as a strategy to enhance access to social and economic participation of people with disability. It appears that the priority has been on disseminating information related to success in other areas such as the inclusive education project in Lao PDR rather than CBR.

5.4 Lived Experience

The concept of person-centredness and access to the lived experience of disability is limited in the formal literature, and the few accounts identified in the grey literature often combine disability and health (for example Buchner, 2012). It may be that this is only the case in the available English documents but as long as lived experience of disability is absent from the discourse about disability in Lao PDR, the opportunities for people with disability will remain limited. In part, this is a reflection of how disability is defined and classified in the country but it may also be about the current status of social and economic inclusion for people with disability in Lao PDR. Given the growing global recognition and prominence of the social

model of disability, this could be part of a next step for Lao PDR. Disability advocacy organizations, such as disabled people's organizations (DPOs), are gaining strength and, as they gain greater influence, person-centredness and access to stories of lived experience of disability become more possible.

6. SUMMARY AND CONCLUSION

This scoping review demonstrates that the empirical literature related to disability in Lao PDR is very limited. Reviewed journal articles focused on prevalence, mental illness, UXO, and multidimensionality of poverty. The grey literature highlighted inclusive education, and revealed that some barriers to social and economic participation may be influenced by disability classification in Lao PDR and the dominance of UXO-injury. Lao PDR may benefit from the international movement which adopts the ICF to emphasize functioning and support needs, and considers disability as a social construct. Strategies to enhance participation include inclusive education and CBR. The ICF can also be an effective framework for monitoring and evaluating CBR (Madden et al., 2013). Although CBR was rolled-out in Lao PDR two decades ago, no recent reports were found, but CBR has been identified as a means to achieve inclusive development (M. Thomas, 2013).

A focus on capacity building and social inclusion has the potential to improve accessibility to social and economic activity for all, resulting in a fairer society. To do this, the voices and lived experience of those living with disability must be included in all assessment and planning processes. It is only then that social change in relation to enhancing social and economic participation will follow.

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