



AFRICAN LEADERS FORUM ON DISABILITIES

LILONGWE, MALAWI 2014



Dear Friends

On behalf of Her Excellency President Joyce Banda, I am delighted to welcome you to Malawi for the African Leaders Forum on Disability.

When faced with a deep moral dilemma, we have an obligation to take action that confronts it directly – even if we can't foretell exactly where it will lead. But as a great civil rights leader once said, faith is taking the first step even when you don't see the whole staircase.

We are indeed confronted with a deep moral dilemma. In Africa and around the world, people with disabilities – especially intellectual disabilities – face overwhelming isolation, stigma and stereotype. They face apathy and ignorance that limits their access to adequate health care, education and security. They experience a lack of protection that denies them their humanity, robs them of their dignity and eliminates their freedom to participate as equal members of society.

Make no mistake – important steps have been taken in recent years. In Malawi, we have passed the Malawi Disability Act and created a new Ministry of Disabilities and the Elderly, both designed to proactively address the challenges faced by individuals with disabilities.

But we must never become complacent with a small measure of progress. We are, in many respects, still taking that "first step" toward developing a results-driven approach to improving the plight of people with disabilities.

I have faith that those participating in this Forum can turn the tide from inaction to tangible commitments to influence change. I have faith that we can implement policy interventions, development goals and cooperative strategies that meaningfully take people with disabilities into account. I have faith that we can build a global coalition of leaders at the highest level of government, the private sector, and civil society who will place this population at the center of the development agenda.

Ultimately, that faith comes from the commitment, conviction and capabilities that each of you bring to this challenge.

The staircase ahead of us may be steep and long, but if we walk it together, we will reach the top, and create a new world where people with all forms of disabilities obtain their full human rights.

> Rachel Kachaie Minister of Disabilities and Elderly Affairs, Republic of Malawi

• To identify how Special Olympics sports, health, education and community building programs can help to advance social and economic development initiatives at the country, regional, and international levels, especially beyond 2015.

across Africa.

• To build a coalition of leaders from across government, civil society and the private sector dedicated to adopting specific, measurable and tangible goals and funding targets designed to reach those with intellectual disabilities as part of an inclusive development agenda.

This one-day event will focus on work already underway and will catalyze long-term action.

OBJECTIVES FOR THE AFRICAN LEADERS FORUM

• To raise awareness about the dimensions of deprivation people with intellectual disabilities experience in low-income communities across the globe.

• To create new partnerships and increased collaboration across sectors devoted to ending exclusion among people with intellectual disabilities, especially in countries

6 In Malawi, we have passed the Malawi Disability Act and created a new Ministry of Disabilities and the Elderly, both designed to proactively address the challenges faced by individuals with disabilities. 🤊 🖣

> HE President Joyce Banda President of the Republic of Malawi



Definition of intellectual disability:

Intellectual disabilities can be defined as significant limitations in cognitive functioning and adaptive behavior with onset by 18 years of age. Intellectual disabilities can be either genetic or acquired (e.g., Down syndrome, cerebral palsy, autism, traumatic brain injury).

Epidemiological studies report a significant correlation between poverty and the prevalence of intellectual disabilities (Emerson, 2007). The United Nations Development Program estimates that 80% of all people with disabilities reside in low-income countries (Groce, 2011). While people with disabilities represent one in ten people worldwide, they are one in every five of the world's poorest people *(Groce, 2011)*.

At present, more than 70% of Special Olympics athletes (more than 2.8 million people) live in developing countries. Poverty and disability are mutually reinforcing, and disability can be understood as both a cause and a consequence of poverty (World Report on Disability, 2011).

> 6 6 People with intellectual disabilities remain the most marginalized and discriminatedagainst population in the world. This transcends national, cultural and socio-economic boundaries. 🥤 🥤

Timothy P. Shriver Chairman, Special Olympics

More than 200 Million People

in the world have an intellectual disability, making it the largest disability group worldwide.

1-3% of the world's population has an intellectual disability and are present in all countries, societies and communities worldwide. (World Health Organization)

SCOPE OF THE WORLD'S & AFRICA'S POPULATION WITH INTELLECTUAL DISABILITIES

At least 90% of children with disabilities

in developing countries are **denied** access to education.

People with intellectual disabilities **experience** chronic health problems due to insufficient care, poor nutrition and sedentary lifestyles

that are exacerbated by lack of accessible ongoing sports and recreation.

Special Olympics Region



About Special Olympics

Special Olympics is a global organization that unleashes the human spirit through the transformative power and joy of sport every day around the world. Through programming in sports, health, education and community building, Special Olympics changes the lives of people with intellectual disabilities and raises awareness about their talents and abilities - as well as the injustice, isolation, intolerance and inactivity they face.

Special Olympics' mission currently reaches more than 4.2 million athletes with intellectual disabilities, 1.3 million coaches and volunteers and millions more families, young people, supporters and fans through 220 Accredited Special Olympics Programs in 170 countries.

4.2 Million 1.3 Million ATHLETES SERVED





More than 70,000

COMMUNITY-BASED COMPETITIONS every year around the world



• 32 Olympic-type sports

- Programs in 170 countries
- Dynamic partnerships at all geographic levels in sports, health and education.

REAL SPORTS

Special Olympics provides high guality training and competition in an inclusive culture that encourages athletic excellence, rewards determination, emphasizes health and celebrates personal achievements.



SPECIAL OLYMPICS IMPACT

SUSTAINING ATHLETE HEALTH

Special Olympics is committed to ensuring ongoing access to quality, community-based healthcare that promotes the overall well-being of people with intellectual disabilities. Special Olympics is the largest public health platform for people with intellectual disabilities in the world, partnering with healthcare practitioners globally to offer free screenings at competitions, games and other venues.

TRANSFORMATIVE EDUCATION

In order to promote acceptance, friendships, positive attitudes and behavioral changes, Special Olympics equips young people and adult influencers with effective tools and training to foster inclusive action and attitudes within their schools, social networks and communities.

BUILDING COMMUNITY

Special Olympics mobilizes resources, implements diverse programming and brings diverse stakeholders together to drive positive attitudinal change toward people with intellectual disabilities – creating more inclusive, accepting and cohesive communities worldwide.







THE CRISIS FACING PEOPLE WITH INTELLECTUAL DISABILITIES

Societal & Environmental Challenges

• People with intellectual disabilities and their families typically fall at the bottom of the economic spectrum in communities and across countries. *(Emerson, E, Disability Rights International Country Reports, 2007)*

- Families of children with intellectual disabilities face extra burdens and stress.
- People with intellectual disabilities have lower levels and rates of employment and/or less meaningful employment than the general population or other disability groups.
- Much of the public across all societies holds attitudes about people with intellectual disabilities that reflect low expectations of competence and high expectations of problems.

• In many cultures, inaccurate understandings about intellectual disabilities, irrational cultural beliefs and just plain fear cause people to actively discriminate against people with intellectual disabilities and their families, producing stigma, isolation (including forced detention), taunting, neglect, physical abuse, and, sometimes death, including infanticide.

Educational Neglect

• Globally, most children with intellectual disabilities do not attend school at all.

- At least 90% of children with disabilities in the developing world are denied the right to education.
- As a result of lack of schooling, health education delivered to students in schools never reaches children with intellectual disabilities.

• Where children with intellectual disabilities attend school, it is usually in a segregated facility or classroom with grossly substandard resources.

• Even where there is physical inclusion in schools of people with intellectual disabilities, there is too often social exclusion taunting or bullying.

• Teachers generally feel unprepared to teach children with intellectual disabilities and lack the support needed from schools to be effective.

• Children with intellectual disabilities receive fewer educational opportunities than any other group. Often parents cannot work, especially in developing countries, because they are caring for their child in the absence of schooling or other programs.

Abuse

• Among adults who have developmental and intellectual disabilities, as many as 83% of females and 32% of males are victims of sexual assault. (Johnson, I., Sigler R. 2000. Journal of Interpersonal Violence)

• As many as 68% of female adolescents with intellectual disabilities have been abused before the age of 18. (Frohmader, 2002 in UNICEF, 2012 Towards an AIDS Free Generation, Promoting Community Based Strategies for and with children and adolescents with disabilities)

• Reports about the mistreatment of individuals with developmental and intellectual disabilities, including physical and sexual abuse, consistently demonstrate levels of negligent and often abusive treatment higher than in the population without intellectual disabilities, especially in institutions. (*Disability Rights International Country reports, Jones L et al, 2012, World Report on Disability, 2011*)

• When it comes to HIV programs, children, adolescents and young people with developmental and intellectual impairments must be taken into account not only because they lack equal opportunities to learn and be informed but also because of their heightened vulnerability to sexual abuse. *(UNICEF, 2012)*





There is a significant correlation between poverty and the prevalence of intellectual disabilities. An estimated **80% of** all people with disabilities reside in low-income countries.

(Emerson, E., Disability Rights International Country Report, 2007; Groce, 2011)

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countries.

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CRISIS IN HEALTH AND HEALTH SERVICES FOR PEOPLE WITH ID

Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date-goals agreed to by more than 180 world leaders at the United Nations Millennium Summit in September 2000. 🦳 🖣

James Wolfensohn Former President, World Bank





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Access to Healthcare

200,000,000 people with intellectual disabilities are denied access to quality health services.

Despite the severe need and higher health risk, people with intellectual disabilities are denied health services, community interventions, and there is a lack of targeted interventions and programs for this population. (WHO, 2011, SOI 2001)

• The public believes that people with intellectual disabilities have better health care than the rest of the population, yet people with disabilities experience poorer health than the general population and have unequal access to health care services. (WHO 2011, SOI 2001)

• Levels of disease, condition and access to care for the population with intellectual disabilities are significantly poorer than for the general population.

• Due to isolation, neglect and forced detention, people with intellectual disabilities often do not receive community health interventions.

Access to Sports

People with intellectual disabilities experience chronic health problems due to insufficient care, poor nutrition and sedentary lifestyles. This is exacerbated by lack of accessible ongoing sports and recreation programs that stress fitness, skill development and guality coaching and competition.

- Only 2% of people with intellectual disabilities participate in Special Olympics.
- In virtually all countries in which Special Olympics operates, it started because there were either no or limited options for people with intellectual disabilities to be physically active.

• Despite the social, financial or other demographic barriers, every individual deserves and needs the chance to be physically active.

Children and adults living with intellectual disabilities around the world face discrimination, isolation, misunderstanding and poverty. There is an urgent need for enhanced collaboration among stakeholders to ensure inclusive development strategies and respect for the basic human rights of all people. In order to achieve the Millennium Development Goals (MDGs), move communities and countries out of poverty and create a better future for all, diverse stakeholders across society must come together and unlock this potential.



A CALL TO THE GLOBAL COMMUNITY

The leadership and support of governments, organizations, corporations and individuals of the global community can change the face and destiny of this population which has been neglected, denied and oppressed for too long.

Join Special Olympics in the fight for equality and dignity for all.

Throughout the ages, the treatment of people with disabilities has brought out some of the worst aspects of human nature. Societies have often gone out of their way to ensure that persons with disabilities are neither seen nor heard.

> Kofi Annan Former U.N. Secretary General



African Leaders Forum on Disability

In the footsteps of Special Olympics founder Eunice Kennedy Shriver, Her Excellency President Joyce Banda of Malawi has emerged as a champion of the rights of those with intellectual, physical and other disabilities in Malawi and across the continent of Africa.

Under her leadership, the Government of Malawi is convening leaders from government, civil society, and the development community to elevate the needs of this population, and ensure that they are recognized and prioritized in development strategies, goals, initiatives, and funding.

Our shared goal is to build a coalition of committed stakeholders dedicated to advancing global cooperation around their rights, and help create a future in which they and their families are no longer on the margins of society.

SPECIAL OLYMPICS & THE MILLENNIUM DEVELOPMENT GOALS A CLEAR ALIGNMENT

Special Olympics is a catalyst to change lives, mobilize communities and empower people to take action. Our work directly supports fulfillment of the United Nations Millennium Development Goals (MDGs), the UN's plan to reduce global poverty. As the current MDGs are scheduled to expire in 2015 and do not specifically include people with intellectual disabilities, Special Olympics is partnering with global development organizations, governments, businesses and civil society to build low-barrier social and economic development opportunities for all to promote. The following chart depicts the alignment between Special Olympics' work and the MDGs.



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and/or have less meaningful employment than the general population or other disability groups.

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(Johnson, I., Sigler R. 2000. Journal of Interpersonal Violence)



MILLENNIUM DEVELOPMENT GOAL

•Eradicate extreme hunger and poverty

 Achieve universal primary education

• Promote gender equality and empower women

• Reduce child mortality

CONTRIBUTION OF SPECIAL OLYMPICS

• Reduce stigma and increase self-esteem, selfconfidence, and social skills leading to increased employment and lower levels of poverty and hunger.

• Reduce stigma preventing children with intellectual disabilities from attending school.

• Increase awareness of the importance of physical education for all children and the ability to adapt activities for children with disabilities.

• Empower women and girls with intellectual disabilities, through sport opportunities, to acquire health information, skills, social networks, and leadership experiences.

• Loosen restrictive gender norms by introducing the concept of sports to more women and girls.

• Improve the health of children with intellectual disabilities through early childhood development physical activities designed specifically for them. • Reduce likelihood of infanticide by reducing stigma and promoting greater community acceptance of children with intellectual disabilities and their families.

SPECIAL OLYMPICS & THE MILLENNIUM DEVELOPMENT GOALS A CLEAR ALIGNMENT

MILLENNIUM DEVELOPMENT GOAL

CONTRIBUTION OF SPECIAL OLYMPICS

• Improve maternal health

• Combat HIV and AIDS. malaria, and other diseases

• Develop a global partnership for development

• Using sports as a communications and convening vehicle, improve access for both women with intellectual disabilities and mothers of children with intellectual disabilities to health information and education.

• Improve access to health education and care through health screenings, education, treatment & referrals and related interventions.

• Increase knowledge about people with intellectual disabilities among local health professionals and clinicians through specialized disability health training.

• Maintain and share the world's largest clinical database on the health status and needs of people with intellectual disabilities.

• Sustain multi-lateral partnerships and collaborations that allow for knowledge and resource sharing and increase awareness about the strengths and needs of people with intellectual disabilities globally.

6 6 We must do more to identify children with disabilities and tailor programs to support their needs. This is a universal calling, that all countries develop comprehensive programs in health, education and nutrition that support them and their families. 🤊 🤊

> HE President Joyce Banda President of the Republic of Malawi

*Adapted from Harnessing the power of sport for development and peace: Recommendations to governments (2008). Right to Play International: Toronto, ON, p. 173.

Special Olympics athletes are an inspiration for all of us. Every day they have to fight to overcome not only their disability, but also the discrimination they face. In this they are not just athletes, but real heroes to be celebrated and supported.

The needs of the intellectually disabled remain achingly unaddressed in the developing world. Though they face uncommon challenges, the intellectually disabled don't demand uncommon treatment.

Instead, like people everywhere, they seek only to be treated equally and fairly, and to be provided the same opportunities as anyone else. 🧠 🧠



Ban Ki-Moon United Nations Secretary General

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