

Legal Framework for the Training of Health Care Specialists in the Health Care System of Lithuania to Work with the Disabled

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Abstract:

Introduction: Health care is one of the most important fields not only in individual countries, but globally as well, yet it remains one of the most sensitive topics, too. Global organisations have calculated that one out of seven residents around the world has some sort of disability. It is very likely that due to various processes, the number of people with disabilities will increase. Therefore, the world in general and each country in particular, Lithuania included, faces a great challenge: to ensure suitable and high-quality accessibility to health care services for the disabled. Each country must have clear political guidelines and strategies how to ensure training of health care specialists qualified and able to carry out their tasks when working with the disabled. Therefore, this article analyses global trends of training specialists to work with the disabled and legal basis of such specialist training in Lithuania.

Methods: This article features analysis of scientific literary sources and legal documents.

Results: International and national Lithuanian documents have clearly established that people with disabilities have equal rights to health care services like the rest of the population without any reservations, so this norm must be established adhering to the principles of accessibility, suitability and universality, and which basically should be ensured by health care specialists. However, document analysis has revealed that documents governing the training of health care specialists in Lithuania and processes related to it pay little attention to the training of future health care specialists to work with the disabled, while descriptions of some specific areas of studies, e.g. dentistry, pharmacy, etc. designed to train health care specialists do not address the work with the disabled at all.

Discussion and conclusions: Analysis has revealed that institutions of higher education in Lithuania that train health care specialists are not

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legally entitled to, other requirements aside, to focus the study process on the work with the disabled. Therefore, it begs the question whether such specialists are actually ready to implement the requirements guiding the provision of health care services and ensure top-quality and proper provision of services to all members of the society, irrespective of their special needs, disabilities, etc. Therefore, this article can serve as a basis for further research related to the training of health care specialists to work with the disabled in order to identify what practice is applied in this area in other countries, as well as to ensure it internationally, what are the options and means required to implement it and how to improve the training of health care specialists as much as possible to work with the disabled ensuring the quality of health care in particular and their life in general.

Key words: specialist training, disability awareness training, the disabled, disabled persons, health care professionals.

Introduction

Healthcare is one of the key priorities of a developed society. Various indicators related to the health of people in a certain country reveal its progress in various areas, its current situation and its position among other countries, yet it also shows in which areas improvements should be made. Priority of every developed or developing modern country is (or at least should be) in the assurance of the most effective health care not only for the healthy members of the society, but for the disabled as well, since because of their health problems, they are at risk to remain at the margins of the full-fledged social life.

According to the World Health Organization's (2015) "WHO Global Disability Action Plan 2014-2021: Better Health for All People with Disability", disability is universal, because no one is protected against it, and most of us have disabled people in our midst. The World Health Organisation (2015) claims that disability is not simply a social or biological phenomenon; it is a general problem of the public health, an issue of human rights and development priority.

According to the data by the World Health Organisation (2015), there are over 1000 million people with disabilities – around 15 per cent (or one in seven) of all the people in the world, out of which 93 million children (or one out of twenty people under 15) live with moderate or severe disability. According to the communication by the European Commission (2015), around 80 million of people with disabilities cannot be fully involved into the public and economic activities and due to limited opportunities of employment, the poverty level of people with disabilities is even 70 per cent higher than the average. The World Health Organisation agrees that in the future, the number of people with disabilities can only increase due to the ageing society, rise in chronic diseases, and advanced health care which results in lower mortality of people. Because of

this, disability is not only a problem and responsibility of the disabled persons themselves, but the entire society as well.

With Lithuania in mind, and according to the data by the Ministry of Social Security and Labour of the Republic of Lithuania (2018), at the end of 2017, 242,000 people received disability pensions in Lithuania (around 47 per cent males and 53 per cent females, 8.5 per cent of all residents of the country), while the number of the disabled children is around 14800 thousand (2.9 per cent of all children in the country). This means that a considerable number of people in our country have some disability that not only limits their ability to work, but also in certain cases, requires specific health care.

A statement of the United Nations (n. d.) claims that the disabled seeking health care services experience serious obstacles: physically inaccessible medical clinics and hospitals; lack of suitable transport to get to the doctor and the hospital, negative attitude of health care providers, etc. However, one of the obstacles named is insufficient preparation of the staff to work with the disabled. According to Santoroa et al. (2017), even though there have been lengthy discussions in the health care system about the need to remove the obstacles faced by the disabled, medical professionals are often still not properly trained to work with the disabled and their training is insufficient to achieve it. This problem has been recently approached in scientific research as well.

There was a study carried out in Greece in 2014-2016, with participants studying nursing, social work and medicine (Kritsotakis et al., 2017). According to Kritsotakis et al. (2017) this research has revealed that in general, the attitude of health and social care students towards the disabled in Greece is a negative one. Kritsotakis et al. (2017) claims that adhering to their unfavourable opinion, health care specialists spend less time communicating with the disabled and do not ensure the quality of nursing services. Sarmiento et al. (2016) analysed study programmes in American schools training health care specialists. Most of the schools do not have programmes addressing the work with the disabled, except several cases, when disability is perceived as a disorder or deficiency that must be treated, removed or at least reduced. It is not acceptable, because, according to Sarmiento et al. (2016), not in all cases the disability of a patient must be “treated” and patients not always perceive themselves as “disabled” (e.g. the deaf which usually see their deafness as simply “different skills”.) Therefore, speaking about disability as a subject to be taught, we need to understand that in the programmes designed to train health professionals, disability should not be understood as a reason to treat a patient that requires medical knowledge, but in frequent cases, it should be treated as certain circumstances, requiring specific communication and social skills.

Research by Miller (2015), Sarmiento et al. (2016), Kirshblum et al. (2020) focused on improving study programmes designed to train health care specialists, supplementing them with the subjects about disability and work with the disabled shows that gaining such knowledge during the study period has had

a positive effect on the students' perception and attitudes towards the disabled, working with them, preparation and ability to solve problems arising from the work with the disabled.

According to Rogers et al. (2016), Kritsotakis et al. (2017) and Kirshblum et al. (2020), irrespective of the fact that the quality of health care provided to the disabled people directly depends on the attitude of the health care specialists towards the disabled people as well, still only a very small number of medical schools teach about disabilities. Therefore, it is very important to improve the training of health care specialists, including subjects related to the disabled into the study programmes. However, in order to achieve results improving the preparation of health care specialists to work with the disabled, it is very important to develop a proper legal basis.

1 Legal presumptions for specialist training to work with the disabled

According to the World Health Organization's (2015) "WHO Global Disability Action Plan 2014-2021: Better Health for All People with Disability", it is stated that disability encompasses all sectors and various stakeholders; therefore, to carry out actions necessary to implement the plan, it takes strong commitment of everyone, ensuring proper resources, and even though the main role belongs to the national and regional bodies, in order to ensure effectiveness, international organisations should also be involved (the United Nations), as well as disabled people's organizations, academic institutions, the private sector and communities, as well as global networks.

As regards international documents regulating integration of the disabled, aid to them and ensuring their rights, usually the most important provisions are outlined, the situation of the disabled is defined, and certain tasks are delegated to the countries in order to ensure the rights of the disabled on the national level. One of the key documents establishing the rights of the disabled is "The Convention on the Rights of Persons with Disabilities" (2006), Article 25 of which "Health" specifies in detail that countries that have ratified the convention shall take all appropriate measures to ensure access for persons with disabilities to health services without discrimination on the basis of disability. Moreover, "The Convention on the Rights of Persons with Disabilities" (2006) states that health care specialists must provide persons with disabilities with the same quality of health care as provided to other persons. It means that health care specialists should be able to work with the disabled properly in order to ensure the quality of the services provided, thus they must be properly trained to meet this requirement.

The World report on disability, written jointly by WHO and the World Bank (2011), states that national governments can improve the condition of people with disabilities by improving their access to quality and accessible health care

services, reforming the policies and laws, removing obstacles for funding and accessibility, improving the training of employees and their employability opportunities. World Health Organisation (2015) emphasises the importance of suitable staff training to improve the situation of the disabled by urging the states to create training standards on various specialist training levels as a part of a wider health strategy. This means that global organisations have identified a necessity on the national level for each country to include proper preparation of health care specialists to work with the disabled as a means to improve health care for the disabled. However, according to the World Health Organisation (2015), national disability models and policies are affected by internal national factors. Communication from the European Commission (2014) “On effective, accessible and resilient health systems” states that health systems in EU Member States vary, reflecting different societal choices. This means that even though there are various international agreements and recommendations, the final health policy is adopted by each country individually taking its own context into consideration. The same conditions apply when speaking about the disabled and training of health care specialists working with them.

Article 3 of the Law on Public Health of the Republic of Lithuania (2002) called “Principles of Public Health Care” states that:

“The key principles of public health care guiding the provision of public health care shall be as follows:

1. universal coverage, acceptability, adequacy, accessibility and scientific validity of public health care. [...].”

Taking this into consideration, it can be said that public health care must be ensures in a suitable and accessible way irrespective of a person’s disability or specific needs. Law on Health System of the Republic of Lithuania (1994) states that:

“The health of the population is the greatest social and economic value of the society, [...] the potential of health and conditions for its maintaining are determined by [...] guarantees for education, [...] provision with [...] accessible, acceptable and adequate health care [...].”

Here, just like in the Law on Public Health of the Republic of Lithuania (2002), it is stated that health care for the residents of a country must be accessible, acceptable and suitable, but it is also noteworthy that the potential of health and support thereof is determined by the guarantees provided by education. This means that education both helps ensure people’s education in questions of health care and training specialists responsible for health care. Law on Higher Education and Science of the Republic of Lithuania (Law on the Amendment of Law on Higher Education and Science of the Republic of Lithuania No. XI-242) claims that:

“The mission of higher education and research is to help ensure the country’s public, cultural and economic prosperity, provide support and impetus for a full life of every citizen of the Republic of Lithuania [...]. The policy of

Lithuanian science and studies [...] caters to the compliance of the system of science and studies to public and economic needs [...]. A cohesive system of higher education and research [...] is the foundation for social [...] and [...] well-being.”

Law on Higher Education and Science of the Republic of Lithuania (2009) declares that the national policy of studies and science must comply and ensure that the needs of the country and its residents are met, including their social well-being, and this means that the national policy of science and research, which is responsible for the training of specialists working for the well-being of society, must address the need to train such specialists who would be able to provide suitable and quality services to all residents of the country, irrespective of their health condition. Therefore, at this point, it is worth mentioning a provision established in Article 7 of the Law on Social Integration of the Disabled of the Republic of Lithuania (1997) that, in order to ensure equal rights of the disabled in the area of health care, “health care services for the disabled shall be provided in accordance with the same system and of the same level as to other members of the society.” This means that health care specialists must be (or at least should be) trained in a way that would allow to ensure this provision effectively.

2 Legal regulation of the training of health care specialists

Even though training of health care specialists receives a lot of attention, as they are responsible for effective, appropriate, and timely provision of health care services, working with the disabled in the health care system usually requires specific knowledge that takes into consideration the health condition of the disabled and their specific disabilities. Therefore, it is natural that the training of health care specialists must also focus on their work with the disabled in the future.

There are four Lithuanian universities and six universities of applied sciences that have the right to prepare health care and pharmacy specialists. Just like in the case of all study programmes of higher education, requirements for the study programmes in cycles 1 and 2 designed for the training of health care and pharmacy specialists, are regulated in accordance with the Decree of the Minister of Education and Science of the Republic of Lithuania “On the Approval of the General Requirements for Study Programmes” (2016), Decree of the Minister of Education and Science of the Republic of Lithuania “On the Approval of the Description of General Requirements for Degree-Awarding First Cycle and Integrated Study Programs” (2010), and Decree of the Minister of Education and Science of the Republic of Lithuania “On the Description of General Requirements for the Master’s Study Programs.” (2010)

Judging from specific study programmes focused on medicine and health (field of study – biomedical sciences, group of studies – medicine and health), on the basis of which health care specialists are trained, and on the basis of Decree of

the Minister of Education and Science of the Republic of Lithuania “On the Approval of the List of Branches Comprising the Study Fields” (2010), currently, there are ten study fields confirmed in Lithuania (Medicine, Dentistry, Professional Oral Hygiene, Public Health, Pharmacy, Rehabilitation, Nutrition, Nursing, Medical Technology, Medicine and Health), branching out into 22 subsequent areas of studies. All fields of studies assigned to the group of medicine and health field of studies (except Medicine and Health and Medicine Technology) are regulated by the descriptions of the fields of studies approved by the Ministry of Education and Science of the Republic of Lithuania, and this means that all these institutions of higher education that offer study programmes in these fields of studies must comply with the provisions established in these descriptions. On the basis of the already confirmed descriptions of the fields of study that regulate the training of health care specialists (except the fields of studies of Medicine Technology and Medicine and Health, because there are no descriptions of them approved by the decree of the Minister of Education and Science of the Republic of Lithuania), Table 1 provides the key information about the formal requirements of study programs of the study fields assigned to the group of medicine and health field of studies (Full time studies and Extended studies).

Table 1

Formal requirements of study programmes classified as belonging to medicine and health sciences field of study

| <u>Name of the field of study</u> | <u>Type of studies</u> | <u>Options of minor studies</u> | <u>Level of qualifications framework</u> | <u>Adaptation of studies to work with the disabled declared in the description of the field of study</u> |
|-----------------------------------|--|---------------------------------|--|--|
| <i>Medicine</i> | University, integrated, full-time studies | No | VII (Integrated) | Special ability |
| <i>Dentistry</i> | University, integrated, full-time studies | No | VII (Integrated) | No |
| <i>Professional Oral Hygiene</i> | University of Applied Sciences / University, full-time studies | No | VI (Cycle 1) | No |

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|----------------------------|--|---|----------------------------------|--|
| <i>Public health</i> | University, Cycles 1 and 2, FT and Levelling | Yes | VI (Cycle 1) VII (Cycle 2) | No |
| <i>Pharmacy</i> | University of Applied Sciences (Cycle 1) / University (integrated), full-time | Yes (University of Applied Sciences) | VI (Cycle 1) VII (Integrated) | No |
| <i>Rehabilitation</i> | University of Applied Sciences (Cycle 1) / University (Cycles 1 and 2), full time, extended studies (Cycle 2 only) | No | VI (Cycle 1) VII (Cycle 2) | Personal ability (Cycle 2) Material basis |
| <i>Nutrition</i> | University of Applied Sciences (Cycle 1) | Yes (only as the main one with the exclusion) | VI (Cycle 1) | No |
| <i>Nursing</i> | University of Applied Sciences (Cycle 1) / University (Cycles 1 and 2), full time, extended studies (Cycle 2 only) | No | VI (Cycle 1) VII (Cycle 2) | General description |
| <i>Medical Technology*</i> | - | - | - | - |
| <i>Medicine and Health</i> | - | - | - | - |

*there are no description regulating studies

As it is evident from information provided in Table 1, taking into consideration the difficulty of study programmes of study fields and specialist qualification, almost all first cycle or full-time study programmes in all fields (except Public Health) are organised only as full-time studies and with an option of minor studies (except Public Health, Pharmacy and Nutrition). While speaking about attention paid to the disabled in the general guidelines for programmes, only

study programmes in the fields of Medicine, Rehabilitation and Nursing can be mentioned, as they address, albeit very little, the focus of the study programme on the disabled, as well as the work of specialists in training with them. In the Decree of the Minister of Education and Science of the Republic of Lithuania “On the Approval of the Description of Medicine Field of Studies” (2015), it is stated that one of the special study outcomes to be achieved by the graduates of medicine is an ability to “convey information for patients, patient’s relatives, the disabled and colleagues in a clear, sensitive and efficient manner, including written and spoken communication (also applicable to medical documentation)”. However, there are no other skills that would focus specifically on the work with the disabled included into the Regulations for medical training. As regards preparation of rehabilitation specialists to work with the disabled, in accordance with the Decree of the Minister of Education and Science of the Republic of Lithuania “On the Description of the Rehabilitation Field of Studies” (2015), it is stated that one of the personal abilities of Cycle 2 graduates to be achieved is the ability to make “independent decisions in situations that require to demonstrate understanding combining various scientific disciplines, deep and critical assessment of scientific knowledge, experience in solving problems in health care, rehabilitation and integration of the disabled, and modelling strategies to solve problems.” In addition, according to the “Description of the Rehabilitation Field of Studies” (2015), proper organisation of a study programme requires a specific material basis, and one of the requirements is the equipment for the disabled. This suggests that study programmes of rehabilitation field of study address the work of future specialists with disabled persons. In the meantime, preparation of nursing specialists to work with the disabled is established in the Decree of the Minister of Education and Science of the Republic of Lithuania “On the Description of the Nursing Field of Studies” (2015), claiming that “knowledge, skills and values of nursing and obstetrics can be applied to all levels of personal health care institutions, providing health care services to all age groups of patients; in health care institutions of national defence, and the system of home affairs; institutions of social services – foster homes for healthy and disabled people of all ages, and private personal health care institutions.” However, there are no specific requirements for working with the disabled outlined that would regulate the organisation of study programmes in the nursing field of study.

Finally, when speaking about the training of health care specialists, the Law on the Recognition of Regulated Professional Qualifications of the Republic of Lithuania (2008), which regulates the principles and mechanisms to recognise professional competences gained abroad, is worth mentioning. Even though this act is harmonised with the legislation of the European Union, and provides quite an extensive description in what cases qualifications are recognised and grant the right to undertake in their respective activities for medical doctors (Chapter Two), general practice nurses (Chapter Three), and dental practitioners (Chapter

Four), there are no specific requirements regarding the work with the disabled outlined.

Conclusion

Recent research studies (Miller, 2015; Sarmiento et al., 2016; Kirshblum et al., 2020) have provided evidence that only appropriate education of health care specialists and their training to work with the disabled can ensure proper provision of services and accessibility of health care services. International organisations (United Nations, World Health Organization, World Bank, etc.) encourage national policy-makers to pay more attention to the accessibility of health care for the disabled also by emphasising appropriate investment to training specialists in this field.

Even though various international and national legal documents regulating the position of people with disabilities state that rights of people with disabilities to health care should ensure compliance with the principles of accessibility, suitability, universality and which should be implemented by health care specialists, yet the documents regulating studies themselves and processes related to them (and in case of specific fields of studies focused on the preparation of health care specialists virtually non-existent) pay little attention to training future health care specialists to work with people with disabilities.

This begs the question whether such specialists are properly equipped to meet the demands of the health care system to ensure good quality and proper provision of health care services to all members of the society irrespective of their special needs or disability.

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