Current Aspects of Disability in the Kyrgyz Republic

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Abstract

The objective is to study the epidemiological characteristics and assess the system for establishing a disability in the Kyrgyz Republic.

In establishing disability, a biomedical model of health is used, which does not provide an objective assessment of a person's condition. This study analyzes data on the disability situation in the Kyrgyz Republic, which indicates a steady annual increase in the disability rate. For children under 18 years of age, the establishment of disability and assignment of the category "disabled child" is biased, since only the state of health and dysfunction of the child's functional abilities are assessed and, despite the difference in the severity of the condition, the possibility of work capacity and the ability to participate in education is not evaluated.

Key words: *Disability, Person with disabilities, Situation on disability, Medical and social expertise, Kyrgyz Republic.*

Introduction

Disability is a social phenomenon that no society can avoid, and each state, following its level of development, priorities and opportunities, forms a social and economic policy for people with disabilities[1]. Disability is the most crucial indicator of public health and has not only medical but also socio-economic importance. According to the UN, the level of disability in the world is 10%, that is, every tenth inhabitant of the planet is disabled[2]. According to the data published in the "K-News" news feed, in the Kyrgyz Republic, there are currently about 180 thousand disabled people, which makes up 2.8% of the population[3].

The problem of disability has enormous socio-medical and economic consequences, due to the withdrawal of a significant part of citizens from the sphere of social manufacture and the considerable state expenditures for organizing social protection of disabled people, provision with medical care, maintaining appropriate social institutions, carrying out activities aimed at the rehabilitation of disabled people[4].

For many developing countries of the world, the issue of the policy of establishing disability has recently been relevant in the schedule of social policy since the establishment of disability is closely related to the costs of social protection: payments, benefits, services, etc.

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Currently, the world standard for disability use WHO-recommended classifications[5], countries are working to improve disability methods, special needs and the relationship of compensation for needs with services and benefits.

In the Kyrgyz Republic, the old methodology for determining disability is still used. However, it should be noted that since 2013 the country has stepped on the path of reforming the medical and social examination service. In this connection, at this stage, we studied the general situation in a certain number of people with disabilities among adults and children. We also showed the methodology for establishing a disability in our country.

Objective: To study the epidemiological characteristics and assess the system for describing disability in the Kyrgyz Republic.

Materials and Method

The methodology of this study includes an annual analysis of the situation regarding the establishment of disability in the Kyrgyz Republic (Official data of the Republican Center for Medical and Social Expertise under the Ministry of Labor and Social Development of the Kyrgyz Republic).

For the analysis, we studied the reports of government agencies, materials from open sources, information from international and non-governmental organizations, official statistics, and publications on the Internet.

Results and Discussion

According to the National Statistics Committee, in 2019, 6,320,723 residents lived in the Kyrgyz Republic (KR), of which about 168,200 are people with disabilities (PWD), which makes up 2.8% of the total population. The total population of the Kyrgyz Republic is growing annually. So compared to 2000, when their number was 4,898,000 inhabitants, in 2018, the population increased by 1.2 times, and at the end of the year amounted to 6,294,587. With an increase in the number of people, there is an increase in the number of people with disabilities.

So, since 2000, the number of people with disabilities has been steadily growing (Figure 1). If in 2000, PWD totalled 87,314 people, then in 2004, their number exceeded 100,000 people, and in 2005 their number was 106,688 people. As can be seen from the figure, a sharp increase in the number of PWDs has been observed since 2010, when their number amounted to 133,398 people, and compared to 2000, and it increased by 1.5 times. The maximum growth occurred in 2010-2013 when the annual growth amounted to 8500, 9072 and 7218 people, respectively.

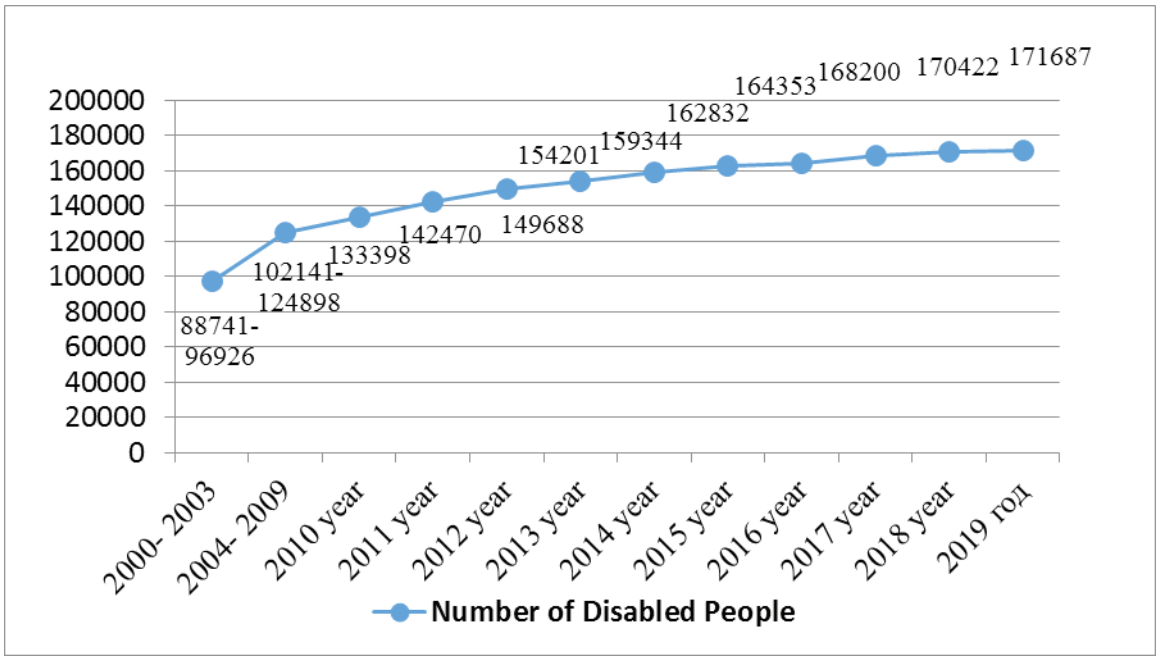

Figure 1. Dynamical change in the number of persons with disabilities in the Kyrgyz Republic.

As in previous years, cardiovascular diseases, traumatic injuries of varying localizations, diseases of the sensory organs, diseases of the musculoskeletal system, neoplastic disorders, mental illnesses, tuberculosis and diseases of the nervous system ranked the leading positions in the structure of disability in 2019 (Table 1). All other diseases are classified as miscellaneous nosological forms in Table 1.

Table 1. Disability distribution by nosological forms.

Nosological Group	2016 год	2017 год	2018 год	2019 год
Blood circulatory disorders	2835 (20,3%)	2877 (19,9%)	3022 (19,9%)	3041 (19,3%)
Traumatic injuries of varying localizations	1973 (14,1%)	2128 (14,7%)	2259 (14,9%)	2377 (15,1%)
Pathology of Sensory Organs	1582 (11,3%)	1724 (11,9%)	1745 (11,5%)	1783 (11,4%)
Diseases of the musculoskeletal system	1163 (8,3%)	1325 (9,3%)	1374 (9,0%)	1458 (9,3%)
Neoplastic disorders	1242 (8,9%)	1155 (8,0%)	1296 (8,5%)	1361 (8,7%)
Mental illnesses	972 (6,9%)	982 (6,8%)	1029 (6,8%)	1047 (6,5%)
Tuberculosis	967 (6,8%)	965 (6,7%)	1027 (6,8%)	1051 (6,7%)
Nervous system disorders	558 (4,0%)	618 (4,3%)	626 (4,1%)	641 (4,1%)
Miscellaneous nosological forms	2704 (19,3%)	2663 (18,4%)	2815 (18,5%)	2933 (18,7%)
Total	13996	14437	15193	15692 *

Note: $p < 0.05$ - differences are statistically significant compared to 2016

Under state regulations, depending on the degree of body functioning and social life disruption, citizens of the Kyrgyz Republic are assigned I, II and III disability groups; children under 18 years old assigned the category of "disabled child."

As for the examination of children, it should be noted that until 2002 the analysis was carried out by the treatment and prevention organizations of the Ministry of Health of the Kyrgyz Republic at the place of registration of the child. Since 2003, the examination transferred to the medical and social examination service under the Ministry of Social Development of the Kyrgyz Republic. An analysis of the situation showed that an annual increase in disability also observed in the category of children from 2000 to 2018 (Figure 2). Moreover, the increase in the number of children with disabilities varies significantly from 135 to 1235 cases per year.

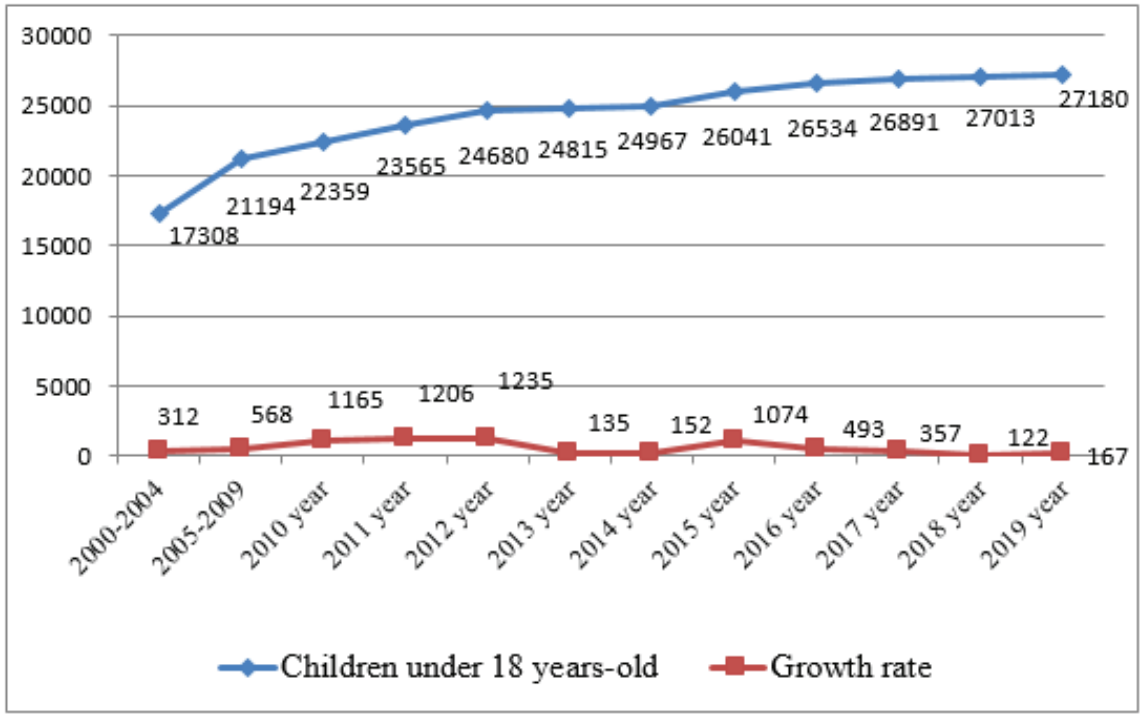

Figure 2. The number of children with disabilities in the Kyrgyz Republic.

Disability determination for children under 18 years: In the Kyrgyz Republic, all inter-district medical and social expert commissions (MSEC) conduct a mixed reception of children and adults. For children under 18 years of age, when determining disability, the state of health and impairment of functions are evaluated and, despite the difference in the severity of the condition, the category "disabled child" is established. When establishing a disability for children, the opportunities for activity and the ability to participate, special educational needs are not evaluated.

For the assessment of the child's condition to be more objective, in different countries of the world and the European Union, the levels of ailment are set for children when setting the levels of ailment, WHO recommends that children under 18 years of age should be divided into four groups by age (from birth to 3 years; from 4 to 7 years; from 8 to 14 years; from 15 to 18 years). In the Kyrgyz Republic, WHO recommendations have not been implemented yet.

Disability determination for adults of working age and retirement age: In the Kyrgyz Republic, adults (from 18 years old) are assigned I, II and III disability groups. For people of working age and older people, the disability is determined by a biomedical health model and ICD-10 coding, without separating them by age groups. The identification of disability groups is closely related to benefits, payments, services and other assistance. This methodology for determining disability does not reflect the ability to objectively assess the state of a person of working age, as his ability to perform existing skilled work, acquire new qualifications, or present work that does not require professional skills, as well as other special assistance measures, are not evaluated.

When establishing a disability group in the Kyrgyz Republic, an individual rehabilitation plan should be developed according to regulatory enactments. This provision is declarative since, in practice, medical experts do not have the competence and knowledge to draw up such a program, and the poorly developed links of medical, social and professional rehabilitation do not contribute to this.

In the Kyrgyz Republic, for people with disabilities of working age and people with disabilities of retirement age, the establishment of disability groups does not reflect the situation of an objective assessment of the opportunities and particular needs of people of different ages and the active organization of the necessary rehabilitation, social and financial support.

For PWDs of working age, it is first of all essential to establish the level of working capacity (after all possible treatment and medical rehabilitation measures have been used), and with what rehabilitation measures - vocational and social, you can return PWDs to the labour market.

For people with disabilities of retirement age, the level of work capacity is not relevant. PWD of all age groups has special needs, the satisfaction of which would enable them to live with maximum independence and support in their natural living environment. Such special needs are met, taking into account the economic situation in each country.

Currently, the World Health Organization (WHO) recommends three main international classifications for assessing health status[5, 6]:

1. ICD – 10 - the international statistical classification of diseases and disorders, the tenth revised and supplemented edition (International Classification of Diseases (ICD);

2. ICF - International Classification of Functioning, Disability and Health;

3. ICHI - International Classification of Health Interventions.

The only changes in health, procedures and interventions (interventions) directly classified by ICD-10. The structural basis of this classification based on the etiology, methods and interventions.

ICF – is structured based on a biopsychosocial model of health, in which the restriction of activity and participation is the result of exposure to environmental factors and personality traits. ICF is a standardized language with a unified coding system for health and related conditions.

Both classifications (ICD - 10 and ICF) are recommended for simultaneous use by WHO. Thus, a description of health and related conditions would be complex.

The use of ICF coding in determining disability provides much more detailed and accurate information about human health and its functionality than the use of only ICD-10 coding. ICF essentially defines the state of a person, and not just a disease, as when using ICD-10.

ICD-10 is complete and sufficient for diagnosing diseases, treating patients, but for rehabilitation and other solutions, such as establishing disability, this is not enough. ICF is ideal to describe a person's condition after treatment.

Guided by the ICF, attitudes towards human diseases and disabilities are changing. The ICF not only helps physicians in physical medicine and rehabilitation cope with disability issues but also requires the public to take responsibility for accepting people with disabilities in society. The ICF, is closely related to human health and health determining factors, helps to choose a profession that is compatible with a health condition and adapt the workplace to a particular PWD while searching for opportunities to integrate PWD into the labour market.

Many countries around the world have begun to use the ICF directly in establishing disability. The United Nations (UN) has adopted the ICF as one of the social classifications and applies it in the fields of insurance, social security, labour, education, economics, and social policy. Countries are actively analyzing ICF and are working on using it, assessing human health, working ability, and disability. Based on the ICF, tools have been created for the general assessment of disability.

In 2011, WHO presented a world disability analysis report prepared following the ICF Convention on the Rights of People with Disabilities. This report provides recommendations to all countries to assess disability using the ICF and the main directions for implementing this classification.

Analyzing the methodology for establishing a disability in the Kyrgyz Republic, a biomedical model of health is used when assessing a person's condition, when health is determined by medical criteria and is focused on the patient's body. A physician with specific knowledge of the body is the only expert, and the diagnosis becomes the primary criterion for determining the condition of a person. The biomedical model emphasizes the medical knowledge of the body, ignores the influence of psychological factors on human health and turns social problems into a body problem that essentially remains unsolvable.

In the world, the biomedical model of health is changing the biopsychosocial model, which provides an entirely different concept when health is assessed as the biological, psychological and social well-being of a person. Disability is defined as a long-term deterioration

in health due to disorders of the body structure or functions and the interaction of adverse environmental factors, reduced opportunities for participation in public life and activities. A person with disabilities experiences functional impairment and the influence of the social environment. A person is affected by his social environment, and he becomes the central axis in the health care system and social protection. That is when using the biopsychosocial model of health, and the assessment becomes more objective and comprehensive.

Taking into account the trends in the establishment of disability in the world and comparing the situation of establishing a disability in the Kyrgyz Republic, we must state that in the Kyrgyz Republic the methods of determining disability do not yet comply with international standards and cannot again provide an objective assessment of the state of a person.

Conclusion

1. In the Kyrgyz Republic, there is a gradual annual increase in the number of persons with disabilities.

2. In establishing disability, a biomedical health model is used that does not provide an objective assessment of a person's condition, where a person's situation is evaluated only by medical diagnosis and the impact of the social environment is not assessed.

3. For children under 18 years of age, the establishment of disability and assignment of the category "disabled child" is biased, since only the state of health and dysfunction of the child's functional abilities are assessed and, despite the difference in the severity of the condition, the possibility of activity and the ability to participate in education is not evaluated.

4. The Kyrgyz Republic needs the introduction and widespread use of the international classification of functioning in establishing disability.

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Ethical Clearance: Taken from the Committee on Bioethics, I.K. Akhunbaev Kyrgyz State Medical Academy.

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