Model Disability Survey: results for Georgia 2022

Executive summary
Abstract

This publication describes the results of the Model Disability Survey conducted in Georgia in 2022, on a sample of 2298 adults and 705 children. The survey provided information on the health status, prevalence, distribution and degree of disability, well-being, capacity, environmental barriers and facilitators, and met and unmet needs for assistive technology and health-care services for the population in Georgia. Results of the survey suggested the need for actions targeting women and elderly people and improving the economic situation of persons with disabilities, as well as improving access to appropriate health care and assistive products.

Keywords

PERSONS WITH DISABILITIES; GEORGIA (REPUBLIC); ACCESS TO HEALTH SERVICES; ASSISTIVE PRODUCTS; MODEL DISABILITY SURVEY; WORLD HEALTH ORGANIZATION.
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Disability is part of being human and integral to the human experience. Currently, there are more than 1 billion people – about 15% of the global population – that experience disability. This number is expected to increase substantially in future due to different demographic and epidemiological changes such as population ageing and the rise in the prevalence of noncommunicable diseases.

Disability results from the interaction between health conditions or impairments that a person experiences and different personal or environmental factors. This definition is grounded in the WHO International Classification on Functioning, Disability and Health (ICF), which was published in 2001 and which is embedded in the biopsychosocial model of the person. The ICF was the first internationally recognized document to set a new understanding of disability, determining it not only by the underlying health condition or impairment of a person; rather it embraces a more holistic examination of medical, individual, social and environmental influences on persons level of functioning.

In 2013, Georgia ratified the Convention on the Rights of Persons with Disabilities (CRPD), which officially entered into force on 13 March 2014. By ratifying the CRPD the Government of Georgia undertook a legal obligation to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities. By implementing the MDS at national level, Georgia is fulfilling its responsibility to improve the lives of persons with disabilities made through the adoption of the CRPD.

Good quality and comprehensive disability data are essential. Policy development and planning of public health actions and services require a precise understanding of disability, including detailed information on needs for assistive technology, inequities, barriers and needs faced by persons experiencing different levels of disability.

The Model Disability Survey (MDS) is a general population survey developed by the World Health Organization and the World Bank in collaboration with diverse stakeholders. The MDS is fully grounded in the International Classification of Functioning, Disability, and Health (ICF).

The Model Disability Survey (MDS) was developed to collect disability data. Data generated by the MDS are being used by countries to quantify the impact on disability of health conditions or impairments, and of the environment, and also to better understand the degree to which individuals with disability have access to, and use, assistive devices. This allows countries to determine which interventions and policies will likely produce the most benefit for different sections of the population.

Objectives

The MDS provides detailed and nuanced information on the lives of people with disability. It allows comparison between groups with differing levels and profiles of disability. The MDS measures disability as the outcome of a dynamic interaction between a health condition and environmental barriers. The concept of disability is also understood as a matter of degree ranging from low to high levels of disability. The MDS uses a representative sample of the general population to capture all these levels of disability. As a part of Joint United Nations project “Transforming Social Protection for Persons with Disabilities in Georgia”, the objectives of full implementations of the standalone MDS version in Georgia are:

- to determine the current distribution of disability in the general population;
- to estimate the prevalence of severe, moderate, and mild disability;
- to identify unmet needs of and the barriers and inequalities faced by persons with different levels of disability; and
- to inform evidence-based policy development in the disability area.

Data generated with the MDS is used to guide policy development and planning of public health actions and services. It is also used to monitor progress towards SDGs and to monitor the implementation of the CRPD. The MDS questionnaire and more detailed information about its rationale are available at https://www.who.int/activities/collection-of-data-on-disability.
### 3 Key Findings

**Demographic characteristics:** The Model Disability Survey was conducted in 3003 households in Georgia. Two thirds of the population was female. More than half of the population was married. The sample presented a lower prevalence of younger adults: more than 70% were aged 45+ years and was predominantly out of the workforce (retired or homemakers). About 27% worked for an employer full or part-time. About 5% have accomplished elementary or less education, the majority had secondary education or more.

When considering the environment, moderate disability was reported as 46.2% and severe disability as 13.2%.

<table>
<thead>
<tr>
<th>Disability Level</th>
<th>Total sample</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disability</td>
<td>335</td>
<td>153</td>
<td>182</td>
<td>20.7</td>
<td>11.9</td>
</tr>
<tr>
<td>Mild disability</td>
<td>588</td>
<td>212</td>
<td>376</td>
<td>28.6</td>
<td>24.5</td>
</tr>
<tr>
<td>Moderate disability</td>
<td>1,051</td>
<td>311</td>
<td>740</td>
<td>42.0</td>
<td>48.2</td>
</tr>
<tr>
<td>Severe disability</td>
<td>300</td>
<td>64</td>
<td>236</td>
<td>8.6</td>
<td>15.4</td>
</tr>
</tbody>
</table>

**Health Conditions:** A large majority of adults currently have one health condition or more. Hypertension, sleep problems, vision loss, and musculoskeletal conditions (e.g., back pain) are the most prevalent health conditions. The presence of health conditions frequently conducts to medication or treatments.
Capacity: Close to 20% of the adult population reported severe difficulties due to their health. Moderate and severe difficulties in capacity are more frequent in women. About 14% of the population reported their health as bad or very bad.

Disability: About 13.2% of the adult population reported severe disability. Prevalence of severe disability is more important in the female population (Figure 1, Table 1). Complete absence of disability is reported for about 15% of the Georgian population, with a higher proportion of men (20.7%). Severe disability is frequent in older individuals above 65 years. A low education level is disproportionately more common in individuals with severe disabilities. The majority of individuals with severe disabilities are out of the workforce, either retired due to age (29%) or retired for health reasons (51%). Individuals with moderate and severe disability were predominantly in the lowest income quintiles. With severe disability, 45% have bad or very bad general health.

Disability in daily life (last 30 days): Notably more problems are reported across most domains of daily life with severe disability. With severe disability, ‘Mobility’ problems including usage of public or private transportation were most prevalent. More than 95% report ‘Walking 1 kilometer’ and ‘Engaging in vigorous activities’ as problematic. With severe disability, self-care is difficult (86%). With severe disability, providing support to others and caring for household tasks is very difficult or impossible for more than 60%. With moderate disability, more than half of individuals have sleeping problems and shortness of breath.

General Environment: More than half of the persons with severe disabilities perceive access to public buildings as hindering. Use of transportation is reported as hindering by 68% of the individuals with severe and 14% with moderate disabilities.

Assistive Technology: Close to half of the population reports not using any assistive devices (46.3%). About 34% report having the assistive products needed. Complete unmet needs are reported by 16.5%. With severe disability, 95% use some assistive device. Unaddressed needs are most prevalent in the group of persons with severe disability were only 37.1% have the devices they need. Most commonly used assistive devices in the different domains were eyeglasses or magnifiers for seeing (73.1%), canes or sticks for mobility (17.3%).

Personal Assistance: More disability requires more personal assistance. Unpaid personal assistance by family members, friends, or volunteers is most commonly encountered. The available personal assistance is insufficient to fully support persons with severe disabilities.

Attitudes of others: Persons with severe disability experience non-supportive attitudes more frequently, especially with regard to decision making. Across all disability levels 10% report not feeling accepted but felt generally respected.

Access to information: About 1/3 of participants with severe disability agree only a little on having access to information they need or would want. About 1/3 of participants with
severe disability do not have any mobile phone. About 3/4 of participants with severe disability have no access to internet.

**Health care utilization**: Visits to health services mainly involve visits to hospitals and policlinics. In the last three years, inpatient care in a hospital was reported for 46.8% persons with severe disability and 32.5% with moderate disability. Visits to inpatient care in rehabilitation or specialized care are rarely reported. Refusal of inpatient care when needed happened to 12% of the persons with moderate and 17% with severe disability, often the visit could not be afforded. Policlinics and general hospitals were mostly visited for outpatient care. Refusal of outpatient care when needed represented 13% with moderate and 22% with severe disability. With high disability the main reason for not receiving the care needed was of financial order.

**Responsiveness of health care services**: The responsiveness of the health care system was equally rated as good or very good across disability level groups. Health facilities are rated as clean and the individuals felt treated respectfully. The waiting time before being attended was rated the least positively.

**Satisfaction with health care services**: The MDS-population in Georgia were generally satisfied on how the health care services are run in the country. However, about 40% of persons with severe disability rated their involvement in deciding about the health care service provision as bad.

**Well-being**: Less disability goes along more satisfaction with the quality of life. Severe disability goes along financial hardship. Feeling isolated and left alone is more common with higher disability. With severe disability the conditions of the living place and the personal relationships are less satisfactory.

**Empowerment**: Individuals with no or only mild disability described their personality more positively, i.e. as being more agreeable, more open and extraverted, with more conscientiousness, and less neuroticism. With severe disability less opportunities for activities and ability to achieve hopes and dreams are reported. With severe disability, control over one’s own life and future is a bigger challenge. On the other hand, individuals with more severe disability report a higher ability to trust in others, than those with lower levels of disability.

**Children Module**: More than 80% of children report no health problems at all. Health problems such as asthma, allergies, and vision loss are the most frequent. Less health problems are reported for girls and in the higher age groups. About 65% reported at least some problem and disability in their daily life. For 2-4 years old children, being worried, nervous or anxious, communication and learning problems and behavioral problems are most frequent. For 5-17 years old children and adolescents, problems with changes in plans or routines are most frequent. One out of ten children has someone supporting in day-to-day activities outside the family.
4 Policy implications and recommendations

Disability and restrictions in functioning cannot be assessed only based on the medical model of health. A more holistic or thematic approach based on the bio-psycho-social model is needed to comprehensively capture the lived experience of persons. Currently, less than 3% of the Georgian population is registered and has a disability status. In Georgia, which relies on the medical perspective, diagnoses determine the level of disability. The individual perspective that accounts for the day-to-day functioning and lived experience is missing and is needed to better address the specific needs for assistance or support.

Women in Georgia need special attention. Severe disabilities disproportionately affect women. Georgian policymakers must recognize gender differences and promote policies that close the gender gap.

The ageing population needs special attention. Adults aged ≥65 years represent a vulnerable group that needs special attention. More than 3/4 of those with high levels of disability are adults in this age group. Most of these persons are out of the workforce and experience a steady health decline. Targeted health prevention and affordable health care may allow keeping these persons longer healthy and active.

Prevention can reduce the burden of disease. Disabilities are often associated with health problems or limitations that are preventable. Interventions such as health campaigns to disseminate information on healthy behaviors and prevention of health problems targeting all persons, with no to severe disabilities, are needed to reduce geographic and financial inequalities related to health.

Attention needs to be paid to the economic situation of people with disability. Individuals with high levels of disability had remarkably higher poverty levels. Additional costs due to health care services are a drain for people with disabilities and their families. Investments in health and social protection services are needed to guarantee access and usage of the available health services.

Access to appropriate quality health care should be more readily available to all citizens. Hospitals and polyclinics are the main point of contact when individuals had health problems. Strengthening of the PHC role is needed to realize a vision of high-quality, evidence-based, accessible, and person-centered primary health care that addresses the need of the persons throughout their lifetime.

Timely access to the right assistive products is important. Assistive devices not only enable the person with a disability but can also reduce the overall burden on caregivers and society. A high level of unmet needs were reported among persons with severe disabilities. Obtaining assistive devices in Georgia is a complex assignment with more than one way and several agencies or offices involved. Properly diffused information such as comprehensive guidelines on assistive devices, on what is available, how and where to obtain them, how to use and maintain them, where to receive training or how to replace them is needed. Dissemination of information to increase the awareness of the beneficiaries and their relatives about the public services, both municipal and local service centers, involved in the provision of assistive technology is needed.

Persons with higher levels of disability face substantial disadvantages due to barriers in their physical and social environments. Improving the mobility of those with severe disability should be a priority. Walking, standing for 30 minutes, getting where the person wants to go or using transportation are reported as extreme problems for persons with severe disability. Barriers were reported in public places and places for socializing. Many people with severe disabilities also reported problems getting involved in society and felt treated unfairly. Coordinated action at all levels of society is required to provide an environment free of barriers for persons with disabilities. Universal policies should address the need for barrier-free public transportation and barrier-free public places for socializing to improve participation in society. Comprehensive guidelines and campaigns that provide information on how to foster and shape a disability-friendly environment would be of great value.

Access to reliable health information for all citizens. Individuals with higher levels of disability have less access to information; having less access to the internet and more often no cell phone. Many households are not aware of their full entitlements. Mechanisms to provide sufficient information to understand the complex administrative procedures need to be put in place.

People with disability need to be empowered. Lack of empowerment has a negative impact on the quality of life and health of individuals. Persons with higher disability feel less in control over their lives and their futures, do not feel sufficiently involved in health care decisions about their health or in choices regarding their assistive products. Assistive devices are key enabler for empowerment. Empowering persons with disabilities also impacts the labor market and economy positively.


The WHO Regional Office for Europe

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