The evidence for disability interventions is unevenly distributed by sector and geography, and much of it is of poor quality.

There is a considerable body of evidence related to interventions for people with disabilities and their families in low- and middle-income countries (LMICs), but it is unevenly distributed by sector and geography, and much of it is of low quality.

What is the aim of this evidence and gap map (EGM)?

The aim of this EGM is to show all the available evidence from systematic reviews and impact evaluations of interventions to improve the welfare of people with disabilities and their families in low- and middle-income countries (LMICs).

What is this evidence and gap map about?

There are approximately one billion people in the world with some form of disability – about 15% of the world’s population. The majority of people with disabilities (80%) live in LMICs, disproportionately affecting the most disadvantaged sector of the population.

Decision makers need to know what works, and what does not, to best invest limited resources to improve the well-being of people with disabilities and their families in LMICs. This evidence and gap map (EGM) shows the available evidence from systematic reviews and impact evaluations.

What studies are included?

The EGM includes impact evaluations and systematic reviews assessing the effect of interventions for people with disabilities and their families or carers. Included studies had to report an estimate of the quantitative impact of an intervention. The studies were categorised as to whether the intervention or outcomes focused on health, education, livelihood, social inclusion or empowerment.

The map includes 166 studies: 59 systematic reviews and 107 impact evaluations. The included impact evaluations are predominantly quasi-experimental studies.

What is the distribution of evidence?

The studies are unevenly distributed across intervention areas. Health is the most heavily populated area of the map: 118 studies of the 166 studies concern health interventions.
Education is next most heavily populated (40 studies). There are relatively few studies for livelihoods and social, and virtually none for empowerment.

The most frequent outcome measures are health-related, including mental health and cognitive development (n=93), rehabilitation (n=32), mortality and morbidity (n=23) and health check-up (n=15). Very few studies measured access to assistive devices, nutrition or immunisation.

Over half (n=49) the impact evaluations come from upper-middle-income countries. There are also geographic gaps, most notably for low-income countries (n=9). There is a fair amount of evidence from South Asia (n=73) and Sub-Saharan Africa (n=51).

There is a significant lack of high-quality studies, especially with respect to impact evaluation. There also appears to be a gap in the framing of the research, which is mostly within the medical model and does not use the social model of disability. That is, the interventions mostly try to change characteristics of the person with a disability (e.g. improve social skills) rather than to address structures (e.g. readiness of schools to include people with learning disabilities).

What do the findings of the map mean?
The EGM summarised here provides a starting point for researchers, decision makers and programme managers to access the available research evidence on the effectiveness of interventions for people with disabilities in LMICs. This EGM is important in order to guide policy and programme activity, and encourage a more strategic, policy-oriented approach to setting the future research agenda.

Whilst the evidence base is relatively large, it is unevenly distributed. There is a need for more studies in rights-based approaches, livelihoods and empowerment. More studies are required from low-income settings. And study quality needs to be improved for both impact evaluations and systematic reviews.