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**Effectiveness of Interventions for People with Disabilities in Low and Middle Income Countries: An Evidence and Gap Map**

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**Objectives/aims**

More than 1 billion persons in the world have some form of disability and the majority of people with disabilities (80%) live in Low and Middle Income Countries (LMICs), and disability is believed to affect disproportionately the most disadvantaged sector of the population. There are a large number of people with disabilities, and they are often “Left Behind” in key areas of development, and so the achievement of development goals is unlikely unless programmes are inclusive of people with disabilities. To enable people with disabilities to contribute to creating opportunities ‘mainstreaming disability’, while simultaneously undertaking ‘targeted measures’ such as disability-specific policies, programmes and initiatives to ensure the inclusion and full enjoyment of human rights by persons with disabilities is required.

This can be achieved by mapping of the existing evidence base to provide a comprehensive overview of existing knowledge in this area and enable the purposeful and targeted commissioning of future research, tailored to the most eminent needs for knowledge and guidance. This ambition could be fulfilled by proposed Evidence and Gap Maps (EGM)

The aim of Evidence and Gap Map is to provide an overview of the existing evidence on the effectiveness of interventions aimed at improving wellbeing of people with disabilities in low- and middle-income countries. The focus is on key interventions and outcomes in the domains of health, livelihood, education, employment and empowerment as described by WHO’s Community Based Rehabilitation Indicator (CBR) indicators and in the advocacy domain ensuring conventions on rights of people with disabilities.

**Methods**

An Evidence and Gap Map (EGM) is a systematic and visual presentation of the availability of rigorous evidence for a particular policy domain. The EGM consolidated what we know and do not know about ’what works’ by mapping out existing and ongoing systematic reviews and impact evaluations in this field; and by providing a graphical display of areas with strong, weak or non-existent evidence on the effect of interventions or initiatives.

The stages of the process were: (1) Setting the boundaries and context of the evidence and gap map: The scope of the EGM was defined, and reviewed by an expert group of key stakeholders and we used WHO’s Community based Rehabilitation (CBR) matrix to plot intervention and outcomes; (2) Searching and selection of systematic reviews and primary studies: We conducted searches in (a) academic databases, such as Medline and Web of Science; (b) international organization websites including DFID, (c) in existing evidence and gap maps, and (d) systematic review databases such as the Campbell Library from year 2000 to January 2018. (3) Data analysis: We obtained general characteristics from systematic reviews (SRs) and primary studies and the specific research questions addressed in these documents; and, (4) Synthesizing findings: We categorize and describe studies following a pre-specified, published search protocol. We critically appraised systematic reviews, and used data visualization to map the evidence and research gaps in the form of tables and bubble plots.

**Main findings**

This is an ongoing research and the final stages of the map that includes back referencing will be completed by the time of evidence summit.

The search yielded over 46,000 hits, with over 35,000 hits coming from the search on OVID. Given the large number of hits text mining on abstracts was used to narrow down the search results. This process left us with 9,842 hits, of which 237 were duplicates, leaving 9,606 studies for title and abstract screening.

So far 107 studies were included for coding that included 28 systematic reviews and are concentrated in the health sector. RCTs account for just over half of the primary studies, being particularly prominent in health and education. The largest numbers of studies 59 of the 100 are in the health sector. This is followed by education (17 studies) and the social sector (12 studies). There are few studies for livelihoods, empowerment and advocacy and governance, within health the bulk of the studies concern medical care (32 studies) and rehabilitation (27 studies).

Also, mental health dominates the map with the three largest bubbles being health intervention studies – medical care (26 studies), rehabilitation (23 studies) and promotion (12 studies) – reporting a mental health outcome measure.

Although an increasing number of studies addressing this topic are being published, some clear gaps in the evidence remain. There is limited or no evidence on many countries with large populations that face substantial advocacy and governance challenges. Even where that evidence base is strongest, important policy questions remain. There are also important gaps in the systematic review evidence base. The subsequent presentation and reports will summarize the findings of the EGM and demonstrate how decision makers and researchers can use the EGM to explore the available evidence base.