

disability

AND
REHABILITATION

 World Health Organization



GLOBAL PROGRAMMING NOTE 2005-2007

call for resource mobilisation and engagement opportunities

Promoting access to healthcare services for persons with disabilities

80% of people with disabilities live in developing countries and most have no access to healthcare services

An estimated 10% of the world's population, some 650 million people, experience some form of impairment or disability. The number of people with disabilities is increasing due to population growth, ageing, emergence of chronic diseases and medical advances that preserve and prolong life. The most common causes of impairments and disability include chronic diseases such as diabetes, cardiovascular disease and cancer, injuries such as those due to road traffic accidents, war and conflicts, falls, landmines, mental impairments, birth defects, malnutrition, HIV/AIDS and other communicable diseases. These trends

are creating overwhelming demands for health and rehabilitation services.

About 80% of people with disabilities live in developing countries. The majority are poor and experience difficulties in accessing basic health services, including rehabilitation services. This causes immobility, isolation, dependency, inequality, often premature death and increased poverty. With proper health care and rehabilitation services, this picture could be significantly changed and people with disabilities would become important contributors to society.

Indeed, people with disabilities are equal members of society and it is their fundamental right to access health care, rehabilitation and support services as mentioned in the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities (December 1993).

WHO's response

There is a need to accelerate the development and implementation of national action plans to promote appropriate integration of people with disabilities. These plans should include coordination mechanisms and actions that address healthcare needs of people with disabilities and their family members, rehabilitation services, early identification and intervention to reduce the impact of disabilities, as well as advocacy to promote inclusion and data collection.

The aim of WHO is therefore to provide assistance to developing countries in their efforts to strengthen national programmes, policies and strategies for the implementation of the United Nations' Standard Rules.

The next step

An important next step will be the development and publication of a World Report on Disability and Rehabilitation, as requested in the Resolution on Disability, including prevention, management and



WHO's General Programmes of Work 2002-2005 and 2006-2015 (under preparation) guide the elaboration of WHO's two-year programme budget 2006-2007, which builds on WHO's work over recent bienniums, and sets out new and emerging areas of global concern. It is implemented through operational plans prepared by country and regional offices and headquarters, which define the results to be achieved and draw up their work plan on the basis of products needed to achieve those results. These work plans form the basis for corporate and coordinated resource mobilization aimed at increasing non-earmarked budgetary support. This global programming note highlights activities which are included in the work plan, but lack critical voluntary resources.



rehabilitation, which was approved by WHO's World Health Assembly in May 2005.

WHO's long-term objective is that by the end of 2010, partner countries will have accelerated progress in the implementation of operational frameworks (planning, budget, and performance assessment frameworks) aimed at providing persons with disabilities with more equal opportunities and rights, and to live with dignity through enhanced health care and rehabilitation services and barrier free environment.

WHO's immediate objective is that by the end of 2007, WHO and partner countries will have resolved to take far-reaching and monitorable actions to consolidate ways to promote access to healthcare and rehabilitation services for persons with disabilities in developing countries.

Providing guidance and technical support

As a first output, WHO will ensure that guidance and technical support is provided to partner countries in designing, implementing and monitoring multi-stakeholder national policies and programmes to enhance the quality of life of persons with disabilities. Activities will include:

- WHO World Report on Disability and Rehabilitation. The process for developing and disseminating the World Report will include regional consultations as well as country-led advocacy strategies
- Guidelines to assist developing countries in preparing national policies to improve access to rehabilitation services. An Expert Committee Meeting will be organized to produce a report and initiate the process for the development of guidelines. Following the Meeting, information will be collected, analyzed, processed and articles will be developed. Guidelines will be

disseminated, field test and finalized for implementation in interested countries.

- Guidelines on community-based rehabilitation (CBR). Considering the experiences learnt in the past 25 years while implementation CBR, and to respond to the present and future needs, guidelines will be developed by forming a core group to draft various components and producing draft guidelines. The guidelines will be field-tested prior to finalization.

Scaling up public health responses

As a second output, WHO will ensure that effective tools will be made available to assist all partners countries in scaling-up public health responses to promote access to medical care, rehabilitation and assistive devices for persons with disabilities, in accordance with national circumstances. Activities will include:

- Promote development, production and servicing of assistive devices. Meetings and workshop on wheelchairs, orthotics and other assistive devices will be organized in collaboration with the International Society of Prosthetics and Orthotics, USAID, international NGOs, DAR partners and the local producers. This will facilitate a greater access to assistive devices for persons with disabilities and elderly.
- Build capacity among health, rehabilitation policy makers and service providers. Partner countries will be supported to develop their knowledge base to promote the rights and dignity of persons with disabilities and ensure their full inclusion in society. Different levels of training programmes will be developed in the field of rehabilitation for health and rehabilitation personnel.
- A research study on the role of assistive devices in poverty reduction. This

Achieving results

WHO's strategy to promote access to healthcare services for persons with disabilities

1. Raise awareness
Raising awareness about the magnitude and consequences of impairments and disabilities
2. Build national capacities
Building capacity among health and rehabilitation policy makers, service providers and Disabled Peoples Organizations (DPOs)
3. Mainstream objectives into national plans
Supporting national efforts to promote and strengthen health and rehabilitation services for people with disabilities and their families
4. Promote community-based strategies
Promoting community-based rehabilitation strategies
5. Produce assistive devices
Promoting the development, production, distribution and servicing of assistive devices
6. Foster partnerships and networks
Fostering multisectoral partnerships and networks

study will be conducted in collaboration with DAR partners. A study will be carried out in 6 countries of Asia and Africa to highlight the role of assistive devices to reduce poverty and the need for greater allocation of resources to assistive devices.

- A web-based country-by-country profile on disability and rehabilitation, which will include country data on impairments and disabilities. WHO will provide guidance and support to assist Member States in data collection. WHO will also collect and analyze existing data on disability and rehabilitation, which will be developed as a disability and rehabilitation country index. The web site will also contain all data at regional and global level, and will be a multilingual disabled-friendly website.

- Universal tool on early identification of impairments and disabilities. A protocol will be developed, field tested, finalized, published and disseminated for its use by primary health and CBR workers.

Creating a favourable international environment against discrimination

As a third output, WHO will take international leadership in trying to create a favorable environment to reduce discrimination towards the disabled and increase awareness that the disabled can lead a positive life by benefiting from having access to healthcare and rehabilitation services. Activities will include:

- Awareness raising. Both the general public and policy decision makers are often unaware of the great number of persons living with disabilities around the world and the challenges they face in participating fully in their societies. People with disabilities are often isolated and discriminated against - not due to their impairments, but as a result of society's attitude towards them. WHO will raise awareness with an aim to change attitudes. Various events will be organized and advocacy material will be developed.

Financial needs

WHO is seeking the following critical voluntary resources:

2005-2007	US\$
Training and scholarships	970,000
Personnel	918,000
Partnerships	330,000
Advocacy materials	255,000
Printing and dissemination of World Report	170,000
Equipment	85,000
Support costs	354,600
Total	3,082,600

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Further information

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Additional information is available on
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WHO's Noncommunicable Diseases and Mental Health (NMH) is charged with the group of diseases and conditions that afflict

the most people: **70%** of the

world's population

die from noncommunicable diseases and conditions. They present the **largest**

and fastest growing health

burdens worldwide and are the major

looming global health issue of today and

tomorrow.

