



In the Name of God, the Compassionate, the Merciful

Message from
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WHO EASTERN MEDITERRANEAN REGION
to the
INTERNATIONAL CONFERENCE: “TOGETHER FOR THE PROMOTION OF
EMPLOYMENT FOR DISABLED PERSONS AND THEIR CARE”
Tunisia, 7–9 December 2009

Ladies and Gentlemen,

First allow me to extend my deepest thanks to Her Excellency Mrs Leila Ben Ali, First Lady of Tunisia and Head of BASMA Association for the Promotion of Employment for Disabled Persons, for her invaluable efforts in the area of disability and development and for placing this important conference under her kind patronage. My gratitude also goes to the Ministry of Social Affairs of Tunisia and to the Islamic Educational, Scientific and Cultural Organization (ISESCO), our long-time partners, and BASMA Association for organizing this important conference – another joint and significant initiative to take forward the inclusion and integration of people with disabilities. We all know that working alone has never been, and will never be, enough. It is indeed an honour for WHO to join hands with its partners everywhere to empower people with disabilities to contribute more and more to the development of their communities and the wider society.

Ladies and Gentlemen,

WHO estimates that almost one in ten persons is a person living with a disability, that is around 600 million people of the world's population. Currently, more than 40 million people with disabilities are estimated to live in the WHO Eastern Mediterranean Region.

The most common causes of disability are associated with chronic conditions, such as diabetes, cancer, cardiovascular and respiratory diseases, injuries such as those resulting from road traffic crashes, violence and falls, and mental impairments, birth defects, malnutrition and communicable diseases. Population growth, ageing, and medical advances that preserve and

prolong life also have an impact on the incidence of disabilities. Add to these, disasters, both naturally-occurring and man-made, that result in a high number of disabilities.

About 80% of the world's people with disabilities live in low-income countries. They experience social and economic hardships and denial of rights. Poverty is a close associate of disability, both as a cause and a consequence. Poverty hinders access to health and rehabilitation. Health policies and programmes undoubtedly have an impact on the rights of people with disabilities, yet most development initiatives do not take the needs of people with disabilities into full consideration, not as an exclusive group but as one face of the rich diversity of humanity.

It is therefore a pleasure to note the significant timing of this conference, being held shortly after 3 December, the International Day of Persons with Disabilities. More significant is the Day's theme for 2009 "Making the MDGs Inclusive: Empowerment of people with disabilities and their communities around the world", which aims to mobilize action for equal and rights-based participation of people with disabilities and to emphasize the gains that result from their integration in the political, social, economic and cultural life of their communities.

Ladies and Gentlemen,

In recent decades, a structured approach towards addressing the rights of people with disabilities has evolved. Disability is no longer seen as a mere physical or mental impairment that needs exclusively medical rehabilitation. Disability is now understood as an interactive process between a person and the surrounding environment. This person's level of functioning is highly dependent on the barriers to participation that exist in that environment — the degree to which this environment is enabling or disabling.

Within this context, the UN has long been committed to realization of full and equal enjoyment of human rights by people with disabilities. The World Programme of Action Concerning Disabled Persons, the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the UN Convention on the Rights of Persons with Disabilities are living proof of such commitment.

WHO has been equally forthcoming. In 2005, the World Health Assembly issued resolution WHA58.23 *Disability, including prevention, management and rehabilitation*, urging Member States to promote and protect the rights and dignity of people with disabilities; support community-based rehabilitation; and include a disability component in national health policies and programmes. Another important step by WHO was the development of the International Classification of Functioning, Disability and Health (ICF), officially endorsed by the World Health Assembly in 2001, which aims at helping to operationalize data collection and improve monitoring. Next year, 2010 will also see the launch of the joint WHO/World Bank World Report on Disability

and Rehabilitation, and the new community-based rehabilitation guidelines, two more important contributions to the more for change.

In parallel with these efforts, the WHO Regional Office for the Eastern Mediterranean embarked on some strategic activities, notably: following up on the implementation of the UN Standard Rules related to health care; the Cairo Declaration on Supporting Access to Information and Communication Technology Services for Persons with Disabilities; the initiative on prosthetics and orthotics training programmes, and most recently a regional framework on community-based rehabilitation. The latter was prepared through collaborative and interactive work with country representatives, independent experts and the concerned authorities in different Member States of the Region, and is now ready for piloting.

Ladies and Gentlemen,

It is highly doubtful that we will reach our major global development goals—the Millennium Development Goals (MDGs), without the important contribution of people with disabilities. Their contribution is certainly not possible without their integration and inclusion in all aspects of life and development through a two-way process in which they contribute and consequently take benefit as part of human society.

But to achieve this and to make the provisions of the UN convention a reality, we need to bridge the existent wide gap between theory/policy and practice. A 2004 Joint position paper of the International Labour Organization, UNESCO and WHO redefined community-based rehabilitation as “a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities”. Community-based rehabilitation aims to reduce poverty, equalize opportunities and involve people with disabilities, through an adaptable and flexible approach that can work in different settings across the world. At the same time, it aims to take into account the diversity of cultural backgrounds and different levels of development and income in different countries and locations.

Community-based rehabilitation provides a link between people with disabilities and development initiatives. It is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant government and nongovernmental organizations working in related sectors.

Ladies and Gentlemen,

I assure you that WHO stands open to all collaborative endeavours, and I reaffirm our commitment to inclusion and equal opportunities for persons with disabilities at all levels.

I wish you a successful meeting. May God bless you all.