In accordance with the wishes of the Executive Board at its ninth session\(^1\), the Director-General has the honour to transmit to the Health Assembly Annex A to UN document E/CN.5/259\(^2\). This is the report of the ad hoc technical Working Party on the rehabilitation of the physically handicapped, set up under the Administrative Committee on Co-ordination and consisting of representatives of the United Nations Department of Social Affairs, the International Labour Office, UNESCO, the International Refugee Organization, UNICEF, and the World Health Organization.

The report represents the culmination of a great deal of discussion and exchange of ideas in this Working Party, during three sessions (December 1950, April 1951 and October 1951) on practical measures to be taken in the promotion of rehabilitation programmes in different nations. It has already been approved by the ICC for submission to the United Nations Economic and Social Council through the Social Commission.

Principles of the programme

The programme prepared by the Working Party and approved by the ICC stresses the following two principles:

1. That every handicapped person should be entitled to receive such protection, assistance and opportunity for rehabilitation as may be necessary and appropriate to enable him to share, in as great a measure as possible, the privileges and responsibilities of full life in the society of which he is a member.

2. That every State should in principle recognize its responsibility for the taking of all possible measures for the prevention of handicap and for the provision of appropriate care, social assistance, education and rehabilitation for its handicapped citizens.

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\(^2\) Submitted to Executive Board under symbol ST/SOC/CONF.2/REP.2/Add.1
Methods

To implement the programme, methods are outlined for the United Nations, the specialized agencies, and non-governmental organizations, which are summarized as follows:

1. The promotion and encouragement of research into the cause and prevention of handicapping disabilities, the incidence of such disabilities, the development of techniques for the physical, economic, social and cultural rehabilitation of the handicapped, and the improvement and development of prostheses and other appliances;

2. The development and extension of facilities for the education of the general public and of professional workers in the understanding and care of the handicapped;

3. The development and dissemination of standards in the definition of certain handicaps, the provision of services for the handicapped, and the evaluation and recording of handicap and disability;

4. The full utilization of facilities available for assistance to governments in the field of rehabilitation of the handicapped; and

5. The devising and disseminating of codes of practice in respect of the prevention of handicap resulting from disease or accident and in respect of social assistance to the handicapped.

The programme recognizes that in all these fields action is already being taken by the United Nations and the specialized agencies, so that the broad pattern of the work is already established.

Co-ordination of the work

It was agreed that the Working Party had proved an effective organ for co-ordination of policy between the United Nations and the specialized agencies and that it should continue to meet about once a year. To ensure continuous co-ordination on an operational level, it was agreed that the United Nations, through its Rehabilitation Unit, should be responsible for the initiation and co-ordination of projects and for the maintenance of consultation and collaboration between the specialized agencies and the United Nations in the field of rehabilitation.
**Rôle of WHO**

1. Through continuing participation in the Working Party, WHO will collaborate in the establishment of policy and, based upon experience on the operational level, will have the opportunity to make recommendations on the form and scope of future work.

2. Through collaboration with the Rehabilitation Unit of the United Nations, WHO will have the opportunity of integrating its work in the field of rehabilitation with the overall programme.

3. Through its participation in the Technical Assistance Board, WHO will have the opportunity to assist governments in specific projects and to review the projects of other specialized agencies in the field of rehabilitation.

4. Through its specific technical and professional competence, WHO will from time to time undertake study and action on particular aspects of rehabilitation work. For example, the IOC has asked WHO to deal with the whole question of international co-ordination of the production, fitting and use of prostheses.

5. WHO will participate in a programme of publications for the education of the public and for general publicity in respect of rehabilitation, and will continue to participate in Group Training Programmes such as the course on rehabilitation of handicapped children which was held in 1951.

6. Through its relations with certain non-governmental organizations interested in the welfare of handicapped persons, WHO will have the opportunity to stimulate research, activity, and collaboration by these non-governmental organizations so as to achieve a co-ordinated overall programme.

**Conclusions**

In the early discussions of the proper approach to rehabilitation, especially in underdeveloped countries, there were significant differences of opinion among the agencies represented in the Working Party. In the final report presented here, however, full account has been taken of the viewpoint offered by the representatives of the World Health Organization. It is suggested that this document may be a useful guide to programme planning in the field of rehabilitation, on a basis which would be cautious and carefully integrated with the general health administration of a nation and its overall social and economic needs.
A Co-ordinated International Programme for the Rehabilitation of Physically Handicapped Persons

INTRODUCTION

An international programme for the rehabilitation of physically handicapped persons must necessarily commence by taking into account the very different standards of life prevailing in different parts of the world, and the varying levels of basic services on which such a programme could be founded. It is not possible to contemplate the successful establishment of full rehabilitation facilities until, on the one hand, public opinion fully supports such measures, and, on the other hand, there are satisfactory hospital clinics, public health services, schools, welfare projects and organized methods of training and employment, into which such rehabilitation measures can be integrated.

There is no country, however, which does not bear its yearly toll of children born with crippling deformities, and of young persons and adults facing the possibility of permanent disablement as a consequence of disease or injury, and the lower the economic level of the population, the greater the degree of hardship so produced. At the same time, there is no country in the world, however undeveloped, in which the first steps cannot be taken towards alleviating the suffering of those so handicapped. The problem which confronts all who are interested in this great humanitarian and economic task, is, therefore, to consider what should be the nature of a comprehensive service for the handicapped towards which all governments should strive, and to decide on the steps which need to be taken in building up such a service.

To succeed in such a task, it is plain that facilities for the handicapped must form an integral part of the great services in the field of health, education, social welfare and employment which each government is endeavouring to develop, and not as an extraneous service for a particular class of the community. It is the responsibility and privilege of the United Nations and Specialized Agencies, as well as of the non-governmental organizations working in this field, each group in its own way, to
assist the governments in any way possible in the building up and strengthening of these basic services; in the promulgation of measures to prevent or limit physical disability, in the cultivation of public opinion on the duty of society towards the handicapped, and in the development of modern rehabilitation methods for the re-conditioning, the training and the employment of all classes of handicapped persons.

I. A NEW APPROACH TO DISABILITY

The first essential step in the building up of a rehabilitation service is, without question, the acceptance of an entirely new approach to the problem of physical disability. The time has long passed when a handicapped child or a disabled adult should be regarded as a subject for commercial exploitation and trained for the occupation of a professional beggar, or even to be considered as a mere object for charity. Modern methods of medical and sociological science have opened up a new horizon of promise for such individuals. But if this promise is to be fulfilled, and the handicapped person is to have his full chance of life, there must first be a new evaluation of physical disability, based on the following theses:

Firstly, that the handicapped person is an individual with full human rights, which he shares in common with the able-bodied, and that he is entitled to receive from his country every possible measure of protection, assistance and opportunity for rehabilitation.

Secondly, that by the very nature of his physical handicap he is exposed to the danger of emotional and psychological disturbance, resulting from a deep sense of deprivation and frustration, and that he therefore has a special claim on society for sympathy and constructive help.

Thirdly, that he is capable of developing his residual resources to an unexpected degree, if given the right opportunities of so doing, and of becoming in most instances an economic asset to the country instead of being a burden on himself, on his family, and on the State.

Fourthly, that handicapped persons have a responsibility to the community to contribute their services to the economic welfare of the nation in any way that becomes possible after rehabilitation and training.
Fifthly, that the chief longing of the physically handicapped person is to achieve independence within a normal community, instead of spending the rest of his life in a segregated institution, or within an environment of disability.

Sixthly, that the rehabilitation of the physically handicapped can only be successfully accomplished by a combination of medical, education, social and vocational services, working together as a team.

The first task which therefore confronts all international agencies is that of using all possible means to secure general acceptance throughout the world of this new conception of physical disability.

II. THE EDUCATION OF PUBLIC OPINION

In pursuance of this aim, it is of the utmost importance that special efforts be made in every country to raise the whole level of public opinion on the rights of handicapped persons and the duty of society towards them. The history of social progress, in all ages, and in all parts of the world, bears eloquent witness to the force which an enlightened public opinion can exercise in bringing about reforms for the alleviation of distress and for the uplift of depressed classes. The physically handicapped require special legislation for their protection, and for the provision of those services which can contribute to their full rehabilitation, but even the most progressive government can do little in this direction without the intelligent support of the general public. An essential feature of an international programme must, therefore, first include the adoption of such measures of general education as will assist governments in raising public opinion to the point at which such legislation becomes both possible and practicable.

The measures of publicity employed in such a programme must be so varied in nature and content as to offer up-to-date information on rehabilitation methods and on the training and successful employment of disabled persons, suitable to appeal, in the first place, to the representatives of all Government Departments concerned with the
problems of physical handicap, such as the Ministries of Health, Education, Social Welfare and Labour. Through these Government channels, and by means of such methods of direct approach as they approve, it is of essential importance that the following groups should also be reached in every country:

1. The leaders of the medical and allied professions, and all responsible for the education of medical students, nurses and physiotherapists, and for the organization of hospital services. The goal of rehabilitation can never be attained without the full co-operation of the medical profession and their acceptance of responsibility, not only towards the investigation and treatment of disease and injury, but also towards the refitting of the disabled patient for his return to the service of the community.

2. The leaders of the teaching profession and all responsible for organizing full educational facilities for physically handicapped children.

3. Social workers dealing with handicapped groups.

4. Employers of labour, Trades Union officials, and all responsible for vocational training services and the employment of workers.

5. Other organized groups, social and religious, interested in the welfare of the physically handicapped, including organizations established by the disabled themselves.

6. The general public.

A large variety of methods is required in this campaign of general education and the assistance and co-operation of all non-governmental organizations concerned with the physically handicapped will be of the utmost value in allaying misunderstanding or suspicion on the part of the general public and securing wide publicity for such a campaign. The methods which are employed will necessarily vary with conditions in each country, but might include the following:

1. The holding of national and international Congresses, Conferences and Seminars, with lectures and demonstrations by well-known experts.
2. The publication of special brochures and monographs (both general and technical) and facilities for making them available for wide distribution to interested governments.

3. The collection and reproduction of standard books, pamphlets and journal articles dealing with methods of rehabilitation technique, the education of the physically handicapped (including the blind and deaf), vocational testing and training, the use of modern prosthetic appliances and technical aids for the disabled; the success of handicapped persons in suitable employment, and other kindred subjects. This literature, as also the new brochures and monographs mentioned above, should be translated for use in the more widely spoken languages.

4. The use of carefully selected films and filmstrips, which should also be made available to interested governments.

5. The holding of exhibitions, demonstrating methods of rehabilitation and the various jobs which can be successfully filled by disabled persons after training.

6. The full use of the radio and press.

The programmes of research and documentation which the United Nations and Specialized Agencies are conducting can furnish much material toward these objectives. In addition, the United Nations institutions can put at the disposition of governments their services for public information. Some activities along these lines have already been started, and their future development will depend on the overall resources of the United Nations and each of the Specialized Agencies.

III. A COMPLETE REHABILITATION SERVICE

The establishment in any country of a complete service of rehabilitation for all types of physical handicap, whether occurring amongst children or adults, is necessarily conditioned on the existence in that country (a) of an enlightened public opinion amongst all sections of the community on the rights and potentialities of
handicapped persons, and (b) of the essential basic medical, educational, vocational and social services. If these two conditions are satisfied, the requirements of a comprehensive rehabilitation service may be summarized as follows:

1. A system of registration of all physically handicapped persons, which should preferably be compulsory in the case of infants born with crippling deformity, unless contrary to national tradition and customs.

2. An adequate system of maternal and child welfare clinics, public health services, health visitors, rural and school medical services, etc., to ensure the early diagnosis and appropriate treatment of congenital deformities and of all forms of disabling disease and injury.

3. The organization of well equipped and adequately staffed rehabilitation departments (with full physiotherapy, remedial gymnastic, occupational therapy and social welfare services) as an integral part of the ordinary hospital system, available for all types of disability and for all classes of the community.

4. The provision within the national school system of full educational opportunity for all physically handicapped children not suffering from severe mental deficiency. Such provision should include:

   (a) Hospital Schools, in all long-term hospitals and sanatoria, with appropriate classrooms, equipment, and specially trained teachers

   (b) Residential Schools or other appropriate centres, for the more seriously handicapped children such as:

       (i) the blind

       (ii) the completely deaf

       (iii) children with cerebral palsy

       (iv) the epileptic

   (c) Special day schools, or special classes in ordinary day schools, for children needing particular care such as:
(i) the partially sighted
(ii) the hard of hearing
(iii) children with severe locomotor handicaps but able to live in their own homes and travel daily to school by special transport

(d) Home instruction for mentally normal or slightly backward children whose physical condition precludes their admission to a residential or special school.

5. The provision of social and psychological services in all institutions accommodating physically handicapped children and adults, and of appropriate services for home visiting and social welfare, and for the instruction of parents in the care of disabled children.

6. An organized system of vocational testing and guidance, and of training in a wide variety of vocations for all classes of handicapped children and disabled adults, with the necessary special provision for those requiring exceptional methods of training, such as the blind. All such training to be given alongside able-bodied trainees wherever possible, but with provision for a few residential training institutions for the very severely handicapped.

7. The provision of full employment-opportunity for all classes of handicapped young workers and adults, reinforced where necessary by special legislation for the establishment of appropriate employment bureaus and advisory councils, and for the possible compulsory acceptance by employers, of a proportion of disabled workers.

8. The provision of sheltered workshops for disabled persons unable to work under normal conditions of competitive employment.

9. The establishment of a careful follow-up system for checking the results of rehabilitation and of placement in employment.

10. The organization of suitably staffed and equipped training programmes for all who take part in the rehabilitation and welfare of the handicapped (in addition to the general personnel in health, education and labour services), including:
(a) Physio-therapists
(b) Remedial Gymnasts
(c) Occupational Therapists
(d) Teachers of Handicapped Children, particularly the Blind, the Completely Deaf, the Spastic, and other forms of severe disability
(e) Educational psychologists
(f) Social workers
(g) Vocational Counsellors
(h) Vocational Training Instructors
(i) Prosthetic Technicians

11. The establishment of Limb-fitting Centres and Prosthetic Appliance Workshops, with provision for expert medical supervision, for the re-education of amputees in the use of artificial limbs, and for the supply of new prostheses and appliances whenever required.

12. The organization of special centres or other arrangements for sufferers from particular types of disability, such as require specially adapted rehabilitation programmes, methods of training and provision for employment. Such special disabilities should include the following:

(a) Blindness
(b) Complete deafness
(c) Cerebral Palsy
(d) Spinal Paraplegia
(e) Pulmonary Tuberculosis
(f) Cardiac Deficiency
(g) Epilepsy
(h) The Arthritic disorders

13. Statutory Legislation providing (inter alia) for:

(a) The education of all physically handicapped children capable of benefiting from such provision
(b) The vocational training of handicapped children and disabled adults
(c) The employment of disabled persons after training
(d) The provision of necessary prosthetic appliances, technical aids
and means of self-controlled transport
(e) Financial assistance for the seriously disabled and for their
attendants
(f) The installation in all factories and workshops of modern safety
devices, and the employment of special measures for the protection of
workers against occupational disease and other industrial hazards.

14. The organization of a national inter-departmental committee, to co-ordinate
the planning and administration of all facilities for the rehabilitation,
training and employment of the physically handicapped.

15. The establishment of Research Projects for the collection of statistical
data concerning physical disabilities, the use of new methods of rehabilitation
technique, educational methods for the handicapped, the assessment of work-
tolerance, job-analysis and vocational testing.

It is to be emphasized that while these 15 major components in a rehabilitation
programme are all inter-related and form an organic whole, they should not operate as
a special, independent programme in any country. Each specific activity constitutes
a part of some other general programme in health service, education labour relations,
social welfare, or other broad fields. The objectives of the rehabilitation programme
itself can be best reached if each of its component parts is fully integrated into
its parent service, nationally and locally.

IV. BUILDING UP A REHABILITATION PROGRAMME

It is plain that the setting up of so complete and comprehensive a rehabilitation
service as that outlined in the former section, whilst representing the ultimate goal
towards which all national efforts should be directed, is only possible in a very few
countries at the present time. No country can yet claim to have developed an ideal
service, available for all classes of the community and adapted to all types of
disability. Serious gaps are only too evident, even in lands with the longest history of rehabilitation development, with the result that while excellent facilities may be available for certain sections of the community (such as veterans, or workers injured in the course of their employment), or for certain forms of disability (such as blindness, orthopaedic disorders and injuries), large numbers of people suffering from physical handicap are still unprovided for, particularly those living in rural areas.

But once the goal is clearly seen, it is possible to consider the steps which need to be taken in the attempt to reach it, and the forms of assistance which can be rendered to governments by the co-ordinated action of the inter-governmental agencies and the non-governmental organizations.

It has already been stated in a previous section, and it cannot be too strongly emphasized, that the establishment of sound basic services in the field of health, education, social welfare and employment is an essential foundation for the development of services for the physically handicapped. Assistance to governments in the building up and improving of such services must, therefore, always be regarded as an integral part of a well co-ordinated international programme for the rehabilitation of physically handicapped persons in all parts of the world. The forms of technical assistance which are chiefly sought from the less developed areas are naturally directed towards the provision of elementary needs, and every help which can be afforded towards the raising of economic standards, the combating of infectious disease, the improvement of nutrition and of maternal and child welfare, and the development of educational, social and vocational services, constitutes a vital and invaluable step towards the provision of services for the physically handicapped.

But this does not imply that nothing can be done for the physically handicapped in countries which have not yet had the opportunity of establishing complete medical and educational systems. There are many important steps which can be taken from the outset, if a government is anxious to help its handicapped classes and applies for help or advice to the United Nations and to the Specialized Agencies through the customary channels. Let us now consider some of the methods which are applicable as first steps in the initiation of a rehabilitation service in the less privileged regions.
Survey Missions

One of the first essentials is to obtain complete information on the character of the problem in any particular country - the types of disability most prevalent, the facilities available for the alleviation and care of the handicapped, and the measures which could be adopted within the country's resources with the assistance of such aids as can be obtained through the United Nations and the Specialized Agencies. At the request of the government concerned a small group of experts, representing the medical, educational and vocational aspects of the problem and nominated by the appropriate agencies, could be sent to the country, prepared to spend at least two to three months on their task of acquainting themselves with local conditions. In addition to conferring with Government officials, they would study the resources of trade unions, employers' organizations, co-operatives, voluntary associations, etc. as well as the resources in local traditions of family and community responsibility. The consultants would then be able to plan, in co-operation with responsible agencies, a realistic approach to the problems of the handicapped.

Preventive Measures

Although it may not be possible to do a great deal in the way of direct therapy and rehabilitation in countries which do not yet possess an organized hospital and school system, it must not be forgotten that it is just as important to prevent or limit disability as it is to rehabilitate and train those who are already disabled. From the viewpoint of a nation's total economy and the well-being of a maximum number of its citizens, preventive efforts deserve the very highest priority. Campaigns to improve public hygiene and sanitation, to attack infective disorders, to raise standards of nutrition and child-care, and to spread knowledge on the prevention of disease and injury, deserve all possible encouragement and support. Such campaigns have already been carried out with great success in many parts of the world by the national governments in co-operation with the World Health Organization, UNICEF and other agencies, and are being vigorously prosecuted. The co-operation of the non-governmental organizations is often invaluable in promoting such preventive measures.
Prosthetic Appliances

One of the simplest and most inexpensive forms of rehabilitation, and one which can be developed in any country, is the setting up of centres for the manufacture and supply of simple prosthetic appliances. Large numbers of otherwise healthy children and adults are to be found in every country in a state of helplessness and dependence on account of the loss of limbs. Only too often they become professional beggars, or the subject of exploitation. Technical advice, either by the visits of experts or by the arranging of courses for selected technicians from the country, may help a nation to establish a limited number of centres at which simple appliances could be manufactured. Using wherever possible indigenous materials, such centres could concentrate on simple forms of design, suited to the way of life of those who will need to wear them, and capable of being easily repaired or adjusted. At the same time a few selected doctors might be given fellowships to enable them to study modern methods of preparing amputation-stumps, fitting prostheses, and educating amputees in the use of artificial limbs. Nothing complicated or elaborate is needed in most cases. A simple upper limb prosthesis with a metal hook, or a wooden pylon will often suffice for the kind of work the amputee requires to do.

Training Facilities

One of the most important contributions which the United Nations and Specialized Agencies are able to make (and are already making) in the rehabilitation of physically handicapped persons is in the form of training facilities for those who wish to obtain special knowledge in this field. Even in countries which have not yet developed their basic medical and educational services there will usually be found a number of men and women who have had the benefit of higher education and for whom the government is anxious to secure opportunities for special training in the modern technique of rehabilitation. Less specialized personnel - teachers, nurses, etc. - who are responsible for everyday services in the communities may also profit and enhance their value from such instruction. Training should be given, wherever possible, in countries of somewhat similar economic standards and social customs, and for this purpose the establishment of Demonstration and Training Rehabilitation Centres, to
which reference is made in the succeeding section, is an essential factor in the building up of an international rehabilitation programme.

Doctors (particularly orthopaedic surgeons), teachers, social workers and technicians should all be included amongst the key personnel for whom training fellowships should be available. The governments requesting such aid (for foreign training) from the United Nations and Specialized Agencies should be asked, in return, to see that those so trained have the best possible facilities for using their knowledge and experience as rehabilitation teams, on their return to their own countries.

Role of Non-Governmental Organizations

The co-operation and help of voluntary organizations, and of other groups interested in the welfare of the physically handicapped, are particularly needed in countries which have not yet developed a State Social-Welfare Service, and in which little or nothing is done for the protection and care of the handicapped groups. The opening of a few homes or schools for blind and crippled children and of institutions for seriously disabled adults, whilst not supplying the full demands of modern rehabilitation, would pave the way for fuller developments later. Such institutions would be able, by degrees, to introduce methods of education and vocational training; but the important thing at the present stage is to make a start at providing full institutional care and comfort for some, at least of the physically handicapped.

Where voluntary agencies already exist in such countries, they can be of very great assistance in drawing official attention to the needs of the handicapped and in helping to carry out the recommendations of experts who may be sent by the United Nations and Specialized Agencies.

These are admittedly only first steps in building up a rehabilitation programme in the less developed parts of the world, but with the establishment of hospitals and schools, and of public health, and vocational and social services, further steps at once become possible.
V. DEVELOPING REHABILITATION SERVICES

The development of services for the physically handicapped is necessarily an evolutionary process in every part of the world, varying with the progress of the two factors which have already been mentioned as fundamental elements in such development, namely, the growth of public opinion on the rights and potentialities of the disabled, and the strengthening of the national basic services into which facilities for rehabilitation must be integrated. Emphasis should be placed upon the desirability of using services designed for the general population for the benefit of handicapped persons whenever these services will serve the handicapped adequately.

In countries which already possess a limited number of good hospitals and schools, but in which there are large areas uncovered by medical, educational or social services, the most effective means of commencing a rehabilitation service is by the establishment of one or more special centres in which modern methods of medical rehabilitation, education of physically handicapped children, vocational services for all types of disabled persons, and the provision of prosthetic appliances and technical aids, are all carried out. Such a centre may be regarded, in the first instance, as a pilot project, but as soon as it is adequately organized, staffed and equipped it should become one of the Demonstration and Training Rehabilitation Centres referred to in the former section.

Demonstration and Training Rehabilitation Centres

The purpose of a Demonstration and Training Rehabilitation Centre is threefold. In the first place it supplies full rehabilitation and vocational services for the physically handicapped and adults admitted to the institution; secondly, it will serve as a model for other centres which can subsequently be established in other parts of the same country or in adjoining lands; and thirdly, it will offer exceptional facilities for training, both for students of the country itself and for fellows from the same area.
Such a centre is only possible in cities or towns which already possess:

(a) Good hospitals and sanatoria in which the diagnosis and early treatment of all types of physical disability can be carried out

(b) A system of schools, with trained teachers

(c) Some trained social workers

(d) Opportunities for employment in local industries of those who receive appropriate rehabilitation and training.

If the centre is to demonstrate all forms of modern rehabilitation, and to offer full training facilities for those who work there, it must include the following departments:

(a) A research and Statistical Department, which will collect accurate statistical data of the frequency, character and distribution of all forms of physical handicap in the country, and will initiate investigation into methods of prevention, forms of rehabilitation technique, and the after-results of treatment and employment.

(b) A Rehabilitation Department, equipped with modern physio-therapy and occupational therapy apparatus, remedial gymnasium and heated swimming pool where appropriate, and staffed by a trained team of rehabilitation workers.

(c) A School for Handicapped Children, with trained staff of teachers, including, where possible, an educational psychologist.

(d) A series of vocational Training Workshops, with facilities for skilled vocational testing and guidance, and for training in a variety of occupation for which there is good employment opportunity in the country.

(e) An Employment Agency, staffed by officers charged with the task of finding suitable work for those who have been trained, and of following-up the result of such placement at regular intervals.

(f) A modern limb-fitting centre and prosthetic workshop, for the manufacture and fitting of all forms of mechanical appliance.
Separate centres should be established for the blind and for those suffering from general physical handicap. The government of the country would ordinarily be expected to supply the necessary buildings and running costs, while the United Nations and Specialized Agencies might assist by way of some of the following services:

(a) The appointment of technical experts to advise the government on the location, plan and organization of the centre.

(b) The provision of some technical apparatus and equipment required in certain departments.

(c) The services of various experts to help in the organization of the sections.

(d) The provision of some books, films and other forms of demonstration and instructional equipment for the attending fellows.

(e) Fellowships for chief officers employed in the centre, for purposes of study abroad.

(f) Fellowships for students of adjoining countries, for periods of training at the centre.

Rehabilitation Activities Integrated into National Systems

With the growth of medical and educational services the possibility of providing the necessary facilities for the rehabilitation of the physically handicapped within the framework of the national system becomes a matter of administrative planning and adjustment to economic resources. Every possible assistance should be given to Governments requesting the help and advice of the United Nations and Specialized Agencies in carrying out this endeavour.

Such a thoroughly integrated programme may include any or all of the following services:

(a) The planning, staffing and equipping of Departments of Physical Medicine and Rehabilitation in appropriate hospitals.
(b) The organization of post-hospital Rehabilitation Centres for long-term crippling disorders, such as poliomyelitis, traumatic paraplegia, etc.

(c) The organization and equipping of Schools and Training Institutions for special types of physically handicapped children, such as the blind, spastic, etc.

(d) The furnishing and administration of workshops for the manufacture and supply of prosthetic appliances.

(e) The planning of vocational training workshops, sheltered workshops, and other aids to the training and employment of disabled persons.

The assistance afforded to Governments by the United Nations and the Specialized Agencies, toward the achievement of such a programme, would usually take the form of the provision of technical experts, together with such limited supplies of demonstration and training materials as are available from these sources. The action of UNICEF (with the technical advice of WHO), for example, in supplying rehabilitation equipment and apparatus for selected hospitals and schools dealing with physically handicapped children has done much to improve the facilities available for such children in many European countries affected by the war. Wherever similar supplies are available, either from inter-governmental or non-governmental organizations, their provision could do much to expedite the development of rehabilitation services both for children and for disabled adults.

VI. TRAINING REHABILITATION PERSONNEL

There are a large number of countries which now possess well organized health services, schools and social welfare systems, but in which there have not yet been developed any modern rehabilitation facilities, or only on a very restricted scale. The cause for this deficiency is, partly, a lack of appreciation of the possibilities of modern rehabilitation technique, on the part of the medical profession and other leaders of thought, and, partly, the absence or extreme shortage of training opportunities for the various groups of personnel who go to make up a complete rehabilitation team. In developing an international programme of rehabilitation
considerable attention must therefore be given to methods of assisting governments in cultivating the interest of the medical and allied professions and other representative organizations, and in the training of the necessary personnel.

The various methods of publicity and education referred to in Section III of this paper are all of special importance in this connexion as is also the awarding of fellowships by the United Nations and Specialized Agencies to Key personnel selected by the governments. Other forms of assistance are as follows:

Conferences or Seminars on Rehabilitation

In countries of this type well-organized Conferences or Seminars on Rehabilitation have a peculiar value, as they draw together government officials, university professors, educationalists, social leaders, and representatives of industry from all over the country. The lectures and demonstrations, combined with the opportunities for discussion and debate, introduce the subject of modern rehabilitation to a wide and influential audience. Such methods of education and publicity together with the full use of literature and films, group-meetings with medical, sociological and industrial societies, and special articles in the national press, are indispensable means of spreading information and undermining opposition or apathy. The influence of returned fellows, who have had an opportunity of studying rehabilitation in other countries, is also a vital factor in this campaign.

Expanding Rehabilitation Staff

In combating the shortage of rehabilitation personnel the following methods should also find a place in the programme, with possible assistance from the United Nations and Specialized Agencies:

1. Provision of experts to assist in the establishment of Training Programmes in such subjects as:

   Physio-therapy
   Occupational Therapy
   Psychological and Educational Care
   Social Welfare
   Vocational Guidance and Training
2. Fellowships to enable selected personnel possessing the necessary education and background to spend one to two years abroad, taking intensive courses in any of the above subjects, and thus fitting themselves for the headship of such Training Programmes.

3. The holding of shortened courses in any of the above subjects, for the purpose of providing intensive training to students who already possess a basic knowledge of such subjects as anatomy and physiology, psychology, etc.

4. The organization of group-training courses in suitable nations for teams of rehabilitation workers from various countries.

It should be emphasized that these various training programmes would be best organized on a long-term basis if they are integrated into general educational institutions for medical, teaching and vocational personnel. This pattern can be both more effective and more economical than an autonomous training school purely for rehabilitation workers. Simplified techniques of training on the general principles of rehabilitation are also necessary in the institutions preparing rank-and-file teachers, nurses, social workers and others doing general community service.

Group-Training Courses

The holding of international courses of training in rehabilitation technique for groups of selected workers, carefully chosen by the appropriate Government Departments of countries in which there is a shortage of trained personnel, is already proving itself an excellent and effective means of training teams to work together in rehabilitation departments or special institutions for the physically handicapped. Such a team should include, if possible, an orthopaedic surgeon or paediatrician, a physiotherapist or remedial gymnast, an occupational therapist, a teacher of handicapped children, (unless the course is confined to the rehabilitation of disabled adults), a social worker, a vocational counsellor or instructor, and a prosthetic technician. Similar teams can be recruited from a group of countries, provided all are sufficiently versed in the language to be used for the course, and the syllabus should be so arranged as to give every member a complete picture of every aspect of
rehabilitation whilst, at the same time, providing ample opportunity for intensive study of specialized technique by the various groups.

The holding of such courses is not only of value to those who attend them. They are of equal importance to the host country, both as a means of focusing attention on work for the physically handicapped, and as stimulus to those responsible for the lectures and demonstration visits.

VII. ORGANIZATION AND FINANCING OF REHABILITATION SERVICES WITHIN GOVERNMENTS

Underlying this plan for a complete rehabilitation service and its adaptation to countries at different stages of economic and social development is the assumption that governments have or will organize their national services in a way calculated to achieve the implementation of the rehabilitation programme best fitted to their particular circumstances. The Economic and Social Council at its thirteenth session approved the conclusion of the Social Commission that: "It would be helpful if governments were to take the necessary steps and measures to promote the rehabilitation of the physically handicapped and had an appropriate government unit for the purpose."

It is obvious that such a rehabilitation service will not be organized in the same form in every country, e.g., the location within the ministries must depend upon overall governmental structure and traditions. Wherever it is placed, however, it is important that it should be able to co-ordinate medical, educational, vocational, and social aspects of the rehabilitation process and to facilitate the full co-operation of governmental and non-governmental services in this field.

In general, it would be best for the various special segments of the total programme to be administratively integrated into a parent ministry or department, rather than to operate as autonomous units. Thus the medical services should properly be directed from the Ministry of Health or whatever branch of government is responsible for overall medical care; the educational services from the Ministry of Education; the vocational services from the Ministry of Labour; the Welfare services from the Ministry of Welfare or its counterpart; etc. A national or local committee on
rehabilitation may help to ensure co-ordination.

The establishment of such a service must normally be preceded by national or local budgetary appropriations for that purpose. This parliamentary process will, in itself, assist in focusing attention on the important role of national governments in promoting such programmes. It will help to bring to the attention of the health, welfare, labour and education ministries the need for co-ordination of their services for the handicapped and to familiarize legislators with the possibilities for increasing the effectiveness of rehabilitation efforts already undertaken and the importance of a balanced programme.

In addition to the administrative cost of maintaining a centralized unit there may also be increased outlays necessary for operations if certain national or local services are inadequate or if the creation of well-equipped centres or rehabilitation departments in public hospitals, special schools, or vocational training workshops has not been undertaken on a significant scale.

The exact system of financing will vary from nation to nation. All nations should be acquainted, however, with the possibilities of financial support from several sources, such as social security income, workmen's compensation funds, general revenues of the national government, revenues of local units of government, private industry, commercial insurance, voluntary insurance plans, voluntary charities etc. Varying administrative organization will often be necessary, depending on the method of financing. Regardless of the source of funds, however, the services finally reaching the handicapped person should be integrated into a general system, as suggested above.

The problem of priorities in financing such services, particularly in less developed areas, cannot be avoided. This is one of the reasons for undertaking the development of a full rehabilitation service in stages. If resources for only part of a programme are available, the government must consider the relative merits of investing such resources in preventive efforts as opposed to full-scale attempts at treatment. However, since fully adequate resources are not likely to be available, even in highly industrialized countries, some choices will always have to be made and a well-run rehabilitation unit in the national government will assist in determining priorities and in utilizing existing services to achieve maximum results for the expenditures.
The resources of voluntary organizations will also add an important element in many countries, and their co-operation in the development and direction of rehabilitation services of every type will be invaluable, not only at the national level, but also within the field of local government and of Community service.

The various levels of rehabilitation activity described in the preceding sections are purposefully presented as part of a developmental process. For any particular nation, no specific combination of activities can be prescribed in advance, regardless of its stage of social and economic development. It is important to realize that the national aspirations and desires of a nation must be taken into account in deciding what particular programmes would be appropriate. Certain specific measures might be more advanced than a nation is theoretically ready for, but they might be carried out on a limited basis, if only to serve as inspiration for the years that lie ahead. On the other hand, any such step should be taken with caution and reserve, being certain the rehabilitation programme is not being disproportionately promoted in relation to the overall health and welfare needs of the people and the nation's economic resources at any given time.

VIII. THE CONTRIBUTION OF THE UNITED NATIONS AND SPECIALIZED AGENCIES

Having briefly surveyed the types of service which are required by countries of differing economic development, in building up a rehabilitation programme, it is now possible to sum up the varied contributions which the United Nations and Specialized Agencies may be expected to offer, in response to government requests. For purposes of clarity they may be grouped under the following heads:

1. Publicity and Information
   
   (a) The preparation and publication of bibliographies of the most useful books on rehabilitation

   (b) The publication of brochures for general reading and of technical monographs for specialized groups
(c) The translation and circulation among interested governments of technical articles and reports

(d) The organization of exhibitions, demonstrating methods of prevention of disability, rehabilitation technique, and the employment of disabled persons

(e) The use of the radio and press

(f) The publication of legislative series and glossaries on rehabilitation.

2. **Research and Promotion of Standards**

(a) The encouragement and assistance of research projects into the cause and prevention of disabling diseases; methods of rehabilitation technique; educational methods for handicapped persons; vocational-testing; work-tolerance after illness or injury, etc.

(b) The preparation of uniform systems of recording statistical data, including the various types of physical disability and their distribution

(c) Development and dissemination of standards (e.g., prosthetic devices, definition of blindness, etc.) through Expert Committees and other methods.

3. **Prevention**

(a) Government campaigns in which WHO and other agencies co-operate for the improvement of maternal and child welfare, the promotion of public health and sanitation, control of tuberculosis, the attack on all forms of communicable disease, and the establishment of modern medical and hospital services

(b) Assistance in the development of programmes for crippled children

(c) Campaigns for the improvement of food supplies and the elimination of disability caused by malnutrition

(d) Conventions promoted by ILO for the use of safety devices in industry, the prohibition of young workers from dangerous forms of employment, protection against occupational disease and industrial hazards, and the promotion of legislation for the protection and employment of handicapped persons
(e) The encouragement of rural and urban medical clinics for the early diagnosis and treatment of disabling conditions

(f) The support of organizations for the prevention of road accidents.

4. Technical Advice

(a) The supply of technical experts to assist governments through:

   (i) Fact-finding missions and general surveys

   (ii) The planning of Demonstration and Training Centres

   (iii) The initiation of generalized rehabilitation projects

   (iv) The staffing of Conferences, Seminars, Expert Committees, etc.

   (v) The building up of rehabilitation centres, special schools (e.g., for blind), or in the preparation of legislation concerning the protection and rehabilitation of the physically handicapped

(b) The organization of Rehabilitation Conferences, Seminars and Expert Committees.

5. Training Facilities

(a) Fellowships for selected personnel to study various aspects of rehabilitation in selected nations

(b) Fellowships for students attending courses at Demonstration and Training Centres, special seminars, etc.

(c) The organization of group-training courses.

6. Technical Supplies

(a) Sample copies of literature, films and film-strips, for purposes of general education

(b) Some equipment and apparatus for the furnishing of hospital rehabilitation departments, rehabilitation centres (e.g., for the long-term treatment of poliomyelitis), and training schools for auxiliary rehabilitation staff
(c) Some equipment and apparatus for use in special schools for handicapped children, such as the blind, deaf and sufferers from cerebral palsy.

(d) Some equipment and supplies for institutions for the vocational training of physically handicapped children and adults.

(e) Some equipment and supplies (including machines, tools, models and scarce materials) for the establishment and furnishing of Prosthetic Appliance Workshops.

This is not a completely exhaustive list of the activities of United Nations and the Specialized Agencies which might promote an international programme of rehabilitation, but it suggests the principal activities specifically devoted to this objective. In addition, there are many activities of all the United Nations institutions which indirectly promote rehabilitation objectives, such as overall efforts to strengthen national health services, fundamental education programmes, general manpower and social security programmes, agricultural improvement programmes, and, indeed, efforts for the achievement of international peace. In all the specific and general activities of the United Nations institutions, the work of the headquarters and regional staffs is governed, of course, by decisions of the governing bodies.

IX. THE CONTRIBUTION OF THE NON-GOVERNMENTAL ORGANIZATIONS

The successful carrying out of an international programme for the rehabilitation of the physically handicapped requires the sustained work of the great voluntary organizations which have blazed the trail in this field of social progress, as well as of national governments and international governmental agencies. The maintenance of existing voluntary institutions for the care and education of handicapped children and for the training and employment of disabled adults should, usually, be preserved—aided, sometimes, by government grants, and brought up to date in matters of rehabilitation technique and vocational outlook. Such institutions have often won the confidence and affection of the general public, and are able to make an irreplaceable contribution to the cause of the physically handicapped.
For the same reason, such voluntary agencies - particularly where they are able to speak as national organizations - have a unique part to play in the educating of public opinion on the rights of the handicapped and the value of modern methods of rehabilitation. They should be of the utmost assistance in carrying out campaigns of publicity inaugurated by the United Nations and Specialized Agencies on government requests; in helping to dispel suspicion and prejudice in connexion with immunization campaigns and other health projects; in encouraging parents to make full use of available rehabilitation facilities; and in co-operating in the organization of conferences, seminars and exhibitions.

Another important service which may be undertaken by the non-governmental organizations is that of prompting government departments as to the legislation needed in the country for the protection of the handicapped and the provision of facilities for their rehabilitation and employment. They may also make useful suggestions regarding the type of technical assistance which might be sought from the United Nations and Specialized Agencies.

Finally, the co-operation of all such organizations will always be needed in the implementation of projects set in motion by the United Nations and the Specialized Agencies at the request of governments, whether in the form of special training courses, the establishment of demonstration and training centres, the furnishing of rehabilitation departments and special schools, or the development of prosthetic workshops. Many of these projects may fail to achieve complete success unless enthusiastically supported by the voluntary organizations working in the country.

X. METHODS OF CO-ORDINATION

It is not sufficient to prepare an international programme of rehabilitation in which governmental and non-governmental organizations each take part. It is also essential to establish the closest possible co-ordination among the several organizations concerned, so as to avoid duplication and overlap, on the one hand and unfilled gaps on the other.
The principal means of co-ordination applicable to this programme will include the following:

1. The Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, established by the Administrative Committee on Co-ordination of the United Nations, and serving as a connecting link among the United Nations and each of the Specialized Agencies in considering all matters affecting the welfare of the physically handicapped.

2. The Rehabilitation Unit of the United Nations Division of Social Welfare, forming the Secretariat of the above-mentioned Working Party, and acting as a continuing group between its sessions.

3. The Liaison Committee of the International Society for the Welfare of Cripples, and any similar Committee set up by the World Council for the Blind, or other international agency.

4. Consultative conferences between the Working Party on Rehabilitation and representatives of international non-governmental organizations working in the field of the physically handicapped and possessing consultative status with the United Nations or one of the Specialized Agencies.

5. The free and constant exchange of all literature, records of meetings reports, etc., bearing on the activities of the various agencies and on plans for future developments.

By these means, and others which may be evolved in the course of time, it is confidently hoped that full co-ordination will be achieved in building up an international programme of rehabilitation services for all types of physically handicapped persons. Many years may have to pass before such a programme brings relief to these sufferers in all parts of the world, but if a clear and definite plan can be closely followed, every year should see great advance towards reaching the goal which all have in view.