



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.13

A58/17
14 April 2005

Disability, including prevention, management and rehabilitation

Report by the Secretariat

1. About six hundred million people live with disabilities of various types. Of this total, 80% live in low-income countries; most of them are poor and do not have access to basic services, including rehabilitation facilities. Their primary struggle is to survive and meet basic needs such as food and shelter, particularly when they are severely or multiply disabled.

2. The number of people with disabilities is increasing. War injuries, landmines, HIV/AIDS, malnutrition, chronic diseases, substance abuse, accidents and environmental damage, population growth, medical advances that preserve and prolong life, all contribute to this increase. These trends are creating an overwhelming demand for health and rehabilitation services.

3. WHO aims to ensure equal opportunities and promotion of human rights for people with disabilities, especially those who are poor. In particular, it is to provide technical support to implement three of the rules of the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities, issued as guidelines for health, education, work and social participation.¹ These are:

Rule 2. Medical care – States should ensure the provision of effective medical care to persons with disabilities.

Rule 3. Rehabilitation² – States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.

Rule 4. Support services – States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

4. WHO provides support to Member States in the framing and implementation of appropriate policies, encouraging community involvement. Its strategy for community-based rehabilitation has been implemented in 90 countries, mostly low income. It has successfully influenced the quality of life and participation of persons with disabilities in their societies. A new impetus has been given by the

¹ Adopted by United Nations General Assembly resolution 48/96 (20 December 1993).

² Rehabilitation is a fundamental concept in disability policy

International Consultation on Reviewing Community-based Rehabilitation (Helsinki, 25 to 28 May 2003) to refocus the strategy towards a stronger multisectoral approach, poverty reduction and community ownership.

5. WHO organizes intercountry workshops to foster national rehabilitation programmes. Partners include ministries of health and social welfare, nongovernmental organizations and associations of people with disabilities. These workshops reflect the real need of the countries and assist in taking forward future plans of action according to WHO's mandate. A network of nine WHO collaborating centres worldwide contributes to the process of strengthening of institutional and community rehabilitation services.

6. WHO also promotes such activities as early identification to reduce the impact of impairment and access to, and integration of, rehabilitation services into the primary health care system.

7. Early identification of people with disabilities due to chronic conditions, especially children, reduces the impact of impairments and the long-term financial burden. In order to strengthen this essential activity an early identification system has already been field tested. This will be used by primary health care personnel and affected families. Educational and training materials have been produced on relevant issues relating to early detection, treatment and rehabilitation.

8. Rehabilitation services are included within the Declaration of Alma-Ata on primary health care. Personnel working in primary health care need training in the integration of rehabilitation in their functions. Educational materials are being produced and training staff include persons with disabilities. Efforts are also being made to strengthen interaction among people with disabilities, health-care professionals and the community.

9. The provision of assistive devices such as wheelchairs, orthoses for people disabled by poliomyelitis, and prostheses for amputees, are essential to achieve equal opportunities for people with disabilities. WHO will provide support to Member States to build up a system for the production, distribution and servicing of assistive devices. Priority will be given to provision of good quality assistive devices at affordable cost.

10. WHO supports the process to draw up a United Nations comprehensive and integral convention to promote and protect the rights and dignity of persons with disabilities.¹ WHO is actively involved in providing technical expertise to Member States, especially in the areas related to health and rehabilitation.

11. HIV/AIDS is affecting many people with disabilities, because they are at higher risk of developing the condition in comparison to nondisabled persons. WHO is working towards ensuring the inclusion of persons with disabilities into all activities related to HIV/AIDS.

12. Similarly, efforts are being made to develop rehabilitation services for people affected by Buruli ulcer, leprosy and other conditions prevalent in developing countries, and those experiencing disability as a consequence of injuries or violence.

¹ United Nations General Assembly resolution 56/168.

13. In May 2004, the Executive Board at its 114th session discussed the subject of disability, including management and rehabilitation, and adopted resolution EB114.R3.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to consider the draft resolution contained in resolution EB114.R3.

= = =