UNITED NATIONS INTERNATIONAL YEAR OF DISABLED PERSONS, 1981:
REGIONAL PROGRAMME FOR DISABILITY PREVENTION
AND REHABILITATION

Resolution 31/123, adopted by the United Nations General Assembly at its thirty-first session, proclaimed the year 1981, International Year of Disabled Persons.\textsuperscript{1} Resolutions 32/133 and 34/154\textsuperscript{2} referred to the steps to be taken by the Secretary-General of the United Nations, in consultation with Member States of the United Nations and specialized agencies, in preparing and implementing a plan of action for the International Year of Disabled Persons.

The WHO Executive Board, at its sixty-seventh session in January 1981, will discuss WHO cooperative activities, within the United Nations system, for disability prevention and rehabilitation. To provide the Executive Board with information for its discussion, a brief statement on the programme of present and planned activities in the Western Pacific Region has been prepared for review by the Regional Committee.


1. INTRODUCTION

The Twenty-ninth World Health Assembly recommended that:

"WHO policy on disability prevention and rehabilitation be oriented to:

(1) the promotion of effective measures for the prevention of disability;

(2) the encouragement of the application of effective approaches and appropriate technologies to prevent disability while integrating disability prevention and rehabilitation into health programmes at all levels, including into primary health care;

(3) emphasis on those problems of disability that can be solved most efficiently and effectively in a manner acceptable to the populations;

(4) the inclusion of the appropriate disability prevention and rehabilitation methods into the training of all relevant health manpower."

Two problems are encountered in implementing this resolution: the first is one of awareness and understanding, the second one of organization. The problem of awareness and understanding is partly due to the paucity of statistical and epidemiological information on the subject. This in turn is a result of the fragmented approach among various government and private agencies dealing with different types of handicap, and also of the fact that countries may have more pressing and well-documented priorities, leaving few resources available specifically for disability prevention and rehabilitation. The organizational problem arises from the involvement of various sectors in disability prevention and rehabilitation programmes, and the consequent need to define the boundaries of the areas of concern of the different sectors, and to identify the opportunities and mechanisms for coordination at the interface of those sectors. Because of these two problems, scant attention is paid to the subject in the training of health manpower in undergraduate schools for the medical and allied professions, apart from schools for rehabilitation workers. Likewise, disability prevention and rehabilitation receive little emphasis in the development of integrated health care programmes.

Of particular concern to developing countries with high levels of unemployment is the integration of the disabled into the working population. Without adequate legislation, employers are not inclined to accept disabled persons into the work force when able persons are available.

In many developing countries, public facilities are not designed to accommodate the disabled nor is there provision for subsidized housing. This aggravates the problem of integrating them into the community. Thus public awareness needs to be generated and social acceptance of and responsibility for the disabled promoted. Coordination at national level must improve for the effective implementation of disability prevention and rehabilitation programmes which, as indicated above, are multisectoral and multiagency in nature.

2. PRESENT SITUATION AND ACTION TAKEN

The aim of the disability prevention and rehabilitation programme in the Western Pacific Region is to promote the establishment and strengthening of national programmes. While certain Member States have developed programmes, others, particularly the less developed countries or areas, are at various stages in formulating comprehensive programmes. In extending its cooperation to Member States, it is WHO's policy to give priority to less developed countries, to promote intersectoral coordination and a comprehensive approach to prevention, rehabilitation and care, and to foster participation by individuals, families and communities in the development of relevant programmes. The strategy mainly conforms to the following broad pattern of activities: information gathering to define the magnitude of the problem, formulation of national policies and programmes, and creation of mechanisms for intersectoral coordination and cooperation. In this context, WHO is actively cooperating with Lao People's Democratic Republic in various aspects of its national rehabilitation programme, with the Philippines, where the National Commission Concerning Disabled Persons has developed an action programme which includes prevention of all forms of disability, and with Viet Nam where the main emphasis is on rehabilitation. Disability prevention is also a feature of WHO cooperative programmes in occupational health and health care of the elderly.

As a specific activity in the area of disability prevention, a regional programme on road traffic accidents prevention has been launched in support of the global programme. The objectives of the road traffic accidents programme can be summarized as follows:

(1) to stimulate Member States' awareness of the increasing public health implications of road traffic accidents, and to collaborate with public health authorities and other concerned agencies in the development of comprehensive national policies and programmes to reduce the incidence and severity of road traffic accidents;

(2) to obtain, analyse and disseminate information in the field of traffic safety;

(3) to promote, through appropriate coordinating mechanisms, concerted planning and action between intergovernmental and nongovernmental organizations active in this field;

(4) to promote research on the prevention and control of accidents.
The collection of preliminary information on road traffic accidents from Member States and from available records and publications was undertaken in 1978. Information gathered was discussed by the Working Group on the Prevention of Road Traffic Accidents which met in Manila in October 1979. 1

3. PLANS FOR THE FUTURE

Plans for the future include the development of a comprehensive regional disability prevention and rehabilitation programme. For that purpose, data on national programmes are being collected, on the basis of which a working group will be convened in Manila in 1981 to decide on joint action, which will be aimed primarily at the integration of disability prevention and rehabilitation in primary health care and the use of the technical cooperation among developing countries approach in developing activities in the Region.

It is envisaged that the programme will include activities aimed at the following:

(1) generation of awareness of the problems of disability prevention and rehabilitation;
(2) development of mechanisms for coordination in adopting a multisectoral approach;
(3) integration of disability prevention and rehabilitation into the training of various categories of health worker and allied personnel;
(4) development of manpower for rehabilitation;
(5) development or strengthening of rehabilitation and disability prevention services particularly at the primary health care level;
(6) review of legislation.

The existing WHO road traffic accident and rehabilitation programme will serve as either the basis or an important component of a more comprehensive programme. It is planned to establish a multidisciplinary pilot project for the prevention of road traffic accidents in a country of the Region, which will involve the organization of multisectoral local committees and education with regard to road traffic.

In addition, the disability prevention and rehabilitation components of the following programmes will be strengthened and their relationship to the comprehensive programme identified:

3.1 Workers' Health

The workers' health programme relates directly to disability prevention and rehabilitation through the provision of advisory services on occupational health legislation and cooperation in the establishment of national programmes for occupational safety and health.

3.2 Communicable Diseases Control

Leprosy Activities will continue for prevention of the disease, the prevention of disability, rehabilitation and reconstructive surgery. Advisory services and training will form part of the programme.

Filariasis Early diagnosis and treatment to prevent disability will be further promoted.

Yaws Intensive activities for the control of yaws will continue, to prevent disability.

3.3 Expanded Programme on Immunization

Of particular importance for the prevention of disability is immunization against poliomyelitis. Efforts will be made to introduce poliomyelitis immunization in all Member States of the Region and to expand coverage.

3.4 Prevention of Blindness

The treatment of trachoma and prophylaxis for newborns will be further promoted and, if necessary, cooperation will be extended in support of campaigns to combat trachoma. Epidemiological studies will be encouraged and supported.

3.5 Care of the Elderly

Special efforts will be made in the preparation of activities related to the United Nations World Assembly on the Elderly to be held in 1982.

3.6 Mental health

Attention will be given to alcohol-related problems, the prevention of drug abuse and care of the mentally retarded. Programmes for the community aimed at prevention, early detection, treatment and rehabilitation will be supported.
3.7 Health Education

Efforts will be made to promote social responsibility for the disabled and their acceptance by the community. The provision of employment opportunities should be included in such efforts.

3.8 Health Legislation

Where relevant, cooperation will be extended in promoting and improving health legislation with a view to preventing disability and facilitating rehabilitation, such as for compulsory immunization, employment of the disabled and the architectural modification of public buildings.