



*In the Name of God, the Compassionate, the Merciful*

**Address by**

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**FIRST FESTIVAL FOR THE CARE OF THE HANDICAPPED**

**Riyadh, Saudi Arabia, 16–18 December 2003**

Ladies, Gentlemen and Friends,

It is a pleasure and honour to share with you the occasion of the opening of this meeting. It is a timely and important meeting and that it is being held under the patronage of the Custodian of the Two Holy Mosques, His Majesty King Fahd Bin Abdel-Aziz, and inaugurated by H.R.H. Prince Abdallah Ibn Abdel-Aziz Crown Prince and Deputy Prime Minister and President of the National Security is an indication of the importance given to the needs of the handicapped in the Kingdom. Care of the handicapped in the world is undergoing major changes and I am very pleased to be part of the First Festival for the Care of the Handicapped, which is taking place just two months after the First Pan Arab-African Conference for Care and Rehabilitation of Handicapped which was held in Cairo, Egypt, in the first week of October 2003. On this occasion I would like to share with you

some developments in the field of care of the handicapped, with special focus on the initiatives of the World Health Organization.

In 1980 the World Health Assembly adopted the International Classification of Impairments, Disabilities and Handicaps (ICIDH) and this influenced significantly the way impairments and disabilities are perceived and the way medical rehabilitation services are planned and implemented. Twenty years later, in May 2001, the World Health Assembly approved a new system of classification to replace ICIDH. The new system of classification is called International Classification of Functioning, Disability and Health (ICF) and this change reflects the developments and changing trends of recent years.

Since 1981, during the past two decades, developments in the field of disability rehabilitation have been very significant. These developments have not only been in the education of professionals and the rehabilitation methods used, but also with regard to the enactment of national and international disability legislation and the active and positive participation in society and community of people with disabilities. Important among the developments of the last 20 years are:

- ?? a move away from a model with a biomedical emphasis in regard to the disabled towards a model that focuses on the social determinants of disability;
- ?? the implementation of the United Nations Standard Rules on Equalization of Opportunities for People with Disabilities as guidelines in health, education, work and social participation;
- ?? increased participation of people with disabilities in service organization, programme development and policy initiatives;
- ?? increased social awareness of the rights of people with disabilities which has led to a reduction in stigmatization of and discrimination against the disabled and their greater inclusion in social life; and

?? a shift in the organisation of services from a charity model to a rights model.

In addition, there is now a clear statement from the United Nations that disability is a human rights issue and since 1994 there has been a UN Special Rapporteur on Disability. Indeed the current holder of that position is from a country of this Region, Qatar. In January 2004 a new international convention on disability will be discussed at the United Nations.

Ladies and Gentlemen,

The number of disabled persons continues to be estimated at about 10% of the population, although individual countries have given numbers that vary from approximately 4% to 20%. The variation can be partially explained by the low life expectancy of people with disabilities in some countries and differing methods of categorization. It is notable that those countries that have census questions that enable them to identify the proportion of population with disabilities generally find this number to be more than 10%. These figures provide a rough idea of the needs for rehabilitation and for full participation that have not yet been met.

Ladies and Gentlemen,

One of the most striking changes in the care of disabled persons in the developed world is the shift away from care in institutional settings to care in the community. This shift is not simply one of location of care but a recognition of the importance of the total needs of persons with disabilities. In the Eastern Mediterranean Region disabled persons have traditionally been cared for in the family. Nevertheless, most of the countries of the WHO's Eastern Mediterranean Region do not have adequate services and legal provisions to meet the needs of people with disabilities. This is true of the economically rich countries as well as those not economically well off. However, though the current situation of limited services presents a challenge, it also provides an opportunity to organize care programmes that are in line with modern thinking.

At this point I would like to draw your attention to some of the important tasks ahead of us:

The first task is the prevention of disabilities. In the countries of this region, a number of avenues are open for prevention of disabilities. These range from good and adequate antenatal, natal and postnatal services, universal immunization coverage, iodization of salt, vitamin A supplementation, and prevention of childhood injuries, to name some of the important ones. Public health personnel working in primary health care should be fully trained to implement these preventive measures.

The next step is early recognition and initiation of corrective measures. It is often the case that children with visual, hearing and mental disability are diagnosed late, which limits the effectiveness of interventions. To give an example, the Vision project in Pakistan demonstrated how the simple measure of screening children and providing eyeglasses not only met the needs of children but also improved their school performance and behaviour. Early identification of children in need should be the responsibility of all health and education personnel.

The majority of persons with disabilities live with their families. This is a very positive support for the disabled. However, too often the families are not provided with the skills for caring for their disabled members. Family support in the form of skills training, periodic home visits by support staff and, where necessary, financial support will decrease the burden of families as well as provide a better quality of life to those with disabilities and other family members. The initiative of support to families is a very urgent need in the countries of the Region.

Community-based rehabilitation (CBR) has been shown to be both feasible and effective in meeting the many needs of persons with disabilities. It is important that all countries develop CBR programmes in phases to cover the total population. A real challenge in the care of persons with disabilities is human resources development. At present this area is the most deficient in this Region. The gaps exist at all levels, from CBR personnel at the community level to specialists at the specialized centres. Each

country should develop programmes to address this need. In many situations, it may be more appropriate to think of regional training programmes for human resources development.

I would also like to refer to the need for specialized centres of care. Moving towards the development of total care requires preparation for self-care, family care and referral to specialized centres for those who need specialist interventions. Another need is for assistive devices to decrease the disability. Again these should be available in forms that are affordable and acceptable to the population. In choosing assistive devices, a lot of attention needs to be given to the cultural aspects and to acceptance by the population. It is also important that specialized centres do not work in isolation and provide excellent services to a limited group, but work in active liaison with the total services I have outlined above.

Finally, last but not the least of the measures needed is at the level of the community. It is too often the experience that community level stigma and discrimination is the biggest barrier to a full life for persons with disabilities. Lack of legislation to empower the rights of the disabled in the Region is another barrier. In most countries, there are either no appropriate policies, programmes or legislation, or if they are present they do not cover all the aspects that I have outlined above.

I have shared with you the leadership of WHO and the continued efforts of the Organization towards ensuring fuller life for the disabled. The Organization is committed to the goal of preventing disabilities, supporting families, stimulating the setting up of CBR programmes and to development of national legislation and policies to support people with disabilities.

I congratulate the organizers on this highly important festival for the care of the handicapped and wish the programme success.