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منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

MNH-CBR-IRN

In the Name of God, the Compassionate, the Merciful

Message from

DR HUSSEIN A. GEZAIRY

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

WORKSHOP ON MAINSTREAMING COMMUNITY-BASED REHABILITATION THROUGH PRIMARY HEALTH CARE

Teheran, Islamic Republic of Iran, 10–14 October 1999

Your Excellency, Ladies and Gentlemen,

I take great pleasure in welcoming you to this consultative Workshop on Mainstreaming Community-based Rehabilitation (CBR) through primary health care in the Eastern Mediterranean Region. I would first like to extend my special gratitude to His Excellency Dr Farhadi, the Minister of Health and Medical Education, and to the Government of the Islamic Republic of Iran for kindly hosting this workshop in Teheran. I would also like to thank the Iranian Welfare organization and particularly our distinguished colleague Dr Ansari for their great efforts to make the holding of this workshop possible. Thanks are also due to the responsible officers of the rehabilitation programme at WHO headquarters for the sustained support they have given to the implementation of the rehabilitation activities in the Eastern Mediterranean Region.

Ladies and Gentlemen,

As you know, in the mid 1990s there were an estimated 100 million severely and moderately disabled people in industrialized countries and almost double that number in developing countries. This means an international population of 300 million persons with disabilities. Nearly 10 million severely or moderately disabled people are added each year to the total global figure; which is about 25 000 a day. It is estimated that, by the year 2025 there will be approximately 600 million people with disabilities. It should also be noted that, although persons with disabilities account for only about 7% of the population, the impact of disability is far greater, affecting approximately 25% of the population and including family members and other care givers. The currently available services provided globally are far from adequate to meet the needs of the disabled and there is an enormous gap between those services and what is actually required. Furthermore, this gap is widening because services are not expanding at the same pace as populations. This gap is also accentuated by the acute shortage of professionals trained to work in this field. Moreover, most of the services provided are centred in big institutions and situated in big cities, which leaves the vast majority of persons with disabilities isolated and not integrated into their communities.

The early 1980s witnessed the evolution of the concept of the community-based rehabilitation (CBR) approach, while new definitions set by WHO led to a clearer and more realistic understanding of the nature of disability as a ‘social’ rather than an ‘individual’ issue. More recently, this new understanding has formed the basis of the WHO’s International Classification of Impairments, Activities and Participation, ICIDH-2, and places health further into a human development context by focusing on functionality, productivity and social participation.

Unlike the centre-based approach, the major objectives of CBR are to ensure that persons with disabilities are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full social integration within their communities and societies. It is now seen as part of community development and is most effectively implemented by collaboration between disabled people, their families, communities and other sectors and institutions such as health, education, etc.

The involvement of persons with disabilities is the core and the essence of any CBR programme. Persons with disabilities and their organizations play an important role in promoting equal opportunity. Since the early 1980s, disabled people's organizations and local groups of persons with disabilities have succeeded in many countries in putting the necessary pressure on their governments to enact legislation to protect their rights. The concept of 'advocacy' has also developed since that time, to promote the interests of those who need support in expressing their needs and fighting for their rights. The CBR approach and programmes facilitate these processes and pave the way for the inclusion of a larger number of disabled persons in this movement.

As a result of all these efforts, and based on the experience gained during the United Nations Decade of Disabled Persons (1983-1992), the Standard Rules on the Equalization of Opportunities for Persons with Disabilities were developed and issued as a United Nations resolution. It has now become the main tool for many countries to ensure equal opportunity and the full participation of persons with disabilities, as active members, in their societies. Concerning this issue, it is worth mentioning that WHO has accepted to monitor the health component of the UN Standard Rules at the request of the UN Special Reporter on Disability.

Although the CBR strategy has succeeded to a great extent in "reaching the unreached", still it has not reached its full potential on a global scale. For instance, the most disadvantaged target groups, such as children under 3 or 4 years of age, women, poor suburban populations, refugees, displaced persons and minority and indigenous populations have no access to necessary services.

Many CBR programmes were developed as components of primary health care and the work of CBR has been integrated into the primary health care workload in many countries. This is a welcome step. However, some programmes are still medically oriented and there is a need for a more comprehensive and multisectoral approach.

Further development and expansion of the CBR approach in developing countries is faced with a number of other constraints. One of the most commonly reported of such constraints is the reliance for funding on external donors, and the lack of governmental commitment to full support for CBR. Rehabilitation services have traditionally been given

low priority in the allocation of government financial and human resources. Among other well documented difficulties are the lack of collaboration and multisectorality in the implementation of the programmes, the lack of coordination between government and nongovernmental organizations, and the lack of coordinated information exchange at national and international levels.

CBR programmes exist in many countries in the Region with varying degrees of success, yet it is true to say that this term is still widely misused and misunderstood. Therefore, many CBR programmes have not reached their full potential. At this point I would like to extend our deep appreciation to the Government of Islamic Republic of Iran for the development of one of the most efficient primary health care systems. The existence of such a system has allowed the integration of many health activities including community-based rehabilitation and mental health. The Islamic Republic of Iran's experience can be used as a model for the development of integrated CBR projects in the Region. I hope participants will have an opportunity to make a field visit to witness integration of CBR into primary health care.

During the past few years, the collaborative programme for disability prevention and rehabilitation has supported training, consultancies and fellowships and, in some instances, has supplied equipment for rehabilitation centres and orthotics and prosthetics workshops. Despite these efforts, it is generally felt that CBR is still in its conceptual stage in many countries of the Region. It is known that, in general, the Region has a very good health infrastructure, but is not yet well mobilized to serve persons with disabilities. Such capacity-building efforts continue with the aim of developing self sufficient and sustainable national systems.

Ladies and Gentlemen,

I have no doubt that this workshop will pave the way for better understanding of the potential of CBR and its mainstreaming through primary health care. The workshop will identify the needs and constraints facing the development of CBR globally. It will also identify the main activities to be implemented and will prepare an outline of a plan of action at both the country and regional levels.

As we are all aware, there is a wealth of experience in the EMR that is in great need of networking and sharing. This workshop will look at the many challenges and opportunities within the Region and build on existing relevant resources to promote such a network.

It is my firm belief that with the keen interest exhibited by Member States and our international and nongovernmental agency partners, and the participation of so many experts and experienced professionals, this workshop will enrich our understanding of the mainstreaming of CBR through primary health care. It will also help in identifying the needs of persons with disabilities and expand our capabilities in responding suitably to such needs.

I wish you all success in your valuable endeavour, a happy stay in the beautiful city of Teheran and a safe return home after your successful work.