WORLD HEALTH ORGANIZATION Regional Office for the Eastern Mediterranean ORGANISATION MONDIALE DE LA SANTE Bureau régional de la Méditerranée orientale





In the Name of God, the Compassionate, the Merciful

Message from DR HUSSEIN A. GEZAIRY REGIONAL DIRECTOR WHO EASTERN MEDITERRANEAN REGION

to the

SEMINAR ON DISABILITY AND TECHNOLOGIES: ANALYSIS OF THE SITUATION AND APPROPRIATE DEVELOPMENT IN THE AFRICAN COUNTRIES Tunis, Tunisia, 27–30 April 2009

Ladies and Gentlemen,

First allow me to extend my deepest thanks to the Fédération Africaine des Techniciens Orthoprothésistes (FATO) for holding this seminar on *Disability and Technologies: Analysis of the situation and appropriate development in the African countries*, in collaboration with the World Health Organization. My gratitude goes to everybody participating in this event – another significant initiative aiming to take forward the appropriate development and use of technologies for the inclusion and participation of people with disabilities in the community. It is indeed an honour for WHO to join hands with its partners in the struggle to break down the barriers that stand between people with disabilities and their interaction with their immediate environment, as well as with the community and the society at large. I have no doubt that this initiative, spanning two WHO regions, with such a range of experience and diversity, will reap extensive reward.

Ladies and Gentlemen,

WHO estimates that around 600 million people are living with disabilities worldwide, almost 10% of the world's population. Of those, about 80% live in low-income countries. Currently, more than 40 million people with disabilities are estimated to live in the WHO Eastern Mediterranean Region. In the African Region the figure is estimated to be at least 81 million people affected by some form of disability.

Common causes of physical impairment and disability include chronic noncommunicable diseases such as diabetes, cancer, cardiovascular and respiratory diseases; injuries, such as those resulting from road traffic crashes, violence and falls; and mental impairments, birth defects, malnutrition and communicable diseases. The epidemiological transition resulting from population growth, ageing and medical advances that preserve and prolong life also have an impact on the incidence of disabilities. Added to this are disasters, both naturally occurring and man-made, which result in a high number of disabilities.

Despite the great need in many low-income and middle-income countries, only 5%–15% of people who require assistive devices and technologies have access to them. Production is low and often of poor quality. Trained personnel to manage the provision of such devices and technologies are lacking, especially at provincial and district levels. And even where access might be possible, in many settings, costs can be prohibitive.

Ladies and Gentlemen,

In recent decades, a structured approach towards addressing the rights of people with disabilities has evolved. In 1982, the World Programme of Action Concerning Disabled Persons, emphasized the need to approach disability from a human rights perspective. The United Nations declared the years from 1983 to 1992 as the Decade of Disabled Persons. In 1993 the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted by the UN General Assembly, providing a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities for people with disabilities. These were followed by the 2005 World Health Assembly resolution A58/23 Disability, including prevention, management and rehabilitation, which aimed at substantially improving the lives of people living with disabilities. The resolution urged Member States to promote and protect the rights and dignity of people with disabilities; support community-based rehabilitation; and include a disability component in national health policies and programmes.

Another important step, taken by WHO, was the development of the International Classification of Functioning, Disability and Health (ICF), officially endorsed at the Fifty-fourth World Health Assembly in 2001, which aims at helping operationalize data collection and improve monitoring. Finally, the UN Convention on the Rights of Persons with Disabilities, which came

into force on 3 May 2008, laid the foundation of a new understanding of disability as a human rights issue and emphasizing that disability is but the outcome of the interaction between a person's impairment and obstacles, including physical barriers, that prevent both their inclusion and participation.

Following on these commitments, the WHO Regional Office for the Eastern Mediterranean Region embarked on some strategic activities, notably an intercountry meeting on the implementation of the UN Standard Rules related to health care, in 2006; the 2007 Cairo Declaration on Supporting Access to Information and Communication Technology Services for Persons with Disabilities, which came out of a regional conference on sharing experience on best practices in ICT services for persons with disabilities; and the development of a regional strategy on community-based rehabilitation.

Ladies and Gentlemen,

Finally, let me highlight one particular issue. As we all know, mobility is a fundamental and essential step without which many of the aforementioned rights cannot be realized. Among assistive devices, the wheelchair is one of the most commonly used for enhancing personal mobility. An estimated 1% of the world's population, or just over 65 million people, need a wheelchair. Yet in the majority of developing countries, most of those in need of wheelchairs do not have access and, when provided, those chairs do not come with the needed services.

In response to such needs and challenges, especially in less resourced settings, WHO, the United States Agency for International Development, the International Society for Prosthetics and Orthotics and Disabled Peoples' International, with other partners, developed the *Guidelines on the provision of manual wheelchairs in less resourced settings*, to assist countries to create and develop a local wheelchair provision system. An effective system of wheelchair provision would translate the provisions of the Convention on the Rights of Persons with Disabilities and the 2005 World Health Assembly resolution A58/23 Disability, into reality. The guidelines address key areas relating to affordable wheelchair provision focusing on design, production and distribution of wheelchairs, wheelchair services and training of users. Its recommendations are not meant to be exclusively prescriptive. They allow for the flexibility that is needed to cater for different contexts

and needs, wherever they are used. The document is being translated into Arabic in order to maximize its benefit and utility in Arab-speaking countries.

Ladies and Gentlemen,

WHO stands open to all collaborative endeavours and I emphasize our commitment to inclusion of persons with disabilities at all levels of social and economic endeavour. Enhancing functional abilities and mobility can open up a whole new life for persons with disabilities.

I wish you a successful meeting. May God bless you all.