



In the Name of God, the Compassionate, the Merciful

Message from

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to the

WHO INTERCOUNTRY WORKSHOP ON

STRATEGY FOR IMPROVING REHABILITATION SERVICES

—LEARNING FROM COUNTRY EXPERIENCES

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Your Excellency, Ladies and Gentlemen,

I take great pleasure in welcoming you to this important workshop which aims at improvement of rehabilitation services through the sharing of countries' experiences. I would like to extend my special gratitude to His Excellency, Mr Suleiman Franjeh, Minister of Public Health, and to the Government of Lebanon for kindly hosting this workshop in Beirut. 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 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 a total world population of 300 million disabled. Nearly 10 million severely or moderately disabled people are added each year to the total global figure; this is about 25 000 a day. It is estimated that, by the year 2025 there will be approximately 600 million people with disabilities worldwide. And, 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 including family members and other care givers. The services currently 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 accentuated by the acute shortage of professionals trained to work in the field. Moreover, most of the services provided are centred in big institutions and situated in major cities, which means that the vast majority of persons who are disabled are not integrated into their communities.

The early 1980s witnessed the evolution of the concept of community-based rehabilitation (CBR), while new definitions established 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 Functioning, Disability and Health (ICIDH-2), and places health further into a human development context by focusing on functionality, productivity and social participation.

Unlike the institution-based approach, the major objectives of CBR are to ensure that persons with disabilities are able to reach their full physical and mental potential, have access to regular services and opportunities, and achieve full social integration within their communities and societies. CBR 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, and the like.

The involvement of persons with disabilities is the core and the essence of any CBR programme. People with disabilities and the organizations that support them 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 in 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 experiences 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 in accordance with United Nations resolution 48/96. The Rules have 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", it has still 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 sub-urban 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.

A number of other constraints face the further development and expansion of the CBR approach, and building and improving rehabilitation services in developing countries. One of the most commonly reported of these constraints is the reliance on external donors, and the lack of government commitment to full support for rehabilitation. Rehabilitation services have traditionally been given low priority in the allocation of national financial and human resources. Among other well documented difficulties are the lack of collaboration and multisectorality in the implementation of such programmes, the lack of coordination between government and nongovernmental organizations, and the lack of coordinated information exchange at national and international levels. Another major challenge of CBR programmes is access to specialized centres, need for proper referral procedures and mobilization of resources for building support systems. I am confident you will address all these issues during your deliberations.

CBR programmes exist in many countries in the Region with varying degrees of success, yet it is true to say that the term “CBR” is still widely misused and misunderstood. Many CBR programmes have not yet reached their full potential. 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. 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. As such systems have started in some countries of the Region, the time is right for exchange of experiences to improve rehabilitation services.

Ladies and Gentlemen,

I have no doubt that this workshop will pave the way for better understanding of the potential of CBR and rehabilitation services.

As we are all aware, there is a wealth of experience in the Eastern Mediterranean Region. This experience needs to be shared and networks need to be built. 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 the keen interest exhibited by Member States and our international and nongovernmental agency partners, and the participation of so many experts and experienced professionals in this workshop, will enrich our understanding in the area of development of rehabilitation services and will have a definite impact in the form of better services for those in need.

As I look forward to studying the outcome and recommendations of your Workshop, I wish you all success in your valuable endeavour, a happy stay in the beautiful city of Beirut and a safe return home after your successful work.