

World Programme of Action Concerning Disabled Persons

Objectives, Background and Concepts

Objectives

The purpose of the World Programme of Action concerning Disabled Persons is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". This means opportunities equal to those of the whole population and an equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development.

Background

More than 500 million people in the world are disabled as a consequence of mental, physical or sensory impairment. They are entitled to the same rights as all other human beings and to equal opportunities. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. Because of this, millions of children and adults in all parts of the world often face a life that is segregated and debased.

An analysis of the situation of disabled persons has to be carved out within the context of different levels of economic and social development and different cultures. Everywhere, however, the ultimate responsibility for remedying the conditions that lead to impairment and for dealing with the consequences of disability rests with Governments. This does not weaken the responsibility of society in general, or of individuals, or of organizations. Governments should take the lead in awakening the consciousness of populations regarding the gains to be derived by individuals and society from the inclusion of disabled persons in every area of social, economic and political life. Governments must also ensure that people who are made dependent by severe disability have an opportunity to achieve a standard of living equal to that of their fellow citizens. Non-governmental organizations can, in different ways, assist Governments by formulating needs, suggesting suitable solutions and providing services complementary to those provided by Governments. Sharing of financial and material resources by all sections of the population, not omitting the rural areas of developing countries, could be of major significance to disabled persons by resulting in expanded community services and improved economic opportunities.

Much disability could be prevented through measures taken against malnutrition, environmental pollution, poor hygiene, inadequate prenatal and postnatal care, water-borne diseases and accidents of all types. The international community could make a major breakthrough against disabilities caused by poliomyelitis, tetanus, whooping-cough and diphtheria, and to a lesser extent tuberculosis, through a world-wide expansion of programmes of immunization.

In many countries, the prerequisites for achieving the purposes of the Programme are economic and social development, extended services provided to the whole population in the humanitarian area, the redistribution of resources and income and an improvement in the living standards of the population. It is necessary to use every effort to prevent wars leading to devastation, catastrophe and poverty, hunger, suffering, diseases and mass disability of people, and therefore to adopt measures at all levels to strengthen international peace and security, to settle all international disputes by peaceful means and

to eliminate all forms of racism and racial discrimination in countries where they still exist. It would also be desirable to recommend to all States Members of the United Nations that they maximize the use of their resources for peaceful purposes, including prevention of disability and satisfaction of the needs of disabled persons. All forms of technical assistance that help developing countries to move towards these objectives can support the implementation of the Programme. The realization of these objectives will, however, require extended periods of effort, during which the number of disabled persons is likely to increase. Without effective remedial action, the consequences of disability will add to the obstacles to development. Hence, it is essential that all nations should include in their general development plans immediate measures for the prevention of disability, for the rehabilitation of disabled persons and for the equalization of opportunities.

Definition

The following distinction is made by the World Health Organization, in the context of health experience, between impairment, disability and handicap:

Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that, limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.²

Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or-limitation of opportunities to take part in the life of the community on an equal level with others.

Disabled people do not form a homogeneous group. For example, the mentally ill and the mentally retarded, the visually, hearing and speech impaired and those with restricted mobility or with so-called "medical disabilities" all encounter different barriers, of different kinds, which have to be overcome in different ways.

The following definitions are developed from that perspective. The relevant terms of action proposed in the World Programme are defined as prevention, rehabilitation and equalization of opportunities.

Prevention means measures aimed at preventing the onset of mental, physical and sensory impairments (primary prevention) or at preventing impairment, when it has occurred, from having negative physical, psychological and social consequences.

Rehabilitation means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. It can involve measures intended to compensate for a loss of function or a functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or readjustment.

Equalization of opportunities means the process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.

Prevention

A strategy of prevention is essential for reducing the incidence of impairment and disability. The main elements of such a strategy would vary according to a country's state of development, and are as follows:

The most important measures for prevention of impairment are: avoidance of war; improvement of the educational, economic and social status of the least privileged groups; identification of types of impairment and their causes within defined geographical areas; introduction of specific intervention measures through better nutritional practices; improvement of health services, early detection and diagnosis; prenatal and postnatal care; proper health care instruction, including patient and physician education; family planning; legislation and regulations; modification of life-styles; selective placement services; education regarding environmental hazards; and the fostering of better informed and strengthened families and communities;

To the extent that development takes place, old hazards are reduced and new ones arise. These changing circumstances require a shift in strategy, such as nutrition intervention programmes directed at specific population groups most at risk owing to vitamin A deficiency; improved medical care for the aging; training and regulations to reduce accidents in industry, in agriculture, on the roads and in the home; and the control of environmental pollution and of the use and abuse of drugs and alcohol. In this connection, the WHO strategy for Health for All by the Year 2000 through primary health care should be given proper attention.

Measures should be taken for the earliest possible detection of the symptoms and signs of impairment, to be followed immediately by the necessary curative or remedial action, which can prevent disability or at least lead to significant reductions in the severity of disability and can often prevent its becoming a lasting condition. For early detection it is important to ensure adequate education and orientation of families and technical assistance to them by medical social services.

Rehabilitation

Rehabilitation usually includes the following types of services:

Early detection, diagnosis and intervention;

Medical care and treatment;

Social, psychological and other types of counselling and assistance;

Training in self-care activities, including mobility, communication and daily living skills, with special provisions as needed, e g., for the hearing impaired, the visually impaired and the mentally retarded;

Provision of technical and mobility aids and other devices;

Specialized education services;

Vocational rehabilitation services (including vocational guidance), vocational training, placement in open or sheltered employment;

Follow-up.

In all rehabilitation efforts, emphasis should be placed on the abilities of the individual, whose integrity and dignity must be respected. The normal development and maturation process of disabled children should be given the maximum attention. The capacities of disabled adults to perform work and other activities should be utilized.

Important resources for rehabilitation exist in the families of disabled persons and in their communities. In helping disabled persons, every effort should be made to keep their families together, to enable them to live in their own communities and to support family and community groups who are working with this objective. In planning rehabilitation and supportive programmes, it is essential to take into account the customs and structures of the family and community and to promote their abilities to respond to the needs of the disabled individual.

Services for disabled persons should be provided, whenever possible, within the existing social, health, education and labour structures of society. These include all levels of health care; primary, secondary and higher- education, general programmes of vocational training and placement in employment; and measures of social security and social services. Rehabilitation services are aimed at facilitating the participation of disabled persons in regular community services and activities. Rehabilitation should take place in the natural environment, supported by community-based services and specialized institutions. Large institutions should be avoided. Specialized institutions, where they are necessary, should be organized so as to ensure an early and lasting integration of disabled persons into society.

Rehabilitation programmes should make it possible for disabled persons to take part in designing and organizing the services that they and their families consider necessary. Procedures for the participation of disabled persons in the decision-making relating to their rehabilitation should be provided for within the system. When people such as the severely mentally disabled may not be able to represent themselves adequately in decisions affecting their lives, family members or legally designated agents should take part in planning and decision-making.

Efforts should be increased to develop rehabilitation services integrated in other services and make them more readily available. These should not rely on imported costly equipment, raw material and technology. The transfer of technology among nations should be enhanced and should concentrate on methods that are functional and relate to prevailing conditions.

Equalization of opportunities

To achieve the goals of "full participation and equality", rehabilitation measures aimed at the disabled individual are not sufficient. Experience shows that it is largely the environment which determines the effect of an impairment or a disability on a person's daily life. A person is handicapped when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living, including family life, education, employment, housing, financial and personal security, participation in social and political groups, religious activity, intimate and sexual relationships, access to public facilities, freedom of movement and the general style of daily living.

Societies sometimes cater only to people who are in full possession of all their physical and mental faculties. They have to recognize the fact that, despite preventive efforts, there will always be a number of people with impairments and disabilities, and that societies have to identify and remove obstacles to their full participation. Thus, whenever pedagogically possible, education should take place in the ordinary school system, work be provided through open employment and housing be made available as to the population in general. It is the duty of every Government to ensure that the benefits of development programmes also reach disabled citizens. Measures to this effect should be

incorporated into the general planning process and the administrative structure of every society. Extra services which disabled persons might need should, as far as possible, be part of the general services of a country.

The above does not apply merely to Governments. Anyone in charge of any kind of enterprise should make it accessible to people with disabilities. This applies to public agencies at various levels, to non-governmental organizations, to firms and to private individuals. It also applies to the international level.

People with permanent disabilities who are in need of community support services, aids and equipment to enable them to live as normally as possible both at home and in the community should have access to such services. Those who live with such disabled persons and help them in their daily activities should themselves receive support to enable them to have adequate rest and relaxation and an opportunity to take care of their own needs.

The principle of equal rights for the disabled and non-disabled implies that the needs of each and every individual are of equal importance, that these needs must be made the basis for the planning of societies, and that all resources must be employed in such a way as to ensure, for every individual, equal opportunity for participation. Disability policies should ensure the access of the disabled to all community services.

As disabled persons have equal rights, they also have equal obligations. It is their duty to take part in the building of society. Societies must raise the level of expectation as far as disabled persons are concerned, and in so doing mobilize their full resources for social change. This means, among other things, that young disabled persons should be provided with career and vocational opportunities – not early retirement pensions or public assistance.

Persons with disabilities should be expected to fulfil their role in society and meet their obligations as adults. The image of disabled persons depends on social attitudes based on different factors that may be the greatest barrier to participation and equality. We see the disability, shown by the white canes, crutches, hearing aids and wheelchairs, but not the person. What is required is to focus on the ability, not on the disability of disabled persons.

All over the world, disabled persons have started to unite in organizations as advocates for their own rights to influence decision-makers in Governments and all sectors of society. The role of these organizations includes providing a voice of their own, identifying needs, expressing views on priorities, evaluating services and advocating change and public awareness. As a vehicle of self-development, these organizations provide the opportunity to develop skills in the negotiation process, organizational abilities, mutual support, information-sharing and often vocational skills and opportunities. In view of their vital importance in the process of participation, it is imperative that their development be encouraged.

Mentally handicapped people are now beginning to demand a voice of their own and insisting on their right to take part in decision-making and discussion. Even those with limited communication skills have shown themselves able to express their point of view. In this respect, they have much to learn from the self-advocacy movement of persons with other disabilities. This development should be encouraged.

Information should be prepared and disseminated to improve the situation of disabled persons. The cooperation of all public media should be sought to bring about presentations that will promote an understanding of the rights of disabled persons aimed at the public and the persons with disabilities themselves, and that will avoid reinforcing traditional stereotypes and prejudices.

Concepts adopted within the United Nations system

In the Charter of the United Nations, the reaffirmation of the principles of peace, the faith in human rights and fundamental freedoms, the dignity and worth of the human person and the promotion of social justice are given primary importance.

The Universal Declaration of Human Rights affirms the right of all people, without distinction of any kind, to marriage; property ownership; equal access to public services; social security; and the realization of economic, social and cultural rights. The International Covenants on Human Rights,³ the Declaration on the Rights of Mentally Retarded Persons,⁴ and the Declaration on the Rights of Disabled Persons⁵ give specific expression to the principles contained in the Universal Declaration of Human Rights.

The Declaration on Social Progress and Development⁶ proclaims the necessity of protecting the rights of physically and mentally disadvantaged persons and assuring their welfare and rehabilitation. It guarantees everyone the right to and opportunity for useful and productive labour.

Within the United Nations Secretariat, a number of offices carry out activities related to the above concepts as well as to the World Programme of Action. They include: the Division of Human Rights; the Department of International Economic and Social Affairs; the Department of Technical Cooperation for Development; the Department of Public Information; the Division of Narcotic Drugs; and the United Nations Conference on Trade and Development. The regional commissions also have an important role: the Economic Commission for Africa in Addis Ababa (Ethiopia), the Economic Commission for Europe in Geneva (Switzerland), the Economic Commission for Latin America in Santiago (Chile), the Economic and Social Commission for Asia and the Pacific in Bangkok (Thailand) and the Economic Commission for Western Asia in Baghdad (Iraq).

Other organizations and programmes of the United Nations have adopted approaches related to development that will be significant in implementing the World Programme of Action concerning Disabled Persons. These include: – The mandate contained in General Assembly resolution 3405 (XXX) on new dimensions in technical cooperation, which directs the United Nations Development Programme, inter alia, to take into account the importance of reaching the poorest and most vulnerable sections of society when responding to Governments' requests for help in meeting their most urgent and critical needs and which encompasses the concepts of technical cooperation among developing countries;

The concept adopted by the United Nations Children's Fund (UNICEF) of basic services for all children and the strategy adopted by it in 1980 to emphasize strengthening family and community resources to assist disabled children in their natural environments;
The Office of the United Nations High Commissioner for Refugees (UNHCR), with its programme for disabled refugees;
The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which is concerned, among other things, with the prevention of impairments

among Palestine refugees and the lowering of social and physical barriers which confront disabled members of the refugee population;

The concepts of specific measures of disaster preparedness and prevention for those already disabled, and of the prevention of permanent disability as a result of injury or treatment received at the time of a disaster, advanced by the Office of the United Nations Disaster Relief Coordinator (UNDRO);

The United Nations Centre for Human Settlements (UNCHS), with its concern about physical barriers and general access to the physical environment;

The United Nations Industrial Development Organization (UNIDO); the activities of UNIDO cover the production of drugs essential for the prevention of disability as well as of technical devices for the disabled.

The specialized agencies of the United Nations system, which are involved in promoting, supporting and carrying out field activities, have a long record of work related to disability. Programmes of disability prevention, nutrition, hygiene, education of disabled children and adults, vocational training, job placement and others represent a store of experience and know-how which opens up opportunities for further accomplishments and, at the same time, makes it possible to share these experiences with governmental and non-governmental organizations concerned with disability matters. These agencies and their programmes include:

The basic needs strategy of the International Labour Organisation (ILO) and the principles set forth in ILO recommendation No. 99 concerning vocational rehabilitation of the disabled, 1955;

The Food and Agriculture Organization of the United Nations (FAO), with its emphasis on the relation between nutrition and disability;

The concept of adapted education recommended by an expert group of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on education of disabled persons, which has been reinforced by two guiding principles of the Sundberg Declaration:

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Disabled persons shall receive from the community services adapted to their specific personal needs;

Through decentralization and sectorization of services, the needs of disabled persons shall be taken into account and satisfied within the framework of the community to which they belong;

The World Health Organization's programme of health for all by the year 2000 and the related primary health care approach, through which the member States of the World Health Organization have already committed themselves to preventing diseases and impairments leading to disabilities. The concept of primary health care, as elaborated by the International Conference on Primary Health Care held at Alma-Ata in 1978, and the application of this concept to the health aspects of disability, are described in the World Health Organization's policy on this subject, approved by the World Health Assembly in 1978;

The International Civil Aviation Organization (ICAO), which has approved recommendations to contracting States concerning facilities of movement and provision of facilities for disabled passengers;

The Executive Committee of the Universal Postal Union (UPU), which has adopted a recommendation inviting all national postal administrations to improve access to their facilities for disabled persons

Current situation

General description

There is a large and growing number of persons with disabilities in the world today. The estimated figure of 500 million is confirmed by the results of surveys of segments of population, coupled with the observations of experienced investigators. In most countries, at least one person out of 10 is disabled by physical, mental or sensory impairment, and at least 25 per cent of any population is adversely affected by the presence of disability.

The causes of impairments vary throughout the world, as do the prevalence and consequences of disability. These variations are the result of different socio-economic circumstances and of the different provisions that each society makes for the well-being of its members.

A survey carried out by experts has produced the estimate of at least 350 million disabled persons living in areas where the services needed to assist them in overcoming their limitations are not available. To a large extent, disabled persons are exposed to physical, cultural and social barriers which handicap their lives even if rehabilitation assistance is available

Many factors are responsible for the rising numbers of disabled persons and the relegation of disabled persons to the margin of society. These include:

Wars and the consequences of wars and other forms of violence and destruction, poverty, hunger, epidemics and major shifts in population;

A high proportion of overburdened and impoverished families, and overcrowded and unhealthy housing and living conditions;

Populations with a high proportion of illiteracy and little awareness of basic social services or of health and education measures;

An absence of accurate knowledge about disability, its causes, prevention and treatment; this includes stigma, discrimination and misconceived ideas on disability;

Inadequate programmes of primary health care and services;

Constraints, including a lack of resources, geographical distance and physical and social barriers, that make it impossible for many people to take advantage of available services;

The channelling of resources to highly specialized services that are not relevant to the needs of the majority of people who need help;

The absence or weakness of an infrastructure of related services for social assistance, health, education, vocational training and placement;

Low priority in social and economic development for activities related to equalization of opportunities, disability prevention and rehabilitation;

Industrial, agricultural and transportation-related accidents;

Natural disaster and earthquake;

Pollution of the physical environment;

Stress and other psycho-social problems associated with the transition from a traditional to a modern society;

The imprudent use of medication, the misuse of therapeutic substances and the illicit use of drugs and stimulants;

The faulty treatment of injured persons at the time of a disaster, which can be the cause of avoidable disability;

Urbanization and population growth and other indirect factors.

The relationship between disability and poverty has been clearly established. While the risk of impairment is much greater for the poverty-stricken, the converse is also true. The birth of an impaired child, or the occurrence of disability in the family, often places heavy demands on the limited resources of the family and strains on its morale, thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society. For this reason, the number of affected families living at the poverty level steadily increases in absolute terms. The negative impact of these trends seriously hinders the development process.

Existing knowledge and skills could prevent the onset of many impairments and disabilities, could assist affected people in overcoming or minimizing their disabilities, and could enable nations to remove barriers which exclude disabled persons from everyday life.

Disabilities in the developing countries

The problems of disability in developing countries need to be specially highlighted. As many as 80 per cent of all disabled persons live in isolated rural areas in the developing countries. In some of these countries, the percentage of the disabled population is estimated to be as high as 20 and, thus, if families and relatives are included, 50 per cent of the population could be adversely affected by disability. The problem is made more complex by the fact that, for the most part, disabled persons are also usually extremely poor people. They often live in areas where medical and other related services are scarce, or even totally absent, and where disabilities are not and cannot be detected in time. When they do receive medical attention, if they receive it at all, the impairment may have become irreversible. In many countries, resources are not sufficient to detect and prevent disability and to meet the need for the rehabilitation and supportive services of the disabled population. Trained personnel, research into newer and more effective strategies and approaches to rehabilitation and the manufacturing and provision of aids and equipment for disabled persons are quite inadequate.

In such countries, the disability problem is further compounded by the population explosion, which inexorably pushes up the number of disabled persons in both proportional and absolute terms. There is, thus, an urgent need, as the first priority, to help such countries to develop demographic policies to prevent an increase in the disabled population and to rehabilitate and provide services to the already disabled.

Special groups

The consequences of deficiencies and disablement are particularly serious for women. There are a great many countries where women are subjected to social, cultural and economic disadvantages which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled, their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life. In families, the responsibility for caring for a disabled parent often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities.

For many children, the presence of an impairment leads to rejection or isolation from experiences that are part of normal development. This situation may be exacerbated by faulty family and community attitudes and behaviour during the critical years when children's personalities and self-images are developing.

In most countries the number of elderly people is increasing, and already in some as many as two thirds of disabled people are also elderly. Most of the conditions which cause their disability (for example, arthritis, strokes, heart disease and deterioration in hearing and vision) are not common among younger disabled people and may require different forms of prevention, treatment, rehabilitation and support services.

With the emergence of “victimology” as a branch of criminology, the true extent of injuries inflicted upon the victims of crime, causing permanent or temporary disablement, is only now becoming generally known.

Victims of torture who have been disabled physically or mentally, not by accident of birth or normal activity, but by the deliberate infliction of injury, form another group of disabled persons.

There are over 10 million refugees and displaced persons in the world today as a result of man-made disasters. Many of them are disabled physically and psychologically as a result of their sufferings from persecution, violence and hazards. Most are in third-world countries, where services and facilities are extremely limited. Being a refugee is in itself a handicap, and a disabled refugee is doubly handicapped.

Workers employed abroad often find themselves in a difficult situation associated with a series of handicaps resulting from differences in environment, lack or inadequate knowledge of the language of the country of immigration, prejudice and discrimination, lack or deficiency of vocational training, and inadequate living conditions. The special position of migrant workers in the country of employment exposes them and their families to health hazards and increased risk of occupational accidents which frequently lead to impairment or disability. The situation of disabled migrant workers may be further aggravated by the necessity for them to return to the country of origin, where, in most cases, special services and facilities for the disabled are very limited.

Prevention

There is a steady growth of activities to prevent impairment, such as the improvement of hygiene, education and nutrition; better access to food and health care through primary health care approaches, with special attention to mother and child care; counselling parents on genetic and prenatal care factors; immunization and control of diseases and infections; accident prevention; and improving the quality of the environment. In some parts of the world, such measures have a significant impact on the incidence of physical and mental impairment.

For a majority of the world's population, especially those living in countries in the early stages of economic development, these preventive measures effectively reach only a small proportion of the people in need. Most developing countries have yet to establish a system for the early detection and prevention of impairment through periodic health examinations, particularly for pregnant women, infants and young children.

In the Leeds Castle Declaration on the Prevention of Disablement of 12 November 1981, an international group of scientists, doctors, health administrators and politicians called attention to, among others, the following practical measures to prevent disablement:

Impairment arising from malnutrition, infection and neglect could be prevented by inexpensive improvement in primary health.

Many disabilities of later life can be postponed or averted. There are promising lines of research for the control of hereditary and degenerative conditions.

Disability need not give rise to handicap. Failure to apply simple remedies very often increases disability, and the attitudes and institutional arrangements of society increase the chance of disability placing people at a disadvantage. Sustained education of the public and of professionals is urgently needed.

Avoidable disability is a prime cause of economic waste and human deprivation in all countries, industrialized and developing. This loss can be reduced rapidly.

The technology which will prevent or control most disablement is available and is improving. What is needed is commitment by society to overcome the problems. The priority of existing national and international health programmes must be shifted to ensure the dissemination of knowledge and technology.

Although technology for preventive and remedial control of most disabilities exists, the remarkable recent progress in biomedical research promises revolutionary new tools which could greatly strengthen all interventions. Both basic and applied research deserve support over the coming years.

It is becoming increasingly recognized that programmes to prevent impairment or to ensure that impairments do not escalate into more limiting disabilities are less costly to society in the long run than having to care later for disabled persons. This applies, for instance, not least to occupational safety programmes, a still neglected field of concern in many countries.

Rehabilitation

Rehabilitation services are often provided by specialized institutions. However, there exists a growing trend towards placing greater emphasis on the integration of services in general public facilities.

There has been an evolution in both the content and the spirit of the activities described as rehabilitation. Traditional practice viewed rehabilitation as a pattern of therapies and services provided to disabled persons in an institutional setting. Often under medical authority. This is gradually being replaced by programmes which, while still providing qualified medical, social and pedagogical services, also involve communities and families and help them to support the efforts of their disabled members to overcome the disabling effects of impairment within a normal social environment. Increasingly it is being recognized that even severely disabled persons can, to a great extent, live independently if the necessary support services are provided. The number requiring care in institutions is much smaller than had previously been assumed and even they can, to a great extent, live a life that is independent in its essential elements.

Many disabled persons require technical aids. In some countries the technology needed to produce such items is well developed, and highly sophisticated devices are manufactured to assist the mobility, communication and daily living of disabled individuals. The costs of such items are high, however, and only a few countries are able to provide such equipment.

Many people need simple equipment to facilitate mobility, communication and daily living. Such aids are produced and available in some countries. In many other countries, however, they cannot be obtained because of a lack of their availability and/or of high cost. Increasing attention is being given to the design of simpler, less expensive devices, with

local methods of production which are more easily adapted to the country concerned, more appropriate to the needs of most disabled persons and more readily available to them.

Equalization of opportunities

The rights of persons with disabilities to participate in their societies can be achieved primarily through political and social action.

Many countries have taken important steps to eliminate or reduce barriers to full participation. Legislation has in many cases been enacted to guarantee to disabled persons the rights to, and opportunities for, schooling, employment and access to community facilities, to remove cultural and physical barriers and to proscribe discrimination against disabled persons. There has been a movement away from institutions to community-based living. In some developed and developing countries, the emphasis in schooling is increasingly on "open education" with a corresponding decrease in institutions and special schools. Methods of making public transport systems accessible have been devised, as well as methods of making information accessible for sensory-disabled persons. Awareness of the need for such measures has increased. In many cases, public education and awareness campaigns have been launched to educate the public to alter its attitudes and actions towards disabled persons.

Often, disabled persons have taken the lead in bringing about an improved understanding of the process of equalization of opportunities. In this context, they have advocated their own integration into the mainstream of society.

Despite such efforts, disabled persons are yet far from having achieved equal opportunities and the degree of integration of disabled persons into society is yet far from satisfactory in most countries.

Education

At least 10 per cent of children are disabled. They have the same right to education as non-disabled persons and they require active intervention and specialized services. But most disabled children in developing countries receive neither specialized services nor compulsory education.

There is a great variation from some countries with a high educational level for disabled persons to countries where such facilities are limited or non-existent.

There is a lack in existing knowledge of the potential of disabled persons. Furthermore, there is often no legislation which deals with their needs and a shortage of teaching staff and facilities. Disabled persons have in most countries so far not benefitted from a lifelong education.

Significant advances in teaching techniques and important innovative developments have taken place in the field of special education and much more can be achieved in the education of disabled persons. But the progress is mostly limited to a few countries or only a few urban centres.

The advances concern early detection, assessment and intervention, special education programmes in a variety of settings, with many disabled children able to participate in a regular school setting, while others require very intensive programmes.

Employment

Many persons with disabilities are denied employment or given only menial and poorly remunerated jobs. This is true even though it can be demonstrated that with proper assessment, training and placement, the great majority of disabled persons can perform a large range of tasks in accordance with prevailing work norms. In times of unemployment and economic distress, disabled persons are usually the first to be discharged and the last to be hired. In some industrialized countries experiencing the effects of economic recession, the rate of unemployment among disabled job-seekers is double that of able-bodied applicants for jobs. In many countries various programmes have been developed and measures taken to create jobs for disabled persons. These include sheltered and production workshops, sheltered enclaves, designated positions, quota schemes, subsidies for employers who train and subsequently engage disabled workers, cooperatives of and for the disabled, etc. The actual number of disabled workers employed in either regular or special establishments is far below the number of employable disabled workers. The wider application of ergonomic principles leads to adaptation of the workplace, tools, machinery and equipment at relatively little cost and helps widen employment opportunities for the disabled.

Many disabled persons, particularly in the developing countries, live in rural areas. When the family economy is based on agriculture or other rural occupations and when the traditional extended family exists, it may be possible for most disabled persons to be given some useful tasks to perform. As more families move from rural areas to urban centres, as agriculture becomes more mechanized and commercialized, as money transactions replace barter systems and as the institution of the extended family disintegrates, the vocational plight of disabled persons becomes more severe. For those living in urban slums, competition for employment is heavy, and other economically productive activity is scarce. Many disabled persons in such areas suffer from enforced inactivity and become dependent; others must resort to begging.

Social questions

Full participation in the basic units of society family, social groups and community is the essence of human experience. The right to equality of opportunity for such participation is set forth in the Universal Declaration of Human Rights and should apply to all people, including those with disabilities. In reality, however, disabled persons are often denied the opportunities of full participation in the activities of the socio-cultural system of which they are a part. This deprivation comes about through physical and social barriers that have evolved from ignorance, indifference and fear.

Attitudes and behaviour often lead to the exclusion of disabled persons from social and cultural life. People tend to avoid contact and personal relationships with those who are disabled. The pervasiveness of the prejudice and discrimination affecting disabled persons and the degree to which they are excluded from normal social intercourse produce psychological and social problems for many of them.

Too often the professional and other service personnel with whom disabled persons come into contact fail to appreciate the potential for participation by disabled persons in normal social experiences and thus do not contribute to the integration of disabled individuals and other social groups.

Because of these barriers, it is often difficult or impossible for disabled persons to have close and intimate relationships with others. Marriage and parenthood are often

unattainable for people who are identified as “disabled”, even when there is no functional limitation to preclude them. The needs of mentally handicapped people for personal and social relationships, including sexual partnership, are now increasingly recognized.

Many persons with disabilities are not only excluded from the normal social life of their communities but in fact confined in institutions. While the leper colonies of the past have been partly done away with and large institutions are not as numerous as they once were, far too many people are today institutionalized when there is nothing in their condition to justify it.

Many disabled persons are excluded from active participation in society because of doorways that are too narrow for wheelchairs; steps that cannot be mounted leading to buildings, buses, trains and aircraft; telephones and light switches that cannot be reached; sanitary facilities that cannot be used . Similarly they can be excluded by other types of barriers, for example oral communication which ignores the needs of the hearing impaired and written information which ignores the needs of the visually impaired. Such barriers are the result of ignorance and lack of concern; they exist despite the fact that most of them could be avoided at no great cost by careful planning. Although some countries have enacted legislation and launched campaigns of public education to eliminate such obstacles, the problem remains a crucial one.

Generally, existing services, facilities and social actions for the prevention of impairment, the rehabilitation of disabled persons and their integration into society are closely linked to the Governments’ and society’s willingness and ability to allocate resources. income and services to disadvantaged population groups.

Disability and a new international economic order

The transfer of resources and technology from developed to developing countries as envisaged within the framework of the new international economic order, as well as other provisions for strengthening the economies of developing nations, would, if implemented, be of benefit to the people of these countries, including the disabled. Improvement of economic conditions in the developing countries, particularly their rural areas, would provide new employment opportunities for disabled persons and needed resources to support measures for prevention, re- habilitation and the equalization of opportunities. The transfer of appropriate technology, if properly managed, could lead to the development of industries specializing in the mass production of devices and aids for dealing with the effects of physical, mental or sensory impairments.

The International Development Strategy for the Third United Nations Development Decade⁸ states that particular efforts should be made to integrate the disabled in the development process and that effective measures for prevention, rehabilitation and equalization of opportunities are therefore essential. Positive action to this end would be part of the more general effort to mobilize all human resources for development. Changes in the international economic order will have to go hand in hand with domestic changes aimed at achieving full participation by disadvantaged population groups.

Consequences of economic and social development

To the extent that development efforts are successful in bringing about better nutrition, education, housing, improved sanitary conditions and adequate primary health care, the

prospects of preventing impairment and treating disability greatly improve. Progress along these lines may also be especially facilitated in such areas as:

The training of personnel in general fields such as social assistance, public health, medicine, education and vocational rehabilitation;

Enhanced capacities for the local production of the appliances and equipment needed by disabled persons;

The establishment of social services, social security systems, cooperatives and programmes for mutual assistance at the national and community levels;

Appropriate vocational guidance and work preparation services as well as increased employment opportunities for disabled persons.

Since economic development leads to alterations in the size and distribution of the population, to modifications in life styles and to changes in social structures and relationships, the services needed to deal with human problems are generally not being improved and expanded rapidly enough. Such imbalances between economic and social development add to the difficulties of integrating disabled persons into their communities.