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PREVENTION OF DISABILITY AND REHABILITATION OF DISABLED PERSONS: ECONOMIC
AND SOCIAL COUNCIL RESOLUTION 1921 (LVIII)

Progress report of the Secretary-General

SUMMARY

At its twenty-fifth session held from 17 January to 4 February 1977 the Commission for Social Development called for a progress report on the implementation of Economic and Social Council resolution 1921 (LVIII) to be submitted to it at its twenty-sixth session. The documentation regularly supplied to the United Nations by governments and non-governmental organizations interested in disabled persons has been used for the purpose of preparing this report, as well as some documents or statements specifically provided for it, mostly from specialized agencies of the United Nations system or from missions reporting from developing countries.

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INTRODUCTION

1. In its resolution 1921 (LVIII) of 6 May 1975 the Economic and Social Council requested that measures in favour of disabled persons be undertaken by the Governments of Member States, the United Nations, specialized agencies and non-governmental organizations in consultative status with the organizations of the United Nations system. The Commission for Social Development, at its twenty-fifth session, requested the Secretary-General to report on the progress of implementation of that resolution.

2. In the preambular paragraphs of resolution 1921 (LVIII) the Council emphasized that because of physical and mental disabilities and of society's reaction to them, hundreds of millions of persons are prevented from enjoying fully the rights and opportunities of the communities in which they live. 1/ The Council expressed the belief that "programmes to prevent disability and to rehabilitate the disabled are an essential part of comprehensive plans for economic and social development, responsibility for which must be assumed by Governments working, as appropriate, with non-governmental organizations".

3. In paragraphs 1 and 2 of the resolution, the Council drew the attention of Governments to the increasing magnitude of the problem of disability and disabled persons throughout the world and it requested them to take a number of legislative measures and to incorporate in their development plans measures for the establishment of appropriate services for disabled persons, as described in more detail in section I of this report.

4. In paragraphs 3 to 6 of the resolution, the Council requested the Secretary-General to continue activities in this field and specialized agencies of the United Nations system to co-operate in the realization of the resolution's aim. Section II of the present report contains an account of the projects and activities of the United Nations and the specialized agencies undertaken in connexion with the implementation of Council resolution 1921 (LVIII) as of the beginning of 1978.

5. Three years are a short period of time to allow for a complete picture of both national and international measures taken in favour of disabled persons, particularly in view of the fact that precise social indicators are not available in this field. However, the report has been prepared on the basis of the existing recent documentation made available to the United Nations from various governmental and non-governmental sources. The International Labour Office (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO) have prepared brief surveys of their activities specifically for the purpose of the report.

1/ Earlier Council resolutions on this subject were 309 E (XI) of 11 July 1950, entitled "Social rehabilitation of the physically handicapped", which set out the initial mandate for United Nations activities in the field of rehabilitation of disabled persons and resolution 1086 X (XXXIX) of 30 July 1965, entitled "Rehabilitation of the disabled".

I. NATIONAL EXPERIENCE IN THE FIELD OF PREVENTION OF DISABILITIES AND REHABILITATION OF DISABLED PERSONS

6. Paragraph 1 of resolution 1921 (LVIII) in which the Council drew the attention of Governments "to the increasing magnitude of the problem of disability and disabled persons throughout the world" is still fully applicable. From the documentation used in preparing this report it can be seen that there has been some progress in recent years in organizing national rehabilitation services for disabled persons, as well as in developing further the practical concept of prevention of disabilities. However, progress has not been such as to prevent or reduce significantly the incidence of disability or to provide effective aid to more than a relatively small proportion of the disabled persons in the world.

7. A recent WHO paper entitled "Disability prevention and rehabilitation" ^{2/} gives the following estimation: "Affecting as it does about 10 per cent of the world's population, disability must be considered as a major medical, social, and economic problem, and it is one that may be expected to grow".

8. In estimating the size of disability problems, it should be considered also that the aging population suffers from both physical disabilities, including chronic illnesses, and mental handicaps.

9. Considering the growth of population particularly in the developing countries, it can be assumed that even if the percentage of population affected by various disabilities remains at 10 per cent, there would be a considerable growth in the size of the disability problem.

10. In developing countries, owing to wars of national liberation in some of them and the rapid change in industrial structure in others, the disability problem is an important social and economic factor.

11. The problem of disabled war victims is still serious in some developing countries, such as Bangladesh, Nigeria and Viet Nam, as has been witnessed by United Nations and non-governmental organizations' experts who have visited those countries. The problem of handicapped children and the lack of the necessary rehabilitation services for them are particularly severe in South-East Asia.

12. In developing countries, malnutrition and bad sanitary conditions as well as a number of other environmental factors are particularly important in increasing the disability rate and hindering the rehabilitation prospects of disabled persons. While in the past, illness, wars and industrial accidents were considered the main causes of disability, attention in both developing and developed countries is currently centered on such causes as environmental conditions, traffic and home accidents and genetic and similar factors.

^{2/} WHO Chronicle (Geneva), vol. 30, August 1976.

13. Preventive measures in the public health field have already considerably reduced the incidence of a number of crippling diseases, such as polio and leprosy but much remains to be done in other fields, for example, in preventing pre-natal, natal and post-natal causes of disabilities, in special care for so-called "high risk" children in their early years, and in improving accident prevention not only in factories but also on the roads and in the home.
14. In paragraph 2 of resolution 1921 (LVIII) the Council requested Governments to take a number of measures at the national level in order to cope with the problems outlined above. The implementation of these measures is summarized in the following brief survey drawn up according to the specific subjects listed in the subparagraphs of paragraph 2.
15. Legislative measures (para. 2 (a)), and evaluation of rehabilitation services (para. 2 (b)): Governments were requested "To take progressively legislative measures to facilitate the prompt identification and prevention of disability and the effective organization of services for disabled persons"; "To identify and evaluate existing services, including those provided by non-governmental organizations".
16. According to the information provided for two recent United Nations studies on the subject, ^{3/} as well as other sources of documentation available to the United Nations Secretariat, about 80 countries have introduced legislative measures in favour of disabled persons. Only a limited number of countries, however, mostly the more developed ones, have complex legislation in this field covering both the provision of rehabilitation services and the various social rights of disabled persons.
17. Unfortunately, in treating disabled persons' problems, an attitude stemming from discriminatory concepts can still be detected, as shown during a recent expert group meeting on this subject. ^{4/}
18. For that reason, there is a tendency in a number of countries to consider various legal provisions in favour of disabled persons as rights of those persons rather than as discretionary provisions. The following examples will serve as an illustration: The Law of 30 June 1975 in France proclaims that the rights of

^{3/} Comparative Study on Legislation, Organization and Administration of Rehabilitation Services for the Disabled (ST/ESA/28) and Recent Trends in Legislation Concerning Rehabilitation Services for Disabled Persons in Selected Countries (United Nations publication, Sales No. E.78.IV.1).

^{4/} See Social Barriers to the Integration of Disabled Persons into Community Life: (Report of an Expert Group Meeting, Geneva, 28 June to 5 July 1976) (United Nations publication, Sales No. E.77.IV.6).

physically, sensorially and mentally disabled persons constitute a national obligation; in the USSR disabled persons are entitled, within the framework of social security, to such free-of-charge services as the provision of prostheses, job placement, vocational training and retraining; in the United States of America, cases in the courts concerning the compulsory education of handicapped children have been won on the basis of the right of those children to education. In Czechoslovakia, Poland and Romania, existing legislation favours the vocational rehabilitation of disabled persons and their return to work. These provisions are part of the social security system in those countries. In Yugoslavia, the existing system of rehabilitation of disabled persons is based both on institutional and community care services in order to achieve better social integration of these persons.

19. These examples demonstrate that action by organizations of disabled persons against prejudice and discrimination is necessary in order to fully implement existing legal benefits, as well as to create the conditions necessary for the social integration of disabled persons.

20. In a number of developing countries the scope of legal provisions in favour of disabled persons not only reflects the level of economic and social development but also national priorities which usually favour broader developmental objectives. The problem here is to convince the national authorities and legislative bodies that services for disabled persons, if organized rationally, using primarily locally available human and material resources, would not only eliminate the need for disability benefits but would also contribute to the active economic life of an important number of disabled persons.

21. The International Conference on Legislation Concerning the Disabled was particularly concerned with such a situation, and in the "Manila Statement - Guidelines for Legislation in Developing Countries", which resulted from the Conference, found it necessary to conclude:

"Every developing country should legislate before 1981 (the International Year for Disabled Persons) to ensure educational, medical, social and vocational services needed to enable all disabled persons to enjoy their rights and develop their full potentials". 5/

22. Existing services have been evaluated in a number of countries, on both a partial and a comprehensive basis, including identification of services.

23. An over-all evaluation of national rehabilitation services has been done in Canada. The Canadian Council on Social Development recently published a 500-page survey entitled A Hit-and-Miss Affair - Policies for Disabled People in Canada, 6/

5/ Quoted from Rehabilitation International, International Rehabilitation Review (New York), No. 1/1978. Rehabilitation International organized the Manila Conference in January 1978.

6/ By Joan C. Brown (Ottawa, September 1977).

in which were examined policies to meet the long-term rehabilitation, employment, health and other social needs of disabled persons. Among the findings of the survey concerning the services for disabled persons, there is the following evaluation, which may also be said to describe the situations which exist in other developed countries:

"Many rights now claimed by disabled people require not new and specialized services but a belated recognition that the disabled, as citizens, are entitled to access to the community services already available to other citizens. Such services include housing, public transit, recreational facilities and accessible public buildings. However, if disabled people are to be given the opportunity to live independently, certain additional services will also be needed. The most important are home support services and the provision of prostheses, orthotics and other aids to daily living."

24. In the developing countries the provision of low-cost but efficient rehabilitation services and the training of national personnel for these services are the dominant problems in this field.

25. Evaluation of rehabilitation services and of benefits for disabled persons, in particular in relation to new legislation adopted by national legislative bodies, is partly reflected in the United Nations legislation studies mentioned above.

26. Listings of rehabilitation institutions, schools for deaf and blind persons, facilities accessible to wheelchair users (for example, various visitors' and summer vacation guides) and the like are regularly prepared in a number of countries or internationally by both governmental and non-governmental organizations. In some countries special surveys and lists of suitable jobs, (for example, lists of sheltered workshops) are also prepared in order to facilitate the educational and vocational rehabilitation of disabled persons. The following are examples:

In the Ukrainian Soviet Socialist Republic, lists of occupations and jobs which are reserved for disabled persons have recently been prepared;

In Spain, the Government publishes a monthly "Boletín de Estudios y Documentación" which contains a survey of national and international experiences in the field of rehabilitation of disabled persons, as well as their evaluation;

Various directories of rehabilitation and educational institutions are prepared in the United States of America on the basis of specific disabilities.

27. In paragraph 1 (c) of resolution 1921 (LVIII) Governments are requested to incorporate in their development plans measures for the establishment of appropriate services or the improvement of services already in operation, especially with a view to achieving better integration of disabled persons into the community through the co-ordination of programmes and activities of governmental and non-governmental organizations, while paragraph 1 (d) is concerned with creating better possibilities for technical assistance projects in favour of the rehabilitation of disabled persons.

28. Through the process of planning and co-ordination, such services can be evaluated from the points of view of both cost and efficiency and certain negative effects such as duplication of services or benefits. The process of co-ordinating these services also serves to include those provided by non-governmental organizations into the over-all planning effort.

29. In countries with more advanced legislation governing rehabilitation services, the national programme of social and health services usually includes a programme of development of rehabilitation services, at least in general terms; however, there is a clear trend towards decentralization of those services. Social integration of disabled persons therefore now depends more on planning and co-ordination of the services at the community level. However, that process has to develop much further in order to achieve the better community integration of disabled people requested in paragraph 1 (c) of resolution 1921 (LVIII).

30. The Manila Statement set forth the principle that:

"Wherever practicable, rehabilitation services should be community-based and, through domiciliary care, day-care services and other facilities, should enable the family member with a disability to continue to live in his or her home and community environment rather than in an institution".

This principle applies equally to medical and vocational as well as other (educational, social) services.

31. The services of the United Nations Interregional Adviser in the field of rehabilitation were made available to the following developing countries during 1976 and 1977: Bermuda, Brazil, Cyprus, Gabon, Guatemala, India, Indonesia, Romania, Sierra Leone, the Sudan and Yemen, and it is now possible to assess the planning of rehabilitation services in some of these countries. According to the reports of the Interregional Adviser, the developing countries, in which the national programmes of rehabilitation services are at different stages of development, are orienting such programmes towards:

(a) Efficient but less costly services, based primarily on local expertise and materials (for example, in prosthetics);

(b) Better co-ordination of governmental agencies with non-governmental organizations, both in surveying the programmes in this field and in their implementation (actually some of the missions by the Adviser were requested by non-governmental organizations);

(c) According priority to the organization of services for severely disabled persons, such as the blind, leprosy cases and polio victims;

(d) Training rehabilitation personnel, for which increased international assistance is needed.

32. While in developing countries there is a shortage of efficient, low-cost services, in the more developed countries there is growing concern about the proliferation of services and about their cost. A new emphasis on the evaluation of what programmes are accomplishing and greater attention to the economic aspects

of rehabilitation services in both developing and more developed countries can be detected, as well as a special concern for the problems of severely disabled persons in the process of their integration into the community.

33. Services for disabled children have improved somewhat in some developing and developed countries, ^{7/} particularly with regard to the organization of prevention services and access of those children to education and professional training. However, even in the countries where compulsory education exists, a number of severely disabled children are not adequately provided for. A sizable number of these children are still without rehabilitation services or prosthetic appliances, or the chance to continue their education at a higher level.

34. This problem is a particularly difficult one in the educational systems of some developing countries which lack professionals and the necessary technical aids for special education, or even integrated education. Special measures in favour of disabled children have been taken recently in Belgium (compulsory education), the German Democratic Republic (handicapped school-leavers), Sweden (pre-school services) and the United States of America (elimination of architectural barriers in schools), as well as in other countries. The United Nations Educational, Scientific and Cultural Organization has a special programme in this field, which is outlined in section II of this report.

35. At present, the most important task appears to be to establish efficient co-ordination between different services for prevention of disability and rehabilitation of disabled persons and other general (medical, vocational etc.) services in the community. Such co-ordination, including participation of interested non-governmental organizations, should lead to an individually designed rehabilitation programme for disabled persons, particularly those with severe forms of disability. Attempts to perform that task, which would include increased attention to disability prevention measures, are apparent in recent developments in the organization of rehabilitation services in a number of countries. The active participation of disabled persons in this process appears to be one of the most important factors in the success of a number of community-based services, leading in large measure to self-reliance and economic independence.

36. There is a trend towards setting up national advisory and co-ordinating councils for the care and rehabilitation of disabled persons. Such councils were recently formed in some developing countries, including Bermuda, Egypt, Papua New Guinea, Rwanda, Uganda and Zambia. As indicated in the above-mentioned legislative studies, those councils are usually composed of representatives of both governmental and non-governmental organizations. Thus, in Egypt, the Intergovernmental committee, headed by the Minister of Social Welfare, is composed of the representatives of the Ministries of Education, Health, Labour, Industry, Social Security and others, and also includes the Director General of the Administration for Rehabilitation of the Disabled (which is under the Ministry of Social Welfare) and six representatives of non-governmental organizations interested in the disabled.

^{7/} Recent Trends in Legislation ..., in particular the section entitled "Care and education of disabled children".

37. In some developed countries, for example, Austria, France and the United Kingdom, there exist various forms of interministerial co-operation.

38. Developing countries can be, and some of them are, assisted in organizing such programmes in favour of disabled persons. Thus, the recurrent United Nations publication entitled "Summary of information on projects and activities in the field of rehabilitation of the disabled" reports in its issues covering 1976 and 1977 on such projects in approximately 50 developing countries in the world, provided either by the organizations of the United Nations system or by international non-governmental organizations. However, a great majority of these are so-called "small projects" concerned with short-term expert assignments or fellowships. This means that the request made to Governments in paragraph 2 (d) of resolution 1921 (LVIII), "To consider the possibility of including projects in the field of the prevention of disabilities and rehabilitation of disabled persons in their country programme and of making requests for assistance in that field to the United Nations Development Programme", is still valid when such assistance is needed for the development of a national rehabilitation programme for disabled persons. The preparations for national programmes for the International Year for Disabled Persons, 1981, may offer an opportunity for a broader consideration of new technical assistance projects in this field.

39. Paragraph 2 (e) of resolution 1921 (LVIII) specifies the need for rehabilitation measures in the care, education, training, vocational guidance and suitable work, as well as social security benefits for all categories of disabled persons - physical sensory or mental.

40. Such measures are still not available to all categories of disabled persons, or they are not equally well applied. For example, the problem of avoiding unnecessary institutionalization, in particular of mental patients, mentally retarded persons and the sensory disabled, has not yet been solved in a satisfactory way due primarily to the insufficient network of community services which would assist the independent living of these disabled persons.

41. Another problem is that in the existing institutions for mentally and sensorially disabled persons there are few rehabilitation-related activities, or such activities tend to be insufficient to prepare disabled persons for community integration and work. This, unfortunately, often causes the so-called "revolving door" effect, i.e., patients are sent back for further institutional care soon after their release to the community.

42. The problems related to the care for special groups of disabled persons are particularly difficult to solve in the developing countries. In the publication The Law and Mental Health: Harmonizing Objectives 8/ by W. J. Curren and T. W. Harding, these problems are described as follows:

"It is now clear that the frequency of seriously incapacitating mental disorders is at least as high in the developing countries as in the developed

8/ Published by the World Health Organization (Geneva, 1978).

countries. It is also clear that the mental hospitals established during the colonial era of many developing countries and used primarily as instruments of social control are particularly unsuited to the rural-agrarian societies of the Third World."

43. In the developing countries there is a need for technical assistance for rehabilitation of special groups of disabled persons, such as provision of various prosthetic appliances, Braille and other special educational equipment, as well as in the training of instructors and technicians in this field.

44. Since social security is in its initial stages in a number of developing countries, very few disabled persons there can benefit from rehabilitation services under that system. However, in the countries with developed social security systems, there is a tendency to grant rehabilitation services as a regular benefit related to disability. Obviously, there is a possibility for both technical assistance and broader exchange of national experience in this field.

II. INTERNATIONAL ACTIVITIES IN FAVOUR OF DISABLED PERSONS

45. United Nations activities in favour of disabled persons have continued throughout the reporting period. These activities have been expanded, in particular in surveying national experiences and identifying priorities for international technical assistance programmes in this field. This had to be done within the limits of existing resources and in co-operation with the organizations concerned, as requested by the Economic and Social Council in resolution 1921 (LVIII), paragraph 3.

46. As in paragraph 3 (a) of that resolution the Secretary-General is requested "to assist Governments, at their request, in the planning, establishment and expansion, including extension to early childhood, of programmes for the prevention of physical and mental disability and for rehabilitation of disabled persons", particular attention has been laid on the implementation of this task. In addition to the services of the Interregional Adviser in Rehabilitation of Disabled Persons, described in section I above, the following actions have been taken during 1976-1977.

47. The International Institute for Rehabilitation in Developing Countries, located in Teheran, Iran, started its activities in 1976. This project was organized by the Government of Iran with the participation of the United Nations, UNDP, WHO, the ILO, UNESCO and Rehabilitation International. In 1977, the United Nations appointed the Director of the institute.

48. The Institute is primarily oriented towards the need of developing countries for rehabilitation services, including medical, vocational, prosthetic, educational and other social services for disabled persons, and has some potential for technical co-operation among developing countries (TCDC) activities in this field.

49. Also, the decision was made during 1977 to broaden the scope of the United Nations Information exchange system concerning disability problems so as to cover bilateral projects agreed upon between the Governments of developing and developed countries concerning assistance in this field.

50. A somewhat expanded programme has been developed, as requested in paragraph J (b) of the resolution, in an effort to survey and study certain special problems of disabled persons, mostly in order to facilitate the exchange of national experiences in this field. As a result of those studies and surveys, the following publications have been issued by the United Nations during 1976-1977, sometimes in co-operation with other international organizations as indicated:

Comparative Study on Legislation, Organization and Administration of Rehabilitation Services for the Disabled (ST/ESA/28), prepared in co-operation with the International Labour Office and the World Health Organization, and Recent Trends in Legislation Concerning Rehabilitation Services for Disabled Persons in Selected Countries; 9/

Obstacles Limiting the Access of Disabled Children to Rehabilitation Services and Education; 10/

Social and Economic Conditions of the Mentally Retarded in Selected Countries, published for the United Nations by the International League of Societies for the Mentally Handicapped, Brussels, 1976;

Rehabilitation Services for the Blind, published for the United Nations by the World Council for the Welfare of the Blind, Paris, 1977;

Rehabilitation of the Disabled: the Social and Economic Implications of Investments in this Field, 11/ published in co-operation with Rehabilitation International.

51. In order to consider in depth some aspects of the problems in the prevention and rehabilitation of disabled persons, the United Nations Secretariat in 1976 organized an Expert Group Meeting on Social Barriers to the Integration of Disabled Persons into Community Life (see foot-note 4), and in 1977 an Expert Group Meeting on the Social and Economic Implications of Investments in Rehabilitation of Disabled Persons, based on the last study in the list above (the report of the latter meeting has been prepared but not yet published).

52. In preparing the above-mentioned surveys and studies, the needs of developing countries in the field of rehabilitation of disabled persons have been taken into consideration.

53. With regard to the activities of the regional commissions (para. 4 of resolution 1921 (LVIII)), although they have supported some projects in the field of rehabilitation - in particular in Africa and Asia - budgetary considerations have limited their activities, especially in the matter of recruitment of qualified staff. Such staff could not be provided even to the Economic and Social Commission for Asia and the Pacific, although the problems of war victims and other disabled persons in the area are staggering. However, some specialized agencies, in particular the ILO and WHO, have organized certain activities in this field through

9/ United Nations publication, Sales No. E.78.IV.1.

10/ United Nations publication, Sales No. E.76.IV.8.

11/ United Nations publication, Sales No. E.77.IV.11 and corrigendum.

their regional offices and the services of the United Nations Interregional Adviser are made available to all the regions when requested.

54. Exchange of information in the field of prevention of disabilities and rehabilitation of disabled persons, as requested in paragraph 5 of the resolution, has been done mainly through the "Summary" (see para. 18) and the surveys and studies mentioned above, which also contain information of regional interest. The specialized agencies and a number of international non-governmental organizations have published numerous reports and studies containing national and international experience in organizing services in favour of disabled persons.

55. The following section of the report is devoted to the activities of the organizations of the United Nations system and interested non-governmental organizations which are the subject of paragraph 6 of resolution 1921 (LVIII).

United Nations Children's Fund (UNICEF)

56. The main efforts of the United Nations Children's Fund with regard to child disability are directed towards prevention through disease control, maternal and child health services and improvement of nutrition. Some of these efforts are directed towards prevention of specific disabilities (e.g., prevention of xerophthalmia through large doses of vitamin A; control of trachoma and related communicable eye diseases; and control of endemic goitre by enriching salt with iodine).

57. A secondary level of prevention lies in the detection and treatment of impairments after their appearance to avoid permanent disabilities, and the provision of remedial services to enable handicapped children to find a constructive place in the community. The conventional specialized institutions, because of their high costs and the very small numbers they reach, do not offer a feasible over-all approach for UNICEF funding. To encourage health, education, nutrition and social welfare services to be more responsive to the need for early detection and remedial work for both physical and mental handicaps, UNICEF includes support for this purpose in its assistance to projects in these fields.

58. What appears to be especially required in this context are methods which are practical at the village and family level, making use in large part of existing services and resources, and having a potential for greater involvement of community interest. UNICEF is currently seeking to find, in co-operation with concerned non-governmental organizations, relevant effective methods along these lines, probably in the first instance through pilot projects, which would lend themselves to UNICEF support.

59. Through the UNICEF/WHO Joint Committee on Health Policy, UNICEF has developed co-operation with WHO in the field of prevention which has had a positive effect in reducing certain types of disabilities, particularly in developing countries.

60. A most important recent development was the designation by the General Assembly in resolution 33/169 of 1979 as the International Year of the Child (IYC). The United Nations Children's Fund was designated as the lead agency of the United Nations system responsible for co-ordinating the activities of IYC.

International Labour Organisation

61. In so far as the International Labour Organisation (ILO) is concerned, Economic and Social Council resolution 1921 (LVIII) has relevance to the programme and activities being carried out by the Organisation in the fields of occupational safety and health, social security and vocational rehabilitation of the disabled.

62. The prevention of occupational accidents and diseases is the central concern of the ILO programme of occupational safety and health. In addition to promoting the health of able-bodied workers, the programme's involvement in many aspects of occupational health and safety (e.g., the identification and control of physical, chemical, biological and psychosocial hazards of the working environment; medical examinations and the adaptation of work to man and of each man to his job) has had positive influences on placing handicapped persons in employment, promoting their rehabilitation process and preventing any deterioration in their handicaps.

63. In its current programme of work which is being implemented within the context of the ILO's International Programme for the Improvement of Working Conditions and Environment, identified as FIACT, the Organisation is applying some new and comprehensive approaches for standard setting, technical advisory services and dissemination of information. These approaches are intended for both industrialized and developing countries but are specially designed to meet the particular requirements and needs of the latter group of countries.

64. Social security is another field which is relevant to the resolution (paras. 2 (e) and 3 (b)) and one in which the ILO is technically competent at the international level. The international standards adopted by the International Labour Conference in the field of social security contain a number of provisions concerning the prevention of disabilities and the rehabilitation of disabled persons. The Income Security Recommendation, 1944 (No. 67) provides in its annex, paragraph 11, subparagraphs (1) to (3), that a handicapped person should be expected to engage in any occupation which may reasonably be indicated for him or her. Under the Employment Injury Benefits Convention, 1964 (No. 121), article 26, paragraph (1), each member State ratifying it must, under prescribed conditions (a) take measures to prevent industrial accidents and occupational diseases; (b) provide rehabilitation services which are designed to prepare a disabled person wherever possible for the resumption of his previous activity, or if this is not possible, the most suitable alternative gainful activity, having regard to his aptitudes and capacity; and (c) take measures to further the placement of disabled persons in suitable employment. The last two of these requirements are also contained in article 13, paragraph 1, of the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128).

65. In accordance with the decision made by the Governing Body at its 205th (February-March 1978) meeting, a tripartite meeting of experts on occupational accident prevention and compensation will be held in January-February 1979 at Geneva. The meeting is expected to discuss, among other things, questions relating to contributions of social security towards the prevention of occupational accidents which give rise to temporary or permanent disability or death.

66. The importance of the International Labour Conference recommendation (No. 99) concerning Vocational Rehabilitation of the Disabled, adopted in June 1955, was reaffirmed as recently as June 1975 by the International Labour Conference which unanimously adopted a resolution concerning Vocational Rehabilitation and Social Reintegration of Disabled or handicapped Persons. This resolution in effect reinforces paragraph 6 of Economic and Social Council resolution 1921 (LVIII) in that it calls on all ILO member States to provide for the integration of disabled persons in general training and employment schemes as well as special services and support for the severely disabled. Moreover, the same ILO resolution calls on the Director-General of the ILO to assist developing countries in co-operation and co-ordination with the United Nations, its specialized agencies and international, regional and non-governmental organizations concerned to create vocational rehabilitation and social reintegration of the disabled and to accord the highest possible priority to programmes aimed at the vocational rehabilitation of the disabled - all with a view to promoting the extension and development of rehabilitation services for the disabled. Since the adoption of the International Labour Organisation resolution concerning Vocational Rehabilitation and Social Reintegration of Disabled or Handicapped Persons in 1975, and Economic and Social Council resolution 1921 (LVIII), mentioned above, the ILO has stepped up its technical co-operation activities (about 50 developing countries covered in the past three years) in the field of vocational rehabilitation particularly at the regional level.

67. With regard to the question of training of instructors for rehabilitation programmes (para. 6 of resolution 1921 (LVIII)) the International Labour Organisation, in addition to the training activities undertaken by its regional and country experts, has organized four regional training courses and seminars for vocational rehabilitation personnel, over the past three years, including courses for sheltered workshop managers and specialized technical staff for disabled persons' co-operatives and vocational services for the blind and the deaf.

68. The task of disseminating information on vocational rehabilitation through research and publication programmes has not been neglected by the International Labour Organisation. Recent studies have included the following: "Study on Vocational Rehabilitation of the Mentally Restored", "The Modular Form of Training Adopted in a Production Workshop for the Disabled in Ethiopia" and the revision of the "ILO Glossary on Vocational Rehabilitation of the Disabled". An ILO vocational rehabilitation film, "Back to Life", and a sound-slide audio-visual training package, have been produced for the purpose of educating the general public as well as those directly involved in services for the disabled. As an extension of its ongoing general documentation service in the field of vocational rehabilitation of the disabled, the ILO has developed over the past four years an international documentation service on the rehabilitation and employment and placement of the visually handicapped.

69. As called for in the Economic and Social Council resolution (para. 5) the above activities have been planned and implemented in close collaboration with the United Nations, its specialized agencies and international non-governmental organizations, through the regular meetings of the interagency/NGO rehabilitation group and the Ad Hoc Intergency Meetings on Disability Prevention and Rehabilitation. In the years ahead, the International Labour Organisation, with its

international responsibilities for the well-being of disabled workers, and in co-operation with all concerned, will continue its efforts to implement to the fullest extent possible, the provisions of this important United Nations resolution.

United Nations Educational Scientific and Cultural Organization

70. Since 1967/68, the United Nations Educational Scientific and Cultural Organization has been running a distinct programme on special education for handicapped children and young people. The tasks of this programme are threefold:

To build up and develop contacts with the United Nations and the specialized agencies concerned (the ILO, WHO, UNICEF, UNDP) and non-governmental organizations working for the handicapped, numbering about 40;

To organize and carry out world-wide studies within the different fields of special education in order to provide member States with useful information and models for action; and

To assist member States, upon their request, by providing the services of personnel to build up appropriate educational systems for the handicapped and training facilities for their teachers; by providing fellowships to study special education administration and teacher training; by providing educational equipment; and by supporting conferences, meetings and training seminars.

71. Since 1967/68, UNESCO has assisted in the execution of some 140 projects in about 70 countries.

72. Training seminars have been organized for school administrators and teachers of the handicapped in African countries and for the blind in Arab States, and a regional seminar will be held on education of the mentally retarded in Asian countries later in 1978. Expert meetings have been organized on different aspects of special education and reports on the meetings have been given a wide distribution and have in fact also served as background documents at world congresses of non-governmental organizations and the ideas put forward in the reports have thus been made widely known.

73. The Director-General stressed in his report on UNESCO activities during 1975-1976 that "it has become clear that ... special education must be developed as a priority. The aim of action in special education is to promote the integration of handicapped children into the normal education system, and this aim can be seen in all UNESCO's projects".

74. As a follow-up of the Stockholm meeting on theatre for the deaf in 1977, UNESCO will organize a colloquium for the training of leaders of such theatre activities in 1978, one of the aims of which will be to help the deaf to overcome the barriers of their handicap and establish appropriate means of communication and, on the other hand, to enrich the life of the theatre through this silent culture.

World Health Organization

75. In the light of the provisions of Economic and Social Council resolution 1921 (LVIII), the World Health Organization (WHO) has co-operated with the Governments of several developing countries to develop planning for rehabilitation services. A special study was undertaken in Botswana to compare costs of new community-oriented approaches with those of more conventional, institution-oriented ones. It was found that a disabled child can be given effective, essential rehabilitation in the community at a cost that is slightly above 1 per cent of the cost for the same child in an institution. In the same country, it was found that complete population coverage could be achieved at a cost of 2 per cent of the health budget.

76. The WHO is at present embarking on a global programme for expanded immunization against polio, tetanus, diphtheria, pertussis and tuberculosis, which should prevent much disability. Other measures are being taken to improve the situation in the future as regards other communicable diseases that are related to disability, including those causing blindness. Cardiovascular and mental rehabilitation programmes are also examples of the measures being taken.

77. Special studies in the form of surveys are ongoing in two Asian countries, and plans are under way to start surveys in one country in each of the Middle East, Africa and Latin America. These are comprehensive surveys that deal with all aspects of disability. Also, regular informal meetings are held several times a year between the United Nations agencies involved in rehabilitation and the most concerned non-governmental organizations in this field.

78. Planned activities include the development of a manual, including planning methodology, on how to include rehabilitation in country health programming, and the development of training packages to be used at the primary health care level to train persons involved in rehabilitation in the community.

United Nations Development Programme

79. The United Nations Development Programme has participated with the United Nations and specialized agencies in organizing a number of technical assistance projects in the field of rehabilitation of disabled persons, some of which are specifically mentioned in this report (as, for example, the International Institute for Rehabilitation in Developing Countries).

80. At the beginning of 1978 UNDP issued a Technical Advisory Note on Disability Prevention and Rehabilitation for the use of UNDP resident representatives, which is intended to promote these activities at the country level.

Non-governmental organizations

81. It is of particular importance to mention here that various non-governmental organizations have both co-operated with the United Nations system in the majority of the activities mentioned in this report, and organized their own specific programme related to the implementation of resolution 1921 (LVIII).

82. Examples of the activities by non-governmental organizations concerning the problems of disabled persons' environment were recently mentioned in the Secretary-General's report (E/1978/91) on specific measures to meet the need for a decent living environment for the most vulnerable groups of society.

83. The representatives of non-governmental organizations, which form the Council of World Organizations Interested in the Handicapped, participate regularly in the interagency meetings in the field of rehabilitation of disabled persons, already referred to in the International Labour Organisation and World Health Organization replies, which are organized by the United Nations.

84. Participation of the organizations of disabled persons, as well as of other non-governmental organizations interested in the disabled will be particularly important during the preparation for the International Year for Disabled Persons, 1981.

85. Details of the international activities outlined above can also be found in the "Summary of information on projects and activities in the field of the disabled" (see para. 38).

III. CONCLUSIONS AND RECOMMENDATIONS

86. The following specific conclusions and recommendations have been prepared for the Commission's consideration on the basis of United Nations surveys and studies which, according to the Centre for Social Development and Humanitarian Affairs work programme for 1978-1979, should result in a set of guidelines to Governments on the development of national rehabilitation programmes aiming at integration of disabled persons in social life.

87. At the Expert Group Meeting on Social Barriers to the Integration of Disabled Persons into Community Life (see foot-note 4) it was recommended that emphasis be put on the development of co-operation and co-ordination between the various agencies working in social services and social security and on the formulation of their programmes, so that flexible adjustments could be made according to the special needs of small groups and individuals, including the disabled. Similarly, to avoid the obstacles to the integration of disabled persons that might be created through the existence of large, complex and centralized organizations for social services and social security, efforts should be made to set up the services near the people who require them, through decentralization of the administration.

88. The participation of disabled persons in political life on an equal basis with other members of society was considered instrumental for their full integration into society. It was recommended that disabled persons be encouraged to take part in the political processes of their society and that the organizations of disabled persons be encouraged to play an important role in promoting the participation of their members in general civic activities.

89. These recommendations summarize also the conclusions of a number of surveys and studies conducted by the United Nations listed in section II.

90. However, the following conclusions of the United Nations study on Social and Economic Implications of Investments in the Field of Rehabilitation of the Disabled are concerned with the economic side of the disability problem:

It becomes increasingly important to preserve, maintain and generate the work capacity of all available manpower. Whereas disability can severely reduce the working capacity of a nation, rehabilitation of the disabled can provide one of the most important sources of reserve worker strength within an economy. The importance of such strength may often only become apparent as a nation moves from an economy based on a surplus of manpower to one of a shortage of manpower, or as technological changes occur.

Nations which do not as yet maintain extensive systems of social benefits but plan to establish such systems in the future should take into account the long-range relationship of disability to the base of social system support.

Also, there is a need for a further study of the implications of provision of disability and rehabilitation services in developing economies, taking into account the utilization of appropriate service delivery patterns including simpler methods, the use of auxiliary workers, mobile units and other innovative approaches, and recognizing the differing levels of coverage of the social benefits system which may exist, and the differences in manpower levels and capacity, as well as the economics of disability prevention.

91. From these conclusions and recommendations, which are concerned with the medium- and long-range objectives of resolution 1921 (LVIII), it is obvious that the United Nations regional commissions, as well as the regional organs of specialized agencies, have an important role to play in the process of their implementation.

92. The contributions from specialized agencies prepared for the purpose of this report (sect. II) indicate that in the process of implementation of resolution 1921 (LVIII) particular attention should be concentrated, among others, on:

(a) The prevention and early detection of child disability using community-based services;

(b) The development of methods, including planning methodology, of how to include rehabilitation in country health programming;

(c) The implementation of international standards concerning the prevention of occupational accidents and diseases, as well as of the goals concerning vocational rehabilitation of disabled persons, particularly in developing countries where these problems require special attention due to rapid industrial development;

(d) To develop special education of the disabled with the aim of promoting the integration of handicapped children into the normal education system.

93. The above-mentioned objectives indicate that there is a need for continuous interagency consultations on the problems arising from the implementation of resolution 1921 (LVIII).

94. The report of the Secretary-General (E/1978/91) on specific measures to meet the need for vulnerable groups of society, prepared as requested in General Assembly resolution 31/113, parts of which concerning disabled persons are relevant to the implementation of Economic and Social Council resolution 1921 (LVIII), indicates that there are a number of problems facing disabled persons in their physical and social environment. These problems should be solved in order to facilitate community integration and the independent living of these persons. Among such problems are barrier-free access to public buildings, transportation facilities, and homes designed in the way which facilitates their independent living.

95. The implementation of Council resolution 1921 (LVIII) has also been considered in this report in the light of the resolutions in the field of rehabilitation of disabled persons adopted by the General Assembly after 1975, i.e., after the adoption of resolution 1921 (LVIII). ^{12/}

^{12/} General Assembly resolutions 3447 (XXX) of 9 December 1975, proclaiming the Declaration on the Rights of Disabled Persons; 31/82 of 13 December 1976 on the implementation of the Declaration on the Rights of Disabled Persons; 31/123 of 16 December 1976 and 32/133 of 16 December 1977, entitled "International Year for Disabled Persons".