بسم الله الرحمن الرحيم

الحمد لله رب العالمين والصلاة والسلام على نبينا محمد خاتم الأنبياء وسيد المرسلين وعلى آله وصحبه أجمعين وبعد

Disability and Rehabilitation

Background and Justification

Magnitude: An estimated 10% of the World's population – approximately 650 million people, of which 200 million are children – experience some form of disability.

Causes of Disability

 The causes of disability are divided into three groups such as biological factors, genetic or hereditary factors and accidents. There are various types of disability such as physical disability, hearing disability, visual disability, learning disability etc and every disability has different causes. Some of the causes resulting from various types of disabilities are:-

Causes of Physical Disability

- Medical conditions
- Medical conditions can cause muscular dystrophy, arthritis, cerebral palsy, head injury, multiple sclerosis etc.
- Accidents
- Some accidents result into various serious conditions such as:-
- Amputation
- Spinal injury
- Brain injury affecting limb control and motor skills

Causes of Learning Disability

 Most of the learning disabilities are caused by the development of the brain before, during or after the birth. They are:-

Before Birth

- The mother having an illness or accident when she is pregnant
- Things that happen to the central nervous system
- The genes that a parent passes on or how the genes develop while the unborn baby develops

During Birth

- When a baby does not get enough oxygen or is born too early.
- After Birth
- Physical accidents or early childhood illness

Some of the common causes of **learning disability** are:-

- Fragile X syndrome People suffering from fragile X syndrome may suffer from problems such as relating and communicating to other people and concentration.
- **Down's syndrome** It is not an illness or a disease but it is a genetic condition which is caused by an extra chromosome. About 60,000 people in UK are suffering from Down syndrome and 1 out of 1000 new born babies has Down syndrome.

Causes of Hearing Disability

- The most common causes of hearing disability are:-
- Disease or Illness
- The causes of different diseases are different. Measles result in auditory nerve damage. Mumps result in profound sensorineural hearing loss and Meningitis leads to auditory nerve damage or cochlea damage.
- Physical Trauma
- People with head injury suffer from hearing loss and sometimes there can be damage to the center of the brain and the ear itself.

Genetic

Both recessive and dominant genes can cause mild and deep hearing disability. Some of the disabilities occurs due to hearing disability are Usher syndrome, Stickler syndrome etc.

- Long Term exposure to Environmental Noise
- Exposure to high levels of noise for long term such as people living near airports or freeways can cause permanent hearing disability.
- Medications
- Some medications such as macrolide, aspirin and NSAIDs can cause irreversible damage to the ear.

Causes of Visual Disabilities

- There are many causes of visual disabilities which are:-
- Eye infections
- Viruses
- Diabetes
- Brain injury
- Stroke
- Viruses
- Accidents
- Glaucoma

Disabilities in Elderly

 The most common disabilities are associated with chronic conditions such as cardiovascular and chronic respiratory diseases, Cancer and diabetes; injuries, such as those due to road traffic crashes, falls, landmines and violence, mental illness;; malnutrition, HIV/AIDS and other infectious diseases. The number of people with disabilities is growing as a result of factors such as population growth, ageing and medical advances that preserve and prolong life.

These factors are creating considerable demands for health and rehabilitation services. Furthermore, the lives of people with disabilities are made more difficult by the way society interprets and reacts to disability which require environmental and attitudinal changes.

Poverty and health:

 Disability is both a cause and a consequence of poverty. About 80% of the world's population of people with disabilities live in low-income countries and experience social and economic disadvantages and denial of rights. Poverty limits access to health and rehabilitation services. Health polices, programmes and practices impact on the rights of people with disabilities.

Most of the development initiatives ignore the need of people with disabilities. The UN convention on the rights of persons with disabilities emphasizes the importance of mainstreaming disability issues for sustainable development. Attention to health and its social determinants are essential to promote and protect the health of people with disabilities and for greater fulfillment of human rights

Despite the significant changes over the past two decades in the field of disability and rehabilitation there is no comprehensive evidence base. There is no global document that compiles and analyses the way countries have developed policies and the responses to address the needs of people with disabilities.

Considering the aforementioned issues, the World Health Assembly Resolution (May 2005), on "Disability, including prevention management and rehabilitation ", requests the WHO to produce a World Report on disability and rehabilitation based on the best available scientific evidence.

This report will increase access to and promote the utilization of evidence-based research. The availability of this knowledge will play an important role in shaping policy and enhancing the lives of people with disabilities.

Medical care and rehabilitation:

 Of the estimated 650 million people living with disabilities around the world, most lack access to appropriate medical care and rehabilitation services. This is true especially for people in low-income and middle-income countries.

Without such services people with disabilities are not able to develop their abilities and the compensatory mechanisms needed to be self-reliant and lead rewarding and productive lives.

With regard to medical care, the Standard Rules encourage countries to ensure that people with disabilities are provided with any regular medicines and treatment they may need to preserve or improve their level of functioning. Governments are also asked to develop programmes lead by multidisciplinary teams of professionals for early detection,

assessment and management of impairment. This could prevent, reduce or eliminate the functional limitations of such impairments. Such programmes should ensure that full participation of people with disabilities and their families at the individual level, and of disabled people's organizations at the planning and evaluation level.

Rehabilitation includes a wide range of activities in addition to medical care, including physical, psychosocial and occupational therapy. It is a processs aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and/or social tools the need to attain independence and selfdetermination, including measures to

provide and/ or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The Standard Rules call upon countries to develop national rehabilitation programmes for all groups of people with disabilities, based on the principles of full participation and equality. The expertise of disabled people's organizations in the design, implementation and monitoring of such programmes should be sought.

Is the number increasing?

- The number is increasing as a result of the following:
- population growth
- ageing
- chronic conditions such as diabetes, cardiovascular disease, and cancer

- injuries at home, work and on the roads violence
- birth defects
- AIDS
- environmental degradation
- malnutrition
- other causes often related to poverty

What are the issues?

 The trends are creating an overwhelming demand for health and rehabilitation services for people with disabilities. However, in many countries disability is excluded from the public health and other social policies which would ideally support and protect people with disabilities. Stigma and discrimination are among the underlying factors thwarting the inclusion and full participation of people with disabilities in their societies

What is WHO doing?

 WHO's role is to enhance the quality of life and to promote and protect the rights and dignity of people with disabilities through local, national and global efforts WHO is guiding and supporting countries to scale up public health programmes that promote rehabilitation and make assistive devices available to persons with disabilities WHO/Bernard FranckA young man, who has been affected by polio, enjoying the beach in Benguela, Angola.



Key activities

 In order to enhance the quality of life and to promote and protect the rights and dignity of people with disabilities through local, national and global efforts, WHO works towards the following key activities:

World report

To produce a world report on disability and rehabilitation

Advocacy

To raise awareness about the magnitude and consequences of disability

Data collection

To facilitate data collection, analysis, and dissemination of disability-related data and information

Medical care and rehabilitation

To support national, regional and global efforts to promote health and rehabilitation services for persons with disabilities and their families

Community-based rehabilitation

To promote community-based rehabilitation (CBR)

Assistive devices/technologies

To promote development, production, distribution and servicing of assistive devices/technologies

Capacity building

To build capacity among health/rehabilitation policy makers and service providers

Policies

To contribute to the development of local, national and international public health policies on disabilities and rehabilitation

Partnerships

To foster multisectoral networks and partnerships

WHO action plan 2006-2011 Community-based rehabilitation (CBR)

- What is CBR?
- Community-based rehabilitation (CBR), currently in practice in more than 90 countries around the world, is a comprehensive strategy for involving people with disabilities in the development of their communities.

What is the objective?

 CBR seeks to ensure that people with disabilities have equal access to rehabilitation and other services and opportunities - health, education and income - as do all other members of society.

Who are the targets?

- people with disabilities
- families of people with disabilities
 Disabled People's Organizations
- local, regional and national governments
- international organizations
- nongovernmental organizations
- medical and other professionals
- business and industry (private sector)

What kind of activities are included?

- A wide range of activities is included beyond medical care and rehabilitation
- promoting positive attitudes towards people with disabilities
- preventing the causes of disabilities
- providing rehabilitation services

- facilitating education and training opportunities
- supporting local initiatives
- monitoring and evaluating programmes
- supporting micro and macro incomegeneration opportunities

What WHO is doing With regard to CBR

- , WHO is supporting Member States in the following areas:
- developing guidelines for CBR
- conducting regional and country workshops to promote CBR and the guidelines
- supporting Member States to initiate CBR and/or strengthening existing CBR programmes

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