Regional Strategic Framework on Community-Based Rehabilitation (CBR) in the South-East Asia Region 2012–2017

World Health Organization
Regional Office for South-East Asia

SEA-Disability-4
Distribution: General

Regional Strategic Framework on Community-Based Rehabilitation (CBR) in the South-East Asia Region 2012–2017

World Health Organization
Regional Office for South-East Asia

Printed in India

Contents

Page

1. Background

Disability is an evolving concept and an umbrella term for impairment, activity limitation or participation restriction, which result from interaction between persons with health conditions and environmental factors (e.g. physical environment, attitude) and personal factors (e.g. age or gender)[1]. *The World Report on Disability* estimates that 15%-18% of the world's population have disabilities[2]. The causes include birth defects; injuries resulting from road traffic accidents, conflicts, falls and landmines; noncommunicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancer; mental illnesses and intellectual impairment; ageing; and communicable diseases.[3] The WHO South-East Asia Region also has a significant number of people with disabilities due to polio, leprosy and tuberculosis.

Persons with disabilities are some of the most disadvantaged and marginalized people worldwide. About 80% of them live in developing countries.[4] The majority of those with disabilities live in chronic poverty. With good health care and rehabilitation services and the provision of barrier-free environments, people with disabilities can contribute to society instead of being passive recipients of charity. In 2006, a UN study found that 62 countries in the world had no national rehabilitation services and almost all of these countries were developing or underdeveloped nations[5]. Only 5%-15% of persons with disabilities in developing countries can access assistive devices[6]. People with disabilities in developing countries often depend on the support of carers who assist with activities of daily living, transport and social support, and provide emotional support and assist with decision-making. They are usually women, mostly unpaid, family members, friends or neighbours. They too may suffer ill-health due to their caring role.

Poverty is both a cause and consequence of disability.[7] Children with disabilities are less likely to attend a school than other children.[8] Persons with disabilities have higher

unemployment and have lower earning than persons without disability.[9] The cost of medical treatment, physical rehabilitation and assistive devices, contribute to the poverty and disability cycle. The Millennium Development Goals (MDGs) adopted by the UN in 2000 will not be achieved without the inclusion of people with disabilities, as they are disproportionately represented among people who live in poverty with limited access to education, health and social benefits. Solutions focus on ensuring social change, creating equal access to services and removing barriers that exclude people with disability. There is recognition of the need for community-based approaches and community-driven initiatives to ensure sustainable and inclusive development that benefits all.

This is not just an issue of the vicious cycle of disability and poverty. The present situation constitutes a violation of human rights. On 13 December 2006, the UN General Assembly adopted the landmark Convention on the Rights of Persons with Disability (CRPD).[10] The Convention complements existing human rights frameworks and builds upon UN standard rules on equalization of opportunities for persons with disabilities (1993)[11] and the World Programme of Action Concerning Persons with Disabilities (1982).[12] The main purpose of CRPD is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherited dignity (Article 1). The Convention has not created any new rights, but ensures that existing rights are available to persons with disabilities.

The present approach to disability is based on the participation of persons with disabilities, a movement which began in the 1960s and adopted the slogan “nothing about us without us”.[13]

2. Community-based rehabilitation (CBR)

Community-based rehabilitation (CBR) was introduced in 1978, after the Alma-Ata Declaration of Health For All by WHO,[14] as a strategy to improve access to rehabilitation services for people

with disabilities. Current concepts of CBR are based on various international conventions, protocols, commitments and learning from more than 30 years of practice. These are given in detail in Appendix 2. CBR has now evolved into a multisectoral strategy to improve the quality of life of people with disabilities and ensure their empowerment, participation and inclusion in society.

The new CBR guidelines released in 2010 are based on the principles of CRPD.[15] They incorporate fundamental principles of empowerment, the mainstreaming of disability in the developmental agenda, human rights and social justice. They show how to make key development initiatives/programmes such as health, education, livelihood and social sectors inclusive of people with disabilities and their families. The guidelines were produced jointly by World Health Organization (WHO), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and civil societies, such as, the International Disability and Development Consortium (IDDC). The guidelines were approved on 19 May 2010 and shall remain valid till 2020.

These guidelines are supported by evidence that CBR significantly improves the quality of life of persons with disability, especially in less-resourced settings. Training of community workers in CBR is feasible and can be replicated across communities and countries. In high-income countries too, it brings positive social outcome, attitudinal change and improved social inclusion of persons with disability.

The CBR Guidelines are based on the CBR Matrix, a comprehensive framework for all sectors to work together with an inclusive and empowerment approach. This needs a twin-track approach of inclusion of disability in mainstream development policies and programmes and disability specific programmes such