

example of the United States by insisting on a rubella vaccination certificate for girls at high school age. In other countries, including Canada, New Zealand and the United Kingdom, rubella vaccination is the subject of periodical publicity campaigns but the cover is by no means 100 per cent.

108. In developing countries, rubella is not included in the "package" delivered under the Expanded Programme of Immunisation, partly because of the relatively high cost and partly because the congenital rubella syndrome is relatively infrequent, at least in comparison with measles, whooping cough, neonatal tetanus, polio and tuberculosis. There is also some failure to agree on delivery strategies, such as age at vaccination and whether both sexes should be included.

109. A multidisciplinary group, including representatives of WHO and UNICEF, met in London in March 1982 to consider these questions. The group concluded that an effective technology of control of rubella by vaccine is available, the limiting factor being take-up and delivery. A major collaborative effort will now be made to carry out the Leeds Castle injunction to promote vaccination against rubella. Under the leadership of the Royal Commonwealth Society for the Blind, voluntary organisations will seek, in conjunction with the health authorities, to achieve a decisive increase in the take-up of the vaccine (now estimated to be about 83 per cent overall) in the United Kingdom. In conjunction with UNICEF and the governments concerned, the Society has proposed an initial prevalence survey, followed by an immunisation programme, in Antigua, St Lucia, and in the Medak district of Andhra Pradesh, India, for which a questionnaire is being prepared for use as a part of a more general house-to-house survey. Enquiries have also been instituted with a view to similar action in The Gambia and Fiji.

## GOVERNMENT POLICIES FOR THE DISABLED

### Institutions or family care

110. The United Nations slogan "full participation and equality" accentuated the strong swing away from care in institutions to independent living in the family and in the community generally. Ministries of health and of social welfare, in large countries and small, insisted that resources were being diverted from the creation of new "disease palaces" (large hospitals in main centres of population) to primary health care nationwide; and from "dumping grounds" (residential homes for the disabled) to rehabilitation centres - better still to rehabilitation techniques at village level - with the objective of restoring mobility and sufficient well-being to enable disabled people to come and go in society on an equal basis with everybody else.

111. In accordance with this trend, the World Health Organisation has set its mind to find rehabilitation services which could be made available at family and community level at the lowest possible cost, with practicable methods of delivery. Where there is an infrastructure of community health workers providing basic services (immunisation, family planning, assistance over childbirth) under the supervision of medical advisers, it should be possible to introduce simple rehabilitation measures in the home or community which would materially improve the quality of life of disabled children and adults. A manual of these "appropriate technologies" was drafted in 1979 and was being field-tested in St. Lucia, Botswana, India, Sri Lanka, Nigeria and other countries during the IYDP. The community health aides who carry out this work are young people of the community who can get the confidence of their own people as no census enumerator or other outsider could. The WHO manual is being adapted so that they can use it to find the disabled people who can be helped, to identify their needs, to secure the involvement of the family and the community, to initiate the making of simple aids and supports, to arrange for referral where more sophisticated help is needed and to keep simple records of the numbers and categories of the disabled. All this is set out in the manual in the simplest (easily translatable) language: e.g. "people who have difficulty with hearing, speaking, seeing, moving and learning, or people who show strange behaviour".

112. By offering a simple service on the spot with referral of the more difficult cases, the true picture of the extent and nature of disablement in the community will gradually emerge. It

will provide a much sounder data base for future government policy in regard to disabled people than any form of census taking or sample surveying. Far more important is the fact that it will begin to meet some of the basic needs of disabled people hitherto unreached, while at the same time obtaining information about their numbers and categories.

#### **The continuing need for professionals - and sub-professionals**

113. But it will not do away with the need for intermediate and high-level professional services up the line of referral. For physical rehabilitation, some countries can afford the whole galaxy of professional orthopaedic surgeon, physiatrist, physical and occupational and speech therapist, prosthetist-orthotist, rehabilitation psychologist, social worker, vocational counsellor and employment placement officer. (WHO has recognised 14 separate professions in the relatively new science of rehabilitation). I had seen an array of this sort working together in Delhi, Jamaica, Ottawa, and knew of its existence in other large countries. The smaller countries could not aspire to such professional riches; intermediate countries find it difficult to field the whole team. Even where services exist at high professional level, the proportion of disabled people who receive help in many developing countries is minute, often confined to the environs of a major city or to wealthier people who can get access to them. While it is desirable that every country (or at least every region) should have the whole team as an "end-of-the-line" resource, an inspiration and a source of training, it will be necessary for much larger numbers of orthopaedic assistants or rehabilitation aides to be trained below the full professional level if the mass of the disabled people are to receive any benefit.

114. The swing away from high-cost care in major institutions will have to be paralleled by a swing to a rehabilitation capability in the district clinic assistant and the village-level worker. They must know how to cope with a wide range of problems arising under several of the rehabilitation disciplines in order to be able to educate parents and older children (the growing Child-to-Child movement is relevant here) to provide care and rehabilitation within the family. Without effective methods of training in the intermediate and lower levels, the vast majority of the people on whom the International Year has been focused will continue to be unreached and their numbers will increase as fast as the increase in population. It remains to be seen whether money is being effectively diverted from prestigious hospitals and "centres of excellence" to this nationwide extension of help for the disabled in the villages, requiring as it does the devising of delivery services and the selection and training of staff at several levels.

115. While it is obviously best for the village-level work to be done by recruits from the community who know the language, the customs and the susceptibilities of their own people, the task is so immense and so important that there is room for volunteers from other parts of the country or from outside to be attached to progressive village health programmes and work alongside those who are training the village-level worker. Here is a subject which might engage the attention of Commonwealth regional health agencies. They could not only lend their strong support to the organisation of this middle and lower-level training but encourage applications for temporary assistance from other Commonwealth countries to accelerate the process.

116. In the Caribbean, for example, the rather tenuous efforts towards the creation of an effective Association of Rehabilitation Therapists should receive support, perhaps through CARICOM. The deliberate aim, in my admittedly inexpert view, should be to encourage the all-too-few professional therapists, who already know the local problems, to spread both their professional and their local knowledge for the benefit of the smaller islands. Certainly this is preferable to raising sums of money from various sources to send new students to Jamaica for the full professional training, only to find on the completion of their course that there is no post at professional standard available for them in their own country. The Commonwealth Foundation is supporting clinical workshop programmes for physiotherapists in the Caribbean during 1982 and it is hoped that participants from the Eastern Caribbean, as well as Jamaica, may be able to attend. The strengthening of regional associations of rehabilitation therapists would both encourage the professionals in their work and provide a means for training orthopaedic assistants, rehabilitation aides, or whatever they may appropriately be called, as a part of the process of bringing help to the hitherto unreached disabled people in the smaller islands. There will be experience of this in St. Lucia and Jamaica after the recent field-testing of the WHO manual which included training courses for supervisors (physiotherapists and nurses) as well as primary health care workers.

117. Inter-country workshops to train for community-based rehabilitation activities are taking place in Botswana and in Kerala (India) in 1982, and WHO plans to extend the use of the manual, which is now available in several languages, with appropriate local illustrations. This will provide a stimulus to training at village, supervisory and professional levels.

#### **The provision of aids**

118. Whether physical rehabilitation is carried out in establishments in the capital city or at village level, a supply of calipers, braces and artificial limbs has to be organised, and people are required who can fit and check them. The growth of orthopaedic workshops using local materials has gained momentum in recent years, mainly through governments' own efforts, but with help and encouragement from the International Labour Organisation, the World Rehabilitation Fund of New York, OXFAM and others. I must repeat a reference here to the work of Professor Huckstep in relation particularly to the Commonwealth countries of East and Central Africa. In several countries I found that disabled people themselves were finding satisfying employment in new or expanded workshops of this kind. In the smallest countries the work is rudimentary or non-existent and there is scope for help in introducing the production of simple aids from local materials without requiring recourse to scarce foreign exchange for unnecessarily sophisticated imported parts.

119. Encouragement and help of this kind would form an important part of the proposal I have made in paragraphs 76-82 of the report in favour of the repetition of the 1970-76 series which started with an extensive Commonwealth tour by Professor Huckstep. India has a great deal to offer in this field with its development of the squatting leg and the Jaipur foot, the growth of ALIMCO and its National Institute of Prosthetic and Orthotic Training at Cuttack in Orissa State. Enquiries suggest that the Government of India and the establishments concerned would welcome proposals for co-operation in this field.

120. Wheelchairs were deliberately omitted from the preceding paragraph. The local manufacture of serviceable wheelchairs in a form to meet local needs is an obvious necessity. It is also obvious that this should be a consumer-led movement. There have been successes and there have been failures. I was shown many varieties of simplified "home-made" wheelchairs and heard strongly-felt arguments for and against each. (Are bicycle wheels a good idea or are they not? Pneumatic tyres are a nonsense, but what is the best substitute?). With the IYDP emphasis on wheelchairs, this is a field for concentrated research with the objective of finding models which suit local requirements and can be made relatively easily and inexpensively with a minimum recourse to imported parts. One centre that is just completing a special study of this subject with the help of Intermediate Technology and is about to produce an up-to-date handbook on the subject is AHRTAG (Appropriate Health Resources and Technologies Action Group Ltd) of 85 Marylebone High Street, London. AHRTAG are also prepared to be a clearing house for information and advice about prostheses generally and specific requests arising during this survey have been referred to them.

121. The growth of orthopaedic workshops, the need for sharing experience in the successful use of local materials, the training of technicians for this work and the need for research into the design and component parts for wheelchairs all point to Commonwealth co-operation on a regional basis. Visits are needed both ways. The successful technologist or technician should be encouraged and enabled to look into the needs of the least developed countries and devise possible lines of construction on the spot. Those attempting to meet these needs locally should be afforded inspirational visits to countries within their region where notable successes are being achieved. The whole subject should engage the attention of Commonwealth regional health agencies and the periodical meetings of ministers of health. The subject will become more and more important as WHO's policy of training the disabled in the community gradually gains momentum. Reliance on expensive imports could severely retard or even frustrate its progress.

#### **Education of handicapped children**

122. Ministries of education, as well as ministries of health, have an essential role in ensuring that the needs of the disabled are met, especially in the provision of special education for handicapped children. In the developing and industrialised countries alike (although on a

different time scale) the initiative in the education of deaf, blind and mentally retarded children came from voluntary associations, particularly religious orders in the first instance. Governments have assumed or are assuming responsibility, in varying degrees, as the years go by. A fairly normal pattern now in the smaller countries with which this report is primarily concerned is that the voluntary associations are still carrying the major responsibility for caring for the needs of handicapped children, providing buildings, equipment and teachers. They bring relentless pressure on governments to assume responsibility at least for staff salaries, but few national budgets stretch far enough to keep pace with the minimum acceptable demand. Staffing deficiencies are precariously made up by volunteers of all kinds. The least governments can do is to provide one specialist officer in their ministries of education to concentrate on the requirements of handicapped children, but this has still not been found possible in many of the smaller countries.

123. It does not help voluntary societies in their efforts to secure the partnership of governments that so much publicity is being given to the ideal of shifting away from special institutions for the handicapped to "open" or integrated education. The ideal is not in dispute; its achievement is much to be desired. But the realities of the situation in many of the smaller and more remote countries require the evolution to be very gradual. It will be sad if one of the results of the International Year is to deprive voluntary associations, local and international, of support in the form of money and volunteer service for the indispensable work they are doing, before an integrated education system can be devised with the resource centres and, above all, the trained staff to make it possible even to begin to dispense with special schools. Where the move is strongly away from residential "dumping grounds", more day centres are required where at least the totally deaf and the totally blind can be given basic schooling by skilled staff in the hope that they can proceed afterwards to classes in the state system of primary and secondary education.

124. Nobody wants to revert to the concept of an orphanage, least of all for the segregation of physically and mentally disabled children, but the realities of the situation are that parents do sometimes desert severely handicapped children and these children are the most difficult to lodge with foster-parents. The remarkable growth of Cheshire Homes in many countries in recent years is evidence of this need. Although their creation was stimulated by Leonard Cheshire and his international foundation, each Home is set up and maintained by local people to suit local needs. They are "homes" in a real sense, approaching as nearly as possible the atmosphere of a family. Many are for adults and the elderly. But in many countries, the local need has been recognised as for Homes for the severely disabled children whose parents cannot cope. Close contact is maintained with the parents and families wherever possible and the children mix with others in the normal system of education if they are capable of doing so.

125. As encouragement for their participation in a system of integrated education, there is plenty of evidence in all parts of the Commonwealth that handicapped children, especially the totally blind, equipped initially with the special preparation they need, can not only profit from secondary and higher education, but excel and walk off with some of the prizes, whether they be first class honours or being called to the Bar for a successful legal practice. It is only fair to say that much of this achievement is due to 30 years of persistent work by the Royal Commonwealth Society for the Blind and its associated local societies.

126. As the care and education of handicapped children is probably the major problem in the disabilities field confronting the governments and peoples of the smaller Commonwealth countries, the Education Division of the Commonwealth Secretariat could plan to update and reissue, preferably on a regional basis, the admirable 1972 publication, now out of print, entitled "Special education in the developing countries of the Commonwealth". It analyses the causes and effects of each disability affecting children, describes the provision being made for their education, including appropriate buildings and equipment, and suggests lines of development for special education in low-income countries. Much of the text is as valid and as valuable now as when it was written ten years ago. My one-man, one-year survey in 1981/82 covering other aspects besides the education of handicapped children could not hope to emulate the 1972 study. To set in hand now a revision of this document would focus the attention of governments on the progress made since 1972 and help them to judge the adequacy of their provision in the 1980s. I make a recommendation to this effect in paragraph 268 below.

## Vocational training

127. The vocational training of juvenile and adult disabled people also owes a great deal to voluntary effort and, nowadays, practical support from service clubs such as the Lions, Rotary and Junior Chambers of Commerce. Sheltered workshops pioneered mainly for the blind in the 1950s and 1960s are now developing into vocational training establishments or commercial-type production centres which are becoming the concern of ministries of labour and/or social welfare with encouragement and advice from the International Labour Organisation. They are needed to provide skilled training and experience with the purpose of enabling handicapped people to live in the community, not in institutions, and to earn their living to the greatest possible extent. Sometimes it is necessary for them to be residential but possibilities are being developed of making them day centres with the trainees (better called employees) either living in groups or lodged with able-bodied people in the vicinity. It was the inevitability of permanent residence that caused these centres to be known as "dumping grounds". The test is whether it is assumed from the outset that the trainee is an "inmate", there for life, or whether the hope and expectation are preserved that after a period of training, he or she will be able to take a job in open employment.

128. Great efforts were made in the International Year to convince employers that even severely handicapped people are well worth taking on after appropriate training. This is borne out by reports on disabled workers which give evidence of productivity levels above average owing to greater diligence, special aptitudes and a high ability to concentrate. Both ILO and locally-made films were shown on television and to special meetings of employers in co-operation with chambers of commerce. Selective placement services for the disabled have been established in many countries with the assistance of ILO and are now an integral part of the national employment service. In many of the smaller countries this has not yet proved possible for lack of funds, but ministry of labour officials have undertaken to make the employment of disabled people a special concern. This work must be sustained, as open employment and independent living are the objective in all countries; and the case is proven that a far higher proportion of people with physical and mental handicaps can be employed than has been realised hitherto. This will be a main task for councils for the handicapped in conjunction with ministries of labour. It will be for each country to decide whether a quota system is desirable and enforceable in the local circumstances.

## Works centres

129. Instead of the dead end of the sheltered workshop, vocationally trained or retrained disabled people now increasingly have the prospect of satisfying employment in works centres. The essential difference is that the emphasis is on the production of saleable articles of much wider variety and the employees include many categories of disabled people and some able-bodied as well. This pattern is evolving in several of the less developed countries, with advice and technical assistance from ILO, and is a main recommendation of IYDP committees in others. The trick is to find the saleable articles that disabled people can make, preferably from local or easily procurable materials, and then ensure that they have good management and marketing. Service clubs - Rotary, Lions, Jaycees, Apex and others - are helping here and it cannot be emphasised too strongly that this movement is, perhaps more than any other, the logical sequel to the IYDP effort in many of the smaller countries.

130. To quote again the Mona Rehabilitation Centre (Jamaica) motto, "Employment is nature's best medicine and essential to human happiness". School chalk and furniture production in Bangladesh, tie and dye production in Malawi, silkscreen and greeting card production in Papua New Guinea, and printing in Jamaica are a few examples. "Abilities Unlimited" in the Bahamas claim growing success with upholstery, coathangers, brooms and other domestic items which hold out a prospect of their workshop earning 75 per cent or more of its overheads and wages. Where necessary, representation is being made to government for import protection and also for the waiving of import duties on ingredients which cannot be produced locally. Financial self-support is too much to expect initially but it can always be an objective. It is particularly gratifying to find workshops with a high proportion of disabled employees producing the things their fellow-disabled need: artificial limbs, calipers, crutches and wheelchairs.

131. This development owes a great deal to voluntary societies and service clubs. Even if responsibility passes to a government department, its momentum needs the continued support of

these societies and of the disabled people themselves, through their own organisations, in a council for the handicapped. Reports which are coming in as this is being written show that this ideal is so far proving very hard to achieve in many countries because of the reluctance of governments to accept any additional commitments, usually because there is not yet an inter-ministerial approach to the needs of the disabled in the community.

#### NOTES ON SOME SIGNIFICANT DEVELOPMENTS

132. At this stage of the report, the consultant is in a dilemma. What reference should be made to individual countries? The opinions expressed and the conclusions reached in the preceding chapters are based on the perusal of voluminous details sent in by IYDP committees, together with notes and recollections of discussions in some 20 countries of different sizes and in very different stages of development. The material is available, indexed by subject and by country. A great deal of it is speculative, in that it rehearses plans and intentions for the observance of the International Year. In so far as achievements are recorded, they relate to public awareness rather than to success in influencing government policies and programmes in relation to disabled people. To reproduce such material at any length would make the report too long, too repetitive, and of somewhat ephemeral value.

133. Twelve Commonwealth countries reviewed their International Year in the United Nations General Assembly Debate on 7 and 8 December 1981. Edited versions of the delegates' speeches were prepared for reproduction as appendices to this report; but they, too, would make it too long, so only a few salient facts have been preserved and incorporated in the main text. To report as fully as possible on countries visited or on those which have sent in detailed reports would give a distorted picture. It would diverge from the primary purpose of the report, which is to present a critical appraisal of policies and practices in relation to disabled people, particularly for countries with very limited resources. At the same time, I was required to review the experience of all Commonwealth countries during the International Year and to identify initiatives that might be sustained after the Year is over. That I have done in general policy terms. How can it be done in detail for so many different countries?

134. Having been given a unique opportunity to find out how Commonwealth countries interpreted the International Year of Disabled Persons, and having acquired so much material, what I attempt in this chapter is to mention, in very condensed form, a few items from individual countries which may prove of general interest to all. The omission of some countries reflects either a shortage of space or a shortage of information. It in no way reflects upon their achievements, or lack of them. The selection has been made solely on the grounds of general interest and cross-fertilisation of ideas, in the hope that the items preserved and recorded may help to fulfil two of the purposes of the survey, namely, to sustain some of the initiatives of the special Year now that it is over and at the same time to provide ideas for inter-governmental co-operation in the years ahead. It is intended primarily for those in all Commonwealth countries who will have the continuing task of influencing or implementing government and voluntary agency policies in relation to disabled children and adults in their communities.

#### Australia

135. The impressive new premises in Canberra of the Australian Council for the Rehabilitation of the Disabled (ACROD) and the formidable list of its affiliated organisations nationwide illustrate the strength of the numerous voluntary societies of and for handicapped people in Australia. The national IYDP committee consisted entirely of non-governmental representatives, including one from each state, but it worked very closely with a specially-appointed governmental IYDP unit. On a permanent basis, the Government has a National Advisory Council for the Handicapped (NACH) and a Standing Inter-departmental Committee on Rehabilitation (SIDCOR).

136. In February-May 1981 the Bureau of Statistics carried out a survey of handicapped persons in Australia. The preliminary results show 13.2 per cent of the population as disabled (the criteria of severity are of course set out) of whom two-thirds are handicapped, 295,800 mildly,