

238. A Swahili version of "Donde no hay doctor" ("Where there is no doctor" - David Werner's handbook for village health workers), with appropriate new local illustrations, was produced for use in Tanzania under Rotary auspices and a second, larger, order has had to be placed so that it can circulate widely in neighbouring countries as well. A Swahili version of WHO's manual "Training the disabled in the community" is also in hand.

Zambia

239. Inaugurating Zambia's Humanism Week on 18 October 1981, President Kaunda took as his theme "Enabling the disabled". Five hundred thousand disabled but rehabilitable people in Zambia were of employable age. Urbanisation and the breakdown of extended family care accentuated their needs. These were being met in various ways by both government and voluntary agencies; but their work needed to be co-ordinated, and that was what the IYDP committee should do. But it was not for one year only. "What is needed is a comprehensive policy aimed at tackling continuously the problems of disabled persons in our community."

240. Zambia has a Council and a Commissioner for the Handicapped established by Act of Parliament as long ago as 1968. It also has a Ministry of Education policy, declared in 1979, of "positive discrimination" in favour of children with special learning problems due to disabilities. To date, about half the blind, one in six of the deaf, scarcely any of the severely mentally handicapped and an unknown proportion of the orthopaedically handicapped receive formal education. The goal of public health policies is to reduce the impact of the various causes of disablement, but there must be a public concern for the large numbers of children who are handicapped for life. The aim in 1981 therefore was to plan the means for reaching out during 1982 through health and education services to contact as many disabled children as possible in order to ascertain their numbers and their needs and then to develop appropriate services.

241. A feasibility study for this campaign has already been conducted by Zambia's Educational Research Bureau with UNICEF support. Four screening instruments were field-tested for use by staff with limited training to ascertain children with visual and auditory impairments and children with severe physical and mental handicaps. Meanwhile, materials are being prepared for translation into seven Zambian languages which will focus on:

- how to identify a child with a handicap
- what can be done by the family and community
- what back-up services and resources are available.

242. Three Ministries (Health, Education and Culture, Labour and Social Services) are working together on the 1982 implementation programme with the co-operation of the University of Zambia and UNICEF. The objective is not just to count disabilities by categories but to supply prosthetic aids (spectacles, hearing aids, braces, crutches etc.) to those who need them. Increased production of orthopaedic aids is a major IYDP objective.

243. The adult disabled were encouraged to organise themselves for recreation purposes, for participation in the political life of the country and for technical and vocational training according to their needs. Parliament would be asked to introduce a quota system for the employment of disabled persons; but as many rehabilitated people as possible would be encouraged to return to their own districts of origin, where farm settlement schemes are run by the Council for the Handicapped.

THE MAIN CONCLUSIONS

244. The four major conclusions of this survey are now beginning to emerge. The first is that much of the paraphernalia of the relatively new science and practice of rehabilitation to be seen in industrialised countries is a long way out of the reach of smaller and more remote Commonwealth countries. Somehow, a means must be found to adapt these modern sophisticated technologies to the needs of disabled children and adults in the less developed countries - and not just in their urban areas.

245. The second is that brave efforts which are being made in the smaller countries to meet their educational needs are still largely in the hands of voluntary organisations. However well-disposed governments may be, they are very hard-pressed to maintain existing services of all kinds and have not the money to create new posts, let alone institutions, specifically for disabled people. Therefore, since IYDP has greatly increased the challenge to non-governmental organisations to redouble their efforts, they must be helped to find and support both paid and volunteer staff.

246. As there are limits to what amateurs or semi-trained staffs can do in many of these specialised fields, the third conclusion - and the strongest of all - relates to training. When this was discussed at length in various countries, it was pointed out that in one sense there was already too much training: some of the few nearly-indispensable people had the disconcerting habit of "going on courses", sometimes in faraway countries where economic and social conditions were so different as to be doubtfully relevant. When their quest was for a higher professional qualification recognised in the industrialised countries there was always a risk that the "indispensable" one might not return home but stay and practise where the emoluments were higher and the apparatus more sophisticated. Training must be more and more "on the spot". This means visits by professionals, sub-professionals and volunteers to the neediest countries to work alongside local people for a time. Of course, this is being done already, by VSO, by CUSO, by VSA, by World Orthopaedic Concern and by so many other organisations that it is invidious even to select those four for specific mention. But the need for training and the sharing of experience is paramount.

247. IYDP may have served a useful purpose if it directs the attention of voluntary organisations and governments with aid programmes to the specific needs of the large numbers of disabled people at present almost completely out of reach of the various forms of rehabilitation and educational techniques. They will say that they can only respond to requests. Many have learned the art of ventriloquising requests that they are able and willing to meet; but a major benefit of IYDP could be that the supply of outside assistance, which is desperately needed, could be conducted much more effectively and produce more beneficial results if it were based on a national policy for the disabled. My first recommendation, therefore, relates to the means of formulating such a national policy.

National councils for the handicapped

248. Only individual governments can decide what is appropriate and practicable in the circumstances of their own countries to sustain the momentum of interest and co-ordinated response to the needs of disabled people created by the activities of IYDP. I have read a vast amount of material about the work of IYDP committees and sat in discussion with some twenty of them. Their immediate 1981 objective may have been reached in many cases. The public may have become much more aware of handicapped people in their community, while disabled people themselves may have been encouraged to think that their voices will be heard with greater understanding in future. But the work does not end there. In the words of President Kaunda: "What is needed is a comprehensive policy aimed at tackling continuously the problems of disabled people in our community".

249. Here IYDP committees will have failed if they have not produced a co-ordinated programme of action and persuaded governments to adopt it; and I judge that most of them have not. One year is too short a time to alter government policies, especially when they are astride many departmental interests and many departmental votes. Where there were pre-existing councils for the handicapped, these have been strengthened for their task, with their objectives clarified and with enhanced government and public support. Where such councils do not exist, they need to be created.

250. The ideal is a statutory body with an independent chairman, respected in the community, listened to by government but enjoying the confidence of the major voluntary societies. IYDP experience strongly indicates that the selection of a serving civil servant, however senior, is inappropriate. He has his departmental duties and his departmental loyalties. He is liable for transfer to other duties. Only a very exceptional man could take an objective view of a subject which spreads deep into the concerns of other ministries.

251. The membership of a national council for the handicapped necessarily includes people who can speak for the ministries of health, education, social welfare and labour. Where there is a strong council for social services, its representatives on the council for the handicapped may cover a number of voluntary bodies, but those concerned with the blind, the deaf, the orthopaedically disabled and the intellectually handicapped need specific representation. It is particularly important that organisations of the disabled themselves should participate in the council's work.

252. If such a membership sounds large and unwieldy, it should be borne in mind that this report and this recommendation relate to smaller and less developed countries where the main problem is fragmented effort which needs to be drawn together into a combined government/voluntary agency policy. If the formulation of such a policy is left to government departments alone, it is doubtful whether much priority will be given to the needs of disabled children and adults; these are known much more intimately to the voluntary agencies who are seeking to meet them on a day-to-day basis. If the non-governmental organisations try to agree a national policy on their own (not an easy thing to do anywhere), the government departments concerned are not continuously (to use President Kaunda's word again) reminded of the needs of disabled people as they carry out their tasks and formulate their departmental votes.

253. Some countries are contemplating the appointment of a commissioner for the disabled. He and his department would provide a useful focus, but would still need not only a constant flow of advice from voluntary societies but also perpetual contact with the government ministries who could be expected to provide services for disabled children and adults. He would have to be equipped with something very much like a national council for the handicapped to do his work effectively.

254. Only when there is a national policy for the disabled will each of the small countries be in a position to formulate priority requests for the outside help that is most needed. In country after country, I was told that badly-needed items of technical assistance stood no chance of survival as formulated requests for foreign aid of any kind because, as they went through the necessary procedures, they would be stripped of all priority and finally fall off the bottom of the list. One sympathises with the dilemma of officials and ministers who have to decide such things, when the pressing need is for aid which will have some chance of promoting economic growth. A number of small, unco-ordinated requests for technical assistance that may benefit diverse groups of disabled people may understandably be relegated to the end of the queue. Proposals from a powerful co-ordinating body, able to represent itself as the custodian of a national policy thrashed out between the voluntary bodies that are doing most of the work and the government departments in whose general province the work falls, are much more likely to be heeded.

255. But everything will depend in the last resort on how seriously government - and that means the cabinet - takes the well-being of the disabled as a matter for official action. And, despite successful IYDP activities, it is doubtful whether many governments, with their increasingly severe financial constraints, accord to the disabled - one in ten though they may be - any very great priority. The work begun in 1981 therefore has to be sustained through the years ahead; and the disabled must speak through a national council. To borrow the title of the British report on the work of its IYDP committee, the International Year of Disabled People, 1981, was "a beginning, not an end".

Physical rehabilitation of the orthopaedically disabled

256. The articulateness of the wheelchair people, the use of the "access" symbol in so many public places, the growing success of paraplegic games, but particularly the visibility of orthopaedic handicaps led many members of the public to think - and many IYDP committees to act as though - the International Year concerned them in the main. Residual paralysis from poliomyelitis in many countries, increasing road and industrial accidents in all, the survival of many infants who earlier would have perished from their impairments, and the absence of strong voluntary movements such as those which have sought to help the blind, the deaf and the intellectually handicapped go some way towards explaining and justifying this attitude.

257. There have been great advances in the past few years in orthopaedic surgery, in various forms of therapy and in the production of prosthetic and orthotic aids from which thousands of

people in the wealthier countries have benefited, to become more mobile and to live much fuller lives in their communities. In the industrialised countries, the emphasis of IYDP was on carrying this social and economic integration to its logical completion: hence "full participation and equality" as the international slogan.

258. The task now is to bring as many as possible of these benefits to the millions who are quite untouched by them. It is beginning to happen. I saw it happening in India and in East and Central Africa. No doubt it is occurring in Nigeria and in many other countries as well. How do we accelerate its progress and reach the smaller and more remote Commonwealth communities?

259. Earlier in the report (see paragraph 77) I have commended the 1970-76 initiative which started with an extensive tour by Professor Ronald Huckstep, then of Uganda, followed by two Oriel College conferences organised by the National Fund for Research into Crippling Diseases and supported by the Commonwealth Foundation and the British Overseas Development Administration. The first of those conferences was on orthopaedic training and the second was on the very subject of this report, appropriate technology and delivery of health and welfare services for the disabled in developing countries. (Commonwealth Foundation Occasional Paper number XLI).

260. Now is the time to repeat that sequence. World Orthopaedic Concern are contemplating the appointment of a travelling emissary and also of regionalising their world-wide membership. They should be encouraged to do both. Many of their 400 members already have a great deal of experience of working for a time in the least developed countries. As this is being written, the President has returned for a month's work in Papua New Guinea and the Secretary has left via Madras for Dacca where, through the years, World Orthopaedic Concern has had a good deal to do with building up the National Rehabilitation Institute and Hospital for the Disabled, described in the notes on Bangladesh earlier in this report. Their registered office is in Singapore and their former Secretary is in Jamaica.

261. If an emissary could be chosen in consultation with them, the most needy countries could be selected for visits while preparations were being made for a symposium - or, perhaps better, three regional symposia. The agenda would spread from orthopaedic surgery through all rehabilitation techniques appropriate to the most impoverished countries and into the vital question of training community health aides for working with the disabled in the community. By the time these symposia could be mounted, the results of the initial field-testing of the WHO manual will have become known and the components of training for village-level workers and - perhaps more important - their supervisors will be much clearer than they are now. I recommend strongly that one of these symposia should take place in India, which has so much to offer.

Orthopaedic appliances

262. Although the symposia proposed in the preceding recommendation would produce fruitful ideas about the local production of rehabilitation aids of all kinds, both demand and supply are increasing so rapidly that this subject deserves separate attention. In the report, I have given a few glimpses of the development of local workshops, but accumulating evidence of activity (for example, the support of OXFAM for reviving the work in Uganda) renders any attempt at a comprehensive statement impossible at this stage. Many local booklets are being produced, some deriving from Professor Huckstep's standard 1975 work "Poliomyelitis: a guide for developing countries, including appliances and rehabilitation of the disabled". The evolution of simple aids made from local materials will be accelerated by the field-testing of booklet IV of WHO's manual "Training the disabled in the community".

263. My recommendation is that this subject should feature regularly in discussions at Commonwealth Regional Health Ministers' meetings so that the smaller and more remote countries can be helped to devise their own production of appropriate appliances. CFTC assistance should then be made available to enable successful experience to be shared by visits both ways: visits to neighbouring countries for short periods of inspiration and training and the loan of skilled technicians to train local people - including, whenever possible, people who are themselves disabled.

Education of handicapped children

264. Although, in deference to the consensus of IYDP opinion, priority in these recommendations has so far gone to the orthopaedically handicapped, my own principal concern, after reviewing a mass of material and reflecting on visits to over 20 countries, is with giving handicapped children a better chance in life. Crutches and calipers will help a great many; but what lives in the mind from these and earlier visits to schools in the most impoverished communities is the effort being made by largely untrained or semi-trained underpaid or unpaid staffs of voluntary societies to provide care and some kind of early stimulation and rudimentary education for children severely handicapped by deafness, blindness, cerebral palsy and mental retardation.

265. This scene was penetratingly reviewed by James Eedle in the Commonwealth Secretariat publication of 1972 "Special education in the developing countries of the Commonwealth", now out of print. Its merits have been briefly described in paragraph 126. Commonwealth education officials agreed at their 1979 meeting that, as 1981 was to be the Year of Disabled Persons, special education should appear on the agenda of the Eighth Commonwealth Education Conference in Sri Lanka in 1980. That conference recognised that the special education needs of children and adults who suffer from physical or mental disablement are of deep concern to education authorities in all Commonwealth countries. It noted (paragraph 138 of the conference report) that the Commonwealth Secretariat had carried out a number of surveys in the early 1970s leading to the publication of material on special education and welcomed the possibility of a renewal of Secretariat activity in this field. A study on low-cost equipment for use in special education has been carried out in accordance with a specific recommendation of the conference and a practical, illustrated handbook on easily-made aids for the disabled will shortly be available.

266. IYDP has aroused the expectations of the voluntary societies who still bear the main responsibility for the education of handicapped children in the less developed countries and has challenged governments to decide on a national policy. This suggests that consideration of special education will be more relevant and more important at the Ninth Commonwealth Education Conference in 1983 than it was at the Eighth, which took place before governments had set up their special committees to consider the needs of the disabled and received their recommendations. Education Ministers might well be asked to say in 1983 what conclusions emerge from the International Year and where their main difficulties lie in the field of the education of handicapped children. Such an exercise would both help to sustain the impetus of IYDP and provide a guide to future Commonwealth-wide or regional studies. It would also indicate where CFTC and Commonwealth Foundation support could most beneficially be applied.

267. In smaller and more remote countries, this work is still in the hands of largely untrained staff. Regional activities are attempting to share experience and provide at least some rudimentary training. Under Australian technical co-operation, short periods of practical experience in Fiji are provided for the smaller islands in educational work with both handicapped and normal children, together with follow-up visits to the countries from which the participants come. Similar courses are being attempted with very limited resources by the Eastern Caribbean Unit of the Institute on Mental Retardation and Developmental Difficulties, based on St. Lucia and reaching some of the smallest islands. Generic courses of this kind are needed in addition to the specialist, higher-level, courses for teachers of the blind, the deaf and the mentally retarded, especially if progress is going to be made with the WHO/UNICEF strategy for training the disabled in the community instead of in special institutions.

268. The ideal would be, as I have suggested in paragraph 126 of this report, to up-date through the 1980's the 1972 study of special education in the developing countries of the Commonwealth. This takes each disability in turn, authoritatively examines causes and prevalence, then describes the educational provision in countries which have very limited resources and many other claims on funds available for education. The basic facts about children's disabilities remain very much as they were in 1972 and an edited, summarised text would still be useful. The process of up-dating the statements about special education, perhaps on a regional basis, would be a logical sequence to IYDP activity which provided most countries with a stocktaking of their own educational provision and a better measure of the need.

269. The exercise would be particularly valuable to governments during the period when the trend away from special institutions to integrated education and training within the community

is gaining strength. In the realities of small, remote communities, we still do not know what this means. It must not be allowed to undermine prematurely the indispensable work of voluntary societies and expatriate volunteers who so largely maintain the special institutions and whose waiting lists grow as their fund-raising becomes more and difficult. In the aftermath of IYDP, there is an opportunity to realise a greater co-ordination of effort between governments and voluntary organisations and to define a joint national policy for the education of handicapped children. Discussion at the 1983 Education Conference and subsequent Secretariat activities should make sure the opportunity is not lost.

Deafness

270. Deafness is a major disability, not receiving the attention it deserves. The spread of vaccination against rubella could avert as much as ten or even twenty per cent of the incidence as well as preventing many other serious impairments. This is in hand (see paragraph 109). But the Leeds Castle Declaration also speaks of "inexpensive and simple treatment which could improve the hearing of ten million deaf people". It is tempting to think of mass delivery by adapting and using, for the deaf and hard of hearing, the technique of the eye camp which, under RCSB leadership, has been the means of restoring sight to cover one million people in Commonwealth countries over the last twelve years. This possibility is indeed being investigated. Deafness surgery would be more difficult in rural conditions than cataract surgery; but "eye-ear" camps would at least enable many people to receive treatment to safeguard them against the serious complications which follow common ear infections, especially otitis media.

271. This method has been rewardingly attempted under voluntary auspices in Thailand. The nearest approach in a Commonwealth country is the project recently started in The Gambia under the auspices of the Commonwealth Society for the Deaf, with an audiologist from Australia provided under CFTC arrangements. Much more of this kind of activity is needed. The extended use of booklet II of WHO's draft manual "Training the disabled in the community" during the early 1980s will tell us more about the prevalence and degree of deafness in rural areas. The booklet itself (community-based rehabilitation "for persons who have difficulty with hearing and/or speech") describes in detail how deaf children can be helped to learn to communicate and play a fuller part in community life. I suspect that its use will reveal a prevalence of deafness that will greatly increase the demand for medication and surgery.

272. In view of the manifest impossibility of providing, in the foreseeable future, trained teachers of the deaf for more than a tiny fraction of the deaf and hearing-impaired children over very large areas of the Commonwealth, both primary and secondary prevention of deafness deserve a great deal more attention than they are receiving. While I hope that both CFTC and the Commonwealth Foundation will continue to respond to requests for assistance to increase the training of teachers of the deaf - preferably in their own regions, e.g. in Ghana, Malawi, India, Jamaica or Fiji, rather than in countries where much more sophisticated apparatus and methods would be in use - I recommend that it should be at least paralleled on the investigation of the possibilities of prevention. Reviewing all IYDP activities and literature, I conclude that the deaf have benefited least from the attention directed upon the needs of handicapped people and I hope that this recommendation may help to redress the balance during the decade that follows.

Sport and leisure

273. I would not have expected to include a recommendation about sport and leisure, but contacts with groups of disabled people (National Games for the Disabled in Bangladesh, Combined Disabilities Association in Jamaica and others) and the stimulating effect of cultural events in the IYDP programmes of many countries made me realise their possibly unique potential in the rehabilitation of handicapped people. The International Stoke Mandeville Games Federation had already stimulated sports for paraplegics and the 1976 "Olympics for the disabled" in Toronto brought in young people with other disabilities. The encouraging effect of these international contacts cannot be overstated. Many Commonwealth countries which had no sporting events for the disabled organised them during 1981. The enthusiasm they generated should ensure their continuation. Apart from the therapeutic value of sport and leisure activities, the social and psychological effect of public achievements means a very great deal to the disabled in the community.

274. Apart from Stoke Mandeville and the International Sports Organisation for the Disabled, which can be relied upon to encourage the athletic activities, a new organisation with strong Commonwealth links is now organising a wider range of opportunities for handicapped young people to travel and to take part in recreational and cultural events in their own and other countries. With support from the Commonwealth Youth Programme, the Commonwealth Foundation, the British Council and Canadian sources, Mobility International, with headquarters in London, has in the last two years established projects for young disabled people in India, held a major event in Toronto, established effective contacts with Malta and Cyprus and is arranging for the British deaf cricket team to play in St. Vincent and Barbados. It is also in touch with organisations of young disabled people in Africa with a view to organising a 1983 cultural event. I recommend continued support so that Mobility International can become in time a valuable complement to the International Stoke Mandeville Games Federation in the field of culture, leisure pursuits and travel.

Mental retardation

275. In paragraph 88, I recommend the formation of a panel of consultants and/or a professional associations in the field of mental retardation. This is in hand. The Commonwealth Foundation has made it possible for additional delegates, from Bangladesh, Ghana, India, Jamaica, Kenya and Sri Lanka, to attend the "World-wide Sharing" Congress in Toronto in August 1982 and the incoming President of the International Association (Professor Roeher) has arranged with the organiser of the 1981 Bangalore Conference (Dr. V.R. Pandurangi) to promote both concepts. Whatever the outcome, both the prevention of mental handicap (a much neglected subject) and the training of teachers of the mentally retarded should receive more of the attention they deserve.

Rehabilitation assistants

276. In paragraphs 113-117, I call attention to the need for the training of rehabilitation workers in rural areas, and more particularly of their supervisors, at sub-professional level. Without such training, rehabilitation is going to remain the privilege of the very few as, in the words of the March 1982 WHO progress report, "it has developed into a highly complicated service delivered by a team of many highly-specialised professionals" and this makes it "unavailable to the great majority of the disabled, particularly in the developing world". The process of devising patterns of rehabilitation services requiring less advanced training and simpler facilities has only just started with the field-testing of the manual "Training the disabled in the community". The training and supervision of manpower is, to use the words of the WHO review, "the key issue". Two inter-country workshops have so far taken place, in Botswana (September 1981) and Kerala, India, (February 1982) attended by representatives from eight African and six Asian countries respectively. Work to date will be reviewed in Sri Lanka in July 1982.

277. It is too soon to make a specific recommendation, except to repeat that Commonwealth Ministers of Health will wish to watch this development very closely at their regional meetings and give it all the support they can in order that rehabilitation benefits may be brought to more of the unreached disabled people in rural areas.

278. For the Caribbean, I have already invited CARICOM and the Commonwealth Foundation to encourage the newly-formed Association of Rehabilitation Therapists whose secretariat is in St. Lucia where the WHO manual is being tested.

IMPLEMENTATION OF RECOMMENDATIONS

279. The implementation of these recommendations will require action at national, regional and Commonwealth Secretariat levels. In many aspects of the subject, the three are inter-dependent, so they will be dealt with together.

280. Only at the national level can the vital decision be taken and implemented. This is to sustain the initiatives of the International Year by appointing a national council for the