

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 Roehrer) 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

handicapped. Where these already exist, they are not always sufficiently removed from the control of one department of government to ensure effective inter-ministerial action in close co-operation with voluntary agencies, including associations of disabled people. A statutory national council can devise a national policy to make the best use of limited local resources and of technical co-operation with aid-giving agencies. If it is truly inter-ministerial, it can determine the priorities between primary prevention, physical rehabilitation, education and employment; and if it has a sufficient measure of independence, it can supplement government grants by arousing public support for specific projects within its programme. By the participation of voluntary agencies in its deliberations, it can seek the best solutions for the education and care of handicapped children by making their needs known to government and to aid-giving agencies as well as to the general public for their support.

281. But, with the smaller and more remote countries in mind, national councils and their constituent elements should be able to look to regional arrangements for the visits of inspiration and guidance and for the training of their staffs, whether for physical rehabilitation (including the local production of simple aids of all kinds) or for the education of children with special needs. There are success stories in these fields, but not enough sharing of experience. One way of doing this is to organise workshops, preferably in the smaller countries of the region in rotation; another is to support regional associations of therapists and of teachers of handicapped children. Particularly important is the regional sharing of experience in reaching the disabled in rural areas by the field-testing of the WHO/UNICEF manual "Training the disabled in the community".

282. The Commonwealth Secretariat, having sponsored this survey, will wish to support the initiatives outlined in the report for the prevention of avoidable disabilities and for the rehabilitation, education and employment of handicapped people, specifically:

- (a) by supporting the Expanded Programme of Immunisation, the attack on needless blindness and the special initiative which seeks to extend vaccination against rubella;
- (b) by encouraging World Orthopaedic Concern to regionalise its activities in adapting "western" technology, including the production of appropriate aids, to the needs of orthopaedically disabled people in the less developed countries;
- (c) by encouraging co-operation in the field-testing of the new WHO/UNICEF concept of "Training the disabled in the community";
- (d) by seeking to make up the deficit in research into preventable or reversible deafness;
- (e) by promoting the service of professionals and volunteers to augment and train the staff in smaller and more remote countries engaged in the education of children with special needs;
- (f) by inviting the Ninth Commonwealth Education Conference in 1983 to review the provision for the education of handicapped children in the light of experience during the International Year of Disabled Persons (1981);
- (g) by systematically updating during the 1980s its valuable comprehensive study (1972) of special education in developing countries;
- (h) by encouraging Commonwealth-wide, regional and local associations which are endeavouring to develop sub-professional or supervisory cadres in the broad fields of rehabilitation and the education and care of handicapped children;
- (i) by inviting both governments and the private sector (especially Rotary, Lions and other service clubs) to develop commercially-run works centres where disabled men and women can find gainful employment; and
- (j) by giving its support to the growing movement for sports, travel and leisure activities for disabled people.

283. Several of these activities are more appropriate to the Commonwealth Foundation, which is already active in the disabilities field, enabling professional people to work together in

orthopaedics, in the treatment and education of the deaf and in the study of mental retardation. I hope this report may assist the Trustees in discerning the aspects of disablement which are most likely to deserve their attention and assistance.

SOURCES OF ASSISTANCE

285. The Commonwealth Foundation has published three valuable Directories of Aid Agencies, one for the Caribbean (1978), one for Africa (1979) and one for Asia and the South Pacific (1981). They are comprehensive and detailed lists of international, Commonwealth and non-Commonwealth sources of aid and include many which are concerned with work among disabled people.

286. An attempt was made during this survey to keep an annotated list of such sources found to be active in the smaller Commonwealth countries. This would have included the United Nations Development Programme and the several Specialised Agencies, especially WHO, UNICEF, ILO and UNESCO; also Commonwealth and non-Commonwealth governments with bilateral aid programmes. These accounts alone would have been voluminous. But it was the multiplicity of non-governmental agencies that caused the attempt to be abandoned. New direct sources of assistance are still coming to light as this report is being written, showing how dangerous it would be to attempt a list when so many significant omissions would be inevitable. When one is visiting the receiving end, the sources of aid are not always disclosed. Although some 30 major voluntary societies were invited at the outset to give information about their overseas work, not all were able to list items specifically for work among disabled people; nor were many sources in Australia, Canada and New Zealand canvassed, and in many cases that is where effective help is coming from. To list individual sources because I happened to come across them by correspondence or during visits while conducting the survey would be unfair to the many whose work would go unacknowledged.

287. In the Commonwealth context, I found that most professional bodies concerned with disabled people were well aware of the assistance they might receive from the Commonwealth Foundation. On the other hand, the possibilities and procedures for assistance to governments through the Commonwealth Fund for Technical Co-operation were not very well known and doubts were expressed whether requests within the social development field would be entertained either by the national government agency or by the Committee of Management of the Fund. As the sharing of experience between developing countries in the rehabilitation and education of handicapped people is particularly important after the interest and initiative aroused by the International Year, I hope that more use will be made of both the General Technical Assistance Programme, and more especially the Education and Training Programme of CFTC.

288. At the International level, the Disabled Persons Unit of the Centre for Social Development and Humanitarian Affairs in Vienna will publish twice a year a "Disabled persons bulletin", starting in June 1982. This will include a summary of information about projects and activities in the field of disability prevention and the rehabilitation of disabled persons. There will be special emphasis on technical co-operation, covering the United Nations, the Specialised Agencies, inter-governmental organisations and voluntary societies. There will be a section on bilateral technical assistance projects of governments. The comprehensiveness of this bulletin, which will be sent to IYDP committees or their successor organisations, will atone in some degree for the incompleteness of this survey report in the matter of available sources of outside assistance.