Disability and rehabilitation

Disability and Rehabilitation Team
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World Health Organization
Strategic priorities (2006 – 2011)

- Raise **awareness** about the magnitude and consequences of disability
- Facilitate data collection and analyse or disseminate **disability-related data** and information
- Support, promote and strengthen **health and rehabilitation services** for persons with disabilities and their families
- Promote **community based rehabilitation (CBR)**
- Promote development, production, distribution and servicing of **assistive technology**
- Support the development, implementation, measuring and monitoring of **policies** to improve the rights and opportunities for people with disabilities
- **Build capacity** among health and rehabilitation policy makers and service providers
- Foster multisectoral **networks and partnerships**
World Report on Disability and Rehabilitation
The catalyst for a world report

World Health Assembly
Resolution 58.23 on "Disability, including prevention, management and rehabilitation"

"based on the best available scientific evidence."

WORLD HEALTH ORGANIZATION
FIFTY-EIGHTH WORLD HEALTH ASSEMBLY A58/99

24 May 2005

Resolution on Disability, including prevention, management and rehabilitation

The Fifty-eighth World Health Assembly,

Having considered the report on disability, including management and rehabilitation;¹

Noting that about 600 million people live with disabilities of various types;

Aware of the global magnitude of the health and rehabilitation needs of persons with disabilities and the cost of their exclusion from society;

Concerned by the rapid increase in the number of persons with disabilities as a result of population growth, growth of the ageing population, chronic conditions, industrial injuries, those inflicted by land mines, war, violence, especially domestic violence, AIDS, environmental degradation, road traffic, domestic injuries, injuries caused by firearms and occupational injuries, and other causes related to poverty;

Stressing that 80% of people with disabilities, particularly in the child population, live in low income countries and that poverty further limits access to basic health services, including rehabilitation services;

Recognizing that people with disabilities are important contributors to society and that allocating resources to their rehabilitation is an investment;

Recognizing the importance of reliable information on various aspects of disability prevention, rehabilitation and care, and the need to invest in health and rehabilitation services required to ensure equality of opportunities and good quality of life for persons with disabilities;

Recalling the United Nations' Standards Rules on the Equalization of Opportunities for Persons with Disabilities;²

Recalling the International Classification of Functioning, Disability, and Health (ICF) officially endorsed at the Fifty-fourth World Health Assembly in 2001;

Recalling also the United Nations World Programme of Action concerning Disabled Persons,³ indicating inter alia that the sphere of responsibility of WHO includes disability prevention and medical rehabilitation;

¹ Document A58/17
² Adopted by United Nations General Assembly resolution 48/96
³ United Nations General Assembly resolution 37/32


Aim

To provide governments and civil society with a comprehensive description of the importance of disability, rehabilitation and inclusion, an analysis of the responses provided and recommendations for action at national, regional and global levels based on the best available scientific evidence.
What do we hope to achieve?

- Highlight best practice, based on the evidence of what works
- Enable States to develop policies and invest, organize, deliver services better and more appropriately
- Support the implementation of CRPD
Target Audience

- Policy Makers
- Disability and development actors
- Donors
- Academics
- Service providers, insurers
- Media
- People with disabilities and their families
- Broader community
What does the Report cover?

- Current data and trends
- Causes of disability
- Existing responses and their impact
- Challenges and gaps in knowledge and responses
- Cross cutting issues
- Recommendations
Community-based rehabilitation (CBR) aims to provide rehabilitation, reduce poverty, equalize opportunities and promote the inclusion of disabled people in their communities.
CBR is being practiced in more than 90 countries
CBR and P&O (WHO/ISPO joint position statement)

- Although most basic rehabilitation activities can be carried out in the disabled person's own community, many persons with disabilities have to be referred to other rehabilitation services outside their own community.
- Among this group are those people who require prostheses/orthoses
Assistive Devices

- Guidelines available on training personnel in prosthetics and orthotics
- Building capacity of prosthetic and orthotic training institutions in Africa and Middle East
- Guidelines available on the provision of wheelchairs in less resourced settings
- Training packages under development to support wheelchair service provision and upscale implementation of wheelchair guidelines
Trauma Care

Prehospital trauma care systems

Guidelines for essential trauma care

Guidelines for trauma quality improvement programmes
ICF CHECKLIST
Version 2.1a, Clinician Form
for International Classification of Functioning, Disability and Health

This is a checklist of major categories of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization. The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or research work). The checklist should be used along with the ICF or ICF Pocket version.

H 1. When completing this checklist, use all information available. Please check those used:
[ ] written records  [ ] primary respondent  [ ] other informants  [ ] direct observation

If medical and diagnostic information is not available, it is suggested to complete appendix 1: Brief Health Information (p. 9-10) which can be completed by the respondent.


A. DEMOGRAPHIC INFORMATION
A.1 NAME (optional)  First ___________________  FAMILY____________________

A.2 SEX  (1) _______ Female  (2) _______ Male

A.3 DATE OF BIRTH: __/__/____  (date/month/year)

A.4 ADDRESS (optional)

A.5 LEVEL OF FORMAL EDUCATION

APPENDIX J:
EMERGENCY ROOM REGISTRATION FORM USED IN
SERVICIO DE EMERGENCIA
HOSPITAL SANTIAGO JINOTEGA, NICARAGUA

1. SOCCER/FOOTBALL INJURY

REPORT Date: __/__/____  Time: __:__

Record: _______________  ER: __________  Date: __/__/____  Time: __:__

Name: ________________________________  Box: Male  __  Female  ___

Age: __________  Father/Mother Date: __/__/____  Box: Male  __  Female  ___

Address: ________________________________  Neighbourhood: __________

Occupation: ____________________________  Reason for Consultation: __________

Date of injury: __/__/____  Time: __:__

Place: Where were you when you were injured? (sudden onset)

Mechanism: How did the injury occur?

Activity: What were you doing when you were injured?

Place: Where were you when you were injured? (chronic onsets)

Mechanism: How did the injury occur?

Activity: What were you doing when you were injured?

Place: Where were you when you were injured? (chronic onsets)

Mechanism: How did the injury occur?

Activity: What were you doing when you were injured?
Thank you

http://www.who.int/disabilities/en/