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Dear Enrico and Eva

Firstly, the IDDC CBR Task Group would like to congratulate WHO – Disability and Rehabilitation Unit on the recently completed Helsinki CBR Review Meeting and all the work that has gone into this really important and successful process. We feel very strongly that the nearly 25 years of practical CBR experience has much to teach us, and that we can incorporate these lessons into a revised CBR strategy that will be highly relevant in today's struggle to promote disability rights and to eliminate the poverty of disabled persons, their families and communities. It is because we strongly believe in the potential of CBR, considering the leading role that WHO-DAR Unit had always played and will continue to play that we submit these comments, which we sincerely hope will be helpful.

UN Joint Position Paper on CBR

We feel that the UN Joint Position Paper is key document for the future of CBR, and has been very useful over the last decade in helping people to define CBR and to understand it as a strategy. The validation by UN agencies is considered as an added value that increases its importance. Therefore we feel strongly that the revised Paper needs to thoroughly reflect and incorporate the findings of the Review of CBR's 25 years experience.

The definition and objectives in the Position Paper are of particular importance and tend to be widely quoted. Therefore we feel that these sections in particular should give a strong focus to key concepts of rights, inclusive development and active participation of disabled persons.

Suggestion 1 : Definition and Major Objective:

Definition

CBR is a strategy within general community development that promotes the human rights of disabled persons and creates inclusive communities through rehabilitation and equalisation of opportunities.

CBR is implemented through the active participation of disabled children and adults and combined efforts of their families and communities, DPOs, relevant NGOs and all Government levels and sectors (health, education, labour, social etc)

Major Objective

The major objective of CBR is based on the twin track approach to promote Inclusive Development;

- a) the *removal of the barriers* that prevent disabled persons accessing their rights to equal opportunity and to mainstream services, (e.g. appropriate rehabilitation)
- b) the *empowerment of disabled persons* to become fully active citizens, for example through the development and capacity building of DPOs at all levels.

CBR aims to be comprehensive, involving the whole community, including persons with all types of impairments and of all ages (from new-born to elderly)

We spent some time reviewing the draft Position Paper and also identified some issues that could be improved.

Identified issues that could be improved

1. **Structure** of the paper needs to be clearer; currently, there are present only 3 main sections – CBR, Developing CBR and Sustainable CBR programmes. These titles do not present a comprehensive typology of CBR. For example, it needs at least to include the key sections/themes and categories used in the Review. A contents page with headings and sub-headings needs to be included.
2. **Clear and updated Definitions** of functioning/disability/Activity limitation and participation/rehabilitation (ICDH-2) need to be included at the beginning of the document.
3. CBR, as component of **poverty alleviation/reduction** strategies needs to be at the beginning of the document, with reference to the Millenium Development Goals and PRSPs (Poverty Reduction Strategy Papers).
4. More recognition needs to be given to what CBR has to offer, as well as the relationship between CBR and persons with **chronic disease and infectious disease, as HIV/AIDS**.
5. **Gender perspective**: it will not be enough just to mention “women with disabilities”, but a gender analysis needs to be included.

6. **Different Contexts of CBR:** mention needs to be made of CBR in a wide range of contexts and cultures; e.g. countries in economical, social and political transition, countries in conflict situations, with refugees, with nomads, urban slums, remote rural areas, emergency and disaster situations.
7. **Role/participation of disabled persons and DPOs** need to be improved, e.g. contributions of umbrella DPOs and single impairment organisations.
8. **Role of Professionals** needs to be clearly defined from a rights perspective, and it needs to be underlined the importance of disabled persons themselves having choice and control over their interaction with professionals, proper access to information, and decision-making about treatments and therapies.
9. **NGOs are key innovators and promoters of CBR** and there is the need to underline this and for improving co-ordination between NGOs and also collaboration with donor agencies and governments.
10. **Role of Private for Profit sector** and opportunities for inclusion and collaborating with business sector need to be mentioned.
11. **Role of Medical Rehabilitation in CBR:** it needs to be clearly stated that not all disabled persons require or want medical rehabilitation or therapies. On the other hand, in the majority of the world (economically poorer countries), there is a much larger percentage of disabled children and people with mild and moderate impairments. Medical Rehabilitation is therefore essential to the empowerment of disabled persons, in that they reduce the impact of the impairment, improve functioning and provide essential aids and equipment. This is a central, creative and pioneering element of CBR and should be highlighted as such, but within a rights perspective, so that disabled persons have full choice and control over their rehabilitation.

Suggestion 2: We have highlighted several issues that could be improved, but we are also aware that more rigorous work needs to be done on this revision, and linking up the revision with the global CBR Review. IDDC CBR Task Group would be willing to work with WHO on this.

Next Steps

We feel that although a lot of work was done in reviewing more than two decades of experience prior to the Helsinki meeting, there is still a lot of potential to learn lessons from the huge amount of documentation that has been compiled and that is available on CBR. In preparing for a meeting, priorities have to be decided upon, and therefore we acknowledge that it is not possible to focus on all the key aspects of CBR in the same amount of depth. IDDC CBR Task Group believes that there is still a huge potential to further analyse, summarise and extract lessons of experience and to compile this information for communities, disabled persons, NGOs and governments at all levels to learn from. We also acknowledge that this is a very ambitious task. We feel that the Helsinki Meeting was an extremely important stage in the global Review of 25 years of CBR, but in our opinion, the Review could go further in order to really respect the wealth of experience that has been gained globally.

Suggestion 3: Draft Terms of Reference.

1. A team would be recruited to make a thorough analysis and summary of lessons learnt from 25 years of CBR experience.
2. The output of this would be a Global Review Report (incorporating the results of the Helsinki meeting) that could feed into the finalised version of the UN Joint Position Paper.
3. The analysis would include the following:
 - a. Overall structure would be within a Human Rights Framework;
 - b. The relationship to Millennium Development Goals and poverty eradication would be clearly outlined;
 - c. Evidence of good practice and case studies illustrating different lessons in different cultures/contexts;
 - d. Different implementation strategies used in CBR;
 - e. Evidence for cost effectiveness;
 - f. Direct impact on disabled persons and their empowerment;
 - g. Approaches to training in CBR;
 - h. Examples of CBR linking with issues of chronic disease and infectious disease, as HIV/AIDS;
 - i. Incorporation of the key themes used in the Helsinki review;
 - j. Indicators of social inclusion and achievements of rights.
4. Time scale: Review of documentation – 3 months. Compilation and dissemination – 3 months. To be completed in 2004.
5. Team: IDDC would be willing to co-ordinate, fund and recruit a consultant to carry out this task, supported by IDDC CBR Task Group members and in collaboration with the WHO Review team.
6. The team would also collaborate with key Southern based CBR Networks such as CAN (CBR African Network) and the India CBR Network.

Thank you for receiving our comments, and looking forward to a constructive collaboration.

Sincerely

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On behalf of the IDDC CBR Task Group

Agency

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