

International Consultation on Reviewing CBR

25-28 May 2003, Helsinki, Finland

Organized by the World Health Organization (WHO) in collaboration with other United Nations Agencies, NGOs and DPOs and hosted by the Government of Finland

Background:

It is more than twenty years since the concept of CBR was introduced through the WHO, in the years following the Declaration of Alma Ata in 1978. But already before then, CBR as a new approach to rehabilitation was discussed in different groups. A manual was produced by WHO explaining simple activities to be carried out by disabled people themselves, their parents and family members at home, especially for improving the daily activities. In the same period, similar developments were going on in other specialized agencies of the United Nations like United Nations Educational, Scientific and Cultural Organization (UNESCO) and International Labour Organization (ILO) and in some non-governmental organizations, each of them using the same basic principles of transfer of knowledge and skills to persons with disabilities and their families, for promoting their access to education, vocational training, employment etc.

Need for a Review of CBR strategies:

We believe that a CBR programme could be based on some common basic principles. These have to be defined. The preparation of the first joint position paper (1994) by ILO, UNESCO and WHO, highlighted these principles: "CBR is a strategy within community development for rehabilitation, equalization of opportunities and social integration. CBR should be implemented through active involvement of disabled persons, their families and communities with support from appropriate health education, vocational and social services." (A review of this joint position paper has been carried out and a new version of this paper has been prepared, which has also been approved by United Nations Children's Fund (UNICEF), and will be presented during the consultation).

CBR programmes may, however, look very different, and factors such as community participation and multisectoral approach may not be equal. But the CBR definition emphasizing the present notion of the CBR approach as part of community involvement and multi-sectoral nature of activities is fundamental.

During this period, gradually the CBR approach has moved from "pilot projects" to be part of national policies for answering the needs of disabled persons, their families and their communities, in many countries of the world and the number of such countries is increasing. Yet constraints to implement CBR programmes continue to exist. For example:

- In many countries, the CBR activities remain limited to some pilot areas in spite of a national policy emphasizing the central role of CBR in rehabilitation services.
- Many countries lack resources for training the personnel and for initiating CBR programmes.
- Multi-sectoral collaboration remains difficult in many countries and situations, though agreed by all in principle.
- Community involvement and community ownership of CBR activities remain difficult in many countries, where CBR is seen as a programme belonging to one particular ministry.

- Collaboration between Governments and INGOs not strong enough
- Lack of participation of DPOs.
- The link between the community and the referral system is a weak point in many programmes.
- Some CBR programmes have been less successful in working with all disability "groups"

Evolution of Concepts in CBR:

Over these twenty years, many of the basic concepts related to CBR have been subject to reflections and evolution, and may seem very different from the original ideas. For example, as far as educational activities are concerned, the ideas of special needs and special education were initially replaced with integrated education and now UNESCO promotes the concept of inclusive education. While initially CBR was seen as an alternative service delivery approach to rural and marginalized areas not having access to any rehabilitation services, now more and more persons see it as an instrument for promoting empowerment of persons with disabilities and their families, for advocacy of human rights and improving their access to resources and services.

Although the definition, major objective and principles of CBR have not changed since 1994, the evolutionary changes in concepts and practices of CBR continue. For example the growing emergence of “social model” of disability and growing active participation of organizations of disabled people in CBR programmes, are questioning many aspects of CBR, so far taken for granted. Having taken this important development into consideration, the word “rehabilitation” is perceived as a medical term by professionals and not "give back dignity" as the origin of the word indicates. There is also a shift in focus from the users to think of rehabilitation from a rights perspective and not primarily from "a service to be provided" perspective. For this reason, it is necessary to continuously and critically, reflect on the theories and practices of CBR.

Disability and Poverty:

Poverty and disability are closely related and these two issues must be tackled together. An estimated 80% of the world’s disabled people live in the developing world. It is often noted that persons with disabilities are poorer as a group than the general population and that people living in poverty are more likely than others to be disabled. In her address to the Fifty-Third World Health Assembly on 15 May 2000 the Director-General of WHO stated that health is now at the heart of the development agenda and is increasingly accepted as a powerful tool in the fight against poverty. The important role of good health is also a prerequisite for equal participation according to the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities. CBR could be a powerful tool to fight poverty in developing countries.

Objective:

The objective of the proposed International Consultation is to contribute to the further development of the CBR concept and its implementation, by identifying the basic elements essential for effective CBR, through a review of current CBR practice and experience in a variety of settings.

Scope:

The review should cover the multi-sectoral aspects of CBR, and thus it should also involve the other UN agencies including the UN Special Rapporteur on Disability, UN, ILO, UNESCO, UNICEF, UNDP, UNHCR and FAO. The World Bank will also participate as well as representatives from the civil society and in particular the IDPOs..

Participants:

The International Consultation will invite as participants, experts in the field of CBR, including those responsible for the implementation of governmental and non-governmental CBR programmes in developing countries, supervisor and community workers, representatives of international agencies and organizations providing technical and financial support for CBR programmes, representatives of disabled persons organizations involved in CBR, as well as academicians.

Duration:

The consultation will take place in Helsinki 25-28 May, 2003.

Expected Outcome:

The International Consultation will explore various CBR themes or strategies: community involvement/responsibility, DPO empowerment/participation, multi-sectoral service provision, mainstreaming/inclusion, top down/bottom up organizational structures, content etc. Working group sessions on these strategies will attempt to reach a consensus on the essential elements of each. The results of the working groups will be published in a Report of the Consultation, which will include recommendations for the future implementation of CBR for use by the various stakeholders.

Methodology:

Given the vast amount and complexity of issues related to CBR, which may be discussed, the limited duration of the consultation and the big number and diversity of the participants, it would be possible to guarantee the expected outcome only if issues are identified, preliminary discussions initiated and background documents be prepared well in advance.

English will be the working language for the consultation, which will be organized through plenary sessions, keynote addresses and working group sessions. For every working group there will be a chairperson and a rapporteur. The chairpersons/rapporteurs will be utilized as CBR resource persons also after the consultation.

Core group:

A core group with representatives from ILO, UNICEF, WHO, the World Bank, the International Disability Alliance and the International Disability and Development Consortium has been established for assistance in the preparations of the Consultation.