REPORT

WORKSHOP ON COMMUNITY-BASED REHABILITATION

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NOTE

The views expressed in this report are those of the participants of the Workshop on Community-based Rehabilitation and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for participants of the Workshop on Community-based Rehabilitation.
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Key Words

Disabled person – rehabilitation / Community health services / Rehabilitation / Intersectoral
cooperation / Regional health planning / Western Pacific
SUMMARY

The Workshop on Community-based Rehabilitation (CBR) was conducted in Manila, Philippines from 24 to 26 June 2009 by the World Health Organization (WHO) Regional Office for the Western Pacific.

The objectives of the workshop were:

1. to review the CBR situation in countries and distil lessons learnt and good practices;
2. to discuss the recommendations of the First Asia-Pacific CBR Congress and identify key issues and challenges in the context of the Region; and
3. to agree on a future course of action at regional and national levels to promote and strengthen CBR in the Western Pacific.

The workshop was attended by 18 managers or senior staff of national institutions responsible for CBR policy and programme development and implementation. Represented Member States were Cambodia, China, Cook Islands, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Solomon Islands, Vanuatu and Viet Nam. There were 17 representatives and observers from various agencies and partner organizations – United Nations Children's Fund (UNICEF), American Leprosy Missions, Australian Agency for International Development (AusAID), CBM, Japan International Cooperation Agency (JICA), and the Ministry of Health and Medical Services of Solomon Islands – as well as four WHO collaborating centres, namely, Hong Kong Society for Rehabilitation, National Rehabilitation Centre for Persons with Disabilities in Japan, Negros Occidental Rehabilitation Foundation in the Philippines and Sun Yat-Sen University of Medical Services in China. Six WHO staff served as the workshop Secretariat.

The proceedings comprised presentations, plenary sessions and breakout discussions. The technical sessions started with a review of the global situation and initiatives in disability and rehabilitation, including CBR. Seventeen countries then presented their CBR situation and lessons learnt from formulating and implementing disability policies and programmes and CBR activities. Five partner organizations presented highlights of their work in disability and CBR in various countries and settings. The highlights of the First Asia-Pacific CBR Congress were also presented. The participants discussed the main findings and important elements from these presentations, including the Bangkok Commitment to the Promotion of CBR in Asia and the Pacific, as well as key issues and challenges in the context of the Region. All the attendees had an opportunity to visit a prosthetic shop at the Philippine General Hospital in Manila.

A draft regional CBR strategy, the Regional Framework for Action on Community-based Rehabilitation 2010–2015 was presented and discussed in plenary. The participants tackled the six key action areas in breakout groups and then came together to share their suggestions on enhancing the draft. Before the closing of the workshop, the draft workshop conclusions were presented, discussed and agreed on.

The country presentations revealed that nongovernmental organizations were involved in disability responses and CBR implementation throughout the Region. Although the country experiences demonstrated that progress was uneven, it was clear that integration of CBR in the development agenda would beneficial, e.g. linking CBR to on-going country efforts for achievement of the Millennium Development Goals.
Partners’ presentations provided an informative and useful overview of the extensive work being done. International partners could be engaged in collaborative activities with WHO and countries to address disability issues.

The First Asia Pacific CBR Congress was appreciated and seen as a positive development for CBR work in the Region. It facilitated the formulation of the Bangkok Commitment to the Promotion of CBR in Asia and the Pacific and the formation of the CBR Asia Pacific Network. Countries were encouraged to nominate representatives to the Network and to support and operationalize the framework in the context of their own national situations. WHO, through its national counterparts and their networks, can provide strategic assistance in promoting the CBR Asia Pacific Network to countries.

The participants gained practical knowledge about the Walking Free Philippines project, which makes high-technology, low-cost prosthesis available to indigent Filipinos at the community level. The participants were able to interact with technicians and learn how the prosthesis shop operates. They were also treated to a demonstration of “teleprosthesis”, a supplementary approach towards improving efficiency of prosthesis service delivery.

As to the future course of action at regional and national levels to promote and strengthen CBR in the Western Pacific Region, the participants suggested improvements to the draft Regional Framework for Action on Community-based Rehabilitation 2010–2020. The suggestions included: (1) underscoring the inclusion of persons with disabilities and related organizations in decision-making processes; (2) reflecting inclusiveness throughout the document with respect to social determinants; (3) emphasizing sharing of and building on existing resources; (4) WHO facilitating and achieving better alignment and harmonization of efforts; (5) emphasizing the importance of policies and programmes having a grassroots impact; and (6) highlighting monitoring and evaluation, partnerships and other cross-cutting issues. The participants agreed that the time-frame for the Framework for Action would be extended to 2020 with a mid term-review in 2015.

A revised version of the text would be sent to participants for further discussion among stakeholders in countries. Feedback, comments and inputs would be sent back to the Secretariat for consolidation and finalization of the document.
1. INTRODUCTION

1.1 Background

An estimated 10%–15% of the world’s population – approximately 650 million to 1 billion people, of whom 200 million are children – experience some form of disability. In the Western Pacific Region, the prevalence of moderate and severe disability is reported to be 16%.

The number of people with disabilities is growing as a result of factors such as population growth, ageing, emergence of chronic diseases, and medical advances that preserve and prolong life. The most common causes of impairment and disability include: chronic diseases such as diabetes, cardiovascular disease and cancer; injuries due to road traffic accidents, violence, falls and landmines; birth defects; malnutrition; and communicable diseases such as HIV/AIDS and leprosy. These are creating unprecedented demand for health and rehabilitation services, much of which is unmet, particularly among the poor and other disadvantaged groups. Also, the economic and social costs of attending to the needs of people with disabilities are enormous.

Community-based rehabilitation (CBR) has been developed and promoted by WHO as a strategy for rehabilitation, equalization of opportunities and social inclusion of people with disabilities. Today, CBR is being implemented in more than 90 countries and has evolved into an effective multisectoral strategy in creating access to health care, education and livelihood opportunities. However, access to opportunities is still limited in many countries. For example, no more than 5% of children and young people with disabilities have access to education.

Current efforts are guided by the WHO Action Plan on Disability and Rehabilitation (2006–2011). The CBR component includes the development of guidelines for implementing CBR, the conduct of regional workshops for promoting CBR and the guidelines, and support provided to Member States for initiating and/or strengthening CBR programmes. The guidelines will provide greater impetus for CBR practitioners in strengthening CBR activities and will facilitate collaborative work within the United Nations system and with Member States, academia, the private sector and nongovernmental organizations, particularly organizations of people with disabilities. In May 2008, the Convention on the Rights of Persons with Disabilities entered into force and identified the responsibilities of States Parties in ensuring full participation and inclusion in society of people with disabilities and using CBR as a key strategy.

In Asia and the Pacific, the Biwako Millennium Framework (BMF) for Action was adopted as a roadmap for the Asian and Pacific Decade of Disabled Persons (2003–2012). Two of the key strategies identified to achieve the vision of an inclusive, barrier-free and rights-based society for people with disabilities in the new decade are: (1) national plans of action; and (2) strengthened community-based approaches to the prevention of causes of disabilities, rehabilitation and empowerment of people with disabilities. Priority areas include training and employment (including self-employment), access to built environments and public transport, and access to information and communication, including assistive technologies. Furthermore, the First Asia-Pacific CBR Congress, scheduled to be held in Bangkok, Thailand, from 18 to 20 February 2009, will bring key stakeholders together to share information, experiences and practices and to develop an alliance and resource base for taking CBR forward.

In the Region, at least 25 countries and areas have reported that they are addressing disability issues through their national policies and programmes. Some countries have well-developed CBR programmes, while others have no CBR programmes or have just initiated one. The United Nations Convention on the Rights of Persons with Disabilities, the Biwako Millennium Framework and the results of the First Asia-Pacific CBR Congress provide timely and useful guidance in assessing the current situation in the Region and in strengthening CBR policy and action at the regional and national levels.
1.2 **Objectives**

The objectives of the workshop were:

1. to review the CBR situation in countries and distil lessons learnt and good practices;

2. to discuss the recommendations of the First Asia-Pacific CBR Congress and identify key issues and challenges in the context of the Region; and

3. to agree on a future course of action at regional and national levels to promote and strengthen CBR in the Western Pacific Region.

1.3 **Participants**

The workshop was attended by 18 managers or senior staff of national institutions responsible for CBR policy and programme development and implementation. Represented Member States were Cambodia, China, Cook Islands, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Solomon Islands, Vanuatu and Viet Nam. There were 17 representatives and observers from the United Nations Children's Fund (UNICEF), the American Leprosy Missions, the Australian Agency for International Development (AusAID), CBM, the Japan International Cooperation Agency (JICA), and the Ministry of Health and Medical Services of Solomon Islands, as well as four WHO collaborating centres, namely, the Hong Kong Society for Rehabilitation, the National Rehabilitation Centre for Persons with Disabilities in Japan, the Negros Occidental Rehabilitation Foundation in the Philippines and the Sun Yat-Sen University of Medical Services in China. Six WHO staff served as the workshop Secretariat.

The list of workshop attendees is given in Annex 1.

**Appointment of Chairperson and Vice-Chairperson**

Geraldine Ruiz, Executive Director, National Council on Disability Affairs in the Philippines, was appointed Chairperson, and Mr Elison Bovu, Executive Director, Vanuatu Society for Disabled People, as Vice-Chairperson.

1.4 **Organization**

The workshop programme is in Annex 2, and a list of documents distributed to attendees is in Annex 3.

The technical sessions started with an update on the global situation and initiatives in disability and rehabilitation, including CBR. Seventeen countries then presented their CBR situation as well as lessons learnt from formulating and implementing CBR policies, programmes and activities. All participants discussed main findings and important elements from these presentations. Five partner organizations presented highlights of their disability programmes and CBR initiatives in various countries and settings. These activities achieved the first objective of the workshop.

The highlights of the First Asia-Pacific CBR Congress were presented. In plenary, participants discussed the recommendations put forth in the consensus agreement, the Bangkok Commitment, as well as key issues and challenges in the context of the Region. These addressed the second objective of the workshop.
All of the attendees visited a prosthetic shop at the Philippine General Hospital in Manila. They were given an overview of the Walking Free Philippines project, which makes high-technology, low-cost prosthesis available to indigent Filipinos at the community level. A demonstration of "teleprosthesis", a supplementary approach towards improving efficiency of prosthesis service delivery, was also provided.

A draft regional CBR strategy, the Regional Framework for Action on Community-based Rehabilitation 2010–2015, was presented and discussed in plenary. Participants then broke out into four groups to discuss and suggest enhancements to the draft. Each of the four groups tackled three key action areas. The results were shared at a plenary session. These activities addressed the third objective of the workshop.

Before the closing of the workshop, draft workshop conclusions were presented, discussed and agreed on.

1.5 Opening speech

Dr Ah Sian Tee, Director, Combating Communicable Diseases, WHO Regional Office for the Western Pacific, welcomed the attendees to the workshop on behalf of the Regional Director, Dr Shin Young-soo. She emphasized that more than 650 million persons were living with disabilities around the world – nearly 320 million in the Western Pacific Region – and for too long, they had been subject to discriminatory attitudes and practices, including exclusion from mainstream development efforts. She stressed that the situation was no longer acceptable and that changes were needed to disrupt the status quo and chart a more positive scenario, especially if we expect to achieve the Millennium Development Goals fully and equitably.

Efforts to give disability issues higher visibility and put them in the development agenda date back to the International Year of Disabled Persons in 1981, followed the International Decade of Disabled Persons from 1983 to 1992. Since 1992, the International Day of Disabled Persons has been celebrated on 3 December. However, the realization that a "decade" declaration and other non-binding documents do not carry as much weight as a convention gave impetus to the formulation and eventually coming into force of the United Nations Convention on the Rights of Persons with Disabilities on 3 May 2008. The Convention was a long-awaited milestone and marked a major shift in the global community's attitudes and approaches to persons with disabilities. It now underpins widespread efforts to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms for persons with disabilities.

Dr Tee said that developing and introducing CBR was important, but sustaining and spreading it to make a lasting impact was essential. Disability issues, especially inclusion and participation, still require strong advocacy. Last year, WHO celebrated its 60th anniversary, as well as the 30th anniversary of the Declaration of Alma Alta, and with it the renewal of primary health care. WHO remains committed to strengthening primary health care and CBR, as both approaches reflect and evolve from the economic, sociocultural and political realities that persons with disabilities actually experience in their families and communities. Further, with the Bangkok Commitment of February 2009, it really is high time to review and reflect on the current situation and set a clear direction in the years ahead.

Dr Tee expressed her hope that the Regional Framework for Action on Community-based Rehabilitation 2010–2015 would meet the need for a document that would guide policy and action on disability and CBR in the Region. She expressed confidence that this workshop would strengthen collective commitment and partnership and wished the attendees a productive workshop and an enjoyable stay in Manila.

The full text of the opening speech delivered by Dr Tee is in Annex 4.
Dr Hisashi Ogawa, Regional Adviser, Healthy Settings and Environment, WHO Regional Office for the Western Pacific, gave the introduction to the meeting. He outlined the background to and objectives of the workshop and the programme of activities aimed at achieving the objectives. Dr Ogawa emphasized that the workshop was organized so that stakeholders’ perspectives could further enrich the draft Regional Framework for Action on Community-based Rehabilitation 2010–2015, which would serve as the roadmap for CBR work in the Western Pacific in the years ahead.

2.1 Update on the global situation and initiatives

Mr Chapal Khasnabis, Technical Officer, Department of Violence and Injury Prevention and Disability, WHO Headquarters, Geneva, gave a brief overview of the changing disability scenario and the hard facts about the relationship between disability and poverty, employment, violence and access to education, among others. He called attention to recent developments in the area of disability, particularly: the growing paradigm shift from a "medical" to a "development" model; the passage of World Health Assembly Resolution 58.23 on disability prevention, management and rehabilitation in May 2005; the entry into force of the United Nations Convention on the Rights of Persons with Disabilities in May 2008; and the annual observance of International Day of Persons with Disabilities on 3 December 2009 with the theme "Realizing the MDGs for All: Empowerment of Persons with Disabilities and their Communities around the World".

Mr Khasnabis introduced the CBR matrix, which has five components – health, education, livelihood, social and empowerment – and five elements under each component, reflecting the comprehensive nature of CBR. He also informed the participants that WHO was collaborating with other concerned United Nations agencies to develop the CBR guidelines and the World Report on Disability and Rehabilitation for global launching soon. Forthcoming priority activities included development of training packages, training of trainers, implementation of the CBR guidelines in pilot sites, strengthening of regional and global CBR networks, and promotion of research and evidence-based practice.

2.2 Country presentations

Seventeen countries reported on the status of CBR in their respective countries. Progress largely depended on the existence of a policy framework, focal points and coordinating mechanisms, and the involvement of various sectors, including persons with disabilities or their representative organizations.

2.2.1 Cambodia

Cambodia adopted a law on the protection and promotion of the rights of persons with disabilities in 2009. The legislation was developed with the aim of promoting the integration of persons with disabilities into mainstream development programmes to ensure the protection and promotion of their rights and the prevention of abuse, neglect and discrimination of persons with disabilities.

A national CBR coordination team was established in August 2006 as a mechanism to coordinate and monitor the CBR project being implemented by the Ministry of Social Affairs, Veterans and Youth Rehabilitation. Members of the team include representatives of relevant agencies, such as the Ministries of Health and Education, and other national and international organizations. The team aims to build capacity through training programmes. Areas for potential strengthening include human resources development and allocation of financial resources.
2.2.2 China

In China, “the state ensures that all the people with disability have the right to rehabilitative service” and that persons with disabilities have access to rehabilitative services. In 2008, the Central Committee of the State Council promulgated “suggestions on promotion of CBR”. Many international agencies have been involved in CBR and the Government has set up rehabilitation expert groups and professional institutions. Areas for potential strengthening include human resources development and expansion of services.

2.2.3 Cook Islands

Cook Islands has a law entitled Fundamental Human Rights and Freedom that addresses disability issues. Community-based rehabilitation is coordinated by a multisectoral National Disability Council consisting of representatives from many relevant agencies and NGOs. The Ministry of Health has developed a CBR strategy for 10 years. The Ministry of Education has developed training programmes for special needs education, including persons with disabilities. Special livelihood systems, such as self-employment and employment quota, also have been established for persons with disabilities. CBR services are comprehensive and include home care and provision of food, water and sanitation. Areas for potential strengthening include human resources development and allocation of financial resources.

2.2.4 Fiji

In Fiji, the Bill of Rights and the National Council of Disabled Peoples Act give direction and set goals for persons with disabilities. The National Council consists of representatives from relevant agencies such as Health, Education, Sports, Legislation, Housing, Transport and Environment. The National Council extends from the central level to the districts and integrates rehabilitation with primary health care. It conducts vocational and capacity-building courses. Areas for potential strengthening in disability include improved data collection systems and better coordination between and among relevant agencies.

2.2.5 Japan

Disability-specific legislation exists in Japan. The Ministry of Health is the primary agency. An intersectoral council has been set up and a coordinating mechanism has been provided by the Cabinet. A specific budget has been allocated for disability issues. Community-based rehabilitation is provided throughout the country and aims to integrate persons with disabilities into the community. Activities of CBR include awareness building, training courses for the public, and vocational training of persons with disabilities. Areas for potential improvement include better utilization of resources and better coordination among all partners.

2.2.6 Lao People's Democratic Republic

International NGOs, such as Handicap International and CBM, have implemented pilot CBR projects in the Lao People’s Democratic Republic. Types of services offered include home- and institution-based services, self-help groups, vocational training, training of trainers, and income-generating activities. Areas for strengthening of CBR include setting up of legislation or a policy framework, intersectoral coordination, human resources development and improved allocation of financial resources.

2.2.7 Malaysia

Various policies and the Persons with Disabilities Act exist in Malaysia. Intersectoral coordination occurs through a national council, which consists of representatives from relevant agencies. CBR programmes are implemented throughout the country with a dedicated budget. They are managed by local committees consisting of representatives from community leaders, volunteers and parents. Capacity-building, networking, access to assistive devices and research are the main
activities. Areas for strengthening include capacity-building, better access to assistive devices and community participation.

2.2.8 Mongolia

Mongolia’s most relevant legislation is the Mongolian Social Security Law for Persons with Disabilities. Since 1991, the Government has expanded the CBR programme with the assistance of international agencies. By 2010, CBR would be implemented nationwide. Major activities undertaken include training for health personnel, persons with disabilities and their families, and support for access to assistive devices. There is a National CBR Coordination Committee, which has branches at all levels, including the rural areas. The major components of CBR include health, education, empowerment, social and livelihood. Other activities include raising public awareness and setting up orthopaedic workshops. Community-based rehabilitation is evolving in the right direction in Mongolia.

2.2.9 New Zealand

Specific legislation pertaining to persons with disabilities exists in New Zealand. A Ministerial Committee and an Office of Disability Issues have been set up. The National Assembly of Disabled Persons (DPA NZ) is an umbrella organization representing persons with all types of disability. Funding for services for persons with disabilities comes from the Accident Compensation Corporation, District Health Boards and various ministries. The New Zealand Disability Strategy 2001 has set some direction for creating barrier-free environments, capacity-building, advocacy and research. Areas for strengthening include improving access to assistive devices and research.

2.2.10 Palau

Palau has legislation pertaining to the rights of persons with disabilities. The Government has set up an interagency task force, which has representatives from many sectors, including NGOs. CBR activities include awareness-raising, provision of access to assistive devices, capacity-building, networking and surveys. Areas for strengthening include needs assessment, interagency coordination and integration of persons with disabilities into their communities.

2.2.11 Papua New Guinea

A national policy on CBR was launched in June 2009. A programme will be developed thereafter. International NGOs are actively involved in CBR. Future activities include increasing awareness, gathering data, improving dialogue and coordination among stakeholders and mobilizing resources.

2.2.12 Philippines

A Republic Act and an Administrative Order promote and protect the rights of persons with disabilities in the Philippines. Many government agencies and international NGOs address disability issues and the plight of persons with disabilities in the country. Areas for strengthening include needs assessment, interagency coordination and integration of persons with disabilities into their communities.
2.2.13 Republic of Korea

The Constitution of the Republic of Korea states that persons with disabilities who are unable to earn a living shall be protected by the State. Other laws, such as the Welfare Law and the Law of Promoting the Employment of Persons with Disabilities, offer some social protection to the disabled. The Bureau of Policy for Persons with Disabilities is located within the structure of the Ministry of Health and coordinates with the National Rehabilitation Center. The Center undertakes advanced courses for stakeholders. The regional public health centres undertake CBR throughout the country. Persons with disabilities have access to assistive devices and barrier-free environments. Opportunities for improvement in CBR include better coordination between and among relevant agencies.

2.2.14 Samoa

No legislation currently exists in Samoa. The Ministries of Health, Education, Sports and Culture address some issues pertaining to persons with disabilities through their respective resources. A nursing outreach programme and a mental health programme are being implemented.

2.2.15 Solomon Islands

A National Policy on Disability 2005–2010 has been developed. Specific legislation is being drafted. A CBR unit within the Ministry of Health coordinates priority activities. Two organizations for people with disabilities exist. Areas for strengthening include better resource allocation and development of relevant legislation.

2.2.16 Vanuatu

Vanuatu has policies that address the rights of persons with disabilities. A National Disability Committee has been set up. International donors provide assistance for activities. CBR services that are provided by an NGO include needs assessment, specific interventions, improving access to health, education, assistive devices and livelihood. Other activities include increasing awareness among the community, training courses and building partnerships. Areas for strengthening include resource mobilization, development of policy or legislation and access to assistive devices.

2.2.17 Viet Nam

Viet Nam has promulgated legislation pertaining to the rights of persons with disabilities. The National Coordinating Council on Disability consists of representatives from relevant government agencies and NGOs. The Ministry of Labour, Invalids and Social Affairs (MOLISA) is responsible for planning and implementing vocational training, rehabilitation services and coordination with other agencies. Community-based rehabilitation has been established in more than half of the country.

2.3 Partners' presentations

2.3.1 American Leprosy Missions

American Leprosy Missions is an international NGO dedicated to the prevention of disability from leprosy and Buruli ulcer. It operates in several countries in Asia and the Pacific, implementing a leprosy stigma elimination programme.
2.3.2 AusAID

The Australian Government’s new aid strategy, “Development for All: Towards a disability-inclusive Australian aid programme 2009–2014”, reflects its commitment to accelerating progress towards the Millennium Development Goals (MDGs). The strategy is aligned with Australia’s national social inclusion agenda, is framed in the context of the United Nations Convention on the Rights of Persons with Disabilities, and was developed in close consultation with persons with disability and their representative organizations in developing countries.

“Development for All” is guided by six principles: (1) people with disability will play an active and central role; (2) rights will be recognized, respected and promoted; (3) approaches will respect and build understanding of diversity; (4) the interaction of gender and disability will be taken into account; (5) there will be a focus on children with disability; and (6) people-to-people links and partnerships will be promoted and supported.

2.3.3 CBM

CBM is an international nongovernmental development agency working with and through local partners to improve the quality of life of people with impairments. It has projects in more than 100 countries. Its activities include fostering rights-based community development, developing high-quality and sustainable programmes, building alliances, and enabling disabled people's organizations to empower themselves.

2.3.4 JICA

JICA has partnered with the National Council of Disability Affairs to implement a four-year programme in two rural areas of the Philippines beginning in 2008. Wide-ranging activities, such as creating barrier-free environments, empowering persons with disabilities, building capacity, networking and advocacy, have been planned.

2.3.5 UNICEF

Preventing childhood disabilities and protecting and promoting the rights of children with disabilities are integral to UNICEF's various programmes, especially in terms of health and nutrition, water and sanitation, basic education and child protection. In partnership with UNICEF, several countries, such as Cambodia, China, the Lao People's Democratic Republic, Malaysia and Vietnam, have taken steps towards improving their knowledge base, advocacy and communications, and capacity-building.

2.4 Highlights of the First Asia-Pacific CBR Congress

Mr Khasnabis shared highlights and insights from the First Asia-Pacific CBR Congress held in Bangkok from 18 to 20 February 2009. Attended by 630 participants from 53 countries, the Congress was jointly initiated by WHO, United Nations Economic and Social Commission for Asia and the Pacific, the Government of Thailand and the Asia-Pacific Development Center on Disability, with strong support from 24 organizations active in CBR. The Congress not only convened a wide range of stakeholders and their representative organizations, but also formulated a Bangkok Commitment and founded an alliance or network of advocates, policy-makers and implementers. The Asia-Pacific CBR Network will serve as a regional resource base and coordinator of the Bangkok Commitment.

The Bangkok Commitment pushed for the following: (1) signing, ratification and implementation of the Convention on the Rights of Persons with Disabilities and its Optional Protocol; (2) raising awareness about CBR; (3) support for capacity-building; (4) development of partnerships to promote and implement CBR; (5) including the CBR strategy in development policies and programmes; (6) creating barrier-free environments and access to assistive devices and technologies; (7) research to generate evidence; and (8) involvement of disabled people's organizations in CBR at all levels.
Some issues and concerns included participation of Asia-Pacific countries that were not represented in the first Congress, the extent of rigidity or flexibility of the network's structure and operations, and sustainability, including donor support. Countries will have an opportunity to provide input to the ongoing review and finalization of the Network's Constitution and Plan of Action.

2.5 Field trip

The participants gained practical knowledge about the Walking Free Philippines project that makes high-technology, low-cost prosthesis available to indigent Filipinos at the community level. At the prosthesis shop in the University of the Philippines – Philippine General Hospital, participants had occasion not only to observe the prosthesis-making operations, but also to get first-hand information on day-to-day challenges faced by technicians and beneficiaries alike. The project manager was on hand to answer questions and to discuss project issues such as coverage, sustainability and future plans. The participants were also treated to a demonstration of "teleprosthesis", a supplementary approach towards improving efficiency of prosthesis service delivery.

2.6 Discussion on the draft Regional Framework for Action on Community-based Rehabilitation 2010–2020

2.6.1 Introduction

In light of international and regional developments, including the uneven progress of disability and CBR responses in the Western Pacific Region, it was deemed important and urgent to develop a document to guide future action on disability and CBR in the Western Pacific Region. A draft Regional Framework for Action on Community-based Rehabilitation 2010–2015 was prepared for review by the participants. It envisions a Western Pacific Region where all persons with disabilities live with dignity, enjoy equal rights and opportunities and are empowered to contribute to and benefit from development in a rights-based, barrier-free and inclusive society. It identifies specific actions by countries, WHO, partners and collaborating centres in order to contribute to the realization of the vision.

It was recognized that CBR is an umbrella strategy that encompasses a wide range of components and elements that could result in a truly inclusive society for persons with disabilities. However, a framework for action under the purview of WHO as a technical agency for health must be realistic and focused on what is doable according to its mandate. Other sectors would have their own contribution to the overall goal of inclusive development, and it is crucial for all sectors and stakeholders, including persons with disabilities and their representative organizations, to coordinate their work and complement and reinforce each other's efforts.

The workshop participants were invited to enrich the draft framework. As stakeholder representatives, their varied backgrounds and experiences would provide a holistic but practical and realistic perspective to the priority actions to achieve barrier-free environments and more inclusive societies in the Region.
2.6.2 Breakout sessions

The participants were divided into four eight-member groups. Two of the groups tackled the first three key action areas, while the other two groups tackled the remaining three key action areas. The groups were asked to do the following for each action area: (1) discuss the clarity of the objectives and suggest changes, if any; (2) discuss relevance, feasibility and impacts of specific actions by countries, WHO, partners and collaborating centres; (3) select priority actions and discard low-priority actions, if any; and (4) suggest other specific priority actions that are not included in the table.

The results were shared in plenary.

The groups suggested specific changes to portions of the document. General comments, which were also made to enhance and strengthen the document, included the following:

1. Reference should be made not only to the United Nations Convention on the Rights of Persons with Disabilities, but also to the Optional Protocol.
2. In light of persistent discrimination and exclusion of certain population groups, references should be made to the specific needs and priorities of men, women, boys and girls with disabilities.
3. Due importance should be given to all aspects related to barrier-free environments – information, communications, assistive devices and technologies, even attitudes and perceptions of people.
4. A good information system should be set up for monitoring and evaluation, including collection of gender-, age- and disability-disaggregated information.
5. Links should be established with related areas such as emergency and humanitarian action, child labour, violence and injury prevention.
6. The role of partnerships in developing common understanding and possibly common messages should be acknowledged.
7. The prevention aspect should be included but with consideration of sensitivities in this area.
8. Due recognition should be given to the role of other sectors in making CBR and inclusive development a reality for persons with disabilities.
9. Good practices in leprosy and other disease programmes should serve as an entry point for disability programmes and CBR interventions.
10. Beyond ratification of international instruments, country-specific disability policies and programmes should be put in place.
11. Collection and dissemination of good practices, tools and resources should be added.
12. Special attention should be given to sensitivity and consistency of language and terminologies used in the document.
13. A glossary should be added.
14. The matrix and its contents should be described in detail in the body of the document.

The participants also gave suggestions on promoting the Framework for Action such as doing subregional workshops (e.g. for Pacific island countries), sharing the document with other United Nations agencies and relevant international organizations, and giving CBR due attention at the 60th
session of the Regional Committee in Hong Kong (China) in September 2009 and other forums. Dr Ogawa mentioned that representatives of organizations with official relations with WHO could signify their interest to make a statement and use this platform to push disability and CBR issues. Member States were encouraged to propose it in the Regional Committee agenda at the next opportunity.

3. CONCLUSIONS

The workshop participants arrived at the following conclusions.

3.1 CBR situation in countries, lessons learnt and good practices

3.1.1 Seventeen Member States from the Western Pacific Region were represented at this workshop. Each country gave an account of the current situation of their national CBR with respect to prevalence of disability, public policies and legislation, presence of interministerial or intersectoral mechanisms, programmes as well as issues and challenges.

3.1.2 Fifteen countries had legislation or a policy framework for action relating to disability issues. Fifteen countries had an interagency coordinating body or mechanism. All had nongovernmental organizations working in the area of disability. Fifteen had CBR programmes and two were in the process of initiating such programmes.

3.1.3 Integrating CBR into the country’s development agenda, such as linking CBR to ongoing country efforts for achievement of the MDGs, would be beneficial.

3.1.4 Five partner representatives gave presentations on their organizations’ in-country activities. Their focus and geographical coverage were quite varied and their work involved capacity-building, networking, advocacy and implementation, among others, which are important elements in moving the disability and CBR agenda forward.

3.1.5 The field trip that included an orientation on the Walking Free Philippines Project, a visit to a prosthesis shop and a demonstration of “teleprosthesis” was informative and provided many useful insights into the challenges of utilizing a truly community-based rehabilitation strategy in meeting the needs of persons with disabilities.

3.2 The First Asia-Pacific CBR Congress and key issues and challenges in the context of the Region

3.2.1 The conduct of the First Asia-Pacific CBR Congress was widely appreciated and seen as a positive development for CBR work in the Region. It facilitated the development of the Bangkok Commitment to the Promotion of CBR in Asia and the Pacific and the formation of the CBR Asia Pacific Network. The Congress would be conducted regularly, with the second meeting scheduled in 2011 in Manila.

3.2.2 The Bangkok Commitment to the Promotion of CBR in Asia and the Pacific provided the general framework for action for CBR in countries. Countries are therefore encouraged to support and operationalize the framework in the context of their own national situations.
3.2.3 The CBR Asia Pacific Network would provide the mechanism for key stakeholders to come together, to share information and resources, and to support implementation of the Bangkok Commitment. Continuing development and sustainability of the network should thus be facilitated and supported.

3.2.4 Representation of the 62 countries in the Asia Pacific region would be essential for the effective functioning of the CBR Asia Pacific Network. Countries therefore are encouraged to participate and nominate an official representative through their national mechanism or a consultation process.

3.2.5 WHO, through its national counterparts and in consultation with the CBR Asia Pacific Network, can provide strategic assistance in promoting the network and in facilitating the nomination of national representatives.

3.2.6 The organizational structure and processes of the CBR Asia Pacific Network would be determined by the countries. The ongoing review and finalization of the Constitution affords the opportunity to make recommendations and build consensus on the matter.

3.2.7 Support from donors, international development organizations, and other partners are important for the effective implementation of CBR actions under the Bangkok Commitment. Marketing of various successes and accomplishments in the area of CBR would guide resource mobilization efforts for CBR.

3.3 Future course of action at regional and national levels to promote and strengthen CBR in the Western Pacific Region

3.3.1 The participants reviewed and discussed the draft Framework for Action and suggested improvements to the document, such as highlighting throughout the document the inclusion of persons with disabilities and related organizations in decision-making processes, policy development and implementation, and monitoring and evaluation.

3.3.2 Inclusiveness should be reflected throughout the document with respect to social determinants, e.g. age, gender, social status and culture.

3.3.3 Several recommendations were made to improve the text with reference to clarity of objectives and recommended actions.

3.3.4 Sharing and building on existing resources was emphasized. Close coordination among and between countries, partners and WHO would be essential. WHO could play a role in facilitating and achieving better alignment and harmonization of efforts.

3.3.5 WHO should advocate at the multisectoral and regional levels to make sure that other sectors are engaged. Where there are opportunities, advocacy for visibility of disability issues should be increased.

3.3.6 Strong implementation needs to be cited in the text to emphasize the importance of taking action, as well as the link between the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and CBR as an overarching strategy to protect and promote the rights of persons with disabilities.

3.3.7 Monitoring and evaluation, partnerships, and other cross-cutting issues should be highlighted throughout the document.

3.3.8 It was agreed that the time-frame for the Framework for Action would be extended to 2020 with a mid-term review in 2015.
A revised version of the text would be sent to participants for further discussion among stakeholders in countries. Feedback, comments and inputs would be sent back to the Secretariat for consolidation and finalization of the document.

The Regional Framework for Action on Community-based Rehabilitation 2010-2020 in Annex 5 was finalized after additional comments were received from the workshop attendees.
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WORKSHOP PROGRAMME

24 June

07:30-08:30 Registration
08:30-09:00 Opening ceremony
   Opening address by the WHO Regional Director for the Western Pacific
   Self-introduction of participants and representative/observers
   Introduction of meeting officers (e.g. Chairperson, Vice-Chairperson)
09:00-09:30 Coffee/tea break (group photograph)
09:30-09:50 Introduction to the meeting (e.g. objectives, programme of activities)
   Dr H. Ogawa, Regional Adviser, Healthy Settings and Environment (HSE),
   WHO
Objective 1: Reviewing the CBR situation in countries and distilling lessons learnt
   and good practices
09:50-10:20 Updates on global situation and initiatives in disability and rehabilitation, including CBR
   Mr Chapal Khasnabis, Technical Officer, Disability and Rehabilitation (DAR),
   WHO
10:20-12:00 Country presentations on the CBR situation:
   Cambodia
   China
   Cook Islands
   Fiji
   Japan
   Lao People's Democratic Republic
   Malaysia
12:00-13:00 Lunch break
13:00-15:00 Country presentations on the CBR situation (continued):
   Mongolia
   New Zealand
   Palau
   Papua New Guinea
   Philippines
   Republic of Korea
   Samoa
   Solomon Islands
   Vanuatu
   Viet Nam
15:00-15:20 Coffee/tea break
15:20-16:30 Presentations on partners' programmes and initiatives in CBR
16:30 Reception
25 June

08:30-09:00 Highlights of Day 1
Dr K. Rajam, Technical Officer, HSE, WHO

Objective 2: Discussing the recommendations of the First Asia-Pacific Congress on CBR and identifying key issues and challenges in the context of the Region

09:00-09:30 Bangkok Commitment and Report of the First Asia-Pacific CBR Congress
Mr Chapal Khasnabis, Technical Officer, DAR, WHO

09:30-10:30 Plenary discussion on key issues and challenges in the context of the Region
10:30-10:50 Coffee/tea break

Objective 3: Agreeing on a future course of action at the regional and national levels to promote and strengthen CBR in the Western Pacific

10:50-11:20 Introduction to the draft regional CBR strategy
Mrs R. Paulino, Technical Officer, HSE, WHO

11:20-12:00 Plenary discussion on the draft regional CBR strategy

12:00-13:00 Lunch break

13:00-17:30 Field trip

26 June 2009

08:30-09:00 Highlights of Day 2
Dr John Juliard Go, National Professional Officer Office of the WHO Representative in the Philippines

09:00-10:30 Group discussion on the draft regional CBR strategy

10:30-10:50 Coffee/tea break

10:50-11:20 Group discussion on the draft regional CBR strategy (continued)

11:20-12:00 Group presentations and recommendations on concrete actions to strengthen CBR in the Region

12:00-14:00 Lunch break/working lunch for workshop officers and Secretariat to prepare draft workshop conclusions
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<td>WPR/DHP/08/HSE(1)/2009/IB/1</td>
<td>Information Bulletin</td>
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<td>WPR/DHP/08/HSE(1)/2009/IB/2</td>
<td>Provisional List of Participants, Representative/Observers and Secretariat</td>
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<td>Provisional Timetable</td>
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WPR/DHP/08/HSE(1)/2009/INF./19 - Development for All: Towards a Disability-inclusive Australian Aid Program 2009-2014 (AusAID)

WPR/DHP/08/HSE(1)/2009/INF./20 - CBM Community Based Rehabilitation Programmes (CBM)

WPR/DHP/08/HSE(1)/2009/INF./21 - A Creation of a Non-Handicapping Environment for Persons with Disabilities in the Rural Areas (National Council on Disability Affairs and Japan International Cooperation Agency)

WPR/DHP/08/HSE(1)/2009/INF./22 - UNICEF's approach towards Children with disabilities (United Nations Children's Funds)


WPR/DHP/08/HSE(1)/2009.3 - Summary of Day 1 Activities by: Dr John Juliard Go National Programme Officer Office of the WHO Representative in the Philippines

WPR/DHP/08/HSE(1)/2009.4 - Summary of Day 2 Activities by: Dr John Juliard Go National Programme Officer Office of the WHO Representative in the Philippines

WPR/DHP/08/HSE(1)/2009.5 - Regional Framework for Action on CBR: Now, not later! by: Ms Remedios Paulino

WPR/DHP/08/HSE(1)/2009.6 - Programme on field visit
OPENING SPEECH BY
THE DIRECTOR, COMBATING COMMUNICABLE DISEASES, ON BEHALF OF
THE WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC

DISTINGUISHED GUESTS,

LADIES AND GENTLEMEN,

I am pleased to welcome you to the regional Workshop on Community-based Rehabilitation.

As you are aware, an estimated 650 million to one billion people are living with disabilities around the world, and nearly 320 million of them call the Western Pacific Region home. For too long, they have been subject to discriminatory attitudes and practices, including exclusion from mainstream development efforts. That situation is no longer acceptable.

There is one clear path that lies before us. We need to work together to change the status quo and chart a more positive scenario, especially if we expect to achieve the Millennium Development Goals fully and equitably.

Efforts to give disability issues higher visibility and put disability issues on the development agenda date way back to 1981 - the International Year of Disabled Persons. Then, the period from 1983 to 1992 was declared as the International Decade of Disabled Persons, and it was during this period that the International Classification of Functioning, Disability and Health was formulated. Since 1982, December 3 has been designated as the International Day of Disabled Persons. In 1994, ILO, UNESCO and WHO issued a joint position paper promoting community-based rehabilitation as a central component of disability programmes.

However, we realize that a "decade" declaration and other non-binding documents do not carry as much weight as the UN Convention on the Rights of Persons with Disabilities that came into force on 3 May 2008.

Finally, we have before us a great opportunity and springboard for real change. The Convention was a long-awaited milestone and marked a major shift in the global community’s attitudes and approaches to people with disabilities. The Convention now underpins widespread efforts to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms for people with disabilities.

But let us review a little history. Following the 1978 Alma-Ata Declaration and its espoused principles, WHO developed and introduced community-based rehabilitation—more popularly known as CBR—to give people with disabilities access to rehabilitation in their own communities, using mostly local resources. Of course, starting CBR was a good thing. But sustaining and expanding it to make a lasting impact is another. Although some 90 countries currently have ongoing CBR activities, these are inadequate and uneven. Disability prevalence is high and increasing, largely owing to growing or ageing populations, the noncommunicable diseases pandemic and injuries due to armed conflict, violence and accidents.

Disability issues are big, especially in terms of inclusion and participation, and the advocacy work must continue. The 2005 World Health Assembly resolution on disability, including prevention, management and rehabilitation, called on Member States and the WHO Director-General to increase actions in these areas. A global WHO workplan for 2006–2011 is now in place.
Last year, WHO celebrated its 60th anniversary, as well as the 30th anniversary of the declaration of Alma-Ata and with it the renewal of primary health care. WHO is as committed as ever to strengthening primary health care and CBR as both approaches reflect and evolve from the economic, sociocultural and political realities that people with disabilities actually experience in their families and communities, including promotive, preventive, curative and rehabilitative services.

Next year, we will launch the World Report on Disability and Rehabilitation, based on the best available scientific evidence. The report, developed jointly by WHO and the World Bank, will include current data and trends on disability and rehabilitation, as well as recommendations for effective responses to improve access to information and environments, health care, education and employment for people with disabilities.

WHO, in partnership with ILO, UNESCO and others, is finalizing the technical guidelines on CBR that will be available towards the end of the year.

In Asia and the Pacific, 1993—2002 was declared as the Asia Pacific Decade of Disabled Persons. A second decade was declared for 2003—2012, and a Biwako Millennium Framework was formulated to provide the road map for the decade in this part of the world. The First Asia-Pacific CBR Congress was held in February this year, resulting in the Bangkok Commitment, which guides our future directions on CBR in the Region.

Now, with the Bangkok Commitment, it is high time to review and reflect on where we are, adjust our bearings and set a clear framework for action in the years ahead. We will work on the Regional Framework for Action on CBR during this workshop.

With your active participation, I am confident that this workshop will strengthen our partnership and collective commitment. I wish you fruitful discussions, a productive workshop and an enjoyable stay in Manila.

Thank you.
World Health Organization
Regional Office for the Western Pacific

Regional Framework for Action
on Community-based Rehabilitation: 2010-2020

1. Background
2. Vision and Goal
3. Objectives and Recommended Actions
4. Monitoring and Evaluation Mechanism
Regional Framework for Action
on Community-based Rehabilitation: 2010-2020

1. Background

Everyone is entitled to all the rights set forth in international declarations and agreements including those of the United Nations. Such human rights and fundamental freedoms need to be upheld and guaranteed particularly for persons with disabilities who continue to face barriers to accessibility and participation in all spheres of life as equal members of society.

An estimated 10%-15% of the world’s population, approximately 650 million to 1 billion people of whom 200 million are children, experience some form of disability. In the Western Pacific Region, the prevalence of moderate and severe disability is reported to be 16%.

Persons with disabilities are growing in number as a result of factors such as population growth, ageing, emergence of chronic diseases, and medical advances that preserve and prolong life. The most common causes of impairment and disability include: chronic diseases such as diabetes, cardiovascular disease and cancer; injuries resulting from road traffic crashes, violence, falls and landmine explosions; birth defects; malnutrition; and communicable diseases such as HIV/AIDS and leprosy. These are creating unprecedented demand for health and rehabilitation services, much of which is unmet, particularly among the poor and other disadvantaged groups. Also, the economic and social costs of attending to the needs of persons with disabilities are enormous. Globally, estimates of direct and indirect costs of disability in 2004 ranged from US$ 1.7 to US$2.2 trillion. On the other hand, the economic benefit of supporting persons with disabilities to become productive could be substantial. In the United Kingdom, for example, estimates show that “improving the employment rate of persons with disabilities would boost the economy by US$27 billion, the equivalent of six months’ economic growth”.

Community-based rehabilitation (CBR) has been developed and promoted by WHO as a strategy for rehabilitation, equalization of opportunities and social inclusion of persons with disabilities. CBR upholds and demonstrates practical applications of the general principles and common themes on human rights and works towards a paradigm shift from a charity-oriented to a rights-based approach in disability programmes.

Today, CBR is being implemented in more than 90 countries in the world and has evolved into an effective and comprehensive multisectoral strategy in creating access to health care, education and livelihood opportunities, among others. However, access to these opportunities is still limited in many countries.

Statistics from relevant UN agencies, among others like ILO, UNESCAP, UNESCO, UNICEF and WHO, provide a picture that leaves much room for improvement in disability programmes. For example, no more than 5% of children and young people with disabilities have access to education. In many developed countries, the unemployment rate among persons with disabilities is at least double the level among non-disabled persons. In low- and middle-income countries, only 5%-15% of people who require assistive devices and technologies have access to them, mainly because of prohibitive costs and lack of trained personnel.

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1 Terms that are generally found in literature on disability and CBR and used in this document are to be understood in light of how they are defined in the references cited herein.


In Asia and the Pacific, the Biwako Millennium Framework (BMF) for Action was adopted as a roadmap for the Asian and Pacific Decade of Disabled Persons (2003-2012)\(^7\). Furthermore, the First Asia-Pacific CBR Congress, held in Bangkok, Thailand, from 18 to 20 February 2009, brought key stakeholders together to share information, experiences and practices and to develop an alliance and resource base for taking CBR forward, as clearly enunciated in the Bangkok Commitment to the Promotion of CBR in Asia and the Pacific (Appendix 1). The consensus document was adopted by more than 700 representatives of governments, organizations of persons with disabilities and other civil society organizations, regional and international organizations and bilateral and multilateral development agencies.

In the Western Pacific Region, at least 25 countries and areas have reported that they are addressing disability through their national policies and programmes. Some countries have well-developed CBR strategies and programmes while others have none or have just initiated one.

The Western Pacific Regional Framework for Action on Community-based Rehabilitation 2010-2020 was formulated during the Regional CBR Workshop held from 24-26 June 2009 in Manila. A multidisciplinary group of participants and representatives from selected Member States, partner organizations and WHO collaborating centres provided invaluable input and practical suggestions from their varied perspectives and experiences.

The Framework provides timely and useful guidance in assessing the current situation in the Region and in strengthening CBR policy and action at the regional and national levels. It extracts key, doable actions from the global and regional policy documents on the rights of persons with disabilities which are mutually reinforcing and would yield optimal results for countries and societies that judiciously implement them. Member States are encouraged to move beyond the recommended actions as they are able to harness more resources to scale up implementation of a comprehensive package of strategies and programmes that covers health, education, employment and other elements of CBR and inclusive development for persons with disabilities as shown in the CBR matrix developed by WHO in consultation with stakeholders\(^8\).

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\(^4\) WHA Resolution 58.23 (2005) – disability prevention, management and rehabilitation


\(^6\) UN Convention on the Rights of Persons with Disabilities – supersedes the Standard Rules on the Equalization of Opportunities for Persons with Disabilities


\(^8\) www.who.int/disabilities/cbr/CBR%20MATRIX%202008%20update.pdf (22 June 2009).
CBR plays an important role in reducing the disability burden of countries, in enhancing the quality of life of persons with disabilities, and in achieving the millennium development goals in an inclusive and equitable way.

2. Vision and Goal

2.1 Vision

The Framework envisions a region where all persons with disabilities live with dignity, enjoy equal rights and opportunities and are empowered to contribute to and benefit from development in a rights-based, barrier-free and inclusive society.

2.2 Goal

The goal of this Framework for Action in the Western Pacific Region is to significantly improve access to health and rehabilitation services, barrier-free environments, information and communication and assistive devices and technologies, for enhanced quality of life for persons with disabilities through:

2.2.1 Mainstreaming disability issues and CBR in development policies and programmes;

2.2.2 Strengthening CBR programmes linked to primary health care and integrated in the health system;
2.2.3 Promoting the involvement of persons with disabilities in all spheres of life and in all elements of CBR and inclusive development; and

2.2.4 Including organizations of persons with disabilities in the development, planning, implementation and monitoring of all the interventions and actions in the Framework.

3. Objectives and Recommended Actions

The Framework is organized into six (6) main action areas included in and drawn from among the priorities identified during the First Asia-Pacific CBR Congress held in Bangkok on 18-20 February 2009, and elucidated in the Bangkok Commitment. The main action areas are:

1. Policy and programme development and implementation;
2. Capacity building;
3. Partnerships and networking;
4. Awareness raising and advocacy;
5. Creating barrier-free environments and providing assistive devices and technologies; and
6. Research and information management.

The framework features under each main action area, a set of objectives and corresponding actions by Member States, WHO and partner organizations and collaborating centres (see Appendix 2).

The three key players would act singly and severally, drawing on their comparative advantages and capabilities and harnessing the power and synergy of coordinated and complementary activities. Close coordination among and between countries, partners and WHO would be essential and WHO would play the important role of facilitating and achieving better alignment and harmonization of efforts. WHO would also advocate at the multisectoral and regional levels to make sure that other sectors are engaged and where there are opportunities, advocacy for visibility of disability issues would be increased.

But it is duly recognized and emphasized as well that CBR is an umbrella strategy that encompasses a wide range of components and elements that together would result in a truly inclusive society for persons with disabilities. A framework for action under the purview of WHO as a technical agency for health should be realistic and focused on what is doable according to its mandate. Other sectors would have their own significant role and contribution in making CBR and inclusive development a reality for persons with disabilities.

Thus, the matrix of objectives and actions are neither exhaustive nor comprehensive, but it constitutes a starter set of key actions so that CBR and inclusive development efforts could establish a beachhead in the development landscape and gain momentum in implementing its inclusive development agenda. It is hoped that the Framework would encourage commitment and actions from other sectors and stakeholders, especially at country level, as it is crucial that all sectors and stakeholders, including persons with disabilities and their representative organizations, close ranks and work in complementary and mutually reinforcing ways.

Also, to promote inclusive development, the disability and non-disability world need to work together to institutionalize policies and implement and sustain relevant and responsive programmes and interventions. In this regard, a strong, proactive and multisectoral coordinating mechanism at country level would play a pivotal role in leading CBR and inclusive development efforts and consolidating input and resources from all stakeholders, including organizations of persons with disabilities. The purposive and consistent inclusion of persons with disabilities and disabled peoples’ organizations in decision making processes, among others, in policy development, implementation and monitoring and evaluation cannot be overemphasized.
In light of persistent discrimination and exclusion in practice of certain groups in the population and among persons with disabilities, e.g., men and women and boys and girls with disabilities, it is emphasized that specific mention of and focus on the needs and priorities of such groups be an integral part of policies and programmes. Inclusion of the prevention aspect is important, with due awareness and consideration of sensitivities in this area. Leprosy and other disease control programmes, e.g., noncommunicable disease control and HIV/AIDS prevention and control, among others, could be used as entry points for disability programmes and CBR interventions and building on existing good practices would go a long way in strengthening and sustaining inclusive development efforts for persons with disabilities.

The link between the UN Convention on the Rights of Persons with Disabilities and CBR as an overarching strategy to protect and promote the rights of persons with disabilities need to be reflected in disability policy and programme documents. But taking action beyond the ratification of instruments and the development of policies and programmes would be a giant step towards realizing the vision of rights-based, barrier-free and inclusive societies for persons with disabilities.

4. Monitoring and Evaluation Mechanism

A mechanism for evaluation is an essential component of any framework for action. Country profiles completed in 2009 provide baseline data and two- to three-yearly updates would serve monitoring needs.

The process would be supplementary to and supportive of the UNCRPD monitoring approach wherein States Parties are required to report every two years.

WHO will lead the periodic review and evaluation of implementation of the Framework at the regional level. It will maintain close communication and feedback with Member States and partner organizations and collaborating centres, and organize teleconferences and follow-up and review meetings as needed. To the extent possible, within the limits of data availability and quality, process and output indicators will be examined to assess the quality, effectiveness and equity of CBR interventions especially at country level.
APPENDIX 1

Bangkok Commitment to the Promotion of Community-based Rehabilitation (CBR) in Asia and the Pacific

We, representatives of Governments, nongovernmental organizations including organizations of persons with disabilities, regional and international organizations and bi-lateral and multi-lateral development agencies, met in Bangkok, Thailand, from 18 to 20 February 2009, at the First Asia-Pacific Community-based Rehabilitation Congress, organized by the Ministry of Social Development and Human Security, Government of Thailand, the Foundation of the Asia-Pacific Development Center on Disability (APCD Foundation), the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the World Health Organization (WHO), in partnership with 24 supporting organizations adopted the following commitment:

Recognizing the importance and complementarities of the global and regional instruments, in particular, the Convention on the Rights of Persons with Disabilities (CPRD), the Millennium Development Goals (MDGs), the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF) and the Biwako Plus Five, and the key role of CBR in their implementation;

Acknowledging CBR, as defined in the ILO-UNESCO-WHO joint position paper on CBR (2004) and related CBR matrix and guidelines, as an evolving multisectoral strategy (health, education, livelihood, etc.) for rehabilitation, equal opportunities, poverty reduction, social inclusion and empowerment of persons with disabilities;

Reaffirming the importance of involving persons with disabilities, irrespective of gender, age, ethnicity, impairment and socio-economic status, and their representative organizations in all dimensions of CBR and development;

Recognizing that planning, implementation and monitoring of CBR should take into account the local, social, economic, cultural, linguistic and religious diversity, as well as the global financial and development concerns;

Recommend that:

1. Governments in Asia and the Pacific sign, ratify and implement the CRPD and its Optional Protocol;

2. All stakeholders raise awareness about CBR as a strategy to facilitate access to basic needs and promote the rights of persons with disabilities in development;

3. Support for capacity building be made available to organizations of persons with disabilities and community-based organizations to improve understanding of international and national human rights and development instruments for enhanced decision-making in CBR;

4. Partnerships be developed to promote and implement CBR in the region, and ensure that the efforts are coordinated among stakeholders including central and local governments, regional and international organizations, bi-lateral and multi-lateral development agencies, non government organizations including organizations of persons with disabilities, private sector and the media;

5. The CBR strategy be included and implemented in development policies and programmes at the national and local levels through necessary resource allocations and involvement of persons with disabilities;

6. All stakeholders promote the creation of barrier-free environments (transport and physical, information and communication, including ICT) and access to assistive devices and technologies;

7. Research be carried out to generate evidence (related to the efficacy and appropriateness of CBR) and to advocate and improve CBR and development policy and practice;

8. Relevant stakeholders enable persons with disabilities and their organizations to participate in all aspects of CBR policy and programme development, implementation, monitoring and evaluation.
### Action Area 1: Policy and programme development and implementation

**General objective 1:** To promote policy and programme development that is disability and CBR inclusive

**Specific objective 1.1:** To advocate with Member States for the ratification and monitoring of core international instruments on inclusive development and the rights of persons with disabilities

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<tr>
<th>Actions by countries</th>
<th>Actions by WHO</th>
<th>Actions by partner organizations and collaborating centres</th>
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<tr>
<td>Ratify CRPD (for Member States that have not yet ratified the Convention on the Rights of Persons with Disabilities, as well as its Optional Protocol)</td>
<td>Prepare and disseminate to Member States information on the merits and importance of the Convention on the Rights of Persons with Disabilities and of other instruments on inclusive development and the rights of persons with disabilities, especially as they relate to the achievement of the MDGs</td>
<td>Support WHO in advocacy with Member States in their sphere of work and influence</td>
</tr>
<tr>
<td>Include and give due focus to the needs of women, men, girls, boys and other marginalized and vulnerable persons with disabilities in policy instruments and action plans</td>
<td>Strengthen capacity of WHO country offices on disability and rights issue and CBR as a multisectoral strategy that should be part of every development policy, programme and project</td>
<td>Share information and resources with WHO and countries</td>
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<tr>
<td>Put monitoring systems in place</td>
<td>Link closely with countries and other organizations and stakeholders in the international community to ensure synergy and non-duplication of efforts</td>
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**Specific objective 1.2:** To integrate CBR strategy CBR strategies in development policies, programmes and plans

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<th>Actions by countries</th>
<th>Actions by WHO</th>
<th>Actions by partner organizations and collaborating centres</th>
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<tr>
<td><strong>For countries without existing disability-specific policy/programme/plan,</strong> develop a disability policy/programme/plan with a strong CBR and development focus</td>
<td>Review and disseminate tools and guidelines for development and evaluation and implementation and monitoring of inclusive policies, programmes and action plans</td>
<td>Provide input on evidence-based guidelines and recommendations for strategies and interventions to be considered by Member States</td>
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<tr>
<td><strong>For countries with disability/CBR programmes,</strong> provide adequate budgets for disability/CBR programmes/interventions, especially for countries committed to international and regional instruments and guidelines</td>
<td>Provide technical assistance to Member States in policy and programme development and/review, implementation and monitoring</td>
<td>Participate proactively in policy and programme development/review processes in countries where they operate</td>
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<tr>
<td>Review and strengthen existing policies and programmes in light of current international and regional instruments and guidelines, especially for countries committed to specific international and regional instruments and guidelines</td>
<td>Advocate for inclusion or strengthening of CBR strategy in disability programmes</td>
<td>Share best practice and resources towards coordinated efforts</td>
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<td>Document and share good experiences and practices, including tools and instruments</td>
<td>Ensure that disability issues are considered in key health programmes and initiatives of WHO in the Region such as mental health, leprosy, child and adolescent health, sexual and reproductive health, chronic diseases, HIV/AIDS, ageing and emergency and humanitarian action</td>
<td>Support WHO actions</td>
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<td><strong>For all countries:</strong></td>
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<td>Create a multisectoral coordination mechanism</td>
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<td>Advocate for sub national and local policies and programmes to mirror or adapt national policies, particularly for countries with decentralized governance functions</td>
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<td>Ensure that appropriate links with other related areas such as emergency and humanitarian action, including protection against child labour and violence and injury prevention are established and strengthened</td>
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**Action Area 2: Capacity building**

**General objective 2:** To enhance capacity at all levels to strengthen and sustain CBR strategy and programme implementation

**Specific objective 2.1:** To improve personal, technical, management and other relevant skills among CBR stakeholders

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<th>Actions by countries</th>
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<tr>
<td>Assess capacity gaps in CBR, especially in priority, high-burden communities</td>
<td>Disseminate relevant normative guidelines and assessment tools</td>
<td>Recommend relevant and appropriate content for training and instructional materials on CBR</td>
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<tr>
<td>Develop or update training modalities and modules, including self-instructional materials and open learning approaches, tailored to different groups of stakeholders, as duty bearers, at community level, e.g., persons with disabilities (by disability type) and their families/care givers, community-based volunteers and health workers</td>
<td>Collect and disseminate existing training modules and other instructional materials on CBR</td>
<td>Share good practices in capacity building planning and implementation from CBR project experiences</td>
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<tr>
<td>Undertake training and other capacity building activities according to assessed priority needs</td>
<td>Provide technical assistance to countries</td>
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<td>Develop and train relevant local government service units, NGOs and self-help organizations such as organizations of persons with disabilities, both specific disability groups and umbrella/multiple disability groups, to provide support during capacity building activities in the communities</td>
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<td>Collaborate with the education sector in curriculum development for a simplified general education subject on human rights, disability and CBR, including disability-sensitivity training, at elementary level.</td>
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**Specific objective 2.2:** To ensure adequate capacity to deliver medical care and rehabilitation services by integration into PHC and linking with health systems

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<th>Actions by countries</th>
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<tr>
<td>Identify and utilize practical entry points for CBR using primary health care principles, e.g., teacher-child-parent approaches (TCP) and school PTAs, organizing parents of children with disabilities, volunteer health workers and other support groups, towards building up at least a coherent health element of CBR, including home- and school-based care and rehabilitation</td>
<td>Provide technical assistance to member states in initiating and strengthening rehabilitation programmes</td>
<td>Collaborate with and support WHO and countries in identifying effective strategies, approaches and entry points</td>
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<td>Enhance capacity for delivering both general health services needed by persons with disabilities and specific services needed because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, as close as possible to their own communities</td>
<td>Collect feedback from and disseminate to Member States good practices for continuous improvement in CBR implementation</td>
<td>Provide input and/or participate in the process of developing mechanisms and putting them in place</td>
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<td>Develop or strengthen a referral system, both for health and other elements of CBR, including a list of resource organizations and facilities for rehabilitation and other support services for persons with disabilities</td>
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### Action Area 3: Partnerships and networking

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<tr>
<th>General objective 3:</th>
<th>To enhance partnerships and networks among CBR stakeholders</th>
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<tr>
<td>Specific objective 3.1:</td>
<td>To promote multisectoral and multidisciplinary partnerships and networks in support of CBR at regional, sub-regional and national levels</td>
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<th>Actions by countries</th>
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<tbody>
<tr>
<td>Establish networks for various disability-specific groups and CBR programme elements, e.g., organizations working with the blind or with persons with multiple disabilities, or organizations working in health and its 5 sub-elements in the CBR matrix, ensuring representation of persons with disabilities</td>
<td>Strengthen and further develop collaboration and partnership with relevant international, regional and sub-regional organizations</td>
<td>Be active members of partnerships and networks to be established in the Region at appropriate levels and in relevant areas of involvement</td>
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<td>Establish an umbrella network of networks to coordinate and consolidate efforts</td>
<td>Encourage and support networking and collaboration between and among Member States in developing and implementing joint activities on shared areas of interest, including the development of common understanding and possibly common messages</td>
<td>Assist in organizational development and leadership of persons with disabilities and their organizations</td>
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<td>Conduct regular feedback and coordination meetings with funding and sectoral partners</td>
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<td>Participate in and contribute to the work of higher level networks</td>
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### Action Area 4: Awareness raising and advocacy

**General objective 4:** To raise awareness of and advocate for CBR as a multisectoral strategy to promote equal rights and opportunities and inclusive development for persons with disabilities

**Specific objective 4.1:** To undertake key advocacy activities (e.g., orientation-seminars, presentations in conferences and to government bodies and other organizations, media campaigns) at various levels throughout society involving different stakeholders in CBR

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<tr>
<td>Plan and earmark funds for advocacy activities</td>
<td>Undertake advocacy activities at regional and sub-regional levels</td>
<td>Support advocacy efforts of WHO and Member States by providing input and/or participating in relevant awareness raising and advocacy activities in the Region</td>
</tr>
<tr>
<td>Undertake advocacy activities on disability and CBR to key stakeholders at national, sub-national and local levels, e.g., organizations of persons with disabilities and of other vulnerable groups, schools and other institutions/settings (prisons, home for older persons, workplaces, etc), local government units/executives, legislators, media, government agencies, professional organizations/academia, health maintenance organizations (HMOs), NGOs, civic and volunteer groups</td>
<td>Provide technical assistance to Member States in developing advocacy plans</td>
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<td>Develop prototype presentations and other advocacy materials for regional, sub-regional and national forums (e.g., media kit, fact sheets, posters and documentaries)</td>
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<td>Participate in awareness raising and advocacy activities of Member States</td>
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<td></td>
<td>Link countries to existing information materials and resources</td>
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**Specific objective 4.2:** To provide key stakeholders and persons with disabilities access to condensed, stakeholder-tailored and user-friendly versions of selected international instruments, guidelines and other information materials on CBR

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<tr>
<td>Develop, translate and/or adapt information materials according to local context</td>
<td>Develop and disseminate prototype practical and stakeholder-tailored information materials on disability and CBR in <strong>accessible media</strong> (print, Braille, audio-cassette, electronic, etc)</td>
<td>Collaborate with WHO in the development of relevant information materials</td>
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<td>Reproduce and disseminate information materials consistent with the profile of persons with disabilities in the country</td>
<td>Compile and disseminate success stories of persons with disabilities and good CBR practices from other parts of the world, representing various disability types/groups, highlighting common strengths and enabling factors at individual/family/community levels</td>
<td>Develop and disseminate similar materials tailored to their specific area(s) of expertise and/or disability group(s)</td>
</tr>
<tr>
<td>Compile and disseminate success stories at country level, highlighting struggles as well as capabilities and contributions of persons with disabilities as members of their families, communities and societies</td>
<td>Field test and evaluate materials prior to dissemination</td>
<td>Share with WHO and Member States testimonials of persons with disabilities and good CBR practices from their own projects and areas of work in the Region and beyond</td>
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</tbody>
</table>
### Action Area 5: Creating barrier-free environments and providing assistive devices and technologies

**General objective 5:** To promote the creation of barrier-free environments and the provision of information and communication and assistive devices and technologies

**Specific objective 5.1:** To enhance the availability, knowledge and use of universally designed environments, information, communication, assistive devices and technologies

<table>
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<tr>
<th>Actions by countries</th>
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<th>Actions by partner organizations and collaborating centres</th>
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</thead>
<tbody>
<tr>
<td>Conduct accessibility audit of major public and private services and transport, using universal design approaches</td>
<td>Disseminate standards and guidelines on barrier-free, universally designed environments and information/communications/assistive devices and technologies</td>
<td>Collaborate with WHO and countries in promoting development of and access to barrier-free environments, information and communication, including the collection and dissemination of good practice</td>
</tr>
<tr>
<td>Develop national accessibility standards and regulatory guidelines covering at least public facilities, infrastructure and transport, communication and other devices and technologies including those in agricultural and rural settings</td>
<td>Collect and disseminate good practices from countries in various aspects of building barrier-free environments</td>
<td>Provide input, participate and facilitate in relevant training activities in the Region</td>
</tr>
<tr>
<td>Develop regulatory and monitoring guidelines for barrier-free environments, information, communication, assistive devices and technologies</td>
<td>Provide technical assistance in monitoring and evaluating progress of implementation</td>
<td>Demonstrate leadership in practice</td>
</tr>
<tr>
<td>Develop incentive mechanisms for institutions, local government units and industry to ensure compliance with accessibility standards, e.g., compliance as criterion for designation as healthy cities/ settings or citations/tax incentives for disability-friendly establishments</td>
<td>Coordinate with academia for strengthening training curricula for relevant health practitioners, including disability-sensitivity</td>
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<td>Propose the inclusion of sign language as an official UN language</td>
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**Specific objective 5.2:** To promote more relevant and effective production and utilization of appropriately designed assistive devices and technologies

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<tr>
<td>Develop and support local industry to make available assistive devices and technologies specifically tailored to individual needs of persons with disabilities, their environment and daily activities</td>
<td>Develop standard guidelines for the production and servicing of assistive devices and technologies</td>
<td>Collaborate with WHO and countries in setting standards and drawing up the content of regulations and ethical aspects of the use of assistive devices and technologies in their respective fields of expertise</td>
</tr>
<tr>
<td>Ensure accessible information on the utilization of mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities.</td>
<td>Collect and disseminate good practices and financial mechanisms for acquiring assistive devices and technologies</td>
<td>Make available expertise in other support services including language interpreters and transcribers</td>
</tr>
<tr>
<td>Develop health financing mechanisms, e.g., subsidies, cash transfers, insurance packages, for acquiring assistive devices and technologies</td>
<td>Provide technical assistance to countries in the standards, regulation and ethical aspects of the use of assistive devices and technologies</td>
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## Action Area 6: Research and information management

**General objective 6:** To promote evidence-based practice in disability, CBR and inclusive development

**Specific objective 6.1:** To strengthen information systems on disability and CBR

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<tr>
<td>Develop or strengthen information systems on disability and CBR to address information gaps</td>
<td>Collaborate with relevant agencies and stakeholders to identify a core information set for reporting requirements under pertinent international and regional instruments</td>
<td>Collaborate with WHO in providing input and support to countries in the process of strengthening and maintaining their information systems</td>
</tr>
<tr>
<td>Adopt definitions on disability based on the UN guidelines and principles for the development of disability statistics</td>
<td>Provide technical assistance to countries in assessing the adequacy of and in strengthening their current information systems</td>
<td>Continue sharing in a timely manner pertinent information and evidence collected in the course of their work</td>
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<tr>
<td>Ensure the generation of disability-specific health and development data, e.g., gender, age ethnicity, etc, especially those relating to the millennium development goals</td>
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<td>Establish a monitoring and evaluation mechanism to inform implementation and continuous improvement of disability programmes and CBR activities</td>
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<tr>
<td>Establish a mechanism of disseminating disability programme statistics and information widely, regularly and in appropriate forms to ensure accessibility especially to persons with disabilities</td>
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**Specific objective 6.2: To promote research and development in priority areas of concern in disability and CBR**

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<tr>
<td>Formulate a priority research agenda for disability and CBR, e.g., identifying gaps in information and developing and updating a comprehensive collection of information on persons with disabilities</td>
<td>Provide technical assistance to countries in determining priority research needs and in enhancing research capacity</td>
<td>Provide support to WHO and countries in their area of expertise and according to their geographic presence or sphere of work</td>
</tr>
<tr>
<td>Develop capacity to conduct research and translate results towards improved policy and programme development as well as implementation</td>
<td>Organize research dissemination and policy forums at regional and sub-regional levels to ensure evidence-based development of disability policies and programmes</td>
<td>Sharing and supporting research with WHO and countries</td>
</tr>
<tr>
<td>Undertake priority research activities and analyze and disseminate results to drive CBR strategies and inclusive development policy and practice</td>
<td>Collaborate with Member States and partner organizations in establishing and maintaining a regional observatory and resource centre for disability and CBR</td>
<td>Collaborate with WHO in facilitating cooperation in research and enhancing access to scientific and technical knowledge</td>
</tr>
<tr>
<td>Encourage and support rehabilitation studies, which include CBR, in training and health care institutions</td>
<td>Establish, in collaboration with other agencies and partners, an internet-based platform for cooperation in research and continuous and timely access to scientific and technical information exchange</td>
<td>Sharing information, resources and tools for monitoring and evaluation</td>
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