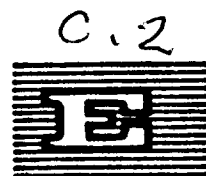




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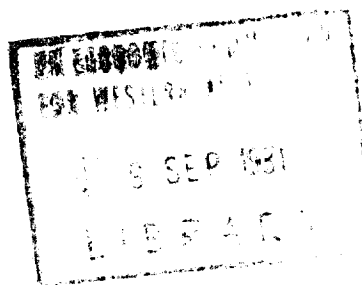
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INTERNATIONAL YEAR OF DISABLED PERSONS

Disabled Persons in the ECWA Region:
Features and Dimensions of the Problem
and a Regional Plan of Action

81-3915

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PART ONE
FEATURES AND DIMENSIONS OF HANDLING THE PROBLEM
OF DISABLED PERSONS

I. INTRODUCTION: THE BASIC DIMENSIONS OF DISABILITY

The United Nations has designated 1981 as the International Year of Disabled Persons, just as it designated previous international years for population, women and the child. In so doing, it has placed the problem of disability on the same level as that of the major social problems which confront the world and which the world should handle by resorting to scientific analysis and understanding, by alerting Governments and the public and by mobilizing international, regional and national resources. Such action should aim at the formulation and implementation of work programmes designed to contain the problem and to find solutions for it.

At the very heart of the issue of handling the problem of disabled persons is the question of whether or not human thought and will, at the collective or individual levels, are capable of transforming the "disabled person" from a mentally, physically or psychologically handicapped individual into a socially effective being, from a complexed person into a person who is dominated by a sense of "creative challenge", from a person limited by "total dependency" into one who enjoys a measure of "relative independence", from a person who is a mere "consumer" into a person who is a "producer". In brief, response to this problem is designed to eliminate the isolation and the negativism of disabled persons and to ensure their positive merging and integration in the mainstream of social life. Handling the problem, in this sense, goes beyond the limits of individual charity to assume socio-economic-developmental dimensions. Accordingly, care for disabled persons and their rehabilitation and integration in society constitute a giant stride towards the vindication of human rights and basic freedoms.

The size of the problem of disabled persons is such as to provide further justification for this response at the world, regional, national, local and individual levels. United Nations estimates put the number of disabled persons in the world in 1979 at around 450 million people - about one half the population of

China or about the total of the populations of the Soviet Union and the United States of America. One of the tragic elements of the problem of disabled persons is that three fourths of them belong to the third world. The definition of the disabled individual as a dependent and incapacitated person also applies to most of the societies of the developing world, which are characterized by similar inability and dependency. In other words, the world is faced with a "disability phenomenon" which involves 350 million disabled people who are living in societies which are themselves "disabled" in terms of their interaction with the world economic-social-political system. The disabled person, in this case, lives in a disabled society. While these persons might be incapacitated and marginal within their third-world societies, it is also a fact that their societies are considered disabled and marginal within the existing world order. Accordingly, the individual in the third world bears a compounded burden which is much greater than the burden of his counterpart in the industrial world, since he must cope with the burden of his own individual disability and the burden of the backwardness of his society. The backwardness of his society complicates the burden of his disability and the reverse is nearly always true also. The problem of disability in the backward society is not limited to the society's inability to care for and rehabilitate its disabled persons. In the great majority of cases, this problem deprives the society of the participation and contribution of these persons to its development efforts.

Socio-economic backwardness is, as will be seen, one of the main factors which contribute to the problem of disability in the developing world. However, these factors have been accentuated, and since the Second World War the human drama has become a mass tragedy. During this period, the developing world has become the scene of the liquidation of historic local and regional differences, carried over from the times of colonialism and dependency, and the stage for struggles arising from major power confrontation. The wars, horrors and destruction experienced by the third world, including the Arab region of Western Asia, have swelled the ranks of the disabled.

Consequently, while the mental and physical aspects of the problem of disability are being dealt with, the over-all social dimensions of disability in the developing countries, vis-à-vis the world order or within the context of the conditions of the deprived or less fortunate classes and groups inside these particular countries, should not be overlooked.

Even though this study on disability is restricted to physical and mental disability arising from heredity or from health and social factors which cause partial or total incapacitation, there are differing views on the problem of disability. Consequently, there are differences in the strategy adopted to cope with it.

Attitudes towards the disabled in the early stages of history were inhuman; the disabled were regarded as defective persons who were a burden on society, consuming without producing. Consequently, the strategy adopted to deal with the disabled was inhuman. Since the disabled were considered to be "human trash", which consumed without making any positive contributions, the actual measures taken to cope with this problem called for their isolation to prevent them from marring the positive aspects of life. In some extreme cases, attempts were made to liquidate the disabled by killing or burning them. Sparta was the outstanding example of a society taking this approach.

During the subsequent historical period, the so-called "moral view" emerged. This view regarded the disabled as creatures who evoked sympathy and human kindness. Measures taken during that period to cope with the problem were of a charitable nature and involved feeding and caring for the disabled. In fact, religions urged kind treatment for the disabled. The Arab heritage, in which Islam plays a prominent role, differed from the heritage of Sparta. There is, for example, a statement in a passage of the Koran addressed to the Prophet which says: "(The Prophet) frowned and turned away because there came to him the blind man (interrupting), but what could tell thee but that perchance he might grow (in spiritual understanding) or that he might receive admonition and the teaching might profit him". In fact, physical disabilities did not prevent some people from becoming outstanding religious figures, writers, scientists, and poets and from reaching positions of leadership in ancient and modern history.

The third historical stage was ushered in with the issuing of a number of world humanitarian declarations, including the Universal Declaration of Human Rights of 1948, the Declaration of the Rights of the Child of 1959, the Declaration on the Rights of Mentally Retarded Persons of 1971 and Economic and Social Council resolution 1921 (LVIII) on the prevention of disability and the rehabilitation of disabled persons. Furthermore, numerous resolutions were adopted by United Nations agencies, such as UNICEF and UNESCO.

The issuing of these world declarations was accompanied by the issuing of a number of Arab declarations, including the Social Action Pact for the Arab States, which was approved at a meeting of Arab ministers of social affairs in 1971. The objectives of social action, as outlined by the Pact, were defined as "the rehabilitation of every citizen afflicted with a physical or mental disability, especially children and youth". The Strategy for Social Action in the Arab World of 1979 also stressed the importance of care for physically and mentally disabled persons by listing it as one of the priorities of social action. It also referred to the importance of these groups being enabled to participate in normal life and of the need for a better grasp and understanding of the problems of disability and ways to cope with them in a more positive manner within the context of social developmental action.

This new attitude reaffirms what was recorded in the strategy for the development of Arab education formulated by the Arab League Educational, Scientific and Cultural Organization and adopted by the Arab education ministers in 1976. Major paragraphs of the section on strategy elements and alternatives were devoted to care for disabled persons. They emphasized the need for special educational care for disabled persons, the need for the formulation of programmes of a humane and educational nature, with a social and developmental content for the disabled, and the need for solid and permanent foundations for such education. Resolutions and decisions of the Arab Labour Organization also underlined the importance of care for and the rehabilitation of disabled persons. Furthermore, several States approved legislation and introduced nation-wide programmes for the rehabilitation and employment of such person.

Consequently, the designation of 1981 as the International Year of Disabled Persons launches the third stage which the numerous world and Arab declarations seek to realize. This year should be the point of departure for a new stage and a new attitude which should not be limited to care for and rehabilitation of disabled persons, but should also regard them as a socio-economic human potential that has been and is being wasted by society and which must be reclaimed through the formulation of appropriate methods. This means that efforts should be made to discover ways to facilitate the merging and the integration of the disabled within society and their participation in social and economic development. This could be achieved if the question of disabled persons were viewed in the light of the new developmental attitude, the following considerations being taken into account:

(a) Old attitudes towards disability must be discarded. These attitudes regarded disability as an individual problem which was resolved by the partial rehabilitation of disabled persons through the treatment of whatever had caused the disability. The alternative approach is for the problem of disability to be considered within the context of a new social defence attitude towards the handling of disability. This approach involves not merely the rehabilitation of disabled persons and the securing of opportunities for them to participate in normal life as individuals, but also the adoption of a comprehensive view of disability, its social factors and conditions, and the bold and serious confrontation of these factors and circumstances.

(b) It is an accepted premise that the basic objective is the contribution of the integrated, capable and effective person. Every disability detracts from the basic human pattern or is a deviation from it. Deviations may take the form of physical, mental, health or social disfigurement. Such a deviation may be overcome by decreasing the extent of the disability, by curtailing its social and psychological repercussions and by organizing the reintegration of disabled persons in society. Such action vindicates the principles of justice and equal opportunity which are at the very heart of basic human rights.

(c) Efforts to deal with the problem of disability should not be motivated by considerations of charity, human feelings and emotions, alone. Such efforts should be based on a rational approach which would regard the problem of disability as a social problem which falls within the sphere of the responsibility of both the society and of the modern State. Accordingly, efforts to cope with the problem of disability should link the rehabilitation of disabled persons to general social development plans. This requires that the State should intervene and deal with the problem of disabled persons, instead of completely relinquishing responsibility for such action to charity organizations and institutions. It also requires a certain comprehensiveness and balance in services for disabled persons, a balance between urban and rural areas, between males and females, and between social and age groups.

(d) Creativity and renewal are vital considerations in dealing with problems of disabled persons. The interaction and parallelism of technological achievements, prosthetics, applied social psychology and the art of planning provide the optimum opportunity for the care and development of the disabled. This creative interaction raises the standard of action in the handling of all aspects of disability at the lowest possible socio-economic cost.

(e) Possible future dimensions of the problem of the disabled should be considered, including the conditions and factors which cause the problem. The possible development of the size of the problem and its social impact should also be considered. Consequently, the most flexible and effective strategy, and the one which is most compatible with the particular society's plans and general development strategies, should be formulated and adopted.

II. DISABILITY IN WESTERN ASIA

Main features

This section deals with the size and factors of disability in Western Asia, the socio-economic impact of disability on the societies of this region and the relationship of this impact to alleviating the problem of disability. The issue will be dealt with under the following main headings:

1. Concepts of disability: broad and narrow;
2. The problem of disability in Western Asia: size and dimensions;
3. The principal factors of disability in Western Asia;
4. The socio-economic impact of disability in Western Asia.

These points are developed in brief as follows:

1. Concepts of disability: broad and narrow

Any attempt to formulate a definite concept of disability runs up against a wide range of definitions of disability and its extent. Many have dealt with this problem by merely equating disability with the limitations imposed on the bodily movement of the individual. This approach does not take into consideration the fact that the disabled are not a uniform group, but rather include diverse groups, such as the dumb, who differ from the deaf, and from the blind, who, in turn, differ from the mentally retarded. Since every group has its specific problems, attempts to handle these problems should be designed to cope with the specific disability.

The definition of disability varies from one Arab State to the other. The Jordanian concept, as presented at the second Arab Social Action Strategy Seminar (held at Tunis, 14-18 October 1980) defined the disabled as: "the blind, the physically disabled, the mentally retarded, the deaf and the dumb". On the other hand, decision No. 1031 of the Iraqi Revolutionary Command Council, issued on 28 June 1980, stated, in article 43 of part four, that "the disabled person is an individual who has partially or totally lost the capacity to work, to secure work or to retain it... owing to a defect or disturbance of his mental,

psychological or physical aptitude". The Lebanese law, No. 11/73, issued on 3 January 1964 defines the disabled person as "a person whose ability to obtain and retain employment is effectively lowered owing to incapacity or defect in physical or mental abilities. The physically disabled are the blind, the deaf, the dumb, paralytics, those who have lost a limb... and the mentally disabled or retarded are those who suffer from a defective nervous system that disrupts their mental growth to the extent that their social adjustment is obstructed".

Law No. 31 on disabled persons, issued by the Arab Republic of Egypt in 1975, declares in article 2 that "for the purposes of the implementation of this law, the disabled person is the individual who is incapable of depending on himself to carry out or retain his work or to discharge other work, and whose incapacity is due to mental, physical or functional incapability". A study of the effectiveness of the rehabilitation of the disabled in Egypt defined the disabled person as "the individual who has lost his ability to carry out his work or other work, owing to a physical, mental or functional incapacity, be it congenital or due to accident or disease, and who is thus rendered incapable of adjusting to his society or environment and incapable of successfully living a stable life".

It is evident from these definitions that the disabled are either victims of war who were injured while discharging their national duty, or victims of industry, which uses modern technological machinery, or victims of traffic accidents or disease, or persons with congenital defects due to factors of heredity or pre-natal disease.

However, a careful examination of the above definitions will reveal that they are characterized by the following basic features:

(a) They all regard physical defects or handicaps, be they congenital or hereditary, as a basic element in the concept of disability. This disability is, to a great extent, tangible physical disability related to the incapacity of the individual to achieve effective social participation. Obviously, this definition of disability is extremely narrow.

(b) Some of the Arab States have given a wider interpretation to the meaning of disability, by not restricting the definition of disability to congenital or hereditary factors only. Their concept of disability included conditions arising from life in a complex society, such as the disability of victims of traffic accidents or of persons disfigured by wars in which the society participated.

(c) A few of the Arab States have broadened the concept of disability to embrace persons afflicted with mental or psychological defects or any other affliction that prevents the individual from holding or continuing to hold a job or from depending on himself. This broader concept of disability theoretically embraces a broad spectrum of groups, such as drug addicts, alcoholics, persons afflicted with incurable diseases and persons with a criminal record who are unable to secure employment, etc.

Any attempt to adopt a more comprehensive view of disability should involve the consideration of social and cultural dimensions, in addition to physical and mental dimensions. This would lead to the formulation of a definition of disability that would embrace all persons who are incapable of benefiting from the rights and opportunities available to them in the society in which they live, owing to physical, mental, social or cultural factors. In that case, disability would be defined in terms of four dimensions rather than two.

2. The problem of disability in Western Asia: size and dimensions

This section will concentrate on physical and mental disability in Western Asia, in view of the inclusion of these two elements in all the definitions of disability, even those which are the least comprehensive. Any attempt to determine the size of the problem of disability in this region immediately encounters the following basic difficulties:

(a) There are no precise or complete data on the size of the problem at the Arab or the regional level. Some Arab States have totally ignored the problem of disability. This indicates that they do not consider that this problem has become a serious enough social issue to warrant being handled through planning, spread over a number of stages and providing for various alternatives. Attempts have been made in recent years to survey some groups of disabled persons, but these efforts have been limited, fragmented and casual. Differences among the Arab States

of the region on the statistical approach to the problem of disability are underlined by the fact that some Arab States (such as Egypt and the Syrian Arab Republic) collect data on the disabled as part of their regular censuses, conducted once every 10 years. Other States intend to secure data on the problem of disability from future censuses. In some States, such as Lebanon and Jordan, attempts are being made to conduct partial surveys in specific areas, in a bid to determine the extent and types of disability.

(b) The Arab States have different statistical methods for the definition and specification of disability, for the determination of whether disability is partial or total and for the identification of the main patterns of disability. There are obvious differences in the ways in which the Arab States identify disability and its patterns, and this poses a number of difficulties in the determination of the size and pattern of the problem at the Arab level. This, naturally, completely eliminates the possibility of any comparison being made at the regional level through the pin-pointing of areas on the socio-demographic map of the region in which the numbers of disabled are concentrated.

(c) There are no studies which record any correlation coefficients for the phenomenon of disability. Such coefficients could provide information on the basic social characteristics of the disabled person, including information on family structure, social background, education and occupation of parents, family health and harmony, and information on the disabled person, such as age, sex, occupation, diseases, educational level, social situation, cause of disability and other data. These data would help in the identification of the basic features of this phenomenon in the region - notably the factors involved and the magnitude and basic distribution of the phenomenon. Such identification constitutes the basic groundwork for the formulation of the most suitable approach to the handling of this problem.

(d) In many of the countries of the region, there are glaring shortcomings in the qualitative and quantitative standards specified for rehabilitation institutions, particularly in terms of their services, distribution, the number of workers they employ, their training and qualifications, the number of technical and administrative staff, the budget, expenditures and the volume and quality of services rendered. Data on these institutional aspects help researchers to compare scientifically the standards of the Arab States in the region and allow them to identify accomplishments and shortcomings. It thus becomes possible to

specify the areas in which these institutions should develop and to identify the potential for regional co-operation.

(e) There is an absence of data on many aspects of the problem of disability. One aspect is the extent and patterns of disability; another aspect is the number of disabled persons in rehabilitation institutions, the types of these institutions and the areas covered by the services they provide. Another aspect of the problem is the degree of disability of persons who have been rehabilitated and who have been employed and are actually working. This differs from the potential level of disability, which is referred to when forecasts are made and strategies for the handling of the problem in the future are formulated. A full understanding of all aspects of this phenomenon is vital for the effective handling of the problem in the present and for planning ways of handling the problem in the future in such a manner as to decrease the social loss caused by disability and to thrust the disabled into effective participation in the development of society.

Despite this serious shortage of data, it is possible, on the basis of United Nations estimates and international indicators, to estimate disability in Western Asia as affecting 7-10 per cent of the population. This means that the number of disabled persons in 1980 ranged between six and nine million Arabs, out of a population base estimated in that year to be 90 million. In fact, the size of the problem is probably greater than is portrayed by these estimates, because the backward conditions prevailing in some communities in the region contribute to the aggravation of the problem. On the other hand, the total capacity of treatment and rehabilitation centres in the Arab world has been estimated to be no more than 100,000 persons, young and old. This indicates a tremendous shortage of facilities for the actual handling of the problem in this region.

The following data, drawn from partial and irregular studies, might help to provide a clearer picture of the size of the problem of disabled persons in Western Asia.

Even though Lebanon is at present faced with circumstances arising from hostilities in recent years that could cause a high incidence of disability, the following figures illustrate the size of the problem of disability within this context:

Number of disabled persons in Lebanese institutions according to sex, age and disability in 1980

Type of disability	In-patients	Out-patients	Total	Males	Females	Age			Disabled by war	Full capacity	
						Below 12 years	12-18 years	Over 18 years		In-patients	Out-patients
Deaf/mute	269	140	436	196	240	281	128	27	2	350	292
Blind	169	140	309	212	97	46	72	191	8	232	266
Mentally retarded	870	433	1303	607	696	402	474	427	11	955	604
Paralytics	126	4	130	81	49	53	68	9	22	160	150
Physical disability	317	1292	1609	882	727	279	603	727	644	520	1601
Mental disease	925	524	1449	911	538	22	260	1167	160	1050	700
Total	2603	2533	5236	2889	2347	1083	1505	2548	847	3267	3613

Source: Report of the Republic of Lebanon on disabled persons, submitted to the Second Seminar on the Strategy of Arab Social Action, held at Tunis, 14-18 October, 1980. This report is included in a volume of country papers, published by the General Directorate of Social and Cultural Affairs of the Secretariat of the League of Arab States.

A study of this table on disability in Lebanon gives rise to the following basic comments:

(a) The cases recorded were those of persons who were being cared for or treated by institutions. There were many disabled persons who were not being treated or cared for by institutions. Consequently, these figures do not give a true picture of the dimensions of the phenomenon.

(b) There was a high incidence of disability due to war. The table listed 847 cases. Physical disability accounted for 76 per cent of all disability due to war and mental disability accounted for another 19 per cent.

(c) Physical disability was the most prevalent form of disability in Lebanon. The 1601 cases recorded represented 30.7 per cent of all cases of disability under the care of or under treatment by an institution in Lebanon. Mental disorder was the second commonest form of disability, 1449 cases being recorded, which represented 27.7 per cent of all cases reported by institutions. It is quite probable that the war conditions contributed to these high figures. The mentally retarded accounted for 24.9 per cent of all cases.

(d) Males were more prone to become disabled than females. The highest male/female ratios in disability occurred in the cases of mental disorders and physical disability. This was primarily due to the fact that males were much more exposed to the hazards of war and to mental disorders arising partly from the war. It was also due to the fact that males were more involved in social interaction than females, and were thus more exposed to the impact of this interaction.

An analysis of the situation in Qatar (based on an official report presented to the Second Seminar on the Strategy of Arab Social Action, held at Tunis, 14-18 October 1980) shows that a total of 534 cases of disabled persons was recorded on the basis of the voluntary notification by the families of the disabled. However, a study carried out by the Ministry of Education on elementary school students revealed that there were 512 mentally retarded students and 123 cases of physical disability. The physiotherapy department of the public health ministry reported that 11,000 persons reported for treatment of disabilities.

This figure represents around 10 per cent of the total population of Qatar, and is within the range of the ratios concerning the extent of disability on a world-wide scale. Since this figure only covers persons with a physical disability who reported for treatment, the actual level of disability in Qatar is definitely higher, and could be closer to the higher limit of the world ratio, which is 15 per cent.

Data on services to the disabled in Kuwait throw considerable light on the services available. The following table shows the number of registered students and of classes of institutes for disabled persons for 1979/1980.

A study of this table reveals the following:

(a) Even though the number of disabled persons registered in rehabilitation institutions might not reflect the true figures on disability in Kuwaiti society, this number was approximately equal to the number of disabled persons handled by Lebanese institutions, whereas the population of Kuwait was no more than one quarter of the population of Lebanon. This means that the determination of the true extent of the phenomenon of disability could depend on the availability and accessibility of institutions for the rehabilitation of the disabled in every Arab State.

(b) There was a tendency for the proportion of disabled blind and paralytic males to increase at a higher rate than the proportion of disabled females in these categories. This, however, might not reflect the real picture of the phenomenon, because Arab families are more conservative when it comes to sending their girls to outside institutions, and they frequently keep them confined at home, despite their disability. As a result, figures on the disability of females were generally depressed, creating the illusion that there was a difference between the proportion of disabled males and the proportion of disabled females.

(c) The proportion of blind persons was low and the proportion of mentally retarded and defective persons was high. This resembled the situation in Lebanese society and was the reverse of the situation in Tunisia.

<u>Name of institute</u>	<u>Number of classes</u>	<u>Number of students</u>
Al-Nour Institute for Blind Boys	8	39
Al-Nour Institute for Blind Girls	6	15
Al-Amal Rehabilitation Institute for Deaf Boys	17	194
Al-Amal Rehabilitation Institute for Deaf Girls	15	111
Educational Institute for the Retarded	25	306
Educational and Vocational Rehabilitation Institute for the Mentally Retarded	17	190
Vocational Rehabilitation Institute for Deaf Boys	4	45
Intermediate Rehabilitation Institute for Boys	42	576
Elementary Vocational Rehabilitation Institute for Boys	22	355
Vocational Rehabilitation Institute for Deaf Girls	24	228
Institute for Paralytic Girls	14	175
Institute for Paralytic Boys	17	254
Evening Vocational Rehabilitation Institute for Boys	8 work-shops	1249
Evening Vocational Rehabilitation Institute for Girls	-	444
Total	219	4176

Source: Report of Kuwait on disabled persons, presented to the Second Seminar on the Strategy of Arab Social Action, held at Tunis, 14-18 October 1980. This report is included in a volume of country papers published by the General Directorate of Social and Cultural Affairs of the Secretariat of the League of Arab States.

An over-all perusal of the collection of data from the Arab States leads to the following observations:

(a) Most of the data are inaccurate. Some Arab States have never conducted a census of disabled persons, while other States conducted these censuses in such a way that the figures gathered did not reveal the true picture. In addition, the statistical records were not prepared in accordance with well-established scientific methods.

(b) There are disparities between the basic patterns of disability in the Arab countries in the region. For example, in Egypt, the main category of disability is blindness, whereas in Lebanon and Qatar it is mental retardedness. The only possible explanations for this disparity are the lack of accurate data or the failure of the parents of the disabled or the enumerator to identify mental disability (identification usually requires the close examination of a specialist).

(c) There is a correlation between the social conditions facing a society and the pattern of disability in that society, such as is provided by the high incidence of physically disabled and disfigured persons and mentally retarded persons in Lebanon as a result of the war which has been waged there for several years.

(d) There is a distinct disparity between the actual size of the disability problem, and the capacity of care and rehabilitation institutions to handle this problem. This means that large numbers of disabled persons are deprived of participation in development and of making a positive contribution to it, owing to their lack of rehabilitation.

(e) There is a general lack of Arab research and studies concerning the problem of disability in terms of its factors and its impact on the individual and on society, and concerning the most suitable methods for the rehabilitation of the disabled in preparation for their integration in proper social interaction, so that they may participate in social and economic activities.

3. The principal factors of disability in Western Asia

The logical approach to the formulation of an effective social policy to handle the problem of disability is first to identify the principal causative factors of disability. There are three groups of causative factors of disability, namely cultural factors, social and environmental factors, and individual health factors. A brief survey of each factor follows:

(a) Cultural factors

Cultural factors comprise the values, standards and practices which prevail in a specific society. One of the cultural factors involved is the dominance of certain values and customs which lead to disability, and which are frequently associated with what is known as "folk medicine". For example, eyesight problems are sometimes treated by the application of certain remedies which cause total blindness or broken limbs are treated in a manner which results in severe bodily impairment. Furthermore, the treatment of various bodily ailments by cauterization is a common practice in many bedouin and rural communities. This mode of treatment frequently causes bodily disfigurement and both physical and psychological defects which are difficult to overcome later on.

One of the cultural factors related to the problem of disability in the Arab culture is the family's "sense of shame" or "feelings of guilt" due to the fact that one of its members is disabled. These feelings usually express themselves in an indulgent attitude and over-protection, both of which hinder the development of the self-reliance and independence of the disabled person. At the other extreme, these feelings could lead to the rejection of the disabled person, with his consequent committal to an institution away from the family or his isolation, as much as possible, from contact with the outside world. This approach arises from the lack of realization that the condition of the disabled person could be improved and that disabled persons could be enabled to live quite normal lives. This fatalistic attitude towards disability, held by certain social groups, does not help the disabled to overcome their problems and does not encourage families to seek to benefit from the services available for the rehabilitation of the disabled.

Some of the prevailing values in the Arab culture seek to associate certain forms of disability with the blessings of God, and with contact with the saints and the good spirits. Such views create real difficulties for those who seek to treat certain mental disorders, because any attempt to commit these disabled persons to treatment and rehabilitation institutions is not looked upon with favour. In some circles, disability is associated with brilliance, such as the attribution of genius to deafness or of creativity to blindness, without any

attempt being made to assess the potential of genius or creativity in the same persons had they not been deaf or blind. Even though such associations could have a positive psychological impact on the disabled person involved, they could also end up by depriving the disabled person of real, tangible opportunities for the full or partial treatment of his disability.

(b) Social and environmental factors

These are factors related to the infrastructure of society and to the nature of social interaction prevailing within its framework. The following are among the basic factors observed in this context:

There are conditions, such as poverty or low health standards, which cause the social structure itself to become a source of disability. The developing world, for example, contains around three fourths (around 350 million) of the world's disabled persons - estimated by the United Nations in 1979 to be 450 million - whereas the developing world has only two thirds of the world's population. This implies that disability is directly proportional to backwardness.

In many developing communities, the main causes of disability are poverty, low health standards, malnutrition, disguised and manifest unemployment, ignorance, illiteracy and other social factors which prevent the full development of individual and collective potentials. These conditions can be traced to economic and political considerations or to the nature of the infrastructure of society.

There is an absence, due to the heavy burdens imposed by the pressing problems of the able-bodied, of a socio-political will responsive to humanitarian considerations. In such cases, the neglect of disabled persons is justified on the grounds that priority must be given to able-bodied persons. Furthermore, the disabled and those responsible for them do not usually constitute a socio-political pressure group which has enough influence to impress on Governments the necessity of discovering solutions to their problems and of taking decisive steps to apply them. Also, attempts to justify the failure of Governments to handle the problem of disability involve the heavy financial burden imposed by efforts to develop disabled persons as a human resource, especially when compared with the financial requirements for the similar development of able-bodied persons.

The care and rehabilitation of the disabled must be viewed, irrespective of human rights and considerations, as an investment which transforms the disabled person, within the limits of his talents and potential, into a productive person, and which occasionally even develops his compensatory ability to the point of real genius. A study was carried out in France in 1967 on the estimated cost of the rehabilitation of the disabled, which was compared with the cost of neglecting them. The study showed that compulsory education for the mentally retarded or the physically disabled cost, on an average, 27 francs a day (around 5 dollars), whereas the education of an able-bodied child cost 5.5 francs a day (or around one dollar). On the other hand, the estimated burden imposed on society (the family, treatment services, etc.) in cases where the disabled child was left without any education or special rehabilitation which would enable him to be integrated in the mainstream of life, was set at around 500,000 francs (approximately 110,000 dollars) over an average lifetime. Consequently, the education of a disabled child imposed a much smaller burden on society than the ultimate cost of neglecting that child and failing to transform him into a productive force.

Rehabilitation at least enables the disabled to take care of their own needs and to handle the regular tasks of daily life, instead of forcing them to depend upon others to provide these services. This alone represents a worth-while investment that should be given due consideration.

There is a definite correlation between the economic poverty of a society and the level of disability in that society. Social security and welfare data indicate that a significant proportion of beneficiaries are mentally or physically disabled. There appears to be a mutual cause-and-effect linkage between economic poverty and disability. Economic poverty constitutes a possible cause of disability and disability at the same time is a cause of continued economic poverty, since it frequently results in unemployment. In some cases, there seems to be a linkage between disability and the loss of parents, especially among children who are brought up as orphans in social institutions.

The disability of children could be influenced by family educational patterns. Mental retardation (mild or severe) has been observed to occur in children of some Arab families which do not have sound educational patterns, despite the material wealth which they enjoy. The phenomenon of mental retardation among the children of the wealthy could be attributed to the fact that these children have mainly been brought up by servants and governesses, and to the absence of motivation and incentives for growth due to the lack challenges which might motivate them in their dealings with those around them. This could be attributed to the immediate response to and the prior anticipation of all their needs. Such an approach deprives children of the opportunity to make any effort or to undergo any suffering or setback. Accordingly, wealth, coupled with a lack of awareness of the needs of children for their development, could be a factor which contributes to mental retardation, just as poverty and deprivation are factors which contribute to the same phenomenon.

High fertility rates and a high frequency of child-bearing factors in increasing the possibility of disability. The fertility rates in the Arab States in the region are among the highest in the world. Around 42 per cent of the population of Western Asia is under the age of 15 years. In addition, there is a steady increase in migration from rural to urban areas, and a steady expansion of shanty towns and slums where living conditions are inferior to rural living conditions. Furthermore, there are problems arising from the pollution of rivers and the sea due to industrial and human wastes, and the scattering of sand and dust, which causes trachoma. Owing to medical progress in the field of obstetrics, the lives of children who previously would have died, including some who are physically disabled or mentally retarded, are being spared.

There are numerous aspects and manifestations of backwardness. One aspect is the great disparity between the living standards and opportunities of the different classes and social strata within the same society. for example between those of urban life and those of rural or bedouin life. During the discussions at the Second Seminar on the Strategy of Arab Social Action, held at Tunis from 14 to 18 October 1980, it was disclosed that 64 per cent of the physically and mentally disabled in one of the States of the region lived in rural communities, and only 36 per cent of disabled persons lived in urban areas. Other points of interest which emerged from the Seminar included the disclosure that disabled persons constituted a large proportion of beneficiaries of social welfare aid, and that a large proportion of young delinquents are disabled persons.

Despite the high proportion of cases of disability in rural areas, the nature of rural and bedouin life is usually such as to foster the integration of disabled persons within the mainstream of life. In some bedouin and rural communities, blind men can work in the religious field, functioning as muezzins, imams, or Koranic chanters if they have memorized the Koran. Persons who are slightly mentally retarded face no serious difficulties in integration in normal life and assuming responsibilities that they can handle. Some forms of mental retardation and long-standing mental defects are accepted by rural societies, and in some cases the disabled persons are regarded as "friends of God" and certain blessings are ascribed to them.

It must be noted, however, that, despite the capacity of society to absorb the disabled, the general decline of a society usually produces additional cases of disability. Cases in rural areas are mostly of hereditary or acquired disability or arise from health conditions which have a long-range effect. The same conditions prevail in bedouin and rural societies alike.

So-called "urban disabilities" are more likely to occur in the cities. Living conditions and pollution levels in backward regions normally contribute towards the increase of disability. In fact, research evidence has firmly established the link between industrial accidents and disfigurement. In addition, traffic accidents are a major factor in disability in urban societies. This is confirmed by a study carried out recently in Egypt, by the National Centre for Social and Crime Research which indicated that 20 per cent of all disabled persons who needed rehabilitation had been disabled in traffic accidents. The study also revealed that the number of people killed or disabled in traffic accidents was several times more than the number of people killed or disabled by infectious diseases. These facts, however, are not given adequate coverage by the media. The study listed accidents occurring in the course of employment as the second highest cause of disability. They accounted for 3 per cent of all cases of disability recorded in rehabilitation centres.

Wars and violence that developing countries usually experience are a major factor in raising disability levels. A significant proportion of disabled persons are victims of war and other forms of violence. This is confirmed by the figures on disability caused by the clashes in the Arab region, especially the 1956 war in Egypt,

the Algerian liberation war, the June 1967 war, the October 1973 war, the Iranian-Iraqi war and the Lebanese civil war, not to mention border clashes, the constant war of attrition against the Palestinian people, who have been struggling to secure a homeland since 1948, and the internal clashes and acts of violence which have occurred between various armed groups and between armed groups and existing political regimes.

The low standards of health services in most Arab countries in the region or the lack of public awareness of the availability of these services is another principal cause of disability. Ignorance of the importance of the vaccination of children against poliomyelitis, measles, tuberculosis and other diseases has contributed to the high proportion of disability. The wide spread incidence of bilharzia, especially in Egypt, has taken a heavy toll in terms of the loss of human and economic resources which could have been invested in socio-economic development; the same could be said about malnutrition and anaemia. The interaction of the factors of poverty and ignorance with the shortage of health services and their inadequate distribution and organization further aggravates the situation.

The inadequacy of the approach of society to the handling of the problem of disability is another factor. A number of shortcomings plague rehabilitation institutions and hinder the formulation of suitable rehabilitation methods which could help to eliminate some of the aspects of disability. One example is the absence of co-ordination and integration among rehabilitation and employment institutions, which hinders the integration of the disabled person in the mainstream of normal life. Furthermore, the affluent countries of the region do not have sufficient numbers of qualified people capable of carrying out rehabilitation duties. The poorer countries frequently have sufficient qualified personnel, but they lack the financial resources required for the establishment of the rehabilitation centres needed. This means that the absence of Arab regional co-operation in this field can only lead to failure to contain disability, with a consequent increase in the number of disabled persons. The number of institutions in the region is totally incommensurate with the size of the disability problem in the region. The number of disabled persons in the region, as mentioned earlier, is estimated at around 8 million, whereas the total capacity of all rehabilitation centres is no more than 200,000 persons at the very most.

(c) Individual health factors

These factors are basically of an individual nature and are mainly hereditary or congenital. The expression "congenital" has no reference to the cause of the disability, but to the time of its occurrence, whereas the expression "hereditary" usually has reference to the cause of the disability, even though this disability may not be present at birth and could appear at a later date, in accordance with Mendell's laws of heredity. Among the most common causes of deafness, in addition to heredity, are venereal disease, pre-natal or post-natal inflammation of the brain, severe wounds at birth, the lack of oxygen at birth, the mother's use of harmful drugs during pregnancy or the infection of the mother with rubella during pregnancy. There are, however, some forms of congenital deafness that have no known cause. Infectious diseases constitute one of the principal causes of acquired deafness. In fact, medical research indicates that scarlet fever and meningitis account for fully one fourth of all cases of deafness.

There is ample proof that blindness can be due to diseases which do not affect the eye alone, such as tuberculosis. It has been established that blindness can arise from certain social activities such as bending or the lifting of weights, or from a sudden blow which detaches the retina of the eye. Psychological factors also play a significant role in causing blindness, such as was the case with soldiers who became blind during the war for reasons not arising from actual combat. Psychologically, there is quite a difference between the state of a person who is blind because of diabetes and the person who is blind because of nerve damage inflicted during a suicide attempt.

Nervous and mental disorders can frequently be traced to psychological shocks. This is confirmed by the study carried out by the French psychologist Emile Durkheim on suicide, which showed that nervous and mental disorders increased sharply during periods of tension and social unrest.

4. The socio-economic impact of disability in Western Asia

The negative psychological and socio-economic consequences of disability in Arab society are not confined to the disabled persons and their families, but also affect the over-all development of the whole of the society. The consequences can be observed from the following:

(a) Disabled persons represent a paralyzed or incapacitated human resource which is unable to work or participate in the life of the society. This is underlined by the fact that there are around eight million disabled persons in Western Asia. This number is equal to the total of the population of several Arab countries. Creative efforts should be undertaken in a bid to utilize those elements of this resource which are not completely disabled, in order to make it possible for disabled persons to live in dignity and to provide them with the opportunity of participating in development;

(b) The problem of disability not only affects social development by depriving it of the positive contribution of disabled persons, but also diverts funds that could be earmarked for development to meet the expenditures arising from disability. Consequently, disability is not only a burden on development but actually drains it of its life-blood by using up funds which in the absence of disability would be invested in development;

(c) Failure to handle this problem condemns society to a painful vicious circle. Deteriorating social conditions result in the emergence of more disabled persons, and this, in turn, has a further adverse impact on socio-economic development.

The disability of the family's breadwinner, for example, could lead to the collapse of the family. It could also prompt some family members to turn to criminal practices forming part of a pattern of false compensation detrimental to the social fabric. This vicious circle becomes more destructive with the passing of time.

(d) The failure to treat or rehabilitate disabled persons results in a psychological state in which the disabled person is overwhelmed by a sense of incapacity, a loss of dignity and isolation. Any intensification of this feeling could prompt the disabled person to withdraw from life to the point of total withdrawal, i.e. suicide.

This sense of frustration could also express itself in various forms of perverse or rebellious behaviour, such as the committing of crimes, partly in an attempt to seek revenge on society for its neglect or rejection of disabled persons or its failure to rehabilitate them.

PART TWO
REGIONAL PLAN OF ACTION

I. REQUIREMENTS OF SOCIAL POLICY TO HANDLE DISABILITY

Every existing social problem imposes a certain obligation. At certain times, society as a whole shares this obligation, at other times individuals or groups bear the bulk of the obligation. Every problem has one or more solutions, and each solution has a price that must be paid by society as a whole or by a specific grouping of its individuals. Social problems remain unsolved and become even more entrenched because no group is willing or able to pay this price. This inability or unwillingness to solve the problem constitutes, in itself, another problem that should be tackled.

Social problems can only be confronted and eliminated to a relative extent. Given the ability and the willingness, possible solutions to social problems range from the alleviation and mitigation of the problem to the extent possible to the total elimination of the problem. The extent to which the problem is resolved depends on the nature of the problem, on the degree of the scientific grasp of its causes and dynamics, on the social machinery available at the time the problem is being dealt with, and on policies and the institutional forces which are mobilized to tackle the problem. The many-sided and multi-level preparations to deal with a social problem could be referred to as the social action programme.

The main elements of a general social action programme to handle the problem of disability are listed below. The basic features and divisions of such a plan could vary according to the particular conditions in each State in the region and in accordance with the size and complexity of the problem.

1. The scientific grasp of the nature and the dimensions of the problem.
2. A campaign in the information media designed to arouse public awareness of the need for this problem to be dealt with.
3. The enactment of legislation designed to contain the problem and to support efforts to cope with it.
4. The establishment of a sufficient number of adequate treatment, educational, rehabilitation and employment institutions.
5. The promotion of the integration of disabled persons in society and of their participation in development.
6. The role of the State in creating mechanisms for implementation, co-ordination, integration and follow-up.

Confrontation and the social action programme

State-private sector-regional co-operation-
international co-operation

Preventive strategy

- Comprehensive development
- Action in the fields of health, culture and the economy
- Constant scientific research to determine causes of disability.

Pre-treatment action

- Early detection of disability in children
- Education of the public
- Constant scientific study of and research into the dynamics of the problem
- Training of skilled personnel to provide integrated care, treatment and rehabilitation (medically, psychologically, socially and vocationally).

Treatment strategy

- Integrated medical, psychological and social care
- Education and training of the disabled
- Aids and equipment
- Scientific study and research designed to improve treatment methods and techniques.

Rehabilitation strategy

- Expansion of institutions for the vocational rehabilitation of the disabled
- Integrated, comprehensive and diverse rehabilitation programmes
- Constant study and applied scientific research into the development of rehabilitation programmes

Employment strategy

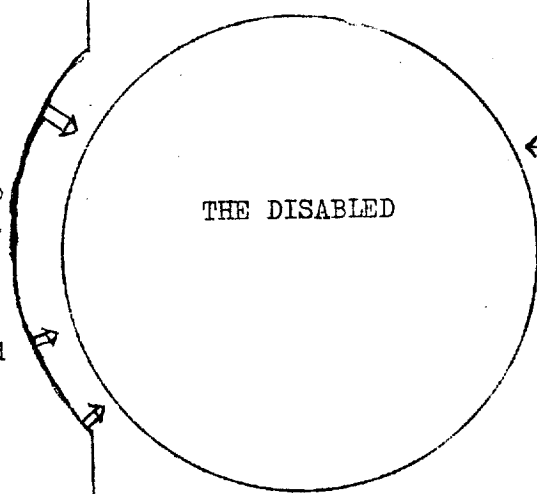
- Appropriate labour legislation-institutional arrangements at work sites-recruitment
- Supervision and inspection-household industries for immobilized persons

Social integration strategy

- Community arrangements in public sectors, utilities and transport
- Information and enlightenment of the public
- Sports and cultural clubs and voluntary groups.

Disability factors

- Cultural factors
- Conditions of backwardness and dependence
- Social structure factors
- Health and heredity factors
- Liberation wars
- Internal struggles
- International struggles
- Urban environment
- Industrialization
- Traffic accidents



II. THE SCIENTIFIC STUDY OF THE DIMENSIONS OF THE PROBLEM

In view of the importance of a scientific grasp of the problem of disability in the Arab society of Western Asia, the failure of this society to comprehend the problem adequately can be attributed to the backward conditions that generally prevail in the region. In addition, some States are faced with the problem of the insufficiency of data on the size and patterns of the problem. Other States have data collected from rehabilitation institutions but these data do not project the full picture of the actual size of the problem. Even in the best of conditions, the Arab States with the most reliable data on this problem have failed to clarify the features and some of the social and health dimensions of disability in a manner that would facilitate a scientific approach to the problem. An understanding of disability in the region requires at least the following:

(a) Records should be kept on the phenomenon of disability at all stages. These include the stage where disability exists in its original state, the stage of care, education and rehabilitation and the stage at which disabled persons are rehabilitated and qualified for employment. Ideally, the figures for these three stages should correspond and match. Failure to grasp the situation, especially that arising from inadequate data, creates an imbalance which hampers attempts to handle the problem of disability. The Arab countries should standardize their terms and statistical variables relating to the phenomenon of disability, in order to simplify the comparison of data and to facilitate the launching of a comprehensive and integrated Arab attempt to deal with the problem.

(b) A scientific grasp of the phenomenon of disability requires the upgrading of the mechanisms for the early detection of the problem in the different Arab societies of the region. This, in turn, requires that steps be taken, such as the conducting of a comprehensive or a sample survey, to determine the size of problem of disability, the conditions of the disabled and the types of disability. Such surveys could be conducted in co-operation with local and private initiatives. Data collected through such surveys could provide the basis for decisions on planning priorities and for the outlining of the programmes and the alternatives required for the handling of the problem at various levels.

(c) A system for the registration of disability should be formulated. The highest priority should be given to concentration on the early detection of disability and its causes among children. The help of mother and child care centres and maternity hospitals should be enlisted for this purpose and schoolchildren should be given medical examinations. Special health services should be provided for disabled children. The early detection of disability is a great help in treatment. It is a well-established fact, for example, that most deaf children are not totally deaf, and that early detection could lead to treatment that would be instrumental in saving their hearing. Failure to detect and treat this defect at an early stage can result in total loss of hearing. Medical tests have established the possibility of the detection of deformed bone structures of the hip within one week of birth. This early detection helps doctors to rectify this deformity, which can later cause disability if it is neglected during that period of infancy. The same applies to eyesight defects and even to psychological disturbances and mental retardation.

(d) Scientific research should focus on the efficiency standards of rehabilitation institutions, with emphasis on administration, the qualifications of personnel and the availability of modern treatment techniques and equipment. These standards could be upgraded through the establishment of regional and national research and training centres that would seek to improve rehabilitation services at every level. In addition, fully qualified and efficient personnel should be trained to deal with the different aspects of the problem of rehabilitation.

(e) Environmental conditions under which there is a high incidence of disability should come under the careful scrutiny of scientific researchers, in a bid to identify the social, economic and psychological factors and causes of disabilities. This would help to lay the groundwork for the choice of the most suitable measures to handle and to overcome specific environmental conditions.

(f) The establishment of a pattern of conferences and seminars which would deal with the features and factors of disability and the methods used in dealing with it, would be very useful. Such conferences should include representatives of the disabled, in addition to those concerned with the problem of disability and those

involved in the actual work of supervising rehabilitation and employment. This approach would give the disabled the opportunity to discuss their conditions and to present their viewpoints on the nature of their problem and on the evaluation of the care, treatment and rehabilitation services and methods which are available to them.

(g) A definite commitment to handle the problem of disability by giving full attention to scientific progress and by trying to benefit from it as much as possible, is an integral part of the scientific grasp of the problem. Due attention should also be given to local considerations and the compatibility of the proposed measures with the prevailing social culture, and efforts should be made to ensure that disabled persons are adapted as much as possible to the society of which they are a part. Scientific research could, accordingly, play a significant role in the formulation of a serious and effective approach to the problem of disability.

(h) Funds should be made available for investment in research into the development and adaptation of equipment for disabled persons. The Arab world is still nearly totally dependent on scientific progress in the advanced industrialized nations, and has failed to develop its own resources in this field. Equipment and aids for the disabled are thus mostly imported from abroad. Some of this equipment, such as cars, bicycles and wheel chairs specifically designed for the disabled, are prohibitively expensive, and can only be afforded by the affluent. Other equipment is too fragile for the Arab world or does not fit in with the life style and ecological structure of the urban or rural areas. In view of these considerations and others, Arab scientific and technological efforts in the field of disability should include the assignment of personnel and the allocation of funds for the development of local technologies responsive to the particular needs of the Arab environment and society.

III. THE MEDIA AND THE ENLIGHTENMENT OF THE PUBLIC ON THE SERIOUSNESS OF THE PROBLEM

It is a well-recognized fact that the modern information media play a leading role in moulding opinion and determining the values of large sections of society on a wide range of issues, including social issues, such as the importance of social development and the rationale for participation in it.

The impact of the media is no longer restricted to the cities, but now extends to increasingly wider segments of the rural and bedouin populations. Nevertheless, the media have not been utilized sufficiently for the enlightenment of the public on many social issues. The rational enlightenment of the public should involve the use of understandable language and appropriate dramatization, so as to focus attention on the causes of the problem, its features and its victims, and on ways of handling it.

The effectiveness of the media in its treatment of the problem of disability should be determined by the following considerations:

(a) The media should seize the opportunity of the designation of 1981 as the International Year of Disabled Persons to launch campaigns outlining the basic objectives of the year. Such campaigns should also seek to enlighten the public concerning the right of disabled persons to participate in social, political and economic life and the importance of the participation of disabled persons in the development of community life. The media should also seize this opportunity to circulate information designed to enlighten the public on the main sources of disability, whether cultural aspects (e.g. lack of knowledge of general health principles), social aspects (e.g. the alerting of the public on traffic hazards and the dangers of violence and war) or individual health aspects (e.g. nutrition, pregnancy, and prevention measures such as the vaccination of children in their early years) are involved.

(b) The media and all other means of mass communication, should seek, along with educational institutions, to enlighten officialdom and the public regarding the possibilities for the training and rehabilitation of disabled persons to transform them into constructive and acceptable elements in society, given the right choice of training methods and timing. Regardless of the degree of disability, a child can be helped to grow and to improve his potential. In fact,

the disabled child who is given the right kind of attention can acquire a desire to grow and overcome his disability. There is ample evidence from experience to support this assertion. Therefore, any refusal to admit that the disabled can advance can only be seen as indifference or an attempt to shirk the responsibility of taking steps to foster such advance. Working with disabled persons requires strong faith in their ability and determination to improve. It is for the media to instil and spread such faith, which, in turn, could serve as the basis for efforts to train and rehabilitate disabled persons and to merge them into the mainstream of productive humanity. The resulting investment in the prevention and treatment of disability could yield economic and social returns and ultimately spare society the burden of caring for the disabled, in addition to rescuing the disabled persons themselves from isolation and from being deprived of the basic components of human dignity.

(c) Attempts to prevent or to handle disability objectively require an understanding of the causes and sources of disability, of ways to cope with it and of the services for the disabled which are already available in the society as a whole. It is the task of the media and educational institutions to spread this understanding through what could be termed "a culture of disability". This would produce an informed public that would support a scientific approach to the problem of disability, based on planning and serious work and unencumbered by fear, complexes or dependency. The media also have an important role to play in developing a "traffic consciousness". This is a vital function, in view of the increasing proportion of physical disability arising from traffic accidents. Furthermore, attempts should be made to eliminate the sense of shame associated with disability. This could possibly be accomplished through cultural and information programmes, and the use and local production of rehabilitation equipment and educational materials as part of over-all joint Arab action in the areas of culture and industrialization. Arab regional organizations concerned should take steps to launch such attempts as part of Arab activities during the International Year of Disabled Persons;

(d) The media and the educational system should alert the public to the seriousness of the problem and to the extent of the loss it causes in terms of human and economic resources. The public should also be briefed on the basic steps which should be taken in cases of disability. Such steps would range from

notification of the appropriate authorities to co-operation with State rehabilitation institutions. The media should make the public aware of the need for the employment of rehabilitated disabled persons in different areas of development activity, and they should emphasize the positive impact of such employment on the disabled persons themselves, as well as on society and on social development.

(e) The media should present special programmes for the disabled, designed to enable them to understand, face and overcome their disability and to become positive elements in society. A special attempt should also be made to change the attitude of persons who are in regular contact with the disabled and to convince the public of the need to have greater faith in the resources of the disabled. Actually, the feelings of frustration, inferiority and indignity which plague the disabled are not all due to the objective fact of disability in itself. In many cases, indeed possibly in a majority of cases, these feelings are fostered by the attitudes and reactions of others towards the disabled person. Exaggerated reactions to disability, be they in the form of excessive sympathy, help, neglect or rejection, can cause more far-reaching psychological damage than the disability itself. The choice of the best method of dealing with the problem should not be left to those working in the media. Doctors, psychologists and sociologists should all share in taking decisions on the adoption of the best approach to the problem.

IV. LEGISLATION TO COPE WITH DISABILITY

The laying of the legislative groundwork on which efforts to handle disability could be based requires the enactment of laws and regulations which would provide legal backing for the provision of a minimum level of services for disabled persons. This would mean that the handling of this problem was not left exclusively to individual compassion or religious motivation. These laws would be a measure of the extent to which the social conscience was sensitive to this problem. This legislative groundwork should cover the following basic aspects:

(a) Aspects related to the disabled persons themselves: On the occasion of the International Year of Disabled Persons, two issues should be stressed. In the first place, disabled persons should be encouraged to form their own organization, so that they could express their views forcefully and safeguard their right to participate actively in the formulation of social policies and in the enactment of legislation related to disability. This would be in accordance with paragraph 16 of United Nations General Assembly resolution 34/154, which stresses the importance of consultation with disabled persons or organizations of disabled persons concerning all questions related to the rights and the interests of the disabled. In the second place, existing legislation should be revised and all texts which discriminate between able-bodied and disabled persons in education and employment should be amended in such a way as to provide a legislative background designed to promote the integration of disabled persons in the normal life of their societies.

(b) Legislation should be approved on the prevention of disability or on ways of handling disability before it becomes entrenched. This requires the establishment of a system for the recording of disability cases, especially cases of disabled children. Mother and child care centres and maternity hospitals could be enlisted to help in such an effort, and cases of disability could also be detected during medical check-ups given to schoolchildren. Medical and psychological treatment services should be made available to handle all known cases of disability. A special attempt should be made to concentrate on the infancy and childhood stages as part of an early detection programme, since early detection

greatly assists the effective treatment of all types of disability. Furthermore, all persons intending to marry should be required to undergo a medical examination, and, whenever the possibility exists, they should be alerted to the risk of having disabled children. In such cases, they should be advised not to have children or at least to expect the possibility of having a disabled child and to be ready to assume the responsibility for it.

(c) In addition to general legislation, special legislation should be introduced to ensure the prevention of industrial hazards and to promote safety. Such legislation should involve social security, inspection and regular medical check-ups.

(d) Traffic regulations in Arab States are still inadequate. The number of cars and trucks in the Arab States doubles every five years. This huge increase has naturally led to a sharp increase in traffic accidents, which, in turn, have become a growing source of disability. Legislation designed to cut down the rise in traffic accidents is required. This would involve tighter regulations regarding drivers' tests and the issuing of driving licences, the enforcement of laws to control speed and regulations related to signs, traffic lights, vehicle condition, the insurance of the car, its driver and passengers, etc.

(e) Legislation designed to prevent disability should be complemented by legislation designed to foster treatment. Such laws could include, for example, provisions stipulating the right of the disabled person to be treated by rehabilitation institutions and trained for a job that would be both agreeable to him and compatible with his potential. Legislation should also be enacted to reaffirm basic rights and indemnity rights in cases in which an occupational accident caused the disability. These regulations should be binding on the institutions in which the person worked, regardless of whether or not the accident occurred on its premises or elsewhere. Other legislation should specify the entitlements due from the State in terms of financial aid or assistance in kind to help the disabled person to overcome his disability. Such entitlements could also be in the form of welfare payments to the family of the disabled to compensate it for the burden imposed on it by the disability of one of its members.

(f) Legislation for the post-rehabilitation period should include regulations that require potential employers in the public and private sectors to employ rehabilitated disabled persons in positions for which they are qualified. Preferably, such regulations should stipulate that a specific proportion of the employees should be disabled persons, with the added stipulation that the disabled persons should be subject to the regular scale of wages and salaries that applies to able-bodied employees. This would prevent any exploitation or unfair treatment of disabled persons. These regulations should provide for appropriate penalties for all who failed to meet the stipulations they contain, and special priority should be given to the employment of disabled persons in some cases.

(g) The enactment of any legislation on the rights or interests of disabled persons should be preceded by consultations with disabled persons themselves or with the organizations which defend their rights, since they have a greater understanding of their interests than others do.

(h) A number of Arab States have enacted advanced and enlightened legislation for the care, rehabilitation and employment of disabled persons. In practice, however, these laws are not in general fully enforced. In the final analysis, it is inspection, supervision, reward and punishment that make a law an effective instrument for the implementation of any social policy. It is in this particular area that there is obvious neglect. Any neglect in the implementation of laws regulating community activities related to the able-bodied may possibly be rectified directly by those who are the victims of this neglect. Disabled persons, however, only have recourse to the law and to institutionalized social restraints in order to secure their rights. In conclusion, some Arab States should obviously give priority to the enactment of legislation to regulate the care, rehabilitation and employment of disabled persons. Other Arab States have already enacted such legislation but lack an integrated approach to the prevention of disability and to the treatment, rehabilitation and employment of disabled persons, and they should accordingly give priority to the enactment of supplementary legislation. In all the Arab States, however, the key issue is still the strict enforcement of legislation concerning disabled persons.

V. ESTABLISHMENT AND EXPANSION OF EDUCATIONAL INSTITUTIONS FOR THE DISABLED

The estimated three million disabled children in the region represent a large proportion of the region's disabled persons. These children need effective educational care and specialized services. Disabled children should be given priority, because the early detection of their disability and attempts to deal with it medically, **psychologically**, socially and educationally at an early stage will increase the tangible results and efficiency of rehabilitation services. Furthermore, the treatment of disabled children will reduce the future workload of the adult care and rehabilitation centres of the region, which, by all standards, are already seriously inadequate, in both scope and standards. Specialized educational services may seem to be too costly, but they represent an investment in human resources that cannot be neglected. Planners and decision-makers should not be disturbed by what appear, at first glance, to be huge allocations for the education of the disabled. Clear thinking and rational economic calculations - not to mention humanitarian considerations - will undoubtedly lead to the conclusion that failure to detect disability in the early stages of childhood, and failure to educate the disabled children in preparation for their rehabilitation, employment and integration in society and in the national economy would be much more costly. Follow-up studies on the special programmes for the education, rehabilitation and employment of disabled persons in different parts of the world have established that the economic returns from these programmes significantly exceed their cost. Rehabilitated disabled persons become part of the productive forces of society, and their need for social aid, disability compensation and social security benefits decreases sharply or ceases to exist. Failure to educate disabled persons, to provide them with adequate vocational training or to rehabilitate them to a degree which corresponds to the training of able-bodied persons, and the relegation of their problem to a position of low priority, are unsound from both the humanitarian and the economic viewpoints, and will ultimately give rise to the need for very costly care programmes for those disabled who have never been educated or vocationally trained. Consequently, States in the region should revise their educational programmes, so as to avoid the difficulties faced by other States which have neglected this problem.

The proposed basic principles which should be incorporated in the vital section of the social action programme known as the specialized education section are listed below:

(a) The educational resources available for disabled children should be at least equal to the resources available for able-bodied children. In fact, these resources should be significantly greater, in order to meet the special needs of disabled children, which include compensatory equipment, special constructional spatial and institutional arrangements, and a higher teacher-to-student ratio.

(b) Educational programmes for the disabled should be flexible and adaptable to the type and degree of disability of the child and to the child's social and psychological condition. Ideally, these programmes should ultimately enable some of the children to enrol in schools for able-bodied children. Other disabled children may require intensified educational attention which is not available in regular schools. Nevertheless, the integration of the disabled child, to the fullest possible extent, in the regular society of able-bodied children should remain the ultimate objective. In addition to the psychological and moral benefits of this integration, there are social skills that a child, be he disabled or able-bodied, can only acquire through working and playing with his peer group. Differences in the type and degree of disability require that programmes be flexible enough to allow some children to enrol in special schools and others to enrol in separate schools for specific periods, while others can enrol in regular schools where they can still receive some special attention and care.

(c) In cases where disabled children study side by side with able-bodied children, the plans of educational officials should clearly make allowance for the additional financial allocations and equipment required for the disabled students. Failure to do so will result in a defective and discriminatory educational treatment that will have an adverse effect on the disabled children.

(d) Special educational considerations should be extended to disabled children, irrespective of whether they are enrolled in special schools or in regular schools. These considerations include:

- (i) Personal attention: educational services should be designed to meet the particular needs of each disabled child arising from the specific disability involved. There are distinct differences, even among disabled persons who have a similar disability, which render a generalized approach ineffective. Personal attention in the provision of services does not imply the pursuit of personal educational goals. It simply implies a personalized approach to the use of ways and means and to the time and timing which are most conducive to the education of the pupil.
- (ii) Proximity to the place of residence: disabled persons frequently face problems in moving between their residence and other places. A large proportion of them generally come from humble social and family backgrounds and face economic difficulties in seeking modern transportation facilities. Educational facilities for the disabled should preferably be located as close as possible to their places of residence. An exception, must be made, of course, in the case of highly specialized training, which cannot be made available in every locality.
- (iii) Comprehensivity: all disabled children, irrespective of their age or degree of disability, should enjoy access to educational services. No child or youth of school age should be deprived of education on account of the severity of his disability. Educational facilities should be provided for the development of the potential of each person to the greatest possible extent.

(e) Educational services should be provided for children of pre-school age (those below five or six years of age). This could be accomplished through the parents and by means of house-calls and the provision of the disabled child with aids and equipment and with toys designed to stimulate thought and movement. Such services could be provided through special institutions for disabled pre-school children.

(f) Disabled young persons and adults should be given educational opportunities which are comparable in standards (even though the means and methods may differ) to the educational opportunities available to others with similar disabilities.

(g) The educational needs of the disabled could best be met through the setting up of a unified national authority, which would be designated to assume responsibility for planning, co-ordination and the supervision of implementation in this field. However, in order to avoid bureacratic complications, the actual implementation should be left to the institutions - private or public - which provide special services for the disabled at the local level.

VI. ESTABLISHMENT AND EXPANSION OF REHABILITATION INSTITUTIONS FOR THE DISABLED

Rehabilitation is one of the major elements in the handling of the problem of disability, because it helps the person whose abilities have been partially impaired in one area to regain his full individuality by providing a compensating ability in another area. This allows the person to contribute to social activity and to preserve his self-confidence and dignity.

The rehabilitation operation in the Arab world is plagued by a number of major shortcomings, including the following:

(a) The limitations of rehabilitation services: these services can only handle a small portion of the problem of disability in the region. Furthermore, the various stages of rehabilitation, ranging from care to integration, are not co-ordinated. This lack of co-ordination has badly impaired the effectiveness of attempts to cope with the problem of disability, resulting in serious and indeed glaring deficiencies in the scope and standards of services.

(b) Rehabilitation programmes have concentrated on physical disabilities, with heavy emphasis on a limited number of routine activities not representative of the vocational diversity that accompanies modern social progress. This emphasis has meant that a substantial number of rehabilitated persons have been neglected or overlooked by employers. Rehabilitation services have concentrated at times on skills which society did not need, or which the disabled persons disliked. Consequently, rehabilitation institutions should revise their programmes and methods with the intention of training disabled persons to become a human resource for development.

(c) The mentally and psychologically retarded receive less attention than the physically disabled. In fact, with the exception of a few pioneer cases, Arab experience in the care, education and rehabilitation of the psychologically and mentally retarded is very limited. Naturally, this field is much more complex than that of the rehabilitation of the physically disabled.

(d) The care and rehabilitation of the disabled in many of the Arab States is still left to national societies and foreign voluntary organizations. With a few exceptions, the Arab Governments have not become deeply involved either in the establishment of the required institutions or in the training of sufficient numbers of qualified personnel.

(e) The inadequacy of the organizational structure and methods of rehabilitation institutions: while it is true that the organizational structure and nature of the services provided by each institution should be responsive to the conditions of the disabled it is serving, there should be sufficient diversity in the services provided by each institution to meet the needs of every disabled individual, and care should be exercised to avoid the adoption of stereotyped methods which may have been used elsewhere. A number of institutions have adopted the "total care" approach in dealing with certain forms of disability. This involves the grouping of the disabled into settlements of various kinds, for the purposes of care, rehabilitation and employment, as part of an integrated operation. This approach came under attack in the European countries which had devised it, because of the isolation of the disabled persons from society. Some of these countries went as far as to abandon this approach and some Arab institutions mechanically followed suit. In recent years, however, experience has demonstrated that the outside world and its institutions are not adequately prepared to receive and absorb the rehabilitated disabled persons, and many of the institutions for the disabled have returned to the "total care" approach. Once again, the Arab institutions followed suit. This slavish imitation has had far-reaching harmful effects because of the failure of these institutions to take into consideration the cultural realities of the region. Policies and methods which are based on the realities of the Arab society and local environmental considerations should be formulated. In large cities, such as Cairo or Baghdad, transportation from the place of residence to the rehabilitation institution could pose a problem. In such cases, the "total care" approach would provide greater opportunity for the care and employment of the disabled person. Opportunities for the individual to interact better with society could be increased by the employment of able-bodied and disabled persons side by side in factories and work sites located within settlements for disabled persons. This is merely one example, intended to illustrate the importance of the formulation of new approaches which would be more compatible with the local Arab situation than the existing approach. Ultimately, what is of vital importance is that institutions responsible for the affairs of disabled persons should not become inflexible and set in their ways.

VII. SOCIAL INTEGRATION POLICIES FOR THE DISABLED

Society and the State should take the following issues into consideration as they attempt to formulate an effective policy for the rehabilitation and social integration of the disabled:

(a) The concept of "environmental rehabilitation" should be introduced. This concept advocates the rehabilitation of the disabled without isolating them from the natural environment with which they are expected to interact. According to this concept, the integration and employment of the disabled person should become a mere extension or natural development of the rehabilitation operation. Furthermore, rehabilitation should involve training the disabled in vocations which are socially needed and acceptable. This would give them added incentives, greater self-confidence, and a sense of real compensation. Attempts should be made to avoid the limiting of the rehabilitation of disabled persons to less sophisticated vocations or vocations in which there is little general interest.

(b) The enrollment of disabled children in the same school with able-bodied children does not involve merely bringing the children together in the same classrooms. It requires an organized effort to train teachers and it requires auxiliary teaching services and special instruction. If these special arrangements to foster integration cannot be made, mixed school enrollment could do more harm than good.

(c) Rehabilitation which involves training in vocations of importance to society should take place at an advanced level and should draw on technological progress to meet the social need for such vocations. Practical considerations should be observed, as well as theoretical considerations, and the compatibility of the disabled person with the requirements of a particular vocation should be considered. The rehabilitation of the disabled in modern, well-equipped institutions would give the rehabilitated person a sense of pride and would impress upon society the importance of rehabilitation and the need to benefit from it.

(d) Attention should be given to the suitability of the premises for the particular form of disability which is being treated. Furthermore, adequate equipment and aids to compensate for the specific disability should be provided and a sufficient number of people should be trained to use it. This particular

area of rehabilitation strengthens the link between the disabled and their fields of employment.

(e) Special attention should be given to the training of adequately qualified personnel who would be capable of working with the disabled in such a way that rehabilitation would be both scientific and humanitarian. Rehabilitation should involve such a drastic rebuilding of the human being that it could be considered to be the equivalent of a new social up-bringing. The number of training institutes in the Arab world which offer training on these lines is extremely limited. Moreover, applicants are not usually subjected to psychological or emotional tests or to selection standards designed to ascertain their suitability for work with the disabled. Their work has not been given a proper job description and has not received appropriate social and official recognition. This, in turn, has reflected negatively on their performance and on the integration of the disabled within society. The biggest problem, however, remains the training of sufficient numbers of workers in these institutes. At the present level of recruitment, the number of graduates is not enough to meet ten per cent of the actual need. Training institutes should be attached to rehabilitation institutions to avoid over-emphasis on the purely theoretical aspects of the problem.

(f) All aspects of the rehabilitation operation should be co-ordinated. Special care should be given to co-ordination between institutions which specialize in prevention and treatment, and institutions which mainly deal with care, rehabilitation and integration. Such co-ordination would ensure that disabled persons moved smoothly through these stages and would be integrated in society at the minimum cost and with the least possible human loss. Likewise, public and private institutions working with disabled persons should co-ordinate their efforts and should all observe the basic principles which would determine a minimum level for the quality and standards of services provided for each type of disability and for each disabled person within each type.

(g) Plans for the rehabilitation and integration of the disabled should constitute an indivisible sector of the national social and economic development plan. The sector plan for disabled persons should take into account several basic considerations, including the need for the expansion of the scope of

services to embrace all the disabled in the society concerned. The plan would thus help to close the gap between rural and urban areas, and between various social groups, and would provide wider employment opportunities. Furthermore, it would ensure the constant upgrading of the services and standards of rehabilitation and would also concentrate on prevention by dealing with the causes of disability.

(h) Follow-up mechanisms to check on the work and efficiency of the institutions which work with disabled persons should be established. These mechanisms should provide for a check on all stages and aspects of rehabilitation, inter alia, the enrollment of disabled persons in institutions, the extent of the expansion of service to provide a wider coverage of their needs, compliance with quality standards for rehabilitation and the follow-up of employment and social integration possibilities.

VIII. THE DISABLED WITHIN THE FRAMEWORK OF NATIONAL DEVELOPMENT POLICIES

The handling of the problem of disability in terms of care, education, rehabilitation, employment and social integration should be one of the basic factors of the national development plan and an indivisible part of the efforts to develop human resources in society at large. The ultimate goal of all efforts to handle the problem of disability should be the integration of disabled persons in society to enable them to participate in its activities, to benefit from its services and, in the context of the general satisfaction of basic needs, to share in the results of development. Consequently, the State, with its development strategy and planning patterns, should play a key role in handling the problem of disability and in coping with the causative factors through prevention and treatment.

The handling of the problem of disability should be adopted as one of the objectives of comprehensive national development plans and programmes. Such a course could be pursued on the following lines:

(a) A national development strategy, based firmly on the development of human resources rather than on the mere execution of projects to give economic or financial gains or returns, should be adopted.

(b) Efforts should be intensified to ensure that development activities increasingly satisfy the basic needs of the public, especially in the fields of nutrition and preventive health measures for children, the combating of diseases and cultural and educational services.

(c) Appropriate priority should be given to the improvement of environmental conditions and of the living conditions of the poorer classes whose income is limited especially those living in rural or bedouin localities or in low-standard urban areas, all of which have a high incidence of disability.

(d) The State should adopt a forward-looking approach to the handling of the problem of disability. This could be accomplished through the formulation of a plan designed to cope with the basic causes of disability and a plan for the rehabilitation and integration of the disabled in society. Such a formulation would require projections of the possible size of the problem of disability and its main patterns. On the basis of these projections, a forward-looking strategy

could be drawn up that would cover questions such as the size of institutions and the type and amount of the equipment needed. The ideal society of the future is envisaged as one in which the social conditions would be such as to cut down on disability as much as possible. In situations where disability still existed disabled persons would not be isolated as marginal human beings, but would be positive elements participating in shaping community life and in achieving socio-economic development.

(e) One of the most important elements in providing services for the disabled is the legal codification of the basic level for the standard of services available in public and private institutions. Programmes and projects in all the services sectors should ensure that the basic standard is observed in all services rendered to the disabled. Any failure to observe this standard could lead to negative results outweighing the positive results.

(f) Serious attempts should be made to integrate the planning of services provided through the various specialized institutions and also to integrate the services provided by each institution. Such services frequently require the help of a doctor, a social worker, a psychologist, a vocational trainer and the parents. Furthermore, specialists should also be acquainted with this over-all, integrated approach to the needs of the disabled as a means of helping to ensure the provision of efficient services to the disabled.

(g) Special community arrangements should also be made in public facilities, such as the assignment of special sections for them within the general public transport facilities available. Special toilet facilities should be set aside for the disabled, and special television programmes for the deaf which use sign language and special news bulletins which display news headlines in writing should be transmitted. Publications for the blind should be published and sports events for the disabled should be organized. All these things require the adoption and implementation of social services policies which take into consideration the needs of both able-bodied and disabled persons.

(h) Permanent national committees for disabled persons should be established, or the national committees for the International Year of Disabled Persons should be strengthened to become national committees which would include representatives

of ministries, departments and private organizations. Such committees should be provided with sufficient technical expertise and financial backing to enable them to offer balanced and comprehensive advice to those in official quarters responsible for planning, supervising and evaluating work with disabled persons.

IX. ARAB REGIONAL CO-OPERATION IN THE FIELD OF DISABILITY

Arab regional co-operation could be a valuable asset in the over-all attempt to handle certain aspects of the problem of disability which cannot be handled through national efforts alone because of the heavy burden imposed in terms of financial or human resources. In view of the pressing need for the supplementing of financial resources with trained and skilled manpower in the region in order to implement certain projects and programmes, Arab co-operation agencies and institutions should plan and work to ensure that all resources needed for the implementation of a regional plan of action are available. The most important elements of co-operation in such efforts could be the following:

(a) Training institutes

Institutes which provide multidisciplinary training for skilled personnel covering the fields of medicine, psychology, social service, physiotherapy, speech, hearing and sight disorders and vocational rehabilitation are very limited in both their capacity and their standards. Any serious attempt to handle the problem of disability should begin with the training of sufficient numbers of personnel. The trained personnel who at present graduate from training institutes are not enough to provide care, treatment and rehabilitation for more than five per cent of the persons who need such services in the region. Consequently, one of the priorities in regional co-operation should be the establishment of a number of training institutes. These institutes could be located in different countries of the region, but they should be financed from one source drawing most of its funds from the richer countries. These institutes could, under the terms of a ten-year plan, help the region to achieve, by the end of the decade, a reasonable level of self-sufficiency in the number of skilled personnel available to work with the disabled.

(b) Scientific research centres

At present, there is not a single Arab research centre which is specialized in theoretical and applied scientific research into the many problems of disabled persons. States in the region are still drawing upon the knowledge accumulated by scientific research in advanced countries, without making any contribution

to the extension of that knowledge or to its adaptation to local conditions in the region. In view of the difficulties involved in any attempt by individual countries to establish their own adequate, high-calibre centres, regional co-operation in this field becomes most desirable. Such centres could be distributed among the countries of the region, or they could be centred in one locality in the form of an academy of studies on disability. Such an academy could have branches and sections corresponding to the types and degrees of disability.

(c) Regional industry for the production of equipment and aids

One of the most pressing needs of disabled persons irrespective of whether they are at the stage of treatment, education, rehabilitation or employment, is the need for equipment and aids to help in hearing, seeing and moving around. Such equipment is naturally sensitive and fragile. It is not only very expensive, but in many cases it does not suit the environment in which the disabled person lives (for example, it can be affected by the lack of paved highways, too much sand and dust, the absence of adequate maintenance services, etc.). The highest priority should be given, within the framework of regional co-operation, to the establishment and development of Arab industries for the production of aids and equipment. Joint ventures in this field would be far more economical than national efforts; in addition, such industries would require capital beyond the capability of any one country. Furthermore, the national markets are too limited to support an economically viable marketing operation. The larger regional market (around 8 million disabled persons) would justify such an investment. Naturally, such industries should constitute only one element of an integrated effort to handle disability, and should be closely linked to research centres and training institutes, priority of employment in such industries should be given, whenever possible, to disabled persons.

(d) Exchange of expertise, information documents and studies on disabled persons

Constant communication between persons engaged in working with the disabled is another vital aspect of regional co-operation. Attempts should be made to enlist the help of specialized agencies within the framework of the League

of Arab States and the United Nations to intensify this interaction. The Governments of the States of the region could give a legal framework to such interaction by setting up a regional body for disabled persons which would mobilize and co-ordinate regional efforts. This body could also undertake to launch information and public education campaigns designed to create a public awareness, at the regional level, of all aspects of the problem.

Arab and national social and economic development funds should take the initiative in contributing to the establishment of training institutes, scientific research centres and regional industries to produce aids and equipment. Such a move would help to translate the concept of regional co-operation from theory to reality.

X. SPECIAL MEASURES TO HELP DISABLED PALESTINIANS

Special, urgent services designed to deal with the problem of disabled Palestinians come within the scope of regional co-operation in the handling of the problem of disabled persons in general. This special attention is essential, in view of the various forms of suffering due to persecution, war and harsh living conditions to which this people has been subjected because of its struggle for its legitimate rights. The thirty-year struggle of the Palestinian people has greatly complicated its disability problems, all the causes of disability being present in an intensified form among the population. These include backward conditions, oppression in the occupied lands and in refugee camps, and the liberation war, which has claimed hundreds of victims and has left many more maimed and disabled.

Countries of the region, acting both individually and collectively, should provide aid to the Palestinian people within the framework of their national and regional plans of action. This aid should be in the following fields:

(a) Permanent support should be provided for institutions for the care and rehabilitation of the disabled both within the occupied territories and in other countries. This support should be in the form of material, technical and moral assistance.

(b) Material and technical assistance and essential medical facilities should be extended to the Palestinian Red Crescent Society to enable it to provide basic services for the prevention of disability and for the treatment and rehabilitation of disabled persons.

(c) Wider opportunities for the training of qualified personnel in the medical and social fields for work with the disabled should be made available in the appropriate institutions located in countries of the region.

(d) Scholarships should be awarded to Palestinians already engaged in working with the disabled. These scholarships would provide such workers with the opportunity of advanced study and training in Arab and international institutes.

(e) International agencies should be encouraged to provide technical assistance for Palestinian programmes and institutions engaged in the care and rehabilitation of the disabled.

XI. INTERNATIONAL CO-OPERATION

The region of Western Asia is part of the developing world. Consequently, it shares some of the major social problems characteristic of the developing world. Most of these problems arise from backward conditions, wars or wars of liberation which have been endured for many generations. Therefore, national and regional plans of action for Western Asia should take into consideration the importance of co-operation with other States of the developing world and with international agencies in attempts to handle the problem of disabled persons. Such co-operation could take the form of the exchange of scientific and practical know-how, and of mutual financial and moral support.

Western Asia is also an indivisible part of the international community. Inasmuch as disability is a world-wide human problem which does not stop at national borders, all members of the international community should co-operate in attempts to handle the problem of disability.

The States of Western Asia should take appropriate steps to participate in the following:

(a) The conclusion of bilateral and multilateral agreements for the exchange of technical know-how and technology in the care treatment, education, rehabilitation and employment of disabled persons.

(b) The encouragement of the establishment of an international fund for disabled persons, with the participation of the countries of the region. This fund would provide material aid for the disabled of the developing countries.

(c) A call to countries which have achieved significant progress in the care and rehabilitation of the disabled to provide opportunities for skilled personnel of the developing world to enrol in their institutes and institutions.

(d) A call to technically advanced countries to share in the establishment of institutions for the care and rehabilitation of disabled persons in the developing countries and for the benefit of liberation movements, by donating needed equipment.

(e) The allocation of the greatest possible benefits from the technical and financial aid programmes provided by the United Nations and its specialized agencies to the care and rehabilitation of the disabled. Countries should also urge such organizations to step up their care and rehabilitation efforts and to provide financial and technical help for the establishment of training institutes, research centres and national and regional industries for the production of aids and equipment for the disabled.

(f) The holding of international conferences, symposia and seminars on disability. Attempts should be made to secure the active participation of disabled persons of the region in all phases of these activities.

(g) The launching of an international appeal for the establishment of international associations for the major types of disability. The United Nations should be urged to provide financial, moral and organizational support for such associations and to give them major roles in the formulation of international plans and programmes for the prevention, care, treatment, special education and rehabilitation of disabled persons.