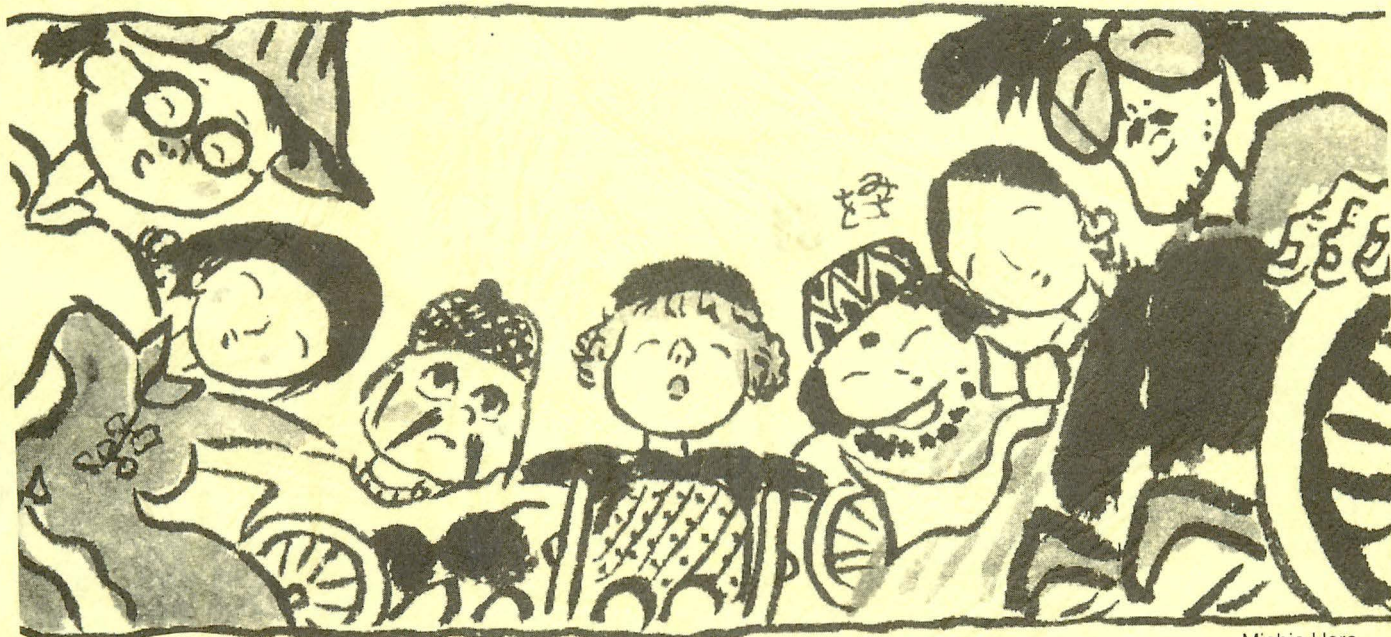


THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS 1993-2002

- RESOURCE MATERIALS-



Michio Hara

Regional NGO Network for the Promotion of the Asian and
Pacific Decade of Disabled Persons

FOREWORD

With deepest appreciation for the contribution of the Japanese Government, it is our great pleasure to present a "The Asian and Pacific Decade of Disabled Persons, 1993-2002 Resource Materials". This handbook is a compilation of the important United Nations documents related to the rights and improvement of the well being welfare of disabled persons with disability.

We are proud to share with the estimated 300 million people with disabilities in the Asian and Pacific region the resolution of the Asian and Pacific Decade of Disabled Persons from 1993 to the next century 2002 that was adopted by the General Assembly of the UN Economic and Social Commission for Asia and the Pacific (ESCAP). We would like to welcome the Decade as a new challenge towards the implementation of the UN World Programme of Action Concerning Disabled Persons and as a historic start to promote regional cooperation.

To make this resolution a reality a number of NGOs from the region gathered at Okinawa, Japan in October 1993 to establish the REGIONAL NGO NETWORK FOR THE PROMOTION OF THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS(RNN) and start the first Campaign as the beginning of the series of actions to be taken to promote our Decade.

Campaigns followed in Manila, Philippines in 1994, Jakarta, Indonesia in 1995, Auckland, New Zealand in 1996, Seoul , Korea in 1997, Hong Kong, China in 1998 and Kuala Lumpur, Malaysia in 1999, and to be held in different countries of the region to promote the Decade.

We sure this Network will be a core organization in promoting the Decade through the implementation of various projects one of which is the information exchange and sharing.

RNN hopes that this handbook will be useful and will contribute to the achievement of the goals of "Full Participation and Equality" in our region and "Towards a Society for ALL".

Regional NGO Network for the Promotion of the Asian and the Pacific Decade of Disabled Persons

November 10, 1999

CONTENTS

3	Foreword	■
5	Universal Declaration of Human Rights (1948)	■
13	Declaration on the Rights of Mentally Retarded Persons (1971)	■
17	Declaration on the Rights of Disabled Persons (1975)	■
23	Plan of Action for the international Year of Disabled Persons (1980)	■
27	World Programme of Action Concerning Disabled Persons (1982)	■
79	The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993)	■
125	ESCAP Resolution: The Asian and Pacific Decade of Disabled Persons, 1993-2002 (1992)	■
131	Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region (1993)	■
135	Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002 (1993)	■
159	Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons: Targets by Year and Areas (1995)	

Universal Declaration of Human Rights

(United Nations General Assembly Resolution 217(III)-A adopted December 10, 1948)

UNIVERSAL DECLARATION OF HUMAN RIGHTS

PREAMBLE

WHEREAS recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore, THE GENERAL ASSEMBLY proclaims

THIS Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6

Everyone has the right to recognition everywhere as a person before the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9

No one shall be subjected to arbitrary arrest, detention or exile.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Article 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11

1. Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
2. No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13

1. Everyone has the right to freedom of movement and residence within the borders of each state.
2. Everyone has the right to leave any country, including his own, and to return to his country.

Article 14

1. Everyone has the right to seek and to enjoy in other countries asylum from persecution.
2. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15

1. Everyone has the right to a nationality.
2. No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16

1. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

They are entitled to equal rights as to marriage, during marriage and at its dissolution.

2. Marriage shall be entered into only with the free and full consent of the intending spouses.

3. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17

1. Everyone has the right to own property alone as well as in association with others.

2. No one shall be arbitrarily deprived of his property.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20

1. Everyone has the right to freedom of peaceful assembly and association.

2. No one may be compelled to belong to an association.

Article 21

1. Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

2. Everyone has the right of equal access to public service in his country.

3. The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-

UNIVERSAL DECLARATION OF HUMAN RIGHTS

operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

3. Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27

1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

2. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29

1. Everyone has duties to the community in which alone the free and full development of his personality is possible.

2. In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

3. These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Declaration on the Rights of Mentally Retarded Persons

(United Nations General Assembly Resolution 2856, adopted December 20, 1971)

DECLARATION ON THE RIGHTS OF MENTALLY RETARDED PERSONS

THE GENERAL ASSEMBLY,

MINDFUL of the pledge of the States Members of the United Nations under the Charter to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

REAFFIRMING faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

RECALLING the principles of the Universal Declaration of Human Rights, the International Covenants on Human Rights, 1/ the Declaration of the Rights of the Child 2/ and the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children's Fund and of other organizations concerned,

other
resolutions

EMPHASIZING that the Declaration on Social Progress and Development 3/ has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

BEARING IN MIND the necessity of assisting mentally retarded persons to develop their abilities in various fields of activities and of promoting their integration as far as possible in normal life,

AWARE that certain countries, at their present stage of development, can devote only limited efforts to this end,

PROCLAIMS this Declaration on the Rights of Mentally Retarded Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings.

same rights
as others:

2. The mentally retarded person has a right to proper medical care and physical therapy and to such education,

care, therapy
education,

training, rehabilitation and guidance as will enable him to develop his ability and maximum potential.

training,
rehabilitation,

3. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.

economic
security,
productive work,

4. Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life. The family with which he lives should receive assistance. If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life.

life with a
family,
a normal
life,

5. The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests.

qualified
guardian,

6. The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If prosecuted for any offence, he shall have a right to due process of law with full recognition being given to his degree of mental responsibility.

protection from
exploitation,
due process of law

7. Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic review and to the right of appeal to higher authorities.

legal
safeguards against
abuse of
restrictions
and right of appeal
to higher authorities

1/ Resolution 2200 A (XXI).

2/ Resolution 1386 (XIV).

3/ Resolution 2542 (XXIV).

Declaration on the Rights
of Disabled Persons

(United Nations General Assembly Resolution 3447, adopted December 9, 1975)

DECLARATION ON THE RIGHTS OF DISABLED PERSONS

THE GENERAL ASSEMBLY,

MINDFUL of the pledge made by Member States, under the Charter of the United Nations, to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

REAFFIRMING its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

RECALLING the principles of the Universal Declaration of Human Rights, 9/ the International Covenants on Human Rights, 10/ the Declaration of the Rights of the Child 11/ and the Declaration on the Rights of Mentally Retarded Persons, 12/ as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children's Fund and other organizations concerned,

other
declarations
of rights

RECALLING ALSO Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on prevention of disability and rehabilitation of disabled persons,

EMPHASIZING that the Declaration on Social Progress and Development 13/ has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

BEARING IN MIND the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

AWARE that certain countries, at their present stage of development, can devote only limited efforts to this end,

PROCLAIMS this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term "disabled person" means any person unable to ensure by himself or herself wholly or partly the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities. functional definition of disabled
2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.
3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible. rights: respect for human dignity
4. Disabled persons have the same civil and political rights as other human beings; article 7 of the Declaration of the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons. civil and political
5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible. self-reliance
6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational education, training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration. all necessary treatment, service, education, training, technical aids
7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions. economic and social security
8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning. special needs considered in national planning
9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive. family life

therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature. protection against exploitation

11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. legal aid

If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12. Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons. organizations of disabled

13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration. information

9/ General Assembly resolution 217 A (III).

10/ General Assembly resolution 2200 A (XXI), annex.

11/ General Assembly resolution 1386 (XIV).

12/ General Assembly resolution 2856 (XXVI).

13/ General Assembly resolution 2542 (XXIV).

P l a n o f A c t i o n f o r t h e
International Year of Disabled Persons

(United Nations General Assembly Resolution 34/158 adopted January 30, 1980)

PLAN OF ACTION FOR THE INTERNATIONAL YEAR OF DISABLED PERSONS

1. The purpose of the Year is to promote the realization of the goals "full participation" of disabled persons in the social life and development of the societies in which they live, "equality", meaning living conditions equal to those of other citizens in their society, and an equal share in the improvement of living conditions resulting from social and economic development. These concepts should apply in the same manner and with the same urgency in all countries regardless of their level of development. promotion of goals
2. Problems of disabled persons should be conceived in their entirety and take into account all aspects of development. However, it should be noted that in view of many problems of high priority and of insufficient means and resources, the developing countries have been unable to allocate the necessary resources to solving the problems of disabled persons. resources necessary
3. As the solution of problems of the disabled is closely connected with overall development at the national level, solution of these problems in developing countries depends to a large extent on the creation of adequate international conditions for the faster socio-economic development of these countries. Accordingly, the establishment of the new international economic order is of direct relevance to the implementation of the objectives of the Year. It is estimated that there are some 450 million disabled persons in the world today, the vast majority of whom live in developing countries. It is therefore imperative that a great part of the activities in connexion with the Year should aim at improving conditions for disabled persons in these countries. More scope should be given to projects in this field within the framework of both bilateral and multilateral development programmes, on national, regional and international levels. Such projects should be integral parts of national development strategies. There is a need to secure the participation of Member States as well as governmental and non-governmental international organizations of disabled people in the adoption and implementation of the programme of the Year. focus on developing countries
4. Mindful of the fact that a large number of disabled persons are victims of war and other forms of violence, the Year could be appropriately used as an occasion to emphasize the need for continued and reinforced co-operation among nations for world peace. peace
5. An important objective of the Year should be to increase public understanding of what disability is and awareness of the problems it may bring. Many people today equate disability with restrictions in physical mobility. But disabled persons do not form a homogeneous group. For example, deaf persons and those with impaired hearing, persons with impaired vision, mentally retarded and mentally ill persons, persons with restricted mobility, and persons with various medical impairments have different problems that demand different solutions. people with disabilities not homogeneous group

6. The Year should promote recognition of the fact that there is a distinction between an impairment which is a quality of the individual, a disability which is a functional restriction due to that impairment and handicaps which are the social consequences of the disability.

impairment,
disability,
handicap

7. It is becoming increasingly obvious that a far more constructive approach is to view disability as a relationship between an individual and his or her environment. Experience shows that it is largely the environment which determines the effects of an impairment on a person's daily life. Societies by and large still cater only to people who are in full possession of all their physical and mental faculties. Societies still have to learn to respond adequately to the needs of all the people. Societies have an obligation to make their general physical environment, their social and health services, their educational and work opportunities, as well as their cultural and social life, including sports, totally accessible to disabled persons. This does not only benefit disabled persons but also society as a whole. A society that shuts out a number of its members is an impoverished society. Disabled persons should not be considered as a special group with needs different from the rest of the community, but as ordinary citizens with special difficulties in getting their ordinary human needs fulfilled. Action to improve conditions for disabled persons should form an integral part of general policy and planning in every sector of society. It should be part of national reform programmes and of regular programmes for international co-operation.

disability as
relationship
between
environment
and
person

8. The activities carried out during the Year should have a pragmatic orientation and accordingly should focus on primary health care, rehabilitation and prevention, in view of the importance of that type of activity from the social and human standpoint, particularly since methods and means exist which would enable society to bring about a considerable reduction in the number of disabled persons and the seriousness of their disabilities.

Year's emphasis
on services to
reduce
disability

9. In accordance with paragraph 12 of General Assembly resolution 3447 (XXX), containing the Declaration on the Rights of Disabled Persons, organizations of disabled person may be usefully consulted in all matters regarding the rights of disabled persons. An important objective of the Year is to encourage disabled persons to organize themselves so as to be able to express their views effectively and to secure their right to participate actively in the work of policy-making bodies and in the management of society in general.

organizations
of
disabled
people

10. The Year should contribute to the realization of the above-mentioned principles through action-oriented programmes on the local, national, regional and international levels.

11. The experience acquired in the course of the Year should lead to the adoption of a long-term programme of action (see para. 18 (c) below).

World Programme of Action
Concerning Disabled Persons

(United Nations General Assembly Resolution 37/52 adopted December 3, 1982)

WORLD PROGRAMME OF ACTION CONCERNING DISABLED PERSONS

I. OBJECTIVES, BACKGROUND AND CONCEPTS

A. Objectives

1. The purpose of the World Programme of Action concerning Disabled Persons is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". This means opportunities equal to those of the whole population and an equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development.

B. Background

2. More than 500 million people in the world are disabled as a consequence of mental, physical or sensory impairment. They are entitled to the same rights as all other human beings and to equal opportunities. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. Because of this, millions of children and adults in all parts of the world often face a life that is segregated and debased.

3. An analysis of the situation of disabled persons has to be carried out within the context of different levels of economic and social development and different cultures. Everywhere, however, the ultimate responsibility for remedying the conditions that lead to impairment and for dealing with the consequences of disability rests with Governments. This does not weaken the responsibility of society in general, or of individuals, or of organizations. Governments should take the lead in awakening the consciousness of populations regarding the gains to be derived by individuals and society from the inclusion of disabled persons in every area of social, economic and political life. Governments must also ensure that people who are made dependent by severe disability have an opportunity to achieve a standard of living equal to that of their fellow citizens. Non-governmental organizations can, in different ways, assist Governments by formulating needs, suggesting suitable solutions and providing services complementary to those provided by Governments. Sharing of financial and material

resources by all sections of the population, not omitting the rural areas of developing countries, could be of major significance to disabled persons by resulting in expanded community services and improved economic opportunities.

4. Much disability could be prevented through measures taken against malnutrition, environmental pollution, poor hygiene, inadequate pre-natal and post-natal care, water-borne diseases and accidents of all types. The international community could make a major breakthrough against disabilities caused by poliomyelitis, tetanus, whooping-cough and diphtheria, and to a lesser extent tuberculosis, through a worldwide expansion of programmes of immunization.

5. In many countries, the prerequisites for achieving the purposes of the Programme are economic and social development, extended services provided to the whole population in the humanitarian area, the redistribution of resources and income and an improvement in the living standards of the population. It is necessary to use every effort to prevent wars leading to devastation, catastrophe and poverty, hunger, suffering, diseases and mass disability of people, and therefore to adopt measures at all levels to strengthen international peace and security, to settle all international disputes by peaceful means and to eliminate all forms of racism and racial discrimination in countries where they still exist. It would also be desirable to recommend to all States Members of the United Nations, that they maximize the use of their resources for peaceful purposes, including prevention of disability and satisfaction of the needs of disabled persons. All forms of technical assistance that help developing countries to move towards these objectives can support the implementation of the Programme. The realization of these objectives will, however, require extended periods of effort, during which the number of disabled persons is likely to increase. Without effective remedial action, the consequences of disability will add to the obstacles to development. Hence, it is essential that all nations should include in their general development plans immediate measures for the prevention of disability, for the rehabilitation of disabled persons and for the equalization of opportunities.

C. Definitions

6. The following distinction is made by the World Health Organization, in the context of health experience, between impairment, disability and handicap:

"Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function. *Disability:* Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. *Handicap:* A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual."^a

7. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others.

8. Disabled people do not form a homogeneous group. For example, the mentally ill and the mentally retarded, the visually, hearing and speech impaired, those with restricted mobility or with so-called "medical disabilities" all encounter different barriers, of different kinds, which have to be overcome in different ways.

9. The following definitions are developed from that perspective. The relevant terms of action proposed in the World Programme are defined as prevention, rehabilitation and equalization of opportunities.

10. *Prevention* means measures aimed at preventing the onset of mental, physical and sensory impairments (primary prevention) or at preventing impairment, when it has occurred, from having negative physical, psychological and social consequences.

11. *Rehabilitation* means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. It can involve measures intended to compensate for a loss of function or a functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or readjustment.

12. *Equalization of opportunities* means the process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.

D. Prevention

13. A strategy of prevention is essential for reducing the incidence of impairment and disability. The main elements of such a strategy would vary according to a country's state of development, and are as follows:

(a) The most important measures for prevention of impairment are: avoidance of war; improvement of the educational, economic and social status of the least privileged groups; identification of types of impairment and their causes within defined geographical areas; introduction of specific intervention measures through better nutritional practices; improvement of health services, early detection and diagnosis; pre-natal and post-natal care; proper health care instruction, including patient and physician education; family planning; legislation and regulations; modification of life-styles; selective placement services; education regarding environmental hazards; the fostering of better informed and strengthened families and communities.

(b) To the extent that development takes place, old hazards are reduced and new ones arise. These changing circumstances require a shift in strategy, such as nutrition intervention programmes directed at specific population groups most at risk owing to vitamin A deficiency; improved medical care for the aging; training and regulations to reduce accidents in industry, in agriculture, on the roads and in the home; the control of environmental pollution and of the use and abuse of drugs and alcohol. In this connection, the WHO strategy for Health for All by the Year 2000 through primary health care should be given proper attention.

14. Measures should be taken for the earliest possible detection of the symptoms and signs of impairment, to be followed immediately by the necessary curative or remedial action, which can prevent disability or at least lead to significant reductions in the severity of disability and can often prevent its becoming a lasting condition. For early detection it is important to ensure adequate education and orientation of families and technical assistance to them by medical social services.

E. Rehabilitation

15. Rehabilitation usually includes the following types of services:

- (a) Early detection, diagnosis and intervention;
- (b) Medical care and treatment;
- (c) Social, psychological and other types of counselling and assistance;
- (d) Training in self-care activities, including mobility, communication and daily living skills, with special provisions as needed, e.g., for the hearing impaired, the visually impaired and the mentally retarded;
- (e) Provision of technical and mobility aids and other devices;
- (f) Specialized education services;
- (g) Vocational rehabilitation services (including vocational guidance), vocational training, placement in open or sheltered employment;
- (h) Follow-up.

16. In all rehabilitation efforts, emphasis should be placed on the abilities of the individual, whose integrity and dignity must be respected. The normal development and maturation process of disabled children should be given the maximum attention. The capacities of disabled adults to perform work and other activities should be utilized.

17. Important resources for rehabilitation exist in the families of disabled persons and in their communities. In helping disabled persons, every effort should be made to keep their families together, to enable them to live in their own communities and to support family and community groups who are working with this objective. In planning rehabilitation and supportive programmes, it is essential to take into account the customs and structures of the family and community and to promote their abilities to respond to the needs of the disabled individual.

18. Services for disabled persons should be provided, whenever possible, within the existing social, health, education and labour structures of society. These include all levels of health care;

primary, secondary and higher education; general programmes of vocational training and placement in employment; and measures of social security and social services. Rehabilitation services are aimed at facilitating the participation of disabled persons in regular community services and activities. Rehabilitation should take place in the natural environment, supported by community-based services and specialized institutions. Large institutions should be avoided. Specialized institutions, where they are necessary, should be organized so as to ensure an early and lasting integration of disabled persons into society.

19. Rehabilitation programmes should make it possible for disabled persons to take part in designing and organizing the services that they and their families consider necessary. Procedures for the participation of disabled persons in the decision-making relating to their rehabilitation should be provided for within the system. When people such as the severely mentally disabled may not be able to represent themselves adequately in decisions affecting their lives, family members or legally-designated agents should take part in planning and decision-making.

20. Efforts should be increased to develop rehabilitation services integrated in other services and make them more readily available. These should not rely on imported costly equipment, raw material and technology. The transfer of technology among nations should be enhanced and should concentrate on methods that are functional and relate to prevailing conditions.

F. Equalization of opportunities

21. To achieve the goals of "full participation and equality", rehabilitation measures aimed at the disabled individual are not sufficient. Experience shows that it is largely the environment which determines the effect of an impairment or a disability on a person's daily life. A person is handicapped when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living, including family life, education, employment, housing, financial and personal security, participation in social and political groups, religious activity, intimate and sexual relationships, access to public facilities, freedom of movement and the general style of daily living.

22. Societies sometimes cater only to people who are in full possession of all their physical and mental faculties. They have to recognize the fact that, despite preventive efforts, there will always

be a number of people with impairments and disabilities, and that societies have to identify and remove obstacles to their full participation. Thus, whenever pedagogically possible, education should take place in the ordinary school system, work be provided through open employment and housing be made available as to the population in general. It is the duty of every Government to ensure that the benefits of development programmes also reach disabled citizens. Measures to this effect should be incorporated into the general planning process and the administrative structure of every society. Extra services which disabled persons might need should, as far as possible, be part of the general services of a country.

23. The above does not apply merely to Governments. Anyone in charge of any kind of enterprise should make it accessible to people with disabilities. This applies to public agencies at various levels, to non-governmental organizations, to firms and to private individuals. It also applies to the international level.

24. People with permanent disabilities who are in need of community support services, aids and equipment to enable them to live as normally as possible both at home and in the community should have access to such services. Those who live with such disabled persons and help them in their daily activities should themselves receive support to enable them to have adequate rest and relaxation and an opportunity to take care of their own needs.

25. The principle of equal rights for the disabled and non-disabled implies that the needs of each and every individual are of equal importance, that these needs must be made the basis for the planning of societies, and that all resources must be employed in such a way as to ensure, for every individual, equal opportunity for participation. Disability policies should ensure the access of the disabled to all community services.

26. As disabled persons have equal rights, they also have equal obligations. It is their duty to take part in the building of society. Societies must raise the level of expectation as far as disabled persons are concerned, and in so doing mobilize their full resources for social change. This means, among other things, that young disabled persons should be provided with career and vocational opportunities — not early retirement pensions or public assistance.

27. Persons with disabilities should be expected to fulfil their role in society and meet their obligations as adults. The image of disabled persons depends on social attitudes based on different factors that may be the greatest barrier to participation and equality. We

see the disability, shown by the white cane, crutches, hearing aids and wheelchairs, but not the person. What is required is to focus on the ability, not on the disability of disabled persons.

28. All over the world, disabled persons have started to unite in organizations as advocates for their own rights to influence decision-makers in Governments and all sectors of society. The role of these organizations includes providing a voice of their own, identifying needs, expressing views on priorities, evaluating services and advocating change and public awareness. As a vehicle of self-development, these organizations provide the opportunity to develop skills in the negotiation process, organizational abilities, mutual support, information-sharing and often vocational skills and opportunities. In view of their vital importance in the process of participation, it is imperative that their development be encouraged.

29. Mentally handicapped people are now beginning to demand a voice of their own and insisting on their right to take part in decision-making and discussion. Even those with limited communication skills have shown themselves able to express their point of view. In this respect, they have much to learn from the self-advocacy movement of persons with other disabilities. This development should be encouraged.

30. Information should be prepared and disseminated to improve the situation of disabled persons. The co-operation of all public media should be sought to bring about presentations that will promote an understanding of the rights of disabled persons aimed at the public and the persons with disabilities themselves, and that will avoid reinforcing traditional stereotypes and prejudices.

G. Concepts adopted within the United Nations system

31. In the Charter of the United Nations, the reaffirmation of the principles of peace, the faith in human rights and fundamental freedoms, the dignity and worth of the human person and the promotion of social justice, are given primary importance.

32. The Universal Declaration of Human Rights affirms the right of all people, without distinction of any kind, to marriage; property ownership; equal access to public services; social security; and the realization of economic, social and cultural rights. The International Covenants on Human Rights,^b the Declaration on the Rights of Mentally Retarded Persons,^c and the Declaration on the Rights of Disabled Persons^d give specific expression to the principles contained in the Universal Declaration of Human Rights.

33. The Declaration on Social Progress and Development^e proclaims the necessity of protecting the rights of physically and mentally disadvantaged persons and assuring their welfare and rehabilitation. It guarantees everyone the right to and opportunity for useful and productive labour.

34. Within the United Nations Secretariat, a number of offices carry out activities related to the above concepts as well as to the World Programme of Action. They include: the Division of Human Rights; the Department of International Economic and Social Affairs; the Department of Technical Co-operation for Development; the Department of Public Information; the Division of Narcotic Drugs and the United Nations Conference on Trade and Development. The regional commissions also have an important role: the Economic Commission for Africa in Addis Ababa (Ethiopia), the Economic Commission for Europe in Geneva (Switzerland), the Economic Commission for Latin America in Santiago (Chile), the Economic and Social Commission for Asia and the Pacific in Bangkok (Thailand), the Economic Commission for Western Asia in Baghdad (Iraq).

35. Other organizations and programmes of the United Nations have adopted approaches related to development that will be significant in implementing the World Programme of Action concerning Disabled Persons. These include:

(a) The mandate contained in General Assembly resolution 3405 (XXX) on New Dimensions in Technical Co-operation, which directs the United Nations Development Programme, *inter alia*, to take into account the importance of reaching the poorest and most vulnerable sections of society when responding to Governments' requests for help in meeting their most urgent and critical needs and which encompasses the concepts of technical co-operation among developing countries;

(b) The concept adopted by the United Nations Children's Fund (UNICEF) of basic services for all children and the strategy adopted by it in 1980 to emphasize strengthening family and community resources to assist disabled children in their natural environments;

(c) The Office of the United Nations High Commissioner for Refugees (UNHCR) with its programme for disabled refugees;

(d) The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which is concerned, among other things, with the prevention of impairments

among Palestine refugees and the lowering of social and physical barriers which confront disabled members of the refugee population;

(e) The concepts of specific measures of disaster preparedness and prevention for those already disabled, and of the prevention of permanent disability as a result of injury or treatment received at the time of a disaster, advanced by the Office of the United Nations Disaster Relief Co-ordinator (UNDRO);

(f) The United Nations Centre for Human Settlements (UNCHS) with its concern about physical barriers and general access to the physical environment;

(g) The United Nations Industrial Development Organization (UNIDO); the activities of UNIDO cover the production of drugs essential for the prevention of disability as well as of technical devices for the disabled.

36. The specialized agencies of the United Nations system, which are involved in promoting, supporting and carrying out field activities, have a long record of work related to disability. Programmes of disability prevention, nutrition, hygiene, education of disabled children and adults, vocational training, job placement and others, represent a store of experience and know-how which opens up opportunities for further accomplishments and, at the same time, makes it possible to share these experiences with governmental and non-governmental organizations concerned with disability matters. They include:

(a) The basic needs strategy of the International Labour Organisation (ILO) and the principles set forth in the ILO recommendation No. 99 concerning vocational rehabilitation of the disabled, 1955;

(b) The Food and Agriculture Organization of the United Nations (FAO) with its emphasis on the relation between nutrition and disability;

(c) The concept of adapted education recommended by an expert group of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on education of disabled persons has been reinforced by two guiding principles of the Sundberg Declaration:^f

—Disabled persons shall receive from the community services adapted to their specific personal needs;

— Through decentralization and sectorization of services, the needs of disabled persons shall be taken into account and satisfied within the framework of the community to which they belong;

(d) The World Health Organization's programme of health for all by the year 2000 and the related primary health care approach, through which the member States of the World Health Organization have already committed themselves to preventing diseases and impairments leading to disabilities. The concept of primary health care, as elaborated by the International Conference on Primary Health Care held at Alma-Ata in 1978, and the application of this concept to the health aspects of disability, are described in the World Health Organization's policy on this subject, approved by the World Health Assembly in 1978;

(e) The International Civil Aviation Organization (ICAO) has approved recommendations to contracting States concerning facilities of movement and provision of facilities for disabled passengers;

(f) The Executive Committee of the Universal Postal Union (UPU) has adopted a recommendation inviting all national postal administrations to improve access to their facilities for disabled persons.

II. CURRENT SITUATION

A. General description

37. There is a large and growing number of persons with disabilities in the world today. The estimated figure of 500 million is confirmed by the results of surveys of segments of population, coupled with the observations of experienced investigators. In most countries, at least one person out of 10 is disabled by physical, mental or sensory impairment, and at least 25 per cent of any population is adversely affected by the presence of disability.

38. The causes of impairments vary throughout the world, as do the prevalence and consequences of disability. These variations are the result of different socio-economic circumstances and of the different provisions that each society makes for the well-being of its members.

39. A survey carried out by experts has produced the estimate of at least 350 million disabled persons living in areas where the services needed to assist them in overcoming their limitations are not

available. To a large extent, disabled persons are exposed to physical, cultural and social barriers which handicap their lives even if rehabilitation assistance is available.

40. Many factors are responsible for the rising numbers of disabled persons and the relegation of disabled persons to the margin of society. These include:

(a) Wars and the consequences of wars; and other forms of violence, destruction, poverty, hunger, epidemics, major shifts in population;

(b) A high proportion of overburdened and impoverished families; overcrowded and unhealthy housing and living conditions;

(c) Populations with a high proportion of illiteracy and little awareness of basic social services or of health and education measures;

(d) An absence of accurate knowledge about disability, its causes, prevention and treatment; this includes stigma, discrimination and misconceived ideas on disability;

(e) Inadequate programmes of primary health care and services;

(f) Constraints, including a lack of resources, geographical distance, physical and social barriers, that make it impossible for many people to take advantage of available services;

(g) The channelling of resources to highly specialized services that are not relevant to the needs of the majority of people who need help;

(h) The absence or weakness of an infrastructure of related services for social assistance, health, education, vocational training and placement;

(i) Low priority in social and economic development for activities related to equalization of opportunities, disability prevention and rehabilitation;

(j) Industrial, agricultural and transportation-related accidents;

(k) Natural disaster and earthquake;

- (l) Pollution of the physical environment;
- (m) Stress and other psycho-social problems associated with the transition from a traditional to a modern society;
- (n) The imprudent use of medication, the misuse of therapeutic substances and the illicit use of drugs and stimulants;
- (o) The faulty treatment of injured persons at the time of a disaster, which can be the cause of avoidable disability;
- (p) Urbanization and population growth and other indirect factors.

41. The relationship between disability and poverty has been clearly established. While the risk of impairment is much greater for the poverty-stricken, the converse is also true. The birth of an impaired child, or the occurrence of disability in the family, often places heavy demands on the limited resources of the family and strains on its morale, thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society. For this reason, the number of affected families living at the poverty level steadily increases in absolute terms. The negative impact of these trends seriously hinders the development process.

42. Existing knowledge and skills could prevent the onset of many impairments and disabilities, could assist affected people in overcoming or minimizing their disabilities, and could enable nations to remove barriers which exclude disabled persons from everyday life.

1. Disabilities in the developing countries

43. The problems of disability in developing countries need to be specially highlighted. As many as 80 per cent of all disabled persons live in isolated rural areas in the developing countries. In some of these countries, the percentage of the disabled population is estimated to be as high as 20 and, thus, if families and relatives are included, 50 per cent of the population could be adversely affected by disability. The problem is made more complex by the fact that, for the most part, disabled persons are also usually extremely poor people. They often live in areas where medical and other related services are scarce, or even totally absent and where disabilities are not and cannot be detected in time. When they do receive medical attention, if they receive it at all, the impairment may have become

irreversible. In many countries, resources are not sufficient to detect and prevent disability and to meet the need for the rehabilitation and supportive services of the disabled population. Trained personnel, research into newer and more effective strategies and approaches to rehabilitation and the manufacturing and provision of aids and equipment for disabled persons are quite inadequate.

44. In such countries, the disability problem is further compounded by the population explosion, which inexorably pushes up the number of disabled persons both in proportional and absolute terms. There is, thus, an urgent need, as the first priority, to help such countries to develop demographic policies to prevent an increase in the disabled population and to rehabilitate and provide services to the already disabled.

2. *Special groups*

45. The consequences of deficiencies and disablement are particularly serious for women. There are a great many countries where women are subjected to social, cultural and economic disadvantages which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life. In families, the responsibility for caring for a disabled parent often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities.

46. For many children, the presence of an impairment leads to rejection or isolation from experiences that are part of normal development. This situation may be exacerbated by faulty family and community attitudes and behaviour during the critical years when children's personalities and self-images are developing.

47. In most countries the number of elderly people is increasing, and already in some as many as two thirds of disabled people are also elderly. Most of the conditions which cause their disability (for example, arthritis, strokes, heart disease and deterioration in hearing and vision) are not common among younger disabled people and may require different forms of prevention, treatment, rehabilitation and support services.

48. With the emergence of "victimology" as a branch of criminology, the true extent of injuries inflicted upon the victims of crime, causing permanent or temporary disablement, is only now becoming generally known.

49. Victims of torture who have been disabled physically or mentally, not by accident of birth or normal activity, but by the deliberate infliction of injury, form another group of disabled persons.

50. There are over 10 million refugees and displaced persons in the world today as a result of man-made disasters. Many of them are disabled physically and psychologically as a result of their sufferings from persecution, violence and hazards. Most are in third-world countries, where services and facilities are extremely limited. Being a refugee is in itself a handicap, and a disabled refugee is doubly handicapped.

51. Workers employed abroad often find themselves in a difficult situation associated with a series of handicaps resulting from differences in environment, lack or inadequate knowledge of the language of the country of immigration, prejudice and discrimination, lack or deficiency of vocational training, and inadequate living conditions. The special position of migrant workers in the country of employment exposes them and their families to health hazards and increased risk of occupational accidents which frequently lead to impairment or disability. The situation of disabled migrant workers may be further aggravated by the necessity for them to return to the country of origin, where, in most cases, special services and facilities for the disabled are very limited.

B. Prevention

52. There is a steady growth of activities to prevent impairment, such as the improvement of hygiene, education, nutrition, better access to food and health care through primary health care approaches, with special attention to mother and child care; counselling parents on genetic and pre-natal care factors; immunization and control of diseases and infections; accident prevention; and improving the quality of the environment. In some parts of the world, such measures have a significant impact on the incidence of physical and mental impairment.

53. For a majority of the world's population, especially those living in countries in the early stages of economic development, these preventive measures effectively reach only a small proportion of the people in need. Most developing countries have yet to establish a system for the early detection and prevention of impairment through periodic health examinations, particularly for pregnant women, infants and young children.

54. In the Leeds Castle Declaration on the Prevention of Disablement of 12 November 1981, an international group of scien-

tists, doctors, health administrators and politicians calls attention, among others, to the following practical measures to prevent disablement:

- “3. Impairment arising from malnutrition, infection and neglect could be prevented by inexpensive improvement in primary health care. . .
4. . . . Many disabilities of later life can be postponed or averted. There are promising lines of research for the control of hereditary and degenerative conditions. . .
5. . . . Disability need not give rise to handicap. Failure to apply simple remedies very often increase disability, and the attitudes and institutional arrangements of society increase the chance of disability placing people at a disadvantage. Sustained education of the public and of professionals is urgently needed.
6. Avoidable disability is a prime cause of economic waste and human deprivation in all countries, industrialized and developing. This loss can be reduced rapidly.

The technology which will prevent or control most disablement is available and is improving. What is needed is commitment by society to overcome the problems. The priority of existing national and international health programmes must be shifted to ensure the dissemination of knowledge and technology. . .

7. Although technology for preventive and remedial control of most disabilities exists, the remarkable recent progress in bio-medical research promises revolutionary new tools which could greatly strengthen all interventions. Both basic and applied research deserve support over the coming years”.

55. It is becoming increasingly recognized that programmes to prevent impairment or to ensure that impairments do not escalate into more limiting disabilities are less costly to society in the long run than having to care later for disabled persons. This applies, for instance, not least to occupational safety programmes, a still neglected field of concern in many countries.

C. Rehabilitation

56. Rehabilitation services are often provided by specialized institutions. However, there exists a growing trend towards placing greater emphasis on the integration of services in general public facilities.

57. There has been an evolution in both the content and the spirit of the activities described as rehabilitation. Traditional practice viewed rehabilitation as a pattern of therapies and services provided to disabled persons in an institutional setting, often under medical authority. This is gradually being replaced by programmes which, while still providing qualified medical, social and pedagogical services, also involve communities and families and help them to support the efforts of their disabled members to overcome the disabling effects of impairment within a normal social environment. Increasingly it is being recognized that even severely disabled persons can, to a great extent, live independently if the necessary support services are provided. The number requiring care in institutions is much smaller than had previously been assumed and even they can, to a great extent, live a life that is independent in its essential elements.

58. Many disabled persons require technical aids. In some countries the technology needed to produce such items is well developed, and highly sophisticated devices are manufactured to assist the mobility, communication and daily living of disabled individuals. The costs of such items are high, however, and only a few countries are able to provide such equipment.

59. Many people need simple equipment to facilitate mobility, communication and daily living. Such aids are produced and available in some countries. In many other countries, however, they cannot be obtained because of a lack of their availability and/or of high cost. Increasing attention is being given to the design of simpler, less expensive devices, with local methods of production which are more easily adapted to the country concerned, more appropriate to the needs of most disabled persons and more readily available to them.

D. Equalization of opportunities

60. The rights of persons with disabilities to participate in their societies can be achieved primarily through political and social actions.

61. Many countries have taken important steps to eliminate or reduce barriers to full participation. Legislation has in many cases been enacted to guarantee to disabled persons the rights to, and opportunities for, schooling, employment and access to community facilities, to remove cultural and physical barriers and to proscribe discrimination against disabled persons. There has been a movement away from institutions to community-based living. In some developed and developing countries, the emphasis in schooling is increasingly on "open education", with a corresponding decrease in institutions and special schools. Methods of making public transport systems accessible have been devised, as well as methods of making information accessible for sensory-disabled persons. Awareness of the need for such measures has increased. In many cases, public education and awareness campaigns have been launched to educate the public to alter its attitudes and actions towards disabled persons.

62. Often, disabled persons have taken the lead in bringing about an improved understanding of the process of equalization of opportunities. In this context, they have advocated their own integration into the mainstream of society.

63. Despite such efforts, disabled persons are yet far from having achieved equal opportunities and the degree of integration of disabled persons into society is yet far from satisfactory in most countries.

1. Education

64. At least 10 per cent of children are disabled. They have the same right to education as non-disabled persons and they require active intervention and specialized services. But most disabled children in developing countries receive neither specialized services nor compulsory education.

65. There is a great variation from some countries with a high educational level for disabled persons to countries where such facilities are limited or non-existent.

66. There is a lack in existing knowledge of the potential of disabled persons. Furthermore, there is often no legislation which deals with their needs and a shortage of teaching staff and facilities. Disabled persons have in most countries so far not benefited from a life-long education.

67. Significant advances in teaching techniques and important innovative developments have taken place in the field of special education and much more can be achieved in the education of disabled persons. But the progress is mostly limited to a few countries or only a few urban centres.

68. The advances concern early detection, assessment and intervention, special education programmes in a variety of settings, with many disabled children able to participate in a regular school setting, while others require very intensive programmes.

2. *Employment*

69. Many persons with disabilities are denied employment or given only menial and poorly remunerated jobs. This is true even though it can be demonstrated that with proper assessment, training and placement, the great majority of disabled persons can perform a large range of tasks in accordance with prevailing work norms. In times of unemployment and economic distress, disabled persons are usually the first to be discharged and the last to be hired. In some industrialized countries experiencing the effects of economic recession, the rate of unemployment among disabled job-seekers is double that of able-bodied applicants for jobs. In many countries various programmes have been developed and measures taken to create jobs for disabled persons. These include sheltered and production workshops, sheltered enclaves, designated positions, quota schemes, subsidies for employers who train and subsequently engage disabled workers, co-operatives of and for the disabled, etc. The actual number of disabled workers employed in either regular or special establishments is far below the number of employable disabled workers. The wider application of ergonomic principles leads to adaptation of the work place, tools, machinery and equipment at relatively little cost and helps widen employment opportunities for the disabled.

70. Many disabled persons, particularly in the developing countries, live in rural areas. When the family economy is based on agriculture or other rural occupations and when the traditional extended family exists, it may be possible for most disabled persons to be given some useful tasks to perform. As more families move from rural areas to urban centres, as agriculture becomes more mechanized and commercialized, as money transactions replace barter systems and as the institution of the extended family disintegrates, the vocational plight of disabled persons becomes

more severe. For those living in urban slums, competition for employment is heavy, and other economically productive activity is scarce. Many disabled persons in such areas suffer from enforced inactivity and become dependent; others must resort to begging.

3. *Social questions*

71. Full participation in the basic units of society — family, social groups and community — is the essence of human experience. The right to equality of opportunity for such participation is set forth in the Universal Declaration of Human Rights and should apply to all people, including those with disabilities. In reality, however, disabled persons are often denied the opportunities of full participation in the activities of the socio-cultural system of which they are a part. This deprivation comes about through physical and social barriers that have evolved from ignorance, indifference and fear.

72. Attitudes and behaviour often lead to the exclusion of disabled persons from social and cultural life. People tend to avoid contact and personal relationships with those who are disabled. The pervasiveness of the prejudice and discrimination affecting disabled persons and the degree to which they are excluded from normal social intercourse produce psychological and social problems for many of them.

73. Too often, the professional and other service personnel with whom disabled persons come into contact fail to appreciate the potential for participation by disabled persons in normal social experiences and thus do not contribute to the integration of disabled individuals and other social groups.

74. Because of these barriers, it is often difficult or impossible for disabled persons to have close and intimate relationships with others. Marriage and parenthood are often unattainable for people who are identified as “disabled”, even when there is no functional limitation to preclude them. The needs of mentally handicapped people for personal and social relationships, including sexual partnership, are now increasingly recognized.

75. Many persons with disabilities are not only excluded from the normal social life of their communities but in fact confined in institutions. While the leper colonies of the past have been partly done away with and large institutions are not as numerous as they once were, far too many people are today institutionalized when there is nothing in their condition to justify it.

76. Many disabled persons are excluded from active participation in society because of doorways that are too narrow for wheelchairs; steps that cannot be mounted leading to buildings, buses, trains and aircraft; telephones and light switches that cannot be reached; sanitary facilities that cannot be used. Similarly they can be excluded by other types of barriers, for example oral communication which ignores the needs of the hearing impaired and written information which ignores the needs of the visually impaired. Such barriers are the result of ignorance and lack of concern; they exist despite the fact that most of them could be avoided at no great cost by careful planning. Although some countries have enacted legislation and launched campaigns of public education to eliminate such obstacles, the problem remains a crucial one.

77. Generally, existing services, facilities and social actions for the prevention of impairment, the rehabilitation of disabled persons and their integration into society are closely linked to the Governments' and society's willingness and ability to allocate resources, income and services to disadvantaged population groups.

E. Disability and a new international economic order

78. The transfer of resources and technology from developed to developing countries as envisaged within the framework of the new international economic order, as well as other provisions for strengthening the economies of developing nations, would, if implemented, be of benefit to the people of these countries, including the disabled. Improvement of economic conditions in the developing countries, particularly their rural areas, would provide new employment opportunities for disabled persons and needed resources to support measures for prevention, rehabilitation and the equalization of opportunities. The transfer of appropriate technology, if properly managed, could lead to the development of industries specializing in the mass production of devices and aids for dealing with the effects of physical, mental or sensory impairments.

79. The International Development Strategy for the Third United Nations Development Decade⁸ states that particular efforts should be made to integrate the disabled in the development process and that effective measures for prevention, rehabilitation and equalization of opportunities are therefore essential. Positive action to this end would be part of the more general effort to mobilize all human resources for development. Changes in the international economic order will have to go hand in hand with domestic changes aimed at achieving full participation by disadvantaged population groups.

F. Consequences of economic and social development

80. To the extent that development efforts are successful in bringing about better nutrition, education, housing, improved sanitary conditions and adequate primary health care, the prospects of preventing impairment and treating disability greatly improve. Progress along these lines may also be especially facilitated in such areas as:

(a) The training of personnel in general fields such as social assistance, public health, medicine, education and vocational rehabilitation;

(b) Enhanced capacities for the local production of the appliances and equipment needed by disabled persons;

(c) The establishment of social services, social security systems, co-operatives and programmes for mutual assistance at the national and community levels;

(d) Appropriate vocational guidance and work preparation services as well as increased employment opportunities for disabled persons.

81. Since economic development leads to alterations in the size and distribution of the population, to modifications in life-styles and to changes in social structures and relationships, the services needed to deal with human problems are generally not being improved and expanded rapidly enough. Such imbalances between economic and social development add to the difficulties of integrating disabled persons into their communities.

III. PROPOSALS FOR THE IMPLEMENTATION OF THE WORLD PROGRAMME OF ACTION CONCERNING DISABLED PERSONS

A. Introduction

82. The objectives of the World Programme of Action concerning Disabled Persons are to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". In implementing the World Programme due regard has to be paid to the special situation of developing countries and, in particular, of the least developed countries. The immensity of the task of improving living conditions for the whole population and the general scarcity of resources make the attainment of the objectives of the Programme much more difficult in these countries. At the same time, it should be recognized that the implementation of the World Programme of Action in itself will make a contribution to the development process through the mobilization of all human resources and the full participation of the entire population. Though some countries may already have initiated or carried out some of the actions recommended in this Programme, more needs to be done. This applies also to countries with a high general standard of living.

83. Since the situation of the disabled is closely connected with the overall development at the national level, the solution of problems in developing countries depends to a very large extent on the creation of adequate international conditions for the faster social and economic development. Accordingly, the establishment of a new international economic order is of direct relevance to the implementation of the objectives of the Programme. It is particularly essential that the flow of resources to developing countries be substantially increased, as agreed upon in the International Development Strategy for the Third United Nations Development Decade.

84. The realization of these goals will require a multisectoral and multidisciplinary global strategy for combined and co-ordinated policies and actions relevant to the equalization of opportunities of disabled persons, effective rehabilitation services and measures for prevention.

85. Disabled persons and their organizations should be consulted in the further development of the World Programme of Action and in its implementation. To this end, every effort should be made to

encourage the formation of organizations of disabled persons at the local, national, regional and international levels. Their unique expertise, derived from their experience, can make significant contributions to the planning of programmes and services for disabled persons. Through their discussion of issues they present points of view most widely representative of all concerns of disabled persons. Their impact on public attitudes warrants consultation with them and as a force for change they have significant influence on making disability issues a great priority. The disabled themselves should have a substantive influence in deciding the effectiveness of policies, programmes and services designed for their benefit. Special efforts should be made to involve mentally handicapped persons in this process.

B. National action

86. The World Programme of Action is designed for all nations. The time-span for its implementation and the choice of items to be implemented as a priority will, however, vary from nation to nation depending on the existing situation and their resource constraints, levels of socio-economic development, cultural traditions, and their capacity to formulate and implement the actions envisaged in the Programme.

87. National Governments bear the ultimate responsibility for the implementation of the measures recommended in the present section. Owing, however, to constitutional differences between countries, both local authorities and other bodies within the public and private sector will be called upon to implement the national measures contained in the World Programme of Action.

88. Member States should urgently initiate national long-term programmes to achieve the objectives of the World Programme of Action; such programmes should be an integral component of the nation's general policy for socio-economic development.

89. Matters concerning disabled persons should be treated within the appropriate general context and not separately. Each ministry or other body within the public or private sector responsible for, or working within, a specific sector should be responsible for those matters related to disabled persons which fall within its area of competence. Governments should establish a focal point (for example, a national commission, committee or similar body) to look into and follow the activities related to the World Programme of Action of various ministries, of other government agencies and of non-governmental organizations. Any mechanism set up should

involve all parties concerned, including organizations of disabled persons. The body should have access to decision-makers at the highest level.

90. To implement the World Programme of Action, it is necessary for Member States:

- (a) To plan, organize and finance activities at each level;
- (b) To create, through legislation, the necessary legal bases and authority for measures to achieve the objectives;
- (c) To ensure opportunities by eliminating barriers to full participation;
- (d) To provide rehabilitation services by giving social, nutritional, medical, educational and vocational assistance and technical aids to disabled persons;
- (e) To establish or mobilize relevant public and private organizations;
- (f) To support the establishment and growth of organizations of disabled persons;
- (g) To prepare and disseminate information relevant to the issues of the World Programme of Action among all elements of the population, including persons with disabilities and their families;
- (h) To promote public education to ensure a broad understanding of the key issues of the World Programme of Action and its implementation;
- (i) To facilitate research on matters related to the World Programme of Action;
- (j) To promote technical assistance and co-operation related to the World Programme of Action;
- (k) To facilitate the participation of disabled persons and their organizations in decisions related to the World Programme of Action.

1. *Participation of disabled persons in decision-making*

91. Member States should increase their assistance to organizations of disabled persons and help them organize and co-ordinate the representation of the interests and concerns of disabled persons.

92. Member States should actively seek out and encourage in every possible way the development of organizations composed of or representing disabled persons. Such organizations, in whose membership and governing bodies disabled persons, or in some cases relatives, have a decisive influence, exist in many countries. Many of them have not the means to assert themselves and fight for their rights.

93. Member States should establish direct contacts with such organizations and provide channels for them to influence government policies and decisions in all areas that concern them. Member States should give the necessary financial support to organizations of disabled persons for this purpose.

94. Organizations and other bodies at all levels should ensure that disabled persons can participate in their activities to the fullest extent possible.

2. *Prevention of impairment, disability and handicap*

95. The technology to prevent and control most disablement is available and improving but is not always fully utilized. Member States should take appropriate measures for the prevention of impairment and disability and ensure the dissemination of relevant knowledge and technology.

96. Co-ordinated programmes of prevention at all levels of society are needed. They should include:

(a) Community-based primary health care systems that reach all segments of the population, particularly in rural areas and urban slums;

(b) Effective maternal and child health care and counselling, as well as counselling for family planning and family life;

(c) Education in nutrition and assistance in obtaining a proper diet, especially for mothers and children, including the production and utilization of foods rich in vitamins and other nutrients;

(d) Immunization against communicable diseases, in line with the objectives of the Expanded Programme of Immunization of the World Health Organization;

(e) A system for early detection and early intervention;

(f) Safety regulations and training programmes for the prevention of accidents in the home, in the work place, on the road and in leisure-related activities;

(g) Adaptation of jobs, equipment and the working environment and the provision of occupational health programmes to prevent the generation of occupational disabilities or diseases and their exacerbation;

(h) Measures to control the imprudent use of medication, drugs, alcohol, tobacco and other stimulants or depressants in order to prevent drug-related disability, particularly among school children and elderly people. Of particular concern also is the effect upon unborn children of imprudent consumption of these substances by pregnant women;

(i) Educational and public health activities that will assist people in attaining life-styles that will provide the maximum defence against the causes of impairment;

(j) Sustained education of the public and of professionals as well as public information campaigns related to disability prevention programmes;

(k) Adequate training for medical, para-medical and other persons who may be called upon to deal with casualties in emergencies;

(l) Preventive measures incorporated in the training of rural extension workers to assist in reducing incidence of disabilities;

(m) Well-organized vocational training and practical on-the-job training of workers with a view to preventing accidents at work and disabilities of different degrees. Attention should be paid to the fact that outdated technology is often used in developing countries. In many cases, old technology is transferred from industrial countries to developing countries. The old technology, inappropriate for the conditions in developing countries together with insufficient training and deficient labour protection, contributes to an increased number of accidents at work and to disabilities.

3. *Rehabilitation*

97. Member States should develop and ensure the provision of rehabilitation services necessary for achieving the objectives of the World Programme of Action.

98. Member States are encouraged to provide for all people the health care and related services needed to eliminate or reduce the disabling effects of impairment.

99. This includes the provision of social, nutritional, health and vocational services needed to enable disabled individuals to reach optimum levels of functioning. Depending on such factors as population distribution, geography and stages of development, services can be delivered through the following channels:

(a) Community-based workers;

(b) General facilities providing health, education, welfare and vocational services;

(c) Other specialized services where the general facilities are unable to provide the necessary services.

100. Member States should ensure the availability of aids and equipment appropriate to the local situation for all those to whose functioning and independence they are essential. It is necessary to ensure the provision of technical aids during and after the rehabilitation process. Follow-up repair services and replacement of aids that are obsolete are also needed.

101. It is necessary to make certain that disabled persons who need such equipment have the financial resources as well as the practical opportunities for obtaining them and learning to use them. Import taxes or other procedures that block the ready availability of aids and materials which cannot be manufactured in the country and must be obtained from other countries should be eliminated. It is important to support local production of aids that are suited to the technological, social and economic conditions under which they will be used. Development and production of technical aids should follow the overall technological development of a specific country.

102. To stimulate local production and development of technical aids, Member States should consider establishing national centres with a responsibility to support such local developments. In many

cases existing special schools, institutes of technology, etc., could serve as a basis for this. Regional co-operation in this connection should be considered.

103. Member States are encouraged to include within the general system of social services personnel competent to provide counselling and other assistance needed to deal with the problems of disabled persons and their families.

104. When the resources of the general social service system are inadequate to meet these needs, special services may be offered until the quality of the general system has been improved.

105. Within the context of available resources, Member States are encouraged to initiate whatever special measures may be necessary to ensure the provision and full use of services needed by disabled persons living in rural areas, urban slums and shanty towns.

106. Disabled persons should not be separated from their families and communities. The system of services must take into account problems of transportation and communication; the need for supporting social, health and education services; the existence of primitive and often hazardous living conditions; and, especially in some urban slums, social barriers that may inhibit people's readiness to seek or accept services. Member States should assure an equitable distribution of these services to all population groups and geographical areas according to need.

107. Health and social services for mentally ill persons have been particularly neglected in many countries. The psychiatric care of persons with mental illness should be supplemented by the provision of social support and guidance to these persons and their families, who are often under particular strain. Where such services are available, the length of stay and the probability of renewed referral to institutions are lessened. In cases where mentally retarded persons are additionally afflicted with problems of mental illness, provisions are necessary to ensure that health care personnel are aware of the distinct needs related to retardation.

4. *Equalization of opportunities*

(a) Legislation

108. Member States should assume responsibility for ensuring that disabled persons are granted equal opportunities with other citizens.

109. Member States should undertake the necessary measures to eliminate any discriminatory practices with respect to disability.

110. In drafting national human rights legislation, and with respect to national committees or similar co-ordinating national bodies dealing with the problems of disability, particular attention should be given to conditions which may adversely affect the ability of disabled persons to exercise the rights and freedoms guaranteed to their fellow citizens.

111. Member States should give attention to specific rights, such as the rights to education, work, social security and protection from inhuman or degrading treatment, and should examine these rights from the perspective of disabled persons.

(b) Physical environment

112. Member States should work towards making the physical environment accessible to all, including persons with various types of disability, as specified in paragraph 8 of this document.

113. Member States should adopt a policy of observing accessibility aspects in the planning of human settlements, including programmes in the rural areas of developing countries.

114. Member States are encouraged to adopt a policy ensuring disabled persons access to all new public buildings and facilities, public housing and public transport systems. Furthermore, measures should be adopted that would encourage access to existing public buildings and facilities, housing and transport wherever feasible, especially by taking advantage of renovation.

115. Member States should encourage the provision of support services to enable disabled persons to live as independently as possible in the community. In so doing, they should ensure that persons with a disability have the opportunity to develop and manage these services for themselves, as is now being done in some countries.

(c) Income maintenance and social security

116. Every Member State should work towards the inclusion, within its systems of laws and regulations, of provisions covering the general and supporting objectives of the World Programme of Action referring to social security.

117. Member States should ensure that disabled persons have equal opportunities to obtain all forms of income, maintenance thereof, and social security. Such a process should take place in forms adjusted to the economic system and degree of development of the Member State.

118. Where social security, social insurance and other such systems exist for the general population, they should be reviewed to make certain that adequate benefits and services for prevention, rehabilitation and the equalization of opportunities are provided for disabled persons and their families and that regulations under these systems, whether applicable to services providers or the services recipients, should not exclude or discriminate against such persons. The establishment and the development of a public system of social care and of industrial safety and health protection constitute essential prerequisites for achieving the aims set.

119. Easily accessible arrangements should be made by which disabled persons and their families can appeal, through impartial hearing, against decisions concerning their rights and benefits in this field.

(d) Education and training

120. Member States should adopt policies which recognize the rights of disabled persons to equal educational opportunities with others. The education of disabled persons should as far as possible take place in the general school system. Responsibility for their education should be placed upon the educational authorities and laws regarding compulsory education should include children with all ranges of disabilities, including the most severely disabled.

121. Member States should allow for increased flexibility in the application to disabled persons of any regulation concerning admission age, promotion from class to class and, when appropriate, in examination procedures.

122. Basic criteria are to be met when developing educational services for disabled children and adults. These services should be:

(a) *Individualized*, i.e., based on the assessed needs mutually agreed upon by authorities, administrators, parents and disabled students and leading to clearly stated curriculum goals and short-term objectives which are regularly reviewed and where necessary revised;

(b) *Locally accessible*, i.e., within reasonable travelling distance of the pupil's home or residence except in special circumstances;

(c) *Comprehensive*, i.e., serving all persons with special needs irrespective of age or degree of disability, and such that no child of school age is excluded from educational provision on grounds of severity of disability or receives educational services significantly inferior to those enjoyed by any other students;

(d) *Offering a range of choices* commensurate with the range of special needs in any given community.

123. Integration of disabled children into the general educational system requires planning by all parties concerned.

124. If, for some reasons, the facilities of the general school system are inadequate for some disabled children, schooling for these children should then be provided for an appropriate period of time in special facilities. The quality of this special schooling should be equal to that of the general school system and closely linked to it.

125. The involvement of parents at all levels of the educational process is vital. Parents should be given the necessary support to provide as normal a family environment for the disabled child as is possible. Personnel should be trained to work with the parents of disabled children.

126. Member States should provide for the participation of disabled persons in adult education programmes, with special attention to rural areas.

127. If the facilities of regular adult education courses are inadequate to meet the needs of some disabled persons, special courses or training centres may be needed until the regular programmes have been modified. Member States should grant disabled persons possibilities for education at the university level.

(e) Employment

128. Member States should adopt a policy and supporting structure of services to ensure that disabled persons in both urban and rural areas have equal opportunities for productive and gainful employment in the open labour market. Rural employment and the development of appropriate tools and equipment should be given particular attention.

129. Member States can support the integration of disabled persons into open employment through a variety of measures, such as incentive-oriented quota schemes, reserved or designated employment, loans or grants for small businesses and co-operatives, exclusive contracts or priority production rights, tax concessions, contract compliance or other technical or financial assistance to enterprises employing disabled workers. Member States should support the development of technical aids and facilitate access for disabled persons to aids and assistance, which they need to do their work.

130. The policy and supporting structures, however, should not limit the opportunities for employment and should not hinder the vitality of the private sector of the economy. Member States should remain able to take a variety of measures in response to their domestic situations.

131. There should be mutual co-operation at the central and local level between government and employers' and workers' organizations in order to develop a joint strategy and joint action with a view to ensuring more and better employment opportunities for disabled persons. Such co-operation could concern recruitment policies, measures to improve the work environment in order to prevent handicapping injuries and impairments, measures for rehabilitation of employees impaired in the job, e.g., by adjusting work places and work contents to their requirements.

132. These services should include vocational assessment and guidance, vocational training (including that in training workshops), placements and follow-up. Sheltered employment should be made available for those who, because of their special needs or particularly severe disabilities, may not be able to cope with the demands of competitive employment. Such provisions could be in the form of production workshops, homeworking, and self-employment schemes, and small groups of severely disabled people employed in sheltered conditions within competitive industry.

133. When acting as employers, central and local governments should promote employment of disabled persons in the public

sector. Laws and regulations should not raise obstacles to the employment of disabled persons.

(f) Recreation

134. Member States should ensure that disabled persons have the same opportunities for recreational activities as other citizens. This involves the possibility of using restaurants, cinemas, theatres, libraries, etc., as well as holiday resorts, sport arenas, hotels, beaches and other places for recreation. Member States should take action to remove all obstacles to this effect. Tourist authorities, travel agencies, hotels, voluntary organizations and others involved in organizing recreational activities or travel opportunities should offer their services to all and not discriminate against disabled persons. This involves, for instance, incorporating information on accessibility into their regular information to the public.

(g) Culture

135. Member States should ensure that disabled persons have the opportunity to utilize their creative, artistic and intellectual potential to the full, not only for their own benefit but also for the enrichment of the community. To this end, access to cultural activities should be ensured. If necessary, special arrangements should be made to meet the needs of individuals with mental or sensory impairments. These could include communication aids for the deaf, literature in braille and/or cassettes for the visually impaired and reading material adapted to the individual's mental capacity. The domain of cultural activities includes dance, music, literature, theatre and plastic arts.

(h) Religion

136. Measures should be undertaken to ensure that disabled persons have the opportunity to benefit fully from the religious activities available to the community. In this way, the full participation by disabled persons in these activities will be made possible.

(i) Sports

137. The importance of sports for disabled persons is becoming increasingly recognized. Member States should therefore encourage all forms of sports activities of disabled persons, *inter alia*, through the provision of adequate facilities and the proper organization of these activities.

5. *Community action*

138. Member States should give high priority to the provision of information, training and financial assistance to local communities for the development of programmes that achieve the objectives of the World Programme of Action.

139. Arrangements should be made to encourage and facilitate co-operation among local communities and the exchange of information and experience. A Government, benefiting from international technical assistance or technical co-operation in disability-related matters, should ensure that the benefits and results of the assistance reach the communities in greatest need.

140. It is important to enlist the active participation of local government bodies, agencies and community organizations, such as citizen's groups, trade unions, women's organizations, consumer organizations, service clubs, religious bodies, political parties and parents' associations. Each community could designate an appropriate body, where organizations of disabled persons could have an influence, to serve as a focal point of communication and co-ordination to mobilize resources and initiate action.

6. *Staff training*

141. All authorities responsible for the development and provision of services for disabled persons should give attention to staff matters, particularly to recruitment and training.

142. The training of community-based workers in the early detection of impairment, the provision of primary assistance and referral to appropriate facilities, and follow-up, are vital, as well as the training of medical teams and other personnel at referral centres. Whenever possible, these should be integrated into such related services as primary health care, schools and community development programmes. Member States should develop and intensify training for doctors which emphasizes the disabilities that can be produced by the indiscriminate use of some pharmaceutical products. Sale of proprietary/patent drugs whose unsupervised use could, in the long term, pose personal and public health hazards should be restricted.

143. If services related to mental and physical disabilities are to reach a growing number of disabled persons who receive none at present, it is necessary to provide them through various types of health and social workers in the local communities. Some of their

activities are already related to prevention and to services for disabled persons. They will need special guidance and instruction, for instance, on simple rehabilitation measures and techniques to be used by disabled persons and their families. Guidance might be given by rehabilitation professionals at the community or district level, according to the area covered. Special training will be necessary for the professionals at the peripheral level who would be responsible for the supervision of local programmes for persons with disability and for contact with rehabilitation and other services available in the region.

144. Member States should ensure that community workers receive, in addition to specialized knowledge and skills, comprehensive information concerning the social, nutritional, medical, educational and vocational needs of disabled persons. Community workers, with adequate training and supervision, can provide most services needed by disabled persons and can be a valuable asset in overcoming personnel shortages. Their training should include appropriate information on contraceptive technology and planned parenthood. Volunteers can also provide very useful services and other forms of support. Greater emphasis should be placed on expanding the knowledge, capabilities and responsibilities of providers of other services who are already at work in the community in related fields, such as teachers, social workers, professional auxiliary health service personnel, administrators, government planners, community leaders, clergy and family counsellors. Individuals working in service programmes for disabled persons should be trained to understand the reasons for, and importance of, seeking, stimulating and assisting the full participation of disabled persons and their families in decisions concerning care, treatment, rehabilitation and subsequent living and employment arrangements.

145. Special teacher training is a dynamic field, and wherever possible it should take place in the country in which the education is to be used, or at least in a place where the cultural background and level of development are not too different.

146. A prerequisite for successful integration is the provision of appropriate teacher-training programmes, both for ordinary teachers and special teachers. The concept of integrated education should be reflected in teacher-training programmes.

147. When training special teachers, it is important to cover as wide a spectrum as possible, since in many developing countries the special teacher will be a multidisciplinary team on his own. It

should be noted that a high level of training is not always necessary or desirable, and that the vast majority of personnel come from the middle and lower levels of training.

7. *Information and public education*

148. Member States should encourage a comprehensive public information programme about the rights, contributions and unmet needs of disabled persons that would reach all concerned, including the general public. In this connection, attitude change should be given special importance.

149. Guidelines should be developed in consultation with organizations of disabled persons to encourage the news media to give a sensitive and accurate portrayal of, as well as fair representation of, and reporting on, disabilities and disabled persons in radio, television, film, photography and print. An essential element in such guidelines would be that disabled persons should be able to present their problems to the public themselves and to suggest how they might be solved. The inclusion of information on the realities of disabilities in the curricula of journalists' training should be encouraged.

150. Public authorities are responsible for adapting their information so that it reaches everybody, including disabled persons. This does not apply only to the information mentioned above, but also to information concerning civil rights and obligations.

151. A public information programme should be designed to ensure that the most pertinent information reaches all appropriate segments of the population. In addition to the regular media and other normal channels of communication, attention should be given to:

(a) The preparation of special materials to inform disabled persons and their families of the rights, benefits and services available to them and of the steps to be taken to correct failures and abuses in the system. Such materials should be available in forms that can be used and understood by people with visual, hearing or other communication limitations;

(b) The preparation of special materials for groups within the population who are not easily reached by the normal channels of communication. Such groups may be separated by language, culture, levels of literacy, geographical distance and other factors;

(c) The preparation of pictorial material, audio-visual presentations and guidelines for use by community workers in remote areas and other situations where normal forms of communication may be less effective.

152. Member States should ensure that current information is available to disabled persons, their families and professionals regarding programmes and services, legislation, institutions, expertise, aids and devices etc.

153. The authorities responsible for public education should ensure the presentation of systematic information about the realities of disability and its consequences and about prevention, rehabilitation and the equalization of opportunities for disabled persons.

154. Disabled persons and their organizations should be given equal access, employment, adequate resources and professional training with regard to public information, so they may express themselves freely through the media and communicate their points of view and experiences to the general public.

C. International action

1. General aspects

155. The World Programme of Action, as adopted by the General Assembly, constitutes an international long-term plan based on extensive consultations with Governments, organs and bodies within the United Nations system and intergovernmental and non-governmental organizations, including organizations of and for disabled persons. Progress in reaching the goals of the Programme could be achieved more quickly, efficiently and economically if close co-operation were maintained at every level.

156. In view of the role that the Centre for Social Development and Humanitarian Affairs of the Department of International Economic and Social Affairs has been playing within the United Nations in the field of disability prevention, rehabilitation and equalization of opportunities for disabled persons, the Centre should be designated as the focal point for co-ordinating and monitoring the implementation of the World Programme of Action, including its review and appraisal.

157. The Trust Fund established by the General Assembly for the International Year of Disabled Persons should be used to meet requests for assistance from developing countries and organizations of disabled persons and to further the implementation of the World Programme of Action.

158. In general, there is a need to increase the flow of resources to developing countries to implement the objectives of the World Programme of Action. Therefore, the Secretary-General should explore new ways and means of raising funds and take the necessary follow-up measures for mobilizing resources. Voluntary contributions from Governments and from private sources should be encouraged.

159. The Administrative Committee on Co-ordination should consider the implications of the World Programme of Action for the organizations within the United Nations system and should use the existing mechanisms for continuing liaison and co-ordination of policy and action, including overall approaches on technical co-operation.

160. International non-governmental organizations should join in the co-operative effort to accomplish the objectives of the World Programme of Action. Existing relationships between such organizations and the United Nations system should be used for this purpose.

161. All international organizations and bodies are urged to co-operate with, and assist, organizations composed of, or representing, disabled persons and to ensure that they have opportunities to make their views known when subjects related to the World Programme of Action are discussed.

2. *Human rights*

162. In order to achieve the theme of the International Year of Disabled Persons, "Full participation and equality", it is strongly urged that the United Nations system makes all its facilities totally barrier-free, ensures that communication is fully available to sensory impaired persons, and adopts an affirmative action plan that includes administrative policies and practices to encourage the employment of disabled persons in the entire United Nations system.

163. In considering the status of disabled persons with respect to human rights, priority should be placed on the use of United Nations covenants and other instruments, as well as those of other international organizations within the United Nations system that protect the rights of all persons. This principle is consistent with the theme of the International Year of Disabled Persons, "Full participation and equality".

164. Specifically, organizations and bodies involved in the United Nations system responsible for the preparation and administration of international agreements, covenants and other instruments that might have a direct or indirect impact on disabled people should ensure that such instruments fully take into account the situation of persons who are disabled.

165. The States parties to the International Covenants on Human Rights should pay due attention, in their reports, to the application of the Covenants to the situation of disabled persons. The working group of the Economic and Social Council entrusted with the examination of reports under the International Covenant on Economic, Social and Cultural Rights and the Commission on Human Rights, which has the function of examining reports under the International Covenant on Civil and Political Rights, should pay due attention to this aspect of the reports.

166. Particular conditions may exist which inhibit the ability of disabled persons to exercise the human rights and freedoms recognized as universal to all mankind. Consideration should be given by the United Nations Commission on Human Rights to such conditions.

167. National Committees or similar co-ordinating bodies dealing with problems of disability should also pay attention to such conditions.

168. Incidences of gross violation of basic human rights, including torture, can be a cause of mental and physical disability. The Commission on Human Rights should give consideration, *inter alia*, to such violations for the purpose of taking appropriate ameliorative action.

169. The Commission on Human Rights should continue to consider methods of achieving international co-operation for the implementation of internationally recognized basic rights for all, including disabled persons.

3. *Technical and economic co-operation*

(a) Interregional assistance

170. The developing countries are experiencing increasing difficulties in mobilizing adequate resources for meeting the pressing needs of disabled persons and the millions of disadvantaged persons in these countries in the face of the pressing demands from high priority sectors such as agriculture, rural and industrial development, population control, etc., concerned with basic needs. Their efforts should therefore be supported by the international community, in line with paragraphs 82 and 83 above, and the flow of resources to developing countries should be substantially increased, as stated in the International Development Strategy for the Third United Nations Development Decade.

171. Inasmuch at most international technical co-operation and donor agencies can undertake to collaborate with national endeavours only on the basis of official requests from Governments, increased efforts should be made by all parties concerned with the establishment of programmes related to disabled persons to apprise Governments of the exact nature of the support that can be sought from these agencies.

172. The Vienna Affirmative Action Plan^h prepared by the World Symposium of Experts on Technical Co-operation among Developing Countries and Technical Assistance for Prevention of Disability and Rehabilitation of Disabled Persons, could serve as guidelines for the implementation of technical co-operation activities within the World Programme of Action.

173. Those organizations within the United Nations system that have a mandate, resources and experience in areas related to the World Programme should explore, with the Governments to which they are accredited, ways of adding to existing or planned projects in different sectors components that would respond to the specific needs of disabled persons and the prevention of disability.

174. All international organizations whose activities have a bearing on financial and technical co-operation should be encouraged to ensure that priority is accorded to requests from Member States for assistance in the prevention of disability, rehabilitation and the equalization of opportunities which are in accordance with their natural priorities. Such measures will ensure the allocation of increased resources for both capital investment and recurrent

expenditure for services related to prevention, rehabilitation and equalization of opportunities. This action should be reflected in the programmes for economic and social development of all multilateral and bilateral aid agencies, including technical co-operation among developing countries.

175. In seeking to collaborate with Governments to serve better the needs of disabled persons, the various United Nations organizations, as well as bilateral and private institutions, should closely co-ordinate their inputs in order to contribute more efficiently to the attainment of established goals.

176. As most of the United Nations organizations involved already have the specific responsibility of promoting the establishment of projects or the addition of project components directed towards disabled persons, a clearer division of responsibilities, as set out below, should be established among them in order to improve the response of the United Nations system to the challenge of the International Year of Disabled Persons and the World Programme of Action:

(a) The United Nations and, in particular, the Department of Technical Co-operation for Development should, together with the specialized agencies and other intergovernmental and non-governmental organizations, carry out technical co-operation activities in support of the implementation of the World Programme of Action; in this connection, the Centre for Social Development and Humanitarian Affairs of the Department of International Economic and Social Affairs should continue to give substantive support, in the implementation of the World Programme of Action, to technical co-operation, projects and activities;

(b) The United Nations Development Programme should continue to use its field establishment to give considerable attention, within its normal programmes and procedures, to project requests from Governments that specially respond to the needs of disabled persons and to prevention of disability. It should particularly encourage technical co-operation in the field of disability prevention, rehabilitation and equalization of opportunities by using its various programmes and services, such as technical co-operation among developing countries, global and interregional projects and the Interim Fund for Science and Technology;

(c) The main efforts of UNICEF would continue to be directed towards better preventive measures involving greater sup-

port for maternal and child health services, health education, disease control and the improvement of nutrition; for those who are already disabled, UNICEF encourages the development of integrated education projects and supports rehabilitation activities at the community level, using inexpensive local resources;

(d) The specialized agencies, within their mandate and sectoral responsibilities, should give, on the basis of requests from Governments, still greater emphasis to efforts to help meet the needs of disabled persons by using the chances offered to them through the programming processes of individual countries and the establishment of regional, interregional and global projects, as well as through the use of their own resources, when feasible. Their different spheres of responsibility in this respect should be as follows: ILO—vocational rehabilitation and occupational safety and health; UNESCO—education of disabled children and adults; WHO—prevention of disability and medical rehabilitation; FAO—improvement of nutrition;

(e) In their lending activities, multilateral financial institutions should take into serious consideration the objectives and proposals of the World Programme of Action.

(b) Regional and bilateral assistance

177. The regional commissions of the United Nations and other regional bodies should encourage regional and subregional co-operation in the area of prevention of disability, rehabilitation of disabled persons and equalization of opportunities. They should monitor progress in their regions, identify needs, collect and analyse information, sponsor action-oriented research, supply advisory services and engage in technical co-operation activities. They should include in their action plans research and development, preparation of information materials and the training of personnel; and they should, as an interim measure, facilitate activities in the field of technical co-operation among developing countries which are related to the objectives of the World Programme of Action. They should promote the development of organizations of disabled persons as an essential resource in developing the activities referred to earlier in this paragraph.

178. Member States, in co-operation with regional bodies and commissions, should be encouraged to establish regional (or sub-regional) institutes or offices to promote the interests of persons with a disability, in consultation with organizations of disabled persons and the appropriate international organizations. Other

functions should be to promote the activities mentioned above. It is important to understand that the function of the institutes is not to provide direct services but to promote innovative concepts like community based rehabilitation, co-ordination, information, training and advice in organizational development of disabled persons.

179. Donor countries should attempt to find the means within their bilateral and multilateral technical assistance programmes to respond to requests for assistance from Member States relating to national or regional measures in the area of prevention, rehabilitation and the equalization of opportunities. These measures should include assistance to appropriate agencies and/or organizations to expand co-operative arrangements within and between regions. Technical co-operation agencies should actively recruit disabled persons at all levels and functions, including field positions.

4. *Information and public education*

180. The United Nations should carry out and continue activities to increase public awareness of the objectives of the World Programme of Action. To this end the substantive offices should regularly and automatically furnish the Department of Public Information (DPI) with information on their activities so as to enable it to publicize these activities through press releases, features, newsletters, fact sheets, booklets, radio and television interviews and in any other appropriate forms.

181. All agencies involved in projects and programmes that are connected with the World Programme of Action should continue in their endeavours to inform the public. Research should be undertaken by those agencies whose fields of specialization require involvement in such activity.

182. The United Nations, in collaboration with the specialized agencies concerned, should develop innovative approaches using a variety of media for conveying information, including the principles and objectives of the World Programme of Action, to audiences not regularly reached by conventional media or which are unaccustomed to using such media.

183. International organizations should assist national and community bodies in the preparation of public education programmes by suggesting curricula and providing teaching materials and background information about the objectives of the World Programme of Action.

D. Research

184. In view of the little knowledge that is available as to the place of the disabled person within different cultures, which in turn determine attitudes and behaviour patterns, there is a need to undertake studies focusing on the socio-cultural aspects of disability. This will give a more perceptive understanding of the relations between non-disabled and disabled persons in different cultures. The results of such studies will make it possible to propose approaches suited to the realities of the human environment. Furthermore, an effort should be made to develop social indicators relating to the education of disabled persons so as to analyse the problems involved and plan programmes accordingly.

185. Member States should develop a programme of research on the causes, types and incidence of impairment and disability, the economic and social conditions of disabled persons, and the availability and efficacy of existing resources to deal with these matters.

186. Research into the social, economic and participation issues that affect the lives of disabled persons and their families, and the ways these matters are dealt with by society, is of particular importance. Research data may be obtained through national statistical offices and census bureaux; however, it should be noted that a household survey programme designed to collect information about disability issues is more likely to produce useful results than a general census of the population.

187. There is also a need to encourage research with a view to developing better aids and equipment for disabled persons. Particular efforts should be devoted to finding solutions which are suited to the technological and economic conditions in developing countries.

188. The United Nations and its specialized agencies should follow the trends of international research into disability and related research issues to identify existing needs and priorities, while emphasizing innovative approaches to all forms of action recommended in the World Programme of Action.

189. The United Nations should encourage and assist in research projects designed to increase knowledge about the issues covered in the World Programme of Action. It is necessary for the United Nations to be familiar with research findings from various countries and to be aware of research proposals now pending approval. The United Nations also needs to give increased attention to

research results and to stress their use and their dissemination. A permanent link with bibliographical retrieval systems is highly recommended.

190. The regional commissions of the United Nations and other regional bodies should include in their action plans research activities to assist Governments in implementing the proposals contained in the World Programme of Action. The key to maximizing the effectiveness of research expenditure for the disabled is the dissemination and sharing of information on the results of research. International governmental and non-governmental agencies should play an active role in establishing collaborative mechanisms between regional and local institutions for joint studies and for the exchange of information.

191. Research at the medical, psychological and social levels offers the promise of reducing physical, mental and social disability. There is a need to develop programmes which include the identification of areas where the probability of progress through research is high. The difference between industrialized countries and developing countries should not prevent the development of fruitful collaboration since many problems are of universal concern.

192. Studies in the following fields are of value to both developing and developed countries:

(a) Clinical research into the containment of those events which cause disability; evaluation of the individual's functional capacity from the medical, psychological and social aspects, evaluation of rehabilitation programmes, including information aspects;

(b) Studies into the prevalence of disability, the functional limitations of the disabled, the conditions under which they live and the problems they face;

(c) Health and social service research, including research into the gains and costs of different rehabilitation and care policies, ways of making programmes as effective as possible and a search for alternative approaches. Studies on community care of disabled persons would be particularly relevant to developing countries, and the study and evaluation of experiments, as well as comprehensive demonstration programmes, would be of value to all. Much information is available which could be productive for secondary analysis.

193. Health and social science research institutions should be encouraged to undertake research and to collect information on disabled persons. Applied research activities are of particular value in the development of new techniques for the delivery of services, the preparation of information materials appropriate for different language and culture groups, and the training of personnel under conditions relevant to the region.

E. Monitoring and evaluation

194. It is essential that assessment of the situation relating to disabled persons should be carried out periodically and that a baseline should be established to measure developments. The most important criteria for evaluating the World Programme of Action are suggested by the theme of the International Year of Disabled Persons, "Full participation and equality". Monitoring and evaluation should be carried out at periodic intervals at the international and regional levels, as well as at the national level. Evaluation indicators should be selected by the United Nations Department of International Economic and Social Affairs in consultation with Member States and relevant United Nations agencies and other organizations.

195. The United Nations system should carry out a critical periodic evaluation of progress made in implementing the World Programme of Action and to that end should select appropriate indicators for evaluation in consultation with Member States. The Commission for Social Development should play an important role in this respect. The United Nations, together with the specialized agencies, should develop, on a continuing basis, suitable systems for the collection and dissemination of information so as to ensure the improvement of programmes at all levels on the basis of evaluation results. In this connection, the Centre for Social Development and Humanitarian Affairs should have an important role to play.

196. The regional commissions should be requested to carry out monitoring and evaluation functions that would contribute to the global assessments carried out at the international level. Other regional and intergovernmental bodies should be encouraged to take part in this process.

197. At the national level, an evaluation of programmes relating to disabled persons should be carried out periodically.

198. The Statistical Office is urged, together with other units of the Secretariat, the specialized agencies and regional commissions, to co-operate with the developing countries in evolving a realistic and practical system of data collection based either on total enumeration or on representative samples, as may be appropriate, in regard to various disabilities, and in particular, to prepare technical manuals/documents on how to use household surveys for the collection of such statistics, to be used as essential tools and frames of reference for launching action programmes in the post-IYDP years to ameliorate the condition of disabled persons.

199. In this extensive exercise the United Nations Centre for Social Development and Humanitarian Affairs should play a major role, supported by the United Nations Statistical Office.

200. The Secretary-General should report periodically on efforts by the United Nations and the specialized agencies to hire more disabled persons and to make their facilities and information more accessible to disabled persons.

201. On the basis of the results of the periodic evaluation and of developments in the world economic and social situation, it may be necessary periodically to revise the World Programme of Action. These revisions should take place every five years, the first being in 1987, based upon a report of the Secretary-General to the General Assembly at its forty-second session. The review should also constitute an input to the process of review and appraisal of the International Development Strategy for the Third United Nations Development Decade.

NOTES

- ^a International Classification of Impairments, Disabilities and Handicaps (ICIDH), World Health Organization, Geneva, 1980
- ^b General Assembly resolution 2200 A (XXI)
- ^c General Assembly resolution 2856 (XXVI)
- ^d General Assembly resolution 3447 (XXX)
- ^e General Assembly resolution 2542 (XXIV)
- ^f United Nations document A/36/766
- ^g General Assembly resolution 35/56
- ^h United Nations document IYDP/SYMP/L.2/Rev.1 of 16 March 1982

The Standard Rules on the Equalization of
Opportunities for Persons with
Disabilities (1993)

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted by the United Nations General Assembly at its 48th session on 20 December 1993 (Resolution 48/96).

This text of the Standard Rules is printed in large type to assist visually impaired persons.

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United Nations, 1994

Standard Rules on the Equalization of Opportunities for Persons with Disabilities

INTRODUCTION

Background and current needs
Previous international action
Towards standard rules
Purpose and content of the Standard Rules on the Equalization of
Opportunities for Persons with Disabilities
Fundamental concepts in disability policy

PREAMBLE

I. PRECONDITIONS FOR EQUAL PARTICIPATION

Rule 1. Awareness-raising
Rule 2. Medical care
Rule 3. Rehabilitation
Rule 4. Support services

II. TARGET AREAS FOR EQUAL PARTICIPATION

Rule 5. Accessibility
Rule 6. Education
Rule 7. Employment
Rule 8. Income maintenance and social security
Rule 9. Family life and personal integrity
Rule 10. Culture
Rule 11. Recreation and sports
Rule 12. Religion

III. IMPLEMENTATION MEASURES

- Rule 13. Information and research
- Rule 14. Policy-making and planning
- Rule 15. Legislation
- Rule 16. Economic policies
- Rule 17. Coordination of work
- Rule 18. Organizations of persons with disabilities
- Rule 19. Personnel training
- Rule 20. National monitoring and evaluation of disability programmes
in the implementation of the Rules
- Rule 21. Technical and economic cooperation
- Rule 22. International cooperation

IV. MONITORING MECHANISM

INTRODUCTION

Background and current needs

1. There are persons with disabilities in all parts of the world and at all levels in every society. The number of persons with disabilities in the world is large and is growing.
2. Both the causes and the consequences of disability vary throughout the world. Those variations are the result of different socio-economic circumstances and of the different provisions that States make for the well-being of their citizens.
3. Present disability policy is the result of developments over the past 200 years. In many ways it reflects the general living conditions and social and economic policies of different times. In the disability field, however, there are also many specific circumstances that have influenced the living conditions of persons with disabilities. Ignorance, neglect, superstition and fear are social factors that throughout the history of disability have isolated persons with disabilities and delayed their development.
4. Over the years disability policy developed from elementary care at institutions to education for children with disabilities and rehabilitation for persons who became disabled during adult life. Through education and rehabilitation, persons with disabilities became more active and a driving force in the further development of disability policy. Organizations of persons with disabilities, their families and advocates were formed, which advocated better conditions for persons with disabilities. After the Second World War the concepts of integration and normalization were introduced, which reflected a growing awareness of the capabilities of persons with disabilities.
5. Towards the end of the 1960s organizations of persons with disabilities in some countries started to formulate a new concept of disability. That new concept indicated the close connection between the limitation experienced by

individuals with disabilities, the design and structure of their environments and the attitude of the general population. At the same time the problems of disability in developing countries were more and more highlighted. In some of those countries the percentage of the population with disabilities was estimated to be very high and, for the most part, persons with disabilities were extremely poor.

Previous international action

6. The rights of persons with disabilities have been the subject of much attention in the United Nations and other international organizations over a long period of time. The most important outcome of the International Year of Disabled Persons, 1981, was the World Programme of Action concerning Disabled Persons,¹ adopted by the General Assembly by its resolution 37/52 of 3 December 1982. The Year and the World Programme of Action provided a strong impetus for progress in the field. They both emphasized the right of persons with disabilities to the same opportunities as other citizens and to an equal share in the improvements in living conditions resulting from economic and social development. There also, for the first time, handicap was defined as a function of the relationship between persons with disabilities and their environment.

7. The Global Meeting of Experts to Review the Implementation of the World Programme of Action concerning Disabled Persons at the Mid-Point of the United Nations Decade of Disabled Persons was held at Stockholm in 1987. It was suggested at the Meeting that a guiding philosophy should be developed to indicate the priorities for action in the years ahead. The basis of that philosophy should be the recognition of the rights of persons with disabilities.

8. Consequently, the Meeting recommended that the General Assembly convene a special conference to draft an international convention on the elimination of all forms of discrimination against persons with disabilities, to be ratified by States by the end of the Decade.

¹A/37/351/Add.1 and Corr.1, annex, sect. VIII, recommendation 1 (IV).

9. A draft outline of the convention was prepared by Italy and presented to the General Assembly at its forty-second session. Further presentations concerning a draft convention were made by Sweden at the forty-fourth session of the Assembly. However, on both occasions, no consensus could be reached on the suitability of such a convention. In the opinion of many representatives, existing human rights documents seemed to guarantee persons with disabilities the same rights as other persons.

Towards standard rules

10. Guided by the deliberations in the General Assembly, the Economic and Social Council, at its first regular session of 1990, finally agreed to concentrate on the elaboration of an international instrument of a different kind. By its resolution 1990/26 of 24 May 1990, the Council authorized the Commission for Social Development to consider, at its thirty-second session, the establishment of an ad hoc open-ended working group of government experts, funded by voluntary contributions, to elaborate standard rules on the equalization of opportunities for disabled children, youth and adults, in close collaboration with the specialized agencies, other intergovernmental bodies and non-governmental organizations, especially organizations of disabled persons. The Council also requested the Commission to finalize the text of those rules for consideration in 1993 and for submission to the General Assembly at its forty-eighth session.

11. The subsequent discussions in the Third Committee of the General Assembly at the forty-fifth session showed that there was wide support for the new initiative to elaborate standard rules on the equalization of opportunities for persons with disabilities.

12. At the thirty-second session of the Commission for Social Development, the initiative for standard rules received the support of a large number of representatives and discussions led to the adoption of resolution 32/2 of 20 February 1991, in which the Commission decided to establish an ad hoc open-ended working group in accordance with Economic and Social Council resolution 1990/26.

Purpose and content of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities

13. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities have been developed on the basis of the experience gained during the United Nations Decade of Disabled Persons (1983-1992).² The International Bill of Human Rights, comprising the Universal Declaration of Human Rights,³ the International Covenant on Economic, Social and Cultural Rights⁴ and the International Covenant on Civil and Political Rights,⁴ the Convention on the Rights of the Child⁵ and the Convention on the Elimination of All Forms of Discrimination against Women,⁶ as well as the World Programme of Action concerning Disabled Persons, constitute the political and moral foundation for the Rules.

14. Although the Rules are not compulsory, they can become international customary rules when they are applied by a great number of States with the intention of respecting a rule in international law. They imply a strong moral and political commitment on behalf of States to take action for the equalization of opportunities for persons with disabilities. Important principles for responsibility, action and cooperation are indicated. Areas of decisive importance for the quality of life and for the achievement of full participation and equality are pointed out. The Rules offer an instrument for policy-making and action to persons with disabilities and their organizations. They provide a basis for technical and economic cooperation among States, the United Nations and other international organizations.

15. The purpose of the Rules is to ensure that girls, boys, women and men with disabilities, as members of their societies, may exercise the same rights and obligations as others. In all societies of the world there are still obstacles

²Proclaimed by the General Assembly in its resolution 37/53.

³Resolution 217 A (III).

⁴See resolution 2200 A (XXI), annex.

⁵Resolution 44/25, annex.

⁶Resolution 34/180, annex.

preventing persons with disabilities from exercising their rights and freedoms and making it difficult for them to participate fully in the activities of their societies. It is the responsibility of States to take appropriate action to remove such obstacles. Persons with disabilities and their organizations should play an active role as partners in this process. The equalization of opportunities for persons with disabilities is an essential contribution in the general and worldwide effort to mobilize human resources. Special attention may need to be directed towards groups such as women, children, the elderly, the poor, migrant workers, persons with dual or multiple disabilities, indigenous people and ethnic minorities. In addition, there are a large number of refugees with disabilities who have special needs requiring attention.

Fundamental concepts in disability policy

16. The concepts set out below appear throughout the Rules. They are essentially built on the concepts in the World Programme of Action concerning Disabled Persons. In some cases they reflect the development that has taken place during the United Nations Decade of Disabled Persons.

Disability and handicap

17. The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

18. The term "handicap" means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms.

19. The use of the two terms "disability" and "handicap", as defined in paragraphs 17 and 18 above, should be seen in the light of modern disability history. During the 1970s there was a strong reaction among representatives of organizations of persons with disabilities and professionals in the field of disability against the terminology of the time. The terms "disability" and "handicap" were often used in an unclear and confusing way, which gave poor guidance for policy-making and for political action. The terminology reflected a medical and diagnostic approach, which ignored the imperfections and deficiencies of the surrounding society.

20. In 1980, the World Health Organization adopted an international classification of impairments, disabilities and handicaps, which suggested a more precise and at the same time relativistic approach. The International Classification of Impairments, Disabilities, and Handicaps⁷ makes a clear distinction between "impairment", "disability" and "handicap". It has been extensively used in areas such as rehabilitation, education, statistics, policy, legislation, demography, sociology, economics and anthropology. Some users have expressed concern that the Classification, in its definition of the term "handicap", may still be considered too medical and too centred on the individual, and may not adequately clarify the interaction between societal conditions or expectations and the abilities of the individual. Those concerns, and others expressed by users during the 12 years since its publication, will be addressed in forthcoming revisions of the Classification.

21. As a result of experience gained in the implementation of the World Programme of Action and of the general discussion that took place during the United Nations Decade of Disabled Persons, there was a deepening of knowledge and extension of understanding concerning disability issues and the terminology used. Current terminology recognizes the necessity of addressing both the individual needs (such as rehabilitation and technical aids) and the shortcomings of the society (various obstacles for participation).

⁷World Health Organization, *International Classification of Impairments, Disabilities, and Handicaps: A manual of classification relating to the consequences of disease* (Geneva, 1980).

Prevention

22. The term "prevention" means action aimed at preventing the occurrence of physical, intellectual, psychiatric or sensory impairments (primary prevention) or at preventing impairments from causing a permanent functional limitation or disability (secondary prevention). Prevention may include many different types of action, such as primary health care, prenatal and postnatal care, education in nutrition, immunization campaigns against communicable diseases, measures to control endemic diseases, safety regulations, programmes for the prevention of accidents in different environments, including adaptation of workplaces to prevent occupational disabilities and diseases, and prevention of disability resulting from pollution of the environment or armed conflict.

Rehabilitation

23. The term "rehabilitation" refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.

Equalization of opportunities

24. The term "equalization of opportunities" means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities.

25. The principle of equal rights implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for the planning of societies and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation.

26. Persons with disabilities are members of society and have the right to remain within their local communities. They should receive the support they need within the ordinary structures of education, health, employment and social services.

27. As persons with disabilities achieve equal rights, they should also have equal obligations. As those rights are being achieved, societies should raise their expectations of persons with disabilities. As part of the process of equal opportunities, provision should be made to assist persons with disabilities to assume their full responsibility as members of society.

PREAMBLE

States,

Mindful of the pledge made, under the Charter of the United Nations, to take joint and separate action in cooperation with the Organization to promote higher standards of living, full employment, and conditions of economic and social progress and development,

Reaffirming the commitment to human rights and fundamental freedoms, social justice and the dignity and worth of the human person proclaimed in the Charter,

Recalling in particular the international standards on human rights, which have been laid down in the Universal Declaration of Human Rights,³ the International Covenant on Economic, Social and Cultural Rights⁴ and the International Covenant on Civil and Political Rights,⁴

Underlining that those instruments proclaim that the rights recognized therein should be ensured equally to all individuals without discrimination,

Recalling the Convention on the Rights of the Child,⁵ which prohibits discrimination on the basis of disability and requires special measures to ensure the rights of children with disabilities, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,⁸ which provides for some protective measures against disability,

Recalling also the provisions in the Convention on the Elimination of All Forms of Discrimination against Women⁶ to ensure the rights of girls and women with disabilities,

⁸Resolution 45/158, annex.

Having regard to the Declaration on the Rights of Disabled Persons,⁹ the Declaration on the Rights of Mentally Retarded Persons,¹⁰ the Declaration on Social Progress and Development,¹¹ the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care¹² and other relevant instruments adopted by the General Assembly,

Also having regard to the relevant conventions and recommendations adopted by the International Labour Organisation, with particular reference to participation in employment without discrimination for persons with disabilities,

Mindful of the relevant recommendations and work of the United Nations Educational, Scientific and Cultural Organization, in particular the World Declaration on Education for All,¹³ the World Health Organization, the United Nations Children's Fund and other concerned organizations,

Having regard to the commitment made by States concerning the protection of the environment,

Mindful of the devastation caused by armed conflict and deploring the use of scarce resources in the production of weapons,

Recognizing that the World Programme of Action concerning Disabled Persons and the definition therein of equalization of opportunities represent earnest ambitions on the part of the international community to render those various international instruments and recommendations of practical and concrete significance,

⁹Resolution 3447 (XXX).

¹⁰Resolution 2856 (XXVI).

¹¹Resolution 2542 (XXIV).

¹²Resolution 46/119, annex.

¹³*Final Report of the World Conference on Education for All: Meeting Basic Learning Needs, Jomtien, Thailand, 5-9 March 1990*, Inter-Agency Commission (UNDP, UNESCO, UNICEF, World Bank) for the World Conference on Education for All, New York, 1990, appendix 1.

Acknowledging that the objective of the United Nations Decade of Disabled Persons (1983-1992) to implement the World Programme of Action is still valid and requires urgent and continued action,

Recalling that the World Programme of Action is based on concepts that are equally valid in developing and industrialized countries,

Convinced that intensified efforts are needed to achieve the full and equal enjoyment of human rights and participation in society by persons with disabilities,

Re-emphasizing that persons with disabilities, and their parents, guardians, advocates and organizations, must be active partners with States in the planning and implementation of all measures affecting their civil, political, economic, social and cultural rights,

In pursuance of Economic and Social Council resolution 1990/26, and basing themselves on the specific measures required for the attainment by persons with disabilities of equality with others, enumerated in detail in the World Programme of Action,

Have adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities outlined below, in order:

- (a) To stress that all action in the field of disability presupposes adequate knowledge and experience of the conditions and special needs of persons with disabilities;
- (b) To emphasize that the process through which every aspect of societal organization is made accessible to all is a basic objective of socio-economic development;
- (c) To outline crucial aspects of social policies in the field of disability, including, as appropriate, the active encouragement of technical and economic cooperation;

- (d) To provide models for the political decision-making process required for the attainment of equal opportunities, bearing in mind the widely differing technical and economic levels, the fact that the process must reflect keen understanding of the cultural context within which it takes place and the crucial role of persons with disabilities in it;
- (e) To propose national mechanisms for close collaboration among States, the organs of the United Nations system, other intergovernmental bodies and organizations of persons with disabilities;
- (f) To propose an effective machinery for monitoring the process by which States seek to attain the equalization of opportunities for persons with disabilities.

I. PRECONDITIONS FOR EQUAL PARTICIPATION

Rule 1. Awareness-raising

States should take action to raise awareness in society about persons with disabilities, their rights, their needs, their potential and their contribution.

1. States should ensure that responsible authorities distribute up-to-date information on available programmes and services to persons with disabilities, their families, professionals in the field and the general public. Information to persons with disabilities should be presented in accessible form.
2. States should initiate and support information campaigns concerning persons with disabilities and disability policies, conveying the message that persons with disabilities are citizens with the same rights and obligations as others, thus justifying measures to remove all obstacles to full participation.
3. States should encourage the portrayal of persons with disabilities by the mass media in a positive way; organizations of persons with disabilities should be consulted on this matter.
4. States should ensure that public education programmes reflect in all their aspects the principle of full participation and equality.
5. States should invite persons with disabilities and their families and organizations to participate in public education programmes concerning disability matters.
6. States should encourage enterprises in the private sector to include disability issues in all aspects of their activity.
7. States should initiate and promote programmes aimed at raising the level of awareness of persons with disabilities concerning their rights and potential. Increased self-reliance and empowerment will assist persons with disabilities to take advantage of the opportunities available to them.

8. Awareness-raising should be an important part of the education of children with disabilities and in rehabilitation programmes. Persons with disabilities could also assist one another in awareness-raising through the activities of their own organizations.
9. Awareness-raising should be part of the education of all children and should be a component of teacher-training courses and training of all professionals.

Rule 2. Medical care

States should ensure the provision of effective medical care to persons with disabilities.

1. States should work towards the provision of programmes run by multidisciplinary teams of professionals for early detection, assessment and treatment of impairment. This could prevent, reduce or eliminate disabling effects. Such programmes should ensure the full participation of persons with disabilities and their families at the individual level, and of organizations of persons with disabilities at the planning and evaluation level.
2. Local community workers should be trained to participate in areas such as early detection of impairments, the provision of primary assistance and referral to appropriate services.
3. States should ensure that persons with disabilities, particularly infants and children, are provided with the same level of medical care within the same system as other members of society.
4. States should ensure that all medical and paramedical personnel are adequately trained and equipped to give medical care to persons with disabilities and that they have access to relevant treatment methods and technology.
5. States should ensure that medical, paramedical and related personnel are adequately trained so that they do not give inappropriate advice to parents, thus restricting options for their children. This training should be an ongoing process and should be based on the latest information available.

6. States should ensure that persons with disabilities are provided with any regular treatment and medicines they may need to preserve or improve their level of functioning.

Rule 3. Rehabilitation*

States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.

1. States should develop national rehabilitation programmes for all groups of persons with disabilities. Such programmes should be based on the actual individual needs of persons with disabilities and on the principles of full participation and equality.
2. Such programmes should include a wide range of activities, such as basic skills training to improve or compensate for an affected function, counselling of persons with disabilities and their families, developing self-reliance, and occasional services such as assessment and guidance.
3. All persons with disabilities, including persons with severe and/or multiple disabilities, who require rehabilitation should have access to it.
4. Persons with disabilities and their families should be able to participate in the design and organization of rehabilitation services concerning themselves.
5. All rehabilitation services should be available in the local community where the person with disabilities lives. However, in some instances, in order to attain a certain training objective, special time-limited rehabilitation courses may be organized, where appropriate, in residential form.

*Rehabilitation is a fundamental concept in disability policy and is defined above in paragraph 23 of the introduction.

6. Persons with disabilities and their families should be encouraged to involve themselves in rehabilitation, for instance as trained teachers, instructors or counsellors.

7. States should draw upon the expertise of organizations of persons with disabilities when formulating or evaluating rehabilitation programmes.

Rule 4. Support services

States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

1. States should ensure the provision of assistive devices and equipment, personal assistance and interpreter services, according to the needs of persons with disabilities, as important measures to achieve the equalization of opportunities.

2. States should support the development, production, distribution and servicing of assistive devices and equipment and the dissemination of knowledge about them.

3. To achieve this, generally available technical know-how should be utilized. In States where high-technology industry is available, it should be fully utilized to improve the standard and effectiveness of assistive devices and equipment. It is important to stimulate the development and production of simple and inexpensive devices, using local material and local production facilities when possible. Persons with disabilities themselves could be involved in the production of those devices.

4. States should recognize that all persons with disabilities who need assistive devices should have access to them as appropriate, including financial accessibility. This may mean that assistive devices and equipment should be provided free of charge or at such a low price that persons with disabilities or their families can afford to buy them.

5. In rehabilitation programmes for the provision of assistive devices and equipment, States should consider the special requirements of girls and boys with disabilities concerning the design, durability and age-appropriateness of assistive devices and equipment.

II. TARGET AREAS FOR EQUAL PARTICIPATION

Rule 5. Accessibility

States should recognize the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society. For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

(a) Access to the physical environment

1. States should initiate measures to remove the obstacles to participation in the physical environment. Such measures should be to develop standards and guidelines and to consider enacting legislation to ensure accessibility to various areas in society, such as housing, buildings, public transport services and other means of transportation, streets and other outdoor environments.
2. States should ensure that architects, construction engineers and others who are professionally involved in the design and construction of the physical environment have access to adequate information on disability policy and measures to achieve accessibility.
3. Accessibility requirements should be included in the design and construction of the physical environment from the beginning of the designing process.
4. Organizations of persons with disabilities should be consulted when standards and norms for accessibility are being developed. They should also be involved locally from the initial planning stage when public construction projects are being designed, thus ensuring maximum accessibility.

(b) Access to information and communication

5. Persons with disabilities and, where appropriate, their families and advocates should have access to full information on diagnosis, rights and available services and programmes, at all stages. Such information should be presented in forms accessible to persons with disabilities.

6. States should support the development and provision of personal assistance programmes and interpretation services, especially for persons with severe and/or multiple disabilities. Such programmes would increase the level of participation of persons with disabilities in everyday life at home, at work, in school and during leisure-time activities.

7. Personal assistance programmes should be designed in such a way that the persons with disabilities using the programmes have a decisive influence on the way in which the programmes are delivered.

6. States should develop strategies to make information services and documentation accessible for different groups of persons with disabilities. Braille, tape services, large print and other appropriate technologies should be used to provide access to written information and documentation for persons with visual impairments. Similarly, appropriate technologies should be used to provide access to spoken information for persons with auditory impairments or comprehension difficulties.
7. Consideration should be given to the use of sign language in the education of deaf children, in their families and communities. Sign language interpretation services should also be provided to facilitate the communication between deaf persons and others.
8. Consideration should also be given to the needs of people with other communication disabilities.
9. States should encourage the media, especially television, radio and newspapers, to make their services accessible.
10. States should ensure that new computerized information and service systems offered to the general public are either made initially accessible or are adapted to be made accessible to persons with disabilities.
11. Organizations of persons with disabilities should be consulted when measures to make information services accessible are being developed.

Rule 6. Education

States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

1. General educational authorities are responsible for the education of persons with disabilities in integrated settings. Education for persons with disabilities should form an integral part of national educational planning, curriculum development and school organization.

2. Education in mainstream schools presupposes the provision of interpreter and other appropriate support services. Adequate accessibility and support services, designed to meet the needs of persons with different disabilities, should be provided.
3. Parent groups and organizations of persons with disabilities should be involved in the education process at all levels.
4. In States where education is compulsory it should be provided to girls and boys with all kinds and all levels of disabilities, including the most severe.
5. Special attention should be given in the following areas:
 - (a) Very young children with disabilities;
 - (b) Pre-school children with disabilities;
 - (c) Adults with disabilities, particularly women.
6. To accommodate educational provisions for persons with disabilities in the mainstream, States should:
 - (a) Have a clearly stated policy, understood and accepted at the school level and by the wider community;
 - (b) Allow for curriculum flexibility, addition and adaptation;
 - (c) Provide for quality materials, ongoing teacher training and support teachers.
7. Integrated education and community-based programmes should be seen as complementary approaches in providing cost-effective education and training for persons with disabilities. National community-based programmes should encourage communities to use and develop their resources to provide local education to persons with disabilities.

8. In situations where the general school system does not yet adequately meet the needs of all persons with disabilities, special education may be considered. It should be aimed at preparing students for education in the general school system. The quality of such education should reflect the same standards and ambitions as general education and should be closely linked to it. At a minimum, students with disabilities should be afforded the same portion of educational resources as students without disabilities. States should aim for the gradual integration of special education services into mainstream education. It is acknowledged that in some instances special education may currently be considered to be the most appropriate form of education for some students with disabilities.

9. Owing to the particular communication needs of deaf and deaf/blind persons, their education may be more suitably provided in schools for such persons or special classes and units in mainstream schools. At the initial stage, in particular, special attention needs to be focused on culturally sensitive instruction that will result in effective communication skills and maximum independence for people who are deaf or deaf/blind.

Rule 7. Employment

States should recognize the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labour market.

1. Laws and regulations in the employment field must not discriminate against persons with disabilities and must not raise obstacles to their employment.

2. States should actively support the integration of persons with disabilities into open employment. This active support could occur through a variety of measures, such as vocational training, incentive-oriented quota schemes, reserved or designated employment, loans or grants for small business, exclusive contracts or priority production rights, tax concessions, contract compliance or other technical or financial assistance to enterprises employing workers with disabilities. States should also encourage employers to make reasonable adjustments to accommodate persons with disabilities.

3. States' action programmes should include:
 - (a) Measures to design and adapt workplaces and work premises in such a way that they become accessible to persons with different disabilities;
 - (b) Support for the use of new technologies and the development and production of assistive devices, tools and equipment and measures to facilitate access to such devices and equipment for persons with disabilities to enable them to gain and maintain employment;
 - (c) Provision of appropriate training and placement and ongoing support such as personal assistance and interpreter services.
4. States should initiate and support public awareness-raising campaigns designed to overcome negative attitudes and prejudices concerning workers with disabilities.
5. In their capacity as employers, States should create favourable conditions for the employment of persons with disabilities in the public sector.
6. States, workers' organizations and employers should cooperate to ensure equitable recruitment and promotion policies, employment conditions, rates of pay, measures to improve the work environment in order to prevent injuries and impairments and measures for the rehabilitation of employees who have sustained employment-related injuries.
7. The aim should always be for persons with disabilities to obtain employment in the open labour market. For persons with disabilities whose needs cannot be met in open employment, small units of sheltered or supported employment may be an alternative. It is important that the quality of such programmes be assessed in terms of their relevance and sufficiency in providing opportunities for persons with disabilities to gain employment in the labour market.
8. Measures should be taken to include persons with disabilities in training and employment programmes in the private and informal sectors.
9. States, workers' organizations and employers should cooperate with organizations of persons with disabilities concerning all measures to create

training and employment opportunities, including flexible hours, part-time work, job-sharing, self-employment and attendant care for persons with disabilities.

Rule 8. Income maintenance and social security

States are responsible for the provision of social security and income maintenance for persons with disabilities.

1. States should ensure the provision of adequate income support to persons with disabilities who, owing to disability or disability-related factors, have temporarily lost or received a reduction in their income or have been denied employment opportunities. States should ensure that the provision of support takes into account the costs frequently incurred by persons with disabilities and their families as a result of the disability.
2. In countries where social security, social insurance or other social welfare schemes exist or are being developed for the general population, States should ensure that such systems do not exclude or discriminate against persons with disabilities.
3. States should also ensure the provision of income support and social security protection to individuals who undertake the care of a person with a disability.
4. Social security systems should include incentives to restore the income-earning capacity of persons with disabilities. Such systems should provide or contribute to the organization, development and financing of vocational training. They should also assist with placement services.
5. Social security programmes should also provide incentives for persons with disabilities to seek employment in order to establish or re-establish their income-earning capacity.
6. Income support should be maintained as long as the disabling conditions remain in a manner that does not discourage persons with disabilities from seeking employment. It should only be reduced or terminated when persons with disabilities achieve adequate and secure income.

7. States, in countries where social security is to a large extent provided by the private sector, should encourage local communities, welfare organizations and families to develop self-help measures and incentives for employment or employment-related activities for persons with disabilities.

Rule 9. Family life and personal integrity

States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood.

1. Persons with disabilities should be enabled to live with their families. States should encourage the inclusion in family counselling of appropriate modules regarding disability and its effects on family life. Respite-care and attendant-care services should be made available to families which include a person with disabilities. States should remove all unnecessary obstacles to persons who want to foster or adopt a child or adult with disabilities.

2. Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, States should encourage the availability of appropriate counselling. Persons with disabilities must have the same access as others to family-planning methods, as well as to information in accessible form on the sexual functioning of their bodies.

3. States should promote measures to change negative attitudes towards marriage, sexuality and parenthood of persons with disabilities, especially of girls and women with disabilities, which still prevail in society. The media should be encouraged to play an important role in removing such negative attitudes.

4. Persons with disabilities and their families need to be fully informed about taking precautions against sexual and other forms of abuse. Persons with disabilities are particularly vulnerable to abuse in the family, community or institutions and need to be educated on how to avoid the occurrence of abuse, recognize when abuse has occurred and report on such acts.

Rule 10. Culture

States will ensure that persons with disabilities are integrated into and can participate in cultural activities on an equal basis.

1. States should ensure that persons with disabilities have the opportunity to utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of their community, be they in urban or rural areas. Examples of such activities are dance, music, literature, theatre, plastic arts, painting and sculpture. Particularly in developing countries, emphasis should be placed on traditional and contemporary art forms, such as puppetry, recitation and story-telling.
2. States should promote the accessibility to and availability of places for cultural performances and services, such as theatres, museums, cinemas and libraries, to persons with disabilities.
3. States should initiate the development and use of special technical arrangements to make literature, films and theatre accessible to persons with disabilities.

Rule 11. Recreation and sports

States will take measures to ensure that persons with disabilities have equal opportunities for recreation and sports.

1. States should initiate measures to make places for recreation and sports, hotels, beaches, sports arenas, gym halls, etc., accessible to persons with disabilities. Such measures should encompass support for staff in recreation and sports programmes, including projects to develop methods of accessibility, and participation, information and training programmes.
2. Tourist authorities, travel agencies, hotels, voluntary organizations and others involved in organizing recreational activities or travel opportunities should offer their services to all, taking into account the special needs of persons with disabilities. Suitable training should be provided to assist that process.

3. Sports organizations should be encouraged to develop opportunities for participation by persons with disabilities in sports activities. In some cases, accessibility measures could be enough to open up opportunities for participation. In other cases, special arrangements or special games would be needed. States should support the participation of persons with disabilities in national and international events.
4. Persons with disabilities participating in sports activities should have access to instruction and training of the same quality as other participants.
5. Organizers of sports and recreation should consult with organizations of persons with disabilities when developing their services for persons with disabilities.

Rule 12. Religion

States will encourage measures for equal participation by persons with disabilities in the religious life of their communities.

1. States should encourage, in consultation with religious authorities, measures to eliminate discrimination and make religious activities accessible to persons with disabilities.
2. States should encourage the distribution of information on disability matters to religious institutions and organizations. States should also encourage religious authorities to include information on disability policies in the training for religious professions, as well as in religious education programmes.
3. They should also encourage the accessibility of religious literature to persons with sensory impairments.
4. States and/or religious organizations should consult with organizations of persons with disabilities when developing measures for equal participation in religious activities.

III. IMPLEMENTATION MEASURES

Rule 13. Information and research

States assume the ultimate responsibility for the collection and dissemination of information on the living conditions of persons with disabilities and promote comprehensive research on all aspects, including obstacles that affect the lives of persons with disabilities.

1. States should, at regular intervals, collect gender-specific statistics and other information concerning the living conditions of persons with disabilities. Such data collection could be conducted in conjunction with national censuses and household surveys and could be undertaken in close collaboration, *inter alia*, with universities, research institutes and organizations of persons with disabilities. The data collection should include questions on programmes and services and their use.
2. States should consider establishing a data bank on disability, which would include statistics on available services and programmes as well as on the different groups of persons with disabilities. They should bear in mind the need to protect individual privacy and personal integrity.
3. States should initiate and support programmes of research on social, economic and participation issues that affect the lives of persons with disabilities and their families. Such research should include studies on the causes, types and frequencies of disabilities, the availability and efficacy of existing programmes and the need for development and evaluation of services and support measures.
4. States should develop and adopt terminology and criteria for the conduct of national surveys, in cooperation with organizations of persons with disabilities.
5. States should facilitate the participation of persons with disabilities in data collection and research. To undertake such research States should particularly encourage the recruitment of qualified persons with disabilities.
6. States should support the exchange of research findings and experiences.

7. States should take measures to disseminate information and knowledge on disability to all political and administration levels within national, regional and local spheres.

Rule 14. Policy-making and planning

States will ensure that disability aspects are included in all relevant policy-making and national planning.

1. States should initiate and plan adequate policies for persons with disabilities at the national level, and stimulate and support action at regional and local levels.
2. States should involve organizations of persons with disabilities in all decision-making relating to plans and programmes concerning persons with disabilities or affecting their economic and social status.
3. The needs and concerns of persons with disabilities should be incorporated into general development plans and not be treated separately.
4. The ultimate responsibility of States for the situation of persons with disabilities does not relieve others of their responsibility. Anyone in charge of services, activities or the provision of information in society should be encouraged to accept responsibility for making such programmes available to persons with disabilities.
5. States should facilitate the development by local communities of programmes and measures for persons with disabilities. One way of doing this could be to develop manuals or check-lists and provide training programmes for local staff.

Rule 15. Legislation

States have a responsibility to create the legal bases for measures to achieve the objectives of full participation and equality for persons with disabilities.

1. National legislation, embodying the rights and obligations of citizens, should include the rights and obligations of persons with disabilities. States are

under an obligation to enable persons with disabilities to exercise their rights, including their human, civil and political rights, on an equal basis with other citizens. States must ensure that organizations of persons with disabilities are involved in the development of national legislation concerning the rights of persons with disabilities, as well as in the ongoing evaluation of that legislation.

2. Legislative action may be needed to remove conditions that may adversely affect the lives of persons with disabilities, including harassment and victimization. Any discriminatory provisions against persons with disabilities must be eliminated. National legislation should provide for appropriate sanctions in case of violations of the principles of non-discrimination.

3. National legislation concerning persons with disabilities may appear in two different forms. The rights and obligations may be incorporated in general legislation or contained in special legislation. Special legislation for persons with disabilities may be established in several ways:

- (a) By enacting separate legislation, dealing exclusively with disability matters;
- (b) By including disability matters within legislation on particular topics;
- (c) By mentioning persons with disabilities specifically in the texts that serve to interpret existing legislation.

A combination of those different approaches might be desirable. Affirmative action provisions may also be considered.

4. States may consider establishing formal statutory complaints mechanisms in order to protect the interests of persons with disabilities.

Rule 16. Economic policies

States have the financial responsibility for national programmes and measures to create equal opportunities for persons with disabilities.

1. States should include disability matters in the regular budgets of all national, regional and local government bodies.

2. States, non-governmental organizations and other interested bodies should interact to determine the most effective ways of supporting projects and measures relevant to persons with disabilities.
3. States should consider the use of economic measures (loans, tax exemptions, earmarked grants, special funds, and so on) to stimulate and support equal participation by persons with disabilities in society.
4. In many States it may be advisable to establish a disability development fund, which could support various pilot projects and self-help programmes at the grass-roots level.

Rule 17. Coordination of work

States are responsible for the establishment and strengthening of national coordinating committees, or similar bodies, to serve as a national focal point on disability matters.

1. The national coordinating committee or similar bodies should be permanent and based on legal as well as appropriate administrative regulation.
2. A combination of representatives of private and public organizations is most likely to achieve an intersectoral and multidisciplinary composition. Representatives could be drawn from concerned government ministries, organizations of persons with disabilities and non-governmental organizations.
3. Organizations of persons with disabilities should have considerable influence in the national coordinating committee in order to ensure proper feedback of their concerns.
4. The national coordinating committee should be provided with sufficient autonomy and resources to fulfil its responsibilities in relation to its decision-making capacities. It should report to the highest governmental level.

Rule 18. Organizations of persons with disabilities

States should recognize the right of the organizations of persons with disabilities to represent persons with disabilities at national, regional and local levels.

States should also recognize the advisory role of organizations of persons with disabilities in decision-making on disability matters.

1. States should encourage and support economically and in other ways the formation and strengthening of organizations of persons with disabilities, family members and/or advocates. States should recognize that those organizations have a role to play in the development of disability policy.
2. States should establish ongoing communication with organizations of persons with disabilities and ensure their participation in the development of government policies.
3. The role of organizations of persons with disabilities could be to identify needs and priorities, to participate in the planning, implementation and evaluation of services and measures concerning the lives of persons with disabilities, and to contribute to public awareness and to advocate change.
4. As instruments of self-help, organizations of persons with disabilities provide and promote opportunities for the development of skills in various fields, mutual support among members and information sharing.
5. Organizations of persons with disabilities could perform their advisory role in many different ways such as having permanent representation on boards of government-funded agencies, serving on public commissions and providing expert knowledge on different projects.
6. The advisory role of organizations of persons with disabilities should be ongoing in order to develop and deepen the exchange of views and information between the State and the organizations.
7. Organizations should be permanently represented on the national coordinating committee or similar bodies.
8. The role of local organizations of persons with disabilities should be developed and strengthened to ensure that they influence matters at the community level.

Rule 19. Personnel training

States are responsible for ensuring the adequate training of personnel, at all levels, involved in the planning and provision of programmes and services concerning persons with disabilities.

1. States should ensure that all authorities providing services in the disability field give adequate training to their personnel.
2. In the training of professionals in the disability field, as well as in the provision of information on disability in general training programmes, the principle of full participation and equality should be appropriately reflected.
3. States should develop training programmes in consultation with organizations of persons with disabilities, and persons with disabilities should be involved as teachers, instructors or advisers in staff training programmes.
4. The training of community workers is of great strategic importance, particularly in developing countries. It should involve persons with disabilities and include the development of appropriate values, competence and technologies as well as skills which can be practised by persons with disabilities, their parents, families and members of the community.

Rule 20. National monitoring and evaluation of disability programmes in the implementation of the Rules

States are responsible for the continuous monitoring and evaluation of the implementation of national programmes and services concerning the equalization of opportunities for persons with disabilities.

1. States should periodically and systematically evaluate national disability programmes and disseminate both the bases and the results of the evaluations.
2. States should develop and adopt terminology and criteria for the evaluation of disability-related programmes and services.
3. Such criteria and terminology should be developed in close cooperation with organizations of persons with disabilities from the earliest conceptual and planning stages.

4. States should participate in international cooperation in order to develop common standards for national evaluation in the disability field. States should encourage national coordinating committees to participate also.

5. The evaluation of various programmes in the disability field should be built in at the planning stage, so that the overall efficacy in fulfilling their policy objectives can be evaluated.

Rule 21. Technical and economic cooperation

States, both industrialized and developing, have the responsibility to cooperate in and take measures for the improvement of the living conditions of persons with disabilities in developing countries.

1. Measures to achieve the equalization of opportunities of persons with disabilities, including refugees with disabilities, should be integrated into general development programmes.

2. Such measures must be integrated into all forms of technical and economic cooperation, bilateral and multilateral, governmental and non-governmental. States should bring up disability issues in discussions on such cooperation with their counterparts.

3. When planning and reviewing programmes of technical and economic cooperation, special attention should be given to the effects of such programmes on the situation of persons with disabilities. It is of the utmost importance that persons with disabilities and their organizations are consulted on any development projects designed for persons with disabilities. They should be directly involved in the development, implementation and evaluation of such projects.

4. Priority areas for technical and economic cooperation should include:

- (a) The development of human resources through the development of skills, abilities and potentials of persons with disabilities and the initiation of employment-generating activities for and of persons with disabilities;
- (b) The development and dissemination of appropriate disability-related technologies and know-how.

5. States are also encouraged to support the formation and strengthening of organizations of persons with disabilities.
6. States should take measures to improve the knowledge of disability issues among staff involved at all levels in the administration of technical and economic cooperation programmes.

Rule 22. International cooperation

States will participate actively in international cooperation concerning policies for the equalization of opportunities for persons with disabilities.

1. Within the United Nations, the specialized agencies and other concerned intergovernmental organizations, States should participate in the development of disability policy.
2. Whenever appropriate, States should introduce disability aspects in general negotiations concerning standards, information exchange, development programmes, etc.
3. States should encourage and support the exchange of knowledge and experience among:
 - (a) Non-governmental organizations concerned with disability issues;
 - (b) Research institutions and individual researchers involved in disability issues;
 - (c) Representatives of field programmes and of professional groups in the disability field;
 - (d) Organizations of persons with disabilities;
 - (e) National coordinating committees.
4. States should ensure that the United Nations and the specialized agencies, as well as all intergovernmental and interparliamentary bodies, at global and regional levels, include in their work the global and regional organizations of persons with disabilities.

IV. MONITORING MECHANISM

1. The purpose of a monitoring mechanism is to further the effective implementation of the Rules. It will assist each State in assessing its level of implementation of the Rules and in measuring its progress. The monitoring should identify obstacles and suggest suitable measures that would contribute to the successful implementation of the Rules. The monitoring mechanism will recognize the economic, social and cultural features existing in individual States. An important element should also be the provision of advisory services and the exchange of experience and information between States.
2. The Rules shall be monitored within the framework of the sessions of the Commission for Social Development. A Special Rapporteur with relevant and extensive experience in disability issues and international organizations shall be appointed, if necessary, funded by extrabudgetary resources, for three years to monitor the implementation of the Rules.
3. International organizations of persons with disabilities having consultative status with the Economic and Social Council and organizations representing persons with disabilities who have not yet formed their own organizations should be invited to create among themselves a panel of experts, on which organizations of persons with disabilities shall have a majority, taking into account the different kinds of disabilities and necessary equitable geographical distribution, to be consulted by the Special Rapporteur and, when appropriate, by the Secretariat.
4. The panel of experts will be encouraged by the Special Rapporteur to review, advise and provide feedback and suggestions on the promotion, implementation and monitoring of the Rules.
5. The Special Rapporteur shall send a set of questions to States, entities within the United Nations system, and intergovernmental and non-governmental organizations, including organizations of persons with disabilities. The set of questions should address implementation plans for the Rules in States. The questions should be selective in nature and cover a number of specific rules for in-depth evaluation. In preparing the questions the Special Rapporteur should consult with the panel of experts and the Secretariat.
6. The Special Rapporteur shall seek to establish a direct dialogue not only with States but also with local non-governmental organizations, seeking their

views and comments on any information intended to be included in the reports. The Special Rapporteur shall provide advisory services on the implementation and monitoring of the Rules and assistance in the preparation of replies to the sets of questions.

7. The Department for Policy Coordination and Sustainable Development of the Secretariat, as the United Nations focal point on disability issues, the United Nations Development Programme and other entities and mechanisms within the United Nations system, such as the regional commissions and specialized agencies and inter-agency meetings, shall cooperate with the Special Rapporteur in the implementation and monitoring of the Rules at the national level.

8. The Special Rapporteur, assisted by the Secretariat, shall prepare reports for submission to the Commission for Social Development at its thirty-fourth and thirty-fifth sessions. In preparing such reports, the Rapporteur should consult with the panel of experts.

9. States should encourage national coordinating committees or similar bodies to participate in implementation and monitoring. As the focal points on disability matters at the national level, they should be encouraged to establish procedures to coordinate the monitoring of the Rules. Organizations of persons with disabilities should be encouraged to be actively involved in the monitoring of the process at all levels.

10. Should extrabudgetary resources be identified, one or more positions of interregional adviser on the Rules should be created to provide direct services to States, including:

- (a) The organization of national and regional training seminars on the content of the Rules;
- (b) The development of guidelines to assist in strategies for implementation of the Rules;
- (c) Dissemination of information about best practices concerning implementation of the Rules.

11. At its thirty-fourth session, the Commission for Social Development should establish an open-ended working group to examine the Special Rapporteur's report and make recommendations on how to improve the

application of the Rules. In examining the Special Rapporteur's report, the Commission, through its open-ended working group, shall consult international organizations of persons with disabilities and specialized agencies, in accordance with rules 71 and 76 of the rules of procedure of the functional commissions of the Economic and Social Council.

12. At its session following the end of the Special Rapporteur's mandate, the Commission should examine the possibility of either renewing that mandate, appointing a new Special Rapporteur or considering another monitoring mechanism, and should make appropriate recommendations to the Economic and Social Council.

13. States should be encouraged to contribute to the United Nations Voluntary Fund on Disability in order to further the implementation of the Rules.

48/3. Asian and Pacific Decade of Disabled Persons, 1993~2002

(Economic and Social Commission for Asia and The Pacific
Resolution 48/3 adopted by the General Assembly at its
the forty-eighth session on Apr. 23, 1992)

48/3 Asian and Pacific Decade of Disabled Persons, 1993-2002

Sponsored by: Afghanistan, Australia, Bangladesh, Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Fiji, Hong Kong, * India, Indonesia, Iran (Islamic Republic of), Japan, Kiribati, Lao People's Democratic Republic, Macau, * Malaysia, Maldives, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines, Republic of Korea, Republic of Palau, Russian Federation, Sri Lanka, Thailand and Viet Nam

The Economic and Social Commission for Asia and the Pacific,

Recalling all General Assembly and Economic and Social Council resolutions on disability matters, including General Assembly resolution 37/52 of 3 December 1982 on the World Programme of Action concerning Disabled Persons, by which the Assembly adopted the World Programme of Action, and resolution 37/53 of 3 December 1982 on the implementation of the World Programme of Action concerning Disabled Persons, in which, *inter alia*, the Assembly proclaimed the period 1983-1992 United Nations Decade of Disabled Persons,

Recalling also Commission resolution 207 (XXXVI) of 29 March 1980 on the International Year of Disabled Persons, concerning effective implementation and follow-up of the objectives of the International Year of Disabled Persons: "Full Participation and Equality"

Mindful that the risk of disability increases with age, and that, with the expected rapid ageing of the societies in the region, the number of disabled persons will increase substantially,

Recognizing that while the United Nations Decade of Disabled Persons has increased awareness of disability issues and has facilitated considerable progress in the prevention of disability and the rehabilitation of disabled persons in the ESCAP region, progress towards improving the situation of disabled persons has been uneven, particularly in the developing and least developed countries,

Taking note of the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held in October 1991, which expressed its support for the declaration of a second decade of disabled persons,

Associate members.

Noting further the recommendation of the Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the Asian and Pacific Region, held in August 1991, and convened by the Economic and Social Commission for Asia and the Pacific, that there is a need for a second decade of disabled persons to consolidate the gains achieved thus far in the ESCAP region,

1. *Proclaims* the Asian and Pacific Decade of Disabled Persons, 1993-2002, with a view to giving fresh impetus to the implementation of the World Programme of Action concerning Disabled Persons in the ESCAP region beyond 1992 and strengthening regional cooperation to resolve issues affecting the achievement of the goals of the World Programme of Action, especially those concerning the full participation and equality of persons with disabilities;

2. *Requests* the Economic and Social Council and the General Assembly to endorse the present resolution and to encourage, at the global level, support for its implementation;

3. *Urges* all member and associate member Governments to review the situation of disabled persons in their countries and areas, with a view to developing measures that enhance the equality and full participation of disabled persons, including the following:

(a) Formulation and implementation of national policies and programmes to promote the participation of persons with disabilities in economic and social development;

(b) Establishment and strengthening of national coordinating committees on disability matters, with emphasis on, *inter alia*, the adequate and effective representation of disabled persons and their organizations, and their roles therein;

(c) Provision of assistance, in collaboration with international development agencies and non-governmental organizations, in enhancing community-based support services for disabled persons and the extension of services to their families;

(d) Promotion of special efforts to foster positive attitudes towards children and adults with disabilities, and the undertaking of measures to improve their access to rehabilitation, education, employment, cultural and sports activities and the physical environment;

4. *Urges* all concerned specialized agencies and bodies of the United Nations system to undertake an examination of their ongoing programmes and projects in the ESCAP region, with a view to integrating systematically disability concerns into their work programmes and supporting national implementation of the present resolution;

5. *Calls upon* non-governmental organizations in the field of social development to utilize their experience and expertise in strengthening the capabilities and activities of organizations of disabled persons;

6. *Urges* organizations of disabled persons to cooperate with government agencies in strengthening means by which citizens with disabilities may realize their full potential, and to strengthen linkages among disabled persons in developed and developing countries to enhance their self-help capacity;

7. *Requests* the Executive Secretary to assist, subject to available financial resources, member and associate member Governments in the following:

(a) Developing and pursuing national programmes of action during the forthcoming Decade;

(b) Formulating and implementing technical guidelines and legislation to promote disabled persons' access to buildings, public facilities, transport and communications systems, information, education and training, and technical aids;

8. *Further requests* the Executive Secretary to report to the Commission biennially until the end of the Decade on the progress made in the implementation of the present resolution and to submit recommendations to the Commission, as required, on action to maintain the momentum of the Decade.

Proclamation on the Full Participation
and Equality of People with Disabilities
in the Asian and Pacific Region

(Adopted by the Meeting to Launch the Asian and Pacific Decade
of Disabled Persons, 1993-2002, on December 5, 1992)

PROCLAMATION ON THE FULL PARTICIPATION AND EQUALITY OF PEOPLE WITH DISABILITIES IN THE ASIAN AND PACIFIC REGION

1. We the government leaders of ESCAP members and associate members recognize that:
 - Every day in this region people are being disabled due to malnutrition and disease, environmental hazards, natural disasters, traffic and industrial accidents, civil conflict and war.
 - As a concomitant of improvements in child survival, the numbers of children surviving with disabilities are increasing.
 - As more people survive to older age, the numbers of elderly people with disabilities are rising.
 - The living conditions of large numbers of people with disabilities, especially those in rural areas, need to be further improved.
2. We note that in Asian and Pacific societies, minimum care and service are, to a large extent, provided for people with disabilities in the traditional family and community context. However, much more must be done to enable persons with disabilities to develop their full potential so that they may live as agents of their own destiny in the rapidly changing economic and social conditions of the region.
3. Throughout the region, the opportunities for full participation and equality for people with disabilities, especially in the fields of rehabilitation, education and employment, continue to be far less than those for their non-disabled peers. This is largely because negative social attitudes exclude persons with disabilities from an equal share in their entitlements as citizens. Such attitudes also curtail the opportunities of people with disabilities for social contact and close personal relationships with others. The social stigma associated all too often with disabilities must be eradicated.
4. The built environment throughout much of Asia and the Pacific has been designed without consideration for the special needs of persons with disabilities. Physical obstacles and social barriers prevent citizens with disabilities from participating in community and national life. The various impediments to participation and equality are especially formidable for girls and women with disabilities. With improved attitudes, increased awareness and much care, we can build social and physical environments that are accessible for all, i.e., we must work towards a society for all. In this regard, we urge the free exchange of information.

5. We take pride in the fact that in economic terms, Asia and the Pacific is the fastest growing region in the world today. We are also aware that countries in this region are at different levels of development. We resolve that economic progress will also be reflected in the efforts that we devote to this extremely vulnerable social group in our societies: people with disabilities.
6. We welcome the adoption by the Economic and Social Commission for Asia and the Pacific of resolution 48/3 on the Asian and Pacific Decade of Disabled Persons, 1993-2002, as a catalyst for effective new policy initiatives and actions at national, sub-regional and regional levels aimed at systematically improving the conditions of people with disabilities, who constitute approximately one-tenth of our total population, and for harnessing their full development potential.
7. We thus proclaim and pledge our joint commitment to translating into action in our respective countries and territories the ideals and objectives of the Asian and Pacific Decade of Disabled Persons, and confirm our continued endeavour in accordance with the United Nations Charter's affirmation of faith "... in the dignity and worth of the human person ...".

Agenda for Action for the
Asian and Pacific Decade
of Disabled Persons, 1993~2002

(At the Meeting to Launch the Asian and Pacific Decade
of Disabled Persons, 1993-2002, on December 5, 1992.
Adopted by General Assembly of ESCAP, April 1993)

Adopted by the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, on 5 December 1992, Beijing.

AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002

I. INTRODUCTION

The United Nations Decade of Disabled Persons, 1983-1992, coincided with a period of economic dynamism throughout much of the Asian and Pacific region. The concluding years of the United Nations Decade also witnessed major breakthroughs in peace-building in the region marked by significant improvements in conflict resolution and rapprochement between diverse states.

It was in this hospitable context that the *Social Development Strategy for the ESCAP Region Towards the Year 2000 and Beyond* was adopted by the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held at Manila in October 1991. The Strategy has the ultimate aim of improving the quality of life of all the people of the ESCAP region. With that aim in mind, the basic objectives of the Strategy are the eradication of absolute poverty, the realization of distributive justice and the enhancement of popular participation. Within the framework of those aims and objectives, the Strategy assigns priority to the region's disadvantaged and vulnerable social groups, including persons with disabilities.

Further to the priority given to the concerns of persons with disabilities in the regional Social Development Strategy, thirty-three countries attending the forty-eighth ESCAP session in April 1992 joined in sponsorship of resolution 48/3 on an *Asian and Pacific Decade of Disabled Persons, 1993-2002*. In adopting the resolution, the Governments of the region expressed their collective commitment to the full participation and equality of people with disabilities.

The Asian and Pacific Decade of Disabled Persons provides an opportunity for the 56 countries and areas of the ESCAP region to consolidate the efforts initiated during the preceding United Nations Decade through a new emphasis on regional cooperation in support of progress at the national level. In particular, it provides a context for the strengthening of technical cooperation among developing countries, as well as between the region's developing and developed countries, in the resolution of key issues that affect the lives of people with disabilities.

To achieve the objectives of the Asian and Pacific Decade of Disabled Persons, an agenda for action is needed that translates the World Programme of Action concerning Disabled Persons into an agenda for the Asian and Pacific region, in response to the review and appraisal of the achievements of the United Nations Decade of Disabled Persons, 1983-1992, in the Asian and Pacific region as contained in document SD/DDP/1, 1992.

The present document provides a framework for the formulation of that agenda for action. The framework consists of the major *policy categories* under which efforts will be required for the implementation of ESCAP resolution 48/3. These basic policy categories include:

- National coordination;
- Legislation;
- Information;
- Public awareness;
- Accessibility and communication;
- Education;
- Training and employment;
- Prevention of causes of disabilities;
- Rehabilitation services;
- Assistive devices;
- Self-help organizations;
- Regional cooperation;

Each of the policy categories constituting the framework contains a list of *areas of concern* of direct relevance to the development of policies in support of the full participation and equality of people with disabilities in Asia and the Pacific.

The formulation of an agenda for action for the Decade should be neither an exercise in regional target setting nor an attempt to prescribe a uniform implementation strategy for all countries. Given the vastness and diversity of the region, ESCAP members and associate members will necessarily differ on the details of their respective national action programmes. There will be differences in the relative priority to be assigned to particular activities. Specific short- and long-term objectives, as well as approaches to and the pace of implementation will also vary from country to country. In the final analysis, however, the agenda for action will provide the basis for a regional initiative aimed at realizing the full participation and equality of persons with disabilities, which comprise the objectives of the Asian and Pacific Decade of Disabled Persons, 1993-2002.

Furthermore, the agenda for action is to be viewed in the context of the World Programme of Action concerning Disabled Persons and other relevant United Nations international instruments, mandates and recommendations.

II. AREAS OF CONCERN

1. National coordination

Establishment of a national coordination committee on disability matters or strengthening of an existing one:

- (a) As a permanent body with adequate infrastructural support;
- (b) With representation from concerned government agencies, and non-governmental organizations, including adequate representation from organizations of people with disabilities;
- (c) To serve as the national focal point on disability matters and facilitate the continuous evolution of a comprehensive national approach to the implementation of the World Programme of Action concerning Disabled Persons and this agenda for action by undertaking the following:
 - Review and coordinate the activities of all agencies and non-governmental organizations working for and on behalf of people with disabilities;
 - Develop a national policy to address issues faced by people with disabilities;
 - Advise the Head of State/Government, policy makers and programme planners on the development of policies, legislation, programmes and projects with respect to their impact on people with disabilities;
 - Render guidance services to ministries in the enforcement of legislation to protect the rights of people with disabilities, and in the elimination of interpretations that are unfavourable to people with disabilities;
 - Mobilize support for the development of a national data base on disability-related issues;
 - Translate the World Programme of Action concerning Disabled Persons and this agenda for action into the national (and local) languages and in appropriate formats for widespread dissemination at all levels;
 - Operate a scheme to upgrade the competence of staff of the national coordination committee, particularly on management skills, policy and programme development, and to include persons with disabilities in staff recruitment and training;
 - Promote resource mobilization for dealing with disability issues, including through the creation of adequate funds with donations from industry, philanthropists and other donors;
 - Promote the integration of people with disabilities, including children and women with disabilities, in national plans and in programmes and projects supported by international

agencies, including the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF);

- Review with donor agencies their funding policies from the perspective of their impact on persons with disabilities;
- Monitor and evaluate the impact of policies and programmes on the full participation and equality of persons with disabilities, and disseminate the results to concerned parties;
- Facilitate national participation in regional cooperation activities related to the implementation of Commission resolution 48/3;
- Establish schemes to accord public recognition of outstanding contributions to progress in pursuance of the goals of the Asian and Pacific Decade of Disabled Persons;
- Encourage the use of the relevant United Nations guidelines for the establishment and development of national coordinating committees on disability or similar bodies.

2. Legislation

(a) Concerning existing legislation:

- Conduct of a survey to identify legal provisions that are restrictive to people with disabilities;
- Amendment or repeal of those restrictive legal provisions and elimination of interpretations that are unfavourable to people with disabilities;

(b) Enactment of a basic law on protection of the rights of all persons with disabilities and prohibition of abuse and neglect of these persons and discrimination against them;

(c) Enactment of legislation aimed at equal opportunity for people with disabilities, covering, for example:

- Affirmative action measures and incentives in favour of opportunities for people with disabilities to participate in education, training, job placement, employment and entrepreneurship;
- Tax relief and subsidies, as appropriate, for parents and guardians of children with disabilities, as well as for people with disabilities;
- Customs clearance and exemption from customs duty of imported vehicles, assistive devices, equipment and materials, including medical supplies, required to facilitate the daily life of people with disabilities;

(d) Enactment of legislation aimed at the elimination of architectural and logistical barriers to freedom of movement of citizens with disabilities, including incentives to encourage:

- Private and public sector involvement in improving accessibility of the built environment;
- Facilitation of use, by persons with disabilities, of land, air and water transport systems;

(e) Enactment of legislation aimed at the elimination of communication barriers to reduce the social and physical isolation commonly faced by people with disabilities, covering, for example:

- Production and dissemination of information, especially public information, in appropriate formats (e.g., large print, Braille, indigenous sign language, audio/video cassette and floppy diskette);
- Facilitation of, and concessions and subsidies for, the use of postal and telecommunications equipment and services by people with disabilities;

(f) Inclusion of the concerns of persons with disabilities in social security legislation;

(g) Enactment of legislation for the promotion of health and safety in the work-place, in public places, and in the home, e.g.:

- Prohibition on smoking as a public health hazard;
- Restrictions on the sale of firearms and fireworks;
- Restrictions on alcohol consumption and driving;
- Control over the roadworthiness of vehicles;
- Standards for the safety of equipment, items for industrial, domestic and personal use, as well as toys and other items that children may have access to;

(h) Development of means of ensuring the effective implementation and enforcement of legislation, including:

- Regulations on and guidelines for implementation;
- Mechanisms to promote enforcement (e.g., community-level committees, ombudspersons, enforcement tribunals);
- Mechanisms to monitor and evaluate the enforcement of legislation;

(i) Enactment of legislation regarding persons with extensive disabilities, of all ages, that assigns priority to the provision of community-based personal assistance services for daily living, to enable them to live in the community with self-determination and dignity, rather than in residential institutions;

(j) Dissemination of information on legislation, particularly to people with disabilities and their advocates:

- Enacted specifically to promote equal opportunities for people with disabilities;
- Enacted for the benefit of broader population groups (e.g., legislation on an issue [poverty alleviation] or for a specific group [women]) among whom many people with disabilities are included;

(k) Encouragement of the use of relevant United Nations guidelines on national disability legislation;

(l) Encouragement of exchange of expertise and experiences among ESCAP members and associate members concerning the enactment and implementation of equalization legislation.

3. Information

(a) Development of national capacity for:

- Collection and analysis of comprehensive and accurate data on the national disability situation;
- Documentation of disability-related issues and projects in the country;
- Responding accurately and quickly to queries on disability-related issues in the country;
- Packaging of information for diverse user groups;
- Preparation and dissemination of directories of disability-related resources available within the country;
- Identification of national strengths and needs for the purpose of regional cooperation in pursuance of this agenda for action;

(b) Collaboration between public libraries, information centres and organizations of persons with disabilities to increase the availability of information material in floppy diskette, large print, Braille, audio cassette and video cassette formats;

(c) Introduction of captions in films and television programmes, as well as those in video cassette format;

(d) Establishment of means to protect the privacy of individuals with disabilities in the collection of disability-related data.

4. Public awareness

(a) Strengthening of national capacity for improving public awareness of the goals of the Asian and Pacific Decade of Disabled Persons through measures such as:

- Training of information service and media personnel and representatives of organizations of people with disabilities on communications about people with disabilities and the Asian and Pacific Decade of Disabled Persons;
- Encouragement of the use of United Nations guidelines on improving communications about people with disabilities;
- Requests to regional broadcasting and media organizations and agencies to support the building of national capacity in this regard;
- Promotion of monitoring of the quality of media coverage of issues related to the Asian and Pacific Decade of Disabled Persons and feed back to media agencies on their observance of the United Nations guidelines;
- Enlistment of development communications organizations, street theatre and folk media groups, and popular media personalities to assist in the communication of information to counter deep-rooted superstitions about disability and persons with disabilities;

(b) Development of sustained national campaigns to promote the competence of and shape positive attitudes towards people with disabilities, directed at:

- The general public;
- Groups in a position to effect change (e.g., community leaders, people with disabilities and their families, children, students, policy makers, administrative authorities, professionals);
- Removal of stigma attached to deformities;
- Promotion of respect for the right of persons with disabilities to parenthood and family life;
- Enhancement of the dignity of persons with disabilities in, and elimination of discriminatory terminology from, advertising campaigns and other mass media activities;

(c) Promotion of endeavours that focus public attention on people with disabilities as equal citizens, such as:

- Cultural events and competitions involving people with disabilities, including in integrated activities;

- Direct involvement of people with disabilities in media activities, including mainstream ones that are unrelated to disability;
- (d) Encouragement of the use of terminology to describe individuals with disabilities that focuses on the person and not the disability, such as "people/persons with disabilities" and not "the disabled" or "the handicapped"

5. Accessibility and communication

- (a) Review of the planned and existing built environment and practices employed in its extension and maintenance, with a view to the development of measures for improving its accessibility;
- (b) Development of barrier-free design codes to cover new construction as well as renovation and expansion (including office and residential buildings, public facilities, areas around buildings, roads and transport infrastructure);
- (c) Amendment of existing codes to include accessibility features at the same level of importance as fire safety features;
- (d) Introduction of accessibility concerns, with the assistance of people with disabilities, into programmes for the training of professionals and technicians engaged in the construction and maintenance of the built environment, including transport infrastructure;
- (e) Development and implementation of guidelines for electronic accessibility to:
- Increase the availability of electronic equipment that people with disabilities may use either with or without special peripherals (i.e. special aids that provide access to electronic equipment, e.g., large print and Braille displays, spoken input and output mechanisms, and keyboard enhancement and replacement products);
 - Encourage public and private sector agencies and organizations to consider electronic access for persons with disabilities in their procurement and renting of equipment;
- (f) Encouragement of citizens'/corporate initiatives to develop approaches to the introduction of accessibility to all areas of society, including key areas such as education, information, housing and commerce;
- (g) Selection, by national bodies, of appropriate approaches to the improvement of accessibility for replication on a wider scale;
- (h) Training of personnel whose work involves contact with the public, to improve their communication with people with visual impairment and people with cognitive limitations;
- (i) Support for sign language development aimed at:

- Improving the availability of sign language interpretation services;
 - Facilitating communication between people with hearing impairment and hearing people, including those in public service (e.g., in community centres, legal aid agencies, banks, employment exchanges, police departments, hospitals);
- (j) Expansion of telecommunications services, such as telecommunications relay services and closed captioning, for individuals with hearing and speech impairments;
- (k) Support for enhanced availability of information to vision-impaired people, through such means as:
- Expansion of Braille/audio cassette/computer and voice synthesizer information services;
 - Provision of reading services;
 - Training in the use of Braille and computer equipment;
 - Encouragement of the production of information in floppy diskette, as well as in large print and high contrast format, and with tactile markings;
 - Increase of the availability of low-cost low vision aid devices;
- (l) Encouragement of the production of simplified information (e.g., in pictorial modes) to aid users with cognitive disabilities.

6. Education

- (a) Specific inclusion of children and adults with disabilities in national formal and non-formal programmes to meet the goal of education for all;
- (b) Specification of targets for girls and women with disabilities as beneficiaries of national literacy and education programmes and projects;
- (c) Designation of a proportion of national and state/provincial budgets for programmes to support the education of persons with disabilities;
- (d) Support for the participation of children and adults with different types of disabilities in the mainstream of the educational system through measures such as:
- Development of home- and community-based early intervention services for children with disabilities;
 - Education of parents and families of children with disabilities;

- Conduct of positive attitude formation programmes aimed at non-disabled persons in the educational system (e.g., school authorities, teachers and students) to break stereotyping of persons with disabilities;
- Organization of logistical support (e.g., transport and accommodation) to facilitate the participation of persons with disabilities in education programmes;
- Introduction of parent-teacher consultative groups to assist schools in responding to the changing individual educational needs of children with disabilities, so as to ensure successful integration in individual cases;
- Gradual integration of special education into mainstream education;
- Modification of training/refresher programmes for school teachers to improve their capabilities for developing the full potential of students with disabilities;
- Dissemination of teacher resource materials for use with children with special learning needs;
- Organization of additional support for regular classroom teachers;
- Revision of procedures for the administration of examinations to enable children and adults with disabilities to obtain academic qualifications, including higher education qualifications;
- Use of technology and organization of services to improve access to textbook and reference material in appropriate formats.

7. Training and employment

- (a) Use of relevant international labour standards on the vocational rehabilitation and employment of persons with disabilities as a guide and reference for the development and implementation of training and employment programmes;
- (b) Special attention to the participation of girls and women with disabilities in training and employment opportunities;
- (c) Development of pre-vocational training, including at middle and secondary school level, to give girls and boys with disabilities the necessary preparation, if they so choose, for subsequent vocational training and placement;

(d) Ensuring the:

- Quality of vocational training programmes in terms of their relevance and sufficiency in preparing persons with disabilities for gainful employment in the labour market;
- Overall functioning of job placement services for people with disabilities in order to place persons with disabilities in suitable jobs in the open labour market;

(e) Conduct of workshops and seminars involving workers, employers, representatives of cooperatives and non-governmental organizations, including organizations of people with disabilities, as well as other community leaders to:

- Identify new training and employment opportunities for people with disabilities;
- Encourage job adaptation and work-site adjustment;
- Develop training and employment schemes for persons with disabilities;

(f) Strengthening of vocational rehabilitation services through measures that, *inter alia*, emphasize:

- Training of vocational rehabilitation staff;
- Giving of due attention, through appropriate vocational assessment measures, to the interests and needs of people with disabilities in the planning of vocational rehabilitation services;
- Upgrading of the skills of job placement officers in ministries of labour and social affairs and rehabilitation centres for job identification, selection, recruitment, placement and follow-up concerning people with disabilities;

(g) Training of people with disabilities:

- To develop their self-confidence, mobility, as well as skills in business management, and use of advisory services;
- For gainful employment;
- On ways and means of searching for employment in their communities, including preparation for interviews with prospective employers;
- In mainstream human resource development facilities, whenever possible and appropriate;

(h) Support for businesses of people with disabilities through measures such as the:

- Identification of opportunities for the production of goods and services that are in high demand, taking into consideration the compatibility of these with the skills and interests of the persons concerned;
 - Conduct of feasibility surveys to ensure the viability of such businesses;
 - Provision of business advice, facilitation of access to loans and other resources from poverty alleviation schemes, as well as follow-up, with special emphasis on meeting the needs of rural-based people with disabilities;
- (i) Support for the establishment and development of cooperatives that facilitate the equal participation of people with disabilities in their activities.

8. Prevention of causes of disability

Formulation of national policies, programmes and implementation guidelines aimed at:

- (a) Information, education and communication:
- Identification, through a variety of means, of the relative proportion of different types of disability and their social and economic dimensions;
 - Promotion of public awareness of individual, corporate and state responsibilities concerning the prevention of accidents (including road and industrial accidents), violence against persons, abuse of drugs (including alcohol and nicotine), as well as the control of communicable and endemic diseases and malnutrition;
 - Promotion of public awareness of disability associated with child abuse, neglect, exploitation, and victimization in situations of armed conflict;
 - Promotion of public awareness of mental disability;
 - Development of media and campaign activities on the prevention of causes of disability that support the right of people with disabilities to live;
 - Dissemination of information on disability-related aspects of environmental and public health issues to lay persons, technicians, administrators and decision-makers;
- (b) Promotion of health and safety through measures that include:
- Improvement in ante-, peri- and neonatal care;
 - Training of traditional birth attendants and midwives in the prevention of obstetric trauma and the prevention and management of infections in the newborn, as well as the early detection of congenital anomalies and referral for treatment;

- Development of skills for prevention of disability in the training of health care personnel, including traditional healers;
 - Expanded provision of safe drinking water, water management and sanitation systems;
 - Encouragement of community sanitation and personal hygiene practices;
 - Expansion of immunization coverage with special emphasis on the control of measles and poliomyelitis;
 - Strict control of the use and management of hazardous substances;
 - Adherence to established safety criteria for the disposal of garbage;
 - Increase in the availability of low-cost protective devices and promotion of healthy and safe working conditions for workers in the industrial, agricultural and construction sectors;
 - Noise control;
 - Emphasis on transport safety;
 - Encouragement of rational use of drugs;
 - Emphasis on safety concerns in product design;
 - Urgent attention to respect for international law, to control of the production, sale and use of weapons that maim and kill even in times of peace, and to the neutralization and total removal of anti-personnel mines in affected countries;
- (c) Special attention to the production and consumption of foods through measures such as:
- Promotion of school and family food gardens to ensure adequate food supply to social groups at risk of being disabled as a result of deficiencies in total food intake and in micro-nutrients;
 - Distribution of iodized salt;
 - Reduction of the risk of toxicity in the food chain (production processing, preservation, storage);
- (d) Strengthening of assessment, management and referral covering, *inter alia*,:
- Early detection and management of congenital anomalies, infections, conditions and injuries that can lead to disability;

- Maintenance of records of children at risk of disability due to pre-, peri- and post-natal causes, and follow-up of those records for early detection and management of disability;
 - Development of routine screening programmes for children;
 - Conduct of eye and ear camp programmes for low-income groups;
 - Provision of training in testing, analysis of results and referral to health workers, school teachers and volunteers;
- (e) Improvement of access, particularly in rural areas, to timely surgical interventions through, e.g.,:
- Development of basic surgical facilities using inter-disciplinary teams with delegation, where appropriate, to trained clinical personnel;
 - Support for mobile teams to provide services to people with disabilities in remote communities;
- (f) Support for the control of leprosy through long-term public education combined with improved access to multi-drug therapy, training, counselling, and protective aids to prevent progressive disability from nerve injuries and injuries to limbs and eyes.

9. Rehabilitation services

- (a) Development of rehabilitation services that are:
- Based on reliable data on the magnitude and nature of demand for those services;
 - Time-bound for individuals;
 - Accessible by economically marginalized persons with disabilities, including those living in remote areas;
 - Responsive to mental as well as physical disabilities;
 - Integrated into main development programmes such as those for primary health care and maternal and child health;
- (b) Strengthening and expansion of rehabilitation services through, *inter alia*,:
- Inclusion of rehabilitation as a specific component of national policies on human resources development, social development, health and disaster preparedness;
 - Coordination of the rehabilitation services provided by different organizations;

- Continuous review of the level of demand for rehabilitation services, taking into consideration that the benefits of such services may not be well known or accepted;
- Promotion of the participation of people with disabilities in the planning and implementation of rehabilitation policies and programmes;
- Development of awareness programmes for district and local officers and community leaders to strengthen their role in facilitating the improvement of rehabilitation services;
- Training of trainers at national, provincial, district and sub-district levels;
- Upgrading of the professional capabilities of formally-trained rehabilitation service personnel through the regulation of national standards governing qualifications, quality of service and professional codes of conduct;
- Promotion of the capacity of hospitals, health centres and clinics to provide rehabilitation services;
- Development of rehabilitation activities, to the extent possible, in the context of everyday social and economic life;
- Selective use of local cultural resources (e.g., relevant traditional practices) to enhance rehabilitation services;
- Documentation of national experience on the development of rehabilitation skills for replication purposes;

(c) Preparation and dissemination of information on rehabilitation resources:

- Through the mass media and other public service channels;
- In formats that are appropriate for users with disabilities;

(d) Development of community-based approaches as a means of improving access to rehabilitation services, including through:

- Provision of policy, institutional and financial support;
- Adaptation of existing manuals to meet the needs of communities in diverse cultural, linguistic, and economic contexts;
- Increase of training of field workers for work in slums and rural areas;
- Strengthening of the referral system, focusing on the first referral level;
- Support for people with disabilities and their advocates to initiate and develop community-based rehabilitation (CBR) activities;

- Training of advocates and household members in basic rehabilitation techniques;
 - Use of experience gained from the self-help movement of people with disabilities to extend CBR services to persons with mental disabilities;
 - Conduct of research, evaluation and information exchange;
- (e) Expansion of the role of existing rehabilitation service delivery centres as resource centres to support the development of CBR through, *inter alia*,:
- Training of CBR trainers, field workers and volunteers;
 - Dissemination of low-cost tools, including manuals, for training purposes;
 - Organization of specialized follow up as required;
 - Assistance in meeting demand for assistive devices;
 - Research and networking.

10. Assistive devices

- (a) National support for the development of regional cooperation on assistive devices through:
- Identification of national resources employed for the production of assistive devices;
 - Development of a roster of national experts on assistive devices, including low-cost ones;
 - Inventorization of items produced within the country to facilitate the promotion of intra-regional trade in appropriate assistive devices;
- (b) Formulation of a national plan on assistive devices covering overall needs assessment, appropriateness and sustainability, production, import needs and export potential, innovation, distribution, repair and maintenance, and training;
- (c) Improvement of the availability of services and equipment for field assessment of needs for assistive devices, as well as expertise for the correct fitting of assistive devices;
- (d) Provision of policy and programme support for research and development (R and D) activities emphasizing the application of new technologies to improve the availability of assistive devices that are durable, repairable by local artisans/technicians, and attractive;
- (e) Development of information exchange among R and D institutions, personnel (e.g., rehabilitation engineers, applied science researchers), consumers (i.e., people with disabilities), production workshops (e.g., artisans, mechanics, prosthetic/orthotic/orthoptic technicians) and distribution channels (e.g., non-governmental organizations, business firms, schools, social welfare departments, hospitals and health centres);

- (f) Documentation of user experience with locally-produced and imported assistive devices and materials (e.g., appropriateness, local adaptations, costs, factors pertaining to production and distribution) to facilitate R and D, and the promotion of intra-regional trade in appropriate assistive devices;
- (g) Organization of a programme for the training of a national corps of trainers in the production of assistive devices;
- (h) Support for training through, *inter alia*, the establishment of national standards of technical expertise, conduct of refresher courses and examinations, issuance of technical diplomas, as well as maintenance of a national roster of experienced trainers;
- (i) Establishment of programmes (e.g., observation and dissemination of graphic materials and models) to encourage mechanics, technicians and artisans in the use of their skills for the production, maintenance and repair of assistive devices at the local level;
- (j) Assistance to community-level bodies and groups, especially low-income groups, to obtain assistive devices (e.g., through the provision of revolving loan funds, use of donated funds to provide partial subsidies), in recognition of the additional costs of disability to the individual.

11. Self-help organizations

- (a) Provision of policy, programme and resource support for the establishment and strengthening of self-help organizations of people with disabilities, including associations of advocates and families of persons with disabilities;
- (b) Establishment and strengthening of those organizations to provide a means for:
 - Exploration, through joint effort by those directly affected by disability, of ways to enhance the economic independence and social integration of persons with disabilities;
 - Collective self-representation by persons with disabilities in policy and programme development;
- (c) Conduct, by self-help organizations of persons with disabilities, of, *inter alia*, programmes to:
 - Build self-confidence among members, through such means as peer counselling, positive role modelling, and skills development to meet individual needs;
 - Strengthen their members' expertise for effective participation in national policy and programme development, especially on organizational management, public relations work, and technical knowledge for advocacy on specific issues;

- Facilitate access for people with disabilities to information, in appropriate formats, on resources available to the general population as well as specifically for people with disabilities;
 - Strengthen understanding of gender issues;
 - Provide training on rights and responsibilities attached to different roles in society (e.g., as organization members, citizens, voters, employees, entrepreneurs and consumers of services);
 - Provide an avenue for cultural expression by people with disabilities;
 - Increase grass-roots membership;
 - Enhance the increased role to be played by persons with disabilities in decision-making on disability matters;
- (d) Encouragement of the leadership potential of girls and women with disabilities;
- (e) Support for self-advocacy by persons with developmental disabilities;
- (f) Advancement of peer counselling approaches to help meet the needs of people with emotional and mental problems;
- (g) Formation, by self-help organizations of people with disabilities, of a national forum representing all disability groups, with the assistance of national organizations and government funding;
- (h) Participation in efforts to improve national disability statistics, through the collaboration of the forum with:
- Government agencies to develop a national definition of disability that incorporates, in addition to clinical perspectives, consideration of functional limitations, for various stages of life, in the performance of major life activities (e.g., hearing, seeing, moving, speaking, cognitive processing, school attendance, working);
 - Consumer research entities to conduct surveys of the prevalence rates of disability from a functional perspective;
- (i) National forum action to:
- Conduct research and disseminate information on the issues that people with disabilities consider significant in their daily lives, as an instrument for policy enhancement;
 - Represent forum constituents in a national coordination committee on disability matters and in other bodies as required;

- Undertake advocacy;
- Mobilize resources for activities that directly benefit people with disabilities;
- Facilitate contact between concerned agencies and organizations and various disability groups;
- Organize programmes for meeting the training needs of member organizations;
- Forge intra- and interregional links with similar self-help organizations;
- Establish links with consumer protection groups and market research agencies to encourage the design of products and services that accommodate the needs of consumers with functional limitations;
- Involve experienced members in improving the production and quality control of assistive devices;

(j) Establishment of mechanisms for consultation between government agencies and organizations of people with disabilities on disability matters.

III. REGIONAL COOPERATION AND SUPPORT IN PURSUANCE OF THE AGENDA FOR ACTION

While the focus of the implementation of Commission resolution 48/3 and the agenda for action is at the national level, the countries and areas of the region would benefit from sharing their experience and expertise.

1. Networking

Regional cooperation may take the form of building up a network of agencies and organizations concerned with supporting national pursuance of the agenda for action and undertaking specific activities in selected areas through the proposed network. The Asia-Pacific Inter-organizational Task Force on Disability-related Concerns, of which ESCAP serves as the secretariat, would assume responsibility for initiating the formation and functioning of the network subject to the availability of funds and absence of legal barriers for the establishment and operation of the network and its activities. The Task Force may be strengthened and may consider setting up a special working group to undertake this function.

The network would operate on a decentralized basis. Agencies and organizations whose work focuses on particular areas of concern could organize themselves into a sub-network. It is envisaged that networking could evolve in response to emerging needs for exchange in the priority areas for action listed in section II above. The totality of the sub-networks would constitute the information and technical exchange network for the implementation of resolution 48/3.

Furthermore, a number of ESCAP members and associate members have made notable progress in particular disability-related areas (e.g., the empowerment of self-help organizations of persons with disabilities, the production of assistive devices) over the past Decade. They would be in a position to serve as *lead entities* in the development of the sub-networks by providing secretariat infrastructure and support required for the operation of the sub-networks.

Each sub-network would assume responsibility for facilitating advancements in its particular area during the Asian and Pacific Decade of Disabled Persons, especially concerning the:

- (a) Increase in the availability of resources (e.g., technology, techniques, skills, materials) in the ESCAP region for the implementation of resolution 48/3 with respect to the particular priority area;
- (b) Facilitation of the exchange of information on that area;
- (c) Support for the strengthening of research and development methodologies for that area to improve the relevance of the techniques, technology and material generated to conditions in the developing countries of the region.

Each lead entity would, in turn, assume primary responsibility for undertaking activities such as:

- (a) Development of a regional information and data base on technical cooperation needs, resources, potential, on-going activities, implementation experience and key contact persons;
- (b) Initiation of networking arrangements among all agencies and organizations interested in furthering that particular priority area;
- (c) Ensuring the accessibility of current information on resources and needs concerning that particular area;
- (d) Development of a roster of experienced persons whose services could, upon request, be called upon to assist countries, particularly to promote technical cooperation among developing countries (TCDC) in the implementation of resolution 48/3;
- (e) Formulation and implementation of specific technical cooperation activities that will have a tangible and positive impact on persons with disabilities in the respective area.

The decentralized nature of the network would facilitate the funding of its activities through the sharing of the responsibility among the participants. The lead entities in particular would bear a major part of the cost of the activities of their respective sub-networks, as a part of their contribution to regional cooperation. The possibility of mobilizing adequate supplementary funding to promote the effective functioning of the network as a whole may be explored.

2. Monitoring and review

The ESCAP secretariat should establish, subject to the availability of resources, an advisory panel of representatives of organizations of persons with disabilities, and other experts, to monitor and review the implementation of the agenda for action and to advise on means of attaining the aims and objectives of the Decade as enshrined in the Proclamation on the Full Participation and Equality of People with Disabilities.

The Commission resolution on an Asian and Pacific Decade of Disabled Persons calls on the Executive Secretary to submit biennial reports to the Commission until the end of the Decade on progress made in its implementation. ESCAP should conduct biennial regional surveys of progress achieved by the countries and areas of the region, and to convene biennial meetings of national coordination committees on disability matters to review achievements and to identify action that may be required to maintain the momentum of the Decade. At those meetings, the representatives of national coordination committees on disability matters would be invited to present country papers detailing national experience in pursuance of this agenda for action. Meetings of the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns should be convened to review the endeavours of its members in support of the resolution.

Implementation of the Agenda for Action
for the Asian and Pacific Decade of
Disabled Persons: Targets by Year and
Areas (1995)

TARGET YEAR: IMMEDIATE ACTION

- 1.5 Specify the participation of persons with disabilities as a criterion for the approval of funding for poverty alleviation programmes and projects.
- 3.3 Translate the Agenda for Action into national and local languages for dissemination through the mass media, folk media, government agencies and voluntary organizations.
- 4.1 Ensure that the national and provincial mass media, including private sector and folk media, feature Decade-related issues through regular and accurate coverage that improves public awareness and attitudes towards people with disabilities.
- 4.3 Initiate a review of all educational and functional literacy materials in use in the country, to identify for exclusion contents that are derogatory towards persons with disabilities, and for inclusion illustrations and references that support the integration of persons with disabilities into everyday life.
- 5.1 Incorporate barrier-free features as a standard requirement in designs and plans for all new construction, renovation and expansion of buildings and facilities used by members of the public, including transport, educational facilities, housing schemes and theme parks.
- 5.2 Include barrier-free features in all mass transport facilities and systems, particularly rail systems, which are to be built.
- 5.3 Make external built environments accessible, including installing pavements with kerb ramps, and provide adequate space for wheelchair users.
- 5.4 Include barrier-free design in the curricula for the training of architects, urban planners and engineers.
- 8.6 Mount a campaign to prohibit the manufacture and sale of laser weapons whose sole purpose is to cause total blindness.
- 8.7 Recognize that good and safe design and use of the built environment and equipment, as well as the compulsory use of personal protective equipment, are major factors in the reduction of injury-caused disabilities.

Target year: Immediate action

PHASED ACTION (1995-2002)

- 4.2 Encourage all education and training institutions, government agencies and NGOs implementing programmes and projects for children and youth, to identify and provide means of ensuring that children and young persons with disabilities are included, in a sensitive manner, in activities designed for all children and young persons.

TARGET YEAR: 1996

- 1.1 Establish a national coordination committee (NCC) on disability concerns with an appropriate mechanism to ensure its accountability to the legislature/head of Government to promote a multisectoral approach to the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002 and with representation at the policy-making level of all State/provincial Governments, and concerned ministries/departments and government agencies, substantial representation of NGOs, including self-help organizations of disabled persons and women with disabilities, as well as with adequate resource allocation.
- 1.2 Establish a NCC executive committee with appropriate representation from State/provincial Governments, ministries/departments and government agencies, NGOs, including self-help organizations of people with disabilities and women with disabilities, to ensure timely follow-up and monitoring of the implementation of NCC decisions and to facilitate NCC functioning.
- 1.3 Formulate a national plan of action and incorporate it in national development plans with a time-frame and in-built mechanism for monitoring and evaluation, as well as adequate multisectoral resource allocations for the implementation of the Agenda for Action, and specifically, the targets for national action contained in this document.
- 1.4 Prioritize, within the national plan of action, the identification of means of promoting the participation of poor persons with disabilities in all poverty alleviation programmes and projects implemented within the country.
- 4.5 Include disability issues in policies relating to information and the media, provide in particular appropriate time and space for disability concerns and, prohibit the depiction of negative and inaccurate images of persons with disabilities through performances, especially comedies, films and cartoons.
- 7.4 Set up a mechanism for phased and on-going identification of new employment opportunities in the formal and informal sectors, and training to use those opportunities for paid and self-employment of people with disabilities.
- 8.1 Identify the major factors, including gender-sensitive demographic data, associated with the five most prevalent preventable causes of disability.
- 9.1 Include persons with disabilities and their families, in particular women, as active participants in the formulation of CBR strategies and in the implementation of government and NGO programmes and projects on CBR.
- 9.2 Convene a conference on CBR involving concerned government ministries and departments, and NGOs, including self-help organizations of people with disabilities, to discuss a national CBR strategy.

Target year: 1996

TARGET YEAR: 1997

- 2.1 Establish a suitable mechanism to examine and identify all substantive and procedural laws, such as those covering inheritance, marriage and properties, as well as criminal and civil procedure codes and policy provisions on various subjects.
- 4.4 Issue first-day covers and commemorative stamps promoting full participation and equality of persons with disabilities in the Asian and Pacific region.
- 5.5 Incorporate access provisions for people with disabilities into existing building by-laws.
- 6.2 Include girls and boys and women and men with disabilities in all policies, plans and programmes to ensure Education for All, with adequate financial allocations and appropriate technical and human resources (including Braille textbooks, educational materials in audio, visual and other [e.g., large print] formats, indigenous sign language, appropriate assistive devices, physical access and support staff).
- 6.3 Introduce early intervention programmes for children with disabilities, with provision for the active involvement of their families, in both rural and urban areas.
- 6.5 Include a component on special education and children with special needs in the curricula for regular teacher training, including opportunity for relating directly with such children.
- 6.6 Promote the teaching of science and technical skills at the secondary school level to students with disabilities, including blind students.
- 7.1 Strengthen modalities identified by the Asia-Pacific Skills Development Programme to promote the integration of persons with disabilities, with due attention to gender equity, into mainstream vocational training schemes.
- 7.3 Formulate a Government policy to promote achievement of the national targets set for the placement and promotion of persons with disabilities in the public sector, such as through a quota system.
- 7.5 Establish annual training and job placement targets that are gender-equitable for people with disabilities, for joint action by ministries responsible for employment, human resources development, rural employment and development, urban development and other relevant areas, as well as employers' and workers' organizations.

Target year: 1997

- 7.9 Introduce a national scheme for giving soft loans and support services for marketing, including entrepreneurial skills development, to low-income persons with disabilities to assist them in competing in the open market.
- 8.2 Initiate public education campaigns directed at the prevention of the five most prevalent preventable causes of disability; the campaigns should reduce negative perceptions of people with disabilities and not undermine their right to live.
- 8.5 Formally join the international campaign to ban the production, use and sale of anti-personnel land mines.
- 9.3 Develop a national CBR strategy which will include training in CBR management so as to provide a framework for action and support for programmes with a special focus on rural and slum communities.
- 9.4 Include both men and women with disabilities in CBR training, that includes gender-sensitive material, as managers, trainers, supervisors, field workers and volunteers.
- 9.6 Identify and coordinate all government and NGO rehabilitation services as a basis for action to strengthen and develop these services as support for CBR programmes.
- 11.1 Establish a national forum of self-help organizations of persons with disabilities to include organizations from rural areas, as well as organizations of marginalized groups such as women and girls with disabilities, users of psychiatric services, persons with intellectual disabilities, persons who are HIV-positive and persons affected by leprosy.
- 11.2 Develop self-help organizations of diverse disability groups, which focus on rural people with disabilities, in the provision of mutual support, advocacy and referrals to programmes and services, and which collaborate actively with NGOs engaged in rural and urban development issues.
- 11.3 Put in place mechanisms under the direction of the National Coordinating Committee, which will increase consultations between self-help organizations of persons with disabilities and diverse government ministries covering the implementation of the Agenda for Action for the Decade.
- 11.4 Establish a national policy with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities.

Target year: 1997

TARGET YEAR: 1998

- 2.2 Complete the process of examination and identification of all substantive and procedural laws, criminal and civil procedure codes and policy provisions on various subjects.
- 2.5 Introduce a national scheme of social security measures covering financial assistance and subsidies for persons with extensive disabilities and their families living in poverty, as well as primary breadwinners who become disabled and have no other means of income support for their dependants.
- 2.6 Review laws relating to customs duties and amend them, to exempt from customs duties the import of vehicles, assistive devices, equipment and materials, including medical supplies, required to facilitate the daily living of people with disabilities, including women with disabilities.
- 2.7 Review and amend taxation laws to provide incentives in the form of tax benefits to persons with disabilities, manufacturers of indigenous assistive devices and employers of disabled persons.
- 3.1 Establish a national resource centre with an accessible information and database on the disability situation, including demographic data on persons with disabilities, as well as social and economic dimensions, including employment status, educational level, housing and membership in registered organizations of people with disabilities.
- 3.2 Initiate a national sample survey.
- 4.6 Establish an effective monitoring mechanism to assess the impact of campaigns and strategies to generate public awareness and improve attitudes towards persons with disabilities.
- 5.8 Make available reading material in Braille, large print, computer disk, audio cassette and other suitable formats for people who have difficulty in reading regular print; human readers and sign interpreters for people who need them; captioning and audio description, radio, telephone and fax machines for information and entertainment for people with sensory disabilities.
- 7.2 Develop and strengthen curricula and support services (physically accessible training sites and equipment, Braille texts for blind persons, and sign language interpreters for deaf persons) to enable persons with disabilities to participate fully in regular pre-vocational and vocational training programmes leading to gainful employment.
- 7.6 Establish production centres that employ people with extensive disabilities and those who require a supportive environment.

Target year: 1998

- 10.1 Establish national criteria and a subsidy scheme to provide assistive devices as well as repair and maintenance services to all disabled persons who meet the criteria, with due attention to the needs of women and girls with disabilities.
- 10.2 Exempt customs and other duties on the import of assistive devices, as well as components, materials and equipment for their production, repair and maintenance.
- 10.3 Simplify through preferential treatment customs clearance procedures for the import and export of assistive devices, as well as components, materials and equipment for their production, repair and maintenance.
- 10.4 Increase availability of assistive devices, and repair and maintenance services.
- 10.5 Introduce government schemes to actively encourage NGOs and private entrepreneurs through tax incentives and subsidies for indigenous production and servicing of assistive devices.
- 11.5 Develop programmes for training persons with disabilities, including women with disabilities, as trainers in the leadership and management of self-help organizations.

Target year: 1998

TARGET YEAR: 1999

- 6.7 Review and modify the national/State education curricula to facilitate access to education for children and adults with disabilities; include appropriate provisions for teaching language, especially to deaf persons and hard-of-hearing persons; and redress immediately any deficiency in this regard.

Target year: 1999

TARGET YEAR: 2000

- 1.6 Strengthen the NCC as a permanent statutory body with adequate resources and infrastructure for effective functioning.
- 2.3 Amend substantive and procedural laws to include enabling provisions which would provide equal legal protection to persons with disabilities, including women with disabilities, people with intellectual disabilities, and repeal provisions that restrict their full participation and equalization of opportunities, or which are discriminatory.
- 2.4 Enact a basic law with an effective in-built implementation and enforcement mechanism to protect the rights of people with disabilities, including women with disabilities, to promote affirmative action in their favour and to eliminate discriminatory practices as well as architectural and communication barriers.
- 2.8 Enact and/or amend laws/regulations for promoting health and safety in the workplace, in public places, transport and in the home, as well as set standards for safety of equipment and items for industrial, domestic and personal use
- 4.3 Exclude, from all educational and functional literacy materials in use in the country, contents that are derogatory towards persons with disabilities; and include illustrations and references that support the integration of persons with disabilities into everyday life.
- 5.6 Establish standardized indigenous sign languages with mechanisms for certification of sign language interpreters.
- 6.4 Progressively reduce the drop-out rate of children with disabilities by at least 50 per cent.
- 7.7 Achieve full participation of persons with disabilities in all schemes of assistance to engage in informal income-generation and self-employment in the rural and urban sectors.
- 7.8 Provide appropriate training and employment opportunities for people with extensive disabilities.
- 8.3 Eliminate iodine deficiency, vitamin A deficiency and leprosy as major public health problems.
- 9.5 Integrate disability issues, including those which specifically concern with women with disabilities, into mainstream programmes, especially those for health, communications, housing, human resources development, labour, transport and rural and urban development.

Target year: 2000

- 9.7 Include disability, equalization of opportunity issues, and positive attitudes towards people with disabilities in the curricula and training of medical doctors, social workers, nurses, teachers, as well as other personnel in health and social development.
- 9.8 Include rehabilitation services in all primary health care programmes and projects, as underlined in the Alma Ata Declaration on Primary Health Care, 1978, for support of CBR programmes.

Target year: 2000

TARGET YEAR: 2002

- 5.7 Make available sign language interpretation services at vital public services and facilities, particularly police departments, hospitals, law courts, and financial institutions.
- 6.1 Enable at least 75 per cent of all children and adults with disabilities to participate in formal and non-formal education programmes on an equal basis with their non-disabled peers and through progressive enrolment, together with the appropriate support services.
- 8.4 Achieve a minimum 50 per cent reduction in the incidence of three other preventable causes of disability (other than iodine deficiency, vitamin A deficiency and leprosy), without neglecting good disability prevention efforts that may already be under way.

Target year: 2002

TARGETS**TARGET
YEAR****1. National coordination**

- | | | |
|-----|--|-----------------------------|
| 1.1 | Establish a national coordination committee (NCC) on disability concerns with an appropriate mechanism to ensure its accountability to the legislature/head of Government to promote a multisectoral approach to the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, and with representation at the policy-making level of all State/provincial Governments, and concerned ministries/departments and government agencies, substantial representation of NGOs, including self-help organizations of disabled persons and women with disabilities, as well as with adequate resource allocation. | 1996 |
| 1.2 | Establish a NCC executive committee with appropriate representation from State/provincial Governments, ministries/departments and government agencies, NGOs, including self-help organizations of people with disabilities and women with disabilities, to ensure timely follow-up and monitoring of the implementation of NCC decisions and to facilitate NCC functioning. | 1996 |
| 1.3 | Formulate a national plan of action and incorporate it in national development plans with a time-frame and in-built mechanism for monitoring and evaluation, as well as adequate multisectoral resource allocations for the implementation of the Agenda for Action, and specifically, the targets for national action contained in this document. | 1996 |
| 1.4 | Prioritize, within the national plan of action, the identification of means of promoting the participation of poor persons with disabilities in all poverty alleviation programmes and projects implemented within the country. | 1996 |
| 1.5 | Specify the participation of persons with disabilities as a criterion for the approval of funding for poverty alleviation programmes and projects. | <i>Immediate
action</i> |
| 1.6 | Strengthen the NCC as a permanent statutory body with adequate resources and infrastructure for effective functioning. | 2000 |

Target area: National coordination

Gender Dimensions

1. National coordination

Strategic objective:

To enable representatives of women with disabilities to be involved in policy- and decision-making on issues that relate to them at the national level.

Action to be taken:

1. Include women with disabilities as members of the national coordination committee, their number to be equal to the number of men with disabilities in the committee.

Action by: National coordination committees for disability concerns

2. Provide the means for them to develop the skills required for effective functioning in the committee.

Action by: Self-help organizations of people with disabilities, organizations concerned with human resources development and empowerment among women.

Target area: National coordination

TARGETS**TARGET
YEAR****2. Legislation**

- | | | |
|-----|--|------|
| 2.1 | Establish a suitable mechanism to examine and identify all substantive and procedural laws, such as those covering inheritance, marriage and properties, as well as criminal and civil procedure codes and policy provisions on various subjects. | 1997 |
| 2.2 | Complete the process of examination and identification of the above-mentioned laws and policy provisions. | 1998 |
| 2.3 | Amend those laws to include enabling provisions which would provide equal legal protection to persons with disabilities, including women with disabilities and people with intellectual disabilities, and repeal provisions that restrict their full participation and equalization of opportunities, or which are discriminatory. | 2000 |
| 2.4 | Enact a basic law with an effective in-built implementation and enforcement mechanism to protect the rights of people with disabilities, including women with disabilities and people with intellectual disabilities, to promote affirmative action in their favour and to eliminate discriminatory practices as well as architectural and communication barriers. | 2000 |
| 2.5 | Introduce a national scheme of social security measures covering financial assistance and subsidies for persons with extensive disabilities and their families living in poverty, as well as primary breadwinners who become disabled and have no other means of income support for their dependants. | 1998 |
| 2.6 | Review laws relating to customs duties and amend them, to exempt from customs duties the import of vehicles, assistive devices, equipment and materials, including medical supplies, required to facilitate the daily living of people with disabilities, including women with disabilities. | 1998 |
| 2.7 | Review and amend other taxation laws to provide for incentives in the form of tax benefits to persons with disabilities, manufacturers of indigenous assistive devices and employers of disabled persons. | 1998 |
| 2.8 | Enact and/or amend laws/regulations for promoting health and safety in the workplace, in public places, transport and in the home, as well as set standards for safety of equipment and items for industrial, domestic and personal use. | 2000 |

Target area: Legislation

Gender Dimensions

2. Legislation

Strategic objective:

To protect and promote the rights of disabled women.

Action to be taken:

1. Identify, examine and amend existing legal and policy provisions which may discriminate against women with disabilities and restrict their access to public services and participation in society.

Action by: Governments, self-help organizations of people with disabilities.

2. Initiate and strengthen activities to inform and educate women and girls with disabilities as well as the public (including women and men with disabilities), regarding their rights.

Action by: Governments, self-help organizations of people with disabilities, women's organizations, particularly those engaged in the promotion of legal literacy.

3. Provide free legal service to women with disabilities.

Action by: Governments and legal aid organizations.

Target area: Legislation

TARGETS**TARGET
YEAR****3. Information**

- | | | |
|-----|---|-----------------------------|
| 3.1 | Establish a national resource centre with an accessible information and database on the disability situation, including demographic data on persons with disabilities, as well as social and economic dimensions, including employment status, educational level, housing and membership in registered organizations of people with disabilities. | 1998 |
| 3.2 | Initiate a national sample survey. | 1998 |
| 3.3 | Translate the Agenda for Action into national and local languages for dissemination through the mass media, folk media, government agencies and voluntary organizations. | <i>Immediate
action</i> |

Target area: Information

Gender Dimensions

3. Information

Strategic objective:

To generate, collate and disseminate information on the situation of women with disabilities to provide a sound basis for policy formulation and action, and to increase public awareness.

Action to be taken:

1. Incorporate the collection of gender-specific data in surveys on the disability situation at the national level and by the United Nations system.

Action by: Governments, UNICEF, UNIFEM

2. Undertake studies on the actual living conditions of disabled women in urban and rural areas, particularly those in the poorest and most disadvantaged communities, with a view to identifying ways to improving their status and living conditions.

Action by: Governments, self-help organizations of people with disabilities, women's organizations, organizations working on urban management and housing rights and on rural poverty alleviation.

3. Record and document the experiences of women with disabilities in developing and least developed countries of the ESCAP region.

Action by: Self-help organizations of people with disabilities, women's organizations and media organizations.

4. Investigate and report on the extent and nature of violence against disabled women and girls, with a view to formulating measures for their protection and redress.

Action by: Governments, self-help organizations of people with disabilities, women's organizations and regional networks involved in campaigning on violence against women.

Target area: Information

TARGETS**TARGET
YEAR****4. Public awareness**

- | | | |
|-----|--|---|
| 4.1 | Ensure that the national and provincial mass media, including private sector and folk media, feature Decade-related issues through regular and accurate coverage that improves public awareness and attitudes towards people with disabilities. | <i>Immediate
action</i> |
| 4.2 | Encourage all education and training institutions, government agencies and NGOs implementing programmes and projects for children and youth, to identify and provide means of ensuring that children and young persons with disabilities are included, in a sensitive manner, in activities designed for all children and young persons. | <i>Phased
action
(1995-
2002)</i> |
| 4.3 | Initiate a review of all educational and functional literacy materials in use in the country, to:

Exclude contents that are derogatory towards persons with disabilities; include illustrations and references that support the integration of persons with disabilities into everyday life. | <i>Immediate
action

2000</i> |
| 4.4 | Issue first-day covers and commemorative stamps promoting full participation and equality of persons with disabilities in the Asian and Pacific region. | <i>1997</i> |
| 4.5 | Include disability issues in policies relating to information and the media, provide in particular appropriate time and space for disability concerns, and prohibit the depiction of negative and inaccurate images of persons with disabilities through performances, especially comedies, films and cartoons. | <i>1996</i> |
| 4.6 | Establish an effective monitoring mechanism to assess the impact of campaigns and strategies to generate public awareness and improve attitudes towards persons with disabilities. | <i>1998</i> |

Target area: Public awareness

Gender Dimensions

4. Public awareness

Strategic objective:

To generate, collate and disseminate information on the situation of women with disabilities to provide a sound basis for policy formulation and action, and to increase public awareness.

Action to be taken:

1. Raise awareness among media persons in the ESCAP region on issues relating to women and girls with disabilities and encourage their support for promoting positive public attitudes regarding women and girls with disabilities.

Action by: Self-help organizations of people with disabilities, organizations working on social mobilization of marginalized groups, UNICEF, UNESCO, the Asia/Pacific Cultural Centre for UNESCO.

2. Include women and girls with disabilities in all activities (e.g., sports and the arts) and materials (e.g., posters, commemorative stamps, first-day covers and training packages) aimed at public information, education and social mobilization on disability issues.

Action by: Governments, self-help organizations of people with disabilities, media organizations.

Target area: Public awareness

TARGETS**TARGET
YEAR****5. Accessibility and communication**

5.1	Incorporate barrier-free features as a standard requirement in designs and plans for all new construction, renovation and expansion of buildings and facilities used by members of the public, including transport, educational facilities, housing schemes and theme parks.	<i>Immediate action</i>
5.2	Include barrier-free features in all mass transport facilities and systems, particularly rail systems, which are to be built.	<i>Immediate action</i>
5.3	Make external built environments accessible, including installing pavements with kerb ramps, and provide adequate space for wheelchair users.	<i>Immediate action</i>
5.4	Include barrier-free design in the curricula for the training of architects, urban planners and engineers.	<i>Immediate action</i>
5.5	Incorporate access provisions for people with disabilities into existing building by-laws.	<i>1997</i>
5.6	Establish standardized indigenous sign languages with mechanisms for certification of sign language interpreters.	<i>2000</i>
5.7	Make available sign language interpretation services at vital public services and facilities, particularly police departments, hospitals, law courts, and financial institutions.	<i>2002</i>
5.8	Make available reading material in Braille, large print, computer disk, audio cassette and other suitable formats for people who have difficulty in reading regular print; human readers and sign interpreters for people who need them; captioning and audio description, radio, telephone and fax machines for information and entertainment for people with sensory disabilities.	<i>1998</i>

Target area: Accessibility and communication

Gender Dimensions

5. Accessibility and communication

No additional recommendations for women and girls with disabilities.

Target area: Accessibility and communication

TARGETS**TARGET
YEAR****6. Education**

- | | | |
|-----|--|------|
| 6.1 | Enable at least 75 per cent of all children and adults with disabilities to participate in formal and non-formal education programmes on an equal basis with their non-disabled peers and through progressive enrolment, together with the appropriate support services. | 2002 |
| 6.2 | Include girls and boys and women and men with disabilities in all policies, plans and programmes to ensure Education for All, with adequate financial allocations and appropriate technical and human resources (including Braille textbooks, educational materials in audio, visual and other [e.g., large print] formats, indigenous sign language, appropriate assistive devices, physical access and support staff). | 1997 |
| 6.3 | Introduce early intervention programmes for children with disabilities, with provision for the active involvement of their families, in both rural and urban areas. | 1997 |
| 6.4 | Progressively reduce the drop-out rate of children with disabilities by at least 50 per cent. | 2000 |
| 6.5 | Include a component on special education and children with special needs in the curricula for regular teacher training, including opportunity for relating directly with such children. | 1997 |
| 6.6 | Promote the teaching of science and technical skills at the secondary school level to students with disabilities, including blind students. | 1997 |
| 6.7 | Review and modify the national/State education curricula to facilitate access to education for children and adults with disabilities; include appropriate provisions for teaching language, especially to deaf persons and hard-of-hearing persons; and redress immediately any deficiency in this regard. | 1999 |

Target area: Education

Gender Dimensions

6. Education

Strategic objective:

To ensure that all girls and women with disabilities be given the fullest possible opportunity for education.

Action to be taken:

1. Study the reasons for the low enrolment of girls and women with disabilities in schools, higher learning institutions, functional literacy and other non-formal education programmes, with a view to evolving and implementing a comprehensive plan to eliminate barriers to their enrolment.

Action by: Governments and UNICEF

2. Incorporate measures to address the education needs of disabled women and girls in all policies and programmes to achieve the UNESCO goal of Education for All.

Action by: Governments, UNESCO, UNICEF and UNDP, NGOs concerned with the enhancement and promotion of functional literacy.

3. Set targets for girls and women with disabilities for all education and literacy programmes, particularly those that focus on girls and women in general.

Action by: Governments and NGOs working on the promotion of education and functional literacy among marginalized groups.

4. Integrate the education and functional literacy needs of women and girls with disabilities in all UNESCO activities to promote education of girls.

Action by: UNESCO and NGOs supporting the UNESCO objectives.

5. Support exchanges on models of integrated education for disabled children.

Action by: Governments, UNESCO and UNICEF

6. Request relevant international agencies and bodies, through their existing advisory services to Governments in the ESCAP region, to provide technical advice to Governments in the formulation of comprehensive plans for the education of children with disabilities, with attention to equal access for disabled girls.

Action by: UNESCO, UNICEF.

Target area: Education

TARGETS**TARGET
YEAR****7. Training and employment**

- | | | |
|-----|---|------|
| 7.1 | Strengthen modalities identified by the Asia-Pacific Skills Development Programme to promote the integration of persons with disabilities, with due attention to gender equity, into mainstream vocational training schemes. | 1997 |
| 7.2 | Develop and strengthen curricula and support services (physically accessible training sites and equipment, Braille texts for blind persons, and sign language interpreters for deaf persons) to enable persons with disabilities to participate fully in regular pre-vocational and vocational training programmes leading to gainful employment. | 1998 |
| 7.3 | Formulate a Government policy to promote achievement of the national targets set for the placement and promotion of persons with disabilities in the public sector, such as through a quota system. | 1997 |
| 7.4 | Set up a mechanism for phased and on-going identification of new employment opportunities in the formal and informal sectors, and training to use those opportunities for paid and self-employment of people with diverse disabilities. | 1996 |
| 7.5 | Establish annual training and job placement targets that are gender-equitable for people with disabilities, for joint action by ministries responsible for employment, human resources development, rural employment and development, urban development and other relevant areas, as well as employers' and workers' organizations. | 1997 |
| 7.6 | Establish production centres that employ people with extensive disabilities and those who require a supportive environment. | 1998 |
| 7.7 | Achieve full participation of persons with disabilities in all schemes of assistance to engage in informal income-generation and self-employment in the rural and urban sectors. | 2000 |
| 7.8 | Provide appropriate training and employment opportunities for people with extensive disabilities. | 2000 |
| 7.9 | Introduce a national scheme for giving soft loans and support services for marketing, including entrepreneurial skills development, to low-income persons with disabilities to assist them in competing in the open market. | 1997 |

Target area: Training and employment

Gender Dimensions

7. Training and employment

Strategic objective:

To provide equal opportunities for vocational training and employment for women and girls with disabilities.

Action to be taken:

1. Establish a system to identify and provide jobs in all sectors which are suited to the abilities, potential and aspirations of women with disabilities.

Action by: Governments, organizations involved in community development, vocational training and other human resources development activities.

2. Increase the intake of women and girls with disabilities in vocational training and integrate them, with the requisite support services, into existing vocational training facilities.

Action by: Governments, NGOs involved in vocational training for persons with disabilities.

3. Provide opportunity for promotion of women with disabilities by upgrading their skills.

Action by: Governments, NGOs involved in vocational training for persons with disabilities.

4. Protect the rights of women with disabilities in the workplace.

Action by: Labour unions, organizations concerned with the rights of women workers

5. Protect the health and safety of women with disabilities in the workplace.

Action by: Labour unions, organizations concerned with the rights of women workers.

6. Educate employers and fellow employees to ensure the rights of women with disabilities to work free from psychological and/or sexual harassment.

Action by: Labour unions, organizations concerned with the rights of women workers.

7. Strengthen training in business development, product quality control, marketing and distribution of products and services by women with disabilities who are self-employed either as individuals or as a group.

Action by: Governments, United Nations agencies, NGOs working on small business development.

8. Specify the inclusion of women with disabilities as target beneficiaries of credit schemes directed at poverty alleviation among women.

Action by: Governments, organizations concerned with provision of credit in urban and rural development projects.

Target area: Training and employment

TARGETS**TARGET
YEAR****8. Prevention of causes of disability**

- | | | |
|-----|---|-----------------------------|
| 8.1 | Identify the major factors, including gender-sensitive demographic data, associated with the five most prevalent preventable causes of disability. | 1996 |
| 8.2 | Initiate public education campaigns directed at the prevention of the five most prevalent preventable causes of disability; the campaigns should reduce negative perceptions of people with disabilities and not undermine their right to live. | 1997 |
| 8.3 | Eliminate iodine deficiency, vitamin A deficiency and leprosy as major public health problems. | 2000 |
| 8.4 | Achieve a minimum 50 per cent reduction in the incidence of three other preventable causes of disability, without neglecting good disability prevention efforts that may already be under way. | 2002 |
| 8.5 | Formally join the international campaign to ban the production, use and sale of anti-personnel land mines. | 1997 |
| 8.6 | Mount a campaign to prohibit the manufacture and sale of laser weapons whose sole purpose is to cause total blindness. | <i>Immediate
action</i> |
| 8.7 | Recognize that good and safe design and use of the built environment and equipment, as well as the compulsory use of personal protective equipment, are major factors in the reduction of injury-caused disabilities. | <i>Immediate
action</i> |

Target area: Prevention of causes of disabilities

Gender Dimensions

8. Prevention of causes of disabilities

No additional recommendations for women and girls with disabilities.

Target area: Prevention of causes of disabilities

TARGETS**TARGET
YEAR****9. Rehabilitation services****Community-based rehabilitation**

- | | | |
|-----|--|------|
| 9.1 | Include persons with disabilities and their families, in particular women, as active participants in the formulation of CBR strategies and in the implementation of government and NGO programmes and projects on CBR. | 1996 |
| 9.2 | Convene a conference on CBR involving concerned government ministries and departments, and NGOs, including self-help organizations of people with disabilities, to discuss a national CBR strategy. | 1996 |
| 9.3 | Develop a national CBR strategy which will include training in CBR management so as to provide a framework for action and support for programmes with a special focus on rural and slum communities. | 1997 |
| 9.4 | Include both men and women with disabilities in CBR training, that includes gender-sensitive material, as managers, trainers, supervisors, field workers and volunteers. | 1997 |
| 9.5 | Integrate disability issues, including those which specifically concern women with disabilities, into mainstream programmes, especially those for health, communications, housing, human resources development, labour, transport and rural and urban development. | 2000 |

Health and social development

- | | | |
|-----|--|------|
| 9.6 | Identify and coordinate all government and NGO rehabilitation services as a basis for action to strengthen and develop these services as support for CBR programmes. | 1997 |
| 9.7 | Include disability, equalization of opportunity issues, and positive attitudes towards people with disabilities in the curricula and training of medical doctors, social workers, nurses, teachers, as well as other personnel in health and social development. | 2000 |
| 9.8 | Include rehabilitation services in all primary health care programmes and projects, as underlined in the Alma Ata Declaration on Primary Health Care, 1978, for support of CBR programmes. | 2000 |

Target area: Rehabilitation services

Gender Dimensions

9. Rehabilitation services

Strategic objective:

To ensure that women and girls with disabilities have equal access to health care and rehabilitation services.

Action to be taken:

1. Strengthen community health care and community-based rehabilitation services, and make available information about them; so that women and girls with disabilities will be able to have greater access to them.

Action by: Governments and NGOs involved in community-based rehabilitation.

2. Increase the training of women with disabilities as community-based rehabilitation workers to enhance service delivery to more women and girls with disabilities.

Action by: Governments and NGOs involved in community-based rehabilitation.

Target area: Rehabilitation services

TARGETS**TARGET
YEAR****10. Assistive devices**

- | | | |
|------|---|------|
| 10.1 | Establish national criteria and a subsidy scheme to provide assistive devices as well as repair and maintenance services to all disabled persons who meet the criteria, with due attention to the needs of women and girls with disabilities. | 1998 |
| 10.2 | Exempt customs and other duties on the import of assistive devices, as well as components, materials and equipment for their production, repair and maintenance. | 1998 |
| 10.3 | Simplify through preferential treatment customs clearance procedures for the import and export of assistive devices, as well as components, materials and equipment for their production, repair and maintenance. | 1998 |
| 10.4 | Increase availability of assistive devices, and repair and maintenance services. | 1998 |
| 10.5 | Introduce government schemes to actively encourage NGOs and private entrepreneurs through tax incentives and subsidies for indigenous production and servicing of assistive devices. | 1998 |

Target area: Assistive devices

Gender Dimensions

10. Assistive devices

Strategic objective:

To increase the availability of assistive devices for women and girls with disabilities.

Action to be taken:

1. Promote the production and distribution of assistive devices which are appropriate for women and girls with disabilities and ensure that they have equal access to existing subsidies and concessions.

Action by: Governments and NGOs involved in the production and distribution of assistive devices.

Target area: Assistive devices

TARGETS**TARGET
YEAR****11. Self-help organizations**

- | | | |
|------|---|------|
| 11.1 | Establish a national forum of self-help organizations of persons with disabilities to include organizations from rural areas, as well as organizations of marginalized groups such as women and girls with disabilities, users of psychiatric services, persons with intellectual disabilities, persons who are HIV-positive and persons affected by leprosy. | 1997 |
| 11.2 | Develop self-help organizations of diverse disability groups, which focus on rural people with disabilities in the provision of mutual support, advocacy and referrals to programmes and services, and which collaborate actively with NGOs engaged in rural and urban development issues. | 1997 |
| 11.3 | Put in place mechanisms under the direction of the National Coordinating Committee, which will increase consultations between self-help organizations of persons with disabilities and diverse government ministries covering the implementation of the Agenda for Action for the Decade. | 1997 |
| 11.4 | Establish a national policy with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities. | 1997 |
| 11.5 | Develop programmes for training persons with disabilities, including women with disabilities, as trainers in the leadership and management of self-help organizations. | 1998 |

Target area: Self-help organizations

Gender Dimensions

11. Self-help organizations

Strategic objective:

To strengthen the capacity of women with disabilities to include their concerns into the agendas of self-help organizations and to provide them with equal opportunities to influence policy and decision-making in those organizations.

Action to be taken:

Self-help organizations of people with disabilities should:

1. Take special action to recruit more women and girls with disabilities as members so as to improve the gender balance in the organizations and better represent the interests of women and girls with disabilities.
2. Aim towards equal representation of women members in their policy and decision-making bodies.
3. Form committees elected by the women members to promote the advancement of women and girls with disabilities.
4. Raise the awareness of women and girls with disabilities regarding gender issues, with a view to increasing their ability to analyse the barriers caused by gender bias and to develop the skills to deal with those barriers in everyday life.
5. Include equal numbers of women in leadership and management training activities.
6. Strengthen cooperation with women's organizations through joint projects on issues faced by women and girls with disabilities.
7. Approach, in collaboration with the national focal points on disability, all multilateral, bilateral and national funding agencies to ensure that women and girls with disabilities are explicitly cited as target beneficiaries of development programmes which are intended to be gender-sensitive.

Target area: Self-help organizations

Gender Dimensions

12. Regional cooperation

Strategic objective:

To enhance the sharing of information and experience on the advancement of women and girls with disabilities and to strengthen their effectiveness in advocacy at relevant regional forums.

Action to be taken:

1. Encourage and support networking among women with disabilities, and between women with disabilities, and mainstream women's organizations as well as other NGOs.

Action by: Self-help organizations of people with disabilities, women's organizations and NGOs.

2. Ensure equal representation of men and women in bilateral exchange programmes in the field of disability.

Action by: Governments and NGOs.

3. Discussion on the progress of efforts to promote the implementation of the recommendations regarding women and girls with disabilities should be included in the agenda of the meetings of the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns and the biennial regional meetings to review the progress of the Decade.

Action by: All members of the Inter-organizational Task-Force.

4. Country reports and reports by NGOs for future biennial regional reviews should include gender-segregated data and information on women and girls with disabilities with respect to implementation of all areas of the Agenda for Action.

Action by: Governments and NGOs.

Target area: *Regional cooperation*

ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002: ACTION TARGETS*

1.5 Specify participation of persons with disabilities as criterion for poverty alleviation funding approval.

3.3 Translate Agenda for Action into national and local languages.

4.1 Ensure mass media feature Decade issues.
4.3 Initiate a review of all educational and functional literacy materials in use in the country to exclude derogatory contents and include contents supportive of integration of persons with disabilities.

5.1 Incorporate barrier-free features as a standard requirement in all new construction and renovation designs and plans.
5.2 Include barrier-free features in all mass transport systems which are to be built.
5.3 Make external built environments accessible.
5.4 Include barrier-free design in the training curricula of architects, urban planners and engineers.

8.6 Campaign to prohibit manufacture and sale of laser weapons whose sole purpose is to cause total blindness.

8.7 Recognize good, safe design and use of the built environment and compulsory use of personal protective equipment in the reduction of injury-caused disabilities.

IMMEDIATE ACTION

1.1 Establish a national coordination committee (NCC) on disability.

1.2 Establish a NCC executive committee to facilitate NCC functioning.

1.3 Formulate a national plan of action.

1.4 Prioritize in the national plan of action participation of poor persons with disabilities in all poverty alleviation programmes and projects.

4.5 Include disability issues in information and media policies, provide time and space for disability concerns, and prohibit negative and inaccurate images of persons with disabilities through performances.

7.4 Set up a mechanism for phased and ongoing identification of new employment opportunities and training.

8.1 Identify factors, including gender-sensitive demographic data, associated with the five most prevalent preventable causes of disability.

9.1 Include persons with disabilities and families as active participants in CBR.

9.2 Convene a CBR conference to discuss a national CBR strategy.

2.1 Establish a mechanism to examine and identify all substantive and procedural laws, civil procedure codes and policy provisions.

4.4 Issue first-day covers and commemorative stamps.

5.5 Incorporate access provisions in building by-laws.

6.2 Include girls and boys, and women and men with disabilities in Education for All policies, plans and programmes.

6.3 Introduce early intervention programmes for children with disabilities in rural and urban areas.

6.5 Include special education and children with special needs in regular teacher training curricula.

6.6 Promote secondary school teaching of science and technical skills to students with disabilities, including blind students.

7.1 Promote integration of persons with disabilities into mainstream vocational training schemes.

7.3 Formulate Government policy to place and promote persons with disabilities in the public sector.

7.5 Establish annual gender-equitable training and job placement targets for joint action by ministries and employers' and workers' organizations.

7.9 Introduce a national scheme for giving soft loans and support services for marketing to low-income persons with disabilities.

1997

8.2 Campaign to prevent the five most prevalent preventable causes of disability.

8.5 Join the international campaign to ban anti-personnel land mines.

9.3 Develop a national CBR strategy with a special programme focus on rural and slum communities.

9.4 Include men and women with disabilities in CBR training.

9.6 Coordinate all government and NGO rehabilitation services as a basis for CBR programme support.

11.1 Establish a national forum of self-help organizations of persons with disabilities to include rural organizations, and marginalized groups.

11.2 Develop self-help organizations of diverse disability groups, which collaborate actively with rural and urban NGOs.

11.3 Put in place NCC mechanisms which increase consultations between organizations of persons with disabilities and diverse ministries.

11.4 Establish a national policy to support organizations of persons with disabilities.

2.2 Complete examination and identification of all substantive and procedural laws, criminal and civil procedure codes and policy provisions.

2.5 Introduce a national scheme of social security measures for persons with extensive disabilities and their families living in poverty and disabled primary bread winners with no other means of income support.

2.6 Exempt from customs duties vehicles, assistive devices, equipment and materials, to facilitate the daily living of people with disabilities.

2.7 Provide tax benefits to persons with disabilities, manufacturers of indigenous assistive devices and employers of disabled persons.

3.1 Establish a national resource centre.

3.2 Initiate a national sample survey.

4.6 Establish a monitoring mechanism to assess public awareness campaigns and strategies.

5.8 Make available reading material in appropriate formats.

1998

7.2 Develop and strengthen curricula and support services for full participation in regular pre-vocational and vocational training programmes.

7.6 Establish production centres that employ people with extensive disabilities and those who require a supportive environment.

10.1 Establish national criteria and a subsidy scheme to provide assistive devices and repair/maintenance services.

10.2 Exempt customs and other duties on the import of assistive devices, components, materials and equipment for their production, repair and maintenance.

10.3 Simplify customs clearance procedures for the import and export of assistive devices, components, materials and equipment for their production, repair and maintenance.

10.4 Increase availability of assistive devices, and repair/maintenance services.

10.5 Introduce government tax incentive and subsidy schemes to encourage NGOs and private entrepreneurs in indigenous production and servicing of assistive devices.

11.5 Train persons with disabilities, including women, as trainers in the leadership and management of self-help organizations.

1999

6.7 Review and modify national/State education curricula to facilitate access to education for children and adults with disabilities; include teaching language, especially to deaf and hard-of-hearing persons; and redress immediately any deficiency in this regard.

1.6 Strengthen the NCC as a permanent statutory body.

2.3 Amend laws to include enabling provisions to give equal legal protection to persons with disabilities, and repeal restrictive and/or discriminatory provisions.

2.4 Enact a basic law to protect the rights of people with disabilities, promote affirmative action, and eliminate discriminatory practices and architectural and communication barriers.

2.8 Enact and/or amend laws/regulations for promoting health and safety, and set standards for safety of equipment and items for industrial, domestic and personal use.

2000

4.3 Exclude from all educational and functional literacy materials contents that are derogatory towards persons with disabilities and include in those materials illustrations and references supportive of the integration of persons with disabilities into everyday life.

5.6 Establish standardized indigenous sign languages and certification of sign language interpreters.

6.4 Reduce the drop-out rate of children with disabilities by at least 50 per cent.

7.7 Achieve full participation of persons with disabilities in all assistance schemes to engage in informal income-generation and self-employment.

7.8 Provide appropriate training and employment opportunities for people with extensive disabilities.

8.3 Eliminate iodine deficiency, vitamin A deficiency and leprosy as major public health problems.

9.5 Integrate disability issues into mainstream programmes.

9.7 Include disability, equalization issues, and positive attitudes towards people with disabilities in the training curricula of personnel in education, health and social development.

9.8 Include rehabilitation services in all primary health care programmes and projects, for support of CBR programmes.

5.7 Make available sign language interpretation services at vital public services and facilities.

6.1 Enable at least 75 per cent of all children and adults with disabilities to participate in formal and non-formal education programmes, with the appropriate support services.

8.4 Achieve a minimum 50 per cent reduction in the incidence of three other preventable causes of disability (other than iodine deficiency, vitamin A deficiency and leprosy).

2002



* Abbreviated version

Phased action 1995-2002

4.2 Include children and young persons with disabilities in activities for all children and young persons.

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