

WHO Disability Action Plan

The World Federation of Occupational Therapists (WFOT) welcomes the opportunity to provide input into Disability Action Plan of the WHO. Many of the directions articulated within the Disability Action Plan reveal beliefs, values and strategies that are in close harmony with the purposes, goals and values of the WFOT and the occupational therapy profession. It is within this context that this document is submitted.

The WFOT agree strongly that disability is an issue of public health, human rights, and development. We believe that the Disability Action Plan should include explicit statements of vision, goals and objectives focusing on social change for all persons in all countries that will enable optimal participation as valued citizens. The goal and objectives from this vision need to articulate the features of a disability-friendly society in housing, employment, transportation, recreation and general community sectors. The presence or absence of disability in any life can be transient, changing and responsive to circumstances that are in constant flux. This perspective is essential to adopt when considering the growing co-morbidity of non-communicable disorders (NCDs) where periods of remission and exacerbation will have a major impact on the ability of those individuals to maintain participation in their communities and engagement in activities. This is a key area for occupational therapy (OT) involvement, working directly with citizens facing complex problems related to readjustment and stabilization. Changes made by nation states therefore will have more impact on mediating the effect of activity limitations on the public sector and promoting health and well being of citizens.

The vision of disability needs to emphasize that all people including children and older adults have the right to make an informed decision regarding what *occupations* are meaningful and necessary for their quality of life, social inclusion and justice regardless of bodily function. The language of everyday *occupation* (**Definition** “occupation” www.wfot.org) will vary across socio-cultural contexts, but the intent is to recognize that when this term is broadly defined, *occupations* refer to all forms of engagement and enactment by citizens in home, school, the workplace and in employment, recreation, transportation, the natural environment and other societal sectors from childhood to end of life.

The WFOT acknowledges that active rehabilitation needs will fluctuate for individuals however the challenge is given to the social and public services to accommodate environmental and structural social changes to enable full participation

To enrich the goals and objectives of the draft plan, a more explicit understanding of context and environment is essential. The WFOT was pleased to note the involvement of people with disabilities (PWD) in the development of this Action Agenda and Plan. The WFOT also endorses the involvement of Civil Society as well as those who work closely with health and rehabilitation professionals on personal agendas for living well across the life span. This process of being engaged in developing the plan, writing and editing the report, discussing and debating the relative merit of priorities leads to enhanced learning and the forging of relationships to facilitate and support change.

10) Member States' activities

The Disability Rights claim **'Nothing about us, without us'** needs to be advanced explicitly and prominently by all Member States. In addition, the WFOT endorses the Disability Rights claim to **"Leave No One behind"** that was emphasized at the High-Level Meeting of the General Assembly on Disability and Development (HLMDD), 23 September 2013.

To fulfill the broad vision, goals and objectives in the Disability Action Plan, Members States' activities must reach far beyond the provision of rehabilitation services in health settings. This would include major expansion of access to community-based support groups, self-help models and services such as the "Recovery Model" as well as universal access to assistive building designs and devices. Members States need to move quickly to achieve a vast expansion of professional services like occupational therapy and other supports that can enable as full a life as possible in all environments and at all ages. Occupational therapists are collaborative practitioners who work *with* persons with disabilities in enabling social inclusion, justice, and social and ecological sustainability. OTs are effective in bridging between societal sectors due to the breadth and depth of their knowledge base, skills bank and attributes. Occupational therapy practice effectively spans the medically managed health care context (medical model) and the community context (social model), embracing social values and societal needs. Consequently, OTs' approach to disability encompasses everything from the cell to the system, being prepared to play a major role in designing, planning and operationalizing integrative systems and programs that address individual and community need. There is a global shortage of health professionals and OT's practice orientation makes them a valuable bridge builder. OT's function not only in direct intervention but at all levels up including government policy development and population health. Disability is a social issue. Funding for public health is needed to address restricted participation in civil society for all citizens, including those with disabilities to develop their potential to contribute to society in ways that are meaningful to them.

Communication between all players in the development and delivery of inclusive services is critical. Therefore Member States must develop and implement integrated national education plans with the priority being to prepare people with disability to complete their formal education and enter the health service workforce and all other sectors. This needs to be combined with the development of curricular content in professional education programs that includes people with disabilities in the role of teaching resource people to advise and educate faculty and students on how to communicate and work with people with disabilities.

Member states need to endorse the recognition that disability is a socio-cultural-political-economic issue by providing funding incentives to create disability-friendly communities. Member States must prioritize the needs of the most vulnerable groups of children, women, indigenous populations, people living in poverty, as well as rural and remote populations. To hear the voices of vulnerable groups, Member States must adopt national targets for including people with disabilities in the health workforce and other sectors of society to be service providers and community mentors.

11) WHO activities

The WFOT recommends strongly that a checklist tool for Member States be created to evaluate the 'disability-friendly' status of rural, remote, small and large communities. WHO should collaborate with persons with disabilities to develop a system to monitor member countries. An 'accreditation' process for Member States could be established to determine the degree of disability-friendliness, with monitoring ongoing and linked to funding supports for community and

public health. This could be built into the reporting process for the expanding Millennium Development Goals post-2015.

The WFOT advocates for the development of a standardized model of disability survey (p. 19 in the Draft Disability Action Plan). The focus should be on activity and participation of people with disabilities together with decision makers, across all levels of action from home to policy development.

Most important, the WHO Secretariat needs to partner **with** people with disabilities to develop tools and training packages and guidelines for inclusive social structures, from accessible buildings to employment and pension equity with those people considered non-disabled. WFOT wishes to recognize the WHO for beginning this process within the WHO organization, providing an excellent opportunity for modeling to others. WHO needs to urge Member States to organize collaborative planning with all sectors to ensure appropriate financial assistance to create disability-friendly, healthy and sustainable communities.

WHO needs to partner with people with disabilities to develop a leadership capacity building model for including persons with disabilities in WHO decision making and WHO consultation on rehabilitation, public health, social services, transportation, housing, and other sectors.

12) Actions of international and national partners

International and national partners should be encouraged to invite people with disabilities to contribute social innovations for creating inclusive communities. Public education should be an integrated value across all levels of government, manifesting in every strategy, program and service. International and national partners must support all levels of education to inculcate attitudes of respect, tolerance and recognition, consistent with the UN Declaration on Human Rights Education (2012).

13) Targets and indicators

WHO, together with persons with disabilities, could develop tools to evaluate the participation of people with disabilities as independent citizens who can collaborate with governments, and international and national partners in the development of legislation, policies, regulations and local rehabilitation initiatives.

A WHO designation of a *disability-friendly community* could become a sought-after hallmark of being an inclusive and just community.

Conclusion:

The World Federation of Occupational Therapists commends the WHO for developing the Disability Action Plan and also for inviting input from all stakeholders. Responses like these can present the skeleton of opinions, ideas and innovation. It is through ongoing dialogue and opportunities to engage in collaborative and creative thinking that opportunities can be identified for initiating systems to create real change. The WFOT is eager to engage in this manner with the WHO and to enable the attainment of the goals and objectives of this Disability Action Plan through the involvement of occupational therapy and occupational therapists across the action spectrum.

NOTE: WFOT would like to acknowledge the input of the WFOT International Advisory Group: Human Rights (Co-convenors Clare Hocking and Elizabeth Townsend)

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