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Public Policy for People with Disabilities: the UN and WHO Perspectives

John L. Melvin, MD, MMSc Michie Professor and Chairman Department of Rehabilitative Medicine Thomas Jefferson University

Saloni Sharma, MD Chief Fellow, Pain Management Department of Anesthesia Milton S. Hershey Medical Center Pennsylvania State University

Like other social issues, globalization has had an impact on governmental policies towards disability. Legislation in one country can have a significant impact on international organizations – such as the United Nations (UN) and the World Health Organization (WHO) and on the policies of other countries. For instance, the United States (US) Americans with Disabilities Act (ADA) of 1990 provided an important model to these organizations and many countries. The reverse can also be true; international approaches can impact the legislation of individual countries. For example, the broader definitions of disability included in the UN Convention on the Rights of Persons with Disabilities influenced advocates who sought passage of the US ADA Amendments Act of 2008, signed into law on September 25, 2008.

Increasingly, awareness of international concepts related to social problems provides insight into issues likely to be addressed in one's own country. This paper reviews recent UN and WHO actions likely to influence the public policies of most countries towards people with disabilities, including those of the US.

Disability is a significant issue in the US. Based on the 2002 Survey of Income and Program Participation, The United States Census Bureau News reported in 2006 that 51.6 million Americans (18% of those responding) reported having a disability.¹ US public policy addresses both the rights and the financial needs of people with disabilities.^{2,3} The laws implementing these policies were largely the result of advocacy efforts of people with disabilities and their US organizations.

Internationally, disability is an even greater problem than it is in the US. Approximately 10 percent of the world population, which is equivalent to 650 million people, has a disability.⁴ Disability does not exist in isolation; it is linked to unemployment, poverty, reduced health status, lower educational levels and abusive behavior, particularly of children and women. Globally, 10% of disabilities from injuries are from war; particularly from unexploded ordinance including landmines.⁵ The UN refers to disability as multisectorial, i.e. programs addressing disability require the involvement of multiple governmental departments dealing with these related social problems. Estimates are that 25% of the world's population is directly affected by disability when the impact on caregivers and family members is considered.

On a global scale, the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities and an Optional Protocol to the Convention (Convention) on December 13, 2006.⁶⁷ This Convention entered into force on May 3, 2008, after it received its 20th ratification. This status requires that a Conference of Member States elect a Committee on the Rights of Persons with Disabilities in 6 months. The Convention aims to ensure that persons with disabilities enjoy all human rights and fundamental freedoms on an equal basis with others. It lists the adaptations member countries must make to enable people with disabilities to exercise their rights effectively. The need for these requirements is based upon an analysis of the rights that have been violated and those that need reinforced protection. Within the United Nations, the WHO is taking the lead in implementing the Convention, particularly its health aspects.⁸ One of its initiatives includes disseminating information on the Convention, emphasizing its importance and supporting Member States in their implementation obligations. Another initiative is appropriately incorporating disability issues within WHO projects and programs, and assuring that WHO offices, information resources and employment opportunities are accessible.

At the request of the World Health Assembly, WHO is developing a *World Report on Disability and Rehabilitation* to thoroughly discuss and examine the importance of disability, assess the current situation and determine what will be needed in the future. The report will investigate the current data and patterns in disability and rehabilitation, etiologies of disabilities, and key issues including rights, access and equality. Furthermore, it will develop a plan for change on the national and international levels based on the best available scientific evidence while promoting awareness on the state of disability and rehabilitation.

These mandates to protect the human rights of people with disabilities will affect all of the institutions of countries that incorporate them into their laws, much as the US has done with the ADA Amendments of 2008. They will have the same impact as the laws that protect the rights of women and underrepresented minorities. Organizations such as Thomas Jefferson University and Thomas Jefferson University Hospital will need to consider these mandates as they examine policies related to employment and acceptance of students, as well as programmatic goals and competencies.

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