责任编辑：邱卓英、陈迪　　·《世界残疾报告》和 ICF 应用与康复咨询分论坛·

Implementation of World Report on Disability, ICF & Rehabilitation Counseling Sub-forum

基于《残疾人权利公约》架构的《世界残疾报告》解读与应用

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[摘要] 本文介绍了《残疾人权利公约》的理念和框架，与《世界残疾报告》中的架构进行匹配，分析了 ICF 的模式和残疾的方法，阐述人权与发展残疾的问题，并探讨了公约中有关残疾相关服务的原则和发展建议。

[关键词] 残疾人权利公约；世界残疾报告；国际功能、健康和残疾分类；残疾

The World Report on Disability and the Implementationof the Convention on the Rights of People with Disabilities

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Abstract: This paper introduced the principles and significances of Convention on the Rights of Persons with Disabilities (CRPD), mapped framework of World Report on Disability to the CPRD, analyzed the ICF model and approach of disability, elaborate the issues of human rights and development of disability, and explored the disability-related services: principles, development and recommendations within CRPD.

Key words: Convention on the Rights of Persons with Disabilities (CRPD); World Report on Disability(WRD); International Classification of Functioning, Disability and Health; disability

World Report on Disability and the *Convention on the Rights of Persons with Disabilities* implications are more than just a sign of progress for the framework of disability and rehabilitation. By comparing their overlapping similarities as well as how they complement each other the work of disability and rehabilitation is mapped out for professionals in the field and stakeholders. These two documents also indicate a commitment to enhance policies and practices as they relate to disability and rehabilitation that will enhance the quality of life of persons with disabilities worldwide.

1 The Principles of CPRD and its Implications to Disability and Rehabilitation

The ***Convention on the Rights of Persons with Disabilities*** (CPRD) adopted by the United Nations in 2006

entered into force on 3 May 2008. There was no specific global treaty addressing the needs and rights of persons with disabilities, the world's largest minority before this world landmark Convention. What prompted this action, after many years of grassroots level and governmental advocacy and consultation, is the fact that about 650 million people in the world or about 10 per cent of the total world's population experiences some type of various forms of disabilities, according to the World Health Organization (WHO). Eighty percent of persons with disabilities or more than 400 million people live in poor countries, and are least equipped to address their diverse needs from medical to rehabilitative services to carrying on with activities of daily living. Disability not only affects the person, it affects the entire family and the community. If a permanent disability is acquired by an adult family member or head of the household (father, mother, working-age siblings, etc.), the statistics of disability exceeds one billion. This is particularly important, as disabilities are a contributing factor of poverty, reduced access to education and labour and health exclusion and discrimination for both persons with disabilities and their families (1).

All over the world, persons with disabilities continue to face multiple barriers in their attempt for participation in society and they are directly affected by much lower standards of living when compared to the rest of the non-disabled population.

The purpose of the Convention, as stated in *Article 1*, is to ***"... to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity..."*** **(2).** The implications to disability and rehabilitation are enormous, basically because the livelihood and well-being of millions of people with disabilities today are, and in the future will be affected by how we understand the significance of disability and the impact of the CPRD if used as a framework for policy and the protection of human rights of persons with disabilities.

1.1 The Principles of the CPRD

The principles of the CRPD are clear and simple; however, they have a major significance that crosses over all cultures, political arenas and socio-economic statuses worldwide. Within the convention, Article 3 - ***General Principles*** states the following: The principles of the present Convention shall be:

Respect for inherent dignity, individual autonomy including the

freedom to make one's own choices, and independence of persons;

b. Non-discrimination;

c. Full and effective participation and inclusion in society;

d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

e. Equality of opportunity;

f. Accessibility;

g. Equality between men and women;

h. Respect for the evolving capacities of children with disabilities and

respect for the right of children with disabilities to preserve their identities.

These principles are broad, inclusive and person-centered which make them

appropriate for the implications to disability and rehabilitation and the creation of models of best practice for medical physical rehabilitation as well as other social protection practices.

1.2 Implication to Disability and Rehabilitation

The Convention is comprehensive in its contents and moves beyond the question of access to the physical environment, to broader issues of equality and elimination of legal and social barriers to full participation, social opportunities, health care, rehabilitation services, education, vocational training, employment and personal development. One of the important points that ratifying countries are bond to is to provide health care and other specific health services such as rehabilitation services needed because of disabilities.

Disability is part of the human condition. It is also a complex, dynamic, multidimensional, and contested topic.

Responses to disability have changed since the 1970's, prompted largely by the self-organization of people with disabilities (3, 4) and the growing tendency to see disability as a human rights issue (5). Policies have now shifted towards community and educational inclusion, and medically focused health care solutions have given way to more interactive approaches recognizing that people are disabled by environmental factors and society's negative attitude as well as by the limitations of their bodies.

Prevention of health conditions associated with disability is an ongoing development issue, besides primary prevention including health promotion and specific protection (i.e., HIV education), secondary prevention including actions to detect a health problem at an early stage (i.e., women's access to cancer screening) there is the tertiary prevention which includes action to reduce the impact of an already established disease by restoring function and reducing disease-related complications as in the case of rehabilitation services as early as possible during the onset of a diagnosed disability (spinal cord injury, musculoskeletal impairment, etc.). Article 25 of the CPRD specifies 'access to health care services' as an explicit right for people with disabilities (6). If physical medical rehabilitation is a component of overall health care this specialization is also addressed by the CPRD.

2 The Framework of World Report on Disability Mapping to the CPRD

*The **World Health Organizations (WHO) World Report on Disability (WRD)*** was launched on 9th June 2011 at the United Nations Headquarters in New York. Recognizing the Convention on the Rights of Persons with Disabilities (CRPD) as its moral compass and following the conceptual framework of the International Classification of Functioning, Disability and Health (ICF), the WRD constitutes the most visible and potentially influential global health policy reference work for rehabilitation for the next decade.

The World Report on Disability provides a guide to improving the health and well-being of people with disabilities. It seeks to provide clear concepts and the best available evidence, to highlight gaps in knowledge and emphasizes the need for further research and policy development. The ultimate goal of the WRD and the CPRD is to enable all people with disabilities to enjoy the choices and life opportunities currently available to only a minority by minimizing the adverse impacts of impairment and eliminating prejudice and discrimination (7).

2.1 Framework of WRD

The WRD displays what has come to be known as the integrative model of functioning and disability as expressed in the International Classification of Functioning, Disability and Health. The WRD acknowledges the genuine role of Physical Rehabilitation Medicine (PRM) and its contribution to enhancing a person's functioning and participation in life. It challenges lie in the delivery of rehabilitation services in underserved parts of the world, ranging from the provision of timely, cost efficient and effective treatment, and the involvement of people with disability, family and care givers in the decision making process. It is concluded that these challenges and the implementation of the WRD's recommendations call upon multiple actors including the International Society of Physical and Rehabilitation Medicine (ISPRM) and for national rehabilitation strategies that can coordinate scarce resources effectively, especially in times of crisis such as disaster relief efforts.

2.2 Mapping WRD Framework to CRPD

The WRD displays what has come to be known as the paradigm shift away from solely seeing disability as an impact of a health condition toward a new integrative model of functioning and disability that understands disability in light of a health condition in interaction with the environment and personal factors (8–11).

The WRD turns its attention to the basic service areas of general health care, rehabilitation and assistance and support, before moving on to describing major life areas of people with disabilities. Similar to the CRPD, in its definition of disability, the WRD leaves behind the restrictive view of the medical dimension of disability by making clear that the medical and the social model are not dichotomous or mutually exclusive. It argues that disability is a complex, multidimensional concept, fundamentally dynamic in nature that engages both intrinsic features of human

physiology and functioning and features of the physical and human-built, social and attitudinal environment.

The WRD thereby seeks a balance by arguing on one hand that, whatever the underlying mechanism that creates it might be, impairment is essential to disability and hence that disability is at some level intrinsically a health issue. On the other, the lived experience of disability is presented here as profoundly mediated, altered, or in some cases, completely constructed, by the physical, social and attitudinal context in which the person lives and carries out her life. It is this essential balance that is fundamental to both the concept and practice of rehabilitation. As we will now see the WRD acknowledges the central role of rehabilitation with all its facets emphasizing the capacity of rehabilitation to eliminate potential barriers to unrestricted participation in everyday life.

3 ICF Model of Disability and Approaches

The WRD consistently highlights rehabilitation as an essential strategy to enable

people with disabilities to participate in education, the labor market, and civic life (12), stating that rehabilitation needs to provide a wide range of measures that targets all aspects of functioning as described in the ICF (body functions and structures, activities and participation, environmental factors, and personal factors) from the improvement of functions to measures for the promotion of participation and inclusion (13, 14).

Recent reports describing rehabilitation as a health strategy to address these needs have also used the ICF as a conceptual framework to describe all aspects of rehabilitation to meet these needs. Rehabilitation measures focus on: a) prevention of the loss of function; b) slowing the rate of loss of function; c) improvement or restoration of function; d) compensation for lost function; and e) maintenance of current function. In order to achieve these goals, the WRD stresses that rehabilitation must always be voluntary and that people with disabilities have to be included into all aspects of decision-making in the rehabilitation process and that furthermore, rehabilitation requires team-integrated action (15). The WRD distinguishes between the following categories of rehabilitation measures: a) Rehabilitation Medicine, b) Therapy, and c) Assistive Technologies. The ICF model and approaches are clearly place a strong emphasis on the best possible alternatives to enhance the quality of life of individuals with disabilities.

The International Classification of Functioning, Disability and Health (ICF)

is a framework for describing and organizing information on functioning and disability. It provides a standard language and a conceptual basis for the definition and measurement of health and disability. The ICF was approved for use by the World Health Assembly in 2001, after extensive testing across the world involving people with disabilities and people from a range of relevant disciplines. A companion classification for children and youth (ICF-CY) was published in 2007.

The ICF integrates the major models of disability. It recognizes the role of environmental factors in the creation of disability, as well as the relevance of associated health conditions and their effects. The aim of the ICF is a multipurpose classification system designed to serve various disciplines and sectors, for example in education and transportation as well as in health and community services, and across different countries and cultures. The aims of the ICF are to:

- provide a scientific basis for understanding and studying health and health-related states, outcomes, determinants, and changes in health status and functioning;
- establish a common language for describing health and health-related states in order to improve communication between different users, such as health care workers, researchers, policy-makers and the public, including people with disabilities;
- permit comparison of data across countries, health care disciplines, services and time; and
- provide a systematic coding scheme for health information systems.

The ICF 'has been accepted as one of the United Nations social classifications and provides an appropriate

instrument for the implementation of stated international human rights mandates as well as national legislation' (16). Hence, the ICF provides a valuable framework for monitoring aspects of the CRPD, as well as for national and international policy formulation (17).

In the ICF model, functioning and disability are multi-dimensional concepts, relating to:

- the body functions and structures of people, and impairments thereof (functioning at the level of the body);
- the activities of people (functioning at the level of the individual) and the activity limitations they experience;
- the participation or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society); and
- the environmental factors which affect these experiences (and whether these factors are facilitators or barriers).

The ICF conceptualizes a person's level of functioning as a dynamic interaction between her or his health conditions, environmental factors, and personal factors. It is a biopsychosocial model of disability, based on an integration of the social and medical models of disability.

Disability is multidimensional and interactive. All components of disability are important and any one may interact with another. Environmental factors must be taken into consideration as they affect everything and may need to be changed.

ICF has many different applications. In clinical settings the ICF can be used in its full range as a framework for rehabilitation programming (18). For specific disease conditions, instead of using the entire ICF (with its approximately 1400 categories) it can be useful to have a short list of ICF categories that are essential to describe the disability experience of the person. To achieve this, ICF 'core sets' have been developed with practitioners and people who experience the disease, in a systematic consensus approach.

4 Disability and Human Right

Human rights are universal and they applied to everyone by virtue of their humanity. The CRPD is the first human rights convention of the 21st century it brings a more progressive interpretation of principles and approaches to human rights and adds to the overall human rights discourse and understanding, not only disability. This is a fundamental contribution that has to be taken into consideration in the work of disability and rehabilitation.

It is well documented that persons with disabilities represent an estimated 15 percent of the world's population. The World Bank has estimated that people with disabilities may account for as many as one in five of the world's poorest people. They face discrimination in every aspect of their lives. It arises not from the intrinsic nature of disability but rather from entrenched social exclusion resulting from rejection of differences, poverty, social isolation, prejudice, ignorance and lack of services. The effects of such exclusions are profound.

The WDR and CPDR, they each merge, reinforce, and elaborate the other and contribute towards the goals of equity and inclusive development for all. Their inter-related nature has been widely acknowledged by scholars and the disability community. Together they embody five core values of human rights law that are of particular importance in the context of disability.

- Dignity of each individual, who is deemed to be of inestimable value because of his/her inherent self-worth, and because she/he is economically or otherwise "useful";
- The concept of autonomy or self-determination, which is based on the presumption of a capacity of self-determination, which is based on the presumption of a capacity of self-directed action and behavior, and requires that the person be placed at the center of all decisions affecting him/her;
- The inherent quality of all decisions affecting him/her;
- The inherent equality of all regardless of difference;

- The ethic of solidarity, which requires society to sustain the freedom of the person with appropriate social support (19).

Additionally, coordination between various sectors private and governmental as well as the WRD, CRPD and ICF provision is crucial to the development of adequate policies for protection and promotion of human rights of persons with disabilities in society and ultimately enabling them to become productive members of the society.

5 Disability and Development

Disability and poverty are complex, dynamic, and intricately linked phenomena. Persons with disabilities on average as a group are more likely to experience adverse socioeconomic outcomes than persons without disabilities, such as less education, worse health outcomes, less employment, and higher poverty rates. Therefore, integrating disability into existing socio-economic development work is a key strategy to address disability issues.

A country's economic, legislative, physical, and social environment may create or maintain barriers to the participation of people with disabilities in economic, civic, and social life. Barriers include inaccessible buildings, transport, information, and communication technology; inadequate standards, services, and funding for those services; and too little data and analysis for evidence-based, efficient, and effective policies. Poverty may increase the risk of disability through malnutrition, inadequate access to education and health care, unsafe working conditions, polluted environment, and lack of access to safe water and sanitation. Disability may increase the risk of poverty, through lack of employment, lower wages, and increased cost of living with a disability.

Global awareness of disability is increasing. The UN Convention on the Rights of Persons with Disabilities promotes the full integration of persons with disabilities in societies in all aspects of society. The Convention specifically references the importance of international development in addressing the rights of persons with disabilities. Disability and development is one of seven emerging topics that are being addressed by the World Bank review of safeguard policies and procedures. In addition to soliciting comments from an expert group of practitioners and civil society representatives, the World Bank is encouraging input from individuals and organizations (21, 22). The World Report on Disability, the first ever of its kind, has significantly contributed to the international discourse on disability and development. The report:

- Analyzes the socio-economic impact of disability based on the best empirical evidence available;
- Recommends clear, implementable actions to improve the lives of people with disability; and
- Fills major knowledge gaps, particularly in health, education, and labor.

According to ICF, facilitators are factors in a person's environment that would improve functioning, reduce disability, and healthy development of persons with disabilities. These factors such as a physical environment that is accessible, the availability of relevant and affordable assistive technology, and positive attitudes of people towards disability, as well as services, systems and policies that aim to increase the involvement of all people with a health condition in any area of life and the full integration to the society. In addition, providing educational and employment opportunity to persons with disabilities will also enable the full participation of persons with disabilities in the society.

6 Disability Related Services: Principles, Development and Recommendations within CRPD

According to CRPD, persons with disabilities have the right to the highest attainable standard of health without discrimination on the basis of disability (Article 25). To enable persons with disabilities to attain maximum independence and ability, countries are to provide comprehensive habilitation and rehabilitation services in the areas of health, employment and education (Article 26). Persons with disabilities have equal rights to work and gain a living, therefore countries are to prohibit discrimination in job-related matters, promote self-employment, entrepreneurship and starting one's own business, employ persons with disabilities in the public sector, promote their employment in the private sector, and ensure that they are provided with reasonable accommodation at work (Article 27). Countries are to

ensure equal participation in political and public life, including the right to vote, to stand for elections and to hold office (Article 29). Countries are to promote participation in cultural life, recreation, leisure and sport by ensuring provision of television programmes, films, theatre and cultural material in accessible formats, by making theatres, museums, cinemas and libraries accessible, and by guaranteeing that persons with disabilities have the opportunity to develop and utilize their creative potential not only for their own benefit, but also for the enrichment of society (23). Countries are to ensure their participation in mainstream and disability-specific sports (Article 30).

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残疾人就业障碍与就业率的比较分析

——《世界残疾报告》残疾人就业发展解读

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[摘要]本研究分析了残疾人就业面临的主要障碍以及世界残疾人就业发展状况，并依据《世界残疾报告》有关残疾人就业的相关政策建议，提出了结合中国国情，促进中国残疾人就业的相关政策建议。

[关键词]世界残疾报告；工作和就业；残疾人就业率

Comparison of Employment Barriers and Employment Rate for People with Disabilities-Elaboration of Employment of World Report on Disability

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Abstract: This paper analyzed the main barriers and current status of employment for people with disabilities. Several recommendations had been made for the promotion of employment for PWDs in China in views of World Report on Disability.

Keywords: World Report on Disability; work and employment; employment rate

促进残疾人就业是改善其经济状况，实现其社会价值的根本途径。《世界残疾报告》指出，与非残疾人相比，不论在发达国家还是发展中国家，就业年龄段的残疾人就业率很低，失业率很高[1]。

本文通过解读《世界残疾报告》第八章有关残疾人工作和就业发展状况，分析残疾人就业面临的主要障碍以及一些国家残疾人就业率的特点，并以《世界残疾报告》为依据，提出促进残疾人就业的建议措施。

1 残疾人工作和就业的国际法律、法规和政策依据

1.1 联合国《残疾人权利公约》

基于《残疾人权利公约》架构的《世界残疾报告》解读与应用

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