



**FIRST MEETING
OF DIRECTORS OF INSTITUTIONS AND PUBLIC POLICY FORMULATORS FOR PERSONS
WITH DISABILITIES**

REPORT

21, 22 and 23 of January of 2009

Panama City

Republic of Panama

**Reunión de Directores
de Instituciones y Formuladores
de Políticas Públicas para
Personas con Discapacidad**



**Meeting of
the Directors of Institutions
and Formulators of Public Policies
for Persons with Disabilities**

**Primera Reunión • First Meeting
Panamá • Enero 21 al 23 de 2009**

Calle La Boca, Edificio 1007, Corregimiento de Ancón. Ciudad de Panamá, República de Panamá.
Teléfonos: (507) 314-0642 • (507) 314-0658

INDEX

I. INTRODUCTION / BACKGROUND

II. LIST OF PARTICIPANTS

III. SITUATIONAL STATE

IV. MEETING DESCRIPTION

- Technical Aspects
- Methodology
- Event Agenda

V. CONCLUSIONS

VI. APPENDIX

- Legal Background
- Declaration of the Decade
- Action Program
- Meeting Methodology
- Presentations

I. INTRODUCTION / BACKGROUND

International Evolution of the issue of Treatment for Persons with Disabilities

In the last two decades of the past century, the concern of international organizations and of humanity deepened as a whole, due to the conditions of injustice and inequality, generated by reasons of economy, race, and territorial location or by health conditions and disability situation.

The International Organizations, States, and citizens were motivated by this, expressing themselves through instances of the civil society in particular, to take care of proposing and tackling these solutions; to attack the conditions of poverty and vulnerability from different angles in which, for example, the situation of women whether she's Indian, black and with disability, was segmented into conventions, programs and projects. Other population groups did not escape from this interest and concern, which being subjected to discrimination; forced States into formulating public policies to give them priorities in the pertinent order and the corresponding magnitude. The actions taken by the States are assumed little by little, because these persons trapped in unjust social structures begin to react in different ways in the absence of equity in society and this can be felt from the human dimension, this need for a response and solidary action.

The last 20 years have been rich in the generation of conventions, agreements and norms of legal character that bind States in terms of ethics, morals and in politics to formulate policies, programs and projects, that as concerns the economic and financial, focus on the persons who will benefit in such a way that it allows an effective and substantial improvement in the quality of life.

Although this recognition exists in a generalized way, in case of persons with disabilities and their families, it has had to be framed in the sphere of Human Rights and to obtain through vindication, the place this deeply human topic deserves within private and public administration, that recently began to visualize what for centuries was not visualized or recognized for reasons of atavisms and social conventions.

This approach allows the incorporation of the topic to a variety of dimensions that involve the multiple factors that affect it and the different sectors that have necessarily have intervened in the search and attainment of answers that disability demands as a social situation that transcends the individual and family.

The Organization of American States (OEA) sensitive to this reality and responding to the clamor of the Organizations of Civil Society of the member countries, as well as the interest of the governments represented in it, undertakes the task of incorporating in the agenda of its deliberations, the topic of attention to persons with disabilities.

This is summarized quite adequately in the regional environment component, in the Annex # 1 mentioned before, the content of which served as a basis for the, **Action Program of the Americas for the Decade of the Rights and Dignity of Persons with Disabilities 2006-2016**. Based on the Program, the OEA, creates the Technical Secretariat (SEDISCAP), responsible for promoting its incorporation in public policy and in the programs and projects of different

countries, and to prompt initiatives of regional and sub regional character that will allow the leveling of these public actions for the attention and services to people with disabilities in the American continent.

To start its activities in the area of Governments, the first Regional meeting was called by SEDISCAP to analyze the advances in the program in the different countries and thus to prepare its work agenda starting from the recommendations issued in it.

II. LIST OF PARTICIPANTS

A. International Participants

1. Barbados – National Disability Unit – Director Nicholas House
2. Barbados – Barbados Permanent Mission before the OEA – Substitute Representative before the OEA – Ricardo T.L. Kellman
3. Bolivia – National Council for Persons with Disabilities (CONALPEDIS) – Representative Gladys Vargas.
4. Bolivia – Representative Assigned by the Embassy of Bolivia in Panama – Marco Centeno.
5. Brazil – National Coordination for the Inclusion of persons with deficiencies – General Coordinator Izabel Major
6. Costa Rica – National Council of Rehabilitation and Special Education – Executive Director a.i. Elsie Bell Pantoja
7. Chile – National Fund for Disability (FONADIS) – Consultant / Executive Secretary, Ricardo Vila Cifuentes.
8. Ecuador – National Council for Disability (CONADIS) – Executive Director Dr. Julio Hinojosa.
9. Ecuador – Vice President of the Republic – Government Representative Lourdes Endara.
10. Salvador – National Council of Integral Attention to Persons with Disabilities – Executive Director Lourdes B. de Morales.
11. United States – Disability Office of Quality Healthcare and Policy – Director Rosaly Correa de Araujo.
12. Haiti – State Secretary for the integration of Persons with Disabilities – Director Michael A. Pean.
13. Jamaica – Ministry of Labor and Social Security – Representative Colette Robert Rindsen.
14. Mexico - National Council for Persons with Disabilities (CONAPD) – Director Dr. Jose Osorio.
15. Nicaragua – Ministry of Health – General Secretary Dr. Enrique Beteta.
16. Panama – National Secretary for Disability (SENADIS) – Director Manuel Campos.
17. Panama – National Secretary for Disability (SENADIS) – Sheila Sánchez

18. Paraguay – Institute for the Protection of Exceptional Persons – Director Luz Bella Gonzalez de Caballero.
19. Peru – Consultant to the Commission for Disability of the Congress of the Republic, Luis Miguel de Aguila.
20. Trinidad & Tobago – Disabilities Affairs Unit, Ministry of Social Development – Director Angela Edwards.

International Observers and Observers from the Civil Society in Panama

1. United Nations Fund for Infancy (UNICEF) – Regional Advisor Garren Lumpkin
2. Young Americas Business Trust (YABT), of the Organization of the American States (OEA) – Programs Manager Edgar Mestres.
3. Organization of Iberian American States for Education, Science and Culture / Institute for Educational Development and Innovation (OEI / IDIE) Panama – Director, Representative Mellisa Wong Sagel.
4. Organizatio of Iberian American States for Education, Science and Culture / Institute for Educational Development and Innovation (OEI / IDIE) Panama – Theme Specialist Monica Vargas.
5. World Health Organization / Pan American Health Organization – Appointed Professional Dr. Adrian Miranda.
6. National Federation for Persons with Disabilities (FENAPEDI) – Coordinator Ana Fischer.
7. President of the National Federation for Parents and Friends of People with Disabilities (FENAPAPEDI) – Panama Inclusion – Spokeperson for the Latin American Network of Nongovernment organizations of People with Disabilities and their Families (RIADIS) and Vice President of Inter American Inclusion – Rosario de Cordova.
8. President of the Latin American Union for the Blind (ULAC) – Guillermo Moreno.
9. Coordinator of the Christian Fraternity of People with Disabilities (FRATER) – Fanny Wong.
10. Vice-president of the World Union for Persons with Disabilities (OMPD) – Jose Batista.

SEDISCAP/OEA Work Group + SENADIS PANAMA

1. Secretary Legal Affairs – Secretary Jean Michael Arrighi
2. SEDISCAP/OEA – Technical Director Dr. Eneida Ferrer Ferguson
3. SEDISCAP/OEA – Projects and Programs – Lic Jose A Espino
4. OEA Representative – Panama – Dr. Abigail Castro de Perez
5. Panama Official Mission in OEA – Lic Lorena Aparicio
6. SEDISCAP/OEA - Technical Consultant – Lic Thelma Aizpurua
7. SEDISCAP/OEA – Technical Assistant – Lic Juan M Rodriguez
8. SEDISCAP/OEA – Technical Assistant – Lic Michelle Miro
9. SEDISCAP/OEA – Transport – Roberto Gaitan
10. SEDISCAP/OEA – Maintenance – Julia Attes
11. FUDICO – Technical Assistant – Lic Adriano Ferro F
12. FUDICO – Technical Assistant – Lic Maria Judith Arrocha
13. SENADIS – Technical Assistant – Lic Briceida Hernandez
14. SENADIS – Technical Assistant – Lic Blanca Domingo
15. SENADIS – Logistic Coordinator – Lic Laura Sanjur
16. SENADIS – Public Relations – Lic Marco Aurelio Alvarez
17. SENADIS – Logistic Assistant – Eva Villanueva
18. SENADIS – Logistic Assistant – Edith Bravo
19. SENADIS - Logistic Assistant – Griselda Collantes
20. SENADIS – Sign Language Interpreter – Elia Palma
21. SENADIS – Sign Language Interpreter – Xiomara Graell
22. SENADIS – Logistic Assistant – Cecilia Ulloa
23. SENADIS – Techonology – Alvin Nuñez
24. SENADIS – Transport – Gabriel Botello
25. SENADIS – Transport - Ariel Cisneros

III. SITUATIONAL STATE

The normative framework that supports the incorporation of the topic of disability in the sphere of Human Rights can be seen in Annex No. 1, which is attached to this document.

According to the study called “Approximation to the reality of persons with disabilities in Latin America” (Samaniego de Garcia, 2006), “the analysis of the population with disabilities in the region turns out to be highly complex due to the dispersion of data because of the lack of standardization in response to diversity, the different years in which the information is collected, situation that makes one think of the danger implied in the limitation of disabilities to statistical figures, leaving aside culture. Relating the language and the measurement through its historic path, confronts identities behind statistics, it complicates the synthesis of the specific studies and the statistical data.

SEDISCAP, recognizing that it is very risky to establish a comparative study with different focuses and concepts, attempts below a comparison, wherever feasible and viable, among countries, with the sole purpose of measuring, estimating, recognizing the magnitude of the population that is bound by the problem / opportunity represented by disability as a social challenge in this 21st century.

The Organization of the American States (OEA) sensitive to this reality and responding to the clamor of the Organizations of the Civil Society of the member countries, as well as to the interest of the governments represented by it, undertakes the task of incorporating into its agenda of deliberations, the topic of attention of people with disabilities. This is summarized very adequately in the regional environment component, in the Annex # 1 mentioned before, whose content served as a basis for the, **Action Program of the Americas of the Decade for the Rights and Dignity of Persons with Disabilities 2006-2016**. Based on the Program, the OEA creates the Technical Secretary (SEDISCAP), responsible for promoting its incorporation in public policy and in the programs and projects of different countries, and to prompt initiatives of regional and sub regional character that will allow the parity of public actions for the attention and services of people with disabilities in the American continent.

Table 1: TECHNICAL SECRETARY FOR THE MONITORING OF THE ACTION PROGRAM OF THE DACE OF AMERICAS FOR THE RIGHTS AND DIGNITY OF PERSONS WITH DISABILITIES. ESTIMATED SUMMARY OF THE TOTAL POPULATION AND POPULATION PERSONS WITH DISABILITIES AVERAGE CONSULTED INDEX PREVALANCE ACCORDING TO INTERNATIONAL ORGANIZATIONS SOURCES

COUNTRIES	TOTAL ESTIMATED POPULATION BY JULY 2008 (*)	PERSONS WITH DISABILITIES AVERAGE	
		POPULATION	%
TOTAL	900,357,153	102,934,814	11.4
Antigua & Barbuda (**)	84,522	8,452	10.0
Argentina	40,482,000	2,833,740	7.0
Bahamas	307,451	7,071	2.3
Barbados	281,968	12,971	4.6
Belice (**)	301,270	30,127	10.0
Bolivia	9,247,816	708,999	7.7
Brazil	196,342,592	22,906,636	11.7
Canada	33,212,696	4,118,374	12.4
Chile	16,454,143	1,760,593	10.7

Colombia	45,013,672	3,706,126	8.2
Costa Rica	4,195,914	271,336	6.5
Dominica	72,514	7,251	10.0
Ecuador	13,927,650	1,787,382	12.8
Salvador	7,066,403	105,996	1.5
United States	303,824,640	45,573,696	15.0
Grenada (**)	90,343	9,034	10.0
Guatemala	13,002,206	1,345,728	10.4
Guyana	770,794	30,061	3.9
Haiti (**)	8,924,553	892,455	10.0
Honduras	7,639,327	494,010	6.5
Jamaica	2,804,332	78,521	2.8
Mexico	109,955,400	6,487,369	5.9
Nicaragua	5,785,846	628,729	10.9
Panama	3,309,679	373,990	11.3
Paraguay (**)	6,831,306	683,131	10.0
Peru	29,180,900	5,383,876	18.5
Dominican Republic	9,507,133	397,872	4.2
San Kitts & Nevis (**)	39,817	3,982	10.0
Santa Lucia (**)	159,585	15,959	10.0
San Vicente and las Granadinas (**)	108,432	10,843	10.0
Suriname	492,289	13,784	2.8
Trinidad & Tobago	1,047,366	47,131	4.5
Uruguay	3,477,778	337,344	9.7
Venezuela	26,414,816	1,862,245	7.1

(*) Source: Banco Mundial / Central Intelligence Agency (CIA) The World Factbook July, 2008.

(**) We do not possess data of disability and they were averaged to the 10 % of the Estimated Total Population base on the Specialized Studies of OMS - OPS.

As a response to this imperative the Organization and the Member States, Technical Secretary for the Decade of Americas for the Rights and Dignity of Persons with Disabilities 2006 – 2016 (SEDISCAP) tackle the task of complying with the objectives which are summarized as follows:

- To create a space for the exchange of actions and information between the Member States to facilitate the execution of the Action Program for the Decade of Americas for the rights and the Dignity of Persons with Disabilities and their families.
- To boost the mainstreaming of the objectives of the decade in all the Inter American System.
- To bring about the participation of civic society and persons with disabilities and their families in the execution of the Action Program.
- To promote the investigation in all levels to contribute in the achievements of the goals of the Action Program.

As a complement to what was mentioned before, it emerges as the central responsibility, the setting into motion, with the collaboration of each one of the countries in the continent, the Action Program for the Decade of the Americas.

Towards that, SEDISCAP, once the phase of installation of its offices in the City of Panama – Republic of Panama, has finished, (June 2008), initiates its activities by sending through the Permanent Ambassadors before the OEA (June 2008), a form which allows the identification of focal points (Institutions and Persons), of the advance of the situational analysis of the topic of disability, of the current legal framework and of the scope of public policies that are applied in

each country. All of this for the purpose of forming a criteria of the general dimension of the problem and the existing opportunities, to create as well a center of information that will facilitate with its systematization, a view of the regional advances in the application of human rights and the attention, by means of appropriate services by the member states, of persons with disabilities.

To continue this first cycle of activities and for the purpose of guaranteeing that there be uniformity of criteria at a technical level among those responsible for directing the institutions and formulating public policy for the attention of persons with disabilities the **FIRST MEETING OF DIRECTORS OF INSTITUTIONS AND FORMULATORS OF PUBLIC POLICY FOR PERSONS WITH DISABILITIES** was convened, carried out in the City of Panama from the 21 of January to the 23 of January of the current year with the presence of 16 countries represented by 21 government officials representing government entities responsible for the monitoring and formulation of public policy in the area of disability.

IV. DESCRIPTION OF THE MEETING

I. Technical Aspects

I.1 Evaluation of Strategies for Action

The Meeting has as its objective to:

- Reach a consensus for the work plan and the priorities for the action that the Secretary must promote starting from the programs and intervention axis of the program of the decade.
- To deliberate on the development and strategies for the action on the topics of legislation, cooperation, empowering, lobbying, resources and political will, as well as the production of statistics and the evaluation of the disability in each country and the need for collaboration of horizontal, bilateral and international character that the countries require.

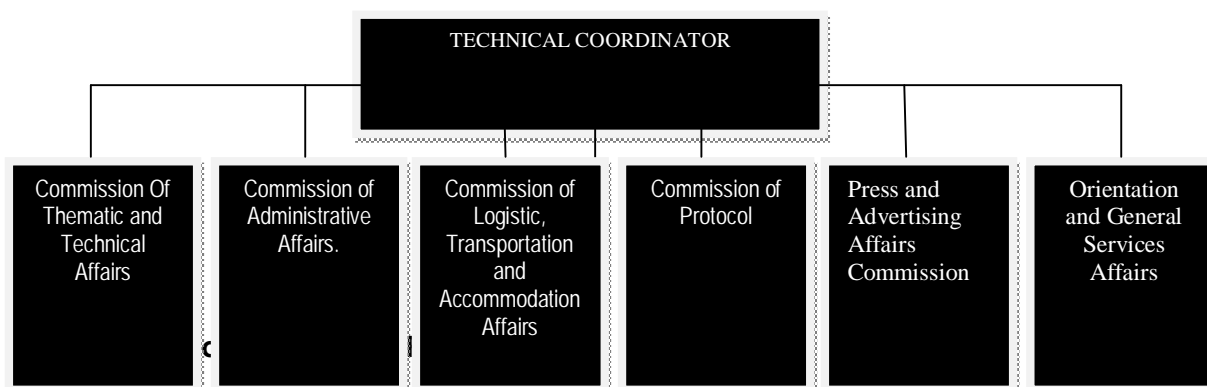
1.2. Regional review and internalization of the Content of the Action Plan for the Decade of the Americas for the Rights and the Dignity for Persons with Disability (2006 – 2016).

- Advance of the countries in the process of adopting and adjusting the national plans.
- Proposals of programs and projects of greater priority by strategic line, disability condition and / or sub regional or regional area.

II. Meeting Organization Structure

The Structure Organization will be base in the implementation of the following chart:

Table # 2: Organization Structure



SEDISCAP was responsible for having the necessary human resources to coordinate and guarantee the development of the administrative and technical aspects of the meeting.

The Secretary and the organization team for the event generated from the start of the meeting, opportunities to create contribution spaces and the establishments of links, susceptible to be

expanded in the future, between the collaborating organizations such as UNICEF, OEL, OPS, and the ONG's, who upon meeting exchanged points of view and identified opportunities for possible programs and projects in the future. Financial Organizations such as Banco Interamericano de Desarrollo and Banco Mundial were present during key moments of the meeting.

II.2 Government Participation

- The participating States should send Representatives that can present successful projects and successful lessons learned that have contributed to the formulation, as well as the status of development of public policies to attend the issues related to persons with disabilities. In some cases it will be requested of the States represented to present successful projects from which lessons may be learned intending with these and with the valuable experiences accumulated, the replication of them, formulating programs and projects that will facilitate the collection of funds and cooperation with Technical Assistance, Training, and Transfer of Technology at a bilateral level and horizontally.
- In addition, deliver a compilation of current laws, norms and procedures that are valid in the country, in regards to this subject.
- The programs carried out by the government, must be identified and described so that they can be separated by which ones are for protection and safeguard, rehabilitation and full participation, and which is the vision within each country, for the mainstreaming of the topic of persons with disabilities, in public investment programs.
- The persons, who are indicated by the participant government, must have the sufficient knowledge of the Action Plan for the Decade that has been adopted and knowledge of the Conventions and Treaties ratified by their respective country, in the matter of the International Law.

II.3 PARTICIPATION OF INTERNATIONAL ORGANIZATIONS AND COLLABORATORS

- The Representatives of the International Organizations and Collaborators whether they are within the OEA or at an Interamerican Level, must among other things, present institutional policies adopted to orient the technical – financial contribution with the countries, in the promotion of human rights of persons with disabilities to be incorporated and fully participate in the processes of development that topics such as the mitigation of poverty, gender participation and inclusion in economic, politic, and economic aspects tackle thereby making sense of the execution of full citizenship.
- From the perspective of International Organizations, a vision of policies to be adopted should be generated for the mainstreaming of the topic of people with disabilities in the financing operations that are designed with the countries and which allow the execution of programs and the specific projects.

II.4 Work Methodology

- With the formal processes for the assembly defined and the date set for the meeting, SEDISCAP sent the corresponding invitation to the countries, requesting from some of them the presentation of project studies from which experiences could be taken out to be replicated by formulating fund collection initiatives and projects to be presented to financing organizations.
- After the meeting complied with the protocol process of installing the participants, it started its deliberations with an explanation of the Methodology to be followed during the work days.
- The projects shall be developed starting from the objectives and strategic lines of the Action Plan for the Decade, having magisterial presentations that provide a conceptual framework for it, as well as for each one of the objectives and concrete actions contained in it.
- The magisterial presentations were prepared in such way, that they will serve as reference documents that will support the process of conclusions, recommendations and priorities that the work groups established, for such reason they are attached to this document in annexes.
- The work groups were installed according to the sub regional division of the continent so that the process indicated in the previous point, comes close as much as possible to the geographical, demographic, ethnographic, cultural, economic, social and political realities.
- The work groups organized in this way, analyzed each one from their reality the six strategic axes and the concrete actions found in the Action Plan for the Decade starting from programs and specific projects and generated a series of conclusions, recommendations and priorities regarding lessons learned with the potential of being replicated.
- The conclusions, recommendations and priorities as a function of the lessons learned that may be replicated, were sent to plenary with the purpose of giving it not only the sub regional content before indicated, but the power of identifying if guidelines or actions of continental character exist that should be attended with the regional vision.
- The work groups, constituted by countries that integrate each sub region should choose a Debate Coordinator and a speaker. They had the assistance of the magisterial speaker in deepening the content of the topic during the development of its deliberations and the presentation, by the countries selected, of projects and duplicable experiences.
- The Meeting Coordinator, offered administrative and secretarial assistance in each of the rooms (areas) where work groups were installed, so that they could prepare their conclusions, recommendations and priorities, and present them to the plenary in digital format (PowerPoint).
- The Coordinators and Speakers of the Work Groups, collaborating with the coordination of the meeting made the General Summary Synthesis document, which is presented in this report, becoming the work document of the Secretary for the next years.

- In relation to the selection by means of the consensus of the country where the next meeting is to be held, some delegations showed interest in assuming the responsibility, nevertheless, the representatives present, due to the financial commitment that this represented, requested the opportunity to consult with their respective governments and instructed the Secretary to organize and coordinate a decision in this regards.

III. Meeting Schedule

DAY	TIME	TOPICS
TUESDAY 20	PARTICIPANTS ARRIVAL	
	12:00 pm to 6:00 pm	Participant Check In
	08:00 pm	Welcome Cocktail Hotel el Panama
WEDNESDAY 21	EVENT INAGURATION	
	8:30 am to 10:00am	Participation of the Honorable First Lady of the Republic, Vivian Fernandez de Torrijos, First vice President of the Republic and Minister of Foreign Affairs for Panama His Excellence Mr. Samuel Lewis Navarro, of the Reputable Diplomatic Corps in the Republic of Panama, Special Guests, and Organizations of the Inter American System in Panama as the host country. The presentation of Dr. Jean Michel Arrighi, Secretary of Legal Affairs, General Secretary of the Organization of American States: The Inter American Right and People with Disabilities.
	10:00am – 10:30 am	Break
	START OF WORK PERIOD	
	10:45 am – 11:30am	Topic: The Decade of Disability: Its Action Plan and the Role of the Secretary. Speaker: Dr. Eneida Ferrer, Director Technical Secretary's Office for the monitoring of the Action Program for the Decade of the Americas for the Rights and Dignity of Persons with Disabilities.
	11:30 am – 12:00pm	Explanation of the Methodology of Work of the meeting and the Formation of the Groups. Lic. José Agustín Espino
	12:00 pm – 01:00pm	Lunch
	STRATEGIC LINES PRESENTATION	
	<u>Line No 1: Health and Disability</u>	

	01:00pm - 01:30pm	Induction Presentation
	01:30pm – 02:15pm	Speech up to (3) successful projects by State chosen
	02:15pm – 03:45pm	Work Group by sub region
	03:45pm – 04:00pm	Break
	04:00pm _ 05:15pm	Plenary: Conclusions, recommendations, priorities by sub region
	07:00 pm.	Official Dinner offered by the First Lady of the Republic of Panama – Location : Salon Paz, Presidency of the Republic

DAY	TIME	TOPICS
THURSDAY 22	<u>Line No.2: Education and Disability</u>	
	08:30am - 09:00am	Induction Presentation
	09:00am – 9:45am	Speech up to (3) successful projects by State chosen
	09:45am – 10:00am	Break
	10:00am – 11:15am	Work Group by sub region
	11:15am – 12:30am	Plenary: Conclusions, recommendations, priorities by sub region
	12:30md – 1:30pm.	Lunch
	<u>Line No.3: Employment and Disability</u>	
	01:30pm - 02:00pm	Induction Presentation
	02:00pm – 02:45pm	Speech up to (3) successful projects by State chosen
	02:45pm – 03:00pm	Break
	03:00pm – 04:15pm	Work Group by sub region
	04:15pm _ 05:30pm	Plenary: Conclusions, recommendations, priorities by sub region

DAY	TIME	TOPICS
FRIDAY 23	<u>Line No.4: Society and Disability</u>	
	08:30am - 09:00am	Induction Presentation Speech up to (3) successful projects by State chosen
	09:00am – 10:00am	Work Group by sub region
	10:00am – 10:45am	Plenary: Conclusions, recommendations, priorities by sub region

10:45am – 11:00am	Break
<u>Line No.5: Accessibility and Disability</u>	
11:00am - 11:30am	Induction Presentation Speech up to (3) successful projects by State chosen
11:30am – 12:30md	Work Group by sub region
12:30md – 1:15pm	Plenary: Conclusions, recommendations, priorities by sub region
01:15pm- 2:30pm	Lunch
<u>Line No.6: Political Participation and Disability</u>	
02:30pm – 03:00pm	Induction Presentation Speech up to (3) successful projects by State chosen
03:00pm – 04:00pm	Work Group by sub region
04:00pm – 05:00pm	Plenary: Conclusions, recommendations, priorities by sub region
05:00pm – 05:15pm	Break
05:15pm – 06:00m	General Conclusion and Closure

V. CONCLUSIONS

INTRODUCTION

The General Secretary of the Organization of American States (OEA), through the Secretary of Legal Affairs / Technical Secretary for the monitoring of the Action Program of the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (SEDISCAP), convened the, **First Meeting of Directors of Institutions and Formulators of Public Politics for persons with Disabilities**, which took place in the city of Panama on the 21,22,23 of January of the current year, with the participation of sixteen (16) countries in the American Continent.

This meeting allowed the countries and participating delegates, to analyze the degree of advance reached in the six strategic lines of work for the ACTION PROGRAM FOR THE DECADE, adopted by the States Part of the OEA, such as: **health, education, employment, society, accessibility and political participation**, and also generated related recommendations with the priorities that SEDISCAP must assume, in the design of its work plan.

The work groups organized by sub region, analyzed during the duration of the meeting, each one of the strategic work lines from their national reality, checking in each strategic axis, its objectives and the specific concrete actions specified in the Action Program. This from the perspective of the programs and projects identified, designed in negotiation with suppliers of resources at a local and international level and / or in the execution in each country and sub region and furthermore generated a series of conclusions, recommendations and priorities, around the lessons learned with the potential of being replicated.

The conventional division of sub regional character of the continent was utilized with the purpose of obtaining an approximation as close as possible of the geographic, demographic, ethnographic, cultural, economic, social, and political realities, and utilizing in this way the following work group conformation: **Group No. 1:** Barbados, United States, Haiti, Jamaica and Trinidad y Tobago. **Group No. 2:** Costa Rica, Salvador, Mexico, Nicaragua and Panama and **Group No. 3:** Bolivia, Brazil, Chile, Ecuador, Paraguay and Peru.

Each work group had a Debate Coordinator, a speaker chosen by the group who presented the results of the discussion board with the assistance of a Moderating Facilitator of the work methodology: The work started with the presentation by each country, were the advances achieved were explained as regards to the topic of assistance, promotion and / or attention to persons with disabilities, the limitations and deficiencies presented by country and region and future plans that are expected to be established according to the Action Program for the decade of Americas.

In the plenary session, the speaker presented the results obtained by each work group.

The general conclusions are detailed below by work group and the strategic line of action:

DELIBERATIONS BY WORK GROUP AND LINE OF ACTION

1.1 STRATEGIC LINE No 1 HEALTH AND DISABILITY

-Work Group Set up

In accordance with the debate methodology defined and having established its direction, the first activity established is to share successful experiences in the topic of health, that the countries carry out for the benefit of persons with disabilities, then later compare these with the objectives and strategic lines of this first subject that were chosen as a priority in this First Meeting, as follows:

- To expand, improve and to ensure the access of persons with disabilities to the health services on equal terms.
- To promote the scientific and technological investigation related to the prevention of disabilities, treatment and rehabilitation.

Group Deliberations

In accordance to the methodology adopted for the meeting of the Work Group, it initiated with the presentation of the representative of Brazil, Isabel Major with the topic of, access to health, vindicating that in this aspect persons with disability have to continue fighting and exercise their right to access to health, because on this topic, as in education, work and others the discrimination situation persists, situation which must be overcome and in this manner, be able to help this population enjoy a better quality of life. She emphasized the importance of prevention and investigation so that they can have a single system of protection and promotion of health, for persons with disabilities and this way be able to immediately identify situations that may result in disability. It is necessary to execute a policy for attention directed towards persons with disability that cuts in a transversal way through all the levels of attention.

After that, the delegation of the United States intervened, through Rosalyn Correa – Araujo, who emphasized that persons with conditions of disability, are productive, they only require equal opportunity, a healthy way of life and good health care, she emphasized that the commitment of the structure of governments and of its citizens, is to help make decisions on public policy for the benefit of persons with disabilities, with equality as the base before the law and human and civil rights for all citizens.

Another successful project presented in this strategic line was the one presented in the Meeting by the delegate of Bolivia Eusebia Gladys Vargas, she explained that her country carried out a pilot survey directed at two municipalities whose results are very close to the real community status and to the prevalence of population with disabilities in that country. Statistical data of the

national census was shown with a total of 827,432 persons with some type of disability in Bolivia. It was explained that two large entities exist that work for the benefit of persons with disabilities, and they are: the National Committee for Persons with disability and the Bolivian Confederation for persons with disabilities.

The Mexican representative presented the contribution of this country with the so called "Neonatal Program of Auditory Triage". It is important to emphasize that in Mexico between 2,000 and 6,000 children are born with hypoacusis every year. The triage is a procedure for the early identification of hypoacusis, using electro acoustic and electro physiological methods during the first 28 days of birth. This action is undertaken to prevent and to strengthen at a family level, the early detection of disability to be able to provide medical, technological, intellectual, educative, social, emotional and economic assistance to the family and the particular person during their whole life.

The results of the Work Groups according to the Tables are presented below:

Work Group. Group # 1

Rosalyn Correa de Araujo	United States (Coordinator)
Ángela Edwards	Trinidad y Tobago (Speaker)
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Colette Robert Rindsen	Jamaica
Thelma Aizpurúa	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 1

1. In each country significant advances are presented on the subject and attention programs for people with disabilities, it is necessary to move forward in activities of human promotion and development of abilities and skills according to physical, intellectual and health aptitudes duly certified. In this environment they decide to share their programs and successful experiences and they ask that SEDISCAP facilitate the process.
2. Upon identifying the limitations and deficiencies in attention of the Health Services for persons with disabilities, they recognize that it is part of the general crisis of the national systems of public health where the shortage of budgetary resources assigned to the Ministries are insufficient to fulfill the demands of the population, especially in the first level of the system which should be focusing on the community.
3. It reflects on the strategy of rehabilitation based on the community (RBC), their conceptual evolution, development at a base level and the population; and recognizes the weaknesses in the degree and commitment of persons with disabilities,

the family, and the actors in the community as a whole which makes one think about structuring action programs in the three components that have a high content of training and formation for therapeutic attention at a local level for persons with disabilities, especially in rural areas in the participating countries.

4. They conclude that they should keep in touch once they return to their respective countries so that they can share information and accomplish proposals as a group to surpass the gaps presented.

Work Group. Group # 2

José Osorio	Mexico (Coordinator)
Elsie Bell Pantoja	Costa Rica (Speaker)
Lourdes B. de Morales	Salvador
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama
Blanca Domingo	SEDISCAP (Facilitator)

This Work group presented some successful experiences carried out in their countries and subsequently, they unified the information so that it can be proposed and incorporated in the final report of the meeting.

Work Group Conclusions. Group # 2

1. Advances in the actions of neonatal triage can be observed in different countries in the region and for this reason they are encouraged to carry out horizontal cooperation between themselves, to take advantage of the regional (OPS) and sub regional (COMISCA, among others) plans for the coordination public policy in health in order to expand the successful experiences, assimilate the lessons learned and stimulate the broadening of the services.
2. Successful experiences in bilateral cooperation are recognized, for example the attention to persons with visual disabilities, that is carried out in Nicaragua and that should be duplicated in the Central American area and promoted at an Inter American level.
3. The experience of Rehabilitation Based on the Community is examined (RBC), they present and recognize successful projects in Nicaragua, Costa Rica and El Salvador, thanks to governmental sponsorship, but above all, due to the role of nongovernmental organizations (NGO), the empowerment of the community, their families, and the persons with disabilities themselves.

4. They examined the paradigms that RBC projects face and recognize that their central focus on health and disability should change to one that is more inclusive, focusing conceptually toward a matter of human rights, social participation and economic and political integration.
5. To strengthen the National Councils to approach the topic of disabilities from an integral point of view, mainstreaming in such way that it becomes an integral part of the public policy and of the daily routine of the entities and social sectors that integrate it.

Work Group. Group # 3

Isabel Maior	Brazil (Coordinator)
Ricardo Villa	Chile (Speaker)
Luz Bella González	Paraguay
Marco Centeno	Bolivia
Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Luis Miguel de Águila	Peru
Brizeida Hernández	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 3

1. The various experiences and forms of approach of the member countries (Ecuador, Bolivia, Brazil, Chile, Peru, Paraguay) were described in the model of Rehabilitation Based on the Community (RBC), topic that is in the process of evolving in the sub region and the different results were recognized, for example Brazil, applied the module as a pilot experience in cities and rural areas (cities, towns in the interior) recognizing that the quality of attention was inferior to the quality in the city. Faced with this evidence, they created their own model with the objective of providing more equal treatment and of equal quality, model which is advancing and can be observed and studied by means of an internship scheme.
2. It was recognize that in Chile, there exists as a presidential goal that the 50% of the towns have a Community Center for Rehabilitation whose model of attention can be observed and studied by the countries interested in it.
3. It was reported that Paraguay wants to achieve the implementation of the model as its strategy for incorporating into the Health System the assumption of the responsibility for persons.
4. In the case of Peru, it travels from the medical sphere towards the integrity of the rehabilitation process with support in education and training to the family and local communities.
5. In Ecuador a model considered as a pilot was implemented, subsequently it was not followed and at present it was taken up again. They also present the Prevention

Program for disabilities destined for all students who are in their last year of high school.

FINAL RECOMMENDATIONS OF THE HEALTH COMMITTEE

1. The participants state that there are actions undertaken in the topic of neonatal triage tests in different countries of the region, but given the complexities and cost of this service, the activity has not been extensively applied, the majority of times it is a precise actions that must evolve towards organized programs stemming from governmental structures.
2. The existence of successful experiences and bilateral cooperation in the area of attention in visual disability was clearly evidenced.
3. The attention model of Community Based Rehabilitation must evolve, since it can't be applied only from the health focus especially, but must be from the social and integral point of view as well.
4. The National Councils must be strengthened to undertake the topic of disability from the integral point of view with multi sector and interdisciplinary participation.
5. It is necessary that they do not confuse independence, empowerment, autonomy of the PcD with the attention in rehabilitation and treatment.
6. It is important to keep in mind that disabilities are not be used as a pretext to refuse access to health, one must reinforce public policy to strengthen rehabilitation. One must ensure access to health without discrimination.
7. It is necessary to keep in mind that from the rehabilitation model the focus on deficiencies must be overcome to one of potential aptitudes of the persons for their full inclusion.
8. To allow access to free medicine to all who require it, based on State subsidy.

FINAL CONSIDERATIONS OF THE HEALTH STRATEGY LINE

1. The integral attention in health should use as a framework the Equal Opportunity principle.
2. The Model of attention in Rehabilitation Based on the Community is a model that is suggested countries implement incorporating the advances that the region has made.
3. It's necessary to work on the execution of studies that will data on the real prevalence of disability in America.
4. The quality of the Medical Model for Rehabilitation should improve.
5. The three levels of attention in prevention as well as in attention and rehabilitation must be kept in mind.

1.2 STRATEGIC LINE No 2. EDUCATION AND DISABILITY

- **Work Group Set up**

According to the methodology of debates defined and established, the first activity established is sharing successful experiences, in the topic of Education and Disability, that the countries carry out, to later compare them with the objectives and strategic lines of this second topic, that were chosen as a priority in this First Meeting, as follows:

- To ensure and guarantee the access of persons with disabilities, in equal conditions with the rest of persons and without discrimination, to an inclusive and quality education, including their admission, continuance and progress in the educational system, that facilitates its productive insertion in all of society's environments.
- To share successful experiences in the strategic lines of education that the participating countries have developed for the benefit of Persons with Disabilities.

- **Groups Deliberations**

The consideration of the mentioned strategic line begins with the presentation of Monica Vargas, Thematic Specialist of the Institute for the Development of Educational Innovation (IDIE / OEI) of the Organization of Iberian American States, who shared with the participants from the Americas the topic of Inclusive Education: an Education for Everyone. In this conference they expressed that the inclusive education should be conceived as education for everyone, they emphasized that today there persists an uniform curriculum with homogeneous practices and low results in learning, and among the greatest challenges are quality and equity in access equality, to education and that education should be centered on the diversity. In the present, inclusive education is in a process of assimilation; it is required that educational systems be transformed so that they are more universal, it is also desired to optimize education by combining efforts.

Some of the participating delegations contributed to this topic the following:

1. It's necessary to keep in mind the various contexts; such as the implementation of that inclusive focus.
2. This focus means an extraordinary challenge for the educators.
3. It becomes necessary to have a curricular change to guarantee the significant and contextualized learning.
4. This focus should be worked on an upper level
5. Resources and a commitment are needed to implement an Inclusive Plan for Education from the General Educational Systems.

Afterwards, Ecuador shared a successful project about the implementation of Early Stimulation Units that seek to prevent, improve and attend, it is carried out with the mothers of children and it's an open service to the community where the boys and girls receive an evaluation, an individual Plan is prepared and their family is trained for its execution. Subsequently, the director of Unit for Disability Affairs of Trinidad and Tobago, Angela Edwards, presented a successful project that consisted of a National Dictionary of Sign Language, to respond to the population with hearing disability to be offered in inclusive schools to the education community, within a program that also has adequate plans, training in raising awareness among other aspects.

Finally the Salvador delegation represented by the Executive Director of the National Council of Integral Attention to Persons with Disabilities in the person of Lourdes de Morales, focused its presentation on an innovative project about the attention in inclusive education with an inclusive school model pilot that has the support of the Government of Italy.

Below, the Work Groups results are presented:

Work Group. Group # 1

Rosalyn Correa de Araujo	United States (Coordinator)
Colette Robert Rindsen	Jamaica (Speaker)
Angela Edwards	Trinidad and Tobago
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Thelma Aizpurúa	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 1

1. The continuous evaluation of the system and programs is a challenge, but is not being implemented that much, one of its greater weaknesses is in the training of its educators.
2. The financing as always is an unresolved topic within the greater demands for resources in the infrastructure, equipment, operating expenses and the demand for a better remuneration by the educators.
3. The future plan is to ensure that all disabilities are benefited by the different programs which will require the transformation of the education in the continent.
4. Financial contribution and technical support is needed for the formulation of a strategic plan for massive education of inclusive character.
5. It is required that universities raise awareness and become involved in the need for more prepared educators with knowledge and indispensable skills to attend persons with disabilities. On equal terms, access and opportunity in the educative system.
6. The main goal is to have, from the perspective of human rights, the adequate legislation

to protect the rights of children with disabilities on an educational level.

7. There is a need for developing in the countries the concept of a bank of materials with headquarters in each school that are adapted for the use of students with disabilities.
8. The migration of trained educators, the demand for services of special education, has more weight than what the current supply. Therefore a regimen of incentives to keep the educators providing service in the regular system must be developed.
9. More post secondary installations for training are needed in almost all the countries of the continent, to develop abilities and work skills.
10. The government resources are limited in order to be able to satisfy all these needs, therefore it is required that they be rationalized, given adequate priority and to appeal to the social responsibility of business and the solidarity of organizations in the civil society.
11. To have many persons involved and with increased awareness in the inclusive system of education which will make this topic be handled with less fear and more amplitude.
12. Having in the curriculum of educators a module for special learning that is scientifically formulated and administratively arranged with the educators.
13. To establish a process for development, monitoring and adaptation of the curriculum to measure the advances, results and distill lessons learned.
14. To ensure that special education training be considered as a greater qualitative requirement for all the educators in the educational system in the scale of evaluation for category raises, geographical location and salary improvements.
15. To continue prioritizing the incorporation of children with slight to moderate disabilities at in regular schools with the support of parents, educators and administrative staff.
16. To establish a technical unit for the development of investigations, knowledge, methodologies, evaluation systems for results and sustainable support programs for raising awareness for the teachers and parents, as well as society as a whole.
17. To expand the scholarship programs for students with third level disabilities in countries of the Interamerican system.
18. More interpreters of sign language for deaf people are needed as well as qualified personnel in the educational services for attention of persons with disabilities, their support group and parents.
19. To evolve from the focus of goals centered on attending the limitations presented and move forward in the development of the existing possibilities of this population.
20. The public action of educational policy shows an important limitation and poor development.

Work Group. Group # 2

Elsie Bell Pantoja	Costa Rica
Lourdes B. de Morales	Salvador
José Osorio	Mexico (Speaker)
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama
Blanca Domingo	SEDISCAP (Facilitator)

Work Group CONCLUSIONS Group # 2

1. In the region several successful and replicable experiences in other countries exist, which can be coordinated and complemented through the support and the bilateral and horizontal cooperation between the countries and the international community.
2. To strengthen the process of professional formation of human resources for inclusive education.
3. To create National Resource Centers in each one of the countries and in the different schools in the country, to strengthen technical and pedagogical supports of the student population that requires it and for the same educational community in general.
4. To share the lessons learned in the different countries in the subject of inclusive education.
5. To strengthen the associative movement of PcD and to work in coordination with the government entities involved.

Work Group. Group # 3

Isabel Maior	Brazil Coordinator
Luz Bella González	Paraguay
Marco Centeno	Bolivia
Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Ricardo Villa	Chile Speaker
Luis Miguel de Águila	Peru
Brizeida Hernández	SEDISCAP – Technical Collaborator

Work Group CONCLUSIONS Group # 3

1. A greater participation of the family is required, providing them with real participation spaces to guarantee this process.
2. No approach must be exclusive, a wide range of alternatives must be found.
3. Massive training processes are required for professionals to obtain the inclusion of PcD in the system.
4. It becomes necessary to take action in all the levels of the educational system.
5. In order to share the wealth of information it is recommended that accessible web pages be created in order to be knowledgeable regarding the actions undertaken in the 34 countries in America, that are managed by SEDISCAP.
6. It becomes necessary to provide incentives for the access and monitoring of the necessary support and technical assistance so that the process is achieved.
7. Formation processes and professional training are required to handle issues appropriately.

FINAL RECOMMENDATIONS OF THE EDUCATIONAL BOARD

1. The Inclusive Education focus must be approached from the Ministries of Education.
2. To strengthen the Plans of Educational Inclusion from the point of view of the family, educators, government and the community, with the appropriate educational quality support, technical support and infrastructure and technology support as well.
3. To strengthen the process of educational inclusion in the levels of secondary and tertiary education.
4. The education and training of educators in the right tools to take care of children's special educational needs that might be associated to disabilities or not.

FINAL CONSIDERATIONS OF THE EDUCATION STRATEGIC LINE

1. Inclusive education must be conceived as education for everyone and whose implementation will support the change in educational quality leaving aside a uniform curriculum, homogeneous practices and low results in learning.
2. A transformation of the educational system is required so that they become universal, in addition it is necessary to optimize education, combining efforts within the education community at a community level and the national character of public policy, remembering the various social, economic, geographic and cultural contexts, and how the implementation would be for this inclusive focus from this multiplicity of perspectives.

3. Inclusive education represents an extraordinary challenge for average educators, reason why their commitment is required for the success of the program.
4. To strengthen the process of professional training of human resources for inclusive education.
5. There is a necessity to create national centers for resources in each one of the countries to strengthen the technical and pedagogical support of the student population.
6. A greater participation of the Family in the inclusive process, incorporating parents in the process of adjusting the academic centers as well as the educators in understanding the needs of disabled students and their physical and psychological handling, as well as specialized teaching techniques.
7. No educational focus should be exclusive from the perspective of fundamental human rights, therefore States must create awareness in their citizens of the principles that frame inclusive education.
8. The State must guarantee a standard of quality and that the need to participate in the educational process is respected for all persons, without reservation and limitations, including families.
9. To implement massive training processes for professional educators to achieve the inclusion of PcD in the system.
10. It becomes necessary to educate in every level of formation and / or training with special consideration to inclusive Superior Education.
11. Create an accessible web page to have knowledge of the actions undertaken in the inclusive education field that are being undertaken in the 34 countries in America.
12. Incentives for the access and the monitoring of the necessary support and technical assistance.
13. Formation and training process for professionals to handle in a timely manner and to ensure that there is no discrimination and that the learning is effective and includes everyone as teammates.

1.1 STRATEGIC LINE # 3. EMPLOYMENT AND DISABILITY

- **Work Group Set Up**

The same debate methodology was used as defined and established by the group's organizer; the successful experiences were chosen, in the matter of Employment and Disability that were developed in the countries present.

These presentations were carried out to later compare them with the objectives and strategic lines of this third theme that was chosen as one of the priorities in this First Meeting.

- To ensure and guarantee disabled persons the access, in equal conditions to the rest without discrimination; to an opportunity of a decent, well paid job, quality job with the possibility of a promotion. Including their admission, continuance and progress with the educational system and the professional formation, that facilitates their productive insertion in all the segments of society.
- To promote the full inclusion in decent, productive and remunerated labor for disabled persons, whether they are dependent or independent, both for public and private sector, using technical formation as a base and the accessible work environments.

- **Groups Deliberations**

The opportunity was given to Dr. Jose Osorio from Mexico so that he could present the hearing triage program, that is being carried out in his country, which was included for methodological reasons in the health area.

Right after that; Brazil's representative Dr. Izabel Major, reports the broad experiences in the line of employment that is being developed in her country. She recognizes that it is still a challenge that requires greater efforts and commitments to optimize opportunities.

On the other hand Paraguay's delegation shared the experience of the National Institute for the Protection of Exceptional Persons and the actions undertaken from this Institution that is under the Ministry of Education where the action is centered and not in the other sectors and areas of administration.

The results of the work groups are presented as follows:

Work Group. Group # 1

Rosaly Correa de Araujo	United States
Angela Edwards	Trinidad and Tobago
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Colette Robert Rindsen	Jamaica
Thelma Aizpurúa	SEDISCAP (Facilitator)

WORK GROUP Conclusions Group # 1

1. Limitations in the monitoring or evaluation of opportunities and access to jobs can be seen, but as a challenge it is always present both in the public sphere as in the private.

2. It becomes necessary to continue evaluating the systems in the countries, the job position, with a corporate and government vision and improving the access system and opportunities, as it becomes necessary.
3. The hiring of disabled persons is an important challenge, partly due to the lack of qualification and certification of this population. This is aggravated by the attitude and the lack of sensitivity of some employers.
4. To provide assistance support at a reduced cost by means of social protection networks or opportunity networks, that start in the community and impact the productive regions and sectors.
5. The establishment of greater supervision and training of disabled persons to minimize failure in their work and / or business performance is required.
6. Awareness must be raised in possible employers, as well as in the general population about the high rate of unemployment or under employment of qualified persons with disability situations.
7. National labor legislation is not always framed in the international agreements of the International Work Organization (OIT) and in the advances of States that are part of the Interamerican system in order to protect the rights of workers with disability.
8. The Government must take measures to subsidize or to provide incentives to cover the cost of assistance aid and devices.
9. A greater number of handicaps persons need to have access to professional formation and quality professional formation.
10. National legislations must be accompanied by a public policy of access to employment.
11. Disabled workers must have access to the labor market and the benefit of an insurance plan according to the labor norms of the international organisms and norms, and social protection of the States.
12. Disabled persons must have access to a college education from the state as well as private, without any type of discrimination.
13. In the informal sector, the government and private sector must give credit to disabled persons who want to develop small and / or medium sized businesses.

Work Group. Group # 2

Elsie Bell Pantoja	Costa Rica
Lourdes B. de Morales	Salvador
José Osorio	Mexico
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama

WORK GROUP Conclusions Group # 2

1. There is Ignorance on the part of the employees in this subject, that allows barriers for the access to education and formation to P.c.D. to exist, as well as little access to the support services available to P.c.D.
2. In the majority of countries legislation and policies are inadequate.
3. The inaccessibility problems persist in work places and in transportation and it requires professional training and work promotion, expanded diffusion directed to the employers, raised awareness and conscientiousness on the subject, dialogs with government, employers and workers.
4. The countries explained the successful programs that they have in terms of employment, such as FAMIEMPRESAS in Panama or in Salvador actions promoted by the Fund for Protection of Handicapped and Disabled persons as a consequence of the armed conflict. The ISRI, FUNTER, the Ministry of National Defense, the CONAIPD.
5. Actions promoted by the same associations of P.c.D stand out, where the greater obstacle is the economic resources available to maintain programs of this nature by the Civil Society.

Work Group. Group # 3

Isabel Maior	Brazil
Luz Bella González	Paraguay
Marco Centeno	Bolivia
Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Ricardo Villa	Chile
Luis Miguel de Águila	Peru
Brizeida Hernández	SEDISCAP (Facilitator)

WORK GROUP Conclusions Group # 3

1. Give priority to training programs for employment and the identification of labor demand (market) for this population.
2. To establish incentive mechanisms from public policies of governments which bring about in the private sector, the creation of job positions and labor insertion, even appealing to the vision of businesses with social responsibility.
3. To stimulate social responsibility of private companies for P.c.D as mentioned before, trying to add value to their products by being certified through a seal of social

responsibility and inclusion (seal of human quality).

4. To stimulate disabled persons so that they can take advantage of the offers and opportunities for training or have be instrumental in creating them to obtain the formation and training for these persons who once the disability has been overcome by technological medical means and physical – mechanical means can be highly productive once they achieve their insertion in the labor market.
5. Campaigns must be performed to raise awareness and consciousness to the human resources heads of companies so that they know the potentialities of P.c.D. and to eliminate myths and fallacies that society has in regards to them in relation to work and the high costs of labor accommodation.
6. It's recommended that the job training offered to P.c.D. contain components of human development (entrepreneurship self-esteem, resolution of personal and social conflicts) so that it can be productive and feel useful as well as being simultaneously included in the labor and enterprise environment.

FINAL RECOMMENDATIONS FOR THE WORK GROUP

1. The national legislations and their policies must be reviewed in order to place them within the current framework of human rights.
2. To strengthen programs of professional formation for persons with disability from the agencies for labor integration.
3. To strengthen the state networks to improve the coordination and compliance of labor insertion dispositions for PcD.
4. Generate a labor intermediation network, with an updated data base with the general information of PcDs that must be connected with the company, its enterprise organizations and the instances of intermediation, to exert the principles of fair labor hiring.
5. Create insertion options at the national, private company level through a training period in the work place within the same company, with fiscal collaboration of governments.
6. Give priority to the training activities for PcD in agreement with the labor demand of the market and the economy, based on the person's abilities and skills and their potentialities.
7. Stimulate social responsibility in private companies for the hiring of PcD, by generating innovative incentive mechanisms such as the creation of a social responsibility and inclusion seal (quality).
8. All measures must be promoted to obtain the formation and training of PcD, for their later insertion in the labor market.

9. Campaigns must be carried out to raise awareness and consciousness addressed to the heads of human resources of companies so that they recognize the potentialities of PcD and to eliminate myths and fallacies that the society has about them, in relation to work. To develop campaigns to demolish myths that question the capacities and abilities of PcD, and the high costs of labor accommodation.
10. Training for PcD is recommended so that work can be productive; understanding that only that way it is possible to feel useful and simultaneously included.

FINAL CONSIDERATIONS FOR THE STRATEGIC LINE OF EMPLOYMENT

1. The access to a decent job for persons with disability must be framed within the principle of Equal Opportunities.
2. The model of attention in Rehabilitation and education for PcD requires redefinition itself in the goal of an integral approach that ensures the access to employment by the PcD.
3. It's necessary to review the national legislation according to the model of rights for disabled persons.

1.2 STRATEGIC LINE # 4. SOCIETY AND DISABILITY

- **Work Group Set Up**

According to the methodology of debates defined and established, it establishes as a first activity to share successful experiences, in the subject of Society and Disability, starting from the efforts that are carried out in the countries to give relevance and to raise awareness and consciousness on the subject, while at the same time advancing in the empowerment and organization of parents and persons with disability to demand the universal application of inclusive character, of human rights to later compare the commented situations, the advances and the difficulties found, with the objective and strategic lines of the Action Program.

The purpose of what was talked during the sessions is to:

- To promote the acknowledgment of all human rights for disabled persons, the protection of their dignity, their proper evaluation, as well as the elimination of all forms of discrimination and all cultural obstacles, attitude and other character obstacles that might prevent their development and their total and effective inclusion in society.

There was a consensus between the participants, representatives of the member States, that a disability is envisioned as follows:

- The difficulty or impossibility to carry out a function or a role in social context and in certain surroundings that make it difficult to carry out roles and develop social activities

that are accepted, as regular for persons of the same age and condition.

- It's the expression of a functional, emotional or cognitive limitation in a definite social, geographic, economic and cultural context.
- It's the breach existing between the abilities of a person (determined in part by health) and the demands of the medium (physical, social, and labor). This being the reason for which it is linked more to the social function than to the organic function (to which pathology and deficiency are associated) from which the role of society and its relevant actors are raised to awareness and called to face a topic that more than a problem is an opportunity to put in effect the rights and principles of equality.

Even though health problems are important, also the demands of physical, social and cultural medium force persons that have them to use devices or mainly to ask for help from another person to be able to carry out those daily activities. This is what the dependency that must be fought against in society consists of with the principles and instruments of accessibility.

For this reason, the dependency and lack of autonomy of disabled persons is not only a medical concept nor mainly a medical concept, but is above all, a social problem that society as a whole must face as it has faced and is facing the absence of the fundamental human values not only in the American continent but at a global level.

The pre-eminence until now of the medical model to face not only ageing but also disabilities changes the attention of the complex nature of the problem, therefore the solutions to it. It is necessary to look for them not only in the roots of the problem but above all in social, economic and physical circumstances of the surroundings that disabled persons inhabit.

- **Group Deliberations:**

Peru delegate, Luis Miguel del Aguila, carried out an induction in which he sustains that the desire is for a society that allows the participation of everyone and in which the characteristics and interest of their different sectors, social, economic, cultural, and demographic actors constitutes the basis for the planning of public policy of the States, emphasizing the fact that the great challenge of the Action Program, is to work on the reaching an accessible society for everyone.

The great objective to be achieved is to promote policies that encourage culture, sports, recreation, and the access to political participation as well as sharing successful experiences. The recognition of individual characteristics of each country constitutes a basis for the planning of Public Policies since the thematic axis or concept of "society" is the most ample and broad.

According to what was expressed by the participant, the concept of Society has to do with the way in which the various social actors are organized to influence and exert our abilities, power quota, and above all how we participate in the daily life of the States. For that reason the citizenship, democracy and political participation concepts have to be viewed. It is also related to the design and the development of public policies that were agreed upon as a product of ample dialog between the citizens (individuals), its organizations and the rules of the game for

participation, which regulate the relations between the Society and the State.

In this model of society, the general system of participation must make accessible for all the benefits of development and quality of life. When a society organizes its operation according to the needs of each of its members; that society manages to mobilize the potential of all its citizens, therefore, it strengthens its capacity for development.

The paradigm shift shows another error of design that must be fought, the tendency of persons and especially the policies designers and decision makers to segregate disabled persons and look for special solutions which end up segregating and excluding them.

To face this, the principles of universal design and inclusive planning must be proposed. Disabled persons must be considered in the design of infrastructures and public and private services, with the thought that they are a part of the general population. The afore mentioned designs must be visualized considering the limitations or differences of everyone, especially the disabled population.

The delegation of Nicaragua explained how it has evolved on this subject in their country and the pending commitments with which it must currently work with. It reflected on the consequences of the war and the situation of disability as a product of this war.

Work Group. Group # 1

Rosaly Correa de Araujo	United States
Angela Edwards	Trinidad & Tobago
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Colette Robert Rindsen	Jamaica
Thelma Aizpurúa	SEDISCAP (Facilitator)

Work Group CONCLUSIONS Group # 1

1. The society as a whole must develop culture, values and social codes so that inclusion as a principle and the validity of human rights is the humanist framework of human relations. It becomes imperative to create and / or build these conceptions so that the existing norms have effect and in case they do not exist; prepare, promulgate them, or review the support legislation to adapt it to the new challenges and paradigms.
2. To bring about the access to knowledge and support technology under the approach of inclusion for disabled persons, which must be within their reach through loan provisions in favorable conditions, exemptions of taxes and other modalities in order to ensure that the cost of participating in the benefits of development, integrating them, is not an impediment to their inclusion in society.
3. To promote at a Public Education level the values, the knowledge, technology with

interested groups and society in general, to promote the inclusion and promotion of a positive image of disabled persons.

4. To boost a greater participation in the private sector so that some initiatives are propelled by it, within the spirit of inclusive business social responsibility.
5. To bring about forums and all kind of exchange spaces for the transference and socialization of the information of the best experiences and practices between the countries, utilizing the abilities of SEDISCAP / OEA for these purposes.
6. To offer the most extended information and social communication network promoting sign languages / or subtitles and the visual accessibility to PcD in broadcasting stations and television to facilitate the understating of the target population.
7. To provide services for accessible communication, mainly for the hearing impaired in the emergency services, organized to offer aid and assistance in cases of disasters brought about by man or nature.

Work Group. Group # 2

Elsie Bell Pantoja	Costa Rica
Lourdes B. de Morales	Salvador
José Osorio	Mexico (Speaker)
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama
Blanca Domingo	SEDISCAP (Facilitator)

Work Group CONCLUSIONS Group # 2

1. Make sure that OEA promotes in each one of the state members, the existence of an instance that approaches as a governing body, the subject of disability.
2. Collaborate in the pursuit and fulfillment of the necessary provisions so that PcDs obtain their inclusion in society.
3. The participation of these persons and their organizations must be supported in follow up meetings of the Action Program as well in all fields at an international level.

Work Group. Group # 3

Isabel Maior	Brazil (speaker)
Luz Bella González	Paraguay
Marco Centeno	Bolivia

Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Ricardo Villa	Chile
Luis Miguel de Águila	Peru
Adriano Ferro F.	SEDISCAP (Facilitator)

Work Group CONCLUSIONS Group # 3

1. They suggest the execution of concrete actions in each country, making the Action Program operational in public policies, program plans and projects.
2. The creation and the strengthening of the required institutional environment is necessary.

FINAL RECOMMENDATIONS FOR THE COMMITTEE ON SOCIETY

1. Place these conclusions on SEDISCAP web page in order to extend their diffusion.
2. Include within the annexes the definition of mainstream that was explained in the exposition.
3. Include the slogan “Nothing about ourselves without us”, and promote at the level of social politic actor that in activities of the society in particular in their political dimension, that representation of PcD always be included.
4. It becomes necessary that persons who make decisions are trained in the social conceptualization in progress and in the understanding of human rights to which they are entitled.
5. It is important that disabled persons also acquire experience and that they benefit from this participation to learn how to handle factors that intervene in making policy decisions.
6. To propose the Mainstreaming Manual “EDAMAT” created by the European Union, as a support document for the development of the Action Program.
7. A rereading of the Millennium Goals must be carried out from the perspective of the vulnerable groups.
8. Create training and reinforcing mechanisms within the institutes and the Offices in Defense of the Population in each state.
9. The creation of a campaign to raise awareness on the subject of disability so that it is spread across the continent.
10. To be aware and estimate by means of special studies, the cost of what it means in economic terms the exclusion of disabled persons.

FINAL CONSIDERATIONS FOR THE COMMITTEE ON SOCIETY

1. The discrimination barriers will be eliminated once all society's negative attitudes towards disability are overcome.
2. The public policies on the subject of disabilities must be formulated with the active participation of disabled persons.
3. The political actors as well as the organizations for disabled persons and their families must be trained and actively follow up on the action program.

1.3 STRATEGIC LINE # 5. ACCESSIBILITY AND DISABILITY

According to the methodology of debates defined and established with the group's direction, it is established as a first activity to share experiences successful or not (lessons learned), on the subject of Society and Disability, starting from the efforts that are carried out in the countries to give relevance and to raise awareness and consciousness on the subject, while at the same time advancing in empowering and organizing parents and persons with disability to demand the universal application of inclusive character, of human rights.

The participant countries presentations were carried out, to later compare the situations mentioned, the advances and difficulties encountered with the objectives and strategic lines of the Action Program.

- **Work Group Set Up**

To eliminate architectural, physical, communication, information and transportation barriers that exist, promoting the use of the Universal Design for all new projects, and the renewal of existing infrastructure, so that disabled persons can live an independent life and actively participate in all aspects of private and community life. To ensure the access of disabled persons with security and autonomy and on equal conditions with others to a physical environment, to the spaces, urban equipment, buildings, transport services, information and communication systems, including information and communication technologies and other services and public installations or installations open to the public in urban zones as well as in rural areas.

- **Group Deliberations**

According to the adopted methodology for the meeting and as mentioned before, the consideration of strategic line No. 5 Accessibility and Disability was initiated.

The strategic Line of Accessibility is conducted by Errol Best from the Barbados Delegation, who develops the conceptual framework theme expressing that in his country there exist diverse actions to approach the solution of the problems generated by this situation such as the designation of a consul for the attention of disabled persons who works carrying out efforts to mainstream the theme in all sectors specially in government which works positively to provide a

response.

There is a need to carry out investigations and evaluations on the conditions of living of people and their families, as well as the studies focused in the causes and social condition of PcD.

It was expressed that there are barriers that they wish to overcome and achieve the goals of the convention since it urges everyone to continue working to validate the rights and fundamental values. It is necessary to reinforce the cooperation between the countries and in this OEA plays a role as a facilitator. It was requested that participants include in their schedule an exchange of persons and experiences and the promotion of measures that establish the standards of accessibility and development programs in favor of disabled persons.

Chile contributed an excellent proposal seeking to establish an inclusion index that allows the measurement of advances in the process of social inclusion.

Work Group. Group # 1

Rosalyn Correa de Araujo	United States
Angela Edwards	Trinidad & Tobago
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Colette Robert Rindsen	Jamaica
Thelma Aizpurúa	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 1

1. The development of construction codes and rules is required in cases where they do not exist as well as the promulgation or review of support legislations.
2. It is necessary to promote support Technology for the inclusion of disabled persons which must be accessible through the provision of loans with favorable conditions, exemption of taxes etc; this will ensure that the technology cost is not an impediment for its inclusion in society.
3. To promote the inclusion and a positive image of disabled persons in Public Education and encourage consultations with groups interested and society in general to raise awareness and adopt actions so that the infrastructure and services be adapted to the needs of disabled persons.
4. To achieve a greater participation in the private sector since it can boost some initiatives within the principles of corporate social responsibility.
5. To organize forums for information exchange of the best experiences and practices among the countries which must be promoted if possible by OEA and to systematize the documentation of these experiences.

6. Television broadcasting stations must offer sign language and/or subtitles.
7. Emergency services should provide accessible communication services.

Work Group. Group # 2

Elsie Bell Pantoja	Costa Rica
Lourdes B. de Morales	Salvador
José Osorio	Mexico (Speaker)
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama
Blanca Domingo	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 2

1. It becomes necessary to apply norms of accessibility as an indispensable requirement to achieve a full inclusion in development for PcD.
2. In each country, sign language should be uniform.
3. It's important to implement a certification in sign language in each one of the countries.
4. To ensure that in each country PcDs of limited resources have free access to technical aids.

Work Group. Group # 3

Isabel Maior	Brasil (speaker)
Luz Bella González	Paraguay
Marco Centeno	Bolivia
Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Ricardo Villa	Chile
Luis Miguel de Águila	Peru
Adriano Ferro F.	SEDISCAP (Facilitator)

Work Group Conclusions. Group # 3

1. To propose a monitoring and prior qualification mechanism for the approval of projects which shall require accessibility and include all the environments, urban, transportation, health, etc.
2. The specific concept of disabled persons must evolve towards a transportation concept

of universal quality for all the population.

3. To consider transport projects in other countries as an experience for the development of the same.
4. To request through SEDISCAP from the State of Brazil the universalization of its accessibility campaign and to translate so it becomes part of a national campaign for each member state as a reference.

FINAL RECOMMENDATIONS FROM THE ACCESIBILITY COMMITTEE

1. To propose the principles of universal and inclusive design.
2. To propose a monitoring and prior qualification mechanism for the approval projects that need accessibility and include all the environments, urban, transportation, health, among others.
3. To modify the concept of specific transportation for disabled persons to a concept of universal quality transportation for all the population.
4. To consider the transportation projects in other countries as positive experiences for the development of similar projects.
5. To promote the development of regulations and manuals in this area.
6. To request through SEDISCAP from Brazil the universalization of its accessibility campaign and translate it to become part of the national campaign for each member state as reference.
7. To boost a greater participation of the private sector as some initiatives can be carried out under the principles of corporate social responsibility.
8. To develop forums for the exchange of information of best experiences and practices among the countries.
9. To promote the need for communication media to be accessible by offering sign language and/or subtitles.
10. To provide training for emergencies services so that they offer accessible communication services, above all, for the hearing impaired. To propose a mechanism of monitoring and prior qualification for the approval of projects that require accessibility and which include all environments, urban, transportation, health, among others.

FINAL CONSIDERATIONS FOR THE ACCESSIBILITY STRATEGIC LINE

1. Accessibility is an indispensable requirement to achieve the full inclusion to development for PcD.
2. Support technologies are necessary for the inclusion of disabled persons, these should

be accessible to ensure that the cost of technology does not become an impediment for their inclusion in society.

3. To work in the countries for an accessible society according to the needs, for which it is necessary to establish strategies of full participation in all the sectors.
4. To take the centers of Independent Living in Brazil and USA as a model to adapt and generalize them in all the countries of the region.

1.6 STRATEGIC LINE # 6. POLITICAL AND DISCAPACITY PARTICIPATION

- **Work Group Installation**

The last subject tackled by the Meeting had as its purpose to analyze and discuss from the viewpoint of the officers representing the member States, the need to ensure and guarantee that disabled persons, starting from the conventions and international agreements and particularly from the validation of human rights and the principles of no discrimination, have the possibility to be political actors and have the access, on equal conditions with the others and without discrimination, to decision making processes that the structure of political power as well as political parties assume and which affect their living conditions.

- To assure the full and active participation and inclusion for disabled persons in public and political life, including their participation in the formulation and adoption of public policies destined to protect and promote their rights on equal terms with the others.

- **Group Deliberations**

The U.S. presentations showed reflections that revolve around how disabled persons could have an impact in public policies, in the formulation of laws in the definition of investments for and in health services, in the content of an inclusive education, in the generation of mechanisms to have the opportunity of a decent job, in everything that facilitates their productive insertion in all society's sectors, as well as the political participation and in the development of institutions and democratic processes, just as is established in the Action Program.

Equally Costa Rica in its presentation raised the alert and recognized that this will depend on great measure on the development and institutional maturity of organizations for disabled persons in civil society and of their families who have to strengthen their organizational structure, have abilities and leadership to be able to influence, negotiate and obtain alliances and strategies with other organizations, political parties and power groups.

Panama presented the tasks included and developed within the National Strategic Plan, actions that were agreed to between Government and Civil Society with measurable results.

Work group. Group # 1

Rosaly Correa de Araujo	United States
Angela Edwards	Trinidad & Tobago
Errol Best	Barbados
Ricardo Kellman	Barbados
Michel A. Pean	Haiti
Colette Robert Rindsen	Jamaica
Thelma Aizpurúa	SEDISCAP (Facilitator)

Work Group Conclusions Group # 1

1. The community of disabled persons and their families need to participate more actively in the political life
2. The need to access to the electoral processes to ensure that all disabled persons can exercise this right independently.
3. To prepare a civic education campaign oriented towards highlighting the political rights of the persons with disabilities.
4. To educate the political parties of the countries in the continent on the rights of disabled persons so that they include in their programs the problems of disabled persons and their families.

Work Group. Group # 2

Elsie Bell Pantoja	Costa Rica
Lourdes B. de Morales	Salvador
José Osorio	Mexico (Speaker)
Enrique Beteta	Nicaragua
Sheila Sánchez	Panama
Blanca Domingo	SEDISCAP (Facilitator)

Work Group Conclusions Group # 2

1. To promote the Political Participation of PcD and OSC by carrying out the following actions:
2. To establish a regional program of civic participation with the effect of encouraging the exercise of citizenship in disabled persons and the development of organizational capabilities.
3. To prepare a regional manual of good practices on civic participation.

4. To establish a system of indicators about the participation and citizen control by disabled persons that will allow us to evaluate the effectiveness of their participation.
5. To boost the participation by means of internships and volunteerism in all fields of development.
6. To negotiate funds through SEDISCAP, subject to the acceptance of the countries, so that regionally the necessary resources are available to share the experiences and undertake joint actions, according to fund collection policies that OEA has.

Work Group. Group # 3

Isabel Maior	Brazil (speaker)
Luz Bella González	Paraguay
Marco Centeno	Bolivia
Eusebia Gladis Vargas	Bolivia
Julio Hinojosa	Ecuador
Ricardo Villa	Chile
Luis Miguel de Águila	Peru
Adriano Ferro F.	SEDISCAP (Facilitator)

Work Group Conclusions Group # 3

FINAL RECOMMENDATIONS OF THE GROUP FOR POLITICAL PARTICIPATION

1. To strengthen PCD organizations within political participation in each of their respective countries.
2. To take Brazil's and USA Independent Life Center model, and adapt it and generalize it in all the countries of the region.
3. Request that the countries consider in conditions of equality those organizations of disabled persons and their families to offer services and consultations in their respective countries and in international cooperation especially horizontal cooperation.
4. To create multi sector councils and of all of the instances to promote the political participation in the formulation of policies, monitoring and active participation.
5. To bring about the participation of disabled persons within the sector councils that formulate the public policies in the countries.
6. To guarantee that the electoral agencies and political campaigns of the parties take into account the accessibility for disabled persons not only to vote, but to participate in aspiring to an elected position..
7. To encourage the creation of training and reinforcement mechanisms within the Institutes for Public Defense in each state.

FINAL RECOMMENDATIONS OF THE STRATEGIC LINE FOR POLITICAL PARTICIPATION

1. The formulation and planning of Public Policies starting from an effort in participation, consult, and agreement with the organizations for disabled persons and their relatives.
2. Bring about a deep change in the orientation of public policy for disabled persons under the principles of human rights and no discrimination.
3. To fight the tendency of persons, especially those of policy designers and decision makers, to segregate disabled persons and to look for special solutions. It is a political imperative to mainstream and visualize the subject in a way that integrates broadly and efficiently in the daily functions of the government, the parties and society in general.
4. Give priority and put in the political agenda of the continent and the countries the theme of disability.
5. Raise awareness and bring about in the politic class a vision that disabled persons are highly productive and competitive, which will allow the building of a society for everyone (work so that society becomes accessible for everyone).
6. The strengthening of the PCD Organizations is required within political participation in each one of their respective countries.
7. Create multi sector councils and all the instances to promote the political participation in the formulation of policies, monitoring and active participation.
8. It is required that the electoral campaigns take into consideration the accessibility for disabled persons.
9. Establish a regional program of civic participation, with the object of encouraging the exercise of citizenship by disabled persons and the development of organizational abilities.
10. Devise a regional manual of good practices on civic participation.
11. Establish a system of indicators on the participation and civic control on part of the disabled persons that will allow us to evaluate the effectiveness of their participation.

CLOSING CEREMONY OF THE FIRST MEETING OF DIRECTORS OF INSTITUTIONS AND FORMULATORS OF PUBLIC POLICY FOR DISABLED PERSONS

Upon finalizing the rounds of this First Meeting of Directors and Formulators of Public Policy for disabled persons the participants express their pleasure in the job that was carried out. In the three days in which the Action Program and the strategic lines were revised, the expected results were reached in terms of the identification of the priorities that the States consider should be taken into account by SEDISCAP to establish the framework for the work to be carried out in the fulfillment of the basic mandates of the Action Program.

The conclusions and recommendations arising from the intense work carried out, have allowed SEDISCAP to:

1. Open a dialog among the governments of the member countries.
2. Promote the exchange of information that will allow to have in depth knowledge of the dimensions of the subject of disabled persons, its advances and achievements in the American Continent.
3. They have an agreed on the priorities of the work to be done according to the action lines.

The group that met in response to the importance of the Decade of Americas for the rights and Dignity of persons with disability urges the following:

1. OEA to fortify SEDISCAP as an instance that approaches in a guiding and facilitating way the subject of disability for the monitoring and compliance of the provisions of the ACTION PROGRAM.
2. Take the necessary actions so that PcD can achieve their participation in the follow up meetings.
3. Include in the SEDISCAP web page the report of the meeting.

After the recommendations were presented, the countries contributed the following:

- Mexico proposed that a workshop on the Formulation of Public Policy be carried out, to recognize common, clear and measurable goals of importance for each country so that in this way we support each other and review by the middle of June.
- Chile proposes a Technical Meeting that can serve as a basis to evaluate the program at the same time Brazil proposed itself as the venue for the meetings in May, agreeing to work on the index of inclusion that is actually a draft proposal from Chile.
- Costa Rica proposes that the logical order should be the Technical Meeting before the Regional Workshop, this proposal being approved.
- South American Group # 3 (Chile, Brazil, Ecuador, Peru, Bolivia, Paraguay), proposed that the following proposals be added:
 1. That SEDISCAP approach the UN Office of statistics to unify the statistical methodologies.
 2. That SEDISCAP design a web page to maintain information on aspects such as:
 - Documents on the subject.
 - Events in the field.
 - Exchange good practices.
 3. That SEDISCAP approach with RICOTEC to carry out the work jointly
 4. To contact the sub regions to perform tasks jointly.
 5. Each country will maintain a link with the areas of human rights.
 6. Invite the international organizations like the BID, CEPAL, among others to channel the resources and in this way finalize projects.

After the recommendations were finalized Dr. Jean Michel Arrighi, secretary of Legal Affairs of

the General Secretary of the Organization of American States closed the event contributing the following:

- This has been a First successful Encounter where recommendations have been left which require work through regional workshops which are necessary to specify and obtain specific results.
- To maintain the exchange of electronic networks to share successful experiences, being this a fast, economic and democratic medium.
- He expressed his satisfaction at the successful culmination of this First Meeting of evaluation in the Program of the Decade and recommended that it be continued.
- He thanked the Panamanian Government for being the only country that contributed so that SEDISCAP can continue and urged the Countries of America follow this example.
- He thanked SEDISCAP for the work carried out by its personnel and support personnel provided by the National Secretary for Disability in Panama, SENADIS.
- To make it clear that this activity does not duplicate the actions of the Monitoring Committee of the Guatemala Convention, they are complimentary in the measure in which they approach the same problem for which support is required by all the governments in both actions.

VII. ANNEXES

- I. NORMATIVE AND LEGAL BACKGROUND IN THE GLOBAL ENVIROMENT
- II. DECLARATION OF THE DECADE OF AMERICA FOR THE RIGHTS AND DIGNITY OF PERSONS WITH DISABILITIES (2006 - 2016)
- III. ACTION PROGRAM OF THE DECADE OF AMERICA FOR THE RIGHTS AND DIGNITY OF PERSONS WITH DISABILITIES (2006 – 2016)
- IV. METHODOLOGY OF WORK FOR THE FIRST MEETING OF DIRECTORS OF INSTITUTIONS AND FORMULATORS OF PUBLIC POLICY FOR PERSONS WITH DISABILITIES
- V. SEDISCAP Presentation.
- VI. Induction Presentation and Work Group by Strategic Lines

ANNEX I: JURIDICAL AND NORMATIVE ANTECEDENTS IN THE GLOBAL SCOPE

The degree of human sensitivity developed, the empowerment of people with disabilities and their families, the social political force that they achieve as persons and organisms in the scope of the civil society, states and at an international level, as well as the need to include and incorporate the ones excluded for different and unfair reasons to human development and societal development, have brought it about that in this field diverse instruments are adopted that establish specific guidelines pertaining to disabilities, that cover the attention of persons with disabilities, their rights are established and the doors are opened to equal condition opportunities. .

These juridical instruments are:

1. Declaration of the Rights of the Mentally Retarded (1971);
2. Declarations of Disabled Persons of the United Nations (1975);
3. Worldwide Program of Action of the United Nations for People with Disabilities (1982);
4. Agreements and Recommendations of the International Work Organization, like the Convention regarding rehabilitation and the Vocational Employment of Crippled Persons (no 159) of 1983;
5. Principles for the Protection of the Mentally Ill and the Improvement of Attention of tMental Health (1991);
6. Uniform Norms about the Equality of Opportunities for Persons with Disabilities (1993);
7. Worlds Conference on Human Rights in Vienna (1993), which put significant emphasis on promoting rights of persons with disabilities;
8. Convention of Rights of Persons with Disabilities of United Nations (2006)

Besides other agreements and resolutions issued by UNESCO such as:

1. Declaration of Caracas by the Pan-American Organization of

Health (Nov. 1990)

2. Declaration of Salamanca and the Framework for Action for the needs of Special education of 1994; and of the Pan-American and World Health Organizations..
3. The resolution of May 25 of 2005, adopted by the 58th World Assembly of Health, titled "Disability, its Prevention and Rehabilitation, in the context of the Rights to Maximum Enjoyment of Health that can be achieved and other Related Rights", and the resolution CD47R1 by the Directive Council of the Pan-American Health Organization titled "Disability: prevention and rehabilitation in the context of the rights to the enjoyment to the highest possible level of mental and physical health and other related rights", of September of 2006.

Adding to the above, we can find other conferences and/or international declarations not specified to the subject of the rights of persons with disabilities, but they contribute to the elements of the subject, such as:

1. World Conference about Education for All in Jomtien, Thailandia, which emphasized the necessity of paying more attention to persons with disabilities (1990)
2. The World Summit for Children, carried out in New York, which recognized the important of the rights of children, including boys and girls with disabilities (1990)
3. The Declaration and the Program of Action of the World Summit for Social Development in Copenhagen which promotes the educational and employment possibilities without distinction of race, nationality of origin, gender, age, religion and disability (1995).
4. The United Nations Decade for Handicapped Persons (1983-1992) that constitutes a valuable learning experience with its successes and failures from having been a global strategy with global and general solutions that brought forward the need for designing decades for persons with disabilities, in regional environments, that were able to provide a local approach to the problem of disability and which would motivate the development of local solutions with a greater and better effectiveness and impact.
5. The Decade for Asia and the Pacific for persons with Disabilities (1993-2002)

6. The second Decade for Asia and the Pacific for Persons with Disabilities (2003-2012)
7. The African Decade for Persons with Disabilities, and the Arabic Decade for persons with Disabilities (2004-2013).

Precedents in the Regional Environment:

In the regional environment instruments have also been generated to guarantee the rights of persons with disabilities.

Among these we have:

1. Additional Protocol to the American Convention on Human Rights in Matters of Economic, Social and Cultural Rights;
2. "San Salvador Protocol" (1988);
3. Principles for the Protection of the Mentally Ill and for the Improvement of Attention to Mental Health (AG.46/119, of 17 of December of 1991);
4. Managua Declaration, of December of 1993;
5. AG/RES 1249 (XXXIII-O/93) - Situation of Persons with Disabilities in the American Continent, (1993).
6. AG/RES 1356 (XXV-O/95)- Situation for the Handicapped people in the American Continent, (1995);
7. AG/RES 1369 (XXIV-O/96)- Panama Commitment to Persons with Disabilities, (1996);
8. Interamerican Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities of 8 of June of 1999;
9. AG/DEC. 50 (XXXVI-O/06) Declaration of the Decade of Americas for the Rights and Dignity of Persons with Disabilities (2006-2016); AG/RES 2167 (XXXVI-O/06)
10. Establishment of the Committee decided upon in the Interamerican Convention for the Elimination of all forms of Discrimination against Persons with Disabilities (2006);
11. AG/RES 2230 (XXXVI-O/06)- Program of Action for the Decade of Americas for the Rights and Dignity for Persons with Disabilities (2006);
12. AG/RES.2263 (XXXVII-O/07) Support to the Committee for the Elimination of all Forms of Discrimination against Persons with Disabilities (2007)
13. AG/RES 2339 (XXXVII-O/07) Program of Action for the Decade of Americas for the Rights and Dignity of Persons with Disabilities (2006-2016).

ANNEX II. AG/DEC. 50 (XXXVI-O/06) DECLARATION ON THE DECADE OF THE AMERICAS FOR THE RIGHTS AND DIGNITY OF PERSONS WITH DISABILITIES (2006-2016)

(Adopted at the fourth plenary session, held on June 6, 2006)

THE GENERAL ASSEMBLY,

RECALLING its resolutions AG/RES. 1249 (XXIII-O/93) and AG/RES. 1356 (XXV-O/95), "Situation of Persons with Disabilities in the American Hemisphere"; and AG/RES. 1369 (XXVI-O/96), "Panama Commitment to Persons with Disabilities in the American Hemisphere";

BEARING IN MIND that the 1999 Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities provides that “[a] distinction or preference adopted by a state party to promote the social integration or personal development of persons with disabilities does not constitute discrimination”;

TAKING INTO ACCOUNT that, in the Plan of Action of the Fourth Summit of the Americas (Mar del Plata, Argentina, November 5, 2005), the Heads of State and Government instructed the Organization of American States (OAS) to “consider at the next OAS period of regular sessions of the General Assembly to be held in the Dominican Republic, a Declaration on the Decade of the Americas for Persons with Disabilities (2006-2016), together with a program of action”;

DEEPLY CONCERNED that approximately 90 million people live with disabilities in the Hemisphere, many of whom are subsisting below the poverty line in our countries, excluded from their communities by physical, political, cultural, social, economic, attitudinal, and other barriers;

TAKING INTO ACCOUNT that it is especially important for the states to undertake joint efforts to promote the effective exercise of the rights of persons with disabilities and their integration into the countries’ economic, social, cultural, civil, and political activities, and to promote their active participation in social development, so as to comply with international commitments, including the United Nations Millennium Development Goals; and

CONSIDERING that, in order to promote short-, medium-, and long-term action to integrate persons with disabilities, international and regional institutions in various parts of the world have found it advantageous to declare disability decades, the aim of which is to call attention to the actual situation of persons with disabilities, strengthen governments’ political will, and attract human, technical, and economic international cooperation resources through concerted hemispheric and/or regional action to bring about substantive change toward improving the quality of life of persons with disabilities,

DECLARES:

1. Its deep concern over the persisting state of disadvantage, inequity, and discrimination in which most persons with disabilities are living.

2. The need to adopt urgent hemisphere-wide and/or regional measures and strategies to promote the recognition and exercise of all basic human rights, including civil and political as well as economic, social, and cultural rights, as well as the fundamental freedoms, of persons with disabilities.

3. The decade from 2006 to 2016 to be the Decade of the Americas for the Rights and Dignity of Persons with Disabilities, with the theme: “Equality, Dignity, and Participation,” the objectives of which are the recognition and full exercise of the rights and dignity of persons with disabilities and their right to participate fully in economic, social, cultural, and political life and in the development of their societies, without discrimination and on an equal basis with others.

4. The need, during the aforementioned Decade, to undertake programs, plans, and measures to bring about the inclusion of and full participation by persons with disabilities in all aspects of society; to carry out social, political, economic, cultural, and development programs, so as to enable such persons to attain opportunities on an equal basis with others; to promote effective measures to prevent new disabilities; and to provide persons with disabilities with access to rehabilitation services and programs.

ANNEX III. PROGRAM OF ACTION DECADE OF THE AMERICAS FOR PERSONS WITH DISABILITIES (2006-2016)

(Document presented by the Permanent Mission of Peru for consideration by the CAJP at the PROGRAM OF ACTION DECADE OF THE AMERICAS FOR PERSONS WITH DISABILITIES (2006-2016)

(Document presented by the Permanent Mission of Peru for consideration by the CAJP at the beginning of its 2006-2007 term)

On the basis of the considerations contained in the Declaration on the Decade of the Americas for Persons with Disabilities, the states resolve to execute the following Program of Action:

- I. VISION STATEMENT: By 2016, the member states shall have made substantial progress in building an inclusive society based on solidarity and rights, in which persons with disabilities are valued for their potential contributions to the community. Furthermore, in view of their exclusion and vulnerability, which render them the poorest of the poor, they shall be given priority in national and regional development and anti-poverty programs.
- II. MISSION STATEMENT: The member states undertake to adopt the necessary legislative, administrative, social, judicial, and governmental measures for the effective application of the Program of Action at the domestic level.
- III. OBJECTIVES
 1. Society:
To promote recognition of the value of persons with disabilities and the eradication of attitudinal barriers to their development and inclusion.
 2. Health:
To improve access to equal health care services for persons with disabilities.
 3. Education:
To guarantee for persons with disabilities an inclusive education of quality, as well as the technical and professional training to allow their incorporation into productive activity.
 4. Employment:
To promote the incorporation of persons with disabilities into the labor force, whether they work with assistance or independently, in both public and private sectors.
 5. Accessibility:
To promote the use of universal design for all new infrastructure, eliminating existing physical and communications barriers.
 6. Political participation:
To ensure the recognition and exercise of the civil and political rights of persons with disabilities in all matters of interest to the community.
- IV. SPECIFIC MEASURES:
 1. Society:

- a. To form volunteer groups to support persons with disabilities.
- b. To develop inclusive plans and programs, beginning with the school years, creating a positive concept and perception of persons with disabilities as active members of their communities.
- c. To develop ongoing training plans for civil servants and officials in all branches of government.
- d. To develop policies for mass media information campaigns on the contributions persons with disabilities can make.
- e. To promote legal provisions guaranteeing the full and equal exercise of rights by persons with disabilities.
- f. To establish the position of defender of persons with disabilities in countries where it does not yet exist.
- g. To promote the adaptation and accessibility of virtual portals in the public and private sectors for use by persons with disabilities.
- h. To promote incorporation of the concept of social responsibility in all arenas.

2. Health:

a. Prevention and promotion:

- i. To design and implement decentralized public information strategies promoting a culture of health, using the mass media.
- ii. To adopt prevention measures, including early detection and intervention measures.
- iii. To promote and publicize scientific research aimed at preventing disabling illnesses and improving the quality of life of persons with disabilities.
- iv. To promote comprehensive health and nutrition services for expectant mothers and children under three, given the disabilities that can result from insufficient development in early childhood.

b. Rehabilitation:

- i. To promote community-based rehabilitation strategies emphasizing primary health care services, according to the situation in each country.
- ii. To develop specific instruction and training programs on the domestic manufacturing of technical and biomechanical aids, with the participation of persons with disabilities.
- iii. To arrange for specific budget items to facilitate the provision of technical and biomechanical aids and their appropriate maintenance.
- iv. To promote research programs with a view to the domestic manufacture of medications.
- v. To facilitate the provision of medications of quality at an affordable price, or without cost, to persons with disabilities who live in extreme poverty.
- vi. To strengthen existing rehabilitation services and promote their enlargement.

c. Health education:

- i. To design and implement educational strategies that promote healthy lifestyles for the various stages of life.
- ii. To develop strategies for the prevention of all factors leading to disability.
- iii. To promote health education opportunities in the mass media.

3. Education:

- a. To incorporate children and young people with special educational needs into the mainstream educational system.

- b. To provide inclusive educational institutions with the necessary resources to meet the special educational needs of their students.
- c. To bring about the eradication of physical barriers that hinder access to all levels of education for students with special needs associated with their disabilities, as a requirement for conducting inclusive educational activities.
- d. To promote ongoing, specialized training, both on-site and through distance learning arrangements, of teachers at all educational levels to encourage the development of inclusion policies.
- e. To develop specific curricular adaptations, by type of disability, for an effective response to the special educational needs of students with disabilities.
- f. To design and execute educational programs using new information and communications technologies to meet the special educational needs associated with disability.
- g. To ensure the inclusion of curriculum content on disability issues that promotes respect for diversity, equality, and nondiscrimination.
- h. To ensure and attach priority to the allocation of sufficient financial resources to ensure compliance with inclusive educational policies.
- i. To guarantee access to technical and higher education for students with disabilities, as a central factor in their economic and social independence.
- j. To carry out policies promoting the development and funding of research on disability issues.

4. Employment:

- a. To conduct public awareness campaigns, also targeted at government agencies and private institutions, promoting recognition of the potential of persons with disabilities.
- b. To conduct studies of the occupational capabilities of persons with disabilities, so as to construct profiles according to type of disability.
- c. To promote occupational adaptation, instruction, and training programs in the technical and professional areas for persons with disabilities, according to labor market demand.
- d. To conduct programs and projects to incorporate persons with disabilities into the labor market.
- e. To guarantee the application of post set-aside mechanisms and labor quotas for persons with disabilities in the public and private sectors, with appropriate sanctions for noncompliance.
- f. To promote fiscal incentives and subsidies for the hiring of persons with disabilities in the private sector.
- g. To monitor compliance with the provisions and recommendations of Convention N° 159 and Recommendation N° 168 of the ILO, especially in terms of accommodation for disabilities.
- h. To promote the establishment of inclusive employment bureaus with an integrated approach that considers accessibility for different types of disability.
- i. To promote the establishment of microenterprises and small businesses and strengthen existing ones, with the aim that persons with disabilities may achieve independence both economically and in the workplace.
- j. To promote the products of microenterprises and small businesses run by persons with disabilities at the national and international levels, fostering the establishment of networks.

5. Accessibility:

- a. To ensure compliance with technical standards on accessibility for persons with disabilities.
- b. To develop public awareness and training programs on universal design, targeting the public and private sectors.

- c. To eliminate barriers posed by existing urban design and architecture at all public agencies and public facilities.
 - d. To eliminate existing barriers on all modes of transport to facilitate access for persons with disabilities.
 - e. To design and execute awareness programs for the transportation sector on the rights and needs of persons with disabilities.
 - f. To eliminate communication and information barriers in all communications media and public services to improve access for persons with disabilities.
 - g. To incorporate the topic of universal design into the curricula of public and private universities.
6. Political participation:
- a. Registration and identification: To facilitate and ensure the identification and registry of persons with disabilities so that they may exercise their rights and fulfill their duties as citizens.
 - b. Voting rights: To guarantee full participation by persons with disabilities in the voting process, providing the necessary means of access.
 - c. Political participation:
 - i. To establish and guarantee the assignment of quotas to promote participation by persons with disabilities at all levels.
 - ii. To promote participation by organizations of persons with disabilities, their families, and others working for their benefit by considering their views in the decision-making process at all political levels.
 - d. Fostering alliances: To coordinate the various associations of persons with disabilities so as to harmonize concepts and proposals for presentation, discussion, and inclusion in government plans at every level.
 - e. Leadership training: To develop training policies geared toward persons with disabilities to promote their personal development and their leadership skills.

V. STRATEGIES

- Legislation: The states undertake to review their law and improve it, seeking to harmonize it with a hemispheric perspective, taking into account the needs and priorities of each country. States will ensure the adoption of enforcement mechanisms and sanctions in case of noncompliance, as well as state and private liability, all from the perspective of rights. In this respect, measures should be taken to immediately set in motion the Committee for Follow-up on the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities, in keeping with the commitments undertaken.
- Cooperation: States will strengthen internal and international cooperation on disability matters, beginning with the promotion of alliances among the private sector, civil society, and government institutions, and continuing with alliances at the subregional, regional, and interregional levels.
- Empowerment: States will guarantee that persons with disabilities are active participants in discussions and decision-making on issues of concern to them.
- Lobbying: States will foster the empowerment of persons with disabilities by building and strengthening skills, by strengthening their participation and monitoring mechanisms, and by receiving reports of violations of their rights and recording such violations, allowing them to exert effective political pressure.
- Resources and political will: States make the political commitment to implement this program of action, adapting it to the corresponding national plans, for which they will allocate the necessary resources and ensure their timely and proper execution, follow-up, and evaluation.
- Human resource training: States will train the necessary human resources for comprehensive attention to persons with disabilities.

- Statistics and assessment of disabilities: For policy planning purposes, states undertake to conduct:
 - a. Baseline studies;
 - b. Censuses and prevalence studies.

ANNEX VI. WORK METHODOLOGY FOR THE FIRST MEETING OF DIRECTORS OF INSTITUTIONS AND FORMULATORS OF PUBLIC POLICY FOR PERSONS WITH DISABILITIES

The Technical Secretary of OEA for the Decade of the Americas for the Rights and Dignity of

CP16126E04

Persons with Disabilities (SEDISCAP), according to the resolution # AG/RES. 2339; the General Assembly of OEA of 2007, has under its responsibility, the coordination of the execution of the Action Program approved in the above mentioned resolution, and it also has as its purpose to offer support to the Member States, to persons with disabilities and their organizations and to the agencies of OEA, and to carry out the monitoring of the commitments contained within it and the planning of activities that will lead to achieving their objectives and concrete actions.

On the basis of these mandates, SEDISCAP has called this FIRST MEETING OF DIRECTORS OF INSTITUTIONS AND FORMULATORS OF PUBLIC POLICY FOR PERSONS WITH DISABILITIES and in order to obtain the results that will facilitate the monitoring of these mandates, the following work methodology will be proposed for the next three days:

1. The tasks will be carried out starting from the six objectives and strategic lines of the Action Program of the Decade, and they are:
 - Line # 1: Health and Disability. (Wednesday 21st of January)
 - Line # 2: Education and Disability. (Thursday 22nd of January)
 - Line # 3: Employment and Disability. (Thursday 22nd of January)
 - Line # 4: Society and Disability. (Friday 23rd of January)
 - Line # 5: Accessibility and Disability. (Friday 23rd of January)
 - Line # 6: Political Participation and Disability (Friday 23rd of January)
2. The processing for each strategic line will be initiated with a presentation that will allow a conceptual framework for it, as well as for each one of the objectives and concrete actions contained in it. For this, a facilitator of the topic will be appointed and it will be his responsibility to do the induction in each work group. These induction presentations will be prepared in such way, that they will serve as references that will support the process of conclusions, recommendations and priorities that the work groups will establish.
3. Presentations of up to three successful projects will be carried out in the countries, so that they can share experiences with the rest of the participants.
4. Subsequently the work groups will be set up making sure that they are in accordance to the sub regional division of the continent so that the processes indicated in the previous point, are as close as possible to the geographical, demographic, ethnographic, cultural, economic, social and political realities. The following group formation is recommended:
 - Group # 1: Barbados, United States, Haiti, Jamaica, and Trinidad and Tobago.
 - Group # 2: Costa Rica, Salvador, Mexico, Nicaragua and Panama.
 - Group # 3: Bolivia, Brazil, Chile, Ecuador, Paraguay, Peru.

5. The Work Groups organized this way will analyze, each from its reality, each strategic axis and concrete actions contained in the Action Program of the Decade starting from programs and specific projects and will generate a series of conclusions, recommendations and priorities around lessons learned with the potential to be replicated.
6. The Work Groups must choose a Debate Coordinator and a Speaker. They will have the assistance of a facilitator who will make the induction presentation for in depth knowledge of the topic content during the development of their deliberations and presentation, by the selected countries, of projects and experiences that may be replicated. The speaker will have with a laptop for this task.
7. The conclusions, recommendations and priorities in function of the lessons learned, will be carried to the plenary session by the Speaker, with the purpose of giving not only the sub regional content mentioned before, but to be able to identify if guidelines and action of continental character exist which must be taken care of with a regional vision.
8. The Coordination of the Meeting, will offer administrative and secretarial support to each one of the rooms (areas) where the work groups will be, so that they are able to prepare their conclusions, recommendations, and priorities and present them to the plenary session and if they wish, in digital form (Power point). Each Group will have up to 20 minutes in the plenary session to present.
9. The Coordinators and Speakers of the Work Groups in collaboration with the meeting coordination will prepare a document called General Recapitulation, which shall become the work document of the Secretary for the next years.
10. If possible, at the end of the Meeting, by means of a consensus, the country that will become host for the next meeting will be chosen, opportunity which should be taken advantage of, to report the advances of the Action Program of the Decade by the country, sub region and in the Continent, so that by the means of a strategic planning vision, the application process of the plan and the purpose of it begins to adjust.

Anexo V. Presentación por SEDISCAP

“El Decenio de las Américas: por los Derechos y la Dignidad de las Personas con Discapacidad (2006-2016)” – Dra. Eneida Ferrer F. Directora Técnica de SEDISCAP

 <p>SECRETARÍA DE ASUNTOS JURÍDICOS ORGANIZACIÓN DE LOS ESTADOS AMERICANOS</p> <p>Secretaría Técnica para el desarrollo del "Programa de Acción para el Decenio de las Américas por los Derechos y la Dignidad de las Personas con Discapacidad (2006-2016)"</p>	<h3>Antecedentes</h3> <p>En el Ambito Global</p> <p>§ Hasta el momento se han declarado 5 décadas. Una de ellas fue a nivel mundial y las 4 restantes de alcance regional. Las regiones que hasta la fecha han declarado décadas de discapacidad son la región Asia- Pacífico (2 veces), la región Árabe y la región Africana.</p> <p>En el Ambito Regional</p> <p>§ La iniciativa es presentada por el gobierno del Perú, al incluir el tema, en la Cumbre de las Américas del Mar del Plata, (Nov. -2005), secundaron la iniciativa varios países entre ellos Chile, Guatemala, Panamá, Venezuela y Costa Rica.</p>
<p>1.</p> <h3>Marco Legal</h3> <p>Decenio de las Américas por los Derechos y la Dignidad de las personas con discapacidad OEA (Aprobada por la Asamblea General en la cuarta sesión plenaria, celebrada el 6 de junio de 2006)</p> <p>DECLARA:</p> <ol style="list-style-type: none">1. Su profunda preocupación por la persistencia de las condiciones de desventaja, inequidad y discriminación en la que se encuentran la mayoría de personas con discapacidad.2. La necesidad de adoptar medidas y estrategias hemisféricas y/o regionales urgentes, que promuevan el reconocimiento y el ejercicio de todos los derechos humanos, incluidos los civiles y políticos como los económicos, sociales y culturales, así como las libertades fundamentales de las personas con discapacidad.	<p>2.</p> <h3>Marco Legal</h3> <p>Decenio de las Américas por los Derechos y la Dignidad de las personas con discapacidad OEA (Aprobada por la Asamblea General en la cuarta sesión plenaria, celebrada el 6 de junio de 2006)</p> <p>DECLARA:</p> <ol style="list-style-type: none">3. El "Decenio de las Américas, por los Derechos y la Dignidad de las personas con discapacidad" durante el periodo 2006-2016, con el lema: "Igualdad, Dignidad y Participación", con los objetivos de lograr el reconocimiento y el ejercicio pleno de los derechos y la dignidad de las personas con discapacidad y su derecho a participar plenamente en la vida económica, social, cultural y política y en el desarrollo de sus sociedades, sin discriminación y en pie de igualdad con los demás.4. La necesidad que durante el Decenio señalado se emprendan programas, planes y acciones para alcanzar la inclusión y la participación plena en todos los aspectos de la sociedad de las personas con discapacidad; se ejecuten programas sociales, políticos, económicos, culturales y de desarrollo, destinados al logro de oportunidades en pie de igualdad con los demás, y se promuevan medidas efectivas para la prevención de nuevas discapacidades y el acceso a los servicios y programas de rehabilitación para las personas con discapacidad.
<p>3.</p> <h3>Elaboración del Plan de Acción</h3> <p>Para el logro de estos objetivos la Asamblea encomendó la elaboración de un Plan de Acción</p> <p>El Programa de Acción, fue el producto de un proceso de negociación intenso que tomó 10 sesiones formales y 3 de carácter informal, a partir del 25 de enero y finalizó el 12 de abril 2007.</p>	<p>4.</p> <h3>Situación en la Región</h3> <p>Los países miembros de la OEA se encuentran en etapas muy distintas en el desarrollo de las políticas públicas sobre el tema de discapacidad. El Programa de Acción traslada la agenda adoptada sobre la discapacidad en: acciones concretas, voluntad y compromiso para avanzar.</p>
<p>5.</p>	<p>6.</p>

PROGRAMA DE ACCIÓN

- § El programa consta de un preámbulo y de cinco partes; ellas son: Visión, Misión, Objetivos, Acciones Concretas y Estrategias.
- § Siendo su objetivo esencial servir de guía a los países miembros de la Organización de los Estados Americanos para la formulación de sus políticas públicas, en la adopción de sus medidas internas y cooperación.

7.

Visión

- Lograr avances sustantivos en la construcción de una sociedad inclusiva, solidaria
- Las personas con discapacidad deben ser reconocidas y valoradas
- Mitigar el impacto nocivo de la pobreza

8.

Misión

Los estados miembros se comprometen a adoptar las medidas legislativas, administrativas, sociales, judiciales y de gobierno necesarias para la efectiva aplicación del Plan de Acción a nivel interno.

9.

Ejes de Intervención

- § Los derechos y la dignidad de las personas con discapacidad, la inclusión social.
- § La no discriminación y la igualdad de oportunidades.
- § La lucha contra la pobreza: erradicar la invisibilidad.

10.

Estrategias para la Acción

- § Legislación
- § Cooperación
- § Empoderamiento
- § Cabildo
- § Recursos y voluntad política
- § Estadísticas y valoración de la discapacidad.

11.

Acciones

- Sociedad
 - § Valoración
 - § Eliminación de barreras
- Salud
 - § Acceso en igualdad de condiciones
- Educación
 - § Educación inclusiva
 - § Formación Técnica

12.

Acciones

- Empleo
 - § Inserción productiva
- Accesibilidad
 - § Uso del diseño universal
- Participación Política
 - § Reconocimiento y ejercicio

13.

SEDISCAP

RESOLUCIÓN AG/RES. 2339 XXXVII/O/07

Crear un espacio de intercambio de acciones e información entre los Estados miembros para facilitar la ejecución del Programa de Acción para el Decenio de Las Américas por los Derechos y la Dignidad de las personas con Discapacidad y sus Familias. (Estados, sociedad civil, universidades y organismos multilaterales).

14.

Anexo VI. Presentaciones por Líneas Estratégicas

Mesa # 1. Salud y Discapacidad

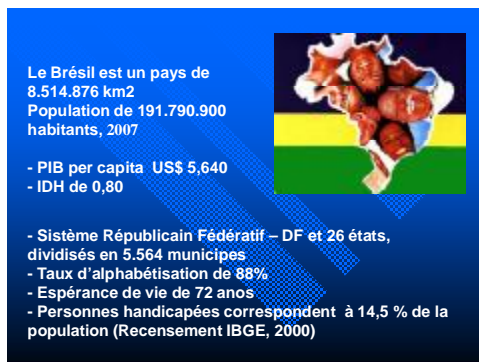
1.- Brasil – Promotion et Protection de la Santé ET Prévention des Infirmités et Réhabilitation
Coordinatrice Nationale pour l'Inclusion des Personnes Handicapées - CORDE
Izabel Maior, MD



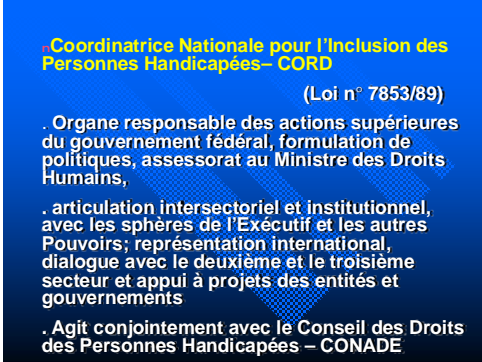
1



2



3



4



5



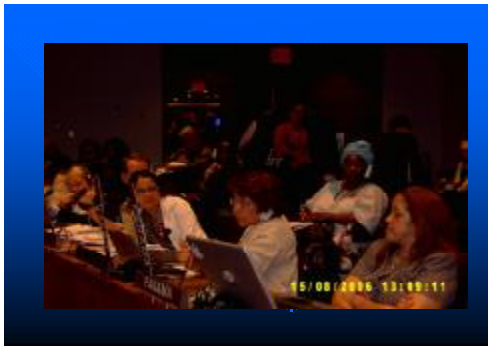
6

Article 3 Principes Généraux

Les principes de la présente Convention sont:

- a. Le respect de la dignité inhérente à l'autonomie individuelle, y compris la liberté de prendre ses propres décisions, et l'indépendance des personnes.
- b. La non-discrimination;
- c. La pleine et effective participation et inclusion dans la société;
- d. Le respect pour la différence et pour l'acceptation des personnes handicapées como partie intégrante de la diversité humaine et de l'humanité;
- e. L'égalité des opportunités;
- f. L'accessibilité;
- g. L'égalité entre hommes et femmes; et
- h. Le respect pour le développement des capacités des enfants handicapés et pour le droit des enfants handicapés de préserver leur identité.

7



9

Article 25 - Santé

Les Etats Participants reconnaissent que les personnes handicapées ont le droit de jouir du meilleur état de santé possible, sans discrimination basée sur l'infirmité. Les Etats Participants prendront toutes les mesures appropriées pour assurer aux personnes handicapées l'accès aux services de santé, y compris les services de réhabilitation, qui tiendront compte des spécificités de genre. En particulier, les Etats Participants:

- a. Offriront aux personnes handicapées des programmes et soins de santé gratuits et à des prix accessibles, de la même qualité, variété et modèle que ceux qui sont offerts aux autres personnes, y compris dans le domaine de la santé sexuelle et reproductive et des programmes de santé publique destinés à la population en général;
- b. Encourageront les services de santé que les personnes handicapées requièrent spécifiquement à cause de leur handicap, y compris diagnostic et interventions précoces, de même que services destinés à réduire au maximum et à prévenir des infirmités supplémentaires, également parmi les enfants et les personnes âgées;

11

PROGRAMA DE ACCIÓN PARA LA DÉCADA DE LAS AMÉRICAS POR LOS DERECHOS Y POR LA DIGNIDAD DE LAS PERSONAS CON DISCAPACIDAD (2006-16)

I. MISIÓN:

Los Estados miembros se comprometen a adoptar gradualmente y em un plazo de tiempo razonable las medidas administrativas, legislativas y judiciales, así como las políticas públicas necesarias, para la efectiva aplicación del Programa de Acción en el orden jurídico interno, a fin de colocar a las personas con discapacidad en igualdad de condiciones con los demás.

OBJETIVOS SALUD:

Ampliar, mejorar y asegurar el acceso de las personas con discapacidad a los servicios de salud en igualdad de condiciones con los demás. Además de eso, promover la investigación científica y tecnológica relacionada con la prevención de discapacidades, tratamiento e rehabilitación

13

Convention sur les Droits des Personnes Handicapées

Article 1: Le but de la présente Convention est de promouvoir, protéger et assurer l'exercice plein et équitatif de tous les droits humains et libertés fondamentales pour toutes les personnes handicapées et promouvoir le respect pour leur dignité inhérente.

Les personnes handicapées sont celles qui présentent un handicap de longue durée en raison de leur nature physique, mentale, intellectuelle ou sensorielle, qui, en interaction avec différentes barrières, peuvent faire obstacle à leur participation pleine et effective au sein de la société en égalité de conditions avec les autres personnes.

8



10

SERVICES MÉDICAUX

- Les personnes handicapées au Brésil tienen acceso a asistencia médica integral y especializada de acuerdo con su necesidad, em los diferentes niveles de atención.
- La atención médica en Brasil no limita el acceso a cualquiera de los tipos de discapacidad.
- Los servicios de prevención son adecuados, principalmente vacunación, atención pré-natal y exámenes de selección neonatal. La cobertura es alta em estos servicios.
- Existe la necesidad de fortalecimiento de otras medidas preventivas referentes a causas externas, diabetes e hipertensión arterial.

12

SYSTEME UNIQUE DE SANTÉ – (SUS) BRÉSIL

La Constitution Fédérale (1988) - affirme que la Santé est un devoir de l'Etat et un droit social de tous les citoyens, indépendamment de la contribution de ceux-ci.

Le Ministère de la Santé, organe gestionnaire du Système Unique de Santé (SUS) au niveau fédéral, a comme compétence la formulation et la mise en oeuvre de politiques publiques de santé et est responsable de la réglementation et du financement des actions de santé exécutées par les Secrétariats de Santé de l'Etat, Municipaux et du District Fédéral.

Tout citoyen brésilien a le droit de recevoir les services médicaux du SUS: dans les Unités Municipales de Base (Santé de la Famille), dans les Centres de Spécialités, dans les Services de Réhabilitation et dans les Hôpitaux. Tout citoyen a le droit de recevoir les soins médicaux, traitements odontologiques, infirmerie, visite des Agents Communautaires de Santé, examens complémentaires pour le diagnostic, médicaments, soins spécifiques, selon le handicap qu'il présente, et la réhabilitation, orthèse, prothèse et autres aides techniques.

14

Promotion et protection de la santé et prévention des infirmités

Soins de base - 29 mille Centres de Santé de la Famille établis pour couvrir 93 millions de citoyens; 230 mille Agents Communautaires de Santé pour couvrir 113,5 millions de Brésiliens;

- Urgences - SAMU (1.183 municipes, 100,3 millions de personnes);

- Santé des Personnes Agées - Programme d'Immunisation avec couverture de 90% et lancement du Manuel du Personnel Soignant;

- Planification Familiale - Anticonceptifs gratuits pour 34 millions de femmes, Accouchement Naturel et plus Humain et licence de maternité de 6 mois pour encourager l'allaitement. Mise en œuvre de Lignes Directrices pour la Promotion des Droits Sexuels et Reproductifs également pour les Personnes Handicapées.

15

Promoção e Prevenção - campanhas de sensibilização para a redução do consumo de bebidas alcoólicas; restrição da venda nas estradas; tolerância zero para teor alcoólico em motoristas (exames rápidos em bafômetros); campanhas de sensibilização para a redução do uso de cigarros, por intermédio do uso de imagens nas embalagens de produtos de tabaco.

- Caderneta de Saúde da Criança - produzida desde 2006 para todas as crianças nascidas em território nacional, com informações sobre testes de triagem que contribuem para identificar precocemente deficiências (Triagem Neonatal-Teste do Pezinho, Triagem Auditiva e Teste Ocular do Reflexo Vermelho).

- Prevenção de Acidentes, Violências e a Promoção da Cultura de Paz/2008 - realização de campanha permanente de prevenção de acidentes de trânsito e do uso de cadeiras especiais para proteção de crianças. Produção de Filmes de 30", *Jinglee* e *Spot*, Cartazes, *Busdoor* e *Outdoor* e *Folder* e elaboração da cartilha - "Impacto da violência na saúde de crianças e adolescentes" - prevenção de violências e promoção da cultura de paz, lançada no III Congresso Mundial de enfrentamento à Exploração Sexual de Crianças e Adolescentes, em 2008

17

Atenção à saúde do recém-nascido.

- Rede Norte-nordeste de Saúde Perinatal - tem por objetivo diminuir as desigualdades em saúde no País, por meio da articulação de uma rede de unidades neonatais de maternidades públicas.

- Atenção Humanizada ao Recém-nascido de Baixo Peso - Método Canguru - proposta de humanização da assistência neonatal, baseada em quatro fundamentos básicos: acolhimento do bebê e sua família, respeito às singularidades, promoção do contato pele a pele e o envolvimento da mãe nos cuidados com o filho.

Promover controles voluntários de doenças crônicas, diabetes e hipertensão e infecções transmissíveis, inclusive as de transmissão sexual a fim de prevenir a deficiência - prevenção e tratamento da hanseníase, campanhas de esclarecimento e cuidados de prevenção de deficiências

19

- No Brasil, a maioria dos serviços de reabilitação é voltada para crianças, jovens e adultos com limitações físicas e intelectuais.
- As unidades públicas atendem principalmente as pessoas com deficiência física.
- As instituições filantrópicas conveniadas ao SUS dedicam-se ao atendimento de crianças com deficiência intelectual e múltipla, e menos à deficiência sensorial.
- Há necessidade de investimento na atenção aos idosos com diferentes tipos de deficiência.

21

Saúde da Família - pesquisa realizada pelo Ministério da Saúde, em parceria com a Universidade de São Paulo e Universidade de Nova York, demonstrou que: a cada 10% de aumento de cobertura o índice de mortalidade infantil cai em 4,6%;

Participação e Controle Social - informatização de 5.590 Conselhos de Saúde do país; 15 novas Ouvidorias implantadas em 2008 com total de 15,6 milhões de atendimentos aos usuários;

- Serviços de Saúde Mental - foram criados os Programas de Volta para Casa e Residências Terapêuticas, com redução de 14.596 leitos de longa permanência entre 2002 e 2008, auxílio de sendo dado um R\$ 320,00, beneficia 3.192 pessoas (2008). Expansão da rede de Centros de Atenção Psicossocial (CAPS): 1.290 em todo o país até 2008.

- Prevenção de doenças transmissíveis - cobertura vacinal acima de 90%, contra pólio, sarampo, tétano, rubéola (64,4 milhões vacinados);

16

Pesquisa com *Células tronco* - o Ministério da Saúde em parceria com o Ministério de Ciência e Tecnologia (MCT) investe em grupos de pesquisa que trabalham com células-tronco embrionárias e adultas.

- Estudos de Prevalência de Deficiências - em 28 cidades de diferentes regiões do País, entre os anos de 1992 a 2006, que servem de apoio para o desenho da política de reabilitação e a concessão de órteses e próteses.

- Programa Nacional de doação e transplante de órgãos; 6.482 transplantes realizados pelo SUS em 2008; expansão da Rede de Coleta de Cordões Umbilicais; 872 mil doadores voluntários cadastrados.

Centros de Referência em Saúde do Trabalhador que desenvolvem ações para a segurança e a saúde nos ambientes de trabalho, prevenindo acidentes e doenças profissionais, tanto nas cidades quanto nas áreas rurais.

18

REABILITAÇÃO

- Existem serviços de reabilitação em todos os estados do Brasil.
- Há um número pequeno de municípios que atuam adequadamente nos três níveis de atenção, incluindo a reabilitação de base comunitária.
- A maioria dos serviços está organizada nos níveis secundários e terciários do sistema de saúde.
- A cobertura de reabilitação é insuficiente para a população de pessoas com deficiência.

20

- A expansão e fortalecimento das Redes de Serviços de Reabilitação tem sido ação prioritária da Área Técnica Saúde da Pessoa com Deficiência/MS, envolvendo: elaboração de normas para a organização do cuidado à saúde das pessoas com deficiência na Atenção Básica e nos serviços especializados para pessoas com deficiência; assessoria aos estados, Distrito Federal e municípios e incremento de recursos financeiros para a estruturação de Unidades de Saúde e capacitação de profissionais.

22

- A formação universitária dos profissionais de reabilitação é adequada para atuarem na atenção secundária e terciária.
- Gradativamente, estão sendo capacitados em serviço e inseridos na atenção primária.
- Deve haver maior investimento na capacitação de gestores de políticas públicas para efetivar as ações de reabilitação para as pessoas com deficiência.

23

Redes Estaduais de Serviços de Reabilitação Física - são 156 serviços com equipe multiprofissional, o fornecimento de órteses, próteses e meios auxiliares de locomoção está vinculado a ele e é universalizado, bem como os processos de reabilitação.

Redes Estaduais de Serviços de Saúde Auditiva - o atendimento é multiprofissional e realizado em 135 Serviços de Saúde Auditiva, prevê diagnóstico, fornecimento de aparelho auditivo, acompanhamento e terapia fonoaudiológica.

24

Serviços de Reabilitação para Pessoas com Deficiência Intelectual e Autismo - foram cadastrados 628 Serviços de Deficiência Intelectual/Autismo na rede SUS e a política de saúde mental encontra-se em processo de revisão para atendimento de autistas.

Serviços de Reabilitação para Pessoas com Deficiência Visual - em fase inicial de implantação de 75 Serviços de Reabilitação Visual vinculados a Rede de Assistência em Oftalmologia do SUS.

25



26

CONTROLE E PARTICIPACAO SOCIAIS

- Os Conselhos que representam as pessoas com deficiência e suas famílias começam a se organizar para influir no planejamento, no monitoramento e na avaliação das políticas.
- No âmbito dos serviços especializados de reabilitação, ainda não se verifica esta participação.
- A participação acontece nas experiências de atenção primária.
- Na formulação de normas de funcionamento de serviços específicos, há a participação das organizações de pessoas com deficiência, como ostomizados e portadores de distrofia muscular.

27

CAPACITAÇÃO DE PESSOAL

- Os Ministérios da Saúde, Educação e a Coordenadoria Nacional para Integração da Pessoa Portadora de Deficiência - CORDE/SEDH têm apoiado a capacitação de profissionais dos serviços de reabilitação.
- O governo federal iniciou em 2004 a capacitação dos técnicos de saúde que atuam no nível de atenção básica.
- Os Programas Saúde da Família e Agentes Comunitários de Saúde estão em 4.400 municípios e esta é a estratégia para aumentar o atendimento das pessoas com deficiência.

28

- Os projetos de capacitação apoiados pela CORDE envolvem a temática dos direitos humanos e deles participam, como palestrantes, lideranças do movimento das pessoas com deficiência.
- As universidades têm contato com organizações de pessoas com deficiência. Embora não seja uma prática comum, algumas capacitam seus alunos em organizações tais como Associação de Distrofia Muscular e Associação de Hemofílicos.
- O CONADE, constituído pelas associações de pessoas com deficiência, participa de seminários e capacitações na área de reabilitação.

29

Promover o estabelecimento de compromissos e programas intersetoriais que articulem ações para o alcance da reabilitação integral desde a infância das pessoas com deficiência.

O Ministério da Saúde faz parte da Agenda Social da Presidência da República - Eixo Direitos Humanos e Cidadania - Grupo Pessoa com Deficiência, Decreto n° 6.215 de 26 de setembro de 2007, um conjunto de ações envolvendo diversos Ministérios para garantir as condições básicas para o pleno desenvolvimento das pessoas com deficiência com vistas ao ingresso no mercado de trabalho e processo de desenvolvimento do país.

30



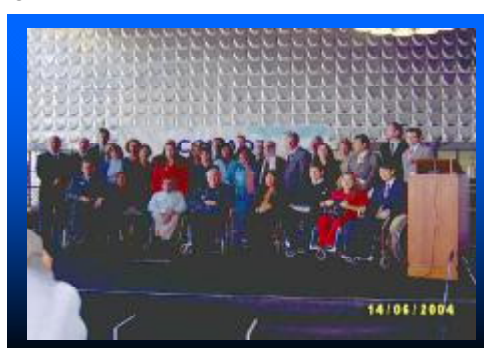
31



32

Programa do Benefício de Prestação Continuada na Escola (Portaria Interministerial nº 18/07), que tem por objetivo identificar as barreiras que impedem crianças e adolescentes de 0 a 18 anos, com deficiência e que recebem o benefício, de frequentarem a escola. Em 2008, os 27 estados e 2.651 municípios aderiram ao Programa, o que corresponde a um total de 226.775 beneficiários com deficiência, que poderão ser matriculados na escola.

33



34

SERVIÇOS DE APOIO

- Há necessidade de mais recursos financeiros, com a contribuição dos fundos estaduais e municipais e também financiamento de organismos internacionais. Atualmente, todo o aporte vem do orçamento federal.
- O governo federal dispõe de recursos financeiros para a implantação de oficinas para produção de ajudas técnicas. São repassados recursos para instituições públicas e filantrópicas. Entretanto, as principais dificuldades têm sido a adesão dos gestores da saúde e a escassez de recursos humanos, principalmente técnicos de órteses e próteses.

35

SERVIÇOS DE APOIO

- As órteses e próteses são financiadas e concedidas pelo SUS, 2 milhões de equipamentos/ano.
- O acesso e a cobertura estão concentrados nas regiões Sudeste e Sul e não são suficientes para todas as pessoas com deficiência.
- No âmbito da Assistência Social existem experiências recentes de apoio financeiro para cuidadores, principalmente para idosos.
- No caso de famílias com renda abaixo da linha da pobreza, o governo federal concede benefício financeiro de um salário mínimo por pessoa com deficiência grave. Estão neste programa 1,5 milhões de pessoas, ao custo de R\$ 6 bilhões/ano (US\$ 2,7bi)

36

SERVIÇOS DE APOIO

- A Língua Brasileira de Sinais (Libras) é oficial desde 2002 e foi regulamentada em 2005 e pretende suprir a falta de intérpretes.
- A CORDE e o Ministério da Educação apóiam projetos de capacitação de intérpretes da Libras e a legislação de acessibilidade à comunicação promulgada em dezembro de 2004 determina a introdução de legenda e janela de intérprete na televisão.
- O CONADE tem como competência o acompanhamento da execução dessas políticas , mas o modelo de controle social no Brasil ainda não consegue influir em questões orçamentárias.

37

**Coordenadoria Nacional para Integração da Pessoa Portadora de Deficiência
CORDE/SEDH-PR**

Esplanada dos Ministérios – Bloco T
Anexo II - sala 210
CEP: 70.064-900 - Brasília - DF

Fone: 55 + 61 + 3429-3684/3683
FAX: 55 + 61 + 3226-0501

E-mail: corde@sedh.gov.br
Site: www.direitoshumanos.gov.br

38

2.- Estados Unidos - Strategies to Improve Health Care for People with Disabilities – Rosaly Correa-de-Araujo, MD, MSc, PhD *Director, Quality Health Care and Policy Office of the Secretary, Office on Disability*

Strategies to Improve Health Care for People with Disabilities



Rosaly Correa-de-Araujo, MD, MSc, PhD
 Director, Quality Health Care and Policy
 Office of the Secretary
 Office on Disability

OAS Meeting of the Directors of Institutions and Formulators of Public Policies for Persons With Disabilities - Panama City, January 20-23, 2009

1

Introduction

- 54 million people with some form of disability in the United States
- Office on Disability – 2002
 - ┆ New freedom Initiative
 - ┆ Surgeon General Call to Action

2

Surgeon General's Call To Action to Improve the Health and Wellness of Persons with Disabilities

- Goal 1 - People with nationwide understanding that persons with disabilities can lead long, healthy, productive lives.
- Goal 2 - Health care providers have the knowledge and tools to screen, diagnose, and treat competently the whole person with disabilities

3

Surgeon General's Call To Action to Improve the Health and Wellness of Persons with Disabilities

- Goal 3 - Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles
- Goal 4 - Accessible health care and support services promote independence for persons with disabilities

4

Specific Examples of Activities/Programs

- Health Needs of Women with Disabilities
- Health Needs of Children, Youth and Adolescents with Disabilities
 - ┆ I can do it, You can do it
 - ┆ Co-Occurring Developmental Disabilities and Behavioral Disorders
 - ┆ Young Adult Program
 - ┆ Young Children with Hearing Loss and their Families

5

Specific Examples of Activities/Programs

- Healthy People 2020 – Data Collection and quality indicators
- Electronic health records
- Building capacity
 - ┆ Caregiver/Workforce Challenges for Persons with Disabilities
 - ┆ Emergency preparedness and Response
 - ┆ Curriculum on Disability for medical, nursing, dentistry and other professional fields.

6

Specific Examples of Activities/Programs

- Building capacity
 - ┆ Caregiver/Workforce Challenges for Persons with Disabilities
 - ┆ Emergency preparedness and Response
 - ┆ Curriculum on Disability for medical, nursing, dentistry and other professional fields.

7

Curriculum on Disability

- No incentives for professional training programs to include disability content.
- No defined curriculum to address disability in medical, nursing, dentistry and other professional fields.

8

Educating Professionals on Disability Issues is Important

- Having tools and knowledge
- Knowing secondary conditions can be treated successfully
- Providing integrated, culturally sensitive and respectful care
- Increasing numbers of infants with disabilities
- Increasing numbers with youth with disabilities

9

Educating Professionals on Disability Issues is Important

- Older adults with one or more chronic conditions and related disability
- Increasing number of individuals facing military-related disabilities

10

Areas of Core Knowledge and Competency

- Conceptual framework
- Assessment skills
- General principles and management skills
- Health care info and resources
- Legal requirements of ADA
- Quality of life in 24 hour

11

Regional Health Care Training Center in Panama City

- Training on Disability?

12

Celebrating Persons with Disabilities

HHS Secretary's Highest Recognition During Presidential National Disability Month - October

13

Looking Ahead

- New US Government Administration – potential expansion of disability agenda
- We look forward to continued joint efforts to share lessons learned and best practices to improve the lives of people with disabilities.

14



THANK YOU!

rosaly.correa@hhs.gov

202 401-5844

15

3.- Bolivia – Estadística Piloto en dos Municipios. – CONALPEDIS, Gladys Vargas, representante

REUNION DE DIRECTORES DE INSTITUCIONES Y FORMULADORES DE POLITICAS PUBLICAS PARA PERSONAS CON DISCAPACIDAD

PANAMA 21 – 23 de Enero del 2009

1

2

ANTECEDENTES:

El gobierno adopta la forma de República Unitaria, Democrática, Representativa y Presidencialista. La Ciudad de Sucre, es la Capital Constitucional y La Sede de Gobierno es la ciudad de La Paz.

BOLIVIA SE ENCUENTRA UBICADA EN EL CORAZON DE LATINOAMERICA

Estructura Política y Administrativa

Bolivia está estructurada política y administrativamente en nueve departamentos, 112 provincias, 327 secciones de provincia (Municipios) y 1,397 Cantones.

La Constitución Política del Estado de Bolivia, establece que la soberanía reside en el pueblo, es inalienable e imprescriptible; su ejercicio está delegado a los poderes Legislativo, Ejecutivo y Judicial.

Poder Ejecutivo

La independencia y coordinación de estos poderes es la base del gobierno. El Poder Ejecutivo está constituido por un presidente y vicepresidente de la República elegidos por sufragio directo por un período de cinco años. Consta de 16 Ministerios. El Poder Ejecutivo es el que administra y reglamenta el cumplimiento de las leyes.

Poder Judicial

Conformado por la Corte Suprema de Justicia de la Nación (12 magistrados), el Tribunal Constitucional, el Consejo de la Judicatura, Las Cortes Superiores de Distrito y los Tribunales Ordinarios de Justicia. El Poder Judicial aplica las leyes y el Poder Legislativo ejerce funciones en el Honorable Consejo Nacional, compuesto por la Cámara de Senadores y Cámara de Diputados conformadas por 27 Senadores y 130 Diputados, respectivamente.

Poder Legislativo

El Poder Legislativo es el que dicta las leyes. El presidente constitucional de la República es el Sr. Evo Morales Ayma; la edad para votar es de 18 años, el idioma de mayor uso es el castellano, aymará, quechua y otros.

3

4

DATOS ESTADISTICOS EN DISCAPACIDAD: A Nivel Mundial

Existen 613 millones de PCD en el mundo, es decir el 10% de la población actual.

El 80% vive en los países en Desarrollo - Pobres (400 millones de PCD)

Sólo para América Latina y el Caribe (ALC), existen 90 millones de PCD y sólo el 2% de esta población tendría acceso a servicios y programas de rehabilitación.

El 87% de niños con discapacidad vive en los países del sur,

En ALC asisten a la escuela entre el 20% y el 30% de niños con discapacidad.

Entre el 80% y 90% de las PCD en ALC están desempleados.

Cerca del 82% de las PCD en Latinoamérica son pobres.

DATOS ESTADISTICOS EN DISCAPACIDAD: A Nivel Nacional

Según (OMS), un promedio del 10% de la población mundial tiene alguna discapacidad tomando en cuenta esta referencia internacional en Bolivia existen 827.432 personas con discapacidad, distribuidas en: 3.5% de personas con discapacidad sensorial, 3% con discapacidad intelectual, 3% con discapacidad física y el 0.5% de las personas con otras discapacidades.

En Bolivia, a la fecha no se ha realizado un censo real (específico) para determinar la cantidad de personas con discapacidad y sus necesidades.

5

6

FUENTES DE INFORMACION

OPERACION ESTADISTICA	TIPO DE PREGUNTA	CONCEPTO	UNIDAD DE OBSERVACION	FORMA OPERATIVA	OBJETIVO DE LA PREGUNTA
CENSO 1900	CERRADA	IMPEDIMENTO PARA TRABAJAR	PERSONA	Registro por observación directa de la persona con defecto físico o mental que impide trabajar y ganar libremente la subsistencia	"Defector" que impide el normal funcionamiento físico o mental que impide a la persona trabajar y ganar libremente la subsistencia
CENSO 1950	ABIERTA	IMPEDIMENTO PARA TRABAJAR	PERSONA	¿Incapacitado para trabajar?	Población económicamente inactiva
CENSO 2001	CERRADA	DISCAPACIDAD FISICA Y PERMANENTE	HOGAR	En este hogar ¿cuántas personas son ¿Ciegos? ¿Sordomudas? ¿Paralíticas y/o tienen amputado algún brazo o pierna?	Identificar el número de personas con discapacidad por hogar
ENDSA 1998	CERRADA	DISCAPACIDAD EXTREMA	PERSONA	¿Tiene algún impedimento extremo?	Identificar tipos de discapacidad en personas pertenecientes a hogares
MECOVI 2001	ABIERTA	DISCAPACIDAD PERMANENTE	PERSONA	¿Presenta... algún tipo de discapacidad permanente?	Identificar tipos de discapacidad en personas pertenecientes a hogares

En Bolivia, a la fecha no se ha realizado un censo real (específico) para determinar la cantidad de personas con discapacidad y sus necesidades, en su generalidad los primeros intentos de obtener datos de personas con discapacidad estuvo relacionado con el área laboral.

La pregunta que se realizó en el CENSO 2001 es la siguiente:

22 - EN ESTE HOGAR, ¿CUÁNTAS PERSONAS SON...

	NINGUNA	1	2	3 o más
ciegas?				
sordomudas?				
paralíticas y/o tienen amputado algún brazo o pierna?				

La pregunta no toma en cuenta a todas las PCD, por ejemplo a las PCD intelectual. Este es uno de los problemas para el diseño de políticas públicas en torno a la discapacidad, por los vacíos de información que impiden no sólo tener un mapa de prevalencia, sino conocer aspectos asociados al tipo de discapacidades, su atención, tratamiento, rehabilitación y otros factores sociales, económicos y culturales

7



8

MARCO LEGAL INTERNACIONAL

- SISTEMA UNIVERSAL**
- Declaración Universal de los DDHH (1948)
 - Declaración de los Derechos de los Impedidos (1975)
 - Declaración de los Derechos del Retrasado Mental (1971)
 - Declaración de los Derechos del Niño (1959)
 - Programa de Acción Mundial de las NN.UU. Para los Impedidos
 - Normas Uniformes sobre Igualdad de Oportunidades de las Personas con Discapacidad
 - Convención Amplia e Integral para las Personas con Discapacidad (julio 2006)

- SISTEMA AMERICANO**
- Convención Interamericana para la Eliminación de todas las Formas de Discriminación contra las Personas con Discapacidad (2002)
 - Declaración de Caracas para la reestructuración de la atención psiquiátrica

MARCO LEGAL NACIONAL

- AMBITO CONSTITUCIONAL Y GENERAL**
- CONSTITUCIÓN POLITICA DEL ESTADO
 - CODIGO NIÑO, NIÑA Y ADOLESCENTE
- AMBITO ESPECIFICO**
- **LEY 1678 (1995) Ley de la Persona con Discapacidad**
 - DECRETO SUPREMO N° 24807
 - **DECRETO SUPREMO N° 28671 (Adopta el PNIEO como política pública, abril 7/2006)**

9

La Organización de las Naciones Unidas en 1981 declara el año del Impedido, lo que marcó un hito importante en la legislación sobre las personas con discapacidad en Bolivia, por que en este mismo año se realizó en la ciudad de Cochabamba el Primer congreso de Personas Impedidas del cual emergió el primer ante proyecto de Ley del impedido que fue presentado al poder legislativo en 1982 y que recién fue promulgado en 1995 con el nombre "Ley 1678 de la Persona con Discapacidad" la misma que regula los derechos, deberes y garantías de las personas con discapacidad.



Promulgado el 15 de diciembre de 1995, en su artículo Iro. define los conceptos de deficiencia, discapacidad, minusvalía, rehabilitación. La finalidad de la Ley es:

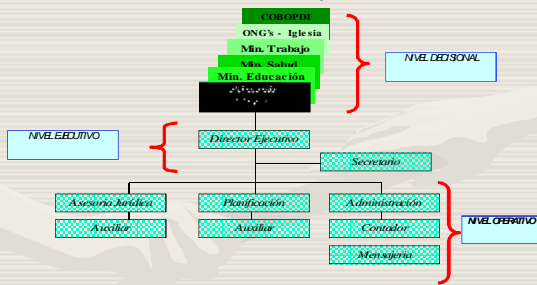
1. Regular los derechos, deberes y garantías de las personas con Discapacidad, estantes y habitantes en el territorio de la Republica.
2. Normar los procesos destinados a la habilitación, rehabilitación, prevención y equiparación de oportunidades de las personas con discapacidad, así como su incorporación a los regímenes de trabajo, educación, salud y seguridad social.

Estructurada en 7 capítulos y 26 artículos, promulgado durante el gobierno de Gonzalo Sánchez de Lozada, Presidente Constitucional de la República de Bolivia.

El Art. 17 de esta Ley constituye el Comité Nacional de la Persona con Discapacidad (CONALPEDIS), como organismo ejecutor de la misma, cuyo objetivo principal es la orientación, coordinación, control y asesoramiento de políticas y acciones en beneficio de las personas con discapacidad

11

Estructura Orgánica Del Comité Nacional de la Persona con Discapacidad



13



15

MARCO LEGAL NACIONAL

- AMBITO SALUD**
- Cobertura: Seguro a corto y largo plazo (detección temprana de discapacidades, tratamiento oportuno)
 - Ley 3022 (Prevención)
 - SUMI (No cubre servicios especializados de algunas discapacidad, Ej.: terapias fonoadriología, fisioterapia)
 - Seguro Universal en Salud – SU SALUD
- AMBITO EDUCATIVO**
- Educación Especial - Integración Educativa
 - Ley de Reforma Educativa
 - Decretos Supremos y Reglamentarios de Educación
 - Ley Aveñino Siani y Elizardo Pérez



- AMBITO LABORAL**
- 4% de PCD del total de empleados
 - 10% puestos de venta
 - Inmovilidad funcionaria de PCD y padres con hijos con discapacidad
 - Decreto Supremo 27477 elevarlo a rango de Ley

10

Reglamento a la Ley 1678 – LEY DE LA PERSONA CON DISCAPACIDAD - Decreto Supremo No. 24807

El 4 de agosto de 1997 se promulga el decreto reglamentario, el que otorga funciones y obligaciones tanto a las áreas gubernamentales de salud, educación, trabajo, servicio social, hacienda, comunicación, urbanismo y vivienda, transporte, deporte, turismo, como a los gobiernos municipales, familias de personas con discapacidad, sistema universitario y entidades religiosas.

Así también el Decreto Supremo N° 24807, constituye a los Comités Departamentales de la Persona con Discapacidad, con las mismas funciones y atribuciones de CONALPEDIS, en el campo operativo y circunscrito a su ámbito territorial.

LEY No. 1678 - LEY DE LA PERSONA CON DISCAPACIDAD



SE CONSTITUYE EL COMITÉ NACIONAL DE LA PERSONA CON DISCAPACIDAD (CONALPEDIS)

- 1998 empieza a funcionar la institución – Proyecto del Ministerio de Desarrollo Humano.
- 1999-2003 por cambios de gobierno - Ministerio de Salud y Deportes Proyecto No.40.
- 2005 Funciona como Institución Pública Descentralizada; Administrativamente se encuentra bajo Tuición del Ministerio de Salud y Deportes.
- 2006 es considerada en la LOPE

12

OBJETIVO PRINCIPAL CONALPEDIS

Somos una institución pública que promueve y propone a todo nivel, políticas en materia de discapacidades. Es el ente rector en políticas de discapacidad.

LA ORIENTACION, COORDINACION, CONTROL Y ASESORAMIENTO DE POLITICAS Y ACCIONES EN BENEFICIO DE LAS PERSONAS CON DISCAPACIDAD

AMBITO DEPARTAMENTAL

CODEPEDIS, Art. 5 D.S. 24807 Reglamento de la Ley 1678

- Se constituyen los CODEPEDIS de acuerdo a la Ley 1674 de Descentralización Administrativa; Amplias atribuciones, Gozan de autonomía.
- Estructura: Director Ejecutivo, Administrador, Abogado, Trabajadora Social, Secretaria (5 items) que deben ser otorgados por las Prefecturas.
- Estructura física y equipamiento necesario para el funcionamiento de la oficina, concedida por las Prefecturas.



UNIDADES MUNICIPALES, CREA.P.A. MÓDULO DE ORGANIZACIONES MUNICIPALES Art. 20 y 21 Ley 1678 y Arts. 8 y 9 de la Ley 2839 Art. El mismo 4) Ley 2839

14

DECRETO SUPREMO No. 28671

Tiene por objeto establecer el Plan Nacional de Igualdad y Equiparación de Oportunidades para Personas con Discapacidad, como política de Estado, para la vigencia y ejercicio pleno de los derechos de las persona con discapacidad.



El PNIEO es el resultado de un proceso de consulta y validación a nivel nacional con autoridades, instituciones y organizaciones de y para personas con discapacidad, cuya implementación, aplicación y cumplimiento esta en manos del Poder Ejecutivo a través de los Ministerios de estado, el Comité Nacional de la Persona con Discapacidad, las Prefecturas de Departamento y los Gobiernos municipales. Decreto promulgado durante el gobierno de Evo Morales Ayma, el 7 de abril de 2006.

16

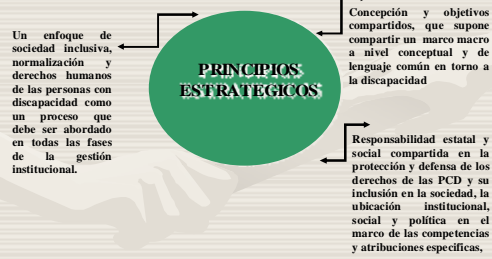
Áreas de Intervención:



17

18

ESTRATEGIA DE IMPLEMENTACIÓN DEL PLAN NACIONAL DE IGUALDAD Y EQUIPARACIÓN DE OPORTUNIDADES DE LAS PERSONAS CON DISCAPACIDAD



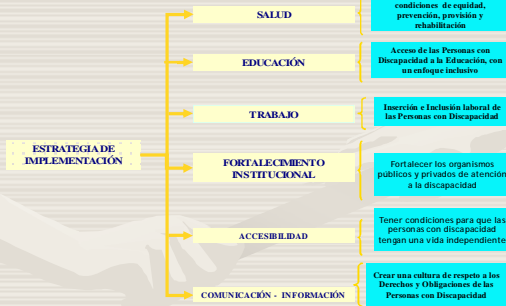
ESTRATEGIA DE IMPLEMENTACIÓN DEL PLAN NACIONAL DE IGUALDAD Y EQUIPARACIÓN DE OPORTUNIDADES DE LAS PERSONAS CON DISCAPACIDAD



19

20

MARCO ESTRATÉGICO



Seguro Universal de Salud que cubrirá a la población con discapacidad hasta el segundo nivel y dependiente de la discapacidad el tercer nivel redacción de protocolos, 0 - 23 es gratuito, como a las mujeres en embarazo y la tercera edad.



SALUD

El proyecto de un Banco de Ortesis y Prótesis en coordinación con el Ministerio de Trabajo, Ministerio de la Mujer, Empower, CONALPEPDS y el Ministerio de Salud y Deportes

Programa de Registro Único nacional de Personas con Discapacidad, con sus tres proyectos Calificación, Registro y Caracterización con la participación del Ministerio de Salud y Deportes, CODPEPDS, para determinar el grado, porcentajes y tipo de discapacidad



Centro de Rehabilitación, con dos componentes fundamentales de Educación y Salud en coordinación con el Ministerio de Educación y Culturas.

21

22

Política en Educación Inclusiva, en una revolución educativa que permita una inclusión verdadera a la población con discapacidad. Una nueva Ley en Educación Reforma Educativa Vs. Ley Aveño Siliñani y Elizadortio Pérez

Proyecto de Ley del Reconocimiento de la Lengua de Señas Boliviana y un plan de Acción, actualmente se presentó un Decreto Supremo

EDUCACION

Elaboración en la formación docentes en ejercicio inclusivos. Elaboración currículo formación docentes inclusivos Normativa para Centros de Educación Especial, Propuesta de indicadores de inclusión educativa (Univ.)



Construcción políticas laborales para personas con discapacidad, Desarrollo y fortalecimiento cooperativas Propuesta sanción incumplimiento D.S. 27477 Seguridad Industrial, Banco de Desarrollo Productivo

Desarrollo y fortalecimiento cooperativas Propuesta sanción incumplimiento D.S. 27477 APROBACIÓN DE UN DECRETO SUPLENTE COMPLEMENTARIO No. 26008 Seguridad Industrial, Banco de Desarrollo Productivo, elevar a rango de Ley ciertas normativas que protegen su trabajo e inserción a las personas con discapacidad

TRABAJO

Proyecto de Capacitación para personas con discapacidad e inserción laboral en una prueba piloto, Donde participan EAUTAPO, Ministerio de Trabajo, CONALPEPDS y las Organizaciones de Personas con Discapacidad



23


24

Lo mas importante ...

Proyecto de Fortalecimiento a la Capacidad Estadística en Bolivia

Experiencias de Inserción laboral de los países vecinos a favor de las personas con discapacidad

Fortalecimiento del Comité Nacional de la Persona con Discapacidad en infraestructura, equipamiento, convenio y otros.



*Habilidades... nos sobran
Oportunidades... buscamos
Deseos... tenemos
Sueños... al igual que los tuyos,
anhelamos*

25

26



**¡YO PUEDO!
DAME LA OPORTUNIDAD DE DEMOSTRARTELO,**

Porque todos somos iguales...
No importan nuestras diferencias...
No andar, ni ver, no escuchar, ni sentir...
Esto no es una limitación.

**LIMITACION ES..
NO TENER UNA OPORTUNIDAD**



27

28

**GRACIAS A TODOS
POR LA
ATENCIÓN**



4.- México - Programa de Tamiz Auditivo Neonatal e Intervención Temprana, 2007-2012 (TANIT) – José J. Osorio, Director Consejo Nacional para las Personas con Discapacidad

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Reunión de Directores de Instituciones y Formuladores de Políticas Públicas para Personas con Discapacidad



Contribución de México:
Programa de Tamiz Auditivo Neonatal e Intervención Temprana, 2007-2012 (TANIT)

Ciudad de Panamá, Enero, 2008

1

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Alineación

CONVENCIÓN INTERAMERICANA PARA LA ELIMINACIÓN DE TODAS LAS FORMAS DE DISCRIMINACIÓN CONTRA LAS PERSONAS CON DISCAPACIDAD

Artículo 3

2. Trabajar prioritariamente en las siguientes áreas:

- La prevención de todas las formas de discapacidad prevenibles;
- La detección temprana e intervención, tratamiento, rehabilitación, educación, formación ocupacional y el suministro de servicios globales para asegurar un nivel óptimo de independencia y de calidad de vida para las personas con discapacidad

2

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

PROGRAMA DE ACCION PARA LA DÉCADA DE LAS PERSONAS CON DISCAPACIDAD DE LAS AMÉRICAS

Objetivos

2. Salud:

Mejorar el acceso de las personas con discapacidad a los servicios de salud en igualdad de condiciones

a) Prevención

- Diseñar e implementar programas descentralizados de capacitación en prevención dirigidos a las comunidades.
- Adoptar medidas para la prevención, incluidas acciones de detección e intervención temprana.

3

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

CONVENCIÓN SOBRE LOS DERECHOS DE LAS PERSONAS CON DISCAPACIDAD DE NACIONES UNIDAS

Artículo 25, Salud

Los estados parte...

- Proporcionarán los servicios de salud que necesiten las personas con discapacidad específicamente como consecuencia de su discapacidad, incluidas la pronta detección e intervención, cuando proceda, y servicios destinados a prevenir y reducir al máximo la aparición de nuevas discapacidades, incluidos los niños y las niñas y las personas mayores.

4

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Alineación - Legislación Nacional

- Constitución Política
- Ley General de Salud
- Plan Nacional de Desarrollo, 2007-2012
- Estrategia Nacional Vivir Mejor
- Programa Sectorial de Salud, 2007-2012

5

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Situación actual



En el mundo:
Existen 280 millones de personas sordas (2/3 viven en países en desarrollo)

En México nacen entre 2,000 y 6,000 niños(as) con hipoacusia al año.

6

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Las hipoacusias infantiles son prevalentemente de origen congénito

Hipoacusias permanentes en los primeros cinco años



85% Hipoacusias congénitas

Adquiridas

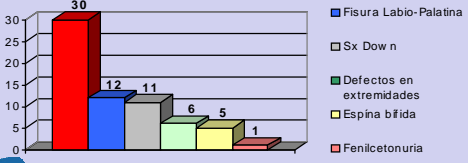
Fortnum, Davis 1997

7

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

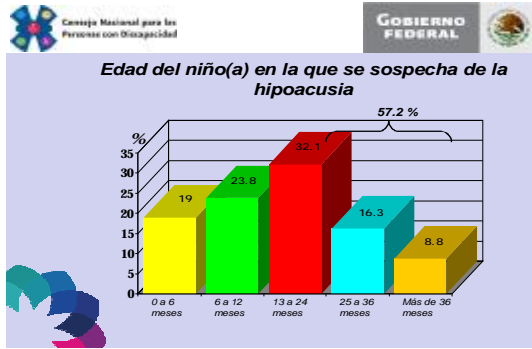
Incidencia por 10,000 nacimientos



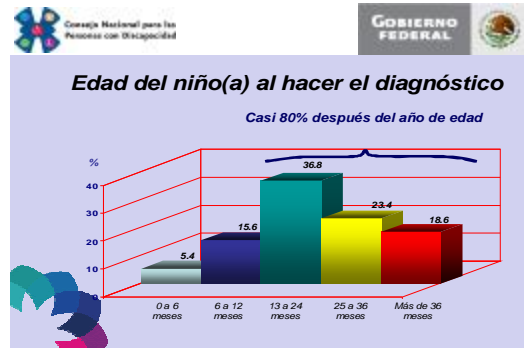
■ Hipoacusia
■ Fisura Labio-Palatina
■ Sx Dow n
■ Defectos en extremidades
■ Espina bífida
■ Fenilcetonuria

Noviembre 2008

8



9 10



11 12

Consideraciones

- El desarrollo óptimo del lenguaje termina alrededor de los 4-5 años de vida.
- La hipoacusia tiene un impacto negativo en la adquisición y el desarrollo del lenguaje oral y escrito.
- Un niño que no puede percibir los sonidos no desarrolla el lenguaje oral.
- Padecerá las consecuencias de este déficit para su desarrollo e integración en todas las áreas: Familiar, Intelectual, Educativa, Social, Emocional y Económica, durante toda su vida.

¿Qué es el Tamiz Auditivo Neonatal?

Es el procedimiento para la identificación temprana de la hipoacusia, utilizando métodos electroacústicos y electrofisiológicos durante los primeros 28 días de nacido

13 14

¿Cómo se hace hoy en día el Tamiz Auditivo Neonatal?

Prueba rápida de emisiones otoacústicas

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Objetivo general:

Garantizar la atención integral de los neonatos con diagnóstico de hipoacusia y sordera, para disminuir la prevalencia de la discapacidad auditiva en la población infantil y contribuir a su plena integración e inclusión social.

15 16

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Objetivos específicos:

- Establecer el Tamiz Auditivo Neonatal como un procedimiento rutinario y obligatorio en todas las instituciones del Sector Salud, para la detección oportuna de hipoacusia y sordera.
- Asegurar el diagnóstico temprano de hipoacusia y sordera en la población infantil de 0 a tres meses de edad.
- Garantizar la dotación de prótesis auditivas a todos los niños y niñas con diagnóstico confirmado de hipoacusia y sordera.
- Asegurar la habilitación auditiva de niños y niñas diagnosticados con hipoacusia y sordera, mediante sesiones de terapia del lenguaje o auditivo-verbal.

Programa de Tamiz Auditivo Neonatal e Intervención Temprana, 2008

Aguascalientes

Total de Hospitales en la SSA: 5

Hospitales TANIT 2008: 4

- Hosp. de la Mujer
- Hosp. Gral. Rincón de Romos
- Hosp. Gral. Pabellón de Arteaga
- Hosp. Gral. Calvillo

Presupuesto asignado: \$655,312.00

Logros 2007

Nacidos vivos en la entidad: 12,973

Nacidos vivos en hospitales seleccionados: 12,802

% de nacidos vivos en hospitales seleccionados: 98.88%

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Estrategias:

1. Integrar un Comité Nacional de Expertos en materia de atención integral a la salud auditiva.
2. Fortalecer las acciones de promoción de la salud.
3. Fortalecer la infraestructura hospitalaria para la detección oportuna y el diagnóstico temprano de hipoacusia y sordera en neonatos.
4. Formar recursos humanos para la detección oportuna, el diagnóstico temprano y el tratamiento de hipoacusia.
5. Fortalecer y uniformar las acciones de prevención de la discapacidad auditiva en todas las instituciones del Sector Salud.

17

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Estrategias:

6. Garantizar la disponibilidad de prótesis auditivas (AAE, IC) en unidades médicas y hospitales seleccionados para el tratamiento de pacientes con hipoacusia.
7. Asegurar el consentimiento informado de padres de familia y/o familiares y su compromiso de participación en las sesiones de terapia auditiva verbal.
8. Actualizar el marco normativo del Programa de TANIT y elaborar lineamientos técnicos para la prestación de los servicios.
9. Impulsar el desarrollo de un Sistema de Información sobre Discapacidad Auditiva (evaluación y seguimiento).
10. Incentivar estudios de investigación de las causas genéticas de la hipoacusia y sordera en la población mexicana.

18

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Metas 2012:

- Ø Alcanzar una **cobertura de tamiz auditivo neonatal** de al menos 80% de los nacimientos atendidos en las unidades médicas del Sector Salud.
- Ø Realizar estudios de **diagnóstico confirmatorio** de hipoacusia (sordera) al menos al 90% de los recién nacidos tamizados con ausencia de EOA.
- Ø Otorgar **auxiliares auditivos** al menos al 95% de los niños y niñas diagnosticados con hipoacusia o sordera.

19

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Metas 2012:

- Ø Asegurar la dotación de **implantes cocleares** al menos al 90% de los niños y niñas con necesidades particulares de este procedimiento.
- Ø Otorgar **terapia de lenguaje o auditiva-verbal** al menos al 95% de los niños y niñas con auxiliar auditivo o implante coclear, para la adquisición y desarrollo del lenguaje.
- Ø Garantizar la **habilitación auditiva y la integración social** (inclusión a educación regular), de al menos 90% de los niños diagnosticados con hipoacusia (sordera) y beneficiados con prótesis auditiva (AAE, o IC).

20

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

Metas 2009:

- ❑ Iniciar la operación del Programa en 250 hospitales más de la Secretaría de Salud
- ❑ Alcanzar una cobertura entre 60 y 70% de los nacimientos a atender en la institución (877,000)
- ❑ Detectar cerca de 1,850 niños y niñas con hipoacusia
- ❑ Otorgar auxiliares auditivos alrededor de 1,850 niños y niñas con hipoacusia
- ❑ Realizar implante coclear alrededor de 400 niños y niñas
- ❑ Iniciar TAV a niños(as) con Prótesis Auditivas

21

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Programa de Tamiz Auditivo Neonatal e Intervención Temprana 2007-2012

6. Inclusión Plena

5. Inclusión a Escuela Regular

4. (Re)habilitación TL, TAV
a partir de los 3 meses.....

3. Tratamiento Protésico (AAE)
antes de los 3 meses

Implante Coclear alrededor del año de edad

2. Diagnóstico
antes de los 3 meses

1. Tamiz Auditivo Neonatal
RN-28 días

22

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

El Programa de Tamiz Auditivo Neonatal e Intervención Temprana es un programa de un alto contenido humano y de gran impacto social

23

Consejo Nacional para las Personas con Discapacidad

GOBIERNO FEDERAL

Avance a la fecha (enero, 2009)

- El programa es único, ya que incluye el seguimiento de los menores hasta su integración a la educación regular.
- El programa ha sido bien recibido por la las instituciones que integran el Sistema Nacional de Salud, la iniciativa privada y organizaciones de la sociedad civil.
- A la fecha se ha cumplido y superado la meta de capacitación de personal para la operación del Programa, abarcando más de 600 personas de todo el país.
- El Programa ya está en funcionamiento en 80 hospitales.

24

*"Una visión sin
acción es sólo
un sueño,
una acción sin
visión carece de
sentido;
una visión con
acción puede
cambiar el
mundo"*

Joel Baker



25

*"Lo maravilloso del futuro
es que podemos transformarlo"*



Gracias

26

Mesa # 2. Educación y Discapacidad

1.- Organización Iberoamericana Educación (OIE) - INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE) - LA EDUCACIÓN INCLUSIVA... UNA EDUCACIÓN PARA TODOS – Especialista Temática Mónica Vargas

LA EDUCACIÓN INCLUSIVA...
UNA EDUCACIÓN PARA TODOS

Panamá, 2009

HABLAMOS DE INCLUSIÓN ¿POR QUÉ?

Los mecanismos y prácticas de discriminación y exclusión persisten en los sistemas educativos

Limitan el acceso y permanencia de los alumnos en su proceso escolar, y afectan la convivencia, la integración y cohesión social

La selección al ingreso, segregación al interior de la escuela, la expulsión

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

Persiste la aplicación uniforme del currículo y las prácticas homogenizadoras que no consideran las diferencias

Se mantienen bajos resultados de aprendizaje en general

Concentración en los sectores y grupos más vulnerables

Creciente competencia y clasificación de las escuelas según resultados

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

El desafío de la escuela inclusiva: Calidad con equidad

- Igualdad de acceso:**
 - Diversificación de la oferta educativa
 - Escuelas disponibles, accesibles y asequibles
- Igualdad en la calidad de los procesos educativos:**
 - Trato diferenciado: recursos materiales, humanos, pedagógicos
 - Medios para llevar a cabo diferenciación
- Equidad en los resultados de aprendizaje**
 - Logros equiparables. Democratización en el acceso al conocimiento
 - Unos aprendizajes básicos mínimos para todos (igualdad) y otros aprendizajes que desarrollen los múltiples talentos de las personas (diferenciación)

(Rosa Blanco, UNESCO 2007)

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

Educación Inclusiva: enfoque centrado en la diversidad

- Visión de la educación que pone en el centro la diversidad, lo "normal" es la diferencia, no la excepción
- Aspira a una educación de calidad para todos con especial atención en aquellos más vulnerables, que están en riesgo de ser excluidos, marginados o de fracaso escolar.
- Supone transformar los sistemas educativos y la escuela para que sean más universales y den respuesta a la diversidad de condiciones socioeconómicas, culturales e individuales de los estudiantes.
 - Flexibilizar y diversificar el currículo y la enseñanza
 - Apoyos disponibles para quienes los requieran

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

La Educación Inclusiva no es lo mismo que la integración educativa o escolar de los estudiantes con necesidades educativas especiales o discapacidades

Inclusión es un paso adelante de la integración, es un concepto más amplio y abarcativo

Se sustenta en el enfoque de derechos

Se relaciona con la mejora de la educación general, a fin de aumentar la participación y logros de aprendizaje de todos los estudiantes

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

La integración ha supuesto avances y cambios positivos para los estudiantes con discapacidad, sus familias y el sistema escolar

Sin embargo

No ha conseguido transformar significativamente la cultura escolar y las prácticas en el aula para que respondan a la diversidad del alumnado y erradicar las formas de discriminación y marginación que se siguen dando en ellas

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

Algunos argumentos que lo explican son:

- La integración ha estado básicamente centrada en el colectivo de alumnos con necesidades educativas especiales derivadas de discapacidad.
- En general se ha transferido el enfoque de la educación especial a la escuela común.
- Los procesos de integración se han centrado más en la atención individualizada de los alumnos integrados que en transformar los procesos educativos y la organización de las escuelas y las aulas
- Provisión de recursos y medidas adicionales sólo para los niños integrados.
- Mayor énfasis en el proceso de socialización e integración que en el aprendizaje y el currículo.

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)


7

8

El desafío de la escuela inclusiva

Garantizar el derecho a una educación de calidad para todos bajo condiciones de igualdad, supone entonces:

- Reducir las barreras que limitan el acceso, la participación y el aprendizaje del alumnado, eliminando toda forma de discriminación.
- Maximizar los esfuerzos y recursos para proporcionar mayores oportunidades y apoyos a quienes más lo necesitan en razón de sus diferencias de origen.




INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

9

10

Condiciones que favorecen una Escuela Inclusiva

- Proyecto Educativo orientado bajo los principios la inclusión y diversidad.
- Clima escolar acogedor y de apoyo que valora y respeta las diferencias como factor de desarrollo de la comunidad.
- Liderazgo y compromiso del equipo directivo con el aprendizaje de todos los alumnos y docentes.
- Trabajo colaborativo entre los distintos integrantes de la comunidad educativa.
- Oportunidades de desarrollo profesional y reflexión continua de los docentes en torno a las prácticas educativas.



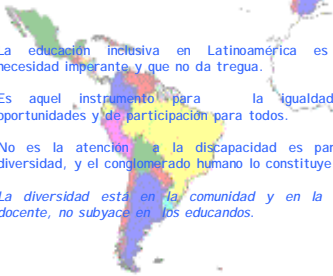
INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

La educación inclusiva en Latinoamérica es una necesidad imperante y que no da tregua.

Es aquel instrumento para la igualdad de oportunidades y de participación para todos.

No es la atención a la discapacidad es para la diversidad, y el conglomerado humano lo constituye.

La diversidad está en la comunidad y en la labor docente, no subyace en los educandos.



INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

11

Es por ello que la Educación Inclusiva debe plantearse desde sus cimientos en una actitud hacia la diversidad, y este es el generador de un verdadero cambio.

El desarrollo de una Educación Inclusiva implica cambios en el ámbito del sistema y de las políticas educativas, en la operatividad de las escuelas, en las actitudes y prácticas de los docentes y en los niveles de relación de los distintos actores de la comunidad educativa y por ende de la esfera social vigente.

La Educación Inclusiva debe concebir una escuela donde todos aprendan juntos independientemente de sus condiciones personales, culturales, socio-económicas, condición de discapacidad y necesidades educacionales específicas para sus aprendizajes y potencialidades.

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)


12

El análisis de las políticas públicas en el tema de la discapacidad requiere de la intervención de instituciones interlocutoras entre el Estado y la sociedad civil para manejar las barreras de integración social, donde se presentan contradicciones con las políticas vigentes y los lineamientos reconocidos por ONG's; razón por la cual las Naciones Unidas recomiendan una serie de bases que permitan entender que las personas con discapacidad requieren de diferentes intereses y es necesario destinarles parte de los recursos, así como generar cambios sociales.

INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

14

Para que las políticas públicas en discapacidad funcionen es importante que las instituciones participen, que se superen obstáculos administrativos, y se aprovechen las ventajas políticas, económicas en grupos vulnerables, donde existen organismos oficiales comprometidos; pero con políticas sociales de tipo asistencial.



INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

MUCHAS GRACIAS



INSTITUTO PARA EL DESARROLLO Y LA INNOVACIÓN EDUCATIVA EN LA EDUCACIÓN INCLUSIVA (IDIE)

15

2.- Ecuador – PROYECTO IMPLEMENTACIÓN Y FUNCIONAMIENTO DE UNIDADES DE ESTIMULACIÓN TEMPRANA – Julio Hinojosa, Director Ejecutivo Consejo Nacional de Discapacidad

**PROYECTO
IMPLEMENTACIÓN Y FUNCIONAMIENTO
DE UNIDADES DE ESTIMULACIÓN
TEMPRANA**

CONADIS
ECUADOR

1

Datos de identificación

- Monto: 500.000 Usd.
- Cobretrura; 21 provincias
- Plazo de ejecución 1 año

2

Qué es la unidad de estimulación temprana

- Es un servicio destinado a prevenir, mejorar y atender las alteraciones temporales o permanentes de niños menores de cinco años que se encuentran en situación de riesgo o con daño establecido; esta atención se la realiza con las madres de los niños
- La U.E.T. es un servicio abierto a la comunidad. No es una aula de clase del centro de educación especial.

3

La necesidad

- Para el año 2005 existía en el Ecuador 18.577 niños menores de 5 años afectados de algún tipo de discapacidad física mental o sensorial, quienes por carencia de servicios no reciben atención oportuna y adecuada, a través de servicios que brinden estimulación temprana y evitando de esta manera que la discapacidad se agudice. La mayoría de esta población pertenece a familias en situación de pobreza, quienes tampoco tienen acceso por los costos que implica

4

La respuesta frente al problema

- Frente a este problema la Vicepresidencia de la República a través del CONADIS y en coordinación con el Ministerio de Educación decidieron implementar Unidades de estimulación Temprana UET para prestar atención a este importante sector de población infantil.

5

Los acuerdos para la concreción

Los servicios de Educación Especial del Ministerio de Educación dotaron de un profesional y espacio físico adecuado para el funcionamiento de las UET

El CONADIS proporcionó

- Capacitación del profesional responsable
- Adecuación del espacio físico
- Equipamiento de las unidades

6

Finalidad

Contribuir a la disminución de situaciones en riesgo de la población infantil menor de cinco años, que presenta alteraciones temporales o permanentes en su desarrollo.

7

objetivos del proyecto

1 Objetivo general:
Contar con 80 Unidades de Estimulación Temprana implementadas y funcionando.

2 Objetivos Específicos:

1. Adecuar la infraestructura existentes para 80 Unidades de Estimulación Temprana
2. Equipar 80 Unidades de Estimulación Temprana
3. Capacitar a 80 Profesionales responsables de las Unidades de Estimulación Temprana

8

Cuáles son los componentes del proyecto

1. Capacitación de los profesionales responsables en aspectos teóricos, prácticos y de manejo del servicio.*
2. Trabajos de acondicionamiento del espacio físico en que funcionarán las UET.*
3. Adquisición y entrega de: mobiliario, equipos y materiales para la UET.*

9

10

Actividades:

1. Firma de convenio de cooperación
2. Firma de cartas compromiso
3. Trabajos de adecuación y seguridades.
4. Selección de equipos y materiales para UET
5. Contratación y adquisición de equipos y materiales.
6. Distribución y entrega de equipos y materiales
7. Determinación de profesionales
8. Contratación de capacitadores
9. Realización de dos talleres regionales
10. Diseño e impresión de documentos técnicos y de difusión
11. Apertura y funcionamiento de los servicios de estimulación temprana
12. Seguimiento y evaluación del proyecto

Cuáles son los logros del proyecto

1. 80 Unidades de estimulación temprana organizadas equipadas
2. Se han capacitado 80 profesionales de 22 provincias del país en aspectos teórico- prácticos y en técnicas de estimulación temprana.
3. 2000 niños menores de 5 años en situación de riesgo, que presentan alteraciones en su desarrollo, han sido atendidos en el primer año de vida del proyecto
4. Se ha proporcionado 30.000 atenciones.

11

Ventajas del proyecto

- Contribuye a mejorar la calidad de vida de la población infantil
- Contribuye a disminuir la prevalencia de deficiencias físicas mentales y sensoriales de la población objetivo
- La inversión en prevención, a largo plazo, se convierte en un ahorro importante para la familia y el estado en relación a los gastos de atención que implicaría hacerlo.
- Las acciones de prevención son menos costosas que las de rehabilitación.
- Se logra educar y orientar a la familia y a la comunidad en la detección, y atención oportuna en los problemas del desarrollo infantil.
- Requiere de una pequeña inversión de recursos.
- La experiencia es fácilmente replicable

12

Costos de inversión


Adecuaciones	40.000
Equipamiento	370.000
Capacitación	60.000
Impresión materiales	10.000
Seguimiento y evaluación	15.000
Administración proyecto	5.000
Inversión total	500.000

13

! Gracias por su amable atención !


14

3.- El Salvador - Experiencia en Educación – Lourdes B. de Morales, Directora Ejecutiva del Consejo Nacional de Atención Integral a la Persona con Discapacidad (CONAIPD)

El Salvador, Centroamérica 

EL SALVADOR

Experiencia en Educación

El Salvador, Centroamérica 

MODELO DE EDUCACION INCLUSIVA

Apoyo Coop. Italiana

•Enfoque Social: Abarca a toda la comunidad (gobierno local, iglesias, todo el sector educativo, salud, familia, docentes, etc.)

•Escuela República de Hayti, Departamento de Sonsonate, pasa de ser un centro educativo regular a un centro incluyente, con los siguientes componentes:

- Pedagógico
- Centro de Recursos
- Accesibilidad
- Capacitación docente
- Transporte accesible
- Sensibilización e involucramiento de la sociedad

2

El Salvador, Centroamérica 

El Salvador, Centroamérica 

MODELO DE EDUCACION INCLUSIVA

Población beneficiada:

- Niños, niñas, adolescentes con diferentes tipos de discapacidad
- Jóvenes en conflicto con la ley
- Jovencitas embarazadas
- Niños, niñas y jóvenes sin discapacidad
- Niños, niñas y jóvenes talentosos

INCLUSION DEL COMPONENTE:

PROMOTOR SOCIAL

3

El Salvador, Centroamérica 

4

El Salvador, Centroamérica 

El objetivo general de este programa es la reducción de la pobreza en el contexto del desarrollo sostenible, incluyendo el cumplimiento de los Objetivos de Desarrollo del Milenio (ODM) y otras metas internacionalmente acordadas.

Es un programa "orientado hacia actores" que busca fortalecer la capacidad de las organizaciones de la sociedad civil y las autoridades locales como precondition para una sociedad más equitativa, abierta y democrática a través del apoyo a sus "iniciativas propias".

Por lo tanto, el programa apoya acciones que buscan promover una sociedad incluyente y empoderada en países socios.

Lo que se espera lograr a través de este programa:

- Fortalecer la participación de los agentes no estatales y las autoridades locales en estrategias de desarrollo y reducción de pobreza;
- Cambios en políticas gubernamentales y en prácticas con respecto a los agentes no estatales y las autoridades locales que favorezcan su participación en procesos de desarrollo;
- Mejor acceso de los sectores más empobrecidos de la población a servicios sociales y mayor participación de estos grupos en los procesos de formulación de políticas públicas, incluyendo grupos particularmente marginalizados y vulnerables;
- Mayor intercambio entre agentes estatales y no estatales en diferentes contextos.

6

El Salvador, Centroamérica 

El Salvador, Centroamérica 

Las acciones importantes:

- Capacitación de 25 personas en 3 municipios del Departamento de Sonsonate (Sonsonate, Izalco, S. Antonio): modulo sobre las competencias sociales del promotor social, modulo sobre la educación inclusiva, modulo de salud, modulo sobre la accesibilidad
- Construcción de un mapeo de las necesidades de los niños del Departamento de Sonsonate que no tienen acceso a la escuela: este objetivo se puede lograr a través de la creación de una red de relaciones formales e informales con los sujetos en el territorio (municipalidad, los servicios de salud, comités locales)
- Construcción de una base de datos: sistematización de toda la información recogida a través del trabajo con la red local; recopilar información sobre las condiciones de vida de los niños con discapacidades y necesidades especiales y sus familias; La construcción de un formulario para la recogida de información cualitativa; integrar los datos disponibles.

- Diseñar y crear vías de facilitación para la accesibilidad a la escuela: evaluación de los obstáculos que impiden el acceso a las escuelas; dar prioridad a las situaciones de discapacidad más complejas.
- El fortalecimiento de la coordinación con los profesores y directores de las escuelas regulares del Departamento de Sonsonate
- Visitas a domicilio a las personas con discapacidad cuando ellas requieran ese servicio

7

8

Michelle Lemus Sorto
 Alumna de 3er Grado
 del Centro Escolar
 República de Haití,
 brinda
 agradecimientos,
 durante el evento de
 Colocación de la
 Primera Piedra del
 Proyecto "Complejo
 Educativo Inclusivo de
 Tipo Experimental"



Primera Piedra en la Escuela Inclusiva en El Salvador

10

El Salvador, Centroamérica



El Salvador, Centroamérica



11

El Salvador, Centroamérica



PASARELA DE MODELAJE
 Diciembre 2008



12

El Salvador, Centroamérica



13

El Salvador, Centroamérica



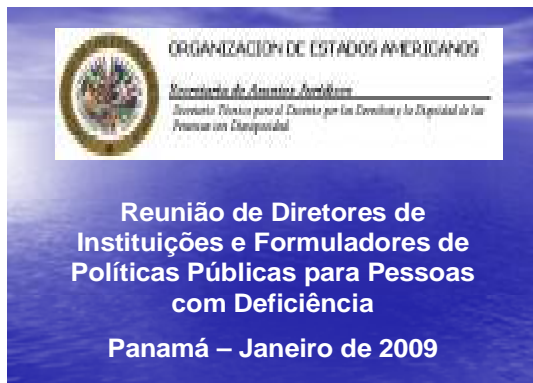
14

GRACIAS

15

III. Mesa # 3. Trabalho y Discapacidad

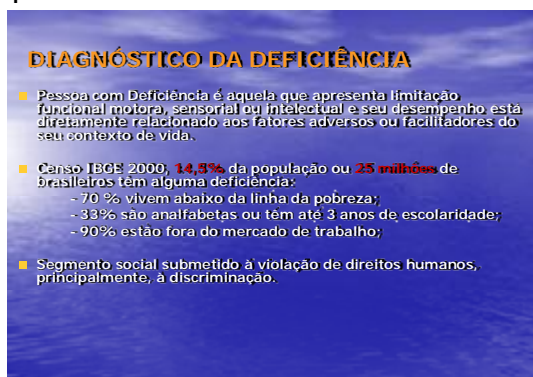
1.- Brasil - PESSOAS COM DEFICIÊNCIA NO MERCADO DE TRABALHO, Experiências no Brasil - Izabel Maior, MD Coordenadoria Nacional para Inclusão da Pessoa com Deficiência – CORDE



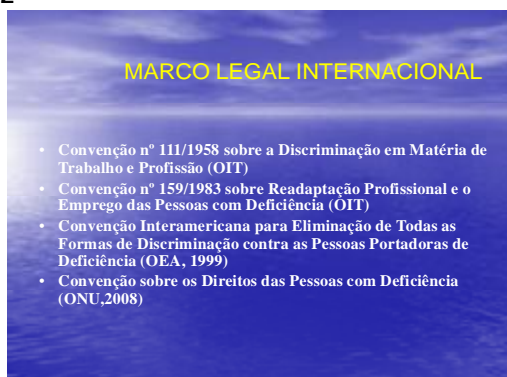
1



2



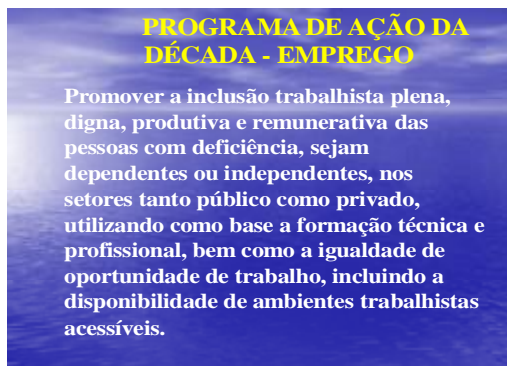
3



4



5



6

ACÇÕES AFIRMATIVAS NO MERCADO DE TRABALHO

LEI Nº 8112/90 - reserva de vagas em concursos públicos - 5 a 20%;

LEI Nº 8213/91 - reserva de vagas nas empresas com mais de 100 funcionários - 2 a 5%.

7

8

LEI DE COTAS

Oficialmente denominada Lei 8.213/1991 determina que:
- empresas com mais de 100 empregados cumpram uma cota, proporcional ao seu tamanho, com cargos para trabalhadores reabilitados ou pessoas com deficiência.

101 a 200 empregados - 2% de seu quadro para atender à Lei.

- 201 a 500 trabalhadores, 3%.

- empresas de 501 a mil funcionários, 4%.

- empresas de 1.001 em diante, 5%.

INFORMAÇÕES DO MINISTÉRIO DO TRABALHO E EMPREGO

- Total de empregos formais - 37,6 milhões
- Total de trabalhadores com deficiência 348,8 mil - menos de 1% do empregos formais no Brasil.
 - 50,28% são deficiência física
 - 28,16% auditiva
 - 2,95% visual
 - 2,41% intelectual
 - 1,67% deficiência múltipla.

9

10

• Pessoas com deficiência representam menos de 1% dos empregos formais

- 9 milhões de pessoas com deficiência empregados:
- 5,6 milhões são homens e
- 3,5 milhões, mulheres.
- Mais da metade (4,9 milhões) ganha até dois salários mínimos.
- A maior proporção das pessoas com deficiência que trabalha (31,5%) são do setor de serviços e do comércio.
- De acordo com a Rais 2007, a remuneração média destes profissionais ficou em R\$ 1.389,66, ligeiramente superior à média nacional (R\$1.355,89)

• Percentual de empregos de acordo com o tipo de deficiência e o gênero

Deficiência	Empregos	Sexo Masc.
Física	50,28 %	60,11%
Auditiva	28,16%	63,47%
Visual	2,95%	65,97%
Intelectual	2,41%	72,6%
Múltipla	1,67%	69,4%

11

12

• Variação do salário em função do tipo de deficiência e do gênero

deficiência auditiva - maior remuneração dentre os diversos tipos de deficiência (R\$ 1.845,09):
homem - R\$ 2.066,97
mulher - R\$ 1.463,05

deficiência intelectual - menor rendimento - R\$ 728,06
mulher - R\$ 766,15
homem - R\$ 709,89

deficiência múltipla:
homem - R\$ 1.288,37
mulher - R\$ 867,94

Perfil da inserção laboral no setor público

- Ingresso por concurso público
- Editais com reserva de 5 a 20% das vagas em todos os cargos.
- Provas com acessibilidade e demais medidas de apoio
- Avaliação pericial por equipe multiprofissional, incluindo técnicos da carreira a ser desempenhada, que tem também a função de acompanhar o servidor com deficiência durante o estágio probatório de 3 anos
- Obrigação do Poder Público de prover acessibilidade física e de comunicação no ambiente de trabalho
- Resultado: perfil de nível médio e superior
- Média salarial acima de R\$ 2.000,00
- Cargos técnicos até nível gerencial (minoria como diretores ou cargos acima)

13

14

Perfil da inserção laboral no setor privado

- Reserva de 2 a 5% das vagas da empresa
- Seleção por análise do currículo e entrevista "de acordo com os vetores do entrevistador"
- Avaliação pericial por equipe de saúde, incluindo técnicos da carreira a ser desempenhada, acostumada a aposentar pessoas com deficiência (maior peso na incapacidade)
- Mito: pessoas com deficiência não estão preparadas;
- têm baixa produtividade;
- existem ocupações estereotipadas (cego massagista)
- alto custo das adaptações do ambiente e equipamentos de trabalho
- Média salarial R\$ 1.389,66
- Cargos técnicos até nível de supervisão e ocupações simples

Agenda social - empregabilidade

- Sensibilização dirigida aos presidentes das empresas – responsabilidade social
- Sensibilização dirigida aos técnicos de recursos humanos e sua capacitação
- Mudança na formação da equipe de perícia de admissão
- Derrubada dos mitos
- Linhas de financiamento para as adaptações mais caras
- Programa jovem aprendiz a partir dos 14 anos e sem a obrigação de certificação escolar para pessoas com deficiência intelectual – aprender fazendo

15

Agenda social - empregabilidade

- Fiscalização do cumprimento das cotas pelo Ministério do Trabalho e Emprego
- Aplicação de multas ou assinatura de Termos de Ajustamento de Conduta (TAC) com o Ministério Público do Trabalho
- TAC – Programa de Contrato de aprendizagem ou modelos próprios de capacitação profissional

16

Inserção no Mercado de Trabalho

- Através de ações de qualificação profissional das pessoas com deficiência, com ênfase no contrato de aprendizagem, e maior capacitação de gestores da educação e professores, pretende-se atingir a meta de ocupação de, no mínimo, 30% do total dos postos de trabalho reservados às pessoas com deficiência que já se encontram preenchidos.
- Estas medidas facilitarão a contratação de pessoas com deficiência nas empresas com 100 ou mais empregados. Outra ação importante refere-se à ampliação da reserva de cargos nos concursos da administração pública direta e indireta das três esferas de governo.
- Participarão dessas ações os centros de ensino tecnológico e as unidades do Sistema S.
- Caberá ao ministério do Trabalho e Emprego realizar seminários estaduais para a sensibilização do empresariado.
- Linhas de financiamento com condições especiais para a acessibilidade dos ambientes de trabalho.

17

DECRETO Nº 3298/99

- Modalidades de inserção laboral: colocação competitiva, colocação seletiva, trabalho por conta própria;
- As entidades beneficentes de assistência social poderão intermediar casos específicos de inserção laboral;
- Nos casos de deficiência grave ou severa, a inserção laboral pode ser efetivada mediante a contratação de cooperativas sociais (Lei nº 9867/99);
- Regulamentação de oficina protegida de produção.

18

DESAFIOS PARA A POLÍTICA DE INCLUSÃO DA PESSOA COM DEFICIÊNCIA NO TRABALHO

Articulação entre:

- Ministério Público do Trabalho
- Ministério do Trabalho e Emprego,
- CORDE e CONADE
- Organizações de capacitação profissional do Sistema “S” e organizações do 3º setor
- Empresas

19

Coordenadoria Nacional para Integração da Pessoa Portadora de Deficiência
CORDE/SEDH-PR

Esplanada dos Ministérios – Bloco T
Anexo II - sala 210
CEP: 70.064-900 - Brasília - DF

Fone: 55 + 61 + 3429-3684/3683
FAX: 55 + 61 + 3226-0501

E-mail: corde@sedh.gov.br
Site: www.direitoshumanos.gov.br

20

IV. Mesa # 4. Sociedad y Discapacidad

1.- Perú - **Inducción conceptual de Sociedad Por una sociedad inclusiva, una sociedad para todos**- Eje estratégico del Programa de acción - Por Lic. Luis Miguel del Aguila, Asesor de la Comisión Especial de Discapacidad del congreso de la República del Perú

Inducción conceptual de Sociedad

Por una sociedad inclusiva, una sociedad para todos

Eje estratégico del Programa de acción¹

Por Lic. Luis Miguel del Aguila, Perú²

En los minutos que siguen vamos hacer una breve reflexión que nos permita entender por qué se plantea como primer objetivo del “Programa de acción del Decenio de las personas con discapacidad de las Américas”³, la valoración de las personas con discapacidad y la eliminación de todas las barreras físicas y de actitud que impiden su desarrollo y su plena y efectiva inclusión en la sociedad.

El eje temático de “sociedad” es el más amplio y abarcante de todos los ejes de acción del Programa o Plan de acción del Decenio, porque en él están contenidos en cierta manera todos los demás ejes: educación, salud, trabajo, accesibilidad etc.

El concepto de Sociedad tiene que ver con la forma como nos organizamos y por ello tiene que ver con los conceptos de ciudadanía, democracia y participación política. También tiene que ver con el diseño y el desarrollo de políticas públicas así como con las relaciones entre Sociedad y Estado.

Cuando hablamos de una “sociedad inclusiva” estamos hablando de una “sociedad para todos”. Una sociedad para todos es una sociedad en la cual las características y las necesidades de cada uno de los ciudadanos constituyen la base para la planificación y las políticas. En este modelo de sociedad el sistema general de la sociedad se hace accesible para todos. Cuando una sociedad organiza su funcionamiento de acuerdo a las necesidades de cada uno de sus integrantes, esa sociedad logra movilizar el potencial de todos sus ciudadanos y, por consiguiente, fortalece su capacidad de desarrollo⁴.

La evolución del concepto de discapacidad, que se ha venido dando en los últimos años, ha hecho que el peso de las "causas" de la discapacidad, entendida como desventajas o imposibilidad de hacer cosas, se traslade del individuo a la sociedad y al Estado.

¹ El presente documento corresponde a una presentación realizada en el marco de la “Primera Reunión de Directores de Instituciones y Formuladores de Políticas Públicas para Personas con Discapacidad”, que se realizó en la Ciudad de Panamá, República de Panamá, los días 21 al 23 de enero 2009, la misma que fue organizada por la “Secretaría Técnica para el Decenio por los Derechos y la Dignidad de las Personas con Discapacidad de las Américas (SEDIS-CAP)”, de la OEA, con sede en la República de Panamá.

² Filósofo de profesión, asesor de la “Comisión especial de discapacidad” del Congreso de la República, y Representante del Perú ante el Comité para la Eliminación de Todas las Formas de Discriminación contra las Personas con Discapacidad de la OEA, designado con Resolución Ministerial No 1154/RE del Ministerio de Relaciones Exteriores, de fecha 18.09.06.

³ Nos referimos al “Programa de Acción para el Decenio de las Américas: Por los Derechos y la Dignidad de las Personas con Discapacidad (2006-2016)”, que fue aprobado en el 37 período ordinario de sesiones de la Asamblea General de la OEA, celebrada el 5 de junio de 2007, con Resolución AG/RES. 2339 (XXXVII-O/07).

http://www.oas.org/DIL/ESP/personas_con_discapacidad_programa_de_accion.pdf

⁴ Para más detalle véase: ONU (1994) Hacia una sociedad para todos: Estrategia a largo plazo para promover la aplicación del Programa de Acción Mundial para los impedidos hasta el Año 2000 y Años Posteriores. A/49/435, Anexo.

Antes se entendía por discapacidad cualquier tipo de disminución funcional, originada en deficiencias diversas, de naturaleza física, sensorial o mental, que afectan el normal desenvolvimiento económico, laboral o social de una persona.

Ahora se entiende por «discapacidad» aquella situación de desventajas, marginación y discriminación que experimenta un individuo debido a las barreras físicas o de actitud que presenta y le impone un entorno social que ha sido diseñado y construido para personas promedio, es decir, sin tener en cuenta las características, necesidades o limitaciones funcionales que puedan presentar algunas personas.

Mientras la primera definición o concepto de discapacidad pone énfasis en el individuo y en sus deficiencias particulares, la segunda definición pone el énfasis en el ambiente socialmente construido. Este cambio de paradigmas ha traído un cambio profundo en la orientación de las políticas públicas sobre discapacidad.

En el primer caso es el individuo el que tiene que adaptarse a la sociedad, siendo responsabilidad de este individuo el que la adaptación se logre o no. En el segundo caso es totalmente al revés, es la sociedad la que tiene que asumir la mayor carga de responsabilidad y adaptarse ella al individuo.

La discapacidad deja así de verse como una cuestión de la fatalidad o el destino, y comienza a entenderse como un tema de exclusión, opresión y derechos civiles violados, o no reconocidos expresamente⁵.

Cuando la causa de la discapacidad no está en el individuo y en sus limitaciones sino en el entorno, es decir en los errores de diseño, son la sociedad y el Estado los que al final crean la discapacidad entendida como la imposibilidad de hacer las cosas.

Si una persona usuaria de silla de ruedas no puede entrar a un edificio, esto se debe a los errores de diseño que han puesto gradas en lugar de rampas, y no a la imposibilidad de caminar de la personas⁶. Y de esta manera sucede en las demás cosas.

Este cambio de paradigma nos muestra otro error de diseño que tenemos que combatir: la tendencia de las personas, y en especial de los diseñadores de políticas y de los tomadores de decisión, de segregar a las personas con discapacidad, y de buscar soluciones especiales, segregadas.

Frente a ello debemos proponer los principios del diseño universal y del planeamiento inclusivo⁷. Las personas con discapacidad tienen que ser parte de la infraestructura y de los servicios

⁵ El cambio de paradigmas que se ha explicado en los párrafos anteriores ha sido tomado del siguiente estudio: DEL ÁGUILA, Luis Miguel y otros (2005) Manual de derechos de las personas con discapacidad. Lima: Programa de Lucha Contra la Pobreza en Lima Metropolitana – PROPOLI. Este programa se desarrolló en alianza entre la “Unión Europea” y el MIMDES. 2008. Ver página 9.

⁶ Esta idea ha sido tomada del Discurso Inaugural de la “Conferencia de la OMS sobre Salud y Discapacidad” que se realizó en Trieste, Italia, el 18 de abril de 2002 para presentar la Clasificación CIF por la Dra. Gro Harlem Brundtland, Directora General de la OMS. http://www.who.int/director-general/speeches/2002/english/20020418_disabilitytrieste.html

pensados para la generalidad de la población, los cuales deben ser diseñados teniendo en cuenta las limitaciones o diferencias de todas las personas y en especial de las personas con discapacidad.

Junto con el cambio de paradigmas, que acabamos de señalar, el otro tema central del eje temático "sociedad", como núcleo de acciones que debemos desarrollar, es la estrategia de mainstreaming, palabra anglosajona que con grandes limitaciones se suele traducir cómo inclusión y transversalización.

La transversalización de la discapacidad o "mainstreaming disability"⁸ es una estrategia de diseño de políticas, pero también de participación de este colectivo de personas con discapacidad en todas las fases de desarrollo de esas políticas: Diseño, ejecución, evaluación, monitoreo, replanteo y ajustes.

Para entender este punto tenemos que trazar un paralelo con el cambio que se ha operado con relación a los temas y enfoques de género y del medio ambiente.

Mainstreaming tiene que ver con la idea de priorizar y poner en agenda el tema de la discapacidad. Tiene que ver con la idea de sacar este tema de la invisibilidad. Tiene que ver con la idea de entender que la población con discapacidad esta presente en los diferentes grupos objetivos de las poblaciones vulnerables y de las poblaciones a las cuales se dirigen los esfuerzos del desarrollo, es decir: está presente en los grupos de mujeres, niños, adultos mayores, pobres, indígenas etc.

Una consecuencia de la transversalización o mainstreaming, en el sentido que acabamos de señalar, es entender que el tema de discapacidad atraviesa las Metas de Desarrollo del Milenio. La autoridad o personalidad que ha hecho ver este punto con más claridad fue James D. Wolfensohn cuando era presidente del Banco Mundial, quien llegó a asegurar que las dos primeras metas del milenio - referidas a la reducción de la pobreza global a la mitad, y a la inclusión del 100% de niños en la escuela básica - no podrán ser alcanzadas si las personas con discapacidad no son incluidas en los esfuerzos del desarrollo. *"Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date -- goals agreed to by more than 180 world leaders at the United Nations Millennium Summit in September 2000"*⁹.

Otras autoridades han asumido esto extendiendo la necesidad de incluir el enfoque de discapacidad a todas las demás metas del milenio. A comienzos del año pasado Naciones Unidas

⁷ Para más detalles al respecto véase: DEL ÁGUILA, Luis Miguel (2005) "Manual de Planeamiento Inclusivo". Lima, Comisión Especial de Estudio sobre Discapacidad del Congreso de la República.

<http://www.digitalsil.com/virtual/estudios/ManualdePlaneamientoinclusivo.doc>

⁸ La primera vez que nos enfrentamos con el concepto y estrategia de "mainstreaming disability" fue al leer el Estudio de Línea de Base sobre Inclusión y Discapacidad en las actividades del Banco Mundial, haciéndose paralelos con el enfoque de género. (Ver: STIENSTRA, Deborah and Henry ENNS, et alia (2002) Baseline Assessment: Inclusion and Disability in World Bank activities). Su amplia difusión en ámbitos anglosajones y europeos obliga a hacer lo propio en países latinoamericanos.

⁹ Ver: Wolfensohn, James D. (2002) "Poor, Disabled and Shut Out". En: Washington Post Journal. Tuesday, December 3, 2002; Page A25. The Washington Post Company.

preparó y distribuyó un documento técnico en este sentido, “Mainstreaming disability in the development” agenda, que vamos a distribuir para que todos lo conozcan¹⁰.

Otro paso importante para lograr la transversalización o mainstreaming del tema de discapacidad es preguntarnos cuál es el costo económico, para la sociedad y el Estado, de la exclusión de las personas con discapacidad. No es suficiente preguntar sólo el costo de determinados proyectos, programas o servicios que incluyan a este colectivo.

De acuerdo a una estimación realizada por Robert Metts (2000¹¹) para un estudio del Banco Mundial, el PBI real perdido por el Perú a causa de la exclusión de las PCD en la década de 1992 a 2002 ha pasado de 4 mil millones de soles a cerca de 10 mil millones (3 mil quinientos millones de dólares), fluctuando entre el 4 y el 9% del PBI. Esta misma fuente nos brinda también valiosos estimados del costo de la exclusión de las personas con discapacidad en la mayoría de países del mundo, que conviene precisar.

Por otro lado, sobre todo para efectos de la planificación, tenemos que entender que las personas con discapacidad son las piedras de toque que sirven para comprobar si un sistema, política o plan de desarrollo funciona o no, si es exitoso o no. Lo que es bueno para las personas con discapacidad es bueno para los demás. Un plan de evacuación rápida en casos de emergencia o de tragedia, si resulta exitoso para las personas con discapacidad, resultara exitoso para todos. Caso contrario, estará fallando.

Debe tenerse en cuenta que la población con discapacidad es sumamente heterogénea. No se puede poner a todos en el mismo saco. Existen personas con discapacidades leves, moderadas y severas. La mayoría de personas con discapacidad, incluso con discapacidades severas, con el apoyo de la tecnología, la capacitación, la acomodación razonable u otros medios de apoyo, pueden ser altamente productivas y competitivas desde el punto de vista laboral. Sin embargo, a pesar de todo, siempre existirán un pequeño número de personas con discapacidad que podrán ser menos eficientes y productivos, pero incluso ellos pueden y deben realizar un aporte significativo a sus familias, a sus comunidades, a la sociedad y el Estado, en talleres protegidos, en cooperativas, así como en otras formas novedosas y creativas de economía solidaria.

El tema de sociedad atraviesa los temas de educación, salud, trabajo y accesibilidad. Incluso el tema de participación política tiene mucho que ver en su concepción y en la implementación de sus diferentes aspectos con el enfoque conceptual que se deriva de lo que en estos momentos estamos viendo y entendiendo por "sociedad".

Cabe hacer notar que las agencias de cooperación internacional, que tienen más clara la visión y el compromiso de incluir los intereses de las personas con discapacidad en los esfuerzos de cooperación para el desarrollo, son las que tienen que ver con los países nórdicos¹², en espe-

¹⁰ ONU (2008) Incorporación de la perspectiva de la discapacidad en el programa de desarrollo. Consejo Económico y Social. Doc. E/CN.5/2008/6. <http://www.un.org/spanish/disabilities/default.asp?id=1110>

¹¹ Metts, Robert (2000) “Disability Issues, Trends and Recommendations for the World Bank”. Social Protection Discussion Paper Series N° 0007. World Bank. Washington DC. Ver también, traducido al español: METTS, Robert (2004) “Discapacidad y Desarrollo”. Documento de Antecedentes preparado para la Reunión de la Agenda de investigación sobre discapacidad y desarrollo, Noviembre 16, 2004, sede del Banco Mundial, Washington, D.C.

¹² Véase: 1) Inclusion of the disability dimension in Nordic development cooperation. Copenhagen November 2000. ATLAS Alliance - DSI - FIDIDA – SHIA - 2) The inclusion of disability in norwegian development cooperation. Planning and monitoring for the inclusion of disability issues in mainstream development activities. ORAD (Norwe-

cial, y la comunidad europea¹³, en lo general. Ellas deberían servir de modelo al resto de entidades bilaterales, regionales o mundiales de crédito y de cooperación (técnica y económica) para el desarrollo

Otra estrategia útil, para lograr avances hacia la inclusión de las personas con discapacidad, es incorporar a técnicos con discapacidad altamente capacitados en los organismos regionales o multinacionales de desarrollo así como en altos puestos de decisión gubernamental de nuestros países. En años anteriores Suecia¹⁴, Inglaterra¹⁵ y Alemania¹⁶ han tenido ministros con discapacidad, en los dos primeros casos ciegos, y con discapacidad física o motora, en el tercer caso.

Pero tanto o más importante que esto, es que estas mismas instituciones de desarrollo o de gobierno, incorporen el enfoque de discapacidad, o mejor aún, el enfoque de desarrollo inclusivo, en sus planes estratégicos institucionales. Digo que el enfoque de desarrollo inclusivo es mejor, pues además de incorporar el enfoque de discapacidad, al ser sensible a la dimensión de la discapacidad en la planificación gubernamental y del desarrollo, incorpora también las necesidades e intereses de otros grupos vulnerables y marginados, que presentan situaciones de pobreza crónica, y que no logran obtener beneficios apreciables de la prosperidad o crecimiento económico significativo que puedan estar gozando nuestros países¹⁷. Y esto tiene que ver con la meta de cerrar las brechas de la desigualdad, sobre la cual sabemos que la región latinoamericana tiene el triste privilegio de ser la región más desigual del planeta, y que mientras persista la desigualdad, no habrá verdadero desarrollo.

Un tema vinculado con esto, es la respuesta que en muchos casos suelen dar en nuestros países los planificadores de desarrollo social, de la infraestructura o de los servicios, ante la tarea de tener que atender los temas de discapacidad, diciendo que es un tema que no conocen, o sobre el cual no son expertos. Y esto nos lleva a señalar que los verdaderos y únicos expertos en temas de la discapacidad son las propias personas con discapacidad, en especial sus profesionales y sus organizaciones, incluyendo por supuesto a los padres de hijos con discapacidad que no tienen la posibilidad de hacerse escuchar. Lo cual nos remite a la necesidad de incorporar metodologías participativas y de consulta en todas las fases del proceso de planificación para el desarrollo.

Conclusiones y recomendaciones:

gian Agency for International Development) January 2002.

<http://www.norad.no/norsk/files/InklusionOfDisability.doc>

¹³ Véase: 1) Comisión Europea (2004) Nota de orientación sobre discapacidad y desarrollo para las delegaciones y servicios de la UE. http://ec.europa.eu/development/icenter/repository/Disability_es.pdf

2) EDF - European Disability Forum (2002) Informe sobre Cooperación para el Desarrollo. Foro Europeo en Materia de Discapacidad. Traducción de "EDF Policy Paper: Development Cooperation and Disability. Doc. EDF 02/16 EN". 2002. http://www.disabilityworld.org/09-10_03/spanish/noticias/edf1.shtml

¹⁴ Bengt Lindqvist ha sido Ministro de salud y asuntos sociales en Suecia, en el intervalo de 14 años como miembro del parlamento. Posteriormente, desde setiembre de 1994 a enero del 2003 fue el Relator Especial de las Normas Uniformes para la equiparación de oportunidades de las personas con discapacidad, de las Naciones Unidas.

¹⁵ En el Reino Unido, David Blunkett, político ciego, ocupó las carteras de educación (1997-2001), de vivienda (2001-2004), trabajo y pensiones (2005), y no era raro verlo pasear con su perro guía en compañía de Tony Blair

¹⁶ Wolfgang Schauble, ministro del Interior de Alemania nombrado por Angela Merkel en 2005.

¹⁷ Para obtener abundante información sobre "Desarrollo Inclusivo" puede revisarse la Plataforma de Desarrollo Inclusivo, patrocinada por el Banco Mundial - <http://pdi.cnotinfor.pt/>.

Para poder construir una “sociedad para todos” las características y necesidades de los ciudadanos deben ser la base para la planificación y las políticas. La sociedad debe hacerse accesible para todos. Para ello debe organizar su funcionamiento de acuerdo a las necesidades de cada uno de sus integrantes.

Para que esto pueda realizarse deben desarrollarse técnicas de diseño universal y planeamiento inclusivo

La estrategia de transversalización o mainstreaming debe desarrollarse en todos los sectores y en todos los niveles de las políticas públicas. La Comunidad Europea ha publicado hace poco un manual práctico para desarrollar esta estrategia, conocido como EDAMAT¹⁸, que resulta importante que se distribuya a todos nuestros países, y sea alojada en la web de la SEDISCAP¹⁹. Así como los estudios de impacto ambiental son un requisito previo para la calificación y autorización de los proyectos de inversión, así también debería consensuarse un acuerdo general, por ejemplo de todas las instituciones públicas y privadas de desarrollo y de la cooperación internacional, a fin de verificar la manera en que toda inversión orientada a infraestructura, a capacitación y a desarrollo, se haga la pregunta y se responda de qué manera esta inversión está impactando o no, positiva o negativamente a la población con discapacidad.

Es importante tomar conciencia sobre el costo que significa en términos económicos la exclusión de las personas con discapacidad

Resulta conveniente relacionar las políticas discapacidad con las metas de desarrollo milenio y por tanto con los esfuerzos de cooperación para el desarrollo

Las personas con discapacidad son las piedras de toque para comprobar si un sistema, política o plan de desarrollo funciona.

Es importante incorporar metodologías participativas y de consulta en todas las fases del proceso de planificación para el desarrollo

Con esta breve exposición hemos querido contribuir al proceso de diseñar y planificar políticas de desarrollo inclusivo, sensibles a la dimensión de discapacidad, a fin de colaborar a cerrar las brechas de la desigualdad, situación que constituye una de las principales causas de la pobreza crónica y estructural que afecta a nuestros países.

Bibliografía

Banco Mundial (2006) Plataforma de Desarrollo Inclusivo. Website de información sobre Discapacidad y Desarrollo Inclusivo. Disponible en: <http://pdi.cnotinfor.pt/>.

DEL ÁGUILA, Luis Miguel (2005) “Manual de Planeamiento Inclusivo”. En: FRANCKE, Pedro, Carlos CORDERO y Luis Miguel DEL ÁGUILA (2006) Plan de Igualdad de Oportunidades para las personas con discapacidad 2003-2007: Balance y Propuestas. Lima: Fondo Editorial del Congreso / Comisión Especial de Estudio sobre Discapacidad, pp. 67-118.
<http://www.digitalsil.com/virtual/estudios/ManualdePlaneamientoinclusivo.doc>

¹⁸ EDAMAT son las siglas de “European Disability Action for Mainstreaming Assessment Tool” que significa “Herramienta de la acción europea sobre discapacidad para evaluar la transversalización”. Fue desarrollada en un período de 2 años en 6 países europeos – Grecia, Malta, Irlanda, Portugal, España y Reino Unido – con el apoyo de la Comisión Europea y grupos nacionales de organizaciones de discapacidad. Su objetivo es evaluar y promover la efectiva transversalización de la discapacidad en las políticas, leyes y programas generales. La EDAMAT pone énfasis en cómo implementar prácticamente el concepto de “mainstreaming” y asegurar que el resultado tenga un efecto positivo en la vida de las personas con discapacidad. <http://www.edamat-europe.org>

¹⁹ “Secretaría Técnica para el Decenio por los Derechos y la Dignidad de las Personas con Discapacidad de las Américas (SEDISCAP)”, de la OEA. <http://www.oas.org/DIL/ESP/sediscap.htm>

DEL ÁGUILA, Luis Miguel y otros (2005) Manual de derechos de las personas con discapacidad. Lima: Programa de Lucha Contra la Pobreza en Lima Metropolitana – PROPOLI. Alianza Unión Europea MIMDES. 2008.

EDAMAT (2008) Una herramienta práctica para transversalizar efectivamente la discapacidad en las políticas y en la práctica. <http://www.lcint.org/?lid=3698>

METTS, Robert (2000) "Disability Issues, Trends and Recommendations for the World Bank". Washington DC. World Bank. Social Protection Discussion Paper Series N° 007.

<http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityIssuesMetts.pdf>

METTS, Robert (2004) "Discapacidad y Desarrollo". Documento de Antecedentes preparado para la Reunión de la Agenda de investigación sobre discapacidad y desarrollo, Noviembre 16, 2004, sede del Banco Mundial, Washington, D.C. Plataforma del Desarrollo Inclusivo - <http://latinamerica.dpi.org/METTS-POBREZAYDISCAPACIDADpaperTraduccBM.doc>

ONU (1994) Hacia una sociedad para todos: Estrategia a largo plazo para promover la aplicación del Programa de Acción Mundial para los impedidos hasta el Año 2000 y Años Posteriores. (Este documento forma parte del Informe sobre la Ejecución o Implementación del Programa de Acción Mundial para los Impedidos; Informe del Secretario General. (A/49/435, Anexo) del 27 de septiembre de 1994). <http://www.un.org/esa/socdev/enable/disltss0.htm>

ONU (2008) Incorporación de la perspectiva de la discapacidad en el programa de desarrollo. Consejo Económico y Social. Naciones Unidas. Doc. E/CN.5/2008/6.

<http://www.un.org/spanish/disabilities/default.asp?id=1110>

STIENSTRA, Deborah and Henry ENNS, et alia (2002) Baseline Assessment: Inclusion and Disability in World Bank activities. Canadian Centre on Disability Studies.

<http://www.disabilitystudies.ca/Documents/Research/Completed%20research/Inclusion%20and%20Disability%20in%20World%20Bank%20Activities/Inclusion%20and%20Disability%20in%20World%20Bank%20Activities.doc>

WOLFENSOHN, James D. (2002) "Poor, Disabled and Shut Out". En: Washington Post Journal. Tuesday, December 3, 2002; Page A25. The Washington Post Company.

<http://www.globalpolicy.org/soecon/develop/2002/1203disabled.htm>

2.- Nicaragua- PARTICIPACIÓN SOCIAL DE LAS PERSONAS CON DISCAPACIDAD- Dr. Enrique Beteta, Director del Consejo Nacional de Discapacidad

Ministerio de Salud

PARTICIPACIÓN SOCIAL DE LAS PERSONAS CON DISCAPACIDAD

Nicaragua 2009

1 2

Ministerio de Salud

MOVILIZACIÓN SOCIAL DE PERSONAS CON DISCAPACIDAD

- Constitución de la República de Nicaragua aprobada en 1987, durante el periodo revolucionario.
- La Constitución Política establece en el Artículo 59: "Los nicaraguenses tienen derecho, por igual, a la salud."
- El Artículo 62 determina: "El Estado procurará establecer programas en beneficio de los discapacitados para su rehabilitación física, psicosocial y profesional y para su ubicación laboral."

Ministerio de Salud

ANTECEDENTES

- El triunfo de la REVOLUCIÓN POPULAR SANDINISTA en 1979 genero una movilización social que todavía vive en las organizaciones y movimientos sociales.
- Durante 16 años, en los gobiernos neoliberales las personas con discapacidad fueron vistas como una carga para el estado, sentimiento de lastima, asistencia de caridad y no de derecho (marginación, discriminación, maltrato, etc)

3 4

Ministerio de Salud

ANTECEDENTES

- ENDIS en el 2003 por insistencia del Sector de Personas con Discapacidad.
- La mayor proporción de PCD se ubica en el Departamento de Managua (24%), seguido por Matagalpa (10%), León (8%), Chinandega y la RAAS (7% cada uno); los restantes departamentos tuvieron todos 6% o

Ministerio de Salud

LAS ORGANIZACIONES Y MOVIMIENTOS SOCIALES

- Estas organizaciones se forman con el propósito fundamental de defender los derechos de las PCD y surgen ante la necesidad de reinserir plenamente a las PCD en la sociedad.
- Nacen la mayoría en la década de los 80s.
- Después del 90 crearon mecanismos y desarrollaron instrumentos para continuar con su labor en nuevo contexto.
- Incidencia política para la elaboración y aprobación de la Ley 202. (dirigieron la consulta y la introdujeron en la AN).

5 6

Ministerio de Salud

SITUACIÓN

Organización	Cobertura territorial	# de miembros
Ley 202	00 municipios cubiertos, incluyendo parte de la Costa Atlántica, Rio San Juan, Rio Masagua, Rio Coco, Rio Coco Superior	Hasta de 12,000 personas
CPD	Colecciones en más de 50 municipios, incluyendo Managua, Matagalpa, Masaya, Nueva Guinea, Jinotega	Hasta de 10,000 personas
FINIS	Actividad en el país con 160 líderes y 187 grupos en áreas rurales y urbanas. Tiene presencia en 10 departamentos cubriendo 80 municipios. Se han organizado para el 2009: Comités organizacionales en Jinotega, León, Nueva Guinea, Jinotega, Managua, Masaya, Matagalpa, Rio San Juan, Rio Coco Superior, Rio Coco Inferior, Nueva Guinea y Ramales.	3,000 y 3,500 incluyendo las bases de datos

Ministerio de Salud

SITUACIÓN

ACTIVO	16 Municipios cubiertos: Jinotega, San Marcos, Masaya, Jinotega, Nueva Guinea, Rio San Juan, Rio Masagua, Rio Coco Superior, Rio Coco Inferior, Matagalpa, León, Jinotega, Granada, Managua, Masaya, Nueva Guinea, Segovia y Ramales	1,000 miembros
Reserva Técnica	León, Chinandega, Jinotega, Nueva Guinea, Masaya, Rio San Juan, Rio Masagua, Rio Coco Superior, Rio Coco Inferior, Managua, Matagalpa	1,000 miembros adicionales

7

Ministerio de Salud

SITUACIÓN

ACTIVO	Managua, La Osa, Chinandega, Nueva Guinea, Managua, León, Ramales, León, Managua, La Osa, Río San Juan, Río Masagua, Río Coco Superior, Río Coco Inferior, Nueva Guinea	1,000
Reserva	León, Chinandega, Chinandega	800 miembros adicionales

8

Mesa # 5. Accesibilidad y Discapacidad

1.- Barbados - **Presentation on Accessibility at the First Meeting of Disabilities** – Errol Best, Director de la Unidad Nacional de Discapacidad

Buenos Dias,
Chairperson
Directors and Experts
Representatives of member states
Representatives of the OAS and the Technical Secretariat

Ladies and Gentlemen

I wish to state how pleased we are to have benefited from the experiences that have been shared by other delegates during the course of this meeting of Directors of Institutions and Formulators of Public Policies for Persons with Disabilities.

This conference presents the opportunity to allow Barbados to share its experiences in programme development thus far, and to exchange ideas with our fellow member states in order to develop best practices in Barbados, to the benefit of all Persons with Disabilities.

As you may be aware Barbados is a very small island state of only 166 square kilometres with a population of only two hundred and seventy thousand persons.

Successive Governments, since independence in 1966, have sought to develop its people through investment in the social services.

Of these 270,000 persons the 2000 Barbados census indicated that there were 13,142 Persons with Disabilities in Barbados. Of these, 2,446 had sight impairments, 1,220 hearing impairments, 654 had lost upper limbs, and 2098 lower limbs. It should be noted that more than half of these persons were age 65 or over. There were also some 857 persons with intellectual disability.

The National Disabilities Unit (NDU) is the central agency of the Government of Barbados mandated to promote the rights of Persons with Disabilities. The National Disabilities Unit is, therefore, responsible for the following:

Create and facilitates supportive environments which will favour the full integration and participation in society of all Persons with Disabilities within our society.

Promote equal opportunities in all areas of development of the lives of Persons with Disabilities that would enhance the quality of their lives in order that each person would reach his or her maximum potential.

Empower Persons with Disabilities and their Organisations to become involved in the socioeconomic development of the country.

Provide a framework for the planning of programmes, services and activities for both physically and mentally challenged persons.

Encourage and support on-going research in all areas that impact upon the lives of Persons with Disabilities.

Accessibility efforts in Barbados address persons who have sensory impairments and those who are physically challenged.

Physically Challenged

In relation to the Physically Challenged in Barbados a hurdle that has to be surmounted is the high rate of amputations that result from diabetes. This lifestyle disease is also the cause of blindness for several adults. The country faces a situation where persons with disabilities and their close relatives suffer from the precariousness of work, low income, inadequate education and a lack of participation in many aspects of society. This places the onus on Government agencies to provide necessary care and support for many of its families of Persons with Disabilities.

ties. As part of this support, Government provides free medical care to its citizens. However, there is also private medical insurance available to those who would like to pay for services.

After amputation rehabilitation services are available but often there is need to provide aids to daily living, for instance, canes, walkers, tripods, shower chairs, shower extensions, raised toilet seats, grab bars, widening of bathrooms, wheel chairs and cushions.

All persons who receive wheelchairs are provided with appropriate ramps and rails and accessible bathrooms. In short their homes are retrofitted to ensure that they may have complete access. Prostheses are also provided for all those for whom they are prescribed.

Sensory Impairments

Sign language is taught to the parents and relatives of persons who are deaf and the hearing impaired, frontline officers working in the social services, and in primary and secondary schools, in an effort to improve communication between the disabled and those with whom they come into contact.

All the necessary assistive devices are provided within schools to assist persons with disabilities. For example, persons of school age who are blind or partially sighted are provided with the necessary computer technology and assistive devices at their schools.

Efforts are in progress to allow adult blind persons to access relevant computer technology through the development of an Accessible Computer Lab in conjunction with a telecommunications company which provides internet access free of charge.

Adults who become blind may continue to access employment through a dedicated workshop for the blind, while efforts are in place to improve their training and knowledge in computer technology to enable them to access office-type jobs in the future.

Of note is the training of persons who are newly blind because of cataracts, glaucoma, diabetes or other reasons. These are being encouraged to continue household activities, shopping, travel arrangements as well as recreation and employment where opportunities are found.

Education

In the area of education, Government provides the resources to enable libraries to present information in a manner, which is accessible to Persons with Disabilities including technology such as Electronic Books and on line services will be used to provide information for persons with auditory impairments or comprehension difficulties.

Government is committed to ensuring that that telecommunication services such as the special telephone devices, and units for the hearing and visually impaired be upgraded to accommodate Persons with Disabilities.

The Ministry responsible is ensuring that all new schools, primary or secondary, are accessible and as older schools are being retrofitted over time, they are also being made accessible. New technologies are being provided to schools with blind and deaf students to allow these to fully access the school's curriculum. At secondary schools which have deaf pupils, a sign language teacher is provided to ensure the pupils access to all of their subject materials.

Transport and Works

The Ministry of Transport and Works has provided accessible buses to allow children to travel to school, adults to attend their place of work, and persons to meet their rehabilitation appointments. In addition, in the City of Bridgetown, and a few other areas, the appropriate ramps and curbs have been created to allow ease of access for persons with disabilities. Legislation from this Ministry is also pending to regulate parking spaces for persons with mobility challenges. Also pending is a new Building Code that would cover access to the built environment.

With regard to recreation the Ministry of the Environment has also constructed access at beach facilities and the National Disabilities Unit provides water compatible wheel chairs to facilitate relaxation not only on the beach but also safely in the sea for wheelchairs users.

In the area of technical devices and equipment Government is committed to the removal of all taxes and/or the provision of soft loans and grants to enable Persons with Disabilities and/or their families who can afford to purchase them.

Government is also considering the provision of tax concessions where possible, for organizations, rehabilitation centres and workshops involved in the importation of goods and/or production of devices for Persons with Disabilities, and the establishment of a monitoring mechanism to prevent abuse of this provision.

The employment of suitable trained personnel and facilities to ensure the monitoring, servicing and maintenance of all assistive devices.

Sports and Recreation

Government also provides resources to access sport. Notable examples are the Paralympic Programme for the physically challenged, Blind Cricket for the blind and visually impaired and Special Olympics for the Mentally Challenged.

In summary, Government is making provision for Persons with Disabilities to access Education, Health services, Transportation and Recreational services as it seeks to promote the integration of this sector into all aspects of society. Organisations representing all Disability types as well as in Barbados Council for all of the organisations are provided with Government Subventions to provide civil society with a continuous voice.

It should be realised that many programmes are in the developmental stage and much more needs to be done if all persons with disabilities, and their families, are to meet their challenges efficiently and effectively.

Government's efforts, to provide greater access for persons with Disabilities, are positively impacting those in need. Yet more needs to be done. Research is necessary to allow for an informed assessment of local conditions. There is a critical need to undertake studies focusing on issues which affect the lives of Persons with Disabilities and their families. Government will encourage and support research efforts, with a view to establishing a comprehensive data bank on Persons with Disabilities. Such research will focus on:

Causes, types and incidences of impairment and disability.

The economic and social conditions of Persons with Disabilities.

The economic and social impact on society of Persons with Disabilities remaining unemployed.

Development of assistive devices for Persons with Disabilities.

Assessment of the needs, skills and potential for training of Persons with Disabilities.

Statistics on available services and programmes.

Barbados has begun the long journey towards integration and inclusion.

No doubt barriers will continue to exist. But we, as a nation have the determination to turn these stumbling blocks into stepping stones and to climb them one by one until the many goals that have been set are achieved. Having signed the Convention of the Rights of Persons with Disabilities, Barbados is working steadfastly towards fulfilling then elements of each Article in order that it can be ratified.

Such local efforts can and should be reinforced through bilateral and multilateral cooperation. In this regard the OAS must continue to play its assigned role as the hemispheric body charged with facilitating such cooperation. I therefore wish to encourage this meeting as it considers the way forward to include on its future agenda issues such as information exchange, creation and promotion of standards, and importantly the implementation of development programmes.

We look forward to the proceedings of this meeting being included at the meeting of the Summit of the Americas in April, 2009 in order to ensure that disabilities become a formal part of their agenda.

I thank you.

2.- Chile – **Índice de Inclusividad** – Ricardo Villa C., Asesor de la Secretaria Ejecutiva del Fondo nacional de Discapacidad



ÍNDICE DE INCLUSIVIDAD

Noviembre 2008

1

- Organización política: democracia representativa y su sistema de gobierno es el de una república con régimen presidencial.
- Es un Estado unitario y sus 15 regiones se administran de manera territorialmente descentralizada.
- Los poderes del Estado son el Ejecutivo, el Legislativo y el Judicial.

3

- En uno de cada tres hogares hay a lo menos un miembro con discapacidad.
- Las personas con grados más severos de discapacidad se encuentran viviendo en los sectores rurales.
- Del total de las deficiencias registradas por la ENDISC, prácticamente el 60% corresponde a mujeres; éstas en mayor medida que los hombres, presentan más de una deficiencia.

5

Actividad laboral y doméstica,

- 27,5% está incorporado en alguna forma al mundo del trabajo;
 - el hombre participa de un 61,3% y la mujer sólo de un 38,7%.
- El 44% de las PcD realiza sólo actividad doméstica en el hogar, de los cuales un 19,6% son hombres y un 80,4% son mujeres, siendo las personas con discapacidad a nivel nacional en su mayoría mujeres.
- El 43,9% de las PcD son jefes de hogar (909.079 hogares). A la vez, el 66,3% de personas con discapacidad jefes de hogar con trabajo remunerado, son trabajadores no calificados.

7

Estadísticas Generales de CHILE

- Población: 15.116.435 hbs. (censo 2002),
- PEA: 6.000.000
- Densidad: 20 habitantes/km²
- Superficie total de 756.000.- km².
- El 90% de la población habita en el centro del país (desde La Serena a Concepción) y un 86% de ella en centros urbanos.
- El 96,8% de la población urbana es alfabeto y lo mismo ocurre con el 89,16% de la población rural.

2

Estadísticas de Discapacidad

Primer Estudio Nacional de la Discapacidad en Chile, ENDISC-CIF 2004

- Muestra: 13.769 hogares de las 13 regiones del país.
- Resultado: 12,9% de la población vive a lo menos con una discapacidad, equivalente a 2.068.072 personas.

Tabla N° 1
Número y porcentaje de personas con discapacidad, según grados de Discapacidad

Grado de Discapacidad	Cantidad	Porcentaje
Leve	1.154.273	7,2%
Moderada	513.010	3,2%
Severa	400.789	2,5%
Total	2.068.072	12,9%

Fuente: ENDISC 2004. FONADIS-INE

4

- 10% de las personas con discapacidad no cuenta con ningún año de estudio aprobado (203.150 personas);
- 42% (883.709 personas) no ha logrado completar la enseñanza básica.
- 13% (272.625 personas) ha cursado la enseñanza media completa y
- 4,8% ha logrado acceder a la universidad o a algún Instituto de formación profesional. Sólo el 2,07% de las personas que presenta alguna discapacidad tiene educación universitaria completa

6

- En la población en condiciones socioeconómicas bajas, la prevalencia de la discapacidad sube de 12,9% a un 20%.
- El 39,5% de las PcD presentan condiciones socioeconómicas bajas, lo que en términos de prevalencia significa que la discapacidad es dos veces más frecuente entre las personas con condición socioeconómica baja, que entre las no pobres.

8

Índice de Inclusividad

El **índice de Inclusividad** es un instrumento destinado a expresar:

- El **grado de disposición de un sistema** (y su colectivo, sea laboral, educacional, comunitario) para incluir a todas las PcD, con plenos derechos y con iguales oportunidades; y, a la vez,
- El **grado o nivel de disposición de estas personas** a integrarse a las estructuras y funciones del sistema.
- Para estos efectos, la **integración** dice relación con la perspectiva del individuo respecto de su propio funcionamiento: funciones físicas, actividades, participación.
- Y la **inclusión** con la perspectiva del sistema respecto del funcionamiento o participación de la PcD en las actividades, estructura y roles de cada establecimiento o espacio social.

FONDO NACIONAL DE LA DISCAPACIDAD

9

Respecto de la inclusión

La medición debe considerar:

- Los sistemas de valores y creencias, y patrones conductuales del colectivo respecto de aquellos miembros y o partícipes con un determinado tipo y grado de discapacidad;
- Los sistemas formales e informales que organizan y dan sentido a la vida laboral, educacional, comunitaria, etc.
 - de toma de decisiones y solución de crisis; de selección, ingreso y salida del sistema; de aprendizaje, movilidad y desarrollo; de reconocimiento, sanciones y retribuciones, entre otros, según sea el caso
- El contexto físico, tecnológico y arquitectónico del establecimiento, que facilita o impide los accesos, el desplazamiento, la información y la comunicación de las personas con discapacidad.

FONDO NACIONAL DE LA DISCAPACIDAD

11

- Al respecto se debe asumir como horizontes o metas posibles de integración y de inclusión lo que establecen las convenciones internacionales, y lo que cada país ha avanzado en derechos humanos y aceptación de la diversidad.
- A contraluz de esos horizontes se deben medir las situaciones de integración e inclusión de cada establecimiento, como etapas o fases de retraso o avance hacia esos niveles, dando lugar al **Índice de Inclusividad**.
- Por lo tanto, el Índice mide las situaciones concretas no en relación a una meta final abstracta, sino que **respecto de un modelo escalar que distingue varias fases secuenciales o peldaños de estados programáticos de integración/inclusión**.

FONDO NACIONAL DE LA DISCAPACIDAD

13

Sello Inclusividad

- Este índice es un instrumento que debe permitir a cada Estado evaluar y certificar con rigor e imparcialidad el ejercicio de los derechos de las PcD.
- Al respecto y dado que se trata de un gran cambio cultural, exige del Estado más que una función sancionatoria, el reconocimiento y distinción de las instituciones públicas y privadas que se destaquen por presentar un alto índice de inclusividad,
 - es decir, una disposición y capacidad efectiva para animar e incorporar a sus estructuras y roles, en igualdad de derechos y con oportunidades equiparadas, a aquellas personas que presentan discapacidad.
- Esa distinción puede ser por medio de un **Sello de Inclusividad**, al que puedan optar voluntariamente a través de un Concurso Nacional por la Inclusividad, tanto instituciones públicas como privadas.

FONDO NACIONAL DE LA DISCAPACIDAD

15

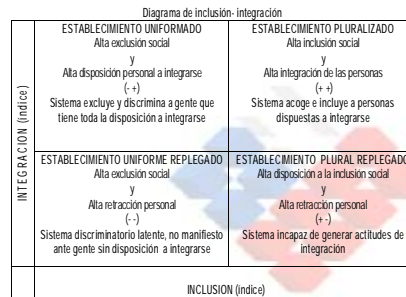
Respecto de la integración

Se deben distinguir tres planos de desempeños posibles:

- Capacidad de **desempeño bio-médico esperable** para cada tipo y nivel de discapacidad;
- Capacidad de **desempeño efectivo o competencias** (conocimientos, experiencia, actitudes y habilidades) de la PcD, que le permiten el desarrollo de actividades dentro de estándares prefijados y universales de rendimiento (laboral, educacional, deportivo); y
- Capacidad de **realización o razón** entre la capacidad efectiva y la capacidad esperable; ecuación en la que entran la autoestima, el apoyo familiar, las relaciones con el entorno, etc.

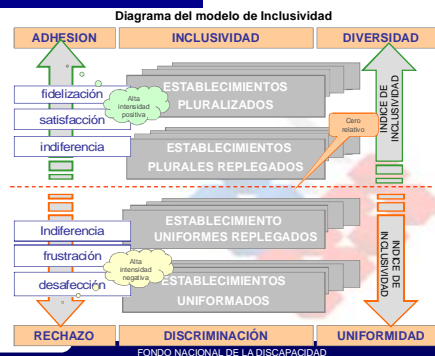
FONDO NACIONAL DE LA DISCAPACIDAD

10



FONDO NACIONAL DE LA DISCAPACIDAD

12

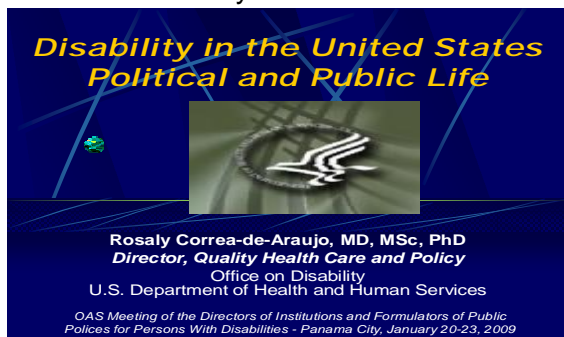


FONDO NACIONAL DE LA DISCAPACIDAD

14

Mesa # 6. Políticas Públicas y Discapacidad

1. - Estados Unidos - **Disability in the United States Political and Public Life** - Rosaly Correa-de-Araujo, MD, MSc, PhD *Director, Quality Health Care and Policy Office of the Secretary, Office on Disability*



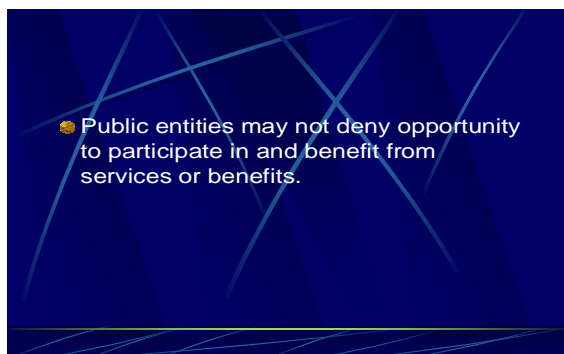
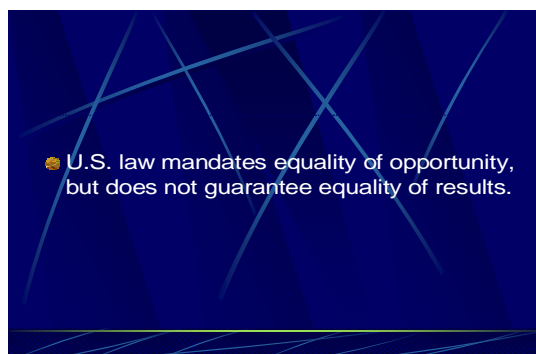
1

2



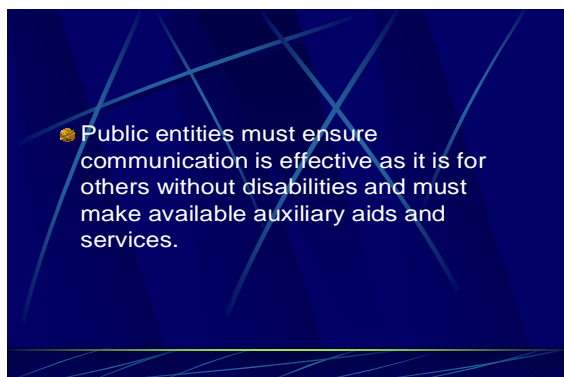
3

4



5

6



7

8



Voting and Disability

- Right to vote
- Right to hold public office
- Right to participate in the political process

9

Voting Laws, Regulations and Disability

- American with Disabilities Act
 - | <http://www.usdoj.gov/crt/ada/pubs/ada.txt>
- National Voter Registration Act
 - | http://www.fec.gov/hava/law_ext.txt
- Help America Vote Act (HAVA)
 - | <http://www.fvap.gov/laws/nvralaw.htm>

10

Voting and Disability

- Polling places
 - | Accessible parking
 - | Exterior routes
 - | Entrances and interior routes
 - | At least one voting booth for wheelchair
 - | Magnifiers for low vision
- Voting equipment
- Arrangement of equipment
- Voter registration
- Training
- Funds for legal and technical assistance

11

Voting and Disability

- | Temporary retrofit
- | Alternate locations
- | Same-day balloting

12

Partners in Policy Making

- | Right to form and join organizations
- | Represent their interests at national, regional and local levels
- | Training activities
 - | Policymakers
 - | Elected officials and administrators
 - | Influence such officials

13

US. Laws, Court Decisions, Programs Partners in Policy Making

- Partnerships in Policy Making
 - | <http://www.partnersinpolicymaking.com/index.htm>
 - | <http://www.acf.hhs.gov/programs/add>
 - | <http://straylight.law.cornell.edu/supct/html/98-536.ZS.html>
 - | www.cms.hhs.gov/independenceplus/

14

Looking Ahead

- Our Nation's commitment to the rights and dignity of persons with disabilities in embodied in our strong laws.
- Our Nation remains firmly committed to the equal and full integration of people with disabilities within our communities.
- Our Nation remains firmly committed to ensuring that people with disabilities have the opportunity to enjoy human rights and fundamental freedoms without discrimination.

15



THANK YOU!
rosaly.correa@hhs.gov
 (202) 401-5844

16

2.- Costa Rica - PARTICIPACIÓN Y CONTROL CIUDADANO EN EL PROCESO DE GESTIÓN DE LA POLÍTICA PÚBLICA EN DISCAPACIDAD. – Elsie Bell Pantoja, Directora ejecutiva a.i., del Consejo Nacional de Rehabilitación y Educación Especial

Reunión de Directores de Instituciones
y Formadores de Políticas Públicas
para Personas con Discapacidad

PARTICIPACIÓN Y CONTROL CIUDADANO EN EL PROCESO DE GESTIÓN DE LA POLÍTICA PÚBLICA EN DISCAPACIDAD.



Ponencia Cpsta Rica,
23 enero 2009.
Ciudad Panamá, Panamá

1

Corresponde al CNREE -entre otras cosas-

- Dirigir el proceso de gestión de la política general en discapacidad.
- Encargado de articular la política general en discapacidad con las demás políticas, a través de la planificación, fiscalización y evaluación.
- Propiciar el pleno ejercicio de la ciudadanía por parte de las PCD.
- Controlar la efectividad de los mecanismos de garantía de derechos para las PCD.

3

Interés público del desarrollo integral de las Personas con Discapacidad

La Ley de Igualdad de Oportunidades para las personas con Discapacidad, califica el tema como de "interés público" de ahí que la política general en discapacidad debe incluir las acciones de los sectores públicos y privados.

El desarrollo integral de las personas con discapacidad es un asunto de todos los sectores, no únicamente del Estado.

C-205-1998

5

CNREE: Ente Rector de la Política Pública en Discapacidad

- Ley 5347 crea el Consejo Nacional de Rehabilitación y Educación Especial
- Ley 7600 de Igualdad de Oportunidades para las personas con discapacidad, define en su articulado el término "ente rector en materia de discapacidad". (1996)
- Política Pública en Discapacidad (Directriz No. 27, 2001)

2

Costa Rica, en el artículo 1° de su Constitución Política, al constituirse en Estado según los principios básicos de una democracia, optó por una **formulación política** en la que el ser humano, por el simple hecho de serlo, por haber nacido tal, es depositario de una serie de derechos que le son dados en protección de su dignidad, derechos que no pueden serle desconocidos sino en razón de intereses sociales superiores, debidamente reconocidos en la propia Constitución o las leyes".

Sala Constitucional. Voto No. 1261-90, 9 octubre 1990.

4

EL PROCESO DE GESTIÓN DE LA POLÍTICA PÚBLICA EN DISCAPACIDAD DEBE TENER ENFOQUE DE DERECHOS HUMANOS PARA:

- Reafirmar la dignidad humana de las personas con discapacidad frente al Estado.
- Consolidar la percepción de la persona con discapacidad como sujeto activo de derecho, en totales condiciones para ejercer plenamente la ciudadanía.
- Desarrollar y consolidar una serie de derechos humanos (derechos civiles, políticos, económicos, sociales, culturales, de la solidaridad), así como el diseño pertinente y el funcionamiento efectivo de los mecanismos de garantía de derecho.

6



7

Rendición de cuentas implica:

- Participación ciudadana Informada (qué se planeo y cómo se llegó al resultado)
- Evaluación integral (no sólo lo bueno), que tome en cuenta el impacto de qué pasará una vez que se rinda cuentas.
- Un proceso permanente (no reactivo)
- Canales Comunicativos: rendir cuentas sobre lo que se quiere saber.

9

RESPONSABILIDAD IMPLICA

- Que todos y cada uno de los sectores sociales asuma sus responsabilidades en proceso de producción social del desarrollo integral de las personas con discapacidad, mediante sus políticas, acciones y uso de fondos.

En la función pública existe la responsabilidad: civil, penal, administrativa, ética. (CPCA, 2007)

11

PARTICIPACION IMPLICA

- Reconocer a las personas con discapacidad como agentes del desarrollo que hacen grandes aportes a la sociedad.
- Que las estructuras gubernamentales respeten y faciliten el ejercicio a su derecho de participar en el diseño, implementación, control, seguimiento y evaluación de las de políticas públicas y de sus estrategias (planes, programas, proyectos y servicios públicos.

13

El ejercicio del "Buen Gobierno" implica una mejora en la gestión de las instituciones:

- n La buena gestión pública de las instituciones les permite cumplir con los objetivos para los cuales fueron creadas y, hacer efectivo el deber del Estado de satisfacer los derechos de las personas.

Este objetivo debe estar presente en la actividad ordinaria de la Administración, pero especialmente en el proceso de gestión de la política pública en discapacidad.

8

TRANSPARENCIA

- n Posibilidad efectiva de brindar información clara a las personas con discapacidad sobre las acciones del gobierno, las regulaciones existentes, así como las decisiones que se tomen.

n **IMPLICA:**

- u Decisiones motivadas
- u Decisiones comprensibles
- u Información accesible al público en la que se basan los motivos de las decisiones

10

PARTICIPACION IMPLICA

- Reconocer a las personas con discapacidad como agentes del desarrollo que hacen grandes aportes a la sociedad.
- Que las estructuras gubernamentales respeten y faciliten el ejercicio a su derecho de participar en el diseño, implementación, control, seguimiento y evaluación de las de políticas públicas y de sus estrategias (planes, programas, proyectos y servicios públicos.

12

LEGALIDAD IMPLICA

Marco jurídico que permita la protección efectiva de los derechos de las personas con discapacidad, así como su justa y consistente aplicación.

Legalidad el cumplimiento de los derechos humanos consagrados en convenios internacionales y el Ordenamiento Jurídico en general.

14

Los procesos de las instituciones deben producir resultados que satisfagan las necesidades de las personas con discapacidad, haciendo el mejor uso de los recursos a disposición.

15

CAPACIDAD DE RESPUESTA A NECESIDADES IMPLICA:

- n El certero conocimiento de las necesidades de la población discapacidad a partir de su participación en la definición de las mismas.
- n La gestión de una política pública con enfoque de derechos orientada a resultados consensuados con la población con discapacidad.
- n El control ciudadano por parte de las personas con discapacidad, sobre el cumplimiento de la política,

17

¿Cómo lograrlo?

- n Apoyando el desarrollo de capacidades en las organizaciones de PCD y sus familias, o colaboradores.
- n Asumiendo la planificación del desarrollo integral de las PCD como un proceso de mediación para su logro.
- n Construyendo indicadores sobre accesibilidad de la población con discapacidad en los procesos de planificación en todos los niveles.

19

Equidad e inclusividad implican

•La creación de espacios para que las PCD puedan ejercer libremente sus derechos y tengan acceso real a todos los ámbitos de la actividad social.

16

¿Cómo lograrlo?

- n Integrando a las personas con discapacidad, sus familias y organizaciones como protagonistas del proceso de gestión de la política pública en discapacidad y sus articulación con las demás políticas:
- n Incentivando la participación y el control ciudadana de las PCD. Lo que significa que deben abrirse espacios para la participación ciudadana en todas las instancias y el rompimiento de viejos paradigmas donde los profesionales deciden por la población. " Nada de nosotros sin nosotros".

18

¿Cómo lo hemos hecho?

- n Alineando el proceso de gestión de la política pública al ordenamiento jurídico:
 - n Convención Int. Derechos de las PCD: ... Tener en cuenta en todas las políticas y programas la protección y promoción de los DH de las PCD y velar porque las Autoridades e Instituciones públicas actúen de acuerdo al dispuesto en la Convención.
- n En la elaboración y aplicación de la convención y de planes y leyes, los Estados deben realizar y promover consultas con la población con discapacidad de todos los sectores.

20

¿Cómo lo hemos hecho?

- Alineando el proceso de gestión de la política pública al ordenamiento jurídico:
 - Ley 7600 y su reglamento:
 - Todas las instituciones del Estado deben incluir acciones, servicios y recursos dirigidos a la atención y el desarrollo integral de las PCD que garanticen el acceso e igualdad de oportunidades para las PCD, en todas las regiones y Comunidades del país.

21

Directriz Presidencial N° 27 de Agosto de 2000.

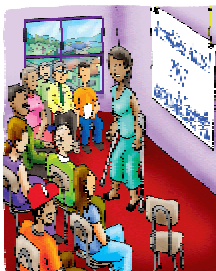
Entre muchos deberes generales y específicos para cada institución, señala de relevancia:

- Artículo 1- Todas las Instituciones deberán:
- Conformar y consolidar las Comisiones Institucionales en materia de discapacidad y rendir cuentas de su funcionamiento al CNREE.
- Definir Políticas Institucionales en Materia de Discapacidad. Definir planes y presupuestos institucionales de corto mediano y largo plazo en materia de discapacidad.
- Capacitar, promover y sensibilizar a sus funcionarios en materia de discapacidad.

23

MUNICIPALIDADES

- Artículo N.9 Los gobiernos Locales apoyarán a las instituciones públicas y privadas en el desarrollo, ejecución, y evaluación de programas, proyectos y servicios que promuevan la igualdad de oportunidades y el desarrollo de las personas con discapacidad



25

CONCLUSIONES:

- Los programas "Participación Ciudadana y Desarrollo de Capacidades Organizacionales" que ejecuta el CNREE, han permitido la participación activa, combativa, consciente y e informada de la población con discapacidad en el proceso de gestión de la política pública en discapacidad.
- La existencia de las CIMAD y las CMA en las instituciones y municipalidades, así como los programas de participación ciudadana y de desarrollo de capacidades organizacionales, han permitido a las personas con discapacidad y sus organizaciones participar activamente en el proceso de gestión de política pública y en el control del uso de los recursos y el cumplimiento de las programaciones.

¿Cómo lo hemos hecho?

- Alineando el proceso de gestión de la política pública al ordenamiento jurídico:
 - Las Instituciones públicas deben incluir el contenido presupuestario requerido para cumplir con las acciones y proyectos formulados en los PAOS, cuando elaboren su proyecto anual de presupuesto.
 - El bloque de legalidad de la Contraloría General de la República obliga a certificar el cumplimiento de esta obligación.

22

PRESUPUESTO

- Decreto 32973-H de la Secretaría Técnica de la Autoridad Presupuestaria

"Establece en su artículo N.2 que se excluyen del gasto presupuestario una serie de conceptos ...

N.13 Recursos orientados a proyectos y programas en apoyo a la Ley N.7600 "



24

Niveles de planificación



26

CONCLUSIONES

- La promulgación del interés público de la discapacidad, así como la normativa presupuestaria que obliga a que se invierta en ésta, son un apoyo importante para las instituciones.
- Cada vez es más fuerte la participación y el control ciudadano sobre la gestión y el buen gobierno de las instituciones, por parte de las personas con discapacidad.

27

CONCLUSIONES:

- n - La aplicación y cumplimiento efectivo de los principios de Buen Gobierno en el proceso de gestión de la política pública, permite a las personas con discapacidad en el centro del quehacer de la Administración Pública.
- n La participación y el control ciudadano en el proceso de la política pública en discapacidad, posibilita un sano y efectivo ejercicio de la ciudadanía por parte de las personas con discapacidad.

28

CONCLUSIONES:

La política pública en discapacidad no debe ser segregante, sino

•**inclusiva:** lo que es bueno para la PCD es bueno para todos.

•**Transversal:** ser parte de todas las demás políticas

•**Articulada:** estar inserta en todos los niveles de planificación del desarrollo, especialmente el de las PCD.

29

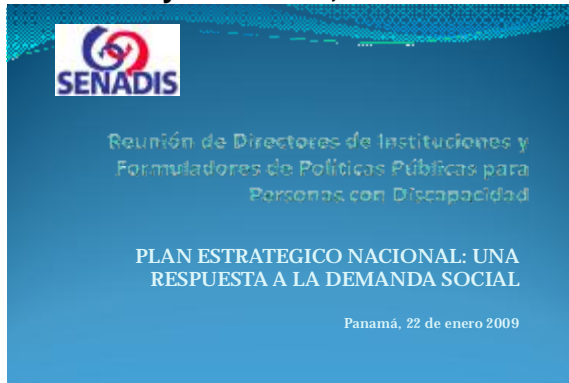


Muchas Gracias

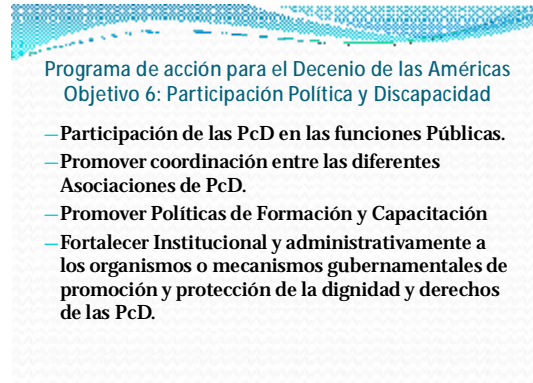
30

31

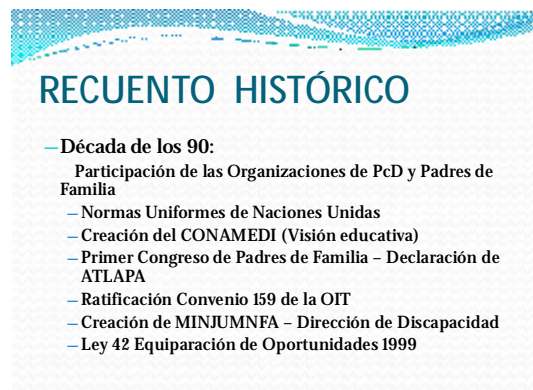
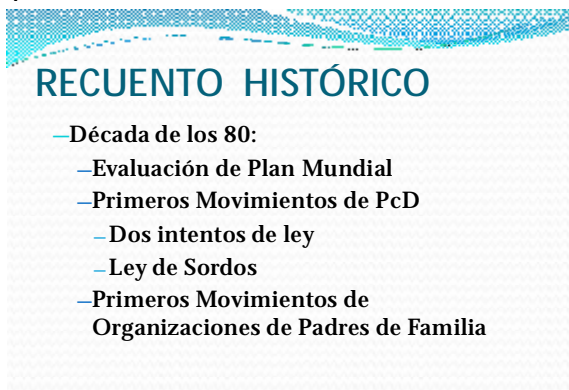
3.- Panamá - PLAN ESTRATEGICO NACIONAL: UNA RESPUESTA A LA DEMANDA SOCIAL – Sheyla Sánchez, Políticas Públicas



1

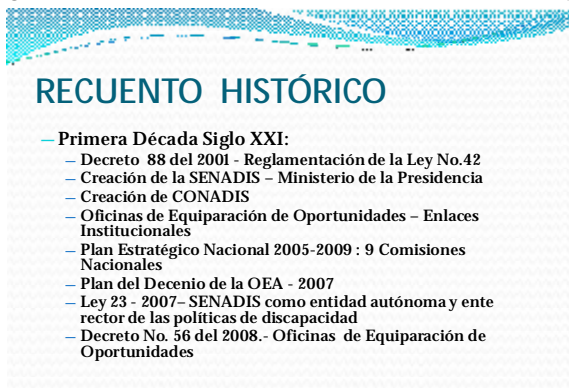


2



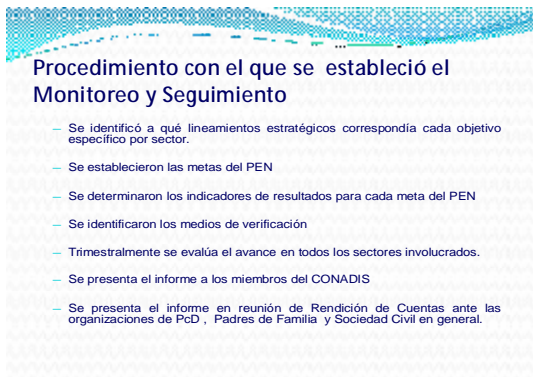
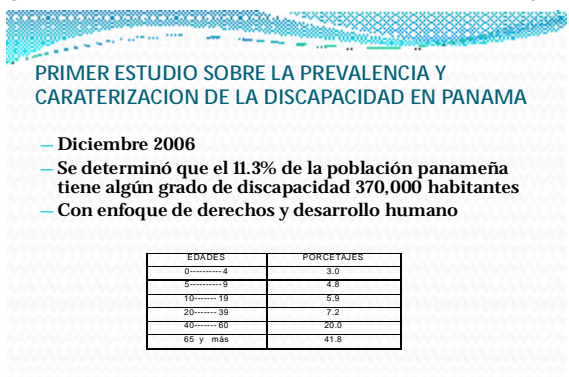
3

4



5

6



7

8

RESULTADOS

- Proceso participativo
- Responde a la necesidades sentidas por las personas con discapacidad
- Transversalización del tema de discapacidad en todos los sectores.
- Fortalecimiento de las organizaciones de PcD y de Padres de Familia (16 Asoc. de PcD y 12 de Padres)
- Establecimiento de enlaces en las instituciones gubernamentales
- Política de Estado
- Asignación de recursos financieros para el desarrollo de las políticas.

RETOS

- Fortalecimiento
 - de la investigación e innovación en los programas de atención
 - Sistemas de coordinación intersectorial e interinstitucional
 - Fortalecimiento para el crecimiento del movimiento asociativo de las PcD y Padres de Familia
 - Mayor empoderamiento de tema de discapacidad por todos los sectores
 - Mantener y dar seguimiento a los programas establecidos con una visión de política de Estado.

9

10

SOMOS PANAMEÑOS

- Panamá está ubicada en el centro del Hemisferio Occidental y forma el eslabón entre Centroamérica y Suramérica con tan solo 80kms. de ancho.
- Área territorial de 75,517 km cuadrados
- 2,839,177 habitantes
- Gobierno unitario, republicano, democrático y representativo.
- Grupos étnicos:
 - 6 grupos indígenas
 - Afro-colonial
 - Afro-Antillanas
 - Otros grupo étnicos: chinos, hebreos, centroeuropeos y centroamericanos.

¡GRACIAS!

11

12