Epilogue

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'Hope lies in dreams, in imagination and in the courage of those who dare to make dreams into reality' (Jonas Salk, founder of Salk Institute, La Jolla, Calif., USA).¹

The contributors of this issue share with us their points and perspectives from all corners of the world and their dreams to make the world a better place to be. Some of the countries and regions are vast, such as Brazil, India and South Africa. Providing services and education in those countries is challenging. Some of the countries and regions are islands or groups of islands, such as the Philippines and Taiwan. The need for global connections is paramount to avoid isolation. Some of the countries and regions are small, such as Israel and Malta.

The needs for services are equally challenging and diverse. For example, there are only a handful of Arabic-speaking speech pathologists in Israel. A few common threads run across in our reading of the papers. Many of these regions are bilingual or multilingual/

multicultural. For example, there are 11 official languages spoken in South Africa and there are 87 languages spoken in the Philippines. Providing services to such a linguistically diverse population is difficult and sometimes impossible. There is also tremendous cultural diversity among the populations served. Ireland and Malta have similar patterns of development. Both are the only programs in the country and are providing the education and training that are needed for their populations.

In addition to the common threads, there are also unique challenges faced by the professionals. For example Brazil, India and South Africa share the vastness of their region. Individuals have to travel long distances to find services. The lack of follow-up and continued care is serious and significant. In some regions, professional programs have been in existence for many years and yet they are still struggling to form their own identity and seek autonomy; two good examples are Japan and the Philippines. On the other hand, new programs have been developed in some of the regions. Taiwan, for example, has three formal programs in the training and educa-

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tion of speech pathologists and audiologists. Another thread is the settings where speech-language pathologists work. The professionals in Taiwan and the Philippines work mostly in hospitals. There are countries where literacy rate is very high; Japan has 99% literacy and yet there are regions where literacy data is not current and unavailable.

In developing countries, logopedic services may not be considered a national priority and thus may not get the attention of the government and policy makers. There are millions of people who are underserved and areas in the world where speech, language and hearing services are not available. Depending on the stage of development, people all over the

world should receive adequate services. It is our hope that the global population will receive the needed services in order to have better quality of life. The ability to communicate, to read and to write should be our human rights. If all of us can make a difference in the lives of people and make the world a better place to be, then we have achieved the goals of this special issue.

As the Nobel laureate, the Chilean poet Gabriela Mistral (1945), wrote: 'There are many things in life that can wait, but children cannot wait. Their blood is flowing, their bones are growing. We cannot tell them to wait, because their name is spelled today' (translated by the first author).