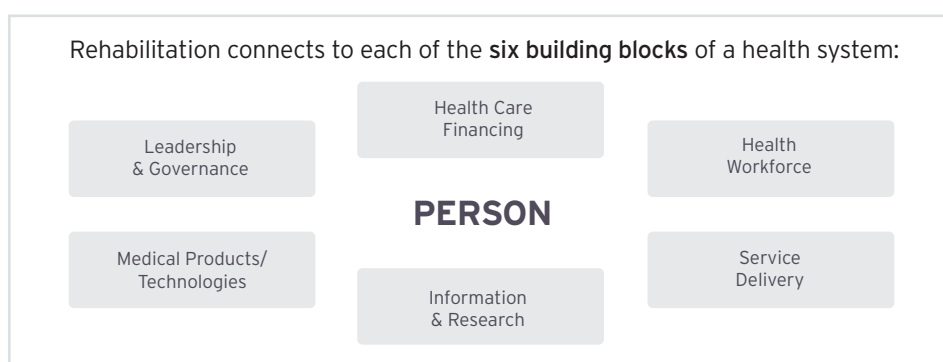


Rehabilitation must be recognized as an essential component of health care as it is critical in supporting individuals reaching an optimum level of health and wellbeing, and participating fully in society. As suggested by global trends, the demand for rehabilitation is increasing. It is therefore crucial for those services to be better integrated into health systems and better supported in terms of human resources.

Physical and functional rehabilitation aims to **restore, compensate, prevent or slow deterioration in functioning** (sensorial, physical, intellectual, mental, cognitive, or social) to help individuals to reach their optimal level. It **places the person at the center** and uses a broad range of therapeutic measures including exercise, provision of assistive technologies (e.g. hearing aids, wheelchairs), adaptation of the environment to eliminate barriers etc. Rehabilitation services may be found in a variety of health care settings, from hospitals to communities.



KEY FACTS

- 92% of the disease burden in the world is related to causes that require health professionals associated with physical rehabilitation.
- Between 110 million and 190 million adults have significant difficulties in functioning.
- Only 5-15% of people needing a wheelchair have access to one; 200 million people needing visual devices do not have access to them.

LACK OF ACCESS TO REHABILITATION SERVICES

One billion people worldwide live with a form of disability. The **demographic shift** of ageing and the **growing burden of non-communicable diseases** will increase the prevalence of disability and generate **higher demand** for rehabilitation services.⁽¹⁾ The health sector must respond to these changes, but **availability and access to rehabilitation remain scarce**.

The main reasons are:

- Global health outcomes are largely measured by reduction of death, and rarely measure morbidity, disability or quality of life and well-being;
- Rehabilitation services tend to be perceived as a “luxury” and demanding in terms of financial and human resources;
- The role of rehabilitation in preventing secondary conditions (e.g. speech therapy to prevent chest infection for people with swallowing difficulties after a stroke) is rarely considered;
- Rehabilitation is rarely integrated into health system strengthening, policy and planning.

As a result, rehabilitation services receive little attention within global health financing. They are **insufficiently supported**, reducing their **availability and quality**, especially in rural and remote areas. In addition to medical staff often lacking knowledge of rehabilitation and disability, rehabilitation **professionals also lack recognition**. Besides, there is a **workforce shortage** with limited trained professionals and training opportunities. Poor financing also impacts on users who may face **catastrophic health expenditures** or avoid seeking the care they need.⁽²⁾



THE VALUE OF REHABILITATION

Rehabilitation is beneficial for people with **all kinds of diseases and injuries**, including cardio vascular diseases, diabetes, HIV/AIDS, etc. It can intervene **across the continuum of care**, from prevention to palliation and at **all stages of the life cycle**, enabling **greater health outcomes** for the population.⁽³⁾

For a person experiencing a temporary or lifelong impairment, access to timely quality rehabilitation services often means **maximizing wellbeing** by **facilitating independence** and thus enhancing **participation and contributing to society on an equal basis** with others.

Sanu (14) was born with club foot but it was never treated. At nine, her healthy foot got wounded and amputated. In 2013 a Handicap International community worker found her and brought her to Kathmandu for surgery, she then had been fitted with a prosthesis and an orthosis. For the first time in five years, she was capable of standing up. She now goes to school and is proud of it. © Bas Bogaerts/Handicap International.



Handicap International supports the inclusion of rehabilitation services into health systems. In Haiti, training modules have been developed to harmonize competencies of rehabilitation professionals and ameliorate their recognition. In Nepal service providers are trained to use the Rehabilitation Management System to ensure appropriate standards of care. In Afghanistan a new referral and follow-up system for users has been developed to facilitate access to rehabilitation services and rehabilitation has been included in the Basic Package of Health Service policy.

James, 25, lost his leg during the 2010 earthquake in Haiti. He received a prosthesis from Handicap International. Now he signed up for orthopaedics training, organized by Handicap International. © Corentin Fohlen/Handicap International.

LEGAL FRAMEWORKS

United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] art. 19, 20, 25, 26 | World Health Organization [WHO] Community-based rehabilitation guidelines | World Health Assembly resolutions 58.23 and 66.9 | WHO Global Disability Action Plan 2014-2021: *Better health for all people with disability*, Universal Health Coverage Framework.

WHAT CAN STAKEHOLDERS DO?

States

Leadership and governance

- Ensure that rehabilitation is integrated into health policy and related legal frameworks;
- Reform policies, laws and delivery systems, including development or revision of national rehabilitation plans compliant with the UNCRPD;
- Educate health professionals on the role and importance of rehabilitation;

Health care financing

- Develop funding mechanisms to adequately finance rehabilitation services;

Health workforce

- Increase human resources for rehabilitation, including training, recognition and retention of personnel;

Service delivery

- Expand and decentralize service delivery;

Medical product and technologies

- Increase the use, accessibility and affordability of assistive devices and technologies;

Information and research

- Expand research programs, including improving information and access to good practice and guidelines;
- Ensure data on disability and rehabilitation is collected as part of the national health information system;
- Increase awareness on rehabilitation and ensure the participation of persons with disabilities and their representative organizations in the planning, monitoring and evaluation of policies.

Donors

- Dedicate an appropriate share of funding of the health budget to rehabilitation;
- Require health related grants to include rehabilitation as part of the package of health services to be delivered;
- Support the collection of data regarding rehabilitation and provide technical assistance.

Service providers

- Ensure access to services (physical access, access to information etc.);
- Ensure minimum quality standards for rehabilitation services are elaborated, published and respected;
- Ensure the participation of persons with disabilities and their representative organizations in the planning, implementation, monitoring and evaluation of services.

HOW TO MEASURE PROGRESS?

Policies

Health legislation, policies and strategies integrate rehabilitation services and are UNCRPD compliant • Action plans and strategies on rehabilitation exist with a corresponding budget • Rehabilitation is included in the package of services to be delivered in donors' health related grants • Donors' health budget includes rehabilitation.

Access

Service availability and geographical coverage has increased • Rehabilitation is included in the health package in funding mechanisms • A plan for rehabilitation workforce development, strengthening and retention exists • Health professionals are trained on rehabilitation and disability • Guidelines on minimum quality standards exist • Persons with disabilities and their representative organizations know about rehabilitation and participate in planning, implementation, monitoring and evaluation of health and rehabilitation policies and services.

References ⁽¹⁾ HelpAge, Handicap International, NCDCA 'Sustaining Equitable Human Development: Addressing non-communicable diseases and disability throughout the lifecycle' | ⁽²⁾ WHO Global Disability Action Plan 2014-2021 | ⁽³⁾ WHO & World Bank, World Report on Disability, 2011.