



# REHABILITATION AND ASSISTIVE PRODUCTS

## Rehabilitation

- ◆ Rehabilitation is a set of measures that assists people who experience a health condition or impairment to achieve and maintain optimal functioning in and interaction with their environment.
- ◆ Rehabilitation can target improvements in functioning such as walking, eating and drinking, and in modifying the environment such as installing handrails and ramps.
- ◆ Regional and global data on the need for rehabilitation services, the type and quality of measures provided, and estimates of unmet need do not yet exist.
- ◆ The need for rehabilitation services is projected to increase with the rise of noncommunicable diseases and ageing populations.
- ◆ The process of rehabilitation involves identifying what a person needs to function in their environment, setting goals, planning and implementing appropriate measures, and evaluating the effects of these measures.
- ◆ Rehabilitation is a collaborative effort involving the person, family, health professionals, and specialists in education, employment, social welfare and other fields.
- ◆ Rehabilitation measures are provided along a continuum of care, ranging from hospital care to rehabilitation in the community.

- ◆ Rehabilitation is broadly divided into three categories:

1) **Rehabilitation medicine** – concerns diagnosis and improvement of health conditions, reducing impairments, and preventing or treating complications. Medical specialists such as psychiatrists, paediatricians, geriatricians, ophthalmologists, neurosurgeons and orthopaedic surgeons can be involved in rehabilitation medicine.

2) **Therapy** – involves restoring and compensating for loss of function; preventing or slowing deterioration in functioning, for example training in activities of daily living, exercise and compensatory strategies; modifying the environment; and providing resources and assistive technology. Therapists and rehabilitation workers include occupational therapists, orthotists, physiotherapists, prosthetists, psychologists, rehabilitation and technical assistants, social workers, and speech and language therapists.

3) **Assistive products** – include health technologies that maintain or improve people's functioning and well-being, such as a wheelchair, hearing aid and prosthetics. The impact of assistive products extends beyond health to socioeconomic benefits by enabling a more productive labour force, for example.

- ◆ In low-resource settings, rehabilitation may involve non-specialist workers such as community-based rehabilitation (CBR) workers, friends and community groups.
- ◆ Rehabilitation can improve health outcomes, especially if started early; reduce costs by shortening hospital stays; reduce the impact of barriers for persons with disabilities; and improve quality of life.
- ◆ Rehabilitation need not be expensive.

## Assistive products

- ◆ An assistive product is any item, piece of equipment or product, whether it is acquired commercially, modified or customized, that is used to increase, maintain or improve the functional capabilities of individuals with disabilities.
- ◆ Common examples of assistive products include crutches, prostheses, orthoses, wheelchairs, hearing aids, magnifiers and white canes, communication boards, speech synthesizers and day calendars with pictures.
- ◆ Assistive products must be appropriate to the user and the user's environment. For example, users living in rural areas with rugged terrains may need wheelchairs with more traction than users living in urban areas with paved roads.
- ◆ Assistive products can be powerful tools to increase independence, improve participation and reduce the need for personal care support services.



## Rehabilitation in the Western Pacific Region

- ◆ Half of the countries in the Region have a national rehabilitation strategy or plan.
- ◆ All but one country in the Region have a unit or person responsible for rehabilitation either within a health or social affairs ministry.
- ◆ In high- and middle-income countries, the government is the primary financial source for rehabilitation. In some countries, such as Cambodia and the Federated States of Micronesia, nongovernmental organizations contribute significantly to the financial support of rehabilitation services.
- ◆ The most common rehabilitation service is physiotherapy, which is available in all high- and middle-income countries and in 90% of lower-middle-income countries.
- ◆ Major rehabilitation centres are usually located in urban areas; in rural areas, even basic therapeutic services are often not available. Travelling to secondary or tertiary rehabilitation services can be costly and time-consuming, and public transport is often not adapted for people with mobility difficulties.
- ◆ Women may experience additional difficulties in travelling to health-care services.

## Barriers to rehabilitation services

- ◆ Lack of policies and plans
- ◆ High cost of services and nonexistent or inadequate funding mechanisms
- ◆ Insufficient numbers of appropriately trained professionals
- ◆ Absence of facilities and equipment
- ◆ Ineffective service models
- ◆ Lack of integration and decentralization of services (e.g. rehabilitation service provision within primary and secondary health-care services)
- ◆ Major rehabilitation services located in urban areas, with basic services unavailable for rural populations
- ◆ Transportation to rehabilitation services that is costly, time-consuming and inaccessible, especially for women
- ◆ Insufficient involvement of persons with disabilities in the provision of rehabilitation services

## Potential rehabilitation needs based on prevalence data

Global data on the need for rehabilitation services, the type and quality of measures provided, and estimates of unmet need do not exist. However, prevalence data on health conditions associated with disability can provide information to assess rehabilitation needs.

- ◆ Globally, 18.6% of people who are 18 years or older report moderate or extreme difficulty related to moving around. An estimated 1000 million people experience disability worldwide. Of this number, many would benefit from assistive products, but only 1 in 10 people have access to assistive technologies (World Report on Disability 2011).
- ◆ In developing countries, 0.5% of the population need orthotic or prosthetic services (ISPO and WHO); 1% of the population require wheelchairs; and 20% of people with disability require hearing aids.



## Addressing barriers in service delivery in the Western Pacific Region

### World Report on Disability 2011

*Mid-level training can address gaps in the rehabilitation workforce.*

- ◆ Mid-level training programmes established in low- and middle-income countries such as China and Viet Nam have responded to the lack of professional resources.
- ◆ Mid-level training is less expensive than professional training, and although insufficient by itself, it may be an option for extending services in the absence of full professional training.
- ◆ Mid-level workers, therapists and technicians can be trained as multipurpose rehabilitation workers with basic training in a range of disciplines (occupational therapy, physical therapy, speech therapy, for example) or as profession-specific assistants who provide rehabilitation services under supervision.
- ◆ Rehabilitation training times have been shortened after conflicts when the number of people with impairments increased sharply - for example, in Cambodia after its internal conflict.
- ◆ Prosthetics and orthotics courses meet the WHO/ International Society for Prosthetics and Orthotics (ISPO) standards in several developing countries including Cambodia and Viet Nam.

*Investments in rehabilitation are beneficial.*

- ◆ Investments in rehabilitation and provision of assistive products are beneficial because they develop human capacity and can be instrumental in enabling people with limitations in functioning to remain in or return to their home or community, live independently, and participate in education, the labour market and civic life.
- ◆ These investments can reduce the need for formal support services as well as reduce the time and physical burden for caregivers.



## WHO response

Adopting the *WHO Global Disability Action Plan 2014–2021: Better health for all people with disability* (GDAP)

GDAP is a comprehensive WHO action plan based on evidence in the *World Report on Disability*, and in line with the Convention on the Rights of Persons with Disabilities (CRPD). It also aligns with the outcome document of the high-level meeting of the United Nations General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for people with disabilities.

The vision of GDAP is a world in which all persons with disabilities and their families live in dignity, with equal rights and opportunities, and are able to achieve their full potential. The overall goal is to contribute to achieving optimal health, functioning, well-being and human rights for all persons with disabilities. The action plan has three objectives:

- 1) to remove barriers and improve access to health services and programmes;
- 2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and
- 3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

In line with Article 4 of the CRPD, persons with disabilities through their representative organizations should be fully consulted and actively involved in all stages of formulating and implementing policies, laws and services that relate to them.

WHO provides guidance, training and technical support to Member States, upon request, to improve access and remove barriers to rehabilitation services. Monitoring and reporting to the governing bodies on progress in implementing the action plan are recommended at the midway point (2017) and during the plan's final year (2021).



## Role of Member States in rehabilitation

- ◆ Provide leadership and governance for developing and strengthening policies, strategies and plans on habilitation, rehabilitation, assistive products, support and assistance services, community-based rehabilitation and related strategies.
- ◆ Provide adequate financial resources to ensure the provision of appropriate habilitation services, which aim to help those who acquire disabilities congenitally or early in life to develop maximal functioning, as well as rehabilitation services and assistive technologies.
- ◆ Develop and maintain a sustainable workforce for rehabilitation and habilitation as part of a broader health strategy.
- ◆ Expand and strengthen rehabilitation and habilitation services ensuring integration, across the continuum of care, into primary (including community), secondary and tertiary levels of the health-care system, and equitable access, including timely early intervention services for children with disabilities.
- ◆ Make available appropriate assistive products that are safe, of good quality and affordable.
- ◆ Promote access to a range of services that support independent living and full inclusion in the community.
- ◆ Engage, support and build the capacity of persons with disabilities and their family members and/or informal caregivers in order to support independent living and full inclusion in the community.