



INTRODUCTION

Handicap International was created in the 1980s to provide physical and functional rehabilitation services in Cambodian refugee camps. It has a long and rich history and experience of this issue since its founding. The organisation is now implementing physical rehabilitation projects in 40 countries, from community-based services to national referral centres, training specialised human resources and setting up logistical, management and referral mechanisms to policy support to health and/or social ministries. Based on this experience, Handicap International considers that rehabilitation services are a key element to achieve inclusive health; it is an essential component of the continuity of care and of Universal Health Coverage. Since 2011, it has therefore been engaging on advocacy to ensure greater recognition of rehabilitation services within the global health agenda.

What is rehabilitation?

Physical and functional rehabilitation aims to restore, compensate, prevent or slow deterioration in functioning (sensory, physical, intellectual, mental, cognitive, or social) to help individuals to reach their optimal levels. 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, prosthetics & orthotics), adaptation of the environment to eliminate barriers (physical barriers; financial barriers: e.g. lack of funding mechanism; geographical barriers: e.g. lack of decentralized services; resource barriers: e.g. lack of assistive devices or trained personnel; institutional barriers: e.g. lack of relevant standards and policies, etc). Rehabilitation services may be found in a variety of health care settings, from hospitals to community.

Rehabilitation added value

Rehabilitation is beneficial for people with all kinds of diseases and injuries, including conditions related to maternal and child health issues, diabetes, cardiovascular diseases, HIV/AIDS and injuries.

What are the challenges?

The picture of global health is changing across the world. If success in reducing mortality resulted in an increase in life expectancy, it also led to an increase in people with non-life threatening health issues. The 2010 Global Burden of Disease study recognized this trend, noting the need for the disabling consequences of living with health issues to be better addressed¹. Rehabilitation has a clear and important role to play in this regard, providing a continuity of care within a health system that

QUICK FACTS

- 92% of the burden of disease relate to causes that require assistance of health services associated to rehabilitation.
- Over a billion people (about 15% of the world's population) live with a form of disability.
- Between 110 million and 190 million adults have significant difficulties in functioning.
- Population ageing and the rise in non-communicable diseases is seeing an increase in disability and potential need for rehabilitation services.



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goes beyond prevention, diagnosis or treatment of illness but also includes care and support, participation and quality of life. However, rehabilitation as a concept is little understood by the health sector and often perceived as a 'luxury' service in contexts where even the most basic health services are lacking.

1. Murray, Christopher J. L., Theo Vos et al. (2012). "Disability Adjusted Life Years (DALYs) for 291 Diseases and Injuries in 21 Regions, 1990-2010: a Systematic Analysis for the Global Burden of Disease Study 2010." The Lancet 380 (9859): 2197-223.



OBJECTIVE OF THE REHABILITATION FACTSHEETS

From health decision makers to donors, technical advisors to project managers, these factsheets are aimed at improving the awareness and understanding of the role that rehabilitation plays, or can play, in global health, its current trends and its likely trends in the future.

- They have been designed to provide a broad overview of the role of rehabilitation in global health.
- They are focusing on the areas of expertise gained by Handicap International in the implementation of rehabilitation programs in many of the world's poorest, disaster and conflict affected countries.

These factsheets can be used as a package or on a stand-alone basis. Each factsheet is divided in different sections, including: definition of the health condition or cross-cutting issue, key facts, main stakeholders, link to impairments or disability, role of rehabilitation, supporting guidelines or global policy frameworks and a case study.

Topics covered in these factsheets:

- MATERNAL HEALTH
- CHILD HEALTH
- DIABETES
- CARDIOVASCULAR DISEASE (CVD)
- HIV & AIDS
- ROAD INJURIES

Methodology

The factsheets draw upon Handicap International's expertise, literature from leading actors working in the specified areas and other relevant academic sources. Two key resources, the World Health Organization, as the leading global authority on health, and the Global Burden of Disease are cited in most papers. Other key sources of information include: the World Confederation for Physical Therapy, the World Federation of Occupational Therapy, the International Society for Prosthetics and Orthotics and the International Society for Physical Rehabilitation Medicine.



WHO ARE THE MAIN STAKEHOLDERS?

Organisations of persons with disabilities and survivors, users | **Service providers:** Rehabilitation centers & related structures managed by NGO, international NGO, public services | **Government & Ministries of Health,** Social Affairs, Education, Finances | **National professional organisations** of rehabilitation specialists | **International professional organisations** such as the World Confederation for Physical Therapy, the World Federation of Occupational Therapists, the International Society for Prosthetics and Orthotics, the International Society for Physical Rehabilitation Medicine | **International bodies:** the World Health Organization.



KEY CONCEPTS

Rehabilitation Professions

Physical and functional rehabilitation may encompass a wide range of professions such as physical therapists², occupational therapists, prosthetists and orthotists, doctors and nurses for rehabilitation. Doctors who have completed a specialist training in physical medicine and rehabilitation are called physiatrists or rehabilitation physicians. There are many other professionals involved in rehabilitation: for example, those focusing on mental and intellectual impairments (e.g. psychologists), sensorial impairments (e.g. speech and language therapists, audiologists) or social change (e.g. social workers), and other health professionals.

Impairments, Activity Limitations and Participation Restrictions

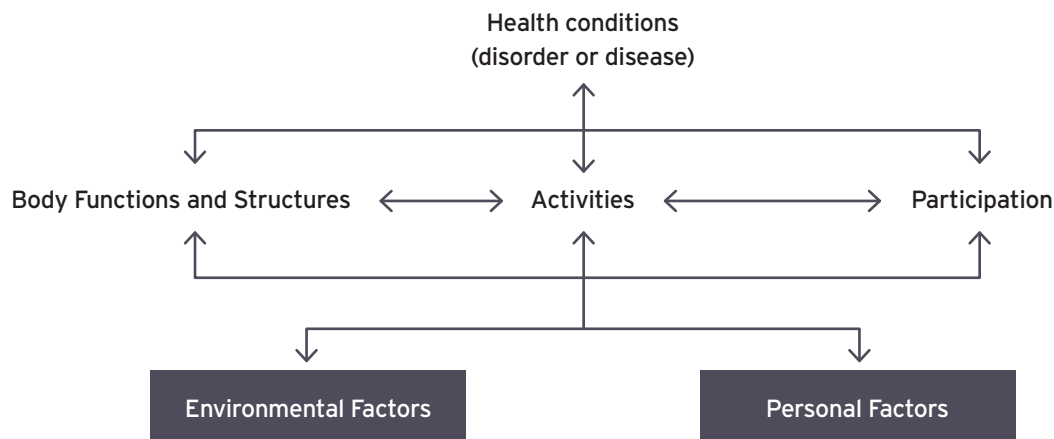
The factsheets draw upon the principles of the International Classification of Functioning, Disability and Health (ICF)³, which defines disability as an umbrella term for impairments, activity limitations and participation restrictions.

The model, pictured right describes the interaction of a health condition and health related states and is recognized to be the common language for describing disability. Rehabilitation, as described within these factsheets, tends to operate at the level of impairments, activity and participation limitations.

2. Physical therapists have different titles in different countries: in many countries they are called physiotherapists. Some countries have their own version of the word physical therapist, such as kinesiologist. They are all part of the same profession.

3. ICF, framework for measuring health and disability at both individual and population levels, was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001.

THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY & HEALTH:



© WHO (2001), International Classification of Functioning, Disability and Health.

Impairments are problems in body function or structure such as a significant deviation or loss.

Activity Limitations are difficulties an individual may have in executing activities.

Participation Restrictions are problems an individual may experience in involvement in life situations.

Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

The UN Convention on the Rights of Persons with Disabilities

The World Report on Disability had been preceded some years earlier by the landmark UN Convention on the Rights of Persons with Disabilities (UNCRPD). It has been ratified by over 150 countries. Article 26 is specifically dedicated to habilitation and rehabilitation, whilst article 19, focused on personal mobility, includes assistive technologies and devices. Article 25 refers to the right of persons with disabilities to the enjoyment of the highest attainable standard of health.

Disability Data

Until 2011, there was no clear figure for the number of persons living with disabilities. The seminal World Report on Disability developed jointly by the World Bank and WHO, placed the figure at 15% of the population or over one billion people.

2030 Agenda for Sustainable Development Goals

Adopted in September 2015, it was a major step forward for disability-inclusive development, and disability reduction.

The Agenda specifically requires monitoring processes to disaggregate data by disability (goal 17). **The goal 3 seeks to ensure health and well-being for all, at every stage of life.**

The end of preventable newborn and child deaths (3.2), the reduction of road traffic injuries (3.6) and of mortality from NCD (3.4), the promotion of mental health (3.4), and the access to medicines and vaccines for all (3.b), are some of the SDGs targets and means contributing to the prevention of disabling health conditions.



GLOBAL POLICY AND GUIDANCE FOR REHABILITATION

World Health Organization (2016), Priority Assistive Products List | World Health Organization (2013/14), Resolution on Disability & Disability Action Plan 2014-21 | World Health Organization/World Bank (2011), World Report on Disability | World Health Organization (2010), Community-based rehabilitation guidelines | United Nations (2008), Convention on the Rights of Persons with Disabilities.

REFERENCES: WHO (2016) | Royal College of Speech and Language Therapists (2015), What is Speech and Language Therapy? | WCPT (2015), What is physical therapy? | WHO (2014), International Classification of Functioning, Disability and Health (ICF) | Handicap International (2013), Physical and Functional Rehabilitation | WFOT (2012), Statement on Occupational Therapy | Gupta et al (2011), Health-related rehabilitation services: assessing the global supply of and need for human resources | WHO (2007), World Health Organization Family of International Classifications: definition, scope and purpose | WHO (2002), Towards a Common Language for Functioning, Disability and Health - ICF.



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ABOUT HANDICAP INTERNATIONAL

Co-recipient of the 1997 Nobel Peace Prize, Handicap International is an independent and impartial organization working in situations of poverty and exclusion, conflict and disaster. Working in around 59 countries globally, Handicap International works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

www.handicap-international.org

<http://blog.handicap-international.org/influenceandethics>

PARTNER ORGANISATIONS

International Society for Prosthetics and Orthotics (ISPO)

Founded in 1970, ISPO is a global non-governmental organization aiming to improve the quality of life for persons who may benefit from prosthetic, orthotic, mobility and assistive devices. Through its multidisciplinary membership of 3,500, which is primarily organized in 70 national Member Societies, ISPO is effectively promoting the provision of quality services, innovative technology, clinically relevant research, and education in the field of prosthetic and orthotic

care, rehabilitation engineering and related areas for persons with physical disabilities. For more information: www.ispoint.org

World Confederation for Physical Therapy (WCPT)

Founded in 1951, the World Confederation for Physical Therapy (WCPT) has 112 member organisations and is the sole international voice for physical therapy, representing more than 350,000 physical therapists. WCPT is a non-profit organisation and registered charity in the UK committed to furthering the physical therapy profession and improving global health through education, practice, research and policy initiatives. For more information: www.wcpt.org

World Federation of Occupational Therapists (WFOT)

The WFOT is the official international organisation for the occupational therapy profession. WFOT promotes occupational therapy as an art and science globally and supports the development, use and practice of occupational therapy worldwide, demonstrating its relevance and contribution to society. For more information: www.wfot.org

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