WORLD HEALTH ORGANIZATION

CONCEPT PAPER

WHO Guidelines on Health-Related Rehabilitation

(Rehabilitation Guidelines)

MANDATE

The World Health Assembly Resolution on *"Disability, including prevention, management and rehabilitation"* (World Health Assembly, 2005, WHA58.23), requests the World Health Organization (WHO) to support Member States in strengthening national rehabilitation services in line with the United Nations (UN) *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* and the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD).

UN Standard Rule 3 specifies, "States should ensure the provision of rehabilitation services to people with disabilities in order for them to reach and sustain their optimum level of independence and functioning" (UN, 1993). CRPD Article 25 requires States to "recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination of disability" and together with Article 26 (Habilitation and Rehabilitation) outlines measures States Parties should undertake to ensure people with disabilities are able to access health-related rehabilitation including:

> … appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.

Article 26 further states that services must begin at the earliest possible stage, should be based on multidisciplinary assessment of individual needs and strengths and should include provision of assistive devices and technologies.

To support national, regional and global efforts to promote rehabilitation services for persons with disabilities and their families, the WHO Disability and Rehabilitation Action Plan 2006-2011 highlights a need for Guidelines on developing and strengthening rehabilitation services. A meeting of WHO partners in 2011 in disability and rehabilitation reinforced this need.

WHY ARE THESE GUIDELINES NECESSARY?

People with disabilities experience higher rates of poverty than non-disabled people. On average, persons with disabilities and households with a disabled member experience higher rates of deprivations – including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care – and have fewer assets than persons and households without disability. People with disabilities may have extra costs for personal support or for medical care or assistive devices. Because of higher costs, people with disabilities and their households are likely to be poorer than non-disabled people with similar income. Disabled people in low-income countries are 50% more likely to experience catastrophic health expenditure than non-disabled people. (WHO, 2011).

Rehabilitation can contribute to reducing poverty through improving functioning, activity levels and participation. Evidence suggests that difficulties in functioning related to ageing and many health conditions can be reduced and quality of life improved with rehabilitation. Lack of access to rehabilitation services can increase the effects and consequences of disease or injury; delay discharge; limit activities; restrict participation; cause deterioration in health; decrease quality of life and increase use of health and rehabilitation services (WHO, 2011).

The number of people who would benefit from rehabilitation is expected to increase
The WHO/World Bank *World report on disability* (2011) cited prevalence data indicating that approximately 1 billion people or 15% of the world's population has a disability, of which 110-190 million adults experienced very significant disability. This number is expected to increase due to global population ageing and increased incidence of chronic diseases together with other environmental factors such as injuries from road traffic crashes, climate change, natural disasters and conflict (WHO, 2011).

Gaps exist in the provision of, access to and quality of rehabilitation. Global data on the need for rehabilitation, the type and quality of measures provided and estimates of unmet need does not exist. However, national-level data reveals large gaps in the provision of and access to rehabilitation services in many low and middle-income countries. In many countries rehabilitation services are inadequate. Data from four Southern African countries found that only 26-55% of people received the medical rehabilitation they needed, while only 17-37% received the assistive devices they needed (e.g. wheelchairs, prostheses, hearing aids). People with disabilities experience barriers in accessing healthcare broadly. World Health Survey analysis revealed that people with disabilities were more than twice as likely to find healthcare provider skills or equipment inadequate to meet their needs and nearly three times more likely to be denied care. (WHO, 2011)

Member States require guidance on developing and strengthening rehabilitation services within existing health systems. Rehabilitation is not prioritized adequately within the different levels of health planning. The lack of capacity of health systems in less resourced settings to deliver adequate rehabilitation services drives Member States needs for knowledge and guidance on strengthening health systems to improve access to and the quality of rehabilitation services for people who experience loss of functioning due to a health condition.

OBJECTIVES FOR DEVELOPING THIS GUIDELINE

The *Guidelines on health-related rehabilitation* are intended to support the implementation of the rehabilitation aspects of the CRPD and serve as a bridge between the recent *World report on disability* (WHO, 2011) and the *Community-based rehabilitation guidelines* (WHO, 2010). They will provide guidance to governments and other relevant actors on how to develop, expand and improve the quality of rehabilitation services in less resourced settings[1] in line with the recommendations in the *World report on disability* (WHO, 2011)*,* notably the integration and decentralization of rehabilitation services within the health system.

The Guidelines will position rehabilitation within the context of the WHO "Framework for Action" for strengthening health systems, which consists of six clearly defined building blocks: service delivery; health workforce; health information; medical technologies; health financing; and leadership and governance. The Guidelines will provide decision-makers with evidence-informed recommendations around each of these components from which to develop and strengthen rehabilitation services within existing health systems and will include options and models for different contexts. Issues of availability, accessibility, affordability, appropriateness, acceptability and quality will underpin recommendations.

[1] *a geographical area with limited financial, human and infrastructural resources to provide rehabilitation (a common situation in low- and middle-income countries, but also in certain areas of high-income countries)*

DESCRIPTION OF THE TARGET AUDIENCE

The Guidelines will be targeted at decision makers including representatives from relevant government ministries, administrators, and health and rehabilitation professionals within health systems in less resourced settings. However, they will take a broad whole-of-government approach, acknowledging and articulating the importance of and linkages with other Ministries such as Social Welfare that may provide services such as the provision of assistive devices or subsidies for services and equipment. The Guidelines will also be relevant to non-government actors; including faith-based organisations and the private sector that often play important roles in the provision of rehabilitation services.

DEFINITIONS

Disability / difficulties in functioning
To ensure consistency in concepts and language across professions, stakeholders and countries, the Guidelines will follow the International Classification of Functioning (ICF) approach to disability (WHO, 2001), which understands functioning, and disability, as a dynamic interaction between health conditions and contextual factors, both personal and environmental. In the IFC, problems in functioning are categorized in three interconnected areas: impairments, activity limitations and participation restrictions. Disability refers to difficulties encountered in any or all three of these areas. The ICF emphasizes environmental factors in creating disability.

Rehabilitation
Rehabilitation, defined as "a set of measures that assist individuals, who experience or are likely to experience disability, to achieve and maintain optimum functioning in interaction with their environments" (WHO, 2011), is 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.

Rehabilitation measures are aimed at achieving the following broad outcomes:
- prevention of the loss of function
- slowing the rate of loss of function
- improvement or restoration of function
- compensation for lost function
- maintenance of current function.

Rehabilitation is always voluntary, and some individuals may require support with decision-making about rehabilitation choices. In all cases rehabilitation should help empower a person with a disability and his or her family.

Rehabilitation is cross-sectoral and may be carried out by health professionals in conjunction with specialists in education, employment, social welfare and other fields. In resource poor contexts it may involve non-specialists workers – for example, community-based rehabilitation workers in addition to family, friends and community groups.

Rehabilitation can be provided in a range of settings including acute care hospitals, specialized rehabilitation wards, hospitals or centres, nursing homes, respite care centres, institutions, hospices, prisons, residential educational institutions, military residential settings, or single multi-professional practices. Longer-term rehabilitation may be provided within community settings and facilities such as primary health care centres, rehabilitation centres, schools, work places or homes.

Inclusion/exclusion criteria
The Guidelines recognise that disability is part of the human condition and almost everyone will be temporarily or permanently impaired at some point in life. The concept of disability used in the Guidelines is broad, and encompasses people with all health conditions associated with disability such as people with diabetes, hearing loss, spinal cord injury, mental illness, cerebral palsy, arthritis, multiple sclerosis and cancer. The Guidelines however, will not focus on a particular health condition, impairment or "group" of persons with disabilities, recognising that priorities will

vary across and within countries. The Guidelines will apply to people with long-term and short-term or episodic impairments.

The Guidelines are not intended to provide specific clinical guidance for professionals on the choice and application of different rehabilitation measures (i.e. rehabilitation medicine, therapy, and assistive technology) for specific health conditions for different conditions such as spinal cord injury, cerebral palsy, diabetes, mental illness. Rather, the Guidelines are aimed at contributing to capacity building of human, institutional, and systems capacity for rehabilitation service provision within the health sector. As such rehabilitation services delivered by different sectors i.e. vocational rehabilitation under the Ministry of Labour will not be addressed in these Guidelines.

MANAGEMENT OF GUIDELINE DEVELOPMENT

In addition to a broad range of contributors including researchers and writers with experience and expertise in methodology, health systems strengthening, rehabilitation policy, service delivery and management, workforce and human resource development, the following groups will guide the development and quality of the Guidelines.

WHO Steering Group
The WHO Steering Group will provide advice on the scope of the guidelines, identifying suitable researchers and writers, ensuring that recommendations are consistent with WHO policy and will review and comment on relevant chapters of the guidelines.

Guideline Development Group (GDG)
The GDG is responsible for advising on the content of the Guidelines. Their specific roles include: advising on the scope priority and questions, approach to evidence collection and assessment, assessment of the evidence, interpretation of the evidence and formulation of recommendations.

External Review Group members
The External Review Group will be large and diverse comprising representatives of Disabled Peoples Organizations, rehabilitation service providers, academics and researchers, WHO Regional Advisers on disability, WHO Collaborating Centres, the World Bank and Member State government representatives.

A select group from this broader group was consulted early and contributed to the scope of the Guidelines, including the purpose, target audience, conceptual issues and definitions, exclusion and inclusion criteria and the broad approach for retrieving, appraising and summarizing the evidence. This process was undertaken to develop conceptual clarity between WHO and external partners prior to proceeding with the development of the Guidelines.

International Technical Meeting
An international technical meeting will be held to seek the opinions of experts and reach a consensus regarding the Guideline's recommendations. Experts invited to the meeting will represent a variety of stakeholders including representatives from: Ministries of Health and Social Welfare; international organizations providing rehabilitation services; disability and rehabilitation researchers; rehabilitation professional organizations; and disabled people's organizations and other organizations representing people with health conditions who experience functional limitations.

Peer Review
The resulting draft Guidelines will be extensively peer-reviewed by experts and end-users at WHO headquarters and regional offices and also external stakeholders including people with disabilities, individuals with health conditions that limit their functioning, and decision and policy makers and service providers.

INDICATIVE TIMELINE

March – May 2012	Prepare submission for approval to WHO Rehabilitation Guideline Review Committee
June – August 2012	Finalize membership of Guideline Development Group, WHO Steering Group and External Review Group and prepare for 1st Guideline Development Group meeting.
7-8 November 2012	1st Meeting of the Guideline Development Group, Geneva
Nov – Dec 2012	Finalize research questions, language, definitions, conceptual frameworks and guidance in preparation for commissioning research
Jan - August 2013	Commission and carry out research
September 2013 (TBC)	2nd GDG meeting to assess the evidence and formulate draft recommendations, to be followed by an International Technical Meeting of the GDG plus members of the External Review Group to agree on key recommendations
October 2013 – Dec 2013	Drafting of guidelines
Jan 2014 - Feb 2014	Peer review process
March 2014 - May 2014	Finalization of guidelines based on peer review
June 2013 – July 2014	Editing
Aug 2014 – Sept 2014	Final approval by WHO/Guideline Review Committee
Oct 2014 - Nov 2014	Printing, publishing, launch of the guidelines

REFERENCES

Major references are drawn from the WHO World Bank World report on disability (2011) Chapter 4 on Rehabilitation.