NARRATIVE REVIEW

World Health Organization success in rehabilitation 2030 including refugees' rehabilitation across South Asia: A narrative review

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Abstract

Despite acknowledging the inadequacy of rehabilitation systems to meet the ever-increasing burden of disability, the World Health Organization's Rehabilitation 2030 initiative has not highlighted nor adequately analysed the deficiencies of the rehabilitation care structures of populous countries in South Asia. The pragmatic and operational realisation of the initiative is not high in terms of visibility in developing countries with fragmented rehabilitative care structures. Hence, the current narrative review was planned to highlight the spectrum of rehabilitation healthcare in the perspective of Sustainable Development Goal-3 with reference to the most populous South Asian countries, including Pakistan. A total of 40 relevant English-language articles, publications, reports and online resources were reviewed. The narrative review is significant since it may result in mainstreaming the individuals with disabilities, improving their quality of life, enhance their productivity and lessen the burden and socio-economic costs of disability on the community. For current study, 40 relevant, English-language, articles, publications, reports and online resource were reviewed.

Keywords: Internally displaced persons, Persons with disabilities, Quality of life, Refugees, Rehabilitation, Sustainable Development Goal, World Health Organisation.

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Introduction

According to the World Health Organisation (WHO), rehabilitation is a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment.[1] Countries in South Asia lack equitable and adequate rehabilitative services for their populations which is compounded by them hosting large numbers of refugees or displaced individuals for whom the rehabilitative services fall short.[2]

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The WHO and World Bank Group (WBG) have estimated that around 100 million persons are pushed in the mesh of poverty on account of non-availability of affordable health services each year.[3] The likelihood of survival from trauma and congenital diseases has improved and the developing countries have to balance rehabilitative services with competing health needs.[4] WHO being cognisant of unmet rehabilitation requirements of developing countries with burgeoning populations and recognising the emergent need for enhanced access to rehabilitation services and achieving the goal of Sustainable Development Goal (SDG) 3.8, launched the Rehabilitation 2030 initiative in February 2017. This SDG target is to "achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all".[5] The backdrop to the Rehabilitation 2030 initiative originated in the year 2015 when the United Nations (UN) adopted the 2030 Agenda for Sustainable Development outlining diverse, wide and perhaps an expansive set of 17 Goals comprising 169 targets. SDG-3 is directly concerned with rehabilitation, containing 13 targets evaluated and appraised through a group of 26 indicators. In 2015, all 193 member states of the UN acknowledged the 17 SDG goals.[6]

Rehabilitation 2030 initiative and South Asian countries

South Asia covers around 3.4% of dry land of the world and harbours 25% of the population of the world.[7] The WHO Rehabilitation 2030 is earmarked by a conceptual rehabilitation framework and remains concerned about making up, in a sustainable manner, the magnitude for creating awareness of prevalence of disability, establishing a strong stakeholder grid envisaging a rigorous campaign on a global basis to address the fault lines in rehabilitation systems in various countries. After the assessment of the current rehabilitative healthcare systems, a strategy for rehabilitation is to be developed at the country level and existing public health and rehabilitative care systems to be changed and modified in a sustainable manner into inclusive rehabilitative services. Such changes would be accompanied with an in-built review and monitoring mechanism. In this backdrop, the WHO has identified certain essential steps, including political impetuous,

overall planning and its subsequent implementation at various tiers of the healthcare system, formally incorporating rehabilitation into the national and sub-national health framework and universal health coverage programmes extending from the urban setting to rural and remote outermost fringes of communities. These essential steps encompass adopting and integrating a multidisciplinary rehabilitation approach, factoring in adequate funding mechanisms in a sustainable and ongoing manner, digital research methodology and creation of a digital repository and standardisation of internationally recognised best practices and standards.[8] A study in South Asia revealed that persons with disabilities suffer more adverse health results and encounter barriers to gain access to health services more frequently.[7] The WHO recognises that rehabilitation is essential for mainstreaming individuals afflicted with any form of disability so as to enhance that persons' quality of life (QOL) whether availing opportunities for acquiring education or being a productive member of the community in socioeconomic terms. It is imperative to establish clinical practice guidelines for infants and the elderly population as well at the other end of the spectrum to prevent functional and cognitive deterioration.[9]

Academicians and researchers need to focus on the hypothesis as to whether tweaking the features of the existing health system can reduce the burden of rehabilitative healthcare as the individuals or families of the disabled bear the cost for rehabilitative health services out of their pockets or through regular depletion of their assets. So far in the developing countries, including Brazil, India, China, Oman, Saudi Arabia, Bahrain, United Arab Emirates, South Africa and even Russia, the focus and quantum of research is considerably less compared to the developed economies, like Australia, the United Kingdom and the United States.[10] The rehabilitation ecosystems for ensuring availability in sufficient numbers of competent, adequately trained and internationally certified rehabilitation professionals will complement the UN Rehabilitation initiatives.[11]

Public health is conceptually not well received or understood, and a fatalistic attitude towards disability prevails. Policy barriers are formidable and environment in South Asia is not conducive nor facilitative to enhancing rehabilitative services.[12] Health policy-makers and academia either out of design or professionalism, of the three populous South Asian nations are still in a time warp of playing up sensational media incidents more aligned to communicable diseases and have failed to provide digital repositories and outreach to remote and rural settings.[13]

Rehabilitation 2030 initiative and Pakistan

Though the WHO called on the member states to coordinate actions and statements of stakeholders to upgrade rehabilitation profile to cater to unmet needs[14] but Pakistan's fragile healthcare system is overburdened with an ageing population, and a corresponding increase in individuals suffering from chronic diseases. Health forecasting, impingent upon rising instances and percentage of individuals with disabilities, does not appear to have crossed the minds of policy-makers in Pakistan. No block allocation is made for treatment and rehabilitation services and infrastructure in Pakistan and the overall social and economic burden is anticipated to rise and touch significantly high levels soon. Presently, the ostrich approach is being resorted to by bandying words and phrases like 'priorities', 'lack of funding', 'lesser concern by international donor agencies' and 'communicable diseases'.[15] It must be emphasised that to achieve rehabilitation goals by a state, it is essential to enhance information as well a research database, upgrading the policies for neonatal screening, advanced assessment of rehabilitation requirements of future and to determine causes of disabilities to make planning useful in this regard.[16]

Extent of technical expertise in South Asia

Integration of rehabilitation into healthcare systems requires key knowledge and strong linkages with the relevant ministry to enable maximum impact.[5]

The future scenario seems bleak in the perspective of how to cope with the worldwide unmet rehabilitation requirements, and the pressing urgency of radically upgrading the rehabilitation services and systems across the boundaries. Lack of access to much needed rehabilitation services complicates the peril of such individuals and it is anticipated that around 50% of such individuals are deprived so much so that in the year 2017, WHO in tandem with its development partners, launched the Rehabilitation 2030 initiative, proposing a logical model approach.[17] Such model frameworks and approaches, sometimes criticised as having idealistic and noble characteristics, may be replicated or modified in UN member states. After this initiative, the WHO remained steadfast and on course of extending technical support to the ever-increasing number of countries in various regions soliciting assistance to strengthen their rehabilitation service grids and structures. Conceptually, rehabilitation is to arrest the decline of an individual's productivity or potential for self-improvement, and to keep them financially self-reliant and reduce their dependence on care-givers. To date, WHO has extended technical support to over 20 countries to strengthen their health systems in

order to make available improved rehabilitation services and continuum of care. An epidemiological shift towards non-communicable diseases in the developing countries with an impact on health policies and programmes is evident in contemporary times. Limitations to implement rehabilitation strategies remain in developed European countries. An assumption is that the developing countries are confronted with a lack of trained public health and rehabilitation professionals with a general lack of awareness of policy makers stricken by media to sensationalise the impact of communicable diseases.[18,19]

A review revealed lack of research on technologically advanced rehabilitation interventions from Southeast Asia since these are rather available in developed economies though Southeast Asia has started utilisation of technology in stroke rehabilitation.[20]

As regards mental healthcare for the community, its incorporation in primary care and provision of medicines, involving family members in management and provision of equity of access to such facilities, some progress has been made by South Asian countries, like Pakistan, India, Bhutan, Bangladesh and Sri Lanka.[21] A South African study revealed varying levels of knowledge of community-based rehabilitation which hinders implementation.[22]

Policy barriers are formidable and the environment is not conducive nor facilitative to enhancing rehabilitative services and an evidence-based patient-focussed approach is essentially needed.[12] Currently, digital repositories and digital outreach to remote and rural settings is severely lacking with inadequate legislation, though a digital divide can be considered an issue of enforceable human rights as well as social justice.[13]

Beneficiaries of Rehabilitation 2030 - Call for Action

Data acquired from the Global Burden of Disease study reveals that around 2.4 billion people stand to become beneficiaries of improved rehabilitation services which may have been prompted by the Rehabilitation 2030 - Call for Action.[23] This initiative of WHO is an all-encompassing concept and stresses that the rehabilitation services cannot function in isolation or separate from the overall health system of a country. The components of a health system integrating health governance, planning, digital information systems, fund management and operationalising or establishing or developing a rehabilitation service structure are integral and complementary. The situation is compounded as in low and middle-income countries (LMICs), for every one million individuals suffering from some form of disability, there are only 10 licensed and skilled rehabilitation professionals including speech language pathologists (SLPs) and occupational therapists.[24]

WHO literature[25] depicts the map of countries utilising WHO Rehabilitation Guide for Action, with Pakistan, India, China and Bangladesh not directly involved in this regard. However, a study reported that Chile, Pakistan and the Philippine have reportedly started integrating rehabilitation into the healthcare system.[26]

Stakeholders in Rehabilitation 2030

International events are of significance in worldwide development of rehabilitation services. In 2019, a WHO Rehabilitation 2030 meeting was attended by government organisations, researchers, various UN bodies, certain rehabilitation service user groups, endowment funds, public health research bodies, representatives of public health journals and international non-government organisations (NGOs). They had gathered to devise ways and means to implement the Rehabilitation 2030 - Call for Action. The discussion revolved around appreciating that disability was an increasing international cause of concern and needed to be focussed and accorded priority as other public health or communicable diseases that are found to be more sensational and visible in character compared to disabilities.[27] With the ageing population in Pakistan, Bangladesh and India, chronic disorders and wide prevalence of non-communicable diseases, constraints of rehabilitation resources, lack of trained rehabilitation professionals available in terms of providers and funds for the delivery of rehabilitation services should without any further loss of time be an impetuous for reform and action in the domain of rehabilitation services. International groups emphasise advocacy for addressing the ever increasing and unmet rehabilitation needs and evidence-based policy-making in LMICs.[28] The stakeholders should not gloss over the significance of acknowledging the substantial and intrinsic worth of enhanced access to rehabilitation services in a planned approach, and the realisation that evidence-based research is the key to establishing affordable public health and rehabilitation services. Rehabilitation is a core health strategy and in the developed world it is an integral component of public health policy-making.

The need for collaborative and interdisciplinary steps to achieve such an end cannot be emphasised enough. Any package of rehabilitation interventions by WHO may not significantly improve patient outcomes as every country presents its own complex and myriad of public health environment and scarce digital repositories. Besides, it is essential to recognise barriers and gaps in policy-making and implementation. As such, research is a continuing requirement. The WHO rehabilitation initiatives may be

advantageous in monitoring and evaluation of pioneer or modified rehabilitation services in LMICs.[14]

Refugees and internally displaced persons (IDPs)

As per the assessment of the United Nations Refugee Agency (UNHCR) and the WHO, around 10% refugees suffer from some form of disability and require access to timely rehabilitation services. These organisations estimate the individuals afflicted with disability to be more than one billion worldwide[29] and Pakistan, being the sixth populous country in the world, will undoubtedly have its share. Pakistan has been confronted with a huge influx of refugees and internally displaced persons (IDPs) in the past. Rehabilitation professionals are few and far between in Pakistan and the rehabilitation profession itself has strongly emerged in the last two decades. The number of SLPs with accredited degrees to clinically practise has grown rapidly since 2010, but they remain concentrated in the urban settings, mostly in Punjab[30] and the role of SLPs still not clear in the minds of different health and medical professionals.[31]

It is estimated that around 80 million persons are displaced worldwide and approximately 15% of such persons suffer from some disability. South Asian countries face the impact of displaced communities where IDPs endure higher rates of non-communicable diseases, including the incidence of diabetes, hypertension, cardiovascular diseases and cancer, are higher. A significantly high incidence of post-traumatic stress, anxiety and communication disorders like stammering[32] are encountered by rehabilitation professionals, reinforcing the view that rehabilitation service grid improvement is essential in South Asian countries hosting large refugee populations where multidisciplinary treatment can help.[33] Globally, an estimated 12 million persons with disabilities (PWDs) have been forcibly displaced from their homes by conflict and persecution. Forced displacement disproportionately affects PWDs, being at higher risk of violence, exploitation, abuse and encountering barriers to basic services, education and employment.[34] The UNHCR Comprehensive Refugee Response Framework accompanied by the New York Declaration to a Global Impact on Refugees demonstrated the desire of the global community to enable PWDs to live productive lives and to have access to quality rehabilitation services.[34] A review noted that access to rehabilitation in LMICs was abysmally low in terms of provision of assistive devices, therapies, availability of specialty health service etc.[35] In Germany research has been conducted even in the context of accessibility of rehabilitation for diverse ethnic groups and migrants or foreigners; utilisation for foreign nationals in order to prevent early retirement and, thus, additional burden on the social security net.[36] Social protection is deficient for those who migrate, refugees and even asylum-seekers in majority of developing countries.[37] Like other countries in South Asia, Pakistan also lacks rehabilitation-directed social protection programmes, with South Asia's social protection expenses being the lowest in the world at 2.7% of the regional GDP.[38] The theatre of war erupted in Ukraine in 2022, with neighbouring countries stepping forward and supporting by providing essentials like food, clothes and medications on humanitarian grounds to cater to the refugee crisis.[39] However, an exodus of IDPs will occur soon. This aspect of the Ukrainian internecine conflict has not been mentioned in international press and electronic media, and no rehabilitative healthcare system for refugees and IDPs appears to have been envisaged by the supporters of Ukraine; mainly the European Union, UK and the US.

In order to ensure that WHO Initiative 2030 and SDGs are adhered to, rigorous campaigns need to be launched in South Asian countries to address the fault lines in rehabilitation systems and country-specific strategies for rehabilitation should be developed. Additionally, the existing public health and rehabilitative care systems should be modified in a sustainable manner into inclusive rehabilitative services along with standardisation of internationally recognised best practices and standards. To strengthen these actions, accreditation of rehabilitation professionals should be done, extensive research related to rehabilitative care systems should be carried out, and rehabilitative care systems should be aligned with neonate centres.

Conclusion

The WHO has ignored the development or upgradation of existing rehabilitative services in the most populous South Asian countries, namely, Pakistan, India, China and Bangladesh. Policy-makers, public health and rehabilitation professionals in these countries have not paid due attention to SDG-3 targets nor embraced the WHO Rehabilitation 2030 initiative. There is no need felt to upgrade and avail the technical expertise of WHO, and the WHO Rehabilitation 2030 initiative has been overlooked in these populous South Asian countries. This perception has not dawned upon the WHO. Health policy-makers, relevant authorities and academia have paid scant attention towards meeting the unmet needs for rehabilitative services. Financing or diverting financing to rehabilitative services from traditional sectors is considered a taboo, and its evaluation capacity is low. Epidemiological trend towards non-communicable diseases is not pronounced in LMICs. Such abject ignorance may be disadvantageous to the West as it seems ill-prepared for rehabilitation of the

looming scenario of refugees and IDPs likely to arrive from Ukraine in any of the Eastern European countries which may be a fresh public health nightmare.

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