ISPRM’s collaboration with WHO – Challenges and Opportunities

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Why do you go to WHO?

Does it help to solve the day-to-day problems of our patients?
Overview

• **Why and how ISPRM collaborates with WHO?**
  ◦ Mission and goals
  ◦ collaboration plan and involvement

• **What is the policy of UN & WHO in disability and rehabilitation?**
  ◦ Human rights perspective (UNCRP)
  ◦ Conceptualisation and reporting (WRD, guidelines)
  ◦ Responses and recommendations (WHA resolution)

• **What is the contribution of ISPRM?**
  ◦ Input and expertise
  ◦ Dissemination, analysis and implementation

• **Perspectives**
Why and how ISPRM collaborates with WHO?
Different views on the world

Let's have a look from the global level without neglecting the immediate situation
Mission and goals
About WHO ([www.who.int](http://www.who.int))

- “WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.”

- “In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.”
ISPRM mission (www.isprm.org/discover/mission-goals/)

- Our mission centers in the improvement of knowledge, skills and attitudes of physicians in the understanding of the pathodynamics and management of impairments and disabilities, to help improve quality of life for people with impairments and disabilities and through its actions facilitate rehabilitation medicine input to international health organizations (…).

- The society shall pursue the following goals: to influence rehabilitation policies and activities of international organizations interested in the analysis of functional capacity and improvement of the individual quality of life (…).

ISPRM is a nongovernmental organization in official relation to WHO (and, in particular, with its DAR team)
Collaboration plan and involvement
Collaboration Plan *(Headlines)*

1. Contribution to WHO invited meetings
2. Involvement of WHO representatives at the bi-annual congress of the ISPRM
3. Strengthening Medical Rehabilitation and information to ISPRM members about WHO
5. Implementation of the ICF at the clinical level and in population-based epidemiology
6. Community-based rehabilitation guideline
7. ISPRM will participate through its Liaison Officers in the WHO Meeting of Partners to explore ways to implement the principles of the Convention on the Rights of Persons with Disabilities
8. ISPRM will contribute to the development, dissemination and implementation of an International Perspective on Spinal Cord Injury
9. PRM Contribution to Rehabilitation Disaster Relief
ISPRM’s involvement

• **ISPRM (and its members) contributed/contributes:**
  ◦ WHA resolution in disability and the World Report und Disability
  ◦ The development of health-related classifications
  ◦ The development of rehabilitation guidelines

• **ISPRM (and its members) actively participates:**
  ◦ In WHO Executive Board Meetings an the World Health Assemblies
  ◦ In the Meetings of the Professional Organisations meetings in relation to WHO-DAR
  ◦ In the briefings an preparation of the UN high-level meeting on disability and development
What is the policy of UN & WHO in disability and rehabilitation?
The human rights perspective
UN-Convention: rights of persons with disabilities

„Article 26, Habilitation and Rehabilitation, of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) calls for: “... appropriate measures […] 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”.

The Article further calls on countries “to organize, strengthen, and extend comprehensive rehabilitation services and programmes, which should begin as early as possible, […], and including the provision of assistive devices and technologies."

Conceptualisation and reporting of disability and rehabilitation
Understanding of disability

• The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social

• Disability “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society”

• Defining disability as an interaction means that “disability” is not an attribute of the person

Chapter 4: Rehabilitation  (*key messages*)

- Rehabilitation must target all aspects of functioning
- Rehabilitation needs **team-integrated action** to achieve its goals
- Key categories are:
  - Rehabilitation Medicine
  - Therapy
  - Assistive Technologies
- Rehabilitation settings are:
  - **acute care hospitals**
  - **follow-up medical rehabilitation**: from hospital to multiprofessional practices
  - **long-term rehabilitation**: wide spectrum of settings
Rehabilitation: Recommendations

- Policies and regulatory mechanisms
- Financing
- Human resources
- Service delivery
- Technology
- Research and evidence-based practice

Responses and recommendations
Disability

The Sixty-sixth World Health Assembly,

Having considered the report on disability,¹

Recalling resolution WHA58.23 on disability, including prevention, management and rehabilitation;

Recalling the Convention on the Rights of Persons with Disabilities, signed by 155 countries and regional integration organizations and now ratified by 127, which highlights that disability is both a human rights issue and a development issue and, for States Parties, recommends that national policies and international development programmes are inclusive of and accessible to persons with disabilities;

Recalling United Nations General Assembly resolutions calling for the mainstreaming of disability in the development agenda (64/131 on realizing the Millennium Development Goals for persons with disabilities, 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, and 66/229 on the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto); resolution 66/288 endorsing the outcome document of the United Nations Conference on Sustainable Development; and resolution 66/124 deciding to convene a High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities;
The Sixty-sixth World Health Assembly,

(...) ENDORSES the recommendations of the World report on disability;

URGES Member States (…)

(6) to promote habilitation and rehabilitation across the life course and for a wide range of health conditions through: early intervention; integrated and early intervention; integrated and decentralized rehabilitation services (…); improved provision of wheelchairs, (…) and other assistive technologies; (…) to enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society;
WHA Resolution 66.9 (key messages)(2)

- The Sixty-sixth World Health Assembly,
- (...) REQUESTS the Director General;

(6) to prepare, in consultation with other organizations of the United Nations system and Member States (...), a comprehensive WHO action plan with measurable outcomes, based on the evidence in the World report on disability, in line with the Convention on the Rights of Persons with Disabilities and the report of the High-level Meeting of the United Nations General Assembly on Disability “The way forward: a disability-inclusive development agenda towards 2015 and beyond” for consideration, through the Executive Board, by the Sixty-seventh World Health Assembly.
WHA Resolution 66.9 (limitations)

- “community-based rehabilitation” replaced by “integrated community-based support and services”
- Explicit mentioning of research

ISPRM proposal:
“to urge member states to undertake and promote scientific research on functioning and disability, to strengthen international cooperation in research on disability, and to facilitate access to scientific and technical knowledge relevant to the lives and living conditions of persons with disabilities.”
UN high-level meeting: Disability & Development

- On Sept, 23, 2013 the UN will organise a High-level Meeting (Heads of Governments) on „Disability & Development”
- Prepared by regional meetings
- WHO input is based on the World Report on Disability
- ISPRM statement to technical briefing in Geneva, May 2013, highlighted the relevance:
  - of education of health professionals in the needs of persons with disabilities
  - of research with the goal to provide evidence-based measures to overcome disability
UN high-level meeting: Disability & development

Better health for people with disabilities

People with disabilities have the same health care needs as others

- 2x more likely to find inadequate health care providers’ skills and facilities
- 3x more likely to be denied health care
- 4x more likely to be treated badly in the health care system

But they are:

- 1 Over BILLION people globally experience disability
- 1 in 7 people
- 1/2 of people with disabilities cannot afford health care
- 50% more likely to suffer catastrophic health expenditure
- These out-of-pocket health care can push a into poverty

Rehabilitation and assistive devices can enable people with disabilities to be independent

- 70 MIL people need a wheelchair. Only 5-15% have access to one.
- 360 MIL people globally have moderate to profound hearing loss.

Production of hearing aids only meets:

- 10% of global need
- 3% of developing countries’ needs

Making all health care services accessible to people with disabilities is achievable and will reduce unacceptable health disparities

- remove physical barriers to health facilities, information and equipment
- make health care affordable
- train all health care workers in disability issues including rights
- Invest in specific services such as rehabilitation


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Other WHO initiatives (example)
What is the contribution of ISPRM?
Input and expertise (examples)
Conceptual descriptions

Rehabilitation is the health strategy which based on WHO’s integrative model of functioning, disability and health applies and integrates:

- approaches to assess functioning in light of health conditions
- approaches to optimize a person’s capacity
- approaches that build on and strengthen the resources of the person
- approaches that provide a facilitative environment
- approaches that develop a person’s performance
- approaches that enhance a person’s quality of life in light of health conditions in partnership between person and provider and in appreciation of the person’s perception of his or her position in life over the course of a health condition; for all age-groups; along and across the continuum of care, including hospitals, rehabilitation facilities and the community; and across sectors including health, education, labor and social affairs with the goal to enable persons with health conditions experiencing or likely to experience disability to achieve and maintain optimal functioning in interaction with the environment.

Rehab services matrix: the problem

Macro level

Meso level

Micro level

Health strategy, policy

Service provision, concepts

Health condition & functional level (A)

Health condition & functional level (B)

The Strengthening Medical Rehabilitation Sub-committee works on an approach to describe and classify rehabilitation services
Health-related classifications

• Development of strategies to implement the ICF in *medical* rehabilitation

• Publish use cases for the implementation of the ICF

• Development and testing of *(feasible)* tool to assess functioning and disability *(at international level)*

• Provide expertise for the development of
  ◦ ICD-11 *(include functioning properties)*
  ◦ ICHI *(International Classification of Health Interventions)*
Rehabilitation Disaster Relief

- Providing post-disaster rehabilitative services, including an emergency rapid response team capability
- Facilitating coordination between various disaster responders,
- Providing rehabilitation education and training to disaster responders, host personnel, patients and caregivers
- Conducting scientific disaster rehabilitation original research and reviews
- Influencing political opinion on the social utility and cost-effectiveness of PRM over the disaster response
- Mobilizing financial resources to support emergency responses and sustainable rehabilitation services in disaster-affected areas
How to use UN and WHO documents

("what should I tell my government?")
Use of WHO activities *(examples)*

- Arguments for the need of rehabilitation
- Background for political statements
- Key to get in contact with governments
- Stimulus and framework to develop innovative concepts on medical rehabilitation
- Source for research questions *(and argument for research funding)*
- Basis and argument for teaching programs
- Basis for collaboration with other organizations
- and others..
Example: Germany

• **Lobbying activities:**
  ◦ WRD enabled official contacts to German federal ministries for social affairs and for health
  ◦ joint project to analyze WRD recommendations and its relevance for the German rehabilitation system

• **German Government projects:**
  ◦ Report on inclusion *(needs adoption from government)*

• **Other related activities:**
  ◦ Discussion about scientific approaches *(participation research, disability studies)*
  ◦ *(Other)* NGO’s preparing shadow report
Dialogue with governments *(examples)*

- Urge governments to implement the recommendations of the World Report on Disability
- Discuss the national reports on disability and eventually prepare so-called shadow reports
- Use the arguments of UN and WHO to implement rehabilitation services in all levels and sectors of health and social system
- Urge government to support research in disability and rehabilitation
- Urge governments to support WHO initiatives *(Rehabilitation guideline development, action plan and others)*
- Discuss with delegates to WHO-EB and WHA about their contributions

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Perspectives
Summary and perspectives

- The collaboration with UN and WHO is one of the core activities of ISPRM (*related to the humanitarian mandate but related to the scientific and professional mandates too*).

- ISPRM can make substantial contribution to WHO activities at different levels.

- WHO actions can help ISPRM (*and every PRM doctor*) to achieve its (*their*) professional goals.

- Even if there already is a strong involvement of ISPRM members, further capacity building is needed.
Thanks to persons involved


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Thank you!