The Liaison of the International Society for Physical and Rehabilitation Medicine (*ISPRM*) with the World Health Organisation (*WHO*) - Scope and Perspectives

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**Overview**

- Why do we collaborate with the World Health Organisation (*WHO*)?
- What are the goals and topics of collaboration?
- What are the most relevant activities of WHO related to Physical and Rehabilitation Medicine?
- What is ISPRM’s contribution?
- How can we use WHO's activities and products?
- What are the challenges now and in the future and how can we respond to them?
Why do we collaborate with the World Health Organisation (WHO)?

**Rationale for collaboration**

**The role of the WHO**

- "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."
Mission & goals of ISPRM

- The ISPRM is the world organisation of Physical and Rehabilitation Medicine (PRM)
- ISPRM’s mission and goals include (among others):
  - to “help improve quality of life for people with (...) disabilities and through its actions facilitate rehabilitation medicine input to international health organizations (...)”
  - to “influence rehabilitation policies and activities of international organizations interested in the (...) improvement of the individual quality of life (...)”
- ISPRM is officially accepted as a Non-Governmental Organisation of the WHO (in particular the Disability and Rehabilitation Team; DAR)

Rationale for collaboration

What are the goals and topics of collaboration?
Areas of collaboration

- Disability and rehabilitation: policies and concepts
  - Conceptual descriptions and definitions (e.g. disability, rehabilitation strategy, rehabilitation services)
  - Strengthening medical rehabilitation (incl. CBR)
- Family of health classifications:
  - ICF: application in practice and disability assessment
  - ICD: functional properties
  - ICHI: input to development and testing
- Service provision: rehabilitation and assistive technology
  - Definitions and concepts
  - Service provision and best practice models

Activities

- Contribute to WHO activities (according to biannual work-plans), e.g.
  - Provide expertise
  - Make proposals to relevant topics
  - Participate in WHO meetings
- Spread out relevant information from WHO (e.g. WRD)
- Use WHO information to support ISPRM activities (e.g. conceptualising medical rehabilitation)
What are the most relevant activities of WHO as related to Physical and Rehabilitation Medicine?

WHO’s activities

A brief history

• UN Millennium Development Goals for persons with disabilities (2004/2005)
• WHO resolution WHA 58.23 „Disability, including prevention, management and rehabilitation“ (2005)
• UN-Convention for the Rights of People with Disabilities (2006)
• World Report on Disability (2011)
• Resolution WHA 66.9 „Disability“ (2013)
**WHO activities**

- “Article 26 (Habilitation and Rehabilitation) of the UN Convention for 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”
  - “… 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.”

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**WHO Disability Action Plan 2014-2021**

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<th>Objectives</th>
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<td>(1) to remove barriers and improve access to health services and programmes</td>
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<td>(2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation</td>
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<td>(3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services</td>
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1 World Report on Disability, WHO & World Bank (2011)
WHO Disability Action Plan 2014-2021

Success indicators: examples

1.3 Proportion of persons with disabilities who have access to the health services that they need

2.1 X% of countries have national policies on habilitation, rehabilitation and community services (…)

2.4 Proportion of persons with disabilities that receive the assistive technologies that they need

3.1 X% of countries, which have collected comprehensive information on disability

3.2 X% of countries that provide research grants that fund disability research

Actions: examples (1)

1.1 Develop and/or reform health and disability laws, policies, strategies and plans for consistency with the CRPD

1.2 Develop leadership and governance for disability-inclusive health

2.3 Develop and maintain a sustainable workforce for rehabilitation and habilitation as part of a broader health strategy

2.4 Expand and strengthen rehabilitation and habilitation services ensuring integration, along the continuum of care, into primary (including community), secondary and tertiary levels of the health care system, and equitable access (…)
Actions: examples (2)

3.1 Improve disability data collection through the development and application of a standardized model disability survey

3.2 Reform national data collection systems, including health information systems, to routinely include gender- and age-disaggregated disability data based on the ICF

3.3 Strengthen research on priority issues in disability, with a focus in particular on the key objectives of this action plan

3.4 Strengthen and build human resource capacity in the area of disability research in a range of disciplines
WHO activities

Guidance note

1. Why programming for disability matters
   1.1 People with disabilities are more vulnerable
   1.2 Emergencies can increase the number of people who experience disability
   1.3 How risks of emergencies are managed affects people with disabilities

2. Programming for disability across all sectors with specific reference to health
   2.1 Policies, legislation and strategies
   2.2 Resource management
   2.3 Planning and coordination
   2.4 Information and knowledge management
   2.5 Infrastructure and logistics
   2.6 Service delivery
   2.7 Community capacities

What is ISPRM’s main contribution?
ISPRM's involvement (examples)

- ISPRM members contributed to:
  - WHA resolution in disability and the World Report on Disability
  - the development of health-related classifications
  - the development of rehabilitation guidelines
  - the development of the disability action plan

- ISPRM members actively participated:
  - in WHO Executive Board Meeting and the World Health Assembly
  - in the Meetings of the professional organisations meetings of WHO-DAR
  - in the briefings an preparation of the UN high-level meeting on disability and development

ISPRM’s contribution

- Chair: ISPRM-WHO-Liaison Officer (WHO: main focal point), secretary (WHO: focal point)

- Subcommittees:
  - Implementation of the UN-CRPD, the World Report on Disability and the WHO’s SCI-specific report (WRD-Implementation Subcommittee)
  - Implementation of the ICF (ICF-Implementation Subcommittee)
  - Community Based Rehabilitation (CBR- Subcommittee)
  - Strengthening Medical Rehabilitation (SMR- Subcommittee)
ISPRM's contribution

Collaboration plan 2011-2013

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 Liaison with WHO – Scope and Perspectives
Christoph Gutenbrunner
8th World Congress of the ISPRM
Cancun (Mexico), June 2nd, 2014

Analysis of the WRD

• **Title:** The World Report on Disabilities – A Challenge for Rehabilitation Medicine
• **Editors:** Christoph Gutenbrunner, Gerold Stucki, Boya Nugraha & Matthias Bethge
• **Contents:**
  - Editorial
  - The WRD – A Challenge for Rehabilitation Medicine
  - Analysis and Implementation: Methodological Concepts and Strategies
  - “Country examples”: USA, Mexico, Argentina, Sweden, Saudi Arabia, Ghana, South Korea, Indonesia
  - Dissemination, Analysis & Implementation: ISPRM Roadmap

ISPRM's contribution

Input to action plan (1)

- **Consultation process:**
  - Comments and proposals for 0-draft (June 2013)
  - Online consultation on draft 1 within ISPRM (July to Sept 2013)
  - Expert workshop (Oct 2013)
  - Participation in regional consultations (Latin America)
  - Fast-track input to success indicators (Oct 2013)

- **Incorporated input to draft 1:**
  - The overall goal is to contribute to achieving **optimal** health, functioning, well-being and human rights for all persons with disabilities
  - To strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services

Input to action plan (2)

- **Incorporated input to draft 1 (continued):**
  - respect for the continued dignity and value of persons with disabilities as they grow older
  - Expand and strengthen rehabilitation and habilitation services ensuring integration, along the continuum of care. (…)
  - Research on disability should be inclusive of persons with disabilities, and research agendas should be drafted with the active participation of persons with disabilities or their representative organizations
  - X% of countries that provide research grants that fund disability research

And others…
ISPRM's contribution

Health related classifications

- Contribute to the development of the ICD-11 (including functioning properties)
- Contribute to the development of the ICHI (International Classification of Health Interventions)
- Development of a proposal of a framework to classify rehabilitation services (the Strengthening Medical Rehabilitation subcommittee is developing a proposal and publishing discussion papers; the first paper Meyer T et al. J Rehabil Med 2014; 46: 1-6)

ISPRM's contribution

Rehab Services: phases

- Acute care
- Post-acute care
- Long-term care
- Intermittent rehabilitation (in-patient or day-clinic)

How can we use WHO's activities and products?
## How to use WHO activities?

- 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...

## Dialogue with governments

- Urge governments to implement the recommendations of the WRD & Action Plan
- 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)*
What are the challenges now and in the future and how can we respond to them?

Alignment with the Action Plan

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<tr>
<th>Areas</th>
<th>Projects</th>
<th>Steps</th>
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<tbody>
<tr>
<td>Involvement in WHO activities</td>
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<td>Objective 1 of WHO Action plan</td>
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Data collection and research is part of subcommittee activities, e.g. ICF implementation, strengthening medical rehabilitation.
**ISPRM strategic initiative (proposal)**

**Strategic initiative (proposal)**

- **Goals**: dissemination, analysis and implementation of WHO’s disability action plan 2014-2021
- **Working levels**:  
  - ISPRM-WHO-Liaison Committee  
  - contribution of other ISPRM committees  
  - other initiatives (regional, national, local)
- **Implementation**: Discussion and approval by Presidents Cabinet & Executive Committee

**Dissemination**

- Spread information to ISPRM members: website, News & Views etc.
- **Articles in PRM journals**:  
  - editorial Eur J Phys Rehabil Med  
  - article: J Rehabil Med  
  - and others
- Prepare an information package: ppt-presentation, fact sheet
- Inform governments and stakeholders in rehabilitation: regional and national level (all ISPRM members)
ISPRM strategic initiative (proposal)

**Analysis**

- Web forum: discussion about the action plan (including all ISPRM members) (also including the ongoing debate about Community Based Rehabilitation)
- 2 days Workshop:
  - identify main objectives for ISPRM
  - set up list of priorities
  - identify existing initiatives
  - development of a work plan
- Special issue of a PRM journal (see below)

**Implementation**

- ISPRM should develop a framework for implementation
- Implement and evaluate good practice models:
  - Implementation of the IPSCI-report
  - Education of health professionals
  - Community based rehabilitation
- Do research e.g. on:
  - need for rehabilitation
  - rehabilitation outcomes
- National and regional initiatives (tbd)

All ISPRM members can contribute!
ISPRM strategic initiative (proposal)

Special issue of a PRM journal

- Editorial
- Main contents of the action plan:
  - Building blocks for medical rehabilitation
  - Best practice models, e.g.
    - Implementation of the SCI report
    - Training of rehabilitation professionals in Madagascar
    - Data collection and research in disability and rehabilitation
    - and others (tbd)
- ISPRM’s road map

Outlook

Collaboration

- WHO regional offices: appoint regional liaison persons:
  - Africa (Brazzaville, Congo)
  - Americas (Washington, DC, USA)
  - Europe (Copenhagen, Denmark)
  - Eastern Mediterranean (Cairo, Egypt)
  - South East Asia (New Delhi, India)
  - Western Pacific (Manila, Philippines)
- other NGO’s:
  - Rehabilitation International (mutual recognition agreement)
  - International Society on Spinal Cord Injury
  - International Society for Prosthetics & Orthotics
  - World Federation of Physiotherapists
  - World Federation of Occupational Therapists
  - and others
Outlook

Summary

• 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 makes substantial contribution to WHO activities at different levels
• WHO actions 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

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• Even if there already is a strong involvement of ISPRM members, further capacity building is needed
Rehabilitation as mainstream health service

• The Problem:
  ◦ Rehabilitation still is seen as some kind of after care and given lower priority
  ◦ The work force in and the knowledge about rehabilitation still is far too low (esp. in low-resources countries)

• Possible approaches:
  ◦ Explain rehabilitation in a way that can be understood by policy makers and stakeholders (new rehab model?)
  ◦ Develop and publish good practice models
  ◦ Start with capacity building asap