Member State information session on the UN Disability Inclusion Strategy (UNDIS) and Rehabilitation in emergencies

15 March 2024
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<td><strong>Moderator:</strong> Dr Alarcos Cieza, Unit Head, Sensory functions, Disability and Rehabilitation (SDR)</td>
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<th><strong>Opening remarks</strong></th>
<th>Dr Adelheid Onyango, Director, Healthier Population Division, WHO African Regional office</th>
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<td><strong>Leaving no one behind: Through implementation of UN Disability Inclusion Strategy (UNDIS)</strong></td>
<td>Darryl Barrett, Technical Lead (Disability), WHO Headquarters</td>
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<td><strong>Connecting the UNDIS with health system strengthening efforts</strong></td>
<td>Mary Kessi, Technical Officer (Disability), WHO Country Office, Tanzania</td>
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<td><strong>Introduction to Rehabilitation 2030</strong></td>
<td>Elanie Marks, Technical Officer (Rehabilitation), WHO Headquarters</td>
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<td><strong>Rehabilitation in emergencies</strong></td>
<td>Peter Skelton, Rehabilitation in Emergencies Lead, WHO Headquarters</td>
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<td><strong>Rehabilitation in Armenia: Impact of WHO leadership on country preparedness and response</strong></td>
<td>Zhanna Harutyunyan, National Professional Officer (Rehabilitation, Assistive Technology and Disability), WHO Country Office, Armenia</td>
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<td><strong>Questions and answers</strong></td>
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Opening remarks

Dr Adelheid Onyango
Director, Healthier Population Division
WHO African Regional office
Leaving no one behind: through implementation of UN Disability Inclusion Strategy (UNDIS)

Darryl Barrett
Technical Lead (Disability)
WHO Headquarters
United Nations Disability Inclusion Strategy

- Launched in 2019 by the UN Secretary-General António Guterres
- Requires all UN entities to ensure that disability inclusion is consistently and systematically mainstreamed into all aspects of work
- UN system-wide policy and accountability framework
Why is disability inclusion important for WHO?

Health inequities

Premature death:
• Up to 20 years earlier

Poorer health:
• More than double the risk for certain health conditions

More limitations in functioning:
• Health facilities are 6 times as hindering
• Transportation is 15 times as hindering

These health inequities are due to unfair and avoidable factors that affect people with disabilities disproportionately

1.3 BILLION people globally have significant disability

1 in 6 people
For example, Coumba’s experience...

“No, no, no! We don’t want to take care of her!”

These were the words that Coumba, from Dakar, Senegal, heard repeatedly when she sought care to deliver her baby.

Four health centers refused her because disability would make the delivery “too complicated”.

World Health Organization
Integrating disability inclusion in technical programmes
(UNDIS Indicator 9: programmes and projects)

Understanding the indicator

• Focuses on the inclusion of persons with disabilities across our technical programmes
• Applies to all technical programmes and phases of project cycle

Implications

• Guides WHO’s engagement and learning from persons with disabilities
• Aims to include and report on disability inclusion in technical work
• Aligns with international frameworks and WHA resolutions
Implementing disability inclusion in programmes and projects - 1
(UNDIS Indicator 9: programmes and projects)

WHO Global report on health equity for persons with disabilities

- Developed in collaboration with Member States, health and other sector partners, and civil society organizations (including Organizations of Persons with Disabilities)
- Identifies the **contributing factors** to health inequities for persons with disabilities, particularly **in the health system**
- Outlines **key actions** that countries can take to address these contributing factors

Policy dialogues to promote health equity for persons with disabilities

- Cote d’Ivoire
- Kenya
- Malaysia
- Montenegro
- Nepal
- Nigeria
- Tanzania
- Tunisia
Implementing disability inclusion in programmes and projects - 2
(UNDIS Indicator 9: programmes and projects)

WHO Disability Guide for Action

• National planning tool.

• Supports ministries of health to advance health equity for persons with disabilities.

• Focus on integration of targeted actions across health sector priorities.

Ministries of health are the primary users, but...
the process engages other ministries and stakeholders, including civil society partners.
Progress to date in pilot countries...

**Planning & Consultation**
- Consultative meeting.
- Request for support from MOH.
- Working Group established.

**Situation Assessment**
- Conducted desk and field research.
- Situation Assessment Workshop.
- Drafted report with feedback from Working Group.

**Action Planning**
- Action planning workshop.
- Draft action plan and M&E framework for feedback from the Working Group.

**Implementation**
- Finalize, endorse and disseminate action plan.
- Integrate into key health strategies and programmes.
- Shared learning and monitoring.

**Tunisia & Kenya**
- Tunisia & Kenya

**Malaysia & Indonesia**
- Malaysia & Indonesia

**Nigeria & Cote d'Ivoire**
- Nigeria & Cote d'Ivoire

**Montenegro**
- Montenegro

**Tanzania**
- Tanzania
Engaging Organizations of Persons with Disabilities (OPDs)
(UNDIS Indicator 5: Consultation with Persons with Disabilities)

Mapping OPDs

• Mapping of OPDs to be consulted on disability-specific and mainstream issues

• At global, regional and country level

• Creation of a repository to be shared
Connecting the UNDIS with health system strengthening efforts

Mary Kessi
Technical Officer (Disability)
WHO Country Office, Tanzania
Strengthening health systems through implementation of UNDIS -1
(UNDIS Indicator 9: programmes and projects)

WHO Disability Guide for Action in Tanzania

Why did we do the Disability Guide for Action?

- Stakeholder appetite and government commitment.
- Opportunity to leverage knowledge, expertise, reach, and resources of other sectors and partners (e.g., Prime Minister’s Office, the National Advisory Council for Persons with Disabilities, OPDs).
- Alignment with health sector priorities to tackle health inequities experienced by “vulnerable groups”, including persons with disabilities, as outlined in the HSSP V 2016-2026.
Strengthening health systems through implementation of UNDIS -2
(UNDIS Indicator 9: programmes and projects)

WHO Disability Guide for Action in Tanzania

- Ministry of Health (MOH) has led the Disability Guide for Action process, with the support from WHO.

- A Working Group was established to:
  - Undertake a Disability Inclusive Health System Assessment.
  - Participate in action planning processes.
  - Review and provide feedback on reports and documents
The Action Plan – Example actions

- Review guidelines for Health Facility Governance Committees to include persons with disabilities as a member.
- Develop guidelines / standards on disability inclusion to accompany the implementation plan for the essential healthcare package (NEHCIP-TZ).
- Develop core competencies and training on disability inclusion for the health workforce.
- Revise the Star Rating Assessment tool, including adding disability to the demographic section of the Client Exit Interview, so that satisfaction results can be disaggregated.
- Review the health sector M&E framework and tools to measure indicators on health equity for persons with disabilities.
What Member States can do to advancing health equity...

1. **Political commitment:**
   Engage Organizations of Persons with Disabilities in health systems strengthening efforts

2. **Ensure access to the entire health system:**
   Persons with disabilities need ALL health services (not only rehabilitation and assistive technology)

3. **Hold WHO to account:**
   Ensure your investments and engagement in the health sector, across all programme areas, include and benefit persons with disabilities
Thank you

For more information, please contact:
undis@who.int

This presentation has been designed to be accessible, for a positive and inclusive user experience for all.
Introduction to Rehabilitation 2030

Elanie Marks
Technical Officer (Rehabilitation)
WHO Headquarters
2.4 Billion people experience health conditions that could benefit from rehabilitation.
May 2023 WHA Resolution: Strengthening rehabilitation in health systems

Strengthening rehabilitation in health systems

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General,\(^1\)

Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to non-communicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19),

Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and disabilities;

Expressing deep concerns that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

Recognizing that rehabilitation requires more attention by policy-makers and domestic and international actors when setting health priorities and allocating resources, including with regard to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;
Rehabilitation 2030

1. Creating strong leadership and political support
2. Strengthening rehabilitation planning and implementation
3. Improving integration of rehabilitation into health sectors
4. Incorporating rehabilitation in Universal Health Coverage
5. Building comprehensive rehabilitation service delivery models
6. Developing a strong multidisciplinary rehabilitation workforce
7. Expanding financing for rehabilitation
8. Collecting information relevant to rehabilitation to enhance health information systems
9. Building research capacity
10. Establishing and strengthening networks and partnerships in rehabilitation

World Health Organization
WHO technical tools for health system strengthening

Leadership and governance

Information systems

Financing

Workforce

Service delivery

Emergency

Assistive Technology
Rehabilitation 2030 Footprint*

72 countries

*includes emergency response actions

Yes, has footprint
No footprint

World Health Organization
What is next?...

• **Develop, and continuously support Member States to implement, Rehabilitation 2030 technical tools**
  • Upcoming WHO rehabilitation tools and resources 2024-25 related to:
    • primary care
    • service standards
    • return on investment study
    • routine health information systems
    • financing

• **Develop WHO Baseline report for rehabilitation (launch 2026)**
  • Information on capacity of Member States to respond to existing and foreseeable rehabilitation needs.

• **Continue to support Member States to integrate rehabilitation into their emergency preparedness and response**
Rehabilitation in emergencies

Peter Skelton
Rehabilitation in Emergencies Lead
WHO Headquarters
Rehabilitation in emergencies

• Emergencies create enormous surges in rehabilitation needs
• Emergencies also disproportionately disrupt essential rehabilitation services
• Rehabilitation for trauma or critical illness starts during acute care and continues as long as needed
• Without rehabilitation, patient outcomes are severely compromised
Strengthening rehabilitation in health systems

“Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies”

Calls on member states…
(8) to ensure timely integration of rehabilitation into emergency preparedness and response, including emergency medical teams;
Preparedness

• Analysis by WHO shows very few countries include rehabilitation as part of their emergency preparedness
• This makes early response incredibly challenging, with many patients not getting access to care
• We are developing a practical preparedness toolkit to support countries to integrate rehabilitation for publication this year
• Aim to pilot the toolkit in multiple regions in 2025
Readiness

- We are collaborating with the Emergency Medical Team Initiative to integrate rehabilitation into national and international surge capacity
- **120% increase** in teams with rehabilitation focal points over 3 years
- A growing Community of Practice, as well as mentorship to different teams
- Technical **standards and guidelines** (burns, SCI and infectious diseases all will be published this year)
- Aim now is to create more teams in low and middle income countries for national and regional response
Response

• 14 responses supported since 2021 + multi country COVID-19 support
• Responses have included earthquakes, blasts, burns mass casualty, outbreaks and conflict
• 8 deployments of WHO rehabilitation experts in technical and leadership roles
• 5 additional deployments via partners
• 1 country supported remotely
• WHO Rehab Equipment Module now developed for rapid deployment
• Package of support available to requesting countries
Rehabilitation in Armenia: impact of WHO leadership on country preparedness and response

Zhanna Harutyunyan
National Professional Officer (Rehabilitation, Assistive Technology and Disability)
WHO Country Office, Armenia
Need for Rehabilitation in Armenia

Factors driving the need for rehabilitation:

- Ageing
- NCDs
- Disability
- Emergencies (earthquakes, armed conflict, COVID 19, etc.)

Globally 2.4 billion people have a condition amenable to rehabilitation. In Armenia it is estimated that 40% of the population could benefit from rehabilitation.

Armenia key findings, 2019

Approximately 2 in 5 could benefit from rehabilitation. 1.1M people experienced conditions that could benefit from rehabilitation. 290k people have been affected by low back pain.

130k years have been lived with disability. There has been a -2.5% decrease in years lived with disability between 1990 and 2019.
Recent Emergencies in the Country

- The NK 44-day war in 2020
  - Injuries > 11K

- COVID-19 Pandemic
  - Reported cases ~ 451,4K

- NK fuel depot explosion 2023
  - Burn injuries > 300

2020

Lack of preparedness
No prioritization on Rehabilitation
Late inclusion in the emergency response

2023

Better preparedness
Prioritization on Rehabilitation
Early inclusion in the emergency response

World Health Organization
Need for WHO Technical Support

- **Evidence**: situational analyses
- **Strategic Planning** and M&E Framework
- **Implementation** and ongoing actions

**MoH-WHO BCA**: to prioritize Rehabilitation

**Resource Mobilization Opportunity**: secured for extended support through USAID financial backing under a **five-year regional project from 2022-2027**, titled **‘Advancing Rehabilitation 2030’**.

**National Strategy and Action Plan**

- The selection of priority areas within the National Strategy
  - emerge from and align with the health system strengthening building blocks,
  - incorporate **key elements related to emergency preparedness and response**, and
  - reinforce principles for achieving universal health coverage.

**Note**: The integration of rehabilitation into **national emergency preparedness, readiness, response and resilience** is a cross-cutting theme and reflected within all key strategic goals.
Considerations

- Health services are more resilient and emergency responses are more efficient and effective when rehabilitation is incorporated into preparedness, readiness and early response.

- Integrating rehabilitation into emergency preparedness is essential for an effective and timely rehabilitation response and best patient outcomes.

- Emergencies can be a catalyst to significantly strengthen the rehabilitation sector – if MoH receives comprehensive strategic support.
Thank you

For more information, please contact:

WHO Rehabilitation Programme
rehabilitation@who.int
Questions and Answers