
Member State information session on the UN Disability Inclusion Strategy (UNDIS)

and

Rehabilitation in emergencies

15 March 2024



**World Health
Organization**

Agenda

Moderator: Dr Alarcos Cieza, Unit Head, Sensory functions, Disability and Rehabilitation (SDR)

Opening remarks	Dr Adelheid Onyango, Director, Healthier Population Division, WHO African Regional office	5 mins
Leaving no one behind: Through implementation of UN Disability Inclusion Strategy (UNDIS)	Darryl Barrett, Technical Lead (Disability), WHO Headquarters	15 mins
Connecting the UNDIS with health system strengthening efforts	Mary Kessi, Technical Officer (Disability), WHO Country Office, Tanzania	5 mins
Introduction to Rehabilitation 2030	Elanie Marks, Technical Officer (Rehabilitation), WHO Headquarters	5 mins
Rehabilitation in emergencies	Peter Skelton, Rehabilitation in Emergencies Lead, WHO Headquarters	5 mins
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	5 mins
Questions and answers		20 mins
Closing	Dr Alarcos Cieza, Unit Head, SDR	

Opening remarks

Dr Adelheid Onyango

Director, Healthier Population Division

WHO African Regional office



World Health
Organization

Leaving no one behind: through implementation of UN Disability Inclusion Strategy (UNDIS)

Darryl Barrett

Technical Lead (Disability)

WHO Headquarters



World Health
Organization



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**

LEADERSHIP, STRATEGIC PLANNING AND MANAGEMENT	INCLUSIVENESS	PROGRAMMING	ORGANIZATIONAL CULTURE
1. Leadership	5. Consultation with persons with disabilities	9. Programmes and projects	13. Employment
2. Strategic planning	6. Accessibility	10. Evaluation	14. Capacity development for staff
3. Disability-specific policy/strategy	6.1. Conferences and events	11. Country programme documents	15. Communication
4. Institutional set-up	7. Reasonable accommodation	12. Joint initiatives	
	8. Procurement		



Why is disability inclusion important for WHO?

1.3 BILLION
people globally have
significant disability



1 in 6
people

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

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”**.



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...



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



World Health
Organization

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

**Who took
the lead
in country?**

- 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.



World Health
Organization



Introduction to Rehabilitation 2030

Elanie Marks

Technical Officer (Rehabilitation)

WHO Headquarters



World Health
Organization



2.4 Billion

people experience health
conditions that could
benefit from
rehabilitation

May 2023 WHA Resolution: Strengthening rehabilitation in health systems



SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
Agenda item 13.4

WHA76.6
30 May 2023

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 noncommunicable 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 comorbidities;

Expressing deep concern 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**



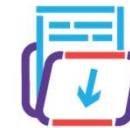
5. Building comprehensive rehabilitation **service delivery** models



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**

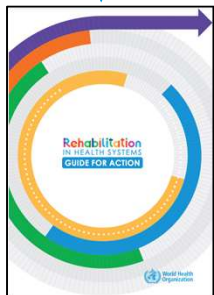


10. Establishing and strengthening **networks and partnerships** in rehabilitation

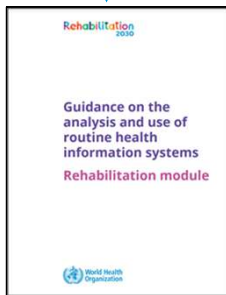
REHABILITATION
— 2030 —
a call for action

WHO technical tools for health system strengthening

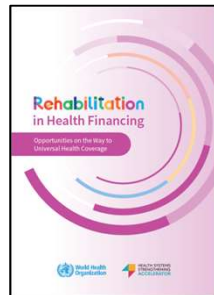
Leadership and governance



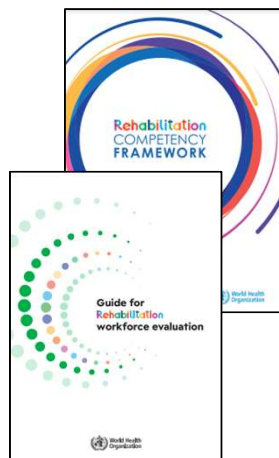
Information systems



Financing



Workforce



Service delivery



Emergency



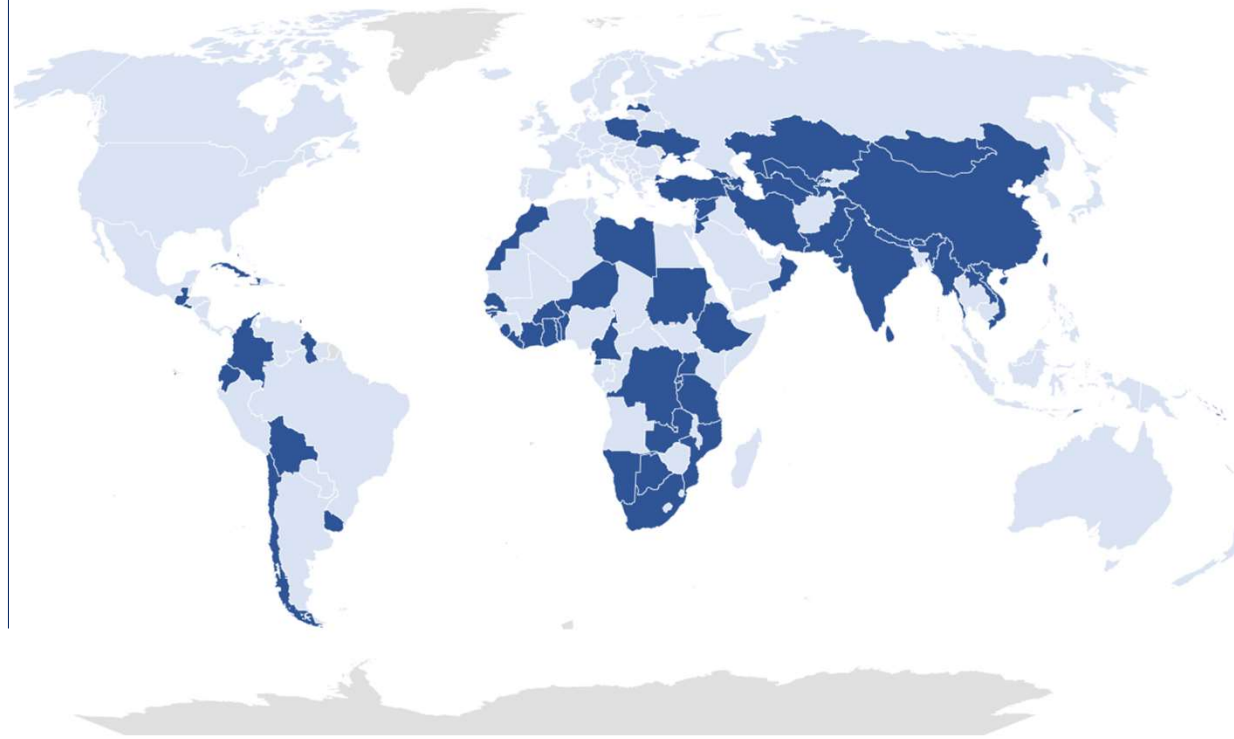
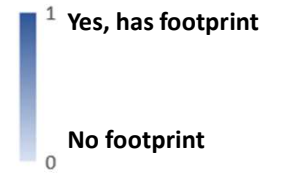
Assistive Technology



Rehabilitation 2030 Footprint*



*includes emergency response actions



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



World Health
Organization



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



SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
Agenda item 13.4

WHA76.6
30 May 2023

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;

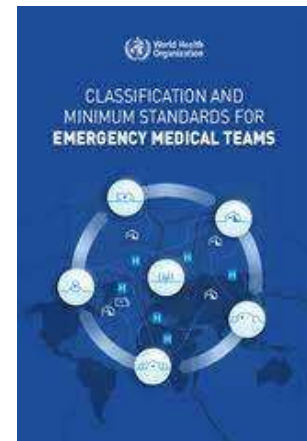
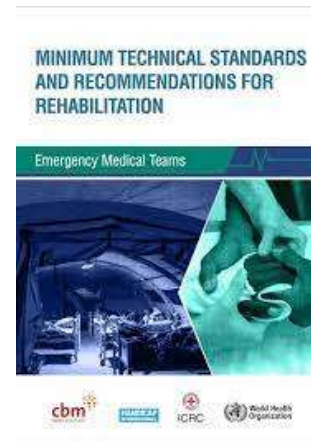
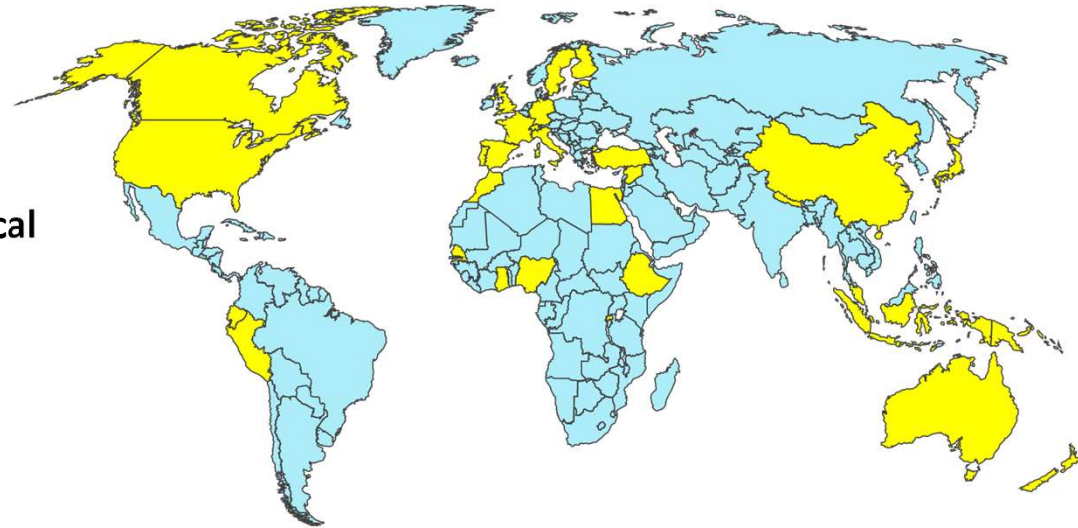
Preparedness

- 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





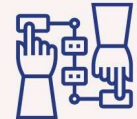
NEEDS ASSESSMENT

Rapid assessment of the rehabilitation needs generated by an emergency, including the number and type of injuries needing rehabilitation and the impact on rehabilitation services.



MAPPING

Mapping of existing capacity to meet rehabilitation needs, and the identification of any critical gaps.



COORDINATION

Support to coordinate rehabilitation activities, including strengthening referral pathways and ensuring appropriate coverage and quality of rehabilitation services.



TECHNICAL ADVICE AND RESOURCES

Providing technical advice including to affected Member States and all relevant stakeholders and developing, adapting or promoting technical resources and guidelines to ensure a safe and effective rehabilitation response.



TRAINING AND CAPACITY BUILDING

Provide capacity building support to Member States and key stakeholders to manage a response or technical training in clinical or operational areas for national rehabilitation responders.



RESPONSE AND RECOVERY STRATEGY

Support from the onset of an emergency to ensure rehabilitation needs are considered and continue to be included in strategic planning that bridges response and recovery.



EQUIPMENT AND SUPPLIES

Rapid deployment of rehabilitation equipment and assistive technology via the rehabilitation module of the TESK or pre-approved WHO suppliers.

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)

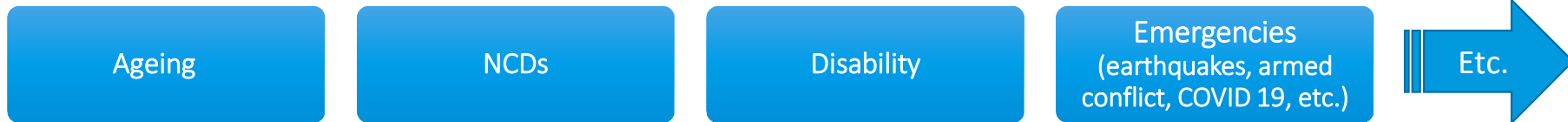
WHO Country Office, Armenia



World Health
Organization

Need for Rehabilitation in Armenia

Factors driving the **need** for rehabilitation:



*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

2023

Lack of preparedness

No prioritization on Rehabilitation

Late inclusion in the emergency response

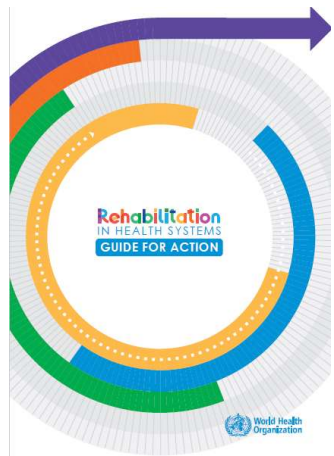
Better preparedness

Prioritization on Rehabilitation

Early inclusion in the emergency response



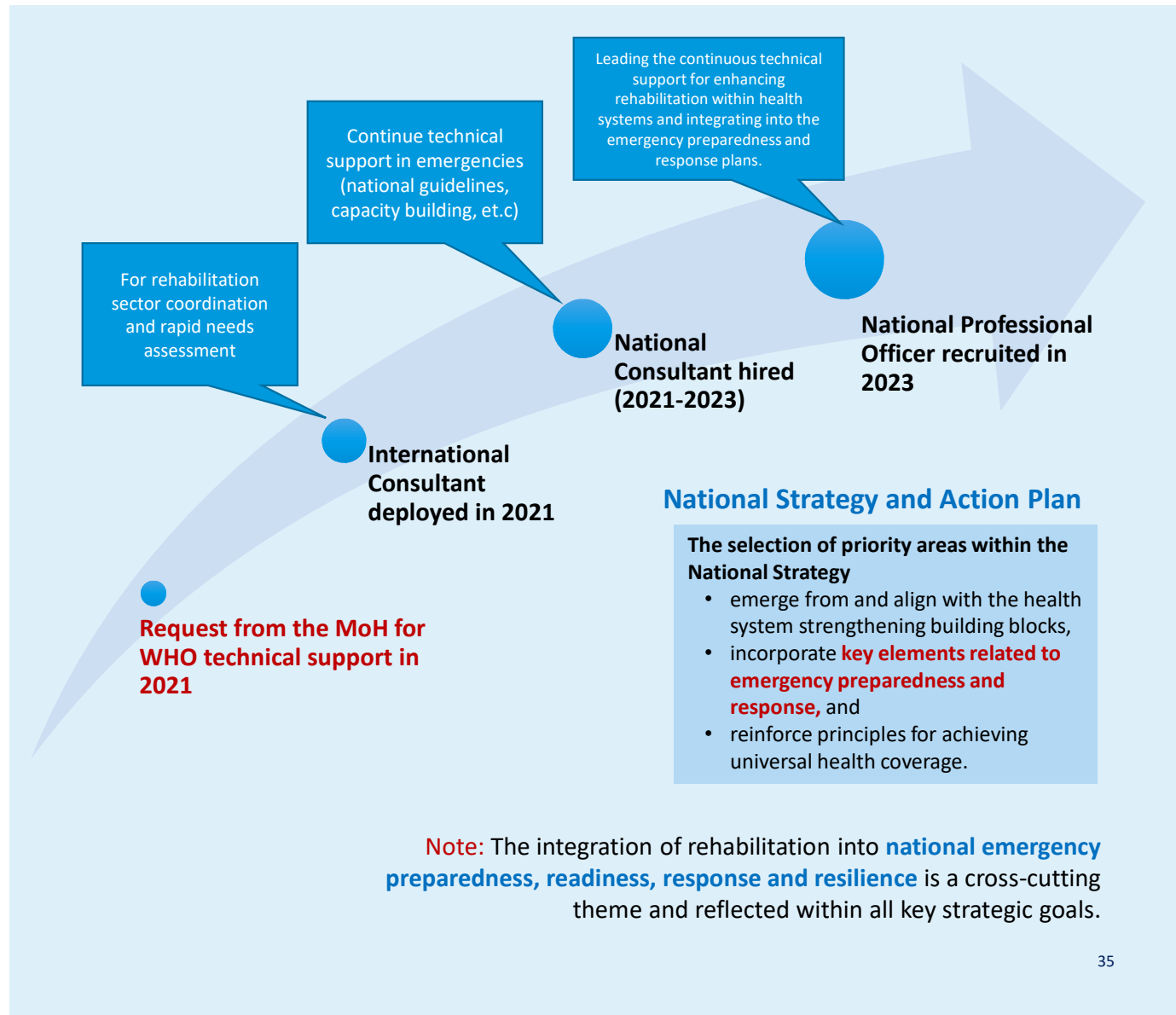
Need for WHO Technical Support



- **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**'.



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



World Health
Organization



Questions and Answers



World Health
Organization