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# **Strengthening Rehabilitation in Health Systems:** A 21<sup>st</sup> Century Necessity

The following article is a guest contribution from Jody-Anne Mills, B Occ Thy, MIPH, who serves as Technical Officer for the Rehabilitation Team in the World Health Organization's Department for Management of NCDs, Disability, Violence & Injury Prevention.

Around the world, the demographic and disease profiles of populations are shifting; the percentage of people aged over 60 is predicted to double by 2050, and the prevalence of chronic noncommunicable disease is rapidly rising in both low and high-income countries (1, 2). People are living longer and with conditions that can persist through the life course, impacting participation in education, work, and family and community life. Beyond disease prevention

and management, health systems are now challenged to ensure access to services that address functioning, that is, how people perform in their day-to-day lives. While rehabilitation is the health strategy targeting functioning, it is a grossly under developed component of health care in many parts of the world. This poses a significant dilemma for low-resource countries in particular, where the magnitude of unmet need for rehabilitation is immense (1, 3).



Need for rehabilitation also arises in no small part from injuries and trauma, such as that resulting from road traffic injuries and conflict, and from congenital and developmental disorders (1, 3). The prevalence of children with cerebral palsy, for example, is especially high in low-income countries where access to rehabilitation is most limited (4), and many children with cerebral palsy and other neurological conditions will never receive the services they need to recognize their developmental potential.

Underlying the poor capacity of health systems to provide rehabilitation in many countries is a notable lack of advocacy, as well as several pervasive misconceptions. The first of these is that only a small minority of the population requires rehabilitation, namely 'people with disabilities.' When rehabilitation is considered to consist of interventions for a specific (minority) group of people rather than as an important aspect of health care for all, it is likely to be under-prioritized and under-funded. This is compounded by another common misconception that rehabilitation is a luxury non-essential health service, reserved for the likes of elite sports players.

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"The arc of history is long, but it bends toward justice." - Martin Luther King, Jr.

Dear Friends,

I am pleased to welcome Jody-Anne Mills as our guest contributor to this issue of *The Volunteer Connection*. Ms. Mills, a Technical Officer with the World Health Organization's Rehabilitation team, provides an excellent overview of the initiative, Rehabilitation 2030, which addresses the need to expand global rehabilitation services. Rehabilitation care covers a wide range of services and, at some point in life, most everyone will need access to care - whether for congenital issues, trauma-related injuries, or conditions related to aging or non-communicable diseases.

For far too long, the needs of people with some sort of disabilitywhether physical or mental, have been neglected, or ignored, and societal stigmas have often left a large swath of the population unable to fully participate in their communities -- through work, school, family care, community and social activities. Last September, HVO volunteer Jennifer Audette, PT, PhD wrote in HVO's blog, Trends in Global Health, about two of the guiding principles of the American Physical Therapy Association, which serve as core values for HVO volunteers. They are access/equity and advocacy. The awareness of health inequities and the desire to improve access and opportunity through improved services, education, collaboration, and advocacy drive HVO's work.

It is exciting to see WHO issue this initiative, with a goal for improving access and equity in global rehabilitation in the next dozen years. HVO intends to be a significant contributor in this effort.

Sincerely,

Nancy

Nancy A. Kelly, MHS **Executive Director** 

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# Active Project Sites CURRENT VOLUNTEER OPPORTUNITIES



Photo courtesy of Jean Baumgartel, OT, CHT

#### Anesthesia

Bhutan	4 weeks
Cambodia	2 - 4 weeks
Ghana	2 - 4 weeks
Laos	2 - 4 weeks
Malawi	2 - 4 weeks
Rwanda	2 - 4 weeks
Vietnam	2 - 4 weeks

### Dermatology

Cambodia	2 - 3 weeks
Costa Rica	1 - 3 weeks
Nepal	1 - 4 weeks
Uganda	3 - 4 weeks
Vietnam	2 - 4 weeks

## **Hand Surgery**

## Hand Surgery/Hand Therapy

Ghana	2	- 4	weeks
Nicaragua	• • • •		1 week

## Hematology

Cambodia	2 - 4 weeks
Peru	2-4 weeks
Tanzania	.1 - 4 weeks
Uganda	2 - 4 weeks

#### Internal Medicine

Bhutan	4 weeks
Cambodia	2 - 4 weeks
Costa Rica	2 weeks

#### Internal Medicine

Guyana	2 - 4 weeks
•	2 - 4 weeks
Nepal	3 - 4 weeks
Uganda	4 weeks
_	

### **Nursing Education**

Cambodia	2 - 4 weeks
Laos	4 weeks
Tanzania	3 - 4 weeks
Uganda	2 - 4 weeks
Vietnam	2 - 4 weeks

## Obstetrics-Gynecology

Haiti 2 - 4 week	S
Uganda 1 wee	k
Vietnam 2 - 3 week	S

## Oncology

4 weeks
1 - 2 weeks
1 - 2 weeks
2 - 3 weeks
2 weeks

#### Oral Health

Cambodia	2 weeks
Haiti	1 week
Laos	1 - 2 weeks
Nepal	2 weeks
Nicaragua	1 - 2 weeks
Peru	1 - 2 weeks
Tanzania	2 weeks

## **Orthopaedics**

Bhutan	4 weeks
Bolivia	2 weeks
China	2 - 4 weeks
Costa Rica	1 week
Ghana	2 - 4 weeks
Malawi	2 - 4 weeks
Myanmar	3 - 4 weeks
Nicaragua	1 - 2 weeks
Philippines	2 - 4 weeks
St. Lucia	1 - 4 weeks
Tanzania	2 - 4 weeks
Uganda	2 - 4 weeks

#### **Pediatrics**

Bhutan	4 weeks
Cambodia	4 weeks
Laos	4 weeks
Nicaragua	2 - 4 weeks
St. Lucia	2 - 4 weeks
Uganda	4 weeks

## Physical Therapy

Bhutan	4 months
India	2 - 4 weeks
Malawi	4 - 6 weeks
St. Lucia	1 - 4 weeks
Vietnam	2 - 4 weeks

### **Special Projects**

#### Bhutan

Emergency Medicine	. 4 weeks
Mental Health	3 months
Residency Training	3 months
(Anesthesia, General Medici	ne, General
Surgery, Ophthalmology, &	Pediatrics)

### Uganda

Pharmacy	 3	- 4	weel	ks

#### Wound Management

Cambodia	1 - 2 weeks
Haiti	2 weeks
India	2 - 4 weeks

Please Note: New projects are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: info@hvousa.org or (202) 296-0928. Visit the website www.hvousa.org.



STRENGTHENING REHABILITATION IN HEALTH SYSTEMS

## **Strengthening Rehabilitation in Health Systems**

continued from page 1

Furthermore, when the role of rehabilitation in acute and post-acute care is not recognized, its integration into secondary and tertiary levels of the health system can be neglected (3).

In reality, rehabilitation can be fundamental to optimizing the outcomes of many medical and surgical interventions, reducing hospital length of stay, reducing admissions, and preventing costly complications such as contractures (5, 6). Importantly, rehabilitation is crucial to ensuring that many people with health conditions or impairments, be they visual, hearing, mobility, intellectual, communication or other impairments, can participate in education and employment, as well as home and civic life. Given the health, social and economic consequences of current health and demographic trends, this is perhaps more of an imperative than ever (1).

Acknowledging the need for effective advocacy and united and concerted action to scale-up rehabilitation services in countries, the World Health Organization (WHO) launched the Rehabilitation 2030 initiative in February 2017. The vision of this initiative, for quality rehabilitation services to be available to all who need them, is accompanied by a ten-point Call for Action. This Call rallies governments, development partners, professional associations and other key stakeholders to strengthen governance, planning, financing and workforce for rehabilitation. It notes the necessity of integrating rehabilitation in efforts towards Universal Health Coverage, and of building international networks and partnerships to advance the agenda (7).

A year on from the launch of Rehabilitation 2030, WHO is making significant advances in developing tools and resources for countries. The Support Package for Rehabilitation, a toolkit that facilitates situation assessment, strategic planning, monitoring and evaluation and implementation, is being rolled out in numerous countries in 2018. The organization is also embarking on the development of a Package of Priority Rehabilitation Interventions, which will provide concrete guidance to countries building rehabilitation services, and enable accurate and comprehensive budgeting. However, the area where the Rehabilitation 2030 Initiative may have the greatest impact is in bringing together previously fragmented rehabilitation agencies under a common mission, and equipping them with standardized tools and approaches. This will go far in amplifying the commendable efforts and investment being made by many governments, organizations, associations and research institutions to strengthen health systems to deliver quality rehabilitation services where they have long been lacking.

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## Rehabilitation 2030 – Call to Action

The participants committed to working towards the following ten areas for action:

- 1. Creating strong leadership and political support for rehabilitation at sub-national, national and global levels.
- 2. Strengthening rehabilitation planning and implementation at national and subnational levels, including within emergency preparedness and response.
- 3. Improving integration of rehabilitation into the health sector and strengthening intersectoral links to effectively and efficiently meet population needs.
- 4. Incorporating rehabilitation in Universal Health Coverage.
- 5. Building comprehensive rehabilitation service delivery models to progressively achieve equitable access to quality services, including assistive products, for all the population, including those in rural and remote areas.
- 6. Developing a strong multidisciplinary rehabilitation workforce that is suitable for country context, and promoting rehabilitation concepts across all health workforce education.
- 7. Expanding financing for rehabilitation through appropriate mechanisms.
- 8. Collecting information relevant to rehabilitation to enhance health information systems including system level rehabilitation data and information on functioning utilizing the International Classification of Functioning, Disability and Health (ICF).
- 9. Building research capacity and expanding the availability of robust evidence for rehabilitation.
- 10. Establishing and strengthening networks and partnerships in rehabilitation, particularly between low-, middle- and high-income countries.

## **British Society for Haematology Welcomed as New Sponsor**

In January, HVO welcomed the British Society for Haematology as a new sponsor. BSH is the first non-American organization to sponsor HVO so we would like to extend an especially warm welcome to our colleagues in the UK.

Hematology-related diseases such as anemia, malaria, sickle cell disease and blood cancers contribute substantially to disease burden in many countries. According to the World Health Organization (WHO), anemia affects 1.62 billion people globally. Cancer—including blood cancers - is one of the leading causes of morbidity and mortality worldwide, with numbers estimated to continue increasing, particularly in low- and middle-income countries.

The British Society for Haematology has been bringing hematology professionals together since 1960 to transform the care provided to patients. With over 1700 members worldwide, BSH is the largest UK hematology organization and the only society to cover all aspects of the specialty.

"This collaboration with HVO provides an exciting new opportunity for the BSH to support hematology colleagues in developing countries through short-term volunteer placements," commented Professor Imelda Bates, Chair of the BSH Global Haematology Committee. "It will bring hematology professionals together to raise the standards of clinical care and laboratory practice, especially in countries with limited health care resources."

HVO is pleased to welcome BSH as a new sponsor and partner in improving global health. We look forward to working together and, in conjunction with our sponsor the American Society of Hematology, strengthening the essential education and professional opportunities for hematology providers around the world.





#### **HVO to Return to Peru**

After a five year hiatus, HVO signed a new letter of agreement with Es Salud, the Peruvian government's health system that serves onethird of the country's population. Planning is underway to launch projects in orthopaedics and hand surgery, physical therapy, and anesthesia, with a spring timeframe in mind.

In 2011, at the time of HVO's 25th anniversary, 386 volunteer assignments had been completed in Peru, across a wide spectrum of specialties anesthesia, dermatology, hand surgery, hematology, internal medicine, oral health, orthopaedics, physical therapy, and wound management.

HVO is pleased to re-establish ties in Peru and looks forward to a successful partnership with EsSalud.



HVO's on-site liaison from Peru, Dr. Gaston Barnechea and volunteer Dr. Barry Gainor with HVO staff at the 2018 OO-SICOT luncheon in March.

## Jody Olsen Chosen to Lead **Peace Corps**

Jody Olsen, PhD, MSW recently stepped down as HVO's Board Chair to assume her new position as Director of the Peace Corps. Jody has a long history with Peace Corps, having served as a volunteer in Tunisia, Country Director in Togo, and, at headquarters, as Regional Director, Deputy Director, and Acting Director. selection for the top position was welcomed throughout the global development community as someone who not only understands the agency, but is thoroughly committed to its mission and future.

Jody has been a strong advocate at HVO as well, and her presence will be missed. However, all of us at HVO are very excited for the opportunities her new position offers, and we look forward to exploring ways our organizations can collaborate in improving global health.

Congratulations, Jody; we wish you all the best as you lead Peace Corps in the coming years!

## Rick D. Wilkerson, DO Honored with AAOS Humanitarian Award

In March, at the annual American Academy of Orthopaedic Surgeons' conference, Rick D. Wilkerson, DO was honored with the 2018 Humanitarian Award. This award recognizes those "who have distinguished themselves through outstanding musculoskeletal-related humanitarian activities in the US or abroad."

Dr. Wilkerson has provided service to underserved populations for nearly three decades in countries around the globe. Over the course of many visits, he initiated a total knee replacement program in Iraq, and he has hosted eight Iraqi orthopaedic surgeons for postgraduate training in his private practice. His commitment to the profession was recognized with an honorary professorship of Orthopaedic Surgery at Iraq's University of Basrah. In addition to his work in Iraq, Dr. Wilkerson has shared his skills in Haiti, Afghanistan, and Libya.

He and his wife, Barbara, have also set up a non-profit organization in Haiti to assist children with schooling, health care, and skills, that builds on a concept of self-sustainability.

Dr. Wilkerson has been an HVO member since 1990 and we are proud that he has volunteered his knowledge and skills in Bhutan, Cambodia, Pakistan, Uganda, and Vietnam.

Congratulations to Dr. Wilkerson on this welldeserved honor!



HVO MEMBERS IN THE NEWS

## **Denish English, PT Honored**

Denise English, PT, was honored with the Dr. Ronnie Leavitt Award for Leadership in the Promotion of Social Responsibility in Physical Therapy. The award, which was presented by HPA The Catalyst, Global Health Special Interest Group at the American Physical Therapy Association annual meeting, recognizes members who have demonstrated leadership in developing an understanding and commitment to cultural competency and global health.

Ms. English has made a long-term commitment to developing the physical therapy profession in Haiti. She has provided clinical and didactic training, and worked on developing the local PT association. Since becoming a member of HVO in 2001, she has made over fifty visits to Haiti. Her work began with training rehabilitation technicians and she was actually in Haiti working on a training when the devastating earthquake struck in 2010. The experience strengthened her commitment and she is now working closely with the Haitian Physical Therapy Association, to provide training in management skills and advocacy for the profession.

For her service in Haiti, Ms. English has twice been a recipient of HVO's Golden Apple Award, in 2006 and 2010. Congratulations on this latest honor by her physical therapy colleagues!

## The Loss of Global Oral Health **Expert Martin Hobdell**

The oral health community has lost a pillar, with the passing of Martin Hobdell, BDS, PhD, MA. As the ADA News noted, he was a "globe-trotting, world-renowned expert in oral epidemiology, health inequity, and health service delivery." Among his many roles in life, he served in academic positions at King's College, London Hospital Medical College Dental School, and University of Dublin-Trinity College, and was Dean of the Faculty of Dentistry at the University of the Western Cape in South Africa, and Chair of the Department of Dental Public Health and



Dr. Hobdell receiving his Golden Apple Award in 2012

Dental Hygiene at the University of Texas Health Science Center in Houston.

He held several committee leadership positions within the American Dental Association and was so respected that this British citizen received honorary membership with ADA. He was also honored by the International College of Dentists in 2008 for his work through HVO in dental public health.

Dr. Hobdell worked extensively in Africa but, at HVO, his work in Southeast Asia is legendary. In partnership with the American Dental Association and HVO, Dr. Hobdell developed and led the Masters in Dental Public Health training programs in Vietnam, Cambodia, and Laos. Working with local faculty, he created the curriculum, co-taught courses, monitored students' progress, and mentored young graduates with their research.

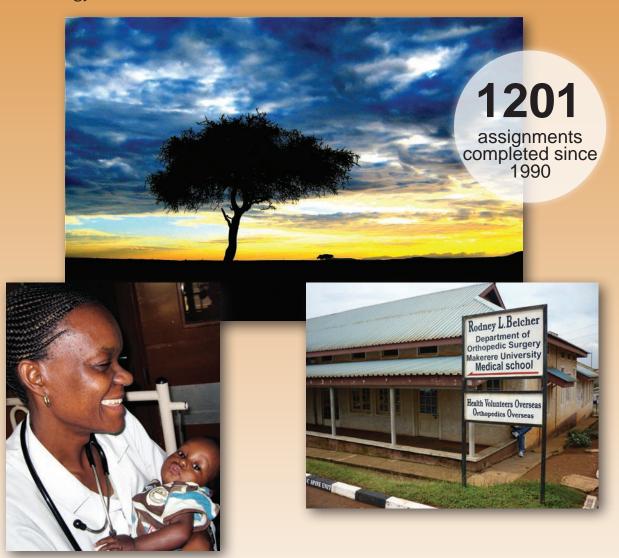
Since first joining HVO in 2000, Dr. Hobdell logged over 57 assignments and site assessments, served on the Oral Health Steering Committee, was a speaker at several professional gatherings, and served as project director for the oral public health projects in Cambodia, Laos, and Vietnam. He was honored with the Golden Apple Award in 2007 and 2012, and was granted honorary HVO membership at that time.

In addition to his numerous accomplishments to global dental public health, Dr. Hobdell will be well-remembered for his kind and gentle spirit; his quiet, gracious diplomacy; and his calm, thorough analysis coupled with his creative, passionate love for his profession and students. The lives he touched through improved dental health training and care are his enduring legacy.

# Country Spotlight HVO IN UGANDA

# **HVO** in Uganda

HVO has worked in Uganda for nearly 30 years and currently partners with Makerere University and Mulago Hospital in Kampala and Mbarara University of Science and Technology in Mbarara.



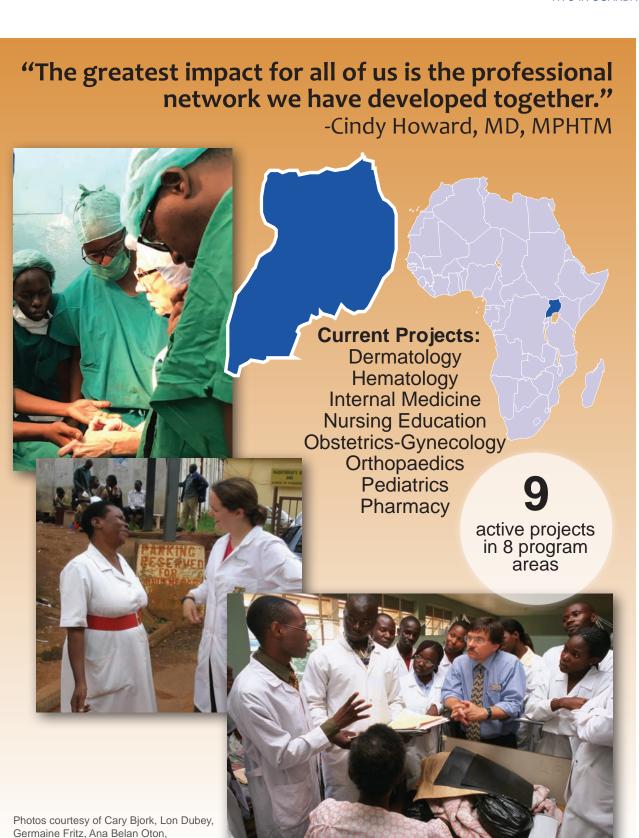
"I wanted to collaborate and try to help physicians and teachers in Uganda improve their health care provision to women... It is an incredible experience to work beside really knowledgeable and dedicated doctors who are limited only by the resources available to them."

-Meg Autry, MD

Ready to volunteer at one of HVO's projects in Uganda? Visit our website to learn more!



# Country Spotlight



Traudi Rose & Dennis Vargo



## Reflections from the Field

#### Claudia Senesac, PT, MHS, PhD, PCS · Physical Therapy · Nicaragua

There is a younger group of professionals moving into roles at the university and they are quite eager to participate and learn more. They bring a higher level of enthusiasm and interaction with the faculty traveling to the site. Attitudes are much more positive and there is more exchange of ideas during teaching and lab sessions.

#### Wendy Noble, RN, MSN, ARNP · Nursing Education · Cambodia

Many of the patients at these sites come from rural areas with health conditions related to lack of knowledge about disease and disease transmission, poor sanitation, lack of clean water, and reliance on traditional healers. The nurses have made a commitment to developing patient education, but are challenged by lack of literacy, mistrust of medical care, and avoidance of hospitals until diseases are advanced.

The nurses are very committed to continuing education and eager to learn. I suspect they do a lot of learning on their own, and they were comfortable seeking out online sources of information. They expressed concern about challenging patients and seemed to want to provide excellent care. A couple of times they brought patient situations to our classes so we could problem solve together. Their understanding of diseases, medications, treatments and nursing care was impressive. Despite having limited resources onsite, they were interested in learning about the standards in more developed countries and how they might try to meet those standards.

### Rockwood Reid, MA, PT · Physical Therapy · India

I find commonalities in the personalities of PT's. I went 8,000 miles and that feeling is still just as strong today. These are hard-working folks working in an environment that is incredibly challenging. They do it with a sense of grace and decorum...you'll have to go to see it.

Southern India is a melting pot of people -- Hindus, Buddhists, Muslims, and Christians all working together in this society. CMC stands out as a beacon; it is a regional health-center (treating people since 1900) and attracts its patient population from all over. The idea that people travel several thousand miles for treatment will not be lost on you.

### Dr. Jon-Rene (Chris) Suffern, MD · Anesthesia · Malawi

The students were very responsive and engaged in all of my lectures. Many asked very insightful

questions and were willing to contribute how they managed patients with their resources. In my previous teaching position I had always made an effort to ask my students to maintain a level of comfort so that they are open to traditional and self-teaching efforts. During most lectures, I gave the call residents various critical care topics which they were to present the following day. After the first day of their short lectures I realized that the students were eager to not only receive my lessons but were always very willing to take leadership roles. Their willingness to put forth great efforts illustrated that I must maintain a high standard of didactics as they expected very much from me.



Photo courtesy of William Navarre, MD, MPH



...to the following individuals and companies who have so generously donated teaching materials, equipment, supplies and other support:

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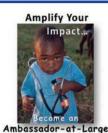
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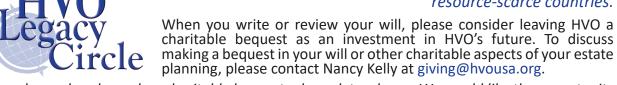
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