HEALTH SYSTEMS STRENGTHENING ACCELERATOR

JOINT LEARNING NETWORK
For Universal Health Coverage

USAID FROM THE AMERICAN PEOPLE

RESULTS FOR DEVELOPMENT

HEALTH STRATEGY AND DELIVERY FOUNDATION

ICF

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Webinar:
Rehabilitation and Universal Health Coverage

February 2, 2022

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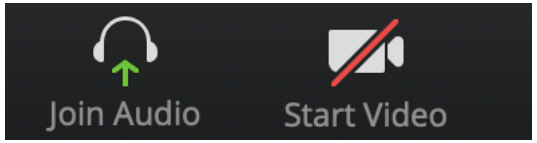
Welcome!

Please introduce yourself in the chat box by sharing your name, position, and country.

Zoom functions

1. Please **turn off** your video if you have low bandwidth and to improve your connection.

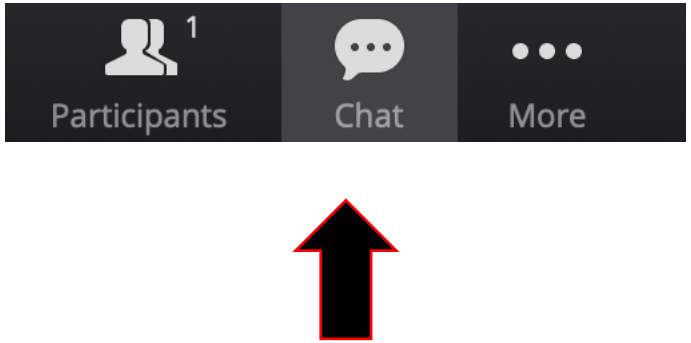


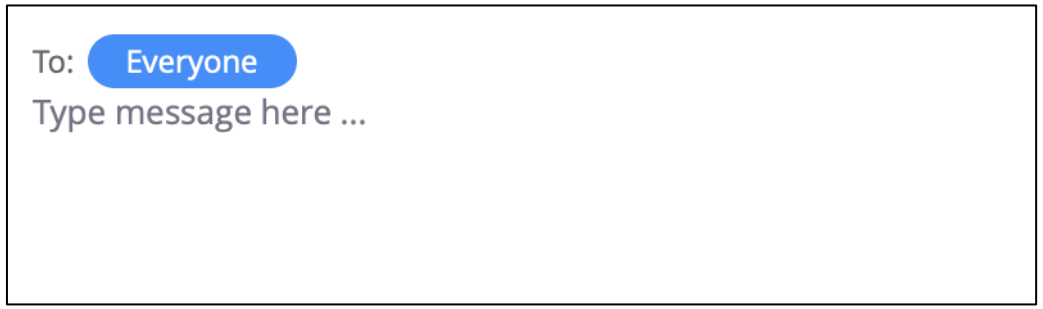
2. Please be sure to **connect your audio** either **by phone** or directly **through your computer.**

3. All participants will be **muted** for the duration of the webinar.

Zoom functions (cont.)

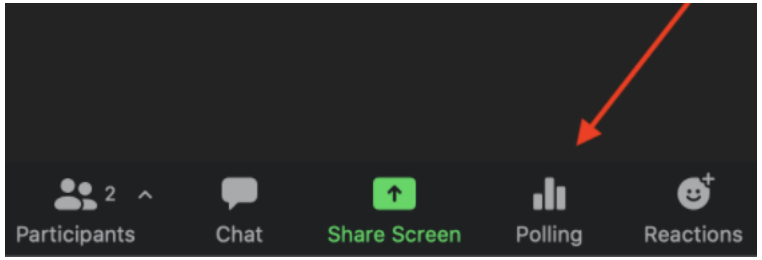
4. Please submit all **questions and comments** using the group **chat box.**

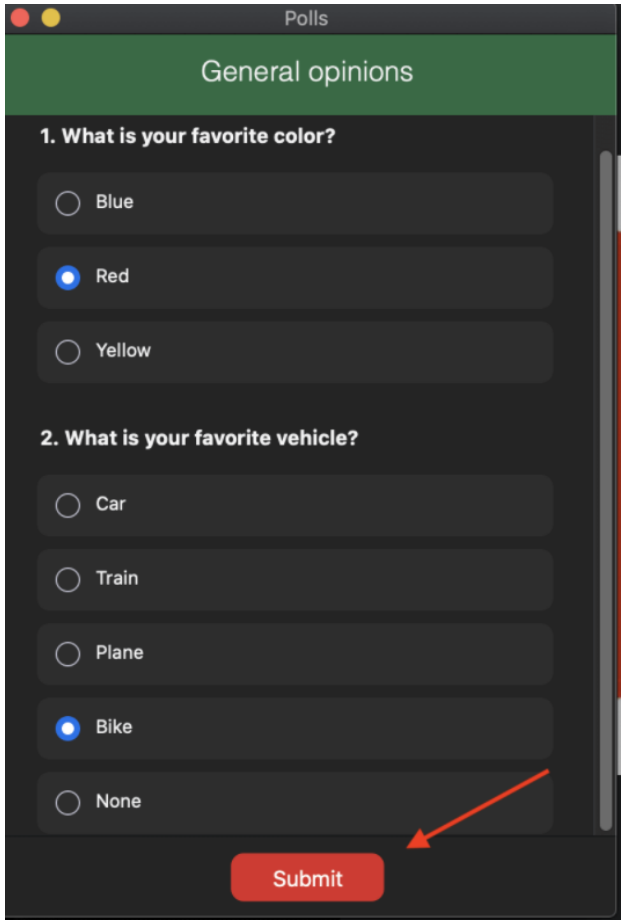




5. The webinar will be **recorded** and a link to the recording will be shared afterwards.

Zoom functions (cont.)





6. When the host of the meeting shares a poll, a new icon **“Polling”** appears. If the **polling window** does not open automatically or if you close it by mistake, click on the “Polling” button to open the window.

When the polling window is open, select your answer(s) and click **submit**.

Webinar agenda

Time	Activity
15 mins	**Welcome** • Overview of agenda and objectives • Opening remarks • Icebreaker
15 mins	**WHO Presentation:** Rehabilitation as an essential part of UHC
55 mins	**Facilitated expert panel and Q&A:** Country experiences with rehabilitation and UHC
5 mins	**Closing** • Explore interest for continued learning

Webinar objectives

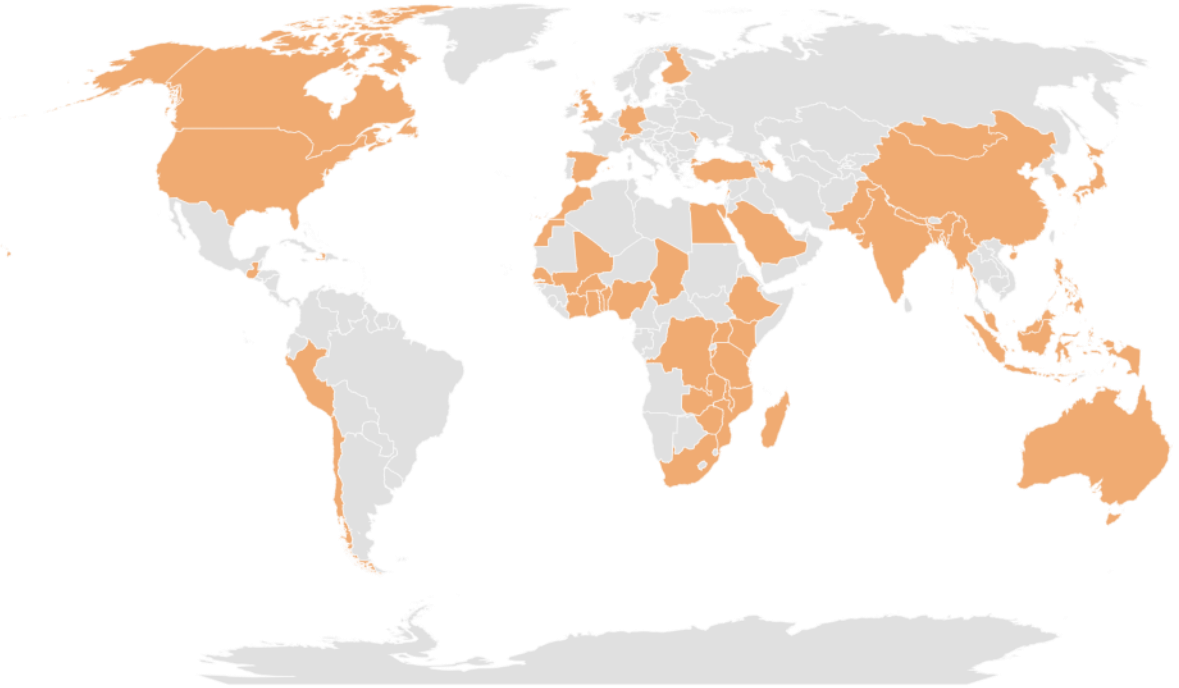
Respond to country demand on the need to prioritize rehabilitation services in countries health systems and UHC strategies by responding to three learning objectives:

1. Learn about the importance of rehabilitation services and why are they an essential part of UHC
2. Share countries' experience with rehabilitation, including how its currently integrated in health systems and UHC strategies
3. Assess country demand for continued joint learning around rehabilitation and UHC

Who is in the room?

- Representatives from Ministries of Health, private sector, civil society, development partners and practitioners

- 49 countries



Opening remarks

With Kirsten Lentz, USAID and Kamiar Khajavi, JLN

Icebreaker

Please submit your answers to the polls once the window appears on your screen.

Polls:

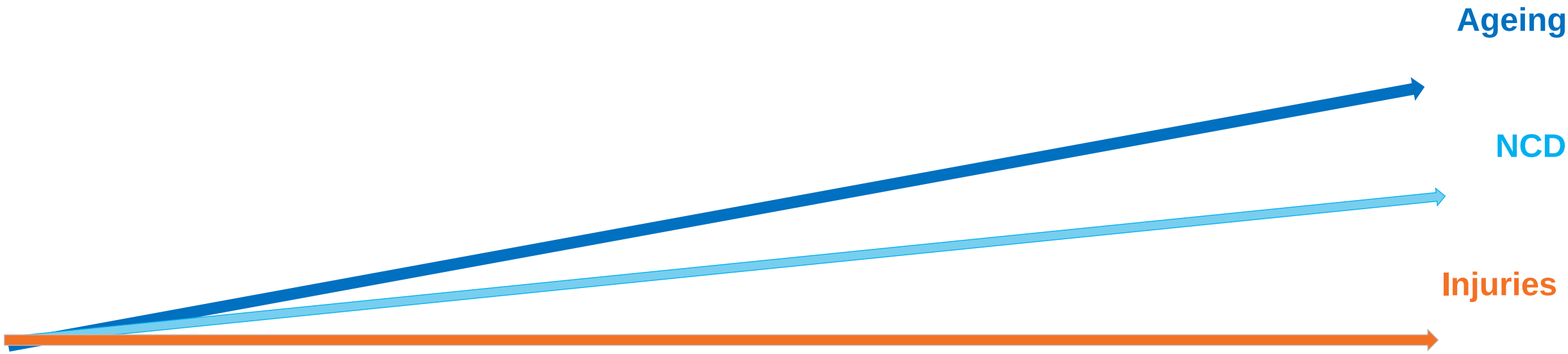
1. Have you or someone you know experienced a need for rehabilitation? (Y/N)
2. Was the need for rehabilitation met? (Y/N)
3. Rehabilitation in my country is easily accessible for most people (Agree/Disagree)

Rehabilitation as an Essential Part of UHC

Alarcos Cieza, MSc, MPH, PhD
Vision // Hearing // Rehabilitation // Disability
Department of Noncommunicable Diseases
World Health Organization
ciezaa@who.int | Twitter:@AlarcosC

A challenge in the changing world …

The number of people with limitations in functioning in everyday life



Number of people with limitations in functioning associated to Covid-19 still to be seen

Rehabilitation Category	Persons
All	**2,366,148,316**
Musculoskeletal disorders	1,596,649,206
Sensory impairments	649,151,912
Neurological disorders	296,277,078
Mental disorders	181,442,646
Chronic respiratory diseases	155,073,573
Cardiovascular diseases	42,787,394
Neoplasms	14,383,164

WHO REHABILITATION NEEDS ESTIMATOR

https://vizhub.healthdata.org/rehabilitation/

Rehabilitation Optimizes Functioning

Communication

Mobility

Self-care

Ingestion

Functioning

Sleeping
Relationships
Working
Breathing
Seeing
Moving around
Managing stress
Dressing
Hearing
Communicating
Playing

Demand

Supply

2.4 Billion

people experience health conditions that could benefit from rehabilitation

Demand

In many countries

<50%

receive the rehabilitation services they require

Supply

Advocacy & partnerships

Technical Capacity

Rehabilitation 2030

2017

https://www.who.int/initiatives/rehabilitation-2030

Call to action

Equity

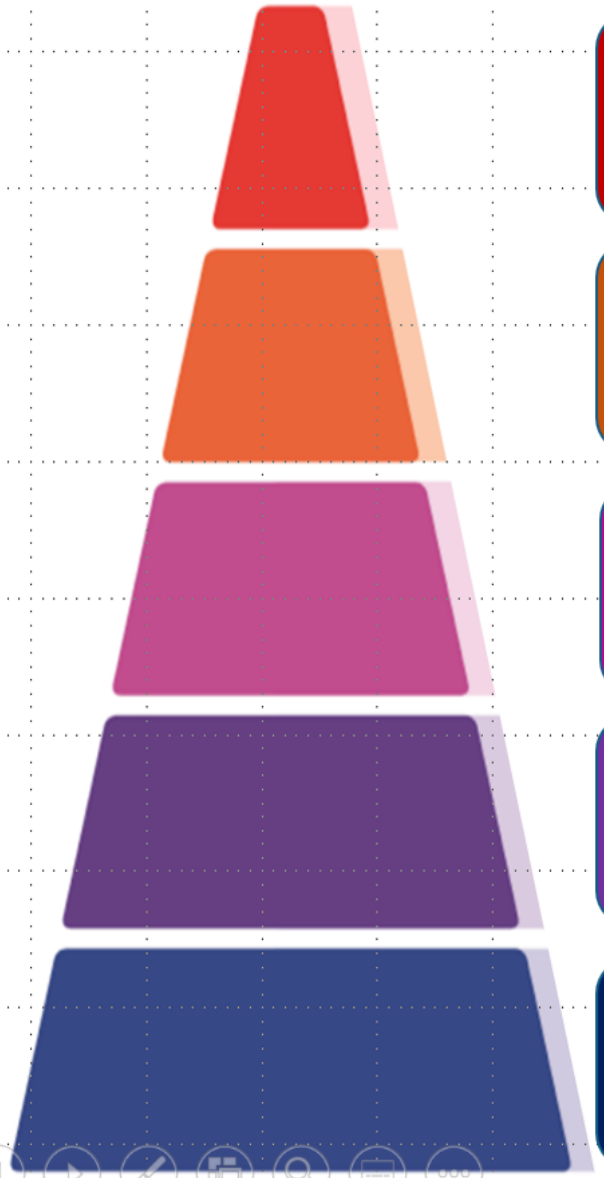
Equity

Everyone who needs rehabilitation receives quality services to optimize and maintain their functioning in everyday life

Universal Health Coverage

- Provision of **high-quality**, essential services for
  - Health promotion,
  - Prevention,
  - Treatment,
  - **Rehabilitation** and
  - palliation

  according to need
- Protection from **financial hardship**



SPECIALIZED, HIGH-INTENSITY REHABILITATION
Predominantly tertiary care for people with complex rehabilitation needs during the acute and sub-acute phase of care. Commonly occurs in longer-stay rehabilitation hospitals, centres, units and departments.

REHABILITATION INTEGRATED INTO MEDICAL SPECIALTIES IN TERTIARY AND SECONDARY HEALTH CARE
For people with less complex needs & often for a short period during the acute & sub-acute phase of care. Commonly occurs in tertiary and secondary level hospitals & clinics.

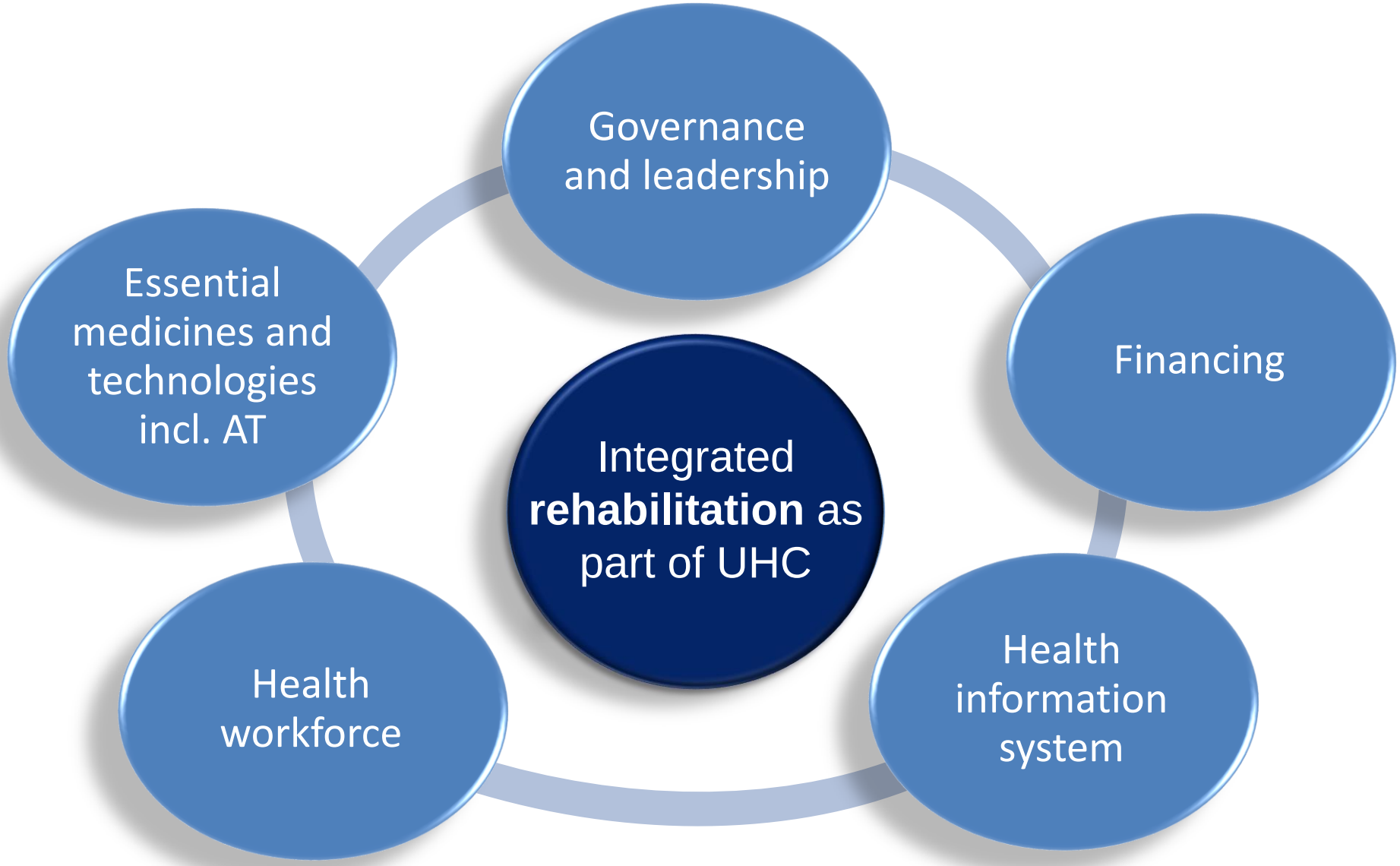
REHABILITATION INTEGRATED INTO PRIMARY CARE
Delivered within the context of primary health care, which includes the services and professionals that act as a first point of contact into the health system. Commonly occurs in primary health care centres, practices and may include community settings.

COMMUNITY-DELIVERED REHABILITATION
Predominantly secondary care delivered in community settings during the sub-acute and long-term phases of care. Commonly by means of multiple programmes that provide care in homes, schools, workplaces and other community settings.

INFORMAL AND SELF-DIRECTED REHABILITATION
This form of rehabilitation occurs where no rehabilitation or health personnel are present. Commonly occurs in homes, schools, parks, health club or resorts, community centres and long-term care facilities.

Community-based réhabilitation services

Strengthening the Health System



Strengthening the Health System

The **systematic process** that Ministry of Health and relevant partners engage in **to build up** and **integrate** the six building blogs

WHO technical tools to strengthen each building block

Leadership and governance

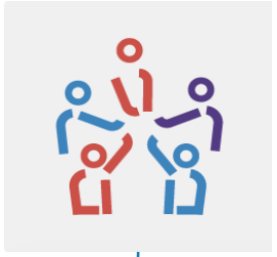
Information systems

DHIS2- REHAB MODULE

Financing

Rehabilitation in health financing technical resource

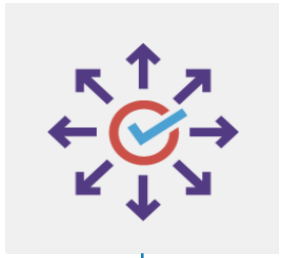
Workforce

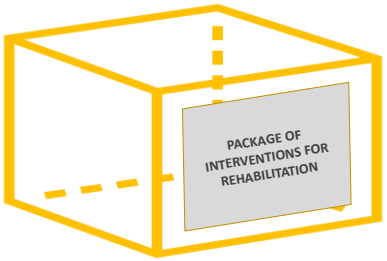


Assistive Technology

GATE Global Cooperation on Assistive Technology

Service delivery





WHO technical products and tools

Emergencies

Emergency Preparedness Toolkit

COVID-19 Products

Information systems

DHIS2- REHAB MODULE

Global Indicators

Functioning measure

Rehab Needs Estimator

Workforce

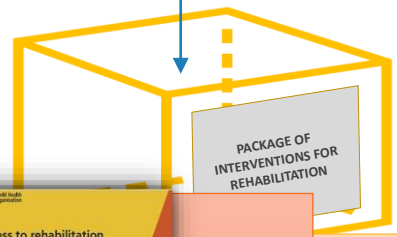
Financing

Rehab in Health Financing

Rehab Expenditure Tracking and Reporting

Rehab Return on Investment Case

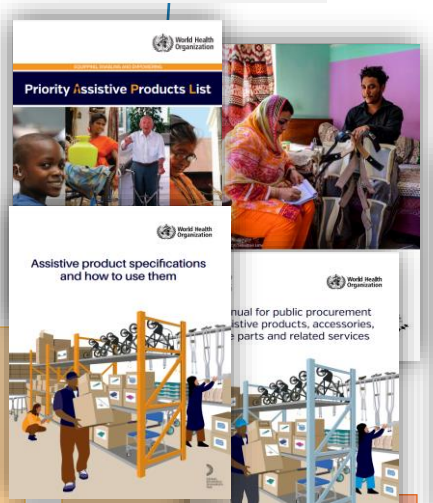
Service delivery



PHC: ractical uidance

Basic Rehab ackage

Assistive Technology



TAP

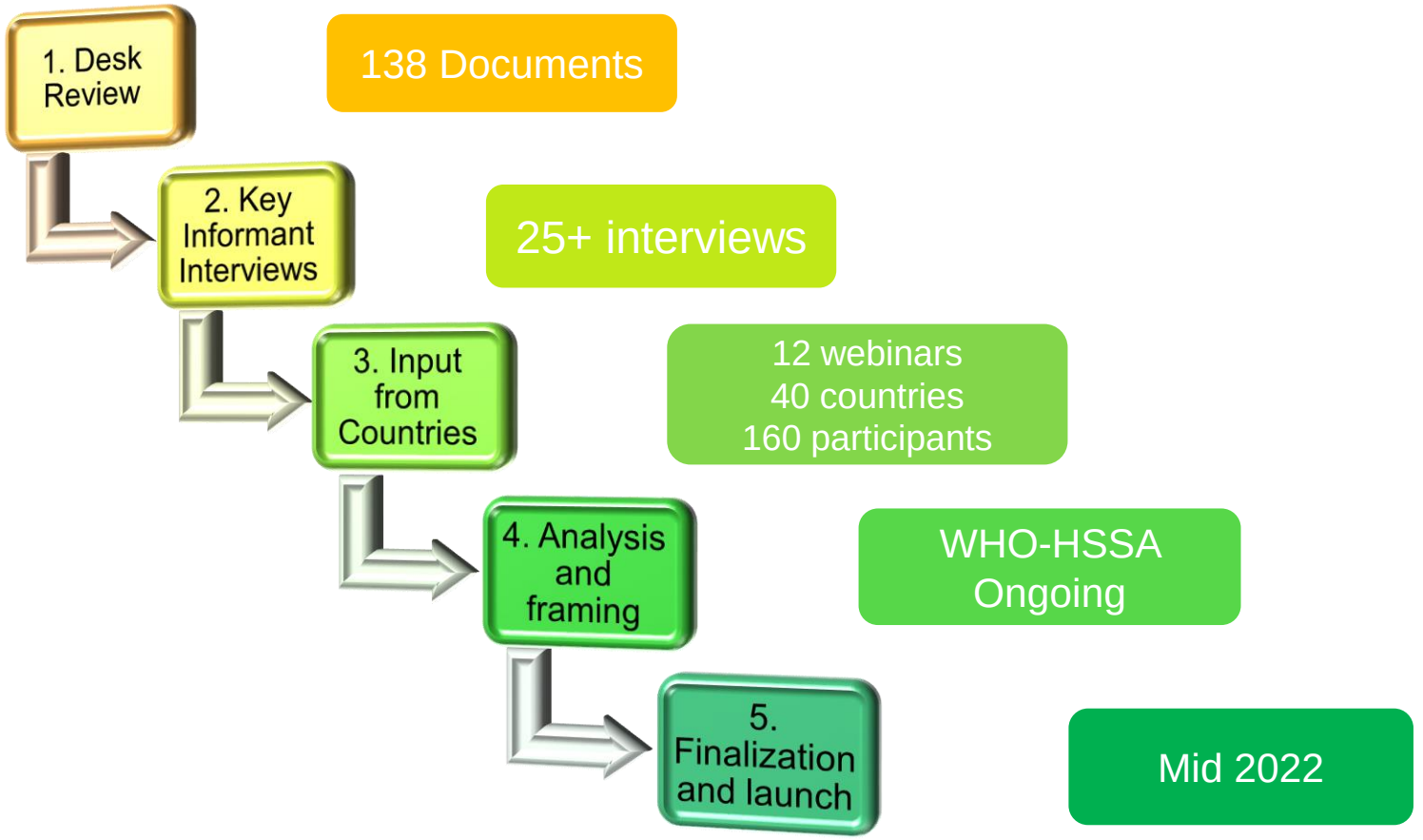
GREAT Report

Leadership and governance

To provide information to MoHs for

- service planning
- budgeting
- implementation

Health Financing as part of UHC



Coming soon….

- To strengthen the rehabilitation workforce
- through supporting competency-based education, regulation, recruitment and other quality building initiatives

Rehabilitation Competency Framework (who.int)

Country Health Information System (HIS)

Population-based data

Population-based surveys

Surveillance systems

Census

Birth and death data

Birth and death registration

Causes of death

Health Service Data

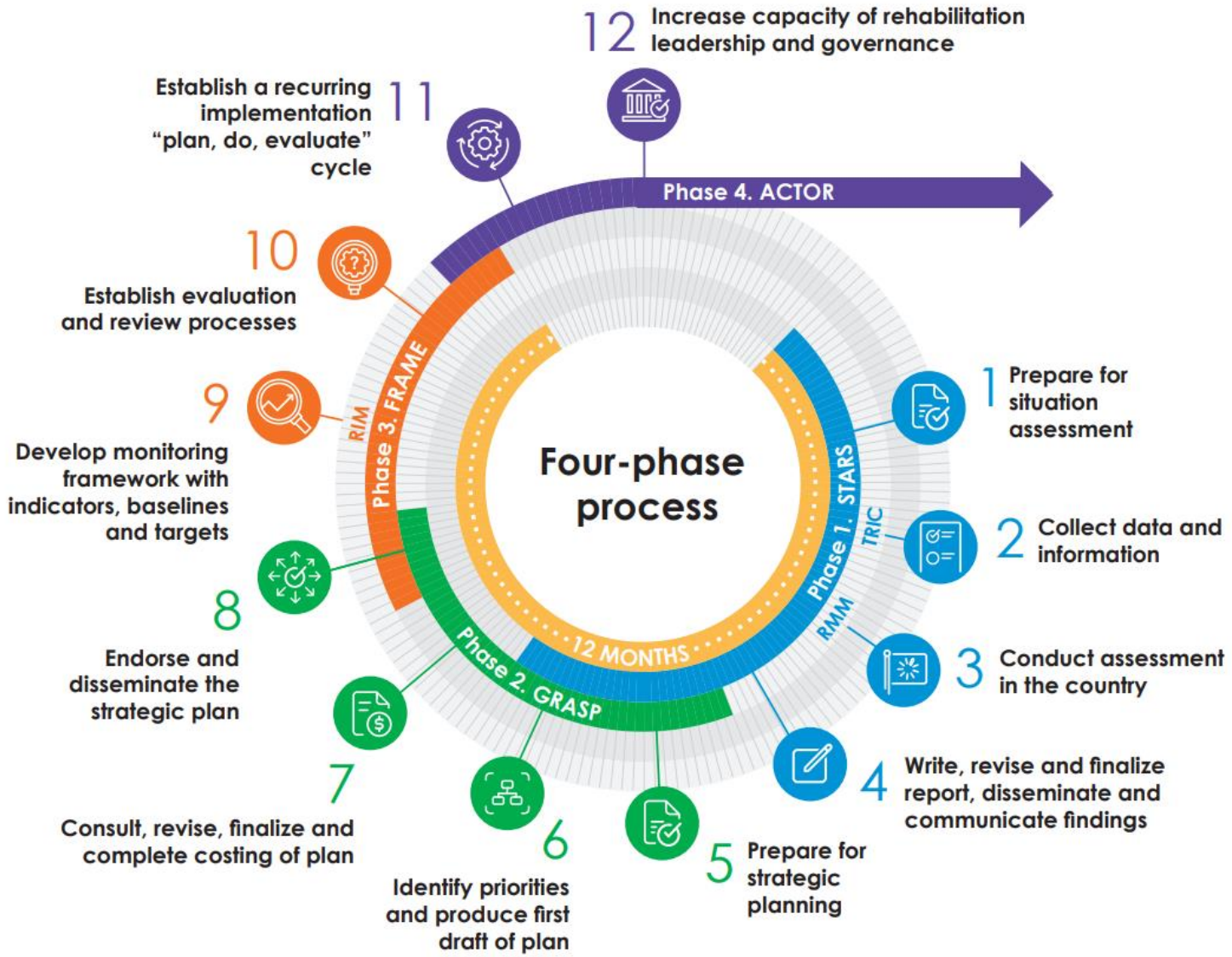
Routine Health Information Systems (RHIS)

Health facility assessments

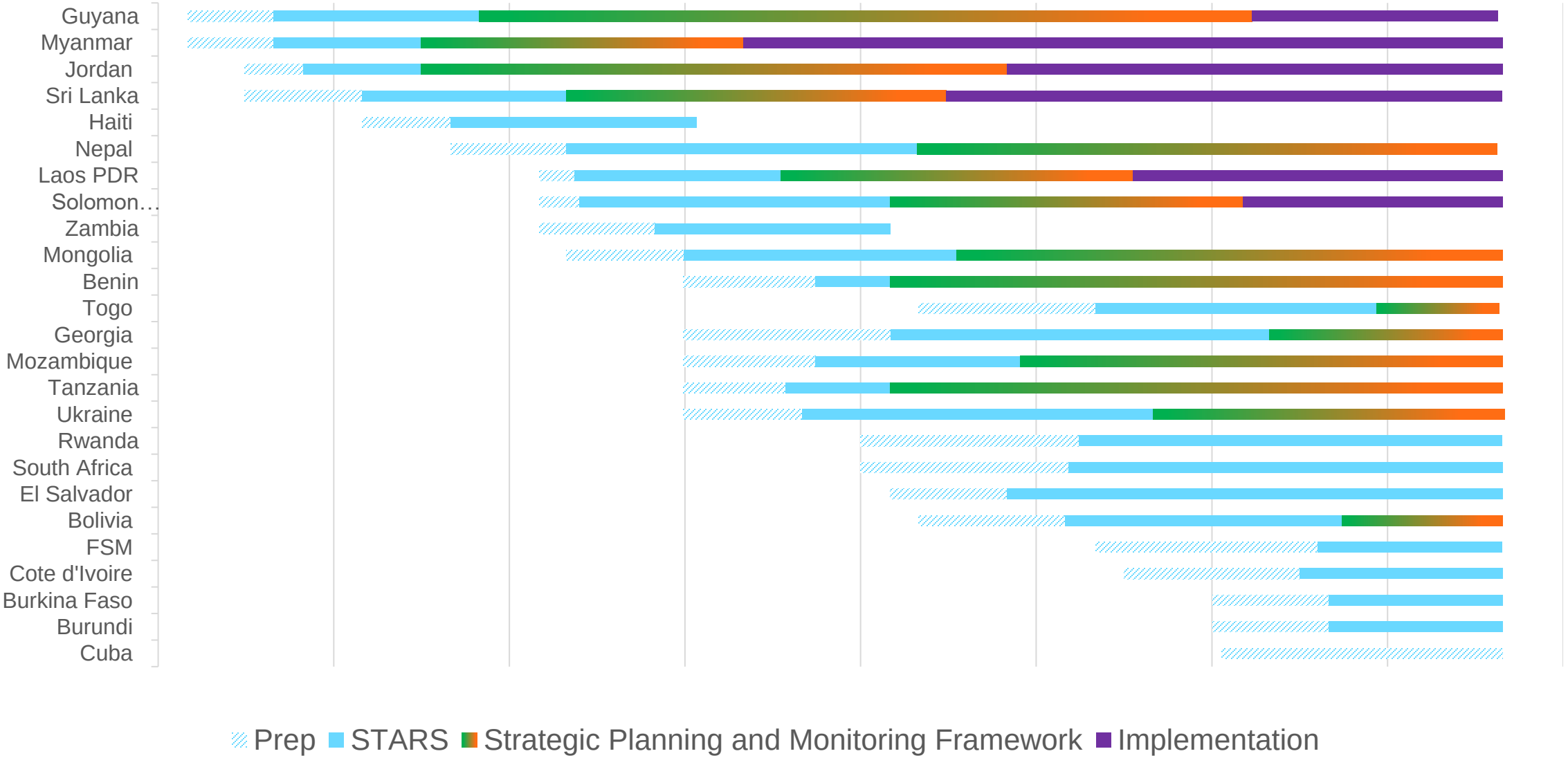
Health service resource data

District Health Information System Module


Rehabilitation
IN HEALTH SYSTEMS
GUIDE FOR ACTION
World Health Organization


12 Increase capacity of rehabilitation leadership and governance
11 Establish a recurring implementation "plan, do, evaluate" cycle
10 Establish evaluation and review processes
9 Develop monitoring framework with indicators, baselines and targets
8 Endorse and disseminate the strategic plan
7 Consult, revise, finalize and complete costing of plan
6 Identify priorities and produce first draft of plan
5 Prepare for strategic planning
4 Write, revise and finalize report, disseminate and communicate findings
3 Conduct assessment in the country
2 Collect data and information
1 Prepare for situation assessment
Four-phase process
12 MONTHS
Phase 1. STARS
Phase 2. GRASP
Phase 3. FRAME
Phase 4. ACTOR
TRIC
RMM
RIM

Country support with WHO Rehabilitation Guide for Action



The challenge

The number of people with limitations in functioning in everyday life…

… is waiting for all of us to continue working together to strengthen rehabilitation

Thank you

Panel Session: Country experiences with rehabilitation and UHC

Maryke Bezuidenhout

Rural Physiotherapist, **South Africa**

Dr. Akanle Olufunke

Registrar/CEO at the Medical Rehabilitation Therapists Regional Board of **Nigeria** (MRTB)

Dr. Adolfo Martinez Valle

Steering Group Convener at JLN; Researcher and Professor of Policy, Population, and Health at Universidad Autonoma de **Mexico**

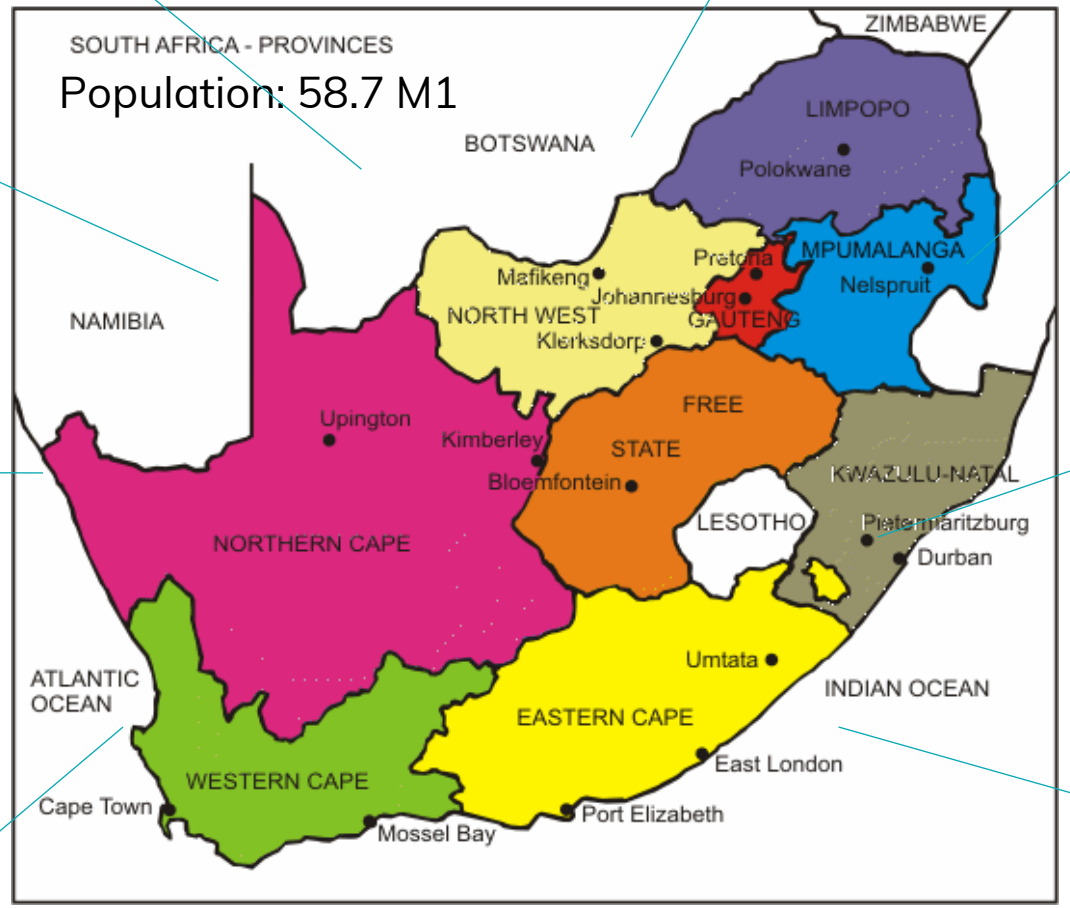
1. What does coverage for rehabilitation look like in your country and how has the COVID-19 pandemic affected this?

Maryke Bezuidenhout, South Africa

Highly unequal society
Upper middle-income; GDP = $351 B1
Gini coefficient = 0.63 (high)
Human Capital index = 0.41 (low)
Large informal sector; Tax base: 2.6 M3

Inequality & fragmentation in health system
84% population access public sector; but 49% THE (salary)
16% private sector; but 51% THE4 (FFS)
Access, quality, retention in care, FRP

Total Health Expenditure
8.7% GDP spending for poor health outcomes



Road Accident Fund
- **Fuel levy**
- *Governance issues*

Significant spending on welfare
R1.827 B on social spending5
DG, CSG, OAP

Workman's Compensation Fund
- **Annual employer contributions**
- *Informal sector & enforcement of labor law*

Low levels inter-sectoral collaboration
Policy to implementation

Social determinants of health:
Historical inequalities and current challenges around governance / implementation

1 Statistics South Africa, 2019
2 World Bank, 2019
3 National Treasury, South African Revenue Services, 2018
4 Nhl White Paper, 2017
5 National Treasury, 2019

Shifted all moderate and severe disability services to home level

- Address governance issues
- Explicit priority setting
- Amalgamation of separate patient databases
- Development of electronic patient management system
- Task sharing, role release
- Strengthened end user involvement in service delivery

Indicators : Cerebral palsy program 0-18 years	2018: 0-18yrs	2021: 0-18 yrs	2018: 0-5yrs	2021: 0-5 yrs	2018: 6-12yrs	2021: 6-12 yrs	2018: 13-17yrs	2021: 13-17 yrs
Number children: CP 0-18y	136	133	53	46	51	43	33	30
General rehabilitation program statistics: Cerebral Palsy services								
Seen for follow up rehab in last 6 months	61	113	31	36	22	40	7	26
Coverage rate: received at least one session in the last 6 months	45%	85%	58%	78%	43%	93%	21%	87%
Average number of rehab sessions received in last 6 months	2	4	1.3	6	0.7	4	0.5	3.7
Total number OPD/clinic sessions in 6 months	116	145	68	76	35	26	11	14
Total number home visit sessions in 6 months	14	518	No data	141	No data	161	No data	96
Average number rehabilitation home visits offered per month for cohort	2	86		24		27		16
Wheelchair and seating services: Cerebral Palsy								
Total eligible for seating device	104	141	34	35	30	38	21	26
Total received seating device	70	131	11	29	22	36	19	26
Seating coverage rate	67%	93%	32%	83%	73%	95%	90%	100%
Seating review rate: one follow up review in last year	33%	81%	0%	80%	17%	84%	50%	88%
Seating review rate: 2 follow ups reviews in last year	10%	65%	0%	64%	0%	76%	17%	60%
Average age at receiving first seating	12	10	4.4	2.1	7.5	6.5	11.5	10.6

Supporting factors

- Improvements in data management
- Improvements in coordination of care
- Strengthening end-user involvement in service delivery
- Decentralizing care to community level

1. What does coverage for rehabilitation look like in your country and how has the COVID-19 pandemic affected this?

Dr. Akanle Olufunke, Nigeria

Rehabilitation in Nigeria

- As of 2020, there are reportedly **over 27 million Nigerians** living with some form of disabilities.
- The five most common types of disabilities in Nigeria are, **visual impairment, hearing impairment, physical impairment, intellectual impairment, and communication impairment**.
- It is urgent to support Nigeria to address the growth in demand for rehabilitation services that is
  - increasing with ageing populations,
  - the rising prevalence of non communicable diseases and
  - the increasing numbers of people living with the consequences of injury sustained as a result of high prevalence of insurgencies, terrorism and incessant road traffic accidence in Nigeria.

Coverage for Rehabilitation in Nigeria

- Rehabilitation can be provided in many different settings– public or private– from **inpatient or outpatient hospital settings**, to **private clinics and NGOs, community settings such as an individual's home and industries**.
- The available rehabilitation services are in secondary and tertiary health facilities in urban areas, rarely rehabilitation services in the rural areas.
- Rehabilitation needs a multi-professional workforce and **inter-disciplinary collaboration** between these professionals. There are very few facilities that can adequately meet multi-professional rehabilitation needs.
- Currently in Nigeria there are about 6000 registered rehabilitation personnel for over 200 million population.
- Data that directly informs the unmet need of rehabilitation in Nigeria is not available.

How COVID-19 has affected rehabilitation in Nigeria

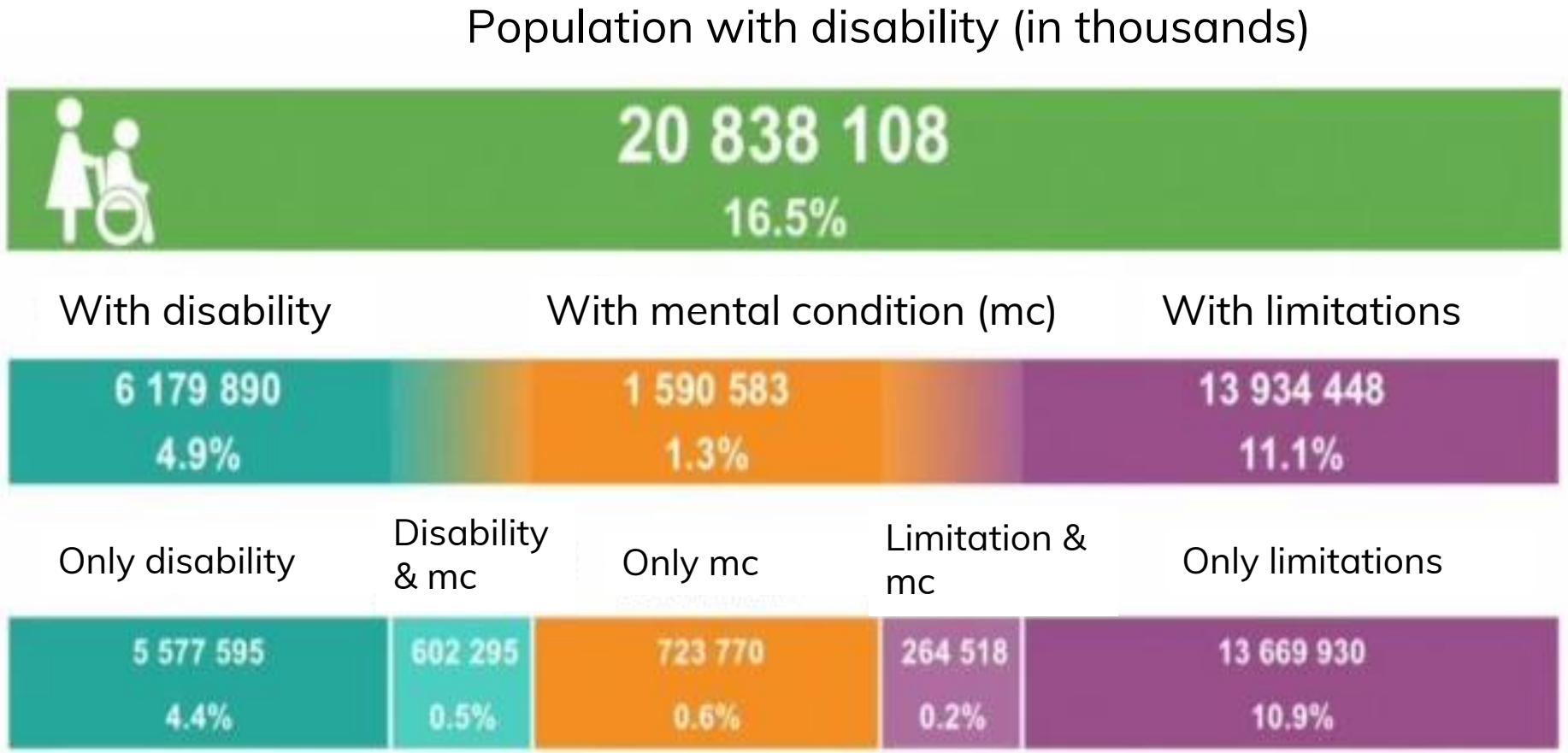
Globally, many people are living with mid- and long-term consequences of COVID-19 and may be in need of rehabilitation to support their recovery from the disease. In Nigeria,

- There was finance priority given to COVID-19 related budget especially in 2020-2022 budgeting.
- The number of outpatients seen in a day was scaled down in order to avoid congestion and to give room for physical distancing.
- The prognosis of patients with disabling conditions were greatly affected, especially in physiotherapy and rehabilitation services
- Rehabilitation personnel are in highest risk of contracting the virus, therefore the mental state of healthcare providers including therapists is also affected. This is because their services require manual contact with patients.
- The isolation centers were not designed with infrastructure to meet the accessibility needs of patients with underlying disabling conditions
- Very few rehabilitation personnel were deployed/engaged in the isolation centers despite the critical roles some rehabilitation personnel played in cardiopulmonary management of patients with covid.
- Majorities of patients with underlying disabling conditions have no access to rehabilitation services, hence developed complication, some lead to death.
- There was patient's fear of contracting the virus, further exacerbated by widespread misinformation, misconception, and attitudes toward COVID-19 in the hospital

1. What does coverage for rehabilitation look like in your country and how has the COVID-19 pandemic affected this?

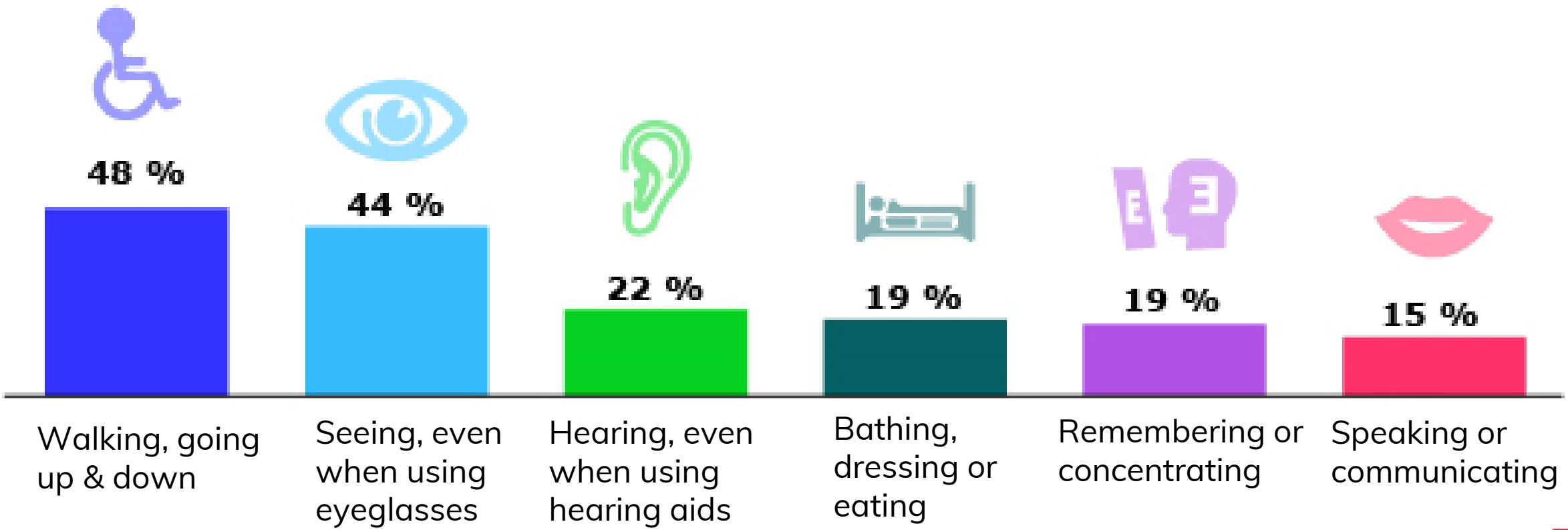
Dr. Adolfo Martinez Valle, Mexico

Who needs rehabilitation in Mexico?



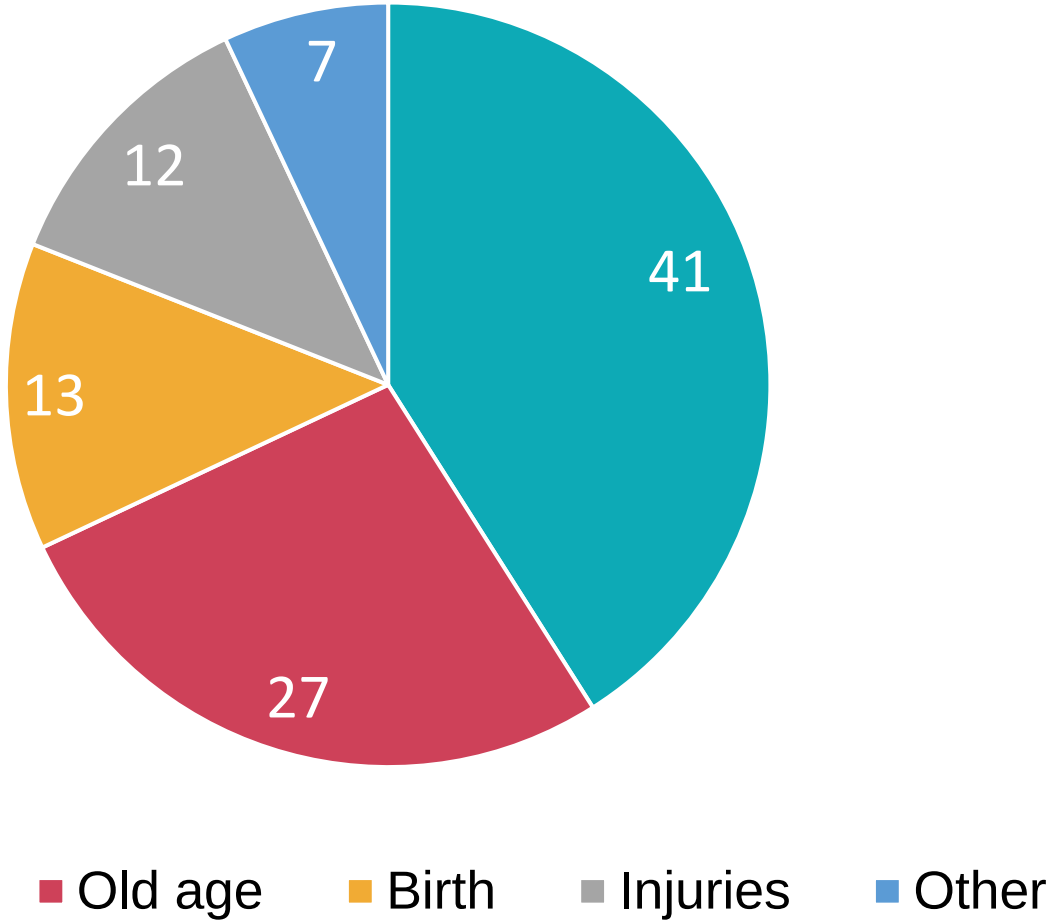
Source: INEGI, Census 2020

Difficulty of activities associated with disability



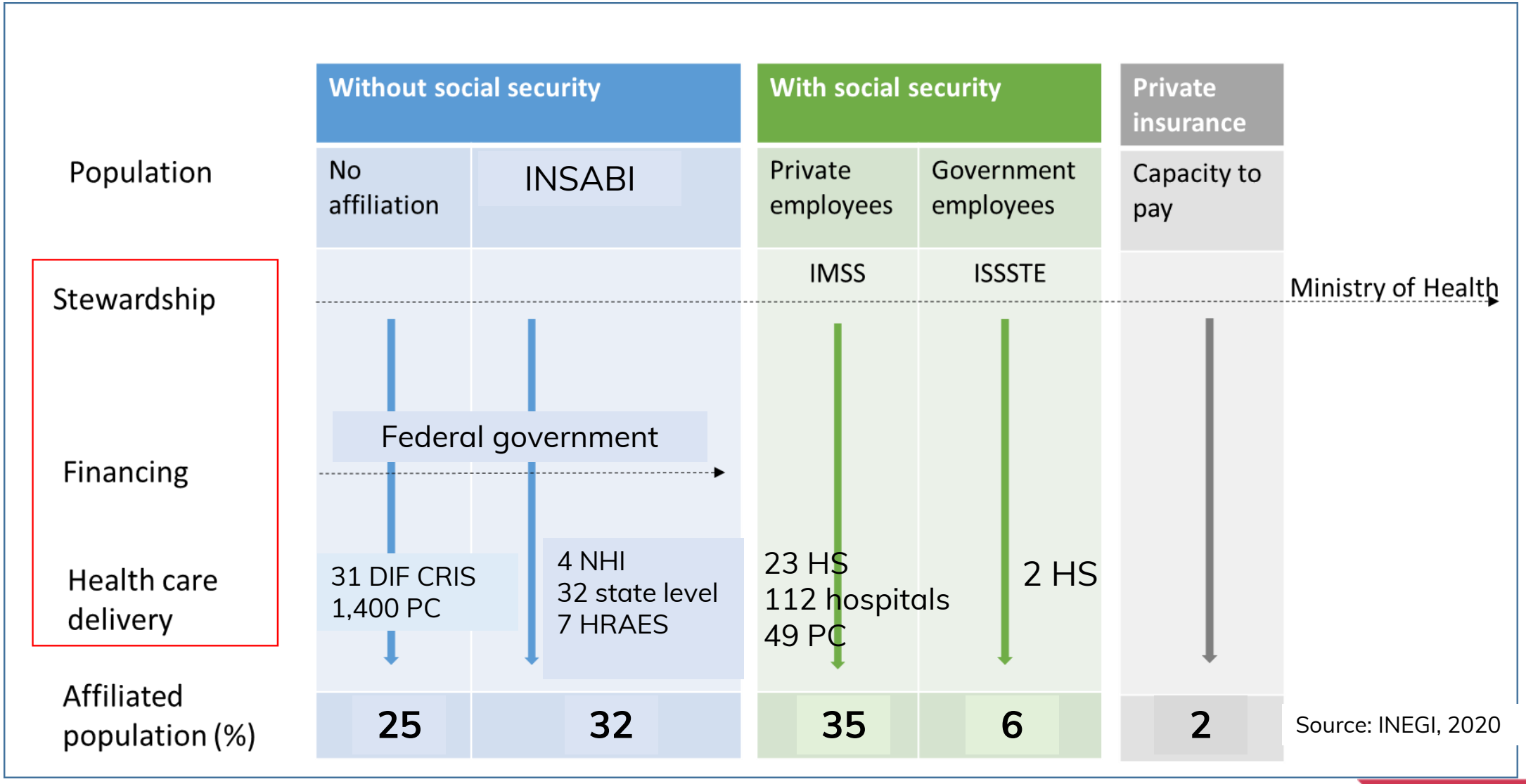
Source: INEGI, Census 2020

Causes of disability & limitations (%), 2020



Source: INEGI, Census 2020

Fragmented coverage for rehabilitation



CRIS: Integral Rehab Centers; **PC:** Primary Care Centers; **NHI:** National Institutes of Health; **HRAES:** Regional High Specialty Care; **HS:** Specialty Care

Impact of COVID-19 on rehabilitation

Hard to measure, but given that it has not been a priority so far, it can be estimated that…

- Cancelled or delayed surgeries may have worsened health conditions
- Limited access to physiotherapy services during quarantine
- Delayed seeking of needed rehabilitation care due to fear of getting infected by COVID-19
- Cancelled regular rehabilitation services due to them not being considered essential
- Loss of mobility or functionality for people who had to stay home due to COVID-19
- Rehabilitation services needed for COVID-19 patients

2. What are the major challenges in ensuring service coverage?

Dr. Akanle Olufunke, Nigeria

Major challenges in ensuring rehabilitation service coverage in Nigeria

- Limited knowledge and understanding of rehabilitation by policy-makers
- Limited finances available to invest in rehabilitation
- Insufficient number of rehabilitation professionals
- Lack of state of arts equipped rehabilitation centers in Nigeria
- Undervalue, underemployment and underutilization of rehabilitation services at all levels of health care in Nigeria.
- Non integration of rehabilitation services into the primary health care.
- Poor referral system (Non referral or delay referral) due to poor or limited knowledge of some consultant health workers on the relevant of rehabilitation services as components of health service delivery.
- Inadequate coverage of rehabilitation services by National health Insurance Scheme (NHIS). Just few sessions (max 5) of physiotherapy services which is not adequate for long term rehabilitation conditions.
- Limited training institutions for rehabilitation professionals in Nigeria.
- Poor infrastructures especially in rural areas to introduce tele-rehabilitation into the rehabilitation services in Nigeria.
- Socio-cultural and socio-economic factors among the patients that need rehabilitation services
- Poor level of awareness among the patient with disabling conditions on the relevance of rehabilitation services to their recovery.

Way forward

- Many training institutions in Nigeria need to be aided by the development partners and international funding to **strengthen the training institutions in providing standard rehabilitation training facilities, robust curriculum and employment of lecturers for the training of rehabilitation professions** and carry out research of international standard to meet accreditation standards as set up by the regulatory board.

- "Brain drain" among the medical Rehabilitation professionals due to **unemployment, unsatisfactory renumeration, poor recognition and engagement, lack of conducive working environment, financial support and infrastructure** to carry out research on Rehabilitation in Nigeria.
    - Priority should be given to employment of rehabilitation professionals at all levels of health care including primary health care.
    - Increase the renumerations and allowances of rehabilitation professionals
    - Provide incentives for rural posting and provide enabling environment for their practice
    - Established a state of arts rehabilitation facilities that encourage multi-disciplinary approach to patient rehabilitation
    - Provide grants and funds for research and data collection to help evidence-based practice.
    - Provision should be made for exchanged programme in rehabilitation
    - Sponsorship and scholarship for continuing professional development in rehabilitation.

3. What are the major barriers for patients to receive care?

Maryke Bezuidenhout, South Africa

Barriers to uptake and retention in care

Demand side barriers:

- Financial: including TRANSPORT
- Environmental
- Attitudinal
- Acceptability of care
- Quality of care
- Consistency of care
- Appropriateness of intervention
- Beliefs

Supply side barriers:

- HR (incl mix), HRD.
- Budget & Supply chain
- Information management
- Governance and leadership
- SERVICE DESIGN

Universal Health Care

- Service coverage
- Financial risk protection
- Equity

Data gap/assumption	Impact on % cohort experiencing CHE
Welfare grant income used as total household income	**Over-estimation (**subsistence farming, piece jobs, actual employment may incr. income- why consumption is usually used but no data)
Welfare grants shared equally amongst household	**Underestimation** (not all family members contribute equally to the 'pot')
Unable to estimate food expenditure or consumption	**Under-estimation** (this would reduce total amount available for additional things like transport)
Used transport cost as a major contributor towards healthcare expenditure, as all healthcare for PwD is free at point of care if they meet the means test- yet despite this, the level of centralization of a rehab service appears to have huge impact on uptake and retention in care.	**Over-estimation**, if using traditional definitions which exclude transport as part of healthcare expenditure
Additional costs such as productivity time lost/ loss of earnings/ additional costs of hiring a caregiver/task shifting not taken into account- no data	**Under-estimation** (this would increase cost of accessing healthcare)
Assumption that each clinical visit was effective and needed and of sufficient quality	May change if the onus is on the family to seek healthcare, even if all financial outlays equal (acceptability of care, perceived need)
Absence/infrequence of certain services (orthopedics, plastics, orthotics) reduce referrals and utilization rates	**Under-estimation** of need. If need realized, this would lead to increased OOPE.
Small sample size (80 households)	**Under or Over estimation**
Model only runs for 8 months	**Under-estimation**, as clients allocated to monthly, three monthly or six monthly visits according to severity of CP and age, as per Manguzi package of care
Lack of stratification of results (geographical location, quintiles etc)	Less insight into factors affecting equity in access

Impact (UHC)

Threshold for CHE	5%	10%	15%	20%	25%	30%	35%	40%
Current model	8%	8%	6%	4%	4%	4%	4%	4%
Clinic model	38%	18%	14%	10%	9%	6%	5%	5%
Centralized hospital model	65%	49%	40%	26%	16%	14%	11%	8%

South Africa's CHE is estimated at a mere 1.4% at a 10% threshold

Design the service to fit the patient. Don’t make the patient fit the service

- (Maryke ‘because I say so’ ™)

4. We often hear that rehabilitation is underprioritized by policymakers and in UHC strategies. What has your experience been with this and how can it be overcome?

Dr. Adolfo Martinez Valle, Mexico

Challenges for implementing a comprehensive rehabilitation agenda

Political will	• Needed to raise it in the public health agenda • The 1st national plan established in 2007, but since 2015 has lost momentum
Multisectorial approach	• Address disability through a systemic lens
Integrated & comprehensive coverage	• Address the fragmented financing and provision of rehabilitation services
Professional training	• Addressing all rehab needs • More equitable allocation

5. How can rehabilitation services be incorporated as part of primary health care?

Maryke Bezuidenhout, South Africa

Integrating rehabilitation into primary health care

- Two-pronged approach
- Policy is often weak
- Bureaucratic cultures limit access and innovation
- Innovation vs piloting for scalability
- Governance, leadership, financing limited
- Convincing arguments with relevant data

Policy and practice: PHC-R

PHC Re-engineering strategy supporting NHI

- Little mention of rehab at community level
- Nurse-led outreach team decentralized
- Bottom-up solutions and implementation
- Sharing scarce resources
- Increased visibility of rehab clients: advocacy and accountability
- Both sides and the patients gain

Policy and practice: FSDR

Framework & Strategy for Disability and Rehabilitation: Peer support

- FSDR: part of rehab team
- No current training, regulating body, posts
- Local donor funded NPOs step in
- ++ by therapists to strengthen PS NPO and integrate their services
- Support from DoH for wheelchair repairer
- Cost saving strategy yet not formally implemented or scaled

Why integrate?

- Improves **coverage of care**
- Improves **equity**
- Improves **financial risk protection** for some of the most vulnerable

5. How can rehabilitation services be incorporated as part of primary health care?

Dr. Akanle Olufunke, Nigeria

How rehabilitation can be a part of PHC in Nigeria

- Workforce:
  - Increase the number of **rehabilitation personnel in PHC through greater investment in education and training** programs, and incentives for practice in the community
  - Increase the **capacity and training of general practitioners** in the early identification of functioning decline, referral to rehabilitation and follow up.
  - Optimize **rehabilitation workforce performance, retention, and distribution** through investing in sound supervisory structures, professional development opportunities, accredited training institutions, and professional associations
- Build **effective rehabilitation referral processes**, increasing opportunities for collaboration between rehabilitation providers and other primary health care workers
- Introduce tele-rehabilitation to support general practitioners in the PHC context
- Create and **strengthen leadership and political support for the provision of assistive products in PHC**
- Ensure that information on rehabilitation access, needs, and effectiveness is integrated into PHC information management systems
- Expand the National Health Insurance scheme to cover rehabilitation services

5. How can rehabilitation services be incorporated as part of primary health care?

Dr. Adolfo Martinez Valle, Mexico

How rehabilitation can be incorporated as part of PHC in Mexico

IMSS

49 primary care centers

DIF

31 comprehensive centers & nearly 2,000 basic units

INSABI
INSTITUTO DE SALUD PARA EL BIENESTAR

Designed a new PHC model, which in theory will cover rehab through a communitarian approach, but it has not estimated the financial, material and human resources needed to meet the demand

Questions from our audience

If you had to prioritize one thing over the next year to improve rehabilitation in your country, what would you focus on?

Closing

What questions/topics would you like to explore further in a future learning exchange on rehabilitation and UHC?

Please type your answers in the chat.

Next steps

- Webinar slides and recording will be shared
- Reach out to HSSA4Integration@r4d.org to learn more about rehabilitation and UHC

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Thank You