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# Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS)



## ABOUT ReLAB-HS

The need for accessible rehabilitation inclusive of assistive technology (AT) is urgent and growing. An estimated 2.4 billion people worldwide need these services to improve their quality of life and functioning. Yet more than 80% do not have access to them in low- and middle-income countries (LMICs).

**Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS)** is designed to drive change in the physical rehabilitation sector, maximize opportunities for integrating rehabilitation in health systems, and respond to the growing need for rehabilitation and AT. It consists of six international partners with expertise in health systems, implementation science, and service delivery innovations. ReLAB-HS is led by the Johns Hopkins Bloomberg School of Public Health's International Injury Research Unit. Other global partners include Humanity & Inclusion, MiracleFeet, Momentum Wheels for Humanity, Nossal Institute for Global Health at the University of Melbourne, and Physiopedia. ReLAB-HS is funded by a United States Agency for International Development award of \$39.5 million over five years, financed through the Leahy War Victims Fund.

The activity will **Learn** through co-design and collaborative applied research; **Act** and adapt through implementing new demand-driven and contextually relevant service models; and **Build** the conditions for health systems that integrate rehabilitation in the health system across all levels of care. Each of these elements is interconnected and will contribute to and inform each other.

ReLAB-HS is working in Burma, Pakistan, Uganda and Ukraine.

## AREAS OF WORK

ReLAB-HS will work across all levels of the health system, building technical, policy, and research capacity; increasing political commitment; and inspiring leadership. Using new technology and supporting simple, low-cost service delivery models, we aim to expand access to rehabilitation in the community – where it is needed most.

## NUMBERS



**4** countries working to drive change in rehabilitation



**829** people trained in year 1 of the activity



**14** rehabilitation research studies being implemented



**32,139** Rehabilitation Resources Repository users



## CROSS-CUTTING THEMES

Gender equality and social inclusion (GESI), disability- inclusive development, equity, and understanding needs across the life course, are cross-cutting themes throughout all proposed interventions. The GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, including gender, location, ability, wealth, disability, education, age, caste/ethnicity, race, and how these identities intersect to create experiences of vulnerability and marginalization. ReLAB-HS incorporates the inclusion of key groups within activities, such as women and girls and other groups in vulnerable situations who are at risk of exclusion within a particular context, to ensure their interests are represented.

### LEARNING

The ReLAB-HS approach emphasizes continuous learning, using applied research to inform refinement of activities and to evaluate outcomes and impact. Many activities will be supported through innovative digital platforms that share information, evidence, and research findings; improve rehabilitation service delivery; and develop the health workforce. These platforms are designed with input from contributors from diverse settings to promote diversity, equity, and inclusion, and include telerehabilitation, eLearning, communities of practice, and an accessible repository of resources.

### ACTING

By generating new evidence for the integration of rehabilitation into health systems, ReLAB-HS seeks to identify key factors for success to inform decisions about scale-up, resource allocation, and sustainability. Targeted actions include strengthening the rehabilitation workforce and service delivery by providing equitable, open access to resources and education and by adapting technology and service delivery models to local contexts. In addition, we will nurture strong leadership within the government, health workforce, and user groups to engage in rehabilitation and AT resource allocation, service planning, delivery, and monitoring.

### BUILDING

ReLAB-HS was designed to create a lasting impact. This requires reinforcing the conditions needed for strong health systems that integrate rehabilitation and AT across all levels of care. We aim to develop local capacity, facilitate mentorship of local stakeholders and leaders in the field, and pilot activities for regional and global exchange and scale-up. Key outputs include increased availability of rehabilitation services; greater demand from healthcare providers and users; and strengthened technical, policy, and research capacity. Informed, empowered leaders and users; better access to evidence, knowledge, and tools; and active networks are all essential to yielding lasting change.

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