Rehabilitation and Assistive Technology are Essential Components of Universal Health Coverage

On September 21, 2023, at the United Nations High-Level Meeting, world leaders adopted a new Political Declaration on Universal Health Coverage (UHC). Despite contentious geopolitical issues interfering with negotiations and threatening its adoption, United Nations Member States reached consensus on the declaration, demonstrating the political will to work toward realizing the right to health for all.

The new Political Declaration reaffirms the integration of rehabilitation and assistive technology (AT) in UHC and should catalyze further efforts to make it a reality.

These efforts are, more than ever, necessary to respond to the needs of the 2.4 billion people worldwide who live with health conditions that can benefit from rehabilitation.

This article presents global advocacy considerations for better integration of rehabilitation and AT in UHC, building on evidence from Burma, Pakistan, and Uganda, where ReLAB-HS has been working.

Universal health coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

The UHC service coverage index (Sustainable Development Goal indicator 3.8.1) increased from 45 in 2000 to 68 in 2019. Yet, about 2 billion people are facing catastrophic or impoverishing health spending.

! A common misconception is that health care services in the public sector are free of charge to Pakistani citizens. However, this is not the case: 78 percent of the population continues to pay for health care out of their own pockets, and this burden is even higher for assistive products users at nearly 94 percent.

! The Uganda National Minimum Health Care Package in principle includes universal access to promotive, preventative, curative, rehabilitative, and palliative care for prioritized diseases and conditions. All public health facilities are expected to provide this health care package to the population free of charge, but this does not always occur in practice.

Despite the immense and growing global needs, rehabilitation services and AT remain under-prioritized in the global efforts towards UHC. It is estimated that one in three people globally need rehabilitation. This number has increased by 63 percent from 1990 to 2019 and will continue to rise in the years to come due to an aging population and the increasing prevalence of chronic and noncommunicable diseases, injuries, and trauma. In addition, rehabilitation is needed in health emergencies, including those associated with infectious disease outbreaks, like COVID-19.

Financial coverage of these services and products, including social protection schemes and health insurances, remains variable worldwide, and is poor or even absent in many low- and middle-income countries (LMICs). As a result, rehabilitation and AT represent for most people unbearable out-of-pocket expenses.

Financial barriers remain key reasons for not seeking or receiving rehabilitation and AT services. The cost of AT can be particularly high where products must be imported. In addition to the direct costs of services and products, the costs of traveling and staying in the area where rehabilitation services are provided exacerbate out-of-pocket expenses.

! In Peshawar and Swat districts (Pakistan), those with purchase power could access an assistive product quicker by visiting a store and purchasing it directly, while those without purchasing power, who depended on receiving assistive products at no cost, had to wait longer times.[1]

! Across countries, we observed that besides the fees to be paid for rehabilitation services per se, there are several related costs:

- Long travel distances due to limited availability of services at the community level and the badly accessible public transport system require traveling by private means.
- Costs of travel and stay are to be covered not only for the person in need of rehabilitation, but also for the accompanying person.
- Rehabilitation interventions often imply longer stays where the facilities are located, or multiple trips.

Furthermore, **aggregated and global UHC data masks inequalities in service coverage, which remains a fundamental challenge**. For instance, more than 50 percent of persons in LMICs who need rehabilitation cannot access the services and products they require. According to the United Nations Human Development Index, access to AT varies by country between 3 and 90 percent.

Social determinants of health considerably impact the identification of rehabilitation needs; access to quality rehabilitation services and AT, for all ages; as well as motivation and participation in rehabilitation programs and their follow-up. In some LMICs, barriers for persons with disabilities are

[1] ReLAB-HS (2022). Understanding the demand and supply of mobility-related assistive technology in Peshawar and Swat Districts.

so significant that only 3 to 5 percent are able to access the rehabilitation services they need.[2] In addition, available evidence describes lower participation rates and worse rehabilitation outcomes among women and girls compared with men and boys.

Equity should remain a central concern and principle to guide action for UHC**. Integration of rehabilitation in primary care is critical to making rehabilitation accessible to everyone, thus enhancing health equity.** However, rehabilitation is rarely integrated into primary care and remains concentrated in urban areas, leaving rural and remote areas underserviced.

> ! None of the 9,000 smaller primary care facilities in Burma provide rehabilitation services, but some rehabilitation elements could be integrated in the essential health services packages provided at this level, as a complementary component.[3]

> ! Rehabilitation services in Uganda are provided in national and regional referral hospitals. However, the services have been reported to be inadequate due to understaffing, obsolete infrastructure, and geographical inaccessibility for many communities.

Rehabilitation is recognized as a component of the UHC continuum in the 2019 United Nations Political Declaration on Universal Health Coverage. The World Health Assembly's resolution on "Strengthening rehabilitation in health systems," adopted at the 76th World Health Assembly in May 2023, reaffirms that rehabilitation is fundamental for UHC and demands Member States to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating them into packages of essential care where necessary. The World Health Assembly's resolution on "Improving access to assistive technology" (2018) also provides guidance in this regard. The new United Nations Political Declaration on UHC should build on these frameworks to catalyze further political attention on rehabilitation and AT.

But commitments and recognition have not been and will not be enough. **The 2.4 billion people who need rehabilitation deserve actionable solutions**, including:

- Expansion of rehabilitation in primary health care and at the community level
- Mobilization of adequate domestic and international resources
- More robust and comprehensive insurance schemes, health package financing, and dedicated funds
- Strengthening of the rehabilitation workforce
- Better distribution of rehabilitation services, in order to reduce the indirect costs of travel and stay
- Investments in research and development, as well as in local manufacturing, to increase affordability and availability of AT
- Establishment and integration of alternative service delivery models (like telerehabilitation)

[2] T. Shakespeare, T. Bright and H. Kuper, "Access to health for persons with disabilities", discussion paper commissioned by the Special Rapporteur on the rights of persons with disabilities, 2018.
[3] ReLAB-HS (2022). Burma country report. Internal document.

How to realize this ambitious, but necessary, agenda? Health leaders need to understand that rehabilitation, services that optimize an individual's functioning, is essential for health and well-being and for achieving UHC. Functioning should be viewed as an indicator of health, complementing mortality and morbidity: improving the health status of a population not only requires reducing the number of deaths and of people affected by diseases, but also ensuring that people live and participate at their fullest potential.

ReLAB-HS Interventions to Advance Rehabilitation and AT in UHC

In **Burma**, As part of its commitment to the Humanitarian Response Plan 2023 (HRP), the World Health Organization (WHO)-led Health Cluster aims to improve availability and accessibility of primary health care services, including rehabilitation and AT, among displaced, returned, stateless, and crisis-affected people. Working through the Health Cluster, through joint input and advocacy efforts with civil society organizations and humanitarian actors, ReLAB-HS successfully advocated for the inclusion of rehabilitation and AT services in the HRP, as well as the Health Cluster's essential service package of primary health services for Burma that are currently being finalized. The HRP cautions, however, that if mobilized funds are inadequate, some vital health services, including rehabilitation, will likely be deprioritized.

In **Pakistan** and **Uganda**, ReLAB-HS is promoting UHC efforts by implementing interventions that support the integration of rehabilitation and AT into each country's health system. Working at the district level, ReLAB-HS aims to improve access to services by strengthening essential components of the rehabilitation sector: service delivery, workforce development, and policy and planning.

ReLAB-HS is strengthening service delivery and supporting the integration of rehabilitation and AT into primary health care by training primary health care workers and community health workers to identify individuals who require rehabilitation and refer them to specialized services as needed. Primary care doctors and nurses are receiving additional training on the provision of basic rehabilitation and AT services. Furthermore, ReLAB-HS is supporting the provision of simple assistive products at the primary care level (e.g., walking canes, crutches, and toilet and shower chairs) by working with local stakeholders to establish procurement mechanisms that will secure a steady supply of products. In Uganda, to improve case management and coordination between providers at different levels of care, ReLAB-HS will soon implement a telerehabilitation application, digitizing the screening, assessment, intervention, and referral processes.

To expand workforce capacity, ReLAB-HS is strengthening academic and training institutions to align pre-service programs and curricula with international standards, while also creating more opportunities for continuing professional development. Working with professional associations, ReLAB-HS is assisting in the review of strategies and fostering interprofessional collaboration in an effort to strengthen regulation of rehabilitation professions in each country.

To strengthen strategic planning and supportive policy management, ReLAB-HS collaborated with the WHO to support both Pakistan and Uganda to conduct the Systematic Assessment of Rehabilitation Situation (STARS). In Uganda, findings from the STARS have led to the development of a national rehabilitation and AT strategic plan, and in Pakistan, will inform the development of

provincial strategic plans. Once adopted, these plans will guide and reinforce efforts to enhance access to quality rehabilitation and AT services.

As part of ReLAB-HS's comprehensive approach to strengthening health systems for the enhanced provision of rehabilitation and AT services, these activities are guided by UHC principles of expanding access to services for all who need them and contribute to global efforts to work toward realizing this goal.

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