

Access to rehabilitation in primary health care: an ongoing challenge



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Introduction

At the heart of the 1978 Declaration of Alma-Ata¹ was the recognition that primary health care² forms an integral part of every country's health system. It brings health care to people where they live and work and it constitutes the opening element of a continuing health care process. The Declaration made it clear that to address the main health needs of people in the community, primary health care must include promotive, preventive, curative, rehabilitative and palliative services in accordance with those needs (1). In this paper, rehabilitation is recognized as a core component of the health care continuum, as necessary in primary health care, at the gateway to service delivery as they are in secondary or tertiary care (see Box 1 for an outline of what rehabilitation comprises).

Box 1. What is rehabilitation?

Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Health conditions include disease (acute or chronic), disorders, injuries or trauma. A health condition may also include other circumstances such as pregnancy, ageing, stress, congenital anomaly or genetic predisposition. Environments refer to the physical, social, and cultural contexts in which individuals and their communities live.

Rehabilitation may be needed by anyone with a health condition who experiences difficulties in mobility, vision, hearing, speech, swallow or cognition, for example. Rehabilitation addresses impairments, activity limitations and participation restrictions, as well as personal and environmental factors (including assistive technology) that impact on functioning. Rehabilitation is a highly person-centred health strategy, with interventions focusing on the function and capacities of an individual as well as the goals and preferences of the user.

Rehabilitation usually includes the interventions provided by rehabilitation professionals such as physiotherapists, occupational therapists, speech and language therapists, orthotic and prosthetic technicians, psychologists and physical and rehabilitation medicine doctors (2).

The Declaration's recognition of rehabilitation was significant because it helped to promote a political commitment to improving access to rehabilitation for people in their communities. It did so by encouraging:

- empowerment of individuals, families and communities to optimize their health through rehabilitation;
- the streamlining of referrals to more specialized rehabilitation external to the community.

Since the signing of the Declaration countries have followed different approaches to integrate rehabilitation into primary health care, depending on their available resources and health infrastructure.

¹ A declaration on the need for urgent action by all governments, health and development workers, and the world community to protect and promote the health of all people, signed at the International Conference on Primary Health Care in Alma-Ata, 12 September 1978.

² Primary health care is a whole-of-society approach to maximizing the level and distribution of health and well-being by acting simultaneously on three components (1) *primary care* and essential public health functions as the core of integrated health services (2) *multisectoral policy and action* (3) *empowering people and communities*. Primary health care has been shown to be the most equitable, effective or and cost-effective way to enhance the health of populations.

Alma-Ata at 40: taking stock and looking ahead

Where the rehabilitation workforce capacity is stronger, rehabilitation professionals may be accessible at the primary care level, especially for addressing the needs of people with highly prevalent conditions, such as back pain or postpartum complications. Where the rehabilitation workforce capacity is less developed, rehabilitation interventions may sometimes be delivered by generalist health care providers. In all instances, the primary health care workforce – general-practitioners, primary care nurses or community health workers – should be trained to identify and assess the rehabilitation needs of their patients, and either provide rehabilitation interventions or refer them to the most suitable rehabilitation services (3, 4). The three case studies in this paper demonstrate a variety of pathways that countries may take in ensuring that rehabilitation plays a key role in primary health care (see Boxes 4, 5 and 6).

As we approach the 40th anniversary of the Declaration of Alma-Ata, it is important to be realistic about the actual progress countries have made in both recognizing the vital importance of rehabilitation and the need to integrate rehabilitation in primary health care. Despite the Declaration of Alma-Ata, and the existence of successful models of integration, in the vast majority of health systems (especially in low- and middle-income countries), rehabilitation has not been fully or effectively integrated into primary health care. Data collected by the World Health Organization (WHO) Regional Office for the Western Pacific, for example, found that only 25% of countries in the region have well-established and sustainable rehabilitation in primary health care (5).

This year, the world comes together at the Global Conference on Primary Health Care to endorse the Declaration of Astana and to recommit to strengthening primary health care to achieve universal health coverage and the Sustainable Development Goals. At this time, it is important that we reflect on the current and future rehabilitation *needs* of individuals and communities and how this need can be efficiently met in the context of primary health care. It is also important to reflect on the current *challenges* we face when integrating rehabilitation in primary health care and what concrete actions can be taken. The 40th anniversary of this global health milestone provides an opportunity to reaffirm the principles of the original declaration and underline the importance of the integration of rehabilitation in primary health care in order to achieve the collective health goals for the 21st century.

Rehabilitation in primary health care: the need

Global demographic and health trends will probably increase the need for rehabilitation to be integrated into primary health care. The world's population is ageing, and the number of people living with noncommunicable diseases and the consequences of injuries are increasing (6–8). The population aged over 60 years is predicted to double by 2050, and the prevalence of noncommunicable diseases has already increased by 13.7% in the past 10 years (6, 9). Together, these trends bring a surge in the prevalence of disability and will place new and major demands on health and social systems, impacting the delivery of primary health care.

As the impact of noncommunicable diseases and population ageing continues, the number of people who require rehabilitation close to their homes will also increase. In addition, primary health care will continue to be an especially critical platform for the identification and referral of children with developmental, cognitive and other congenital conditions, as these individuals may never enter the hospital system and need long-term rehabilitation.





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