

ISPRM DRC

A Glimpse of Publications and Grants

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ISPRM Disaster Rehabilitation Committee (DRC)

Founded in 2010, Committee on Rehabilitation Disaster Relief (CRDR)

**To provide technical resources for the optimization of health, functioning, and quality of life for persons who sustain injuries in disasters;
Bone fracture, amputation, SCI, TBI, peripheral nerve injury, and burns require acute post-disaster medical rehabilitation.**

Source: ISPRM News & Views

Appropriate rehabilitation care over the continuum of the disaster response is necessary to

- **restore persons' functional independence,**
- **quality of life**
- **participation in society**



Source: Aljazeera, Afghanistan Earthquake

There was a knowledge gap and confusion regarding why, when, and how to rehab following a disaster

Highlights of Publications by CRDR (later DRC)

1. Developing post-disaster physical rehabilitation: role of the World Health Organization Liaison Sub-Committee on Rehabilitation Disaster Relief of the International Society of Physical and Rehabilitation Medicine

James Gosney, Jan Dietrich Reinhardt, Andrew J Haig, Jianan Li

DOI: [10.2340/16501977-0890](https://doi.org/10.2340/16501977-0890) (Nov 2011)

2. Disability and health-related rehabilitation in international disaster relief.

Reinhardt JD, Li J, Gosney J, Rathore FA, Haig AJ, Marx M, DeLisa JA; International Society of Physical and Rehabilitation Medicine's Sub-Committee on Rehabilitation Disaster Relief. [doi: 10.3402/gha.v4i0.7191](https://doi.org/10.3402/gha.v4i0.7191). (2011)

3. Medical rehabilitation after natural disasters: why, when, and how?

Farooq A Rathore, James E Gosney, Jan D Reinhardt, Andrew J Haig, Jianan Li, Joel A DeLisa: DOI: [10.1016/j.apmr.2012.05.018](https://doi.org/10.1016/j.apmr.2012.05.018) (October 2012)

4. Philippine Academy of Rehabilitation Medicine emergency basic relief and medical aid mission project (November 2013-February 2014): the role of physiatrists in Super Typhoon Haiyan.

Filipinas Ganchoon, Rommel Bugho, Liezel Calina, Rochelle Dy, James Gosney DOI: [10.1080/09638288.2017.1326534](https://doi.org/10.1080/09638288.2017.1326534) (2018)

5. Medical Rehabilitation in Natural Disasters

Khan F, Amatya B, Gosney J, Rathore FA, Burkle FM. (2015)

[DOI: 10.1016/j.apmr.2015.02.007](https://doi.org/10.1016/j.apmr.2015.02.007)

6. Development and Implementation of the World Health Organization Emergency Medical Teams: Minimum Technical Standards and Recommendations for Rehabilitation

**Jody-Anne Mills, James Gosney, Fiona Stephenson, Peter Skelton, Ian
Norton, Valerie Scherrer et al. (2018)**

[doi: 10.1371/currents.dis.76fd9ebfd8689469452cc8c0c0d7cdce](https://doi.org/10.1371/currents.dis.76fd9ebfd8689469452cc8c0c0d7cdce)

MINIMUM TECHNICAL STANDARDS AND RECOMMENDATIONS FOR REHABILITATION

WHO 2016

<https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Table 3. WHO classification of EMTs

Type	Description	Capacity	Minimum length of stay
1 Mobile	Mobile outpatient teams: teams to access the smallest communities in remote areas.	> 50 outpatients a day	2 weeks
1 Fixed	Outpatient facilities with or without tented structure.	> 100 outpatients a day	2 weeks
2	Inpatient facilities with surgery.	> 100 outpatients and 20 inpatients 7 major or 15 minor operations a day	3 weeks
3	Referral leave care, inpatient facilities, surgery and high dependency.	> 100 outpatients and 40 inpatients, including 4–6 intensive care beds 15 major and 30 minor operations a day	4–6 weeks
Specialized care team	Teams that can join local facilities or EMTs to provide supplementary specialist care.	Variable	Variable

8. 2017 Bangladesh landslides: physical rehabilitation perspective

Taslim Uddin, Mohammad T Islam, James E Gosney

DOI: [10.1080/09638288.2019.1620879](https://doi.org/10.1080/09638288.2019.1620879)

9. Disaster Response and Management: The Integral Role of Rehabilitation

Bhasker Amatya, Fary Khan; 2023 DOI: [10.5535/arm.23071](https://doi.org/10.5535/arm.23071)

narrative review highlights the role of rehabilitation and current developments in disaster rehabilitation; challenges and key future perspectives



Strengthening rehabilitation in health emergency preparedness, readiness, response and resilience

Policy brief **2023**



CONTENTS

- Key messages
- Introduction
- Defining rehabilitation in emergencies: What, Who, Where, When**
- The benefits of rehabilitation in emergencies**
- A vast and increasing need**
- Mandated by a resolution, global conventions and standards**
- Current challenges**

 - Rehabilitation and people with disability in emergencies

- Supporting the inclusion of rehabilitation in HEPR**

 - Rehabilitation preparedness in action

- Case studies**

 - Case study: Establishing rapid response rehabilitation teams in Japan
 - Case study: Occupational therapists promote disaster risk reduction in the I
 - Case study: Rehabilitation preparedness helps earthquake response in Nep
 - Case study: Integrating rehabilitation into an EMT brings wide ranging bene
 - Case study: Rehabilitation in emergency preparedness planning in a hospita

Key Messages

WHO Policy Brief 2023



Health emergencies often create enormous surges in rehabilitation needs, while simultaneously disrupting existing rehabilitation services.



Access to rehabilitation is a human right, and rehabilitation, which should begin as a component of acute care, is a key determinant of patient outcomes.



Health services are more resilient and emergency responses are more efficient and effective when rehabilitation is incorporated into preparedness, readiness and early response.

Key Messages

WHO Policy Brief 2023



Many humanitarian guidelines and global conventions, including a 2023 World Health Assembly Resolution, mandate rehabilitation as an essential health service in emergencies, that must be integrated into preparedness and response.



However, few countries systematically integrate rehabilitation into emergency preparedness, and it is often late to be included in responses, or completely neglected.



Policy-makers, health emergency managers and rehabilitation leaders must ensure that rehabilitation is an integral component of all-hazard health emergency preparedness and response.

What's the future of DRC publications?

Highlight of topics/contents?

How to attract more attention of the general people for awareness building and dissemination of scientific knowledge?

Print Media

Electronic Media

Social Media

Short video

Photography

POLICY STATEMENT: RESPONSE TO A SUDDEN-ONSET NATURAL DISASTER

11 August 2016

Financial services

- 1. Solicit donations** via the ISPRM website on behalf of affected NS and other local rehabilitation services organizations participating in the disaster response on a case-by-case basis
- 2. Apply on behalf of the NS for funding of a NS-endorsed, disaster-related project** (*e.g. support of a rehabilitation specialized care EMT [1], provision of durable medical equipment, etc.*) via the ISPRM committee funding mechanism. NS endorsement implies direct active involvement of its members. One application may be submitted during the disaster's rehabilitation continuum [APP4]. Applications will receive expedited ISPRM PC review to optimize project impact. The funding limit is USD\$10,000; World Bank high income countries are not eligible [4].

ISPRM Grants and Funds

ISPRM Grants:

<https://isprm.org/isprm-2024-presidents-cabinet-grants/>



ISPRM 2024 Grant Rules

1. Scope

ISPRM provides grants to Physical and Rehabilitation Medicine Specialists and Residents **exclusively from low and lower-middle income countries** ([list here](#)) in order to attend and present their research at the ISPRM annual congress. These Grants are intended to support an ISPRM congress registration, accommodation, meals and traveling expenses.

The ISPRM considers 3 World regions: Asia & Oceania; The Americas and Europe, Eastern Mediterranean, Africa. There will be the following possibilities:

- 2 grants of a maximum of 3000€ for candidates coming from the Americas;
- 3 grants of a maximum of 3500 for candidates coming from Europe, Eastern Mediterranean, Africa;
- 6 grants of a maximum of 2000€ for candidates coming from Asia & Oceania.

The ISPRM 2024 program will cover topics across three pillars:

trauma, technology and **timing**. The congress will take place from Saturday 1 June - Thursday 6 June 2024 at the ICC in Sydney.

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The ISPRM President's Cabinet Grants

*Check [HERE](#) the World Bank classification for your country.

View [HERE](#) the rules for this Grant.

Note that this is an opportunity with limited number of grants available!

Eligibility

1. PRM Specialist/Resident, 2. Low and LMIC, 3. Submitted and accepted Abstract for ISPRM Congress

ISPRM committee projects funding:

<https://www.isprm.org/wp-content/uploads/2012/09/ISPRM-Committee-funding-Guidelines1-1.pdf>

ISPRM supports meritorious committee projects through financial support. Funds provided to its committee are envisioned to support committee work (eg. DRC) in reaching their aim defined in their committee operational guidelines.

6. Application process

Application steps:

- The request for ISPRM financial support can be asked anytime through the year.
- A standardised application form must be appropriately completed.
- A full application is submitted on request.
- Applicants must be an ISPRM Committee Chair.

Step 1: Submit a letter of intent

This letter should include:

- The name of the Committee
- The names of the project personnel with their role within the project.
- The name of the primary contact person with contact details.
- A description of the project including hypothesis, aims, methodology, timelines and (maximum 500 words)
- Budget outline

Climate Change Will Bring More Frequent Natural Disasters & More investment is required to mitigate the health impacts

Education, training, and research



The Journal of Climate Change and Health



Volume 19, September–October 2024, 100332

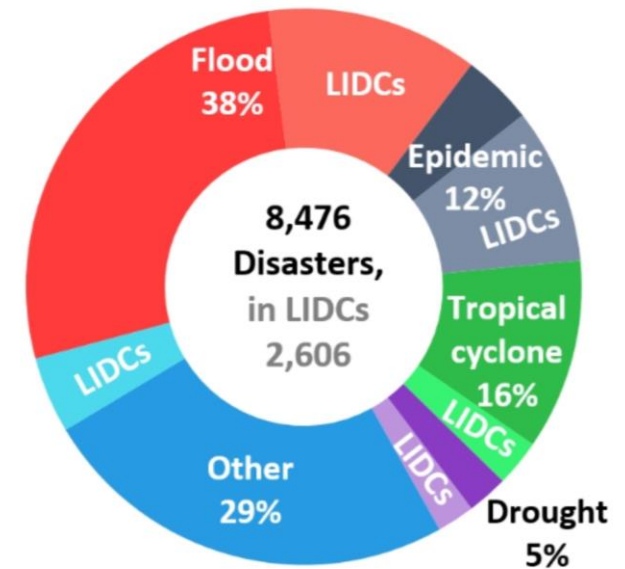


Review

Health impacts of climate-change related natural disasters on persons with disabilities in developing countries: A literature review

<https://doi.org/10.1016/j.joclim.2024.100332>

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Source: IMF

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