

Basic Rehabilitation Package Clinical Resource

BACKGROUND

Rehabilitation in primary health care – why is it important?

Global and demographic trends indicate an increasing need for rehabilitation as a result of population ageing, increasing prevalence in noncommunicable diseases and ongoing consequences of conflict and injury. However, in many parts of the world this need is largely unmet and may grow if there is no significant action taken. In some low- and middle-income countries it is estimated that more than 50% of individuals do not have access to the rehabilitation services they require.

A key strategy to address this unmet need is to make rehabilitation available in Primary Health Care (PHC). When rehabilitation is integrated into PHC, services are brought closer to people's homes, making them more accessible and affordable. Rehabilitation can be integrated into PHC through multiple mechanisms, such as increasing the rehabilitation workforce at this level and through utilizing the existing PHC workforce to deliver rehabilitation.

What is the Basic Rehabilitation Package Clinical Resource?

The World Health Organization (WHO) Basic Rehabilitation Package Clinical Resource (BRP-CR) is a clinical management tool that supports existing primary care workers including doctors and nurses to provide the interventions for rehabilitation particularly where rehabilitation workforce is not available or has limited capacity. The resource outlines a prioritized set of low-cost, high-impact and evidence-based interventions for rehabilitation that can be easily, safely and effectively delivered by existing workforce in PHC and low-resource settings. The BRP-CR guides clinical decision-making on the identification of rehabilitation needs and provision of appropriate interventions, it utilizes a decision-tree (algorithm) structure, similar to that utilized by other WHO products, such as WHO PEN Package and mhGAP. The resource supports rehabilitation task-sharing approaches, enabling existing PHC workforce to be trained in the areas of rehabilitation (e.g. mobility, communication, self-care), so that they can assess for functioning difficulties and subsequently deliver a basic set of interventions. The interventions are focused on addressing functioning difficulties rather than health conditions, as accessing diagnostic tools in primary care settings may pose challenges.

Why do we need a Basic Rehabilitation Package Clinical Resource?

While having rehabilitation workers (e.g. physiotherapists, occupational therapists, rehabilitation medicine physicians and speech and language therapists) delivering rehabilitation care in PHC will increase access, in resource constrained environments a large expansion of rehabilitation workers at this level is

often not feasible. Hence, provision of a limited set of prioritized rehabilitation interventions delivered by existing PHC workers (i.e. nurses and doctors) with adequate clinical guidance and training is needed. This approach will support access to rehabilitation in two ways, one, by delivering a limited set of rehabilitation care by existing PHC workers at this level, and two, by increasing the capacity of existing PHC workers to identify rehabilitation needs and refer to rehabilitation services whether at the level of PHC or other levels of care.

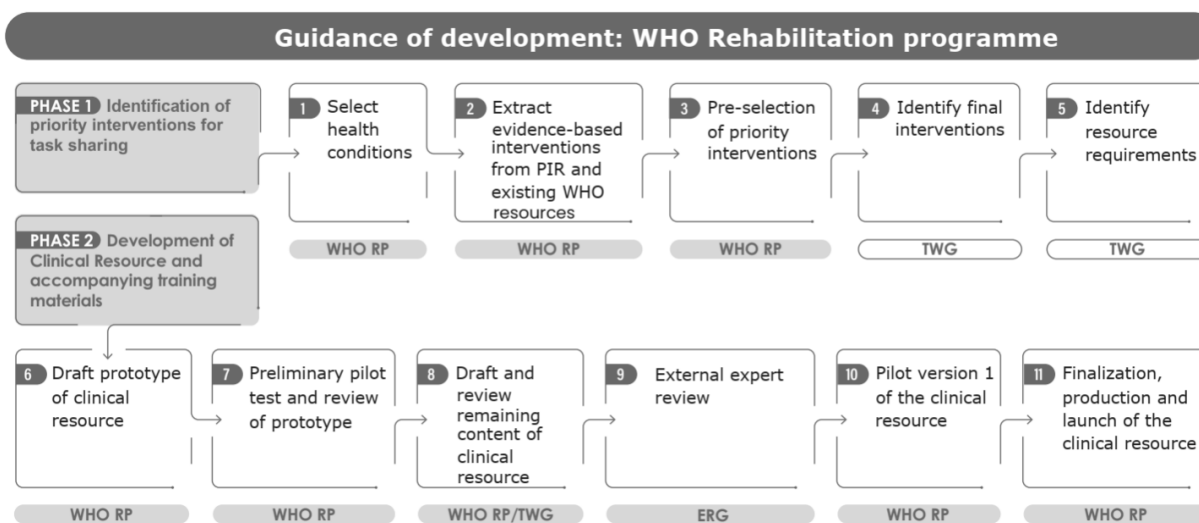
Who is involved in the development of the Basic Rehabilitation Package Clinical Resource?

The development of the BRP-CR is led by the WHO Rehabilitation Programme which provides the overall guidance. A wider community of both rehabilitation and non-rehabilitation health professionals with expertise working in primary care and low resource settings as well as consumers of rehabilitation are involved in the development of the BRP-CR.

How is the Basic Rehabilitation Package Clinical Resource being developed?

The development of the BRP-CR draws on the interventions and evidence behind the WHO’s Package of Interventions for Rehabilitation. A technical working group of experts (both rehabilitation and non-rehabilitation health professionals) with experience working in primary care and low-resource settings have supported its development. A stepwise approach is being conducted to develop this clinical resource across 2 phases.

Figure 1: Method to develop the Basic Rehabilitation Package Clinical Resource



*WHO RP = World Health Organization Rehabilitation Programme; TWG = Technical Working Group; ERG = Expert Review Group

Phase one included the identification of priority rehabilitation interventions for task sharing from existing WHO resources, mainly the WHO PIR outlined in Steps 1–5. This phase involved developing a criteria for selecting the interventions as well as ranking and prioritizing the selected interventions in order to arrive at the final interventions. The resource requirements were assistive products required to

support the selected interventions identified from the WHO Training in Assistive Products tool. The development of the BRP-CR is currently in the Phase two (Step 9). The BRP-CR manual has been tested in preliminary pilots in Ghana, Fiji, Uganda and Pakistan followed by review. The feedback from these pilot tests has resulted in the drafting of additional content for the BRP-CR by WHO and review of the content by a Technical Working Group. The next step involves expert review of the BRP-CR following which it will be piloted in other countries before finalization and launch. The BRP-CR is anticipated to be finalized and available in 2025.

How can training in the use of Basic Rehabilitation Package Clinical Resource be implemented?

The resource includes a training package which supports blended learning, using both online and face to face learning materials. The training can be delivered as a stand-alone through workshops or as part of ongoing training programs (e.g. WHO's ICOPE- Integrated care for older people and TAP-Training on Assistive Products) and continuous professional development programs.

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EXPERT REVIEW GROUP

TERMS OF REFERENCE

Objective of the Expert Review Process?

The expert review process aims to identify any issues that require attention and ensure the content of the WHO's Basic Rehabilitation Package Clinical Resource (BRP-CR) is accurate and up-to-date.

Mandate Of the Expert Review Group

The WHO Rehabilitation Programme convenes an Expert Review Group (ERG) to provide feedback on the BRP-CR during Phase 2, Step 9. This group focuses on specific Areas of Rehabilitation developed in Step 8.

The ERG fulfills this mandate by:

- Completing an online survey: This survey assesses the content of the BRP-CR for the assigned Area of Rehabilitation.
- Participating in an online web conference: This discussion forum addresses any outstanding issues related to revising the BRP-CR.

Members Of the Expert Review Group

The ERG will comprise a range of individuals, including technical experts in rehabilitation, health professionals with expertise working in primary care and low resource settings, end-users of rehabilitation services and individuals with functioning difficulties addressed by the BRP-CR.

Rehabilitation experts within the ERG should have a background in primary care and ideally possess working or research experience in the specific areas of rehabilitation under review. This ensures the ERG has a strong understanding of real-world application in these areas.

The ERG will strive for a balanced composition that reflects the diversity of WHO member states. Representatives will be included from all six WHO regions: African Region, South-East Asia Region, Western Pacific Region, Eastern Mediterranean Region, Region of the Americas, and European Region.

Special consideration will be given to including members with expertise in primary care and those working in low-resource settings.

Members of the ERG will be identified through a multi-pronged approach with nominations from members of technical working groups, relevant stakeholder organizations and through the WHO Rehabilitation Programme's network.

WHO Rehabilitation Programme Support:

The WHO Rehabilitation Programme will provide comprehensive support to the Expert Review Group (ERG) throughout the process. We will share all relevant background information for a smooth review. You will also receive the draft BRP-CR for the specific areas assigned to your group. We will provide user-friendly platforms for feedback, including online surveys and web conferences.

Communication:

All communication will be conducted in English via email and web conferences for ease of access.

Time Commitment:

The review process is estimated to take approximately two months. We anticipate an average of one hour per member to complete the online survey for each assigned rehabilitation area. Additionally, members will be invited to a one-to-two-hour online web conference to discuss and address any outstanding feedback points. If needed, further web conferences can be scheduled.

Conflict of Interest:

Prior to joining the ERG, candidates will be required to submit a conflict of interest form along with their curriculum vitae. Any identified conflicts of interest will exclude participation.

Compensation:

ERG membership is a volunteer position. There will be no travel required for participation.

Recognition:

The WHO Rehabilitation Programme acknowledges the invaluable contributions of the Expert Review Group members. The name of each member and affiliations (when applicable) will be listed in the final BRP-CR document.