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PLAN OF ACTION ON DISABILITIES AND REHABILITATION: FINAL REPORT

Background

1. The Plan of Action on Disabilities and Rehabilitation (Document CD53/7, Rev. 1, and Resolution CD53.R12) was approved by the Member States of the Pan American Health Organization (PAHO) at the 53rd Directing Council in 2014 (1, 2). The Plan of Action also relates to the World Health Organization (WHO) Global Disability Action Plan 2014-2021: Better Health for All People with Disability (3), the United Nations Convention on the Rights of Persons with Disabilities (4), and the Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities (5). This final report describes the progress made by Member States toward meeting the objectives and targets of the Plan of Action, including an overview of the current situation and recommendations for next steps.

Analysis of Progress Achieved

2. Aging, chronic noncommunicable diseases, violence, disasters, injuries, and non-fatal health outcomes are contributing to a rise in the number of people living with impairments, restrictions in functioning, and disability (6, 7). Between 12% and 15% of the population of the Region of the Americas lives with a disability (8, 9). However, potential need for rehabilitation services may be as high as 32% of the population across the Region (10). The Zika virus epidemic that has affected the Region since 2015 has also highlighted the value and importance of comprehensive rehabilitation services within the health system (11).

3. The United Nations Convention on the Rights of Persons with Disabilities has now been ratified by 33 of the 35 Member States of PAHO (12). The Sustainable Development Goals (SDGs) make greater reference to disability than the preceding Millennium Development Goals (13). With respect to SDG 3 on health, rehabilitation services are included within the scope of essential health services for universal health coverage for the Region (14). Furthermore, the Sustainable Health Agenda for the Americas 2018-2030

(Document CSP29/6) contains a specific target in Goal 9 to ensure access to comprehensive habilitation/rehabilitation services (15).

4. The Region has made progress toward the goals of the Plan of Action. A greater number of countries now have national legislation and plans on disability than was the case in 2014. There are good examples of advances in addressing the health needs of people with disabilities (16), in strengthening rehabilitation and assistive technologies (AT) services for all (17), in improving disability certification systems (18), in strengthening inclusive emergency preparedness and planning (19), and in delivering community-based rehabilitation as a comprehensive approach to the full inclusion of persons with disabilities (20).

5. Positive collaboration between PAHO and a number of organizations has occurred since 2014, which has facilitated achievement of targets and indicators of the Plan. The American Speech-Language-Hearing Association (ASHA) is a non-State actor in official relations with PAHO, and this collaboration has resulted in provision of technical support to initiatives in Belize, Ecuador, El Salvador, Guyana, Honduras, and Paraguay (21). Two collaborating centers have supported work in the area of rehabilitation and AT: the National Institute of Rehabilitation (INR) in Mexico and the Institute of Physical Medicine and Rehabilitation in São Paulo, Brazil. The Eunice Kennedy Shriver National Institute of Child Health and Human Development, part of the National Institutes of Health in the United States, has supported work on data and rehabilitation. Special Olympics International signed a memorandum of understanding with PAHO in 2017, and collaborative work has been undertaken within the area of inclusive health for persons with intellectual disabilities (22). Finally, a collaboration with the American Physical Therapy Association has been established to support strengthening of physical therapy services within the Region.

6. At country level there have been a number of successful PAHO projects on disability and rehabilitation in collaboration with other agencies. In Mexico, a joint initiative with the United Nations Children's Fund (UNICEF) focused on addressing the needs of children with disabilities (23). In Uruguay, a collaboration analyzed health and violence in women with disabilities, while in Bolivia efforts focused on health and disability certification; both collaborations also sought to strengthen capacities for collection and use of data (24, 25). Work in the Dominican Republic focused on strengthening independent living programs (26).

7. Two global initiatives of the World Health Organization during the period of the Plan of Action on Disabilities and Rehabilitation hold significance for current and future actions. First, there is a growing focus on assistive technologies as a component of medical products and technologies, including a WHO resolution in May 2018 (27). Second, an effort launched by WHO in February 2017, Rehabilitation 2030: A Call to Action (28), has led to a greater focus on rehabilitation services within health systems. Both of these initiatives are being promoted within the Region of Americas.

Strategic Line of Action 1: Promote equity within the framework of the health policies, plans, and legislation on disability to improve governance

8. Countries and territories developing plans and legislation on disability have increased in number. Seventeen countries have developed plans, but many of these have not been fully implemented. Although Member States have made some progress in including disability in emergency planning, more needs to be done in this important area, as the majority of countries still do not include a disability component in their disaster emergency planning. However, people with disabilities continue to face significant barriers in accessing health care services in many countries (29). These barriers can have serious and detrimental impact on the health of people with disabilities and contribute to their social exclusion (30).

Objective 1.1: Formulate and implement national disability and rehabilitation plans and policies aligned with regional and global disability plans, as well as the Convention on the Rights of Persons with Disabilities and other related international standards	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries that have implemented national disability and rehabilitation plans consistent with regional and global plans and the Convention on the Rights of Persons with Disabilities and other related international standards</p> <p>Baseline (2013): 6 Target (2019): 14</p>	<p>17 countries and one territory have implemented national disability and rehabilitation plans that are consistent with regional and global plans and the Convention on the Rights of Persons with Disabilities and other related international standards. This exceeds the target number (31).</p>
Objective 1.2: Take measures to ensure that international human rights standards and PAHO/WHO recommendations are reflected, as appropriate, in legislation, policies and/or programs relevant to persons with disabilities	
Indicator, baseline, and target	Status
<p>1.2.1 Number of countries with specific legislation on disability consistent with international human rights instruments and the technical guidelines of PAHO/WHO</p> <p>Baseline (2013): 6 Target (2019): 16</p>	<p>24 countries and one territory have specific legislation on disability that is consistent with international human rights instruments and the technical guidelines of PAHO/WHO. This exceeds the target number (32).</p>
Objective 1.3: Countries include a disability component in their disaster and emergency risk management plans	
Indicator, baseline, and target	Status
<p>1.3.1 Number of countries with the disability component in their disaster and emergency risk management plans.</p> <p>Baseline (2013): 1 Target (2019): 9</p>	<p>Eight countries reported having a disability component in their disaster and emergency risk management plans. This is very close to the target of nine countries.</p>

Strategic Line of Action 2: Strengthen the health sector’s habilitation and rehabilitation services network, which includes the provision of assistive technology and community-based rehabilitation

9. Progress has been made towards this line of action, but habilitation and rehabilitation services remain highly variable across the Region with regard to availability, affordability, access, and quality (10). Based on available data from countries in the Region, the number of rehabilitation professionals per 10,000 population ranges from 0.08 to 34. Rehabilitation services and AT provision can be fragmented across different sectors, and many users continue to pay significant out-of-pocket costs for access to rehabilitation and AT (10). Analyzing and reporting access to rehabilitation services has been a major challenge for countries because of a lack of available data and limitations in the calculation methodology. Community-based rehabilitation continues to be an important strategy for many countries, though this extends beyond the health sector and into social, education, labor, and other sectors and requires good coordination and planning.

Objective 2.1: Increase access to social and health services for persons with disabilities	
Indicator, baseline, and target	Status
<p>2.1.1 Number of countries that have attained at least 12% access to habilitation and rehabilitation services and social services for persons with disabilities</p> <p>Baseline (2013): 0 Target (2019): 16</p>	<p>Three countries have attained at least 12% access to habilitation and rehabilitation services and social services for persons with disabilities. A further seven countries are estimated to be achieving the indicator.¹</p>
<p>2.1.2 Percentage of countries that include the Community-based Rehabilitation Strategy (CBR) in national rehabilitation programs in accordance with the PAHO/WHO matrix</p> <p>Baseline (2013): 3 [6%] Target (2019): 19 [37%]</p>	<p>16 out of 52 countries and territories (31%) include the Community-based Rehabilitation Strategy in national rehabilitation programs in accordance with the PAHO/WHO matrix (20).</p>
<p>2.1.3 Percentage of countries that include assistive technology devices for persons with disabilities as part of their service delivery systems</p> <p>Baseline (2013): 6 [12%] Target (2019): 20 [38%]</p>	<p>18 out of 52 countries and territories (35%) include assistive technology devices for persons with disabilities as part of their service delivery systems. However, the range and quality of devices is highly variable.</p>

¹ Difficulties in measuring this indicator meant that only two countries, which had conducted a Model Disability Survey, could confidently report achievement. A third country self-reported achieving this target. The other seven countries are estimation based on knowledge of service coverage and availability of rehabilitation services.

Objective 2.2: Formulate habilitation and rehabilitation regulations	
Indicator, baseline, and target	Status
2.2.1 Number of countries that have formulated or updated habilitation and rehabilitation regulations Baseline (2013): 3 Target (2019): 16	17 countries and one territory have formulated or updated habilitation and rehabilitation regulations, exceeding the target of 16 countries.

Strategic Line of Action 3: Promote the production and analysis of data on disabilities and support research

10. Health and surveillance systems that include disaggregated data on functioning and disability remain limited. Few countries are implementing the International Classification of Functioning, Disability and Health (ICF) at clinical level or integrating it into their health information systems. This may be improved in the coming period with the inclusion of indicators of functioning that are becoming available within the new International Classification of Diseases, 11th Revision (ICD-11) (33), yet to be implemented in most countries within the Region. However, more countries are undertaking research and have started to integrate the ICF into their disability certification system, which is a positive step. Disability data are being routinely collected in census information, which provides information on prevalence. Two countries have undertaken a WHO Model Disability Survey since 2014 (34, 35), which has been extremely useful in enabling them to better understand and address the needs of their respective populations with disabilities, including in the health sector. At least four other countries have also undertaken national disability surveys using different methodologies. Disability data collection and dissemination is usually led by national disability agencies or councils or by national statistics agencies, rather than by health ministries.

Objective 3.1: National surveillance systems incorporate the set of indicators used by the International Classification of Functioning, Disability, and Health	
Indicator, baseline, and target	Status
3.1.1 Percentage of countries that have included the International Classification of Functioning, Disability, and Health (ICF) in their disability certification systems Baseline (2013): 6 [12%] Target (2019): 19 [37%]	15 out of 52 countries and territories (29%) have included the ICF in their disability certification systems. At least three more countries are in the process of revising their systems and incorporating the ICF.

Objective 3.1: National surveillance systems incorporate the set of indicators used by the International Classification of Functioning, Disability, and Health	
Indicator, baseline, and target	Status
<p>3.1.2 Number of countries whose national surveillance systems incorporate the set of indicators used by the International Classification of Functioning, Disability, and Health</p> <p>Baseline (2013): 6 Target (2019): 18</p>	<p>10 countries have national surveillance systems that incorporate the set of indicators used by the ICF. This is under the target of 18 countries.</p>
Objective 3.2: Countries routinely report disability data to the health information system	
Indicator, baseline, and target	Status
<p>3.2.1 Number of countries that systematically include disability data in the health information system, disaggregated by age, sex, and ethnic origin (type of disability, degree of severity, origin, or cause)</p> <p>Baseline (2013): 2 Target (2019): 16</p>	<p>12 countries have reported that they systematically include disability data in the health information system. This is under the target of 16 countries. However, while data are commonly disaggregated by sex and age, only one country was found to have disaggregated data by ethnic origin.</p>
Objective 3.3: Countries subsidize research on disability, habilitation, and rehabilitation	
Indicator, baseline, and target	Status
<p>3.3.1 Number of countries that subsidize at least 2 research projects per year on disability, habilitation, or rehabilitation</p> <p>Baseline (2013): 0 Target (2019): 14</p>	<p>12 countries have reported that they are actively undertaking at least two research projects per year on disability, habilitation, and rehabilitation. This is close to the target of 14 countries.</p>

Lessons Learned

11. The goal of the Plan of Action was to strengthen the integrated health sector response for persons with disabilities. While it is clear that progress is being made, there remains much more to be done to ensure that people with disabilities are not left behind and that those requiring rehabilitation and assistive technologies have access these services. To that end, it has been important to disentangle the concepts of disability and of rehabilitation and assistive technologies during the period of the Plan of Action. This has helped to clarify core concepts and actions within these areas.

12. The approach to disability is multisectoral. It is important to coordinate this work with other agencies working on the social inclusion of people with disabilities, notably the Organization of American States (OAS). PAHO has a leading role to play in ensuring access to health in line with Article 25 of the United Nations Convention on the Rights of

Persons with Disabilities (4). People with disabilities continue to face significant barriers and inequalities in accessing everyday health services compared to people without disabilities, and it is important to raise awareness and recognition of these disparities as a manifestation of health inequity in order to facilitate solutions.

13. New global strategies on rehabilitation and AT are an important development. They benefit not only people with disabilities but also older people, people with short-term or episodic impairments as well as those with long-term needs and are a core component of universal health coverage.

Action Necessary to Improve the Situation

14. Momentum has started in the fields of disability programming in health and in provision of habilitation, rehabilitation, and AT services, but it is at risk of slowing down if specific actions are not continued. In particular, the following actions are deemed necessary:

- a) Ensure that persons with disabilities are incorporated into the agenda on health equity and human rights, including within the new framework on health equity.
- b) Strengthen the coordination of the broader disability and development agenda (social inclusion) with the initiatives being led by OAS and other agencies.
- c) Promote greater explicit reference to rehabilitation and AT within PAHO health initiatives on universal health care, chronic disease management, healthy aging, and emergencies.
- d) Include rehabilitation professionals in data collection on human resources for health.
- e) Promote the collection of data on functioning within the health information system, utilizing the ICF and other measures.
- f) Propose a new action plan on rehabilitation services in the Americas to continue the progress that has been made so far and to advance toward the attainment of universal health care.
- g) Ensure that the WHO resolution WHA71.8 (2018), Improving Access to Assistive Technology, is implemented across the Region.

Action by the Directing Council

15. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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