Editorial

In 1981, the WHO Expert Committee on Disability Prevention and Rehabilitation had come up with recommendations for developing countries on providing rehabilitation within the context of community services, especially in relation to primary health care; and integrating rehabilitation into the national health care systems and other relevant sectors (http://apps.who.int/iris/bitstream/10665/40896/1/WHO_TRS_668.pdf). The Committee emphasised the lack of access to rehabilitation in these countries, especially in rural and remote areas, and suggested community based rehabilitation, backed by referral and support systems, as one of the strategies to address the gaps. Challenges were also noted at that time, in terms of personnel, financing, technology, government policies and commitment, research and coordination among different sectors.

Over the three decades since, there has been much progress in developing countries, in terms of laws and policies, government support, coverage of services, human resource development, evidence based practice, and growth of organisations of persons with disabilities as self-advocates.

However, most of the challenges related to rehabilitation that were noted in 1981 continue, as documented in the World Report on Disability (2011). In 2017, the WHO meeting on "Rehabilitation 2030- A Call for Action", drew attention to the profound unmet rehabilitation need around the world, especially in low and middle income countries, and pointed out that the demand for rehabilitation services will continue to increase due to changing health and demographic trends related to ageing, disease and injury. The meeting came up with points for action to strengthen rehabilitation, many of which are similar to the 1981 recommendations.

It is in this context that CBR becomes significant once again as a relevant response to ensure access to health care and rehabilitation by persons with disabilities. CBR was recommended by the 1981 Expert Committee as a strategy within primary health care, to address coverage of rehabilitation services in underserved areas. CBR has subsequently evolved into a comprehensive, rights-based strategy to promote inclusive development for persons with disabilities.

The World Report on Disability (Chapter 3 on General Health Care) recognises the role of CBR in promoting and facilitating access to health care services for

people with disabilities and their families in low-income and lower middle-income countries. The Report also recommends (Chapter 4 on Rehabilitation) that in low-resource, capacity-constrained settings, efforts should focus on accelerating the supply of services in communities through CBR , complemented with referral to secondary services.

Of the 3 objectives of the "WHO global disability action plan 2014–2021: Better health for all people with disability", the second one is about strengthening and extending rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.

Experiences in countries in the Asia-Pacific region (for example, China, Vietnam, Laos, India) have shown that CBR can play a significant role in activities such as early identification, referrals and follow up at community level, providing home-based rehabilitation, organising educational, emotional and other sup¬port services for persons with disabilities and their families and mobilising communities including local government. This is achieved through building a decentralised network of services and referrals from the community level upwards to provincial and national level, with support from government, civil society and organisations of persons with disabilities.

Past CBR experiences and lessons from different countries can help inform future practice related to "Rehabilitation 2030 – A Call for Action". Global stakeholders and governments will need to consider this in their planning for rehabilitation.

Maya Thomas
Editor-in-Chief
Disability, CBR and Inclusive Development