

Editorial: Rehabilitation in an uprooted world

First of all, I feel honoured to take over the position of Editor-in-Chief from Maya Thomas who for 30 years has been the inspiration and driving force behind the journal. Similarly, I am thankful to the organisations that made it possible – for already so many years – to publish the journal. Currently, these are the Netherlands Leprosy Relief as well as the Liliane Foundation but I hope that others will soon join them to make it financially possible to continue publishing the journal that for so many people – researchers, policymakers, as well as practitioners – has been an important source to develop a vision for the work they are doing in the field of disability and development. I sincerely hope that with the support of the – largely new – editorial board members, authors and readers, we can make this journal an indispensable publication for those who are concerned with the rights and entitlements of people with disabilities in low- and middle-income countries. It is ultimately for these reasons that we do research; that we develop policies and strategies; and that we offer our services on a day-to-day basis.

Given the current circumstances in the world, it is now more than ever necessary to ensure that people with disabilities continue to have access to the most essential services; that they can make their dreams become reality. The past few months with the COVID-19 virus spreading very fast from one continent to another have been challenging for most of us and dramatic in various ways. The havoc it causes globally is enormous. The economic decline is unprecedented but even worse is the personal human suffering in terms of death and disease. We may have experienced this in our countries, communities and families, and I would like to wish you all the strength and courage to continue first and foremost with your responsibilities in your personal lives but also in the valuable work that you are doing.

Many people in low and middle-income countries are already confronted with a failing health system. Access to health services, even the most basic or essential services are frequently out of reach for large groups of people. Access to rehabilitation services for people in general, but which is even more needed by people with disabilities, is, in a large number of countries, extremely limited. With the COVID-19 crisis, the most basic rehabilitation is often not accessible anymore. Since field workers (e.g. Community Rehabilitation workers) are not allowed to visit people in their homes anymore, such services often have come to a complete halt. It is great to see that soon after the crisis organisations became

creative in offering alternatives. Suddenly – perhaps forced by circumstances, we do realise the power of m-rehabilitation: mobile rehabilitation. Ironically, we may realise more than ever before the necessity to empower people – families and people with disabilities – with information and skills to become in charge of their rehabilitation process! This can be done in the form of modern smartphone technology but also with much simpler forms of information (e.g. with flashcards).

It is evident that many people who survive COVID-19, especially those who have been admitted for a longer or shorter time at an intensive care unit, are in need of rehabilitation. While in higher-income countries such services are in general readily available, the scarce number of such services in low- and middle-income countries will put a lot of pressure on already overburdened rehabilitation services. One wonders how these countries can adequately and aggressively respond to the aftermath of the pandemic. They are already faced with a great shortage of health care providers let alone rehabilitation providers. The necessary resources to treat and rehabilitate those who survived will be in short supply. We already see that the pandemic results in devastating effects in the lives of people and communities. Global efforts will be required to support economies and health care systems. Amid this crisis, it is hoped that the Rehab-2030 Action Plan of the World Health Organisation will gain momentum, although reality tells us that rehabilitation services are not seen as being of essential importance. And if these developments will continue to take place, it is hoped that rehabilitation services will be strengthened at all levels of the health care system, including services at the level of communities. However, what we learn also during these days of lockdown is that there is a dire need for home- and family-based rehabilitation: we just cannot ignore this anymore. Even if rehabilitation would have been available at tertiary and secondary levels, the mother of the child with cerebral palsy living in the mountains of Nepal or the slums of Lagos, the desert of Niger or the forest in Kalimantan, would not be able to access such services. Yet the life of that child with a disability matters too!

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Disability, CBR and Inclusive Development