World Health Organization

African Region

Increasing access to quality rehabilitation services in Africa

Regional rehabilitation meeting: 21–23 November 2023, Addis Ababa

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21–23 November 2023, Addis Ababa

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Contents

"The assessment of rehabilitation in the African Region in 2021 was more than a review exercise – it was a clarion call to action."

From the Director's Desk

In the ever-evolving landscape of global health, the African Region stands at a crossroads, facing unparalleled challenges and opportunities in rehabilitation. The following pages encapsulate our journey, efforts, and the strategic path we have paved to fortify rehabilitation services within our health systems.

The assessment of rehabilitation in the African Region in 2021 was more than a review exercise – it was a clarion call to action. The findings have informed the strategies we have adopted and the initiatives we have launched, all aimed at embedding rehabilitation services into the fabric of our healthcare delivery systems.

The inaugural Regional Rehabilitation Meeting, held on 21–23 November 2023 in Addis Ababa, Ethiopia, marked a milestone. The event brought together a diverse group of stakeholders. We thank all attendees, including Ministry of Health representatives from Member States, WHO Representatives, development partners, USAID, and academia.

In the course of tackling violence, injuries, and disability in the African Region, we have witnessed first-hand the pressing need for robust rehabilitation services. This need is not just a response to a growing public health concern; it is also a vehicle for achieving universal health coverage (UHC) and the health-related targets of the Sustainable Development Goals.

Therefore, I am proud to declare that our collective efforts bear fruit. Over 16 Member States have already received tailored assistance to bring the Rehabilitation 2030 initiative to life, and this is just the beginning. Our resolve is firm, and our direction is clear.

This report is an invitation, a call to delve into the nuances of our strategic priorities, the nature of our initiatives, and the stories of our actions on the ground. It is an exposé of our vision for a future where every individual has access to quality rehabilitation services, a future where health systems are inclusive and holistic.

I encourage you to read this report as a record of what has been done and a manifesto of what is possible. It is a testament to the resilience and dedication of countless health professionals, policymakers, and communities. It is also a road map for the journey ahead, laying out the steps to ensure no one is left behind in our quest for health equity.

As you turn these pages, I hope you are inspired by the progress made and motivated by the remaining work. Let this report serve as both a foundation and a beacon as we strive towards a healthier and more equitable Africa.

Dr Adelheid Onyango

Director of the Universal Health Coverage/Healthier Populations Cluster

Acknowledgements

Dr Chiara Retis, Team Lead for the VID Unit at WHO Regional Office For Africa, and Dr Nassib Tawa, Regional Consultant for Rehabilitation in the same Unit, led the planning and coordination of the Regional Rehabilitation Meeting.

The following WHO Secretariat members supported the organization and coordination of the meeting: Ms Demanou Rosie Noelle, Dr Aissatou Sougou Sarassa, Dr Annan Edith Andrews, Dr Diana Taguembou, Dr Antony Duttine, Ms Marks Elanie, Dr Wouter De Groote, Dr Pauline Kleinitz, Dr Peter Skelton, and Dr Alexandra Rauch.

Dr Nassib Tawa drafted this report with the input of all WHO Secretariat members.

Keynote speakers, moderators and panellists

The insights shared by all speakers, moderators, and panellists are greatly appreciated. In order of presentation, the WHO Secretariat wishes to thank: Dr Nino Dal Dayanghirang (Programme Management Officer, WHO Ethiopia), Dr Lelisa Amanuel (Senior Advisor, Office of State Minister for Health, Ethiopia), Dr Antony Duttine (Rehabilitation Technical lead, WHO headquarters), Dr Adelheid Onyango (Director, Universal Health Coverage/Healthier Populations Cluster, WHO Regional Office For Africa), Dr Asmamaw Bezabeh (National Professional Officer, WHO Ethiopia), Dr Chiara Retis (Team Lead, VID Unit, WHO Regional Office For Africa), Mr Pascal Bijleveld (CEO, AT Scale), Dr Pauline Kleinitz (Rehabilitation Technical Advisor, WHO headquarters), Mr Emmanuel Tanni (Rehabilitation Focal Point, MoH Côte d'Ivoire), Ms Nancy Kaydee (Health Advisor, MoH Liberia), Mr Alex Kisyanga (Head of Rehabilitation and Assistive Technology, MoH Kenya), Ms Celestine Akua Numatsi Esse (Physical Rehabilitation Programme Project Officer, ICRC West Africa), Ms Fiona Paulin (Head of Rehabilitation and Assistive Technology, MoH Seychelles), Col. Dr Djossou Kokou Messah (Rehabilitation Officer, MoH Togo), Dr Jimmy Ochorin (Senior Medical Officer, Rehabilitation Unit MoH Uganda), Professor Quinette Louw (National Research Chair and Executive Head of Rehabilitation, Stellenboch University, South Africa), Ms Yvonne Maria Charumbira (Research Associate in Rehabilitation, Stellenbosch University), Ms Bilqees Sayed (Deputy Director, DOH South Africa), Dr Jean De Dieu Havyariman (Medical Director, MoH Burundi), Ms Sharon Hangongwe (Coordinator, Cheshire Home Zambia), Dr Wouter De Groote (Rehabilitation Technical Advisor, WHO headquarters), Mr Ermius Mulatu (Lead Rehabilitation Desk, MoH Ethiopia), Gerald Okello (Rehabilitation and Assistive Technology Coordinator, ReLAB-HS Uganda), Professor Sobngwi Eugene (Director of Health, MoH Cameroon), Mr George Sampa (MoH Zambia), Dr Alphoncina Nanai (WHO United Republic of Tanzania).

Funding organization

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Abbreviations

AIFO	Italian Association – Friends of Raoul Follereau
AP	Assistive Products
APEFE	Association for the Promotion of Education and Training Abroad
APL	Assistive Product List
AT	Assistive Technology
BRP-CR	Basic Rehabilitation Package Clinical Resource
CBM	Christian Blind Mission
CEMAC	Central African Economic and Monetary Community
CHAI	Clinton Health Access Initiative
CHWs	Community Health Workers
CSR	Corporate Social Responsibility
DHIS2	District Health Information Software 2
DP	Development Partners
DRC	Democratic Republic of the Congo
ECOWAS	Economic Community of West African States
GROWE	Guide for Rehabilitation Workforce Evaluation
HI	Humanity & Inclusion
HIS	Health Information System
HR	Human Resources
ICRC	International Committee of the Red Cross
IEC	Information, Education And Communication
MoH	Ministry Of Health
NGOs	Nongovernmental Organizations
NHA	National Health Accounts
NHI	National Hospital Insurance
P&O	Prosthetists And Orthotics
PHC	Primary Health Care
PIR	Package of interventions for rehabilitation
PPP	Public-Private Partnership
R&D	Research and Development
RCF	Rehabilitation Competency Framework
ReLAB-HS	Learning, Acting and Building for Rehabilitation in Health Systems
RGA	Rehabilitation Guide for Action
RHB	Regional Health Bureau
ROI	Return On Investment
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STARS	systematic assessment of rehabilitation situation
ToT	Training of Trainers
TWG	Technical Working Group
UHC	Universal Health Coverage
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UHP	Universal Health Coverage/Healthier Populations Cluster
USAID	United States Agency for International Development
VID	Violence, Injuries and Disability
WCO	World Health Organization country office
WHO	World Health Organization

Executive summary

The Regional Rehabilitation Meeting report by the WHO Regional Office for Africa highliths critical issues and opportunities in rehabilitation in African countries. There are significant gaps in rehabilitation services, with at least 63% of people in need not receiving the required care. This gap is attributed to increased rehabilitation needs because of an ageing population, a rise in noncommunicable diseases and injuries, and limited capacity of services. Rehabilitation services are largely unfunded and underprioritized by health sectors, leading to poor coverage, especially at Primary Health Care (PHC) and community levels.

The African Region shows the lowest density of the rehabilitation workforce worldwide. This report emphasizes the urgency of addressing these challenges, building on learnings from and expanding the implementation of the Rehabilitation 2030 initiative, which aims to integrate rehabilitation into the health system.

The development and implementation of comprehensive policies for rehabilitation – inclusive of assistive technology – under the leadership of ministries of health is essential. Countries' experiences so far show that this requires long-term commitment, clarity of responsibilities of different actors and careful prioritization for mobilization and allocation of resources. Collecting and analysing rehabilitation data is key for strategic planning, implementing interventions, and ensuring accountability. Greater awareness of the importance of data and the utilization of available toolkits for integrating rehabilitation data into routine systems is needed to strengthen information management in countries.

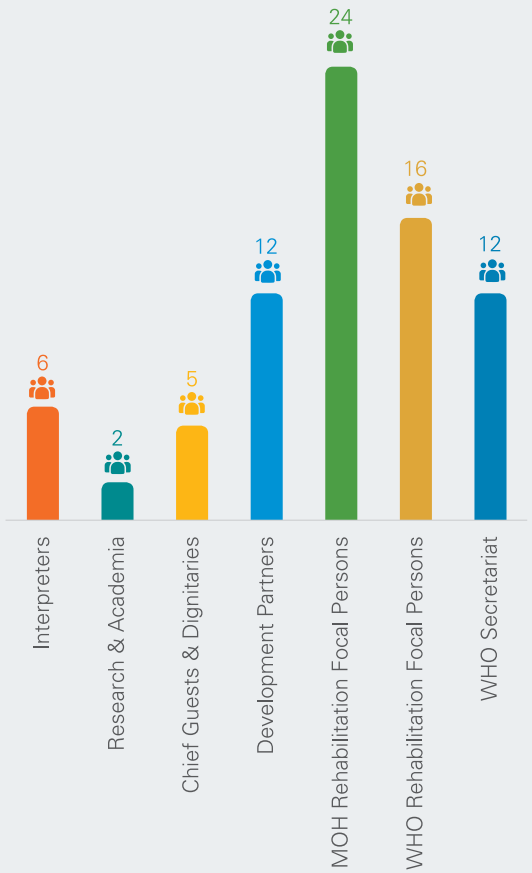
The rehabilitation workforce comprises a broad range of specialized profiles and skilled healthcare workers across all levels of care. Evidence-based, cost-effective, multidisciplinary rehabilitation service models adapted to local contexts are needed to fill the huge gaps in the region. Most rehabilitation and assistive technology needs can be met at the PHC level. The meeting allowed countries to share initial learnings on task-shifting and training other health professionals on basic rehabilitation interventions as part of essential health care packages.

The meeting also stressed the importance of a coordinated approach to expand the provision of assistive products as part of service delivery systems, acknowledging their critical role in enhancing the quality of life for all people with reduced function due to health conditions and impairments, including during emergencies.

One recommendation for enhanced rehabilitation financing is to ensure that a high proportion of funding derives from public health revenues. In contrast, nongovernmental funding should be channelled through sector-wide mechanisms. In addition, evidence-based rehabilitation benefits should be prioritized within essential health service packages.

Existing WHO resources and technical tools adopted for rehabilitation in health systems can provide significant guidance in strengthening and expanding rehabilitation in Africa. Overall, the report calls for a comprehensive and coordinated effort, highlighting the need for strong leadership by the health sector, effective partnerships and multi-agency coordination, research and innovation, as well as sustained commitment from all stakeholders to address the growing demand for rehabilitation care and assistive technology.

Participants in Numbers



Participation by day

Day 1	Day 2	Day 3
21st November	22nd November	23rd November
65	65	61

Participation by category

S/No	Position	Frequency
1.	Rehabilitation professionals from ministries of health	19
1.	Medical officers from ministries of health	6
2.	Technical officers from WHO and development partners	8
1.	National Professional Officers from WHO country offices	7
2.	Directors of health and Team Leads	14
3.	Rehabilitation consultants	2
4.	Interpreters	6

Background and rationale

Rehabilitation is a crucial health service that goes beyond preventive and curative approaches. It helps improve the health and functioning of the population by addressing the impact of a health condition on a person's life, with a primary focus on enhancing their everyday functioning while reducing the experience of disability. Rehabilitation is necessary at all levels of healthcare – from primary and tertiary to community settings.

Assistive products are external devices, equipment, instruments or software intended to maintain or improve an individual's functioning and independence, promoting overall well-being. These products target movement, communication, cognition, hearing, and vision and require providing health care products as a fundamental component. Therefore, access to rehabilitation and assistive products (AP) is essential for achieving UHC.

Rehabilitation and assistive technologies are in high demand in Africa due to longer life expectancy and increased incidence of chronic and noncommunicable diseases and injuries. Rehabilitation services are essential for all people, regardless of disability status, and through the life course. Despite recognizing the importance of rehabilitation services, there is inadequate access to these services in Africa.

Since the launch of the Rehabilitation 2030 initiative in 2017, WHO has developed several key resources, including "WHO Rehabilitation in Health Systems – Guide for Action". To date, 16 African countries have used the guide, and 12 have a national rehabilitation strategic plan awaiting government endorsement. Efforts to expand rehabilitation in PHC and collect rehabilitation data are underway.

Implementing the Rehabilitation 2030 initiative brought together representatives of ministries of health from countries with rehabilitation strategic plans to identify priority actions for advancing rehabilitation across the African Region at the Regional Rehabilitation Meeting. It also highlighted the intersections between rehabilitation and assistive technology to ensure efficient and effective integrated service provision. The meeting supports the implementation of World Health Assembly resolution 76.6 (2023) on Strengthening rehabilitation in health systems and World Health Assembly resolution 71.8 (2018) on Improving access to assistive technology.

Main objective: Help accelerate the development of rehabilitation and assistive technology in Africa.

Target participants: The meeting brought together rehabilitation focal persons from the Ministries of Health and WHO Country Offices of Benin, Botswana, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Kenya, Liberia, Mozambique, Rwanda, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda, and Zambia.

The meeting aimed to engage development partners involved in rehabilitation and AT work in the Region, including AT Scale, APEFE Belgium, Clinton Health Access Initiative (CHAI), Christian Blind Mission (CBM), Humanity and Inclusion (HI), International Committee of the Red Cross (ICRC), Italian Association of Friends of Raoul, Follereau (AIFO), Liliane Fonds, ReLAB-HS, and USAID.

Regional technical experts in rehabilitation and assistive technology from Stellenbosch University in South Africa also attended the meeting to foster strategic collaboration with research and academic institutions.

Many other important partners and stakeholders contribute to strengthening rehabilitation and AT in the African Region, but they could not all be invited to the meeting.

Rehabilitation for human functioning and public health

> "Rehabilitation is the care needed when a person is experiencing or is likely to experience limitations in everyday functioning due to ageing or a health condition, including chronic diseases or disorders, injuries, or traumas."
>
> Cieza, 2019

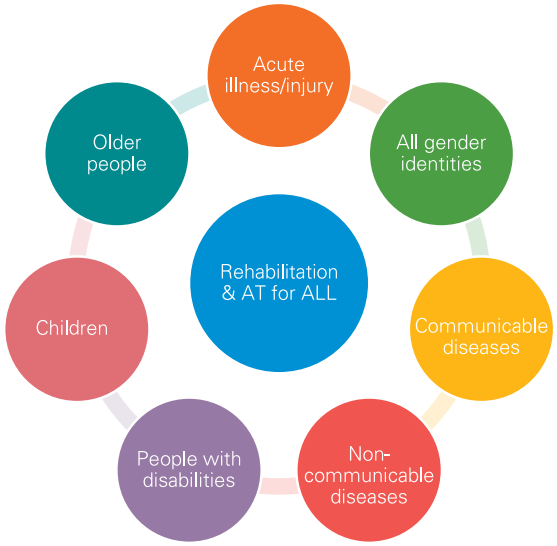
Rehabilitation targets human functioning, meaning what we do with our health. As such, it is not focused on one organ, disease, period of life or phase of care. Rehabilitation is a broad health service relevant to various conditions and age groups. It aims to improve an individual's overall health and well-being and can be applied during acute, subacute, and long-term care.

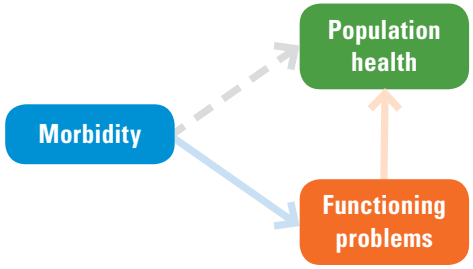
Functioning: Human functioning is essential to understanding rehabilitation as a health service. It encompasses what we do with our body's health. It can be categorized into body functions, everyday activities, and participation in the community, based on the WHO International Classification of Functioning, Disability and Health (ICF).

WHO defines rehabilitation as interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Functioning is WHO's third health indicator alongside mortality and morbidity and is gaining importance in public health and health policy planning.

Rehabilitation is essential for addressing public health concerns and is key to healthy populations in the 21st century. It optimizes functioning and reduces the impact of health conditions, enabling individuals to participate in daily life. However, in the African Region, rehabilitation services are often underprioritized, underresourced, and underdeveloped, leaving the growing need for rehabilitation largely unmet.

In their opening remarks, Dr Adelheid Onyango (Director UHP Cluster, WHO Regional Office For Africa) and Dr Antony Duttine (Technical Lead for the Rehabilitation Programme, WHO headquarters) underscored the importance of human functioning as a critical component of population health and well-being, as well as addressing these unmet needs.






StarTimes

Rehabilitation at the WHO Regional Office for Africa

The World Health Organization's Regional Office for Africa is investing extensively in enhancing rehabilitation services under the Universal Health Coverage/Healthier Populations (UHP) Cluster. Within the Cluster, the Violence, Injuries, and Disability (VID) Unit, spearheaded by Dr Chiara Retis, is at the forefront of efforts to align its operations with the ambitious goals of the Rehabilitation 2030 initiative.

WHO Regional Office for Africa has launched a series of technical initiatives to fortify rehabilitation services in Member States' health systems. These include national strategic planning and implementation, rehabilitation workforce evaluation, integration of rehabilitation indicators into health management information systems (HMIS), and embedding rehabilitation into PHC via the basic rehabilitation package clinical resource (BRP-CR).

The integration of rehabilitation into UHC is paramount. It is not merely an expenditure but a significant investment in human capital, yielding high returns by enabling individuals to contribute more effectively to their communities. Additionally, following the adoption of World Health Assembly resolution 76.6 on Strengthening Rehabilitation in Health Systems in May 2023, support has been extended to French- and English-speaking countries to facilitate the implementation of WHO's rehabilitation technical resources.

Acknowledging the multifaceted global and regional hurdles, Member States are urged to engage in robust efforts to strengthen their national rehabilitation frameworks and assistive technology strategies. WHO headquarters remains a steadfast ally of WHO Regional Office for Africa, dedicated to actualizing the Rehabilitation 2030 initiative across the African Region.

Rehabilitation is a human right and a cornerstone of UHC and socioeconomic advancement in Africa. It empowers individuals with health conditions to engage fully in society, thus driving social and economic growth.

Therefore, intensifying advocacy for rehabilitation and assistive technology across Africa is imperative. These services profoundly influence health outcomes, access to education, and socioeconomic progress. Effective advocacy is vital to fostering an inclusive society, ensuring equal opportunities to all and asserting the rights of persons with disabilities.

"Rehabilitation and AT are important, for everyone, at any time, for universal health coverage."

"Rehabilitation and AT are NOT a luxury, a failure of public health, a cost drain, only a specialist service."

"It's important to remember that having a resolution is just a foot in the door. We need to, as a sector, go through that door to move our agenda forward."

Dr Antony Duttine, Technical Lead, Rehabilitation Programme, WHO headquarters

"It is a privilege to preside over the inaugural Regional Rehabilitation Meeting, a pivotal platform for nations to exchange expertise and successful strategies. I am optimistic that our collective outcomes will significantly advance the goals of the WHO Rehabilitation 2030 initiative. I eagerly anticipate the progressive dialogue and shared learning that awaits us."

Dr Chiara Retis, VID Team Lead, WHO REGIONAL OFFICE FOR AFRICA

Advancing the Rehabilitation 2030 initiative in Africa:

Leadership and vision from WHO Regional Office For Africa's Violence, Injuries, and Disability Team

The WHO African Region, guided by the Violence, Injuries, and Disability (VID) Unit, transformed the latest meeting on the Rehabilitation 2030 initiative into a dynamic platform for fostering collaborative relationships and shared learning across the continent. The meeting underscored the strategic utilization of WHO's technical resources by Member States, customized to meet their distinctive needs. The focus was placed on concrete measures to advance the rehabilitation agenda to achieve universal accessibility, including for individuals with disabilities.

Bridging gaps with rehabilitation and assistive technology:

Launched in 2017, the Rehabilitation 2030 initiative laid the groundwork for the crucial World Health Assembly resolution 76.6 (2023) on Strengthening rehabilitation in health systems. The World Rehabilitation Alliance (WRA), established at the Third Global Rehabilitation Meeting in Geneva in July 2023, is a pivotal platform for collaborating with global leaders to promote rehabilitation as a political priority. The role of assistive technology in enhancing personal independence and societal participation is paramount. WHO's Global Cooperation on Assistive Technology (GATE) initiative, launched in 2018, is committed to increasing access to these essential resources. A thriving AT sector is essential and is inherently linked to the success of rehabilitation services. WHO offers technical solutions to help Member States implement the objectives of the recently adopted resolution, taking into account the unique circumstances of each country. At the WHO Regional Office for Africa, the Medicines Supply Unit provides specific support to countries on AT and coordinates with the VID Unit on integration into rehabilitation services.

Evaluating and addressing Africa's rehabilitation needs:

Data from the Global Burden of Disease study (2019) reveal a critical situation: over 210 million Africans urgently require rehabilitation services, which will likely rise. More than two-thirds of these individuals have no access to the requisite services. Where services are available, they are often inadequate, with a scarcity of rehabilitation professionals and insufficient coverage, particularly at the primary healthcare and community levels. World Health Assembly resolution 76.6 and the formation of the WRA are pivotal, urging Member State to intensify their efforts in strengthening rehabilitation by leveraging WHO's expertise and partner funding.

Fostering assistive technology access in the African Region:

The current state of AT was examined, with a call to Member States to implement decisive policy measures to enhance its availability and affordability. Recommended strategies include evaluating the national AT environment, developing national strategies, ratifying the UN Convention on the Rights of Persons with Disabilities, and compiling tailored assistive product lists. The potential for tax exemptions and international support initiatives like GATE to reduce costs was also highlighted.

A considerable disparity exists in AT access within Africa, with personal expenditure frequently being the primary means of funding. A gradual, systematic approach is advised for Member States to improve AT access to achieve equity and inclusiveness.

“There are limited rehabilitation and assistive product services outside tertiary and secondary care settings, particularly at the primary and community levels, posing significant barriers to access.”

Dr Nino Dal Dayanghirang, Ag. WHO Representative, Ethiopia

AT Scale and activities in the African Region

AT Scale, a global partnership working hand-in-hand with local governments, partners, and civil society, is a collective effort focused on improving and accelerating access to AT in low- and middle-income countries.

AT Scale interventions include strengthening the enabling ecosystem, building and shaping AT markets, and resource mobilization. Nine active in-country programmes within the African Region and five foundational projects under the USAID/AT Scale-supported pipeline funding stream exist.

“The main root causes are governance challenges, weak market shaping capacities, shortage of skilled personnel, insufficient regulatory capacity, and inadequate domestic funding.”

Dr Aissatou Sarassa, Technical Officer, Essential Medical Products & AT, WHO

- **DRC**
  AT policy, strategic plan, APL, AT taskforce, etc.
- **Tanzania**
  AT policy, ATA-C, AT coordination among stakeholders.
- **Mozambique**
  Identify procurement systems, APL, AT guidelines, etc.
- **Zimbabwe**
  APL, data and information system, TWG, etc.
- **Lesotho**
  AT action plan, APL,OT trainings, advocacy, etc.

"We have seen the power of collaboration and the impact of concerted efforts. Our technical working group has been a beacon of innovation and resilience, driving us forward even in the face of adversity. Our successes are notable."

Mr Lelisa Amanuel, Senior Advisor, Office of State Minister for Health, Ethiopia

Developing and implementing national rehabilitation strategic plans: African experiences and lessons learnt

It is an important initial step in the journey towards strengthening rehabilitation in the health system, as it creates shared understanding and agreement on the way forward among key stakeholders.

The process of strategic planning:

- Always MoH-led, guided by a national Rehabilitation Technical Working Group (RTWG), WHO, and development partners.
- An international consultant working with the MoH and RTWG.
- Several DPs have financially supported the process in countries; they include ICRC, AIFO, ISPRM, HI, ReLAB-HS, APEFE, and LFTW.
- Usually 12+ months from request to completion.
- Some countries combine assistive technology capacity assessment (ATA-C) and the Guide for Rehabilitation Workforce Evaluation (GROWE).

Uptake by countries in Africa

Since the launch of the Rehabilitation 2030 initiative, 13 of the 47 Member States of the African Region have completed rehabilitation STARS assessments. Another four are engaged in the process (DRC, Cameroon, Liberia, and South Africa), and three more have completed other rehabilitation assessments.

> "Investing in AT is not just the RIGHT thing to do, it is also the SMART thing to do."
>
> Pascal Bijleveld, CEO, AT Scale

> "Member States should recognize that rehabilitation strategic planning is often the start of a transformative journey, hence a call for 'transformative agents."
>
> Dr Pauline Kleinitz, Rehabilitation Technical Advisor, WHO headquarters

Progress in strengthening rehabilitation and assistive technology: country examples – Côte d'Ivoire and Liberia

Côte d'Ivoire

Key Initiatives: MoH-led National Strategic Plan 2021–2022

Enablers: National Rehabilitation TWG, WHO, and ICRC

Challenges: Mobilizing key stakeholders and resources.

Notable successes:

- Improved political goodwill.
- Strengthened rehabilitation workforce through scholarships.
- Rehabilitation data integrated into health systems.
- Rehabilitation professionals are accredited through the Directorate of Health Establishments and Professions (DEPS).

Liberia

Key initiatives:

- Conducted AT country capacity assessment and rapid AT needs assessment
- Formulated plans, mapped stakeholders, and formed a TWG.

Enablers:

- MoH and line ministries, development partners, organizations of people with disabilities, UN agencies, academia, and civil society

Challenges: Lack of funding and sustainability plans.

Notable successes:

- Improved access to AT with the provision of assistive products to 3 446 individuals.
- National AT Road map and country-specific APL developed.
- AT information integrated into the HMIS.

"Members States and development partners are called upon to enhance public awareness and advocacy on AT."

Dr Diana Taguembou, ULC Technical Officer, WHO Regional Office For Africa

Assistive technology: tools and coordinated way forward

Countries can enhance their assistive technology systems by adopting a holistic approach known as the 5Ps: Policy, Products, Provision, and Personnel, all centred around the People they serve. This people-focused strategy ensures that actions are grounded in evidence-based practices, guaranteeing comprehensive access to assistive technology.

Preparing AT systems for humanitarian crises:

To support people with AT needs during humanitarian crises, WHO has prepared two lists of priority products for mobility, self-care, and communication for deployment with WHO trauma emergency surgical kits to health facilities (AT6) and to support internally displaced people and refugees (AT10).

Strategic advancements for Member States:

1. Collaborative networks:

- Foster regional and global partnerships through established economic entities like the Central African Economic and Monitory Community (CEMAC), the Southern African Development Community (SADC), and the Economic Community of West African States (ECOWAS).

2. Data and supply chain management:

- Enhance routine data management and cultivate an integrated supply system complemented by a robust market-shaping mechanism.

3. Health care integration:

- Ensure that AT is included as a core component of the benefit packages provided at primary and community healthcare levels, promoting accessibility and consistency in care.

"WHO's role is to provide technical expertise and recognize leaders in the MoH. A strong relationship with the government is crucial for successful implementation. WHO country offices should leverage their relationship with the government to assist countries in implementing WHO tools."

Quote from Dr Asmamaw, National Professional Officer, WHO Country Office Ethiopia

Harmonizing rehabilitation and AT strengthening: country examples – Benin, Togo, and Uganda

BENIN

Key initiatives:

- Physiotherapy School was created with support from the Belgian cooperation agency.
- Medical Rehabilitation Division set up by Afrique-Occidentale Française (Attributions, Organisation et Fonctionnement).
- Availability of rehabilitation services in the National Health Development Plan 2018–2022 operationalized.

Enablers: MoH, Ministry of Social Affairs and Microfinance, WHO, ICRC, professional rehabilitation associations, and RTWG.

Challenges:

- Low prioritization of rehabilitation and AT.
- Insufficient human resources, procurement capacity, and financing for rehabilitation.

Notable successes:

- Rehabilitation management structures are created at the central level (Ministries of Health and Social Affairs).
- Improved the country coverage of rehabilitation centres.

TOGO

Key initiatives:

- Conducted STARS in 2020 with WHO and ICRC support.
- Developed the Strategic Plan in 2022 with six national objectives.
- Developed the national APL.

Enablers:

- Political goodwill within the Government
- MoH awareness of rehabilitation needs
- Stakeholder coordination mechanism
- Technical and financial support from ICRC.

Challenges: Funding

Notable successes:

- Created an MoH division in charge of rehabilitation.
- Established an information system for collecting rehabilitation and assistive technology data.

UGANDA

Key initiatives

- The interim National Rehabilitation and AT TWG were established.
- Implemented the systematic assessment of the rehabilitation situation (STARS).
- Developed the costed National Rehabilitation and AT Strategic Plan.
- Integrated WHO Rehab DHIS2 module into the National HMIS and rehabilitation and AT service provision at PHC and community levels.

Enablers: Rehabilitation TWG, MoH, Ministry of Education, WHO, ReLAB-HS and Clinton Health Access Initiative (CHAI).

Challenges:

- Lack of a unified voice for rehabilitation and AT services among stakeholders.
- Inadequate workforce.
- Inappropriate infrastructure.

Notable successes:

- STARS completion.
- Development of National Rehabilitation and AT Strategic Plan.
- Rapid assistive technology assessment (RATA) report.
- Standard rehabilitation and AT indicators.
- Revision of HMIS tools to incorporate rehabilitation and AT data elements.
- Integration of rehabilitation and AT services in ten PHC facilities.

"There is need to invest in African-driven rehabilitation research to address the unique rehabilitation needs in the Region."

Professor Quinette Louw, Distinguished Professor of Rehabilitation, Stellenboch University, South Africa

Rehabilitation and AT workforce in the African Region: Good practices for development

Africa's health system is grappling with a growing burden of complex diseases amid a dwindling pool of human resources. To address the problem, there is a pressing need for innovative workforce strategies that are evidence-based, cost-effective, and multidisciplinary. These strategies must account for the overlapping roles within rehabilitation professions to enhance efficiency and effectiveness.

Key considerations for effective rehabilitation in Africa:

- **Training and education:** The curricula development must reflect the realities faced within African countries, tailored to local necessities, workforce capabilities, cultural dynamics, and political landscapes. Moving away from isolated teaching modules and towards an integrated, co-creative educational framework is essential.
- **Workforce development:** A systematic approach to mapping, evaluating, and assessing competencies is critical to strengthening the rehabilitation workforce.
- **Research and data collection:** Utilizing tools like the Rehab4All Functioning Profiler, developed by the African Collaborative Team, can significantly aid in gathering data pertinent to the African context.

The Rehab4All Functioning Profiler is a comprehensive tool that establishes national functioning profiles, identifying problems across various conditions. Functioning problems include mobility, communication, self-care and intellectual functions. These profiles are aligned with the International Classifications of Functioning Framework to facilitate the planning of equitable rehabilitation services, enable trend monitoring, and allow for cross-country comparisons.

Rehabilitation and AT workforce development – deep dive highlighting lessons learnt, challenges and way forward: country examples – Burundi and South Africa

BURUNDI

Key initiatives

- Training of 18 physiotherapists: (BSc in Benin, MA and Doctorate in Belgium and China)
- Trained seven prosthetists and orthotics (P&O) in Togo (Cat. II) and the United Republic of Tanzania (Cat. I).
- Trained two physical medicine and rehabilitation doctors in France and Egypt.
- Created the National Reference Centre for Physiotherapy and Rehabilitation (CNRKR).

Enablers:

- Presence of the "Support Programme for the Development of Physical Medicine and Rehabilitation in Burundi" (PAD-MPR).
- Cooperation between the Governments of Burundi and Belgium.
- Civil society NGO (COPED).
- University training institution in Burundi (INSP).
- Rehabilitation TWG.

Challenges:

- Weak AT system
- Low P&O numbers
- Partner withdrawal
- Low advocacy and coordination of multidisciplinary teams
- Low rehabilitation services coverage.

Notable successes

- Around 20 physiotherapists are trained annually.
- The country acquired academic and financial autonomy of the training institution, which has three sections: Physiotherapy School – Bachelor level, Physiotherapy Treatment Centre, and Rehabilitation Research Centre.

SOUTH AFRICA

Key initiatives

- Training of mid-level rehabilitation and community workers.
- Enhancing service delivery at the PHC level, including primary care standard treatment guidelines.

Enablers:

- Eight (8) institutions have been trained through undergraduate and postgraduate programmes for over 50 years.
- Established regulatory boards.
- Internship and Community Service Programme (ICSP) (1998).
- National Rehabilitation Policy (2000).

Challenges

- Rehabilitation representatives at national and provincial levels are at the strategic levels but not "heard".
- Inadequate workforce through post-freezes and brain-drain.
- Low funding of rehabilitation at the provincial level.
- Limited specialized longer-stay rehabilitation units.

Notable success

- Integration of rehabilitation in health strategies (lung and prostate cancer, NCDs, palliative care).

"Strengthening the rehabilitation and assistive technology workforce is crucial in African nations. Tailored strategies, led by health ministries, should focus on making rehabilitation a key public health service, attracting development partners for support. A phased approach, with specialized programmes and professional training, can combat brain-drain and foster sustainable workforce growth."

Dr Jean de Dieu Habyarimana, Ministry of Heath

Strengthening the rehabilitation and AT workforce

The rehabilitation workforce in Africa is significantly insufficient to meet the population's needs. Consequently, there is an urgent requirement to enhance the capabilities of governments in collaboration with development partners and other key stakeholders to address the limited and inadequate skill set. To tackle this challenge effectively, countries should adopt innovative and contextually relevant approaches, considering the overlapping scopes of practice among different occupational groups. Training institutions are critical in this process and should design and implement evidence-based, multidisciplinary programmes that meet the population's needs. Additionally, all stakeholders must advocate for increased rehabilitation funding while prioritizing data generation to drive meaningful change.

Given the broad scope of rehabilitation, ministries of health must understand this unique aspect and its implications for workforce needs and development. In the case of South Africa, although rehabilitation training and service delivery may appear relatively advanced compared to other regional countries, numerous challenges that require contextually relevant solutions remain. The National Department of Health collaborates closely with training institutions, exemplified by the Internship and Community Service Programme, which stands as a noteworthy example of matching training and service provision and service provision at the grassroots level where most individuals need such services.

In many countries in Africa, the initiation of rehabilitation efforts has historically been driven by development partners. One crucial aspect of this support has been the focus on harnessing and building the capacity of the rehabilitation workforce through partnerships with governments and other key stakeholders. Ministries of health play a vital role in setting the priority agenda and coordinating the processes. Subsequently, development partners, professional associations, and industry actors are engaged to support the initiatives for successful implementation. By fostering these partnerships and aligning efforts, countries can enhance their rehabilitation workforce and make significant strides in improving the overall quality of care.

Furthermore, a phased approach is advisable, which could involve the creation of targeted programmes and training professionals who can be integrated into the health system. This approach will help address the prevalent issue of brain drain and ensure the sustainable development of the rehabilitation and AT workforce.

Rehabilitation and AT in health information systems

Essential data for rehabilitation: Health information systems (HIS) encompass a variety of data collection forms crucial for rehabilitation, including routine facility reports, audits, resource records, and comprehensive population surveys. These data streams provide a foundation for informed decision-making in health care.

WHO's rehabilitation facility indicators: To monitor and improve rehabilitation services, WHO has established key indicators for facilities:

- General indicators: Include personnel density, service uptake, utilization rates, assistive product uptake, outreach programmes, referrals, and patient waiting times.
- Primary care (PC) facilities: Focus on the availability of essential packages for rehabilitation.
- Specialized wards: For dedicated rehabilitation units, indicators such as bed density, implementation of individualized care plans, patient length of stay, functional improvement, and the extent of service coverage for those with acute and complex needs are tracked.

Harmonizing rehabilitation data with HMIS: Countries can streamline integrating rehabilitation data into HMIS by leveraging the WHO Routine Health Information System (RHIS) – Rehabilitation Toolkit. This resource equips Ministry of Health officials, programme planners, facility managers, and service providers with standardized indicators. It facilitates the consistent collection, analysis, and interpretation of rehabilitation data, ensuring that these vital elements are uniformly integrated within the broader health information framework.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
1. Consultations and stakeholder engagement. **2.** Develop concept note including scope, steps of implementation, budget, etc. **3.** Letter of request to the country office from the ministry of health.	**1.** Rapid readiness assessment for facility reporting including identification of baseline and barriers.	**1.** Workshop with service providers, ministry of health and other concerned ministries, HIS experts. **2.** Select, adapt, and adopt the indicators (toolkit).	**1.** Configure software for country data need (toolkit). **2.** Country to develop facility registers (HMIS tools), SOPs.	**1.** Training of service providers and data entry people for data capture and data entry. **2.** (Training of decision-makers on data management).	Data collection.

Integrating rehabilitation and AT into routine health information systems: country example-Ethiopia

Ethiopia

Key initiatives

- Developed strategies and guidance on rehabilitation and the AT system.
- Integrated rehabilitation service in the health system.
- Strengthened rehabilitation centres at the national and subnational levels.

Enablers:

- High-level advocacy through the MoH and National Technical Working Group.
- Availability of technical and financial support from USAID/Accelerator Project.
- WHO technical support.

Challenges

- Incomplete and/or late reports from facilities.
- Lack of defined catchment populations for facilities.
- Lack of infrastructure (equipment and software) for eventual electronic data collection.

Notable success: Validated rehabilitation indicators and readiness for data collection training.

World café activity

Delegates participated in an open discussion to reflect and share perspectives on key focus areas of the meeting: governance and financing arrangements for rehabilitation, including resource mobilization, rehabilitation workforce strengthening, health information systems, rehabilitation, and AT integration in health systems.

GOVERNANCE AND FINANCING

Common challenges

- Lack of multisectoral collaboration.
- Too many committees with overlapping mandates.
- The sustainability of rehabilitation programmes beyond 2030 is unclear.
- Low government funding and over-reliance on external donors.
- Donor funding influences priorities in countries.
- Lack of clarity in the governance of rehabilitation and AT across MoH and line ministries.

Plausible solutions

- Increased advocacy and leverage of NGOs and development partners.
- Having a focal person in the MoH.
- Donor-initiated funding to create a budget line within line ministries.
- Establish steering committees (in addition to TWG) for high-level accountability.
- Governments should enhance the accountability of development partners and emphasize national priorities.
- County rehabilitation coordinators to increase coordination at all levels.

WORKFORCE

Common challenges

- Lack of comprehensive data on national needs for rehabilitation and AT.
- Lack of innovative funding mechanisms for developing a rehabilitation workforce.
- Rehabilitation training does not align with the job market and career progression.
- Low absorption, deployment and retention rates and high levels of brain-drain.
- Demotivated rehabilitation professionals due to unclear career progression pathways.
- Undefined rehabilitation and AT needs from the leadership.

Plausible solutions

- Implement innovative approaches for rehabilitation workforce development, including adapted training to increase coverage through task-shifting, such as a two-year diploma for speech-language therapists. Lessons from the Device Technician Programme in DRC.
- Enhance public-private partnerships (PPP) to support workforce development.
- Institute-planned workforce training to address high attrition rates. The best example is the planned rehabilitation workforce training programme implemented in Burundi.
- Integrate rehabilitation into other health policies, including the National Health Accounts and workforce.
- Increase advocacy among academia, parents, professional circles and industry (CSR).

HEALTH INFORMATION SYSTEM

Common challenges

- Knowing where to start – population data or facility data?
- Getting indicators at the federal level.
- Develop capacity for analysis.
- Some indicators can be collected at the local or regional levels before they reach the federal/national level.

Plausible solutions

- Data collection and use can be many things. Sensitization about WHY you collect data and what it is for is important.
- When implementing data collection, include integration and partners.

REHABILITATION AND AT

Common challenges

- Quality assurance for locally manufactured APs.
- Implementation of the country-specific priority list.
- Tender cost (opportunities) of PPP mechanism, including tax issues.
- Integrating rehabilitation and AT indicators in the HIS.
- AT provision is reliant on donations.
- Access to rehabilitation and AT at PHC and community levels.

Plausible solutions

- Integrate AT in the delivery of rehabilitation.
- Increase government funding for rehabilitation and AT through dedicated budget lines.
- Strengthen local AT production through PPP and sustain the procurement systems.
- Ensure a multidisciplinary TWG for rehabilitation and AT.
- Invest in research and innovation to advance rehabilitation and AT in the Region.
- Ensure better stakeholder mapping and engagement.
- Develop a policy on importing AT.
- Public health insurance schemes should cover rehabilitation and essential AT.
- Build solidarity on sharing across rehabilitation and AT.

Rehabilitation in health financing: Overview of practices and way forward

Health financing for rehabilitation is built on three pillars:

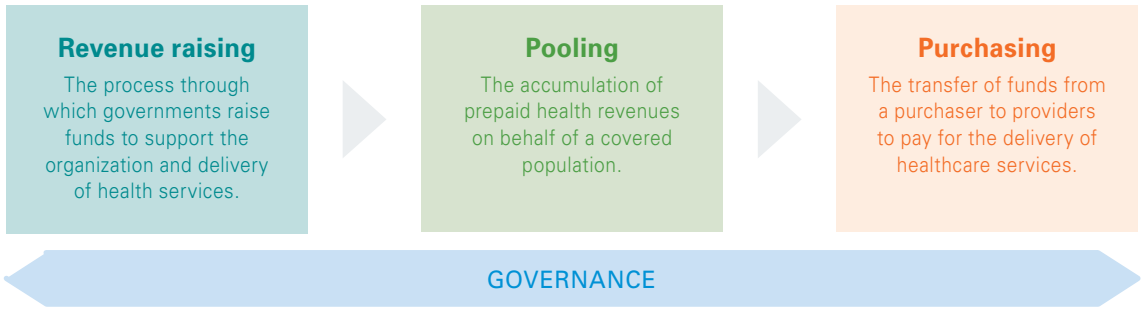
- **Revenue collection:** This is the process by which countries generate funds to facilitate the organization and provision of health services, categorized into public, private, and external sources.

- **Pooling:** Refers to consolidating prepaid health revenues, representing a strategic approach to allocating funds efficiently and directing them to those in greatest need within a covered population.

- **Purchasing:** Funds are allocated from purchasers to healthcare service providers, with strategic purchasing being a deliberate method that ties these payments to the performance of providers and the population's health needs.

Diverse funding sources for rehabilitation: Rehabilitation services are financed through a mix of sources, including:
- Social and private health insurance
- External aid
- Grants and loans
- Investments and out-of-pocket payments by individuals dominate in many countries.

- **Effective strategic purchasing for rehabilitation:** To ensure the sustainability and effectiveness of rehabilitation services, strategic purchasing should:
  - Integrate rehabilitation services within essential health services packages.
  - Craft a defined health benefit package for rehabilitation, informed by global evidence and the WHO Package of interventions for rehabilitation.



"The average total health expenditure on rehabilitation in most African countries lies below 0.5% of the national health sector budget."

Dr Pauline Kleinitz, Rehabilitation Technical Advisor, WHO headquarters

How can countries enhance health financing for rehabilitation?

Create the enabling environment to enhance rehabilitation in health financing.

Leverage health financing opportunities and practices for rehabilitation.

Rehabilitation in health financing and inclusion in health benefits packages: country examples – United Republic of Tanzania and Zambia

Zambia

What is the MoH budget for rehabilitation?

- MoH budget represents 10.4% of the national budget.
- There is no specific budget line for rehabilitation and AT, as financing for these services is integrated into MoH financing mechanisms, including budgets for personnel and facilities.

What insurance schemes cover rehabilitation and AT?

- National Health Insurance Management Authority (NHIMA) insurance
- Workers Compensation Fund
- Motor Vehicle Accidents Fund – Ministry of Transport working through the Road Traffic and Safety Agency (RTSA)
- Private insurance companies.

Key NGOs and international development partners:

- "Cure Zambia" is one of the MoH's strategic partners in rehabilitation.
- "Deaf Kids International" (UK) donates hearing aids to the MoH audiology services.
- "Hope Walks" works with local healthcare workers to treat clubfoot and provide orthoses

United Republic of Tanzania

What is the MoH budget for rehabilitation?

Rehabilitation health services are financed through the Government (staff salaries, equipment, infrastructure, and supplies). Other funding sources include the Prime Minister's Office and the Ministry of Labour, Youth, Employment and Persons with Disabilities. The Ministry of Education, Science and Technology supports assistive products for school-aged children.

What insurance schemes cover rehabilitation and AT?

The current National Health Insurance package includes some rehabilitation services and AT.

Key NGOs and international development partners:

In 2022, "HelpAge Tanzania" supported a project for dispensing assistive products to older people and persons with disabilities.

Enhancing rehabilitation services: Insights from the WHO Package of Interventions

World Health Assembly resolution 76.6 urges Member States to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender-sensitive, appropriate, and evidence-based interventions for rehabilitation along the continuum of care.

Purpose of the Package of Interventions for Rehabilitation (PIR): The PIR is designed to equip ministries of health and associated stakeholders with comprehensive data on:

- Essential and scientifically-supported rehabilitation intervention methods.
- Necessary resources, including assistive technologies, medical equipment, and consumables.
- Staffing and human resource considerations are vital for delivering rehabilitation services.

PIR content overview: The package compiles evidence-supported interventions tailored to prevalent conditions amenable to rehabilitation, aiming to optimize patient outcomes.

Musculoskeletal conditions	Neurological conditions	Cardiopulmonary conditions	Neurodevelopmental disorders	Sensory conditions	Neoplasms	Mental health
Low back pain	Stroke	Ischaemic heart disease	Autism spectrum disorders	Vision impairment	Cancer	Schizophrenia
Osteoarthritis	Parkinson's disease	Chronic obstructive pulmonary disease	Disorders of intellectual development	Hearing loss		
Rheumatoid arthritis	Dementia					
Sarcopenia	Cerebral palsy					
Fractures	Traumatic brain injury					
Amputation	Spinal cord injury					

Examples of use:

- Develop an evidence-informed policy on rehabilitation, for example, *national clinical practice guidelines/protocols*.
- Create rehabilitation service delivery at the facility level. For example, review and/or develop rehabilitation service delivery at *the facility level*.
- Workforce development, such as a *review and/or development of curricula for education and training of the rehabilitation workforce*.
- Rehabilitation research, such as *identifying research gaps to inform future research*.

Enhancing primary healthcare and community services

Rehabilitation, encompassing allied health and rehabilitation medicine, varies in definition across countries. According to WHO, rehabilitation is a *set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment*.

Rehabilitation services are provided by a multidisciplinary workforce comprised of audiologists, physiotherapists, occupational therapists, prosthetists and orthotics, speech-language therapists, and rehabilitation doctors.

Rehabilitation interventions include:

- assessment and screening
- therapeutic techniques, procedures, exercise and training
- physical modalities such as muscular electrical stimulation
- assistive products prescription, fitting and training to use
- environmental modifications for accessibility and autonomy
- self-management
- medicines.

Rehabilitation at the primary healthcare level:

The gap between the need for and availability of PHC-level rehabilitation services is significant in the African Region. It is essential to first set up services in major PHC or lower-level secondary centres with support for outreach clinics. This should be followed by the training of existing PHC workers such as nurses, doctors, and CHWs. They should focus on the following:

- Identifying individuals who need rehabilitation
- Spotting urgent cases requiring immediate attention and referrals
- Delivering fundamental rehabilitation care per WHO's Basic Rehabilitation Package for community-based rehabilitation (BRP-CR).

Establishing clear clinical pathways and referral systems that bridge health services and community-based support is crucial. Furthermore, as assistive products become funded and accessible within PHC facilities, it would be appropriate to include training on AP through the WHO Training in Assistive Products (TAP) online resource.

Approaches and tools for task-sharing at the PHC level: WHO Basic Rehabilitation Package and WHO Training in Assistive Products

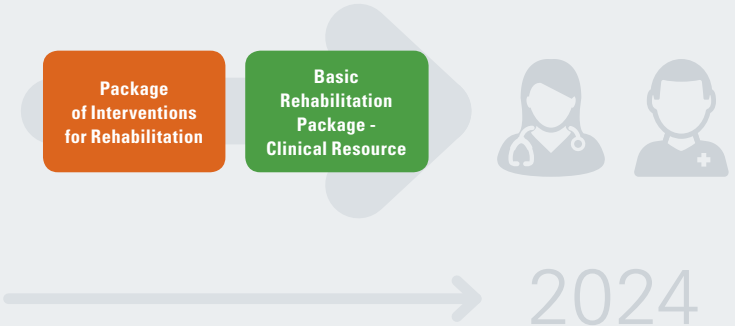
Why rehabilitation in PHC?

Primary care services address a high proportion of the population's health needs. Most rehabilitation needs can be met at this level as PHC is a key platform, and the Basic Rehabilitation Package Clinical Resource (BRP-CR) offers an opportunity to bridge the gap.

Implementation should follow an in-country step-wise process:

- Develop a concept note and establish a TWG (comprised of MoH, WHO, and key stakeholders).
- Outline the role of PHC workers in the provision of rehabilitation.
- Early involvement of rehabilitation professionals.
- Establish a 'network of care' for easy coordination and referrals.

Overview of BRP-CP



48 rehabilitation interventions for PC

- Evidence-based
- Low-cost
- High-impact
- Safely and effectively delivered through task-sharing
- Indication easily identified
- Feasible to deliver

3 core resources

1. Manual – clinical decision-making support tool
2. Blended learning package
3. Implementation guide

Target audience

- Doctors and nurses, supports a task sharing approach

Rehabilitation in emergency preparedness and response

Integration of rehabilitation in the health and emergency planning and response (HEPR) continuum:

According to WHO's systematic assessment of rehabilitation situation (STARS) data, only a few countries have integrated rehabilitation services in their emergency plans. Although the importance of rehabilitation in emergencies is increasingly recognized, all countries need to take more proactive measures to be better prepared for potential emergencies.

Need for action

Many still perceive rehabilitation as beginning in late response or early recovery, not as part of the health response. Countries most at risk of health emergencies often have rehabilitation services that are weak and poorly integrated into the health system. A twin-track approach that combines overall rehabilitation, health systems strengthening and specific preparedness measures is recommended.

Existing WHO guidance

The WHO Policy Brief defines rehabilitation in emergencies and outlines the evidence for rehabilitation in emergencies that the African Member States can utilize in their national planning. Rehabilitation services and the rehabilitation workforce should be integrated into wider health emergency preparedness planning. It should include implementing mechanisms to support a surge in staff, specialist training on trauma care, stockpiling of equipment, integration into Emergency Medical Teams, development of adapted clinical protocols and pathways, plans for long-term follow-up, and data standardization.

"The African Region was well represented in the development of this product, as a total of 74 professionals from 16 African Region Member States participated in the process."

Dr Alexandra Rauch, Rehabilitation Consultant, WHO headquarters

Country action priorities

By the conclusion of the third day of the inaugural Regional Rehabilitation Meeting, country delegations had the opportunity to reassess their priorities in light of the new information garnered during the meeting. They diligently pinpointed specific actions they were committed to promoting rehabilitation and assistive technology while also identifying areas that require further capacity building and support.

This exercise served as a means of contemplating the insights gained from the meeting and formulating a strategic approach for prioritizing capacity building and support for countries in the forthcoming months and years (see Annexures).

The priority areas for capacity building mentioned by delegations are summarized here below:

Leadership skills, advocacy for resource mobilization, DHIS and data analysis and monitoring, workforce development, and implementation of a basic package of care at the primary healthcare level.

Conclusion and Way Forward

After a three-day conference on **increasing access to quality rehabilitation services in Africa**, a collective understanding emerged among experts and leaders. The meeting underscored the need for a unified language to articulate rehabilitation concepts, focusing on individuals' functionality rather than the diseases themselves. This paradigm shift is essential for the inclusion and effective treatment of all people requiring rehabilitation, highlighting that such services are not luxuries but fundamental needs.

The gathering reinforced the leadership role of each participant in their respective areas within the rehabilitation sector. It called upon development partners and civil society organizations to advocate for integrating rehabilitation and AT into national health strategies. Their involvement is crucial in promoting commitment from authorities and supporting the actualization of these strategies. World Health Assembly resolution 76.6 (2023) on Strengthening rehabilitation in health systems calls for the commitment of Member States to this end.

Identifying the health system as a foundational structure for rehabilitation, discussions pointed to the importance of a comprehensive approach that spans all levels of care. This approach is vital to ensure that access to high-quality services is

available. Acknowledgement was made of the critical nature of data collection and analysis for grasping the spectrum of needs, enabling evidence-based planning, and facilitating the mobilization of resources. Moreover, collecting data on rehabilitation services is indispensable for monitoring their effectiveness and ensuring accountability.

The conference also highlighted the importance of sustaining the momentum gained from this platform. Fostering regional and sub-regional networks and cultivating opportunities for learning and exchange were recognized as pivotal elements in advancing the field of rehabilitation.

WHO and the VID Unit reaffirmed their dedication to supporting Member States in expediting rehabilitation initiatives tailored to country priorities. This support is manifested through technical assistance, partnerships, and cooperative efforts with development partners. The aim is to create a more inclusive and effective system of rehabilitation services accessible to all who require them.

In essence, the meeting served as a call to action for leaders and stakeholders in the health sector to recalibrate their focus towards rehabilitation services and assistive technologies. It is a commitment to a future where rehabilitation and assistive technologies are not seen as auxiliary components but integral parts of health systems worldwide. The collective effort and collaboration across various levels of governance and sectors are the keys to realizing this vision. The path forward is clear: it demands persistent advocacy, strategic planning, resource allocation, and data leveraging for decision-making, all within a framework that prioritizes human functionality and dignified living.

Resources

Health systems strengthening https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening

WHO rehabilitation technical resources

Leadership and governance

Rehabilitation in health systems guidelines

Workforce

Rehabilitation Competency Framework (RCF), Guideline for Rehabilitation Workforce Evaluation (GROWE)

Information systems

Rehabilitation in Health Information Systems toolkit

Service delivery

Package of interventions for rehabilitation (PIR)

Basic Rehabilitation Package Clinical Resources
- Information Sheet

Financing

Rehabilitation in Health Financing

Emergencies

Rehabilitation in Emergency Toolkit

Facilitating rapid access to AT in emergencies: AT6 and AT10

Assistive products

Training on Assistive Products

Data collection on Assistive technology

Wheelchair service training

Assistive products specifications

Priority assistive products list

Standards for prosthetics and orthotics

Important documents and links

- Rehabilitation 2030 Guide for Action.
- Regional Framework on Assistive Technology.
- The WHO GreAT Report.
- World Health Assembly Resolution on Assistive Technology.
- World Health Assembly Resolution on Rehabilitation in Health Systems

Advocacy and communications materials

- Rehabilitation 2030 Initiative
- Policy brief on Assistive technology
- World Rehabilitation Alliance
- Rehabilitation Programme FAQs
- Rehabilitation Fact Sheet

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Annexes

Annex I: List of participants

S/No	Name	Organization	Position
		WHO Secretariat	
1.	Chiara Retis	WHO/UHP/ Regional Office For Africa	Team Lead VID
2.	Rosie Noelle Demanou	WHO/UHP/ Regional Office For Africa	Admin Assistant
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4.	Aissatou Sarassa Sougou	WHO/ULC/ Regional Office For Africa	Technical Officer
5.	Edith Andrews Annan	WHO/ULC/ Regional Office For Africa	Technical Officer
6.	Diana Taguembou	WHO/ULC/ Regional Office For Africa	Technical Officer
7.	Antony Duttine	WHO headquarters	Technical Lead, Rehab
8.	Elanie Marks	WHO headquarters	Technical Officer
9.	Wouter De Groote	WHO headquarters	Technical Adviser
10.	Pauline Kleinitz	WHO headquarters	Technical Adviser
11.	Peter Skelton (Virtual)	WHO headquarters	Technical Adviser
12.	Alexandra Rauch (Virtual)	WHO headquarters	Consultant
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1.	Graziella Lippolis	Humanity and Inclusion	Rehabilitation Manager
2.	Marjolein Meande-Baltussen	CBM	CBID Advisor & Rehabilitation Specialist
3.	Sam Tukei	ReLAB-HS	Country Director-Uganda
4.	Gerald Okello	ReLAB-HS	Rehabilitation & AT Coordinator- Uganda
5.	Pascal Jeroen Bijleveld	AT Scale	Global CEO

S/No	Name	Organization	Position
		Development partners	
6.	Satish Mishra	AT Scale	Global Head of Programs & Market
7.	Frederic Seghers	Clinton Health Access Initiative (CHAI)	Associate Director
8.	Sharon Handongwe	Cheshire Homes	Program Coordinator-Zambia
9.	Celestine Esse	International Committee of Red cross (ICRC)	Project Officer West Africa
10.	Maarten Abeel	International Committee of Red cross (ICRC)	Project Manager, West Africa
11.	Olivier Jadin	APEFE	Health Programs Administrator
		Research and academia	
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2.	Maria Yvonne Charumbira	Stellenbosch University	Research Associate
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3	Dikeledi Ndoma	MoH	Chief Health Officer, Rehab & Mental Health
		Burkina Faso	
4	Sanné Topan	Ministry of Health	Health Advisor
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5	Jean de Dieu Habyarimana	Ministry of Health	Director Physician
6	Jerome Ndaruhutse	WHO Country Office	National Professional Officer

S/No	Name	Organization	Position
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9	Ambroise Ane	WHO Country Office	Point Focal Readaptation
	Emmanuel Tanni	Ministry of Health	Health Advisor
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10	Télé Bantapi Nkuna	Ministry of Health	Chief of Staff
11	Willy Musafiri Masuga	WHO Country Office	National Professional Officer
		Ethiopia	
12	Tamrat Kifle Hailemariam	WHO Country Office	NPO, Rehabilitation
13	Ermias Mulatu	Ministry of Health	Lead, Rehabilitation Desk
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14	Eva Das Dores Pascoal	WHO Country Office	National Professional Officer
15	Kennedy de Pina Araújo João	Ministry of Health	Director of the Motor Rehabilitation Centre
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16	Fernandes Ana	WHO Country Office	National Professional Officer
17	Fumo Leida	Ministry of Health	Member of the national programme for Physical and Rehabilitation Medicine
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18	Augustin Gatera	WHO Country Office	NCDs/MH Officer

S/No	Name	Organization	Position
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		Republic of South Africa	
21	Bilqees Sayed	Ministry of Health	Rehabilitation Advisor
		United Republic of Tanzania	
22	Alphoncina Nanai	WHO Country Office	National Professional Officer
		Kenya	
24	Joyce Nanjala Nato	WHO Country Office	National Professional Officer (NCDs
25	Alex Kisyanga	Ministry of Health	Rehabilitation & AT Head
		Liberia	
26	Nancy Saydee Kenneh	Ministry of Health	Rehabilitation, Injury & Assistive Technology Coordinator
27	Barkon Dwah	WHO Country Office	National Professional Officer
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30	Djossou Kokou Messanh	Ministry of Health	Re-educateur (CHAL)
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31	Hafisa Kasule	WHO Country Office	Technical Officer, NCD
32	Jimmy Ochorin	Ministry of Health	Senior Medical Officer
		Zambia	
33	Nora Mweemba	WHO Country Office	HPR/Social Determinants Officer
33	George Sampa	Ministry of Health	National Coordinator for Rehabilitative Services

Annex II: Meeting Agenda

Increasing access to quality rehabilitation services in Africa

WHO African Region

Tuesday 21–Thursday 23 November 2023

Addis Ababa, Ethiopia.

MEETING OBJECTIVES:

1. To review regional progress on developing and implementing national rehabilitation strategic plans, including plans addressing assistive technology, and identify shared challenges, lessons, and practical solutions.

2. To introduce an array of recent WHO technical products for strengthening rehabilitation in health systems.

3. To identify concrete actions to advance the African Region's rehabilitation and assistive technology agenda, recognizing opportunities for coordinated, efficient approaches that support the expansion of assistive product provision through rehabilitation services.

Tuesday, 21 November 2023

Time	Session	Presenters
8.30–9.00	Arrival & Registration	WHO Secretariat
9.00–10.00	Opening Remarks: • WHO Country Representative-Ethiopia • USAID-Ethiopia • MoWSA-Ethiopia • Opening Speech- MOH Ethiopia • Director, UHP, Regional Office For Africa Introduction of Participants Briefing – Venue Amenities, Security and PRESEAH Official Group Photo	Communications Team-MoH Ethiopia WHO Country Office
10.00–10.20	**Morning tea – 30 minutes**	
10.20–10.35	Overview to the Meeting Objectives and Schedule	Dr Chiara Retis VID-Rehab Team Lead WHO Regional Office for Africa
10.35–11.00	Overview to rehabilitation and AT concepts, Rehabilitation 2030 & the WHO rehabilitation resolution.	Dr Antony Duttine WHO headquarters
11.00–11.20	Rehabilitation in the Africa Region: Needs, services, and initiatives.	Dr Nassib Tawa WHO Regional Office for Africa
11.20–11.40	Assistive Technology in the African Region: Needs, services, and initiatives.	Dr Aissatou Sarassa WHO Regional Office for Africa
11.40–11.50	AT Scale and activities in the African Region	Mr Pascal Bijleveld CEO, AT Scale

11.50–12.15	Developing and Implementing National Rehabilitation Strategic Plans; African experiences and lessons learnt.	Dr Pauline Kleinitz WHO headquarters
12.15–12.30	Open discussion	All
12.30–1.30	Lunch – 60 Minutes	
1.30–2.10	Progress in Strengthening Rehabilitation and Assistive Technology. • Country Presentations: Liberia & Cote d'Ivoire	Mr Emmanuel Tanni Rehabilitation Focal Point, MoH Côte d'Ivoire Ms Nancy Kaydee- Health Advisor MoH Liberia
1.30–2.10	Progress in Strengthening Rehabilitation and Assistive Technology. • Country Presentations: Liberia & Cote d'Ivoire	Mr Emmanuel Tanni Rehabilitation Focal Point, MoH Côte d'Ivoire Ms Nancy Kaydee- Health Advisor MoH Liberia
2.10–3.10	Panel Discussion - Implementing Rehabilitation Strategic Plans-Roles of Ministry of Health, WHO Country Office and Development Partners. 1. Ministry of Health-Kenya 2. WHO Country Office-Ethiopia 3. ICRC-West Africa	Mr Alex Kisyanga Rehabilitation Focal Point MoH Kenya Dr Asmamaw Workneh, WCO Ethiopia Ms Celestine Akua Numatsi Esse, ICRC
3.10–3.40	Afternoon tea – 30 Minutes	
3.40–4.20	Small group work; What are the priorities for strengthening rehabilitation in African countries, what are the needs and challenges of Member States	Member States Group Work
4.20–5.00	Small group feedback and large group discussion	Country Group Leads
5.00	Close	

Wednesday, 22 November 2023

Time	Session	Presenters
9.00–9.15	Summary of Day 1	Ms Fiona Paulin MoH Seychelles
9.15–9.40	Assistive Technology: Tools and Coordinated way forward	Dr Diana Taguembou WHO Regional Office for Africa
9.40–10.10	Harmonizing Rehabilitation and AT Strengthening; • Country Presentations: Togo & Uganda	Col. Djossou Kokou Messah Rehabilitation Officer MOH Togo Dr Jimmy Ochorin, Senior Medical Officer MoH Uganda
10.10–10.30	Open Discussion	All
10.30–11.00	**Morning tea – 30 Minutes**	
11.00–11.30	Rehabilitation and AT Workforce in the African Region: good practices for development	Professor Quinette Louw, Stellenboch University
11.30–12.10	Rehabilitation and AT workforce development– Deep dive into country example, highlighting lessons learnt, challenges and way forward. • Country Examples: Burundi and South Africa	Rd. Jean De Due Havyariman, Medical Director MOH Burundi Ms Bilqees Sayed Deputy Director, DoH South Africa
12.10–12.30	Strengthening the Rehabilitation and AT workforce – Panel discussion	Professor Quinette Louw Dr Nassib Tawa Ms Bilqees Sayed Dr Jean De Due Havyarimana Ms Sharon Hangongwe, Cheshire Home, Zambia

12.30–1.30	Lunch – 60 Minutes	
1.30–2.00	Rehabilitation and AT in Health Information Systems	Dr Wouter De Groote WHO headquarters
2.00–2.30	Integrating Rehabilitation and AT into the routine health information systems; • Country Examples: Ethiopia & Burkina Faso	Mr Ermius Mulatu, Lead Rehabilitation Desk, MoH Ethiopia MoH Burkina Faso
2.30–3.00	Rehabilitation and AT in Health Information Systems – Panel discussion	Dr Wouter De Groote MoH Ethiopia MoH Burkina Faso Gerald Okello, Rehabilitation & AT Coordinator, ReLAB-HS
3.00–3.30	Afternoon tea – 30 Minutes	
3.30–5.00	World café activity	
	1. Governance & Financing arrangements for rehabilitation, including resource mobilization – good practices	Dr Pauline Kleinitz & Ms. Elanie Marks
	1. Measurement of rehabilitation, including monitoring of SP implementation progress – good practices	Dr Wouter De Groote & Dr Antony Duttine
	2. Rehabilitation workforce strengthening – good practices	Professor Quinette Louw Dr Nassib Tawa
	3. Rehabilitation and AT – good practices	Dr Chiara Retis & Dr Aissatou Sarassa

Thursday, 23 November 2023

Time	Session	Presenters
9.00–9.15	Summary of Day 2	Professor Sobngwi Eugene
9.15–9.40	Rehabilitation in health financing; Overview of practices and way forward	Dr Pauline Kleinitz WHO headquarters
9.40–10.10	WHO Package of Intervention for Rehabilitation	Dr Alexandra Rauch WHO headquarters (Remote)
10.10–10.30	Rehabilitation in health financing and inclusion in Health Benefit Packages. • Country Examples: Zambia and Tanzania	Mr George Sampa, MoH Zambia Dr Alphoncina Nanai, WHO Tanzania
10.30–11.00	Morning tea – 30 Minutes	
11.00–11.20	Rehabilitation services; Developing services for all levels with focus on primary healthcare and community delivery	Dr Nassib Tawa
11.20–11:50	Approaches & Tools for Task-sharing at PHC: WHO Basic Rehabilitation Package & WHO Training in Assistive Technology	Dr Wouter De Groote
11.50–12.30	Discussion on PHC	All
12.30–1.30	Lunch – 60 Minutes	
1.30–2.00	Rehabilitation in Emergency preparedness and response	Mr Peter Skelton (Remote)
2.00–3.00	Country Action Priorities	Ms Elanie Marks
3.00–3.30	Afternoon tea – 30 Minutes	
3.30–4.30	Presentation of Country Priorities	Country Representatives
4.30–4.45	Way forward and closing remarks	Dr Chiara Retis

Annex III Country action priorities

Burundi	
Priorities	
Revision of indicators	Orientation workshop with health actors to revise DHIS indicators.
Partnerships for AT	Organize a workshop for AT stakeholders to strategize.
Increase access to rehabilitation in three priority regions	Identify three health facilities within the three provinces that could set up physiotherapy services and train personnel, including health information staff, for rehabilitation data collection.
Capacity building areas	Financing, Information system, and workforce.
WHO support needed	Technical and financial assistance to organize a feedback session for the Physical Medicine and Rehabilitation Steering Committee and the Managers of the Orthopaedic Workshop of the Ministry of Solidarity.
Cameroon	
Priorities	Needs assessment (situation assessment)
	Strategic plan
	Multisectoral rehabilitation platform set up.
Actions	Feedback to the Minister on his engagement.
	Advocacy with key stakeholders, including WHO, CBCHS, Ministries of Social Affairs, Family Affairs, Defence and Security, Environment, Education and vocational training, and patient associations.
Capacity reinforcement areas	Leadership and civil society (for rehabilitation-specific advocacy, strategic planning, and awareness raising).
	Rehabilitation and AT workforce
	Health information system leaders and staff
	Technical assistance

WHO support needed	Fundraising and financial support
	Advocacy
	Benin
	Priorities
Governance	Define packages of activities by level of service (pyramid).
	Define the priority APL and its dissemination.
	Advocacy towards different authorities on assistive technology, indicators, standards/norms.
	Develop documents and standards/norms and rehabilitation guidelines.
Finance	Costing of rehabilitation.
	Resource mobilization for identified activities.
Information system	Definition of indicators on rehabilitation.
	Set up a communication plan and channels in rehabilitation for health professionals, rehabilitation professionals, authorities, and the population.
Service provision	Capacity building of health and rehabilitation professionals.
Capacity building areas	
	Policy dialogue for advocacy for financing rehabilitation.
	Specialized rehabilitation.
	Assistive products (prescription, maintenance, training to use).
WHO support needed	Technical and financial support.
	Support advocacy towards authorities.

Botswana	
Priorities	Review the 2017–2023 National strategic plan to incorporate disaster preparedness (the current strategy is outdated).
	Initiate developing data as it is crucial for planning.
	Develop assistive device programmes (priority list, training of implementers at the community level).
Actions	Review and endorse the national rehabilitation strategic plan (already proposed by WHO Botswana to lobby for technical support).
	Start working on data.
	Develop assistive device programmes to integrate rehabilitation into MoH plans.
Capacity building areas	Data
	How to develop and implement assistive device programmes.
	Implementation
WHO support needed	Technical support on implementing strategy (data, rehabilitation packages and AT).
Côte d'Ivoire	
Priorities	**Actions**
Strengthen coordination of rehabilitation/AT	Set up a coordination mechanism.
Workforce development	Strengthen the capacities of PHC workers.
Strengthen service delivery	Develop a priority ATL.
Capacity building areas	Human resources
	AT list
WHO support needed	Technical support for resource mobilization.

Democratic Republic of the Congo	
Priorities	**Actions**
Governance	Set up political and interministerial commission
Financing	Activate Government budget line for rehabilitation and AT.
Capacity building	Deliver ToT tools and training for rehabilitation and WHO AT tools.
Capacity building areas	PIR
	DHIS
	Costing of rehabilitation services
WHO support needed	Technical support for our road map
Guinea-Bissau	
Priorities	**Actions**
STARS/strategic plan	Strengthen PHC and APL
	Strengthen rehabilitation in HIS
Capacity building areas	Advocacy
	Develop TWG
	Integrate rehabilitation into HIS
WHO support needed	Technical assistance

Mozambique	
Priorities	**Actions**
Advocate for the financing of rehabilitation	Strengthen leadership and planning capacity at all levels (MoH units)
	Develop regulation and national AT priority list
Get the approval of the strategic priority (endorsement by MoH leadership) Leadership and HR Capacity	Mobilize/seek financing for implementation of the strategic priority. Reactivate the TWG, RHB, and AT.
Capacity building areas	
WHO support needed	Technical assistance for SP implementation and active engagement in TWG

Rwanda
Priorities and action
Disseminate the Rwanda Rehabilitation Strategic Plan (2023–2030) among stakeholders and organize stakeholder meetings to finance the strategic plan. • Implement the Rwanda Integrated Rehabilitation Model (RIRM). • Implement rehabilitation indicators developed in the health system (WHO module DHIS2). • Procure AT in the health system/ implementation of Rwanda APL. • Tele-rehabilitation and 3D printing (technical and financial support in design and implementation).
Capacity building areas
Technical and financial support to train on rehabilitation strengthening in the health system at the policy and implementation levels (dedicated staff from MoH, Rwanda Biomedical Centre, teaching hospitals) to: • Ensure the delivery of rehabilitation quality standards. • Strengthen interprofessional collaboration in disability/rehabilitation. • Strengthen early disability/impairment detection and rehabilitation intervention at the community level.
WHO support needed
Technical support in the following activities: a. Expert consultancy to elaborate and establish the national referral rehabilitation centre of excellence. b. Implement rehabilitation indicators developed in the health system (WHO module DHIS2). Financial support for all the activities mentioned above.

Seychelles	
Priorities	**Actions**
Strengthen leadership, governance and financing	The strategic plan was presented to the senior authorities of the MoH. The next step is to develop a two-year operational plan, including policy and financing.
	Develop the Rehabilitation policy operational plan to be presented to the Cabinet in early 2024 for further approval.
Strengthen measurement of rehabilitation and AT	Select/match some indicators to measure the progress of the operational plan.
	Work with DICT for more space in the HIS (before that, look at the tools used to collect data to measure the need for rehabilitation and AT, including the operational plan).
	Use and analyze the data to make informed decisions on rehabilitation.
Build the capacity of a multidisciplinary rehabilitation workforce	Work with the New Allied Chief Officer to enable GROWE to inform on human resource needs.
	Work with the NIHSS on inclusive rehabilitation in existing and new specialized programmes. For example, the programme for rehabilitation nurses.
	Continuous professional development for the workforce.
Capacity building areas	Contextualize and use applicable package of rehabilitation interventions.
	Introduce the integration of rehabilitation and AT in MoH HIS.
	Analyze the data to make informed decisions.
	Help with TAP.
	Train rehabilitation staff on the introduction of selected intervention packages and TAP.
	Contextualize the GROWE (to look at human resource needs).

South Africa	
WHO support	
Priorities and action	Strengthen the workforce to be innovative in dealing with the current HR insufficiency.
	Integrate rehabilitation in all programmes, such as NHI, and HIS should include rehabilitation indicators.
	Strengthen relationships and governance at national and provincial levels.
Capacity building areas	Develop a strategic plan.
	Establish an advisory board and representatives to guide rehabilitation information to be integrated into policy/strategy and NHI.
WHO support	Develop a strategic plan
	Strengthen HIS.

United Republic of Tanzania	
Priorities and actions	
Orient national stakeholders on the WHO benefit package on rehabilitation and AT, including community packages and the National Rehabilitation Strategy, conducting ToTs (partners like CBM, CCBRT, SS, KCMC, etc.) to disseminate knowledge and support the adoption of activities across all levels of care, and improve planning at PHC level.	Conduct the first stakeholder meeting to orient on the National Rehabilitation Strategy, WHO rehabilitation and AT Benefit Packages for inclusion in the new Universal National Health Insurance package.
Improve monitoring of rehabilitation and AT services through better data capture through HMIS/DHIS2.	Organize a meeting to integrate rehabilitation and AT into HMIS/DHIS2 and support piloting in a few selected facilities.
Advocate/engage in processes to define appropriate health packages for inclusion in the new Universal National Health Insurance package and monitor results.	Conduct a capacity-building session for the ToTs (partners including CBM, CCBRT, SS, KCMC, etc.) to disseminate the knowledge and support adoption at all levels of care, including planning.
Develop AT guidelines.	Hire a consultant to support the development of AT guidelines and facilitate a stakeholder meeting for review.

Capacity building areas	Build capacity to integrate rehabilitation and AT services at the PHC level.
	Build capacity to monitor rehabilitation and AT services through new monitoring tools.
	Build capacity in the development of AT guidelines.
WHO support needed	Funds to initiate three proposed meetings and capacity building, if possible, for various levels.
	Integrate rehabilitation and AT services at the PHC level.
	First stakeholder meeting on rehabilitation, AT partners, and community packages (ministries, institutions, expert groups, and partners).

Kenya	
Priorities and action Implement national rehabilitation and AT strategy with a focus on primary health care [PHC]	Adopt and contextualize the WHO BRP-CR. Strengthen infrastructure development and supply chain management for AT. Training rehabilitation personnel on the PHC concept.
Empowered leadership/governance	Advocate for prioritization of rehabilitation and availability of AT products to top MoH leadership. Enhance multisectoral approach to rehabilitation/AT. Hire optimal workforce for rehabilitation/AT.
Financing for rehabilitation/AT	Advocate for inclusion of rehabilitation/APs during national resource allocation. Establish a budget line for rehabilitation/AT.
Capacity building areas	Human resources AT products Partnerships for resource mobilization
WHO support needed	Technical support, including the mid-term review of the National Strategy. Financial support towards implementing the planned activities. Finalizing the establishment of the Regional Assistive Technology Centre of Excellence.

Liberia	
Priorities	
Conduct the systematic assessment of rehabilitation situation (STARS)	Finalize funding to conduct STARS (WHO headquarters, WCO, MoH and AIFO).
	Meeting with RIAT to give feedback.
	SMIT awareness and sensitization and County Health Officers to conduct STARS, start dates, and processes.
	Finalize preparation for conducting activity (logistics, movement plans, etc.)
Increase sensitization and awareness for AT and rehabilitation to the general public	Develop information, education and communication (IEC) materials for rehabilitation and AT.
	Consultations with the Health Promotion Division for IEC materials development.
	Working sessions on developing IEC materials.
Monitoring and evaluation of TAP Project (support supervision and mentoring)	Conduct support supervision of TAP implementation sites and provide mentorship.
	Conduct monitoring and evaluation to get impact, lessons learnt, best practices, and challenges.
Capacity building areas	STARS: Tools including questionnaires to conduct activity.
	Awareness and sensitization: How to use/facilitate AT and rehabilitation IEC materials to service providers.
	Monitoring and evaluation: Use of monitoring and evaluation tools for TAP.
WHO support needed	Technical and financial support to conduct STARS.
	Awareness and sensitization: Technical support on the IEC materials needed.
	Monitoring and evaluation: Tools for TAP evaluation.
What has changed after all the discussions	Include rehabilitation indicators into HMIS after conducting STARS.
	TAP indicators are already included.

	Togo
Priorities and action	Advocacy to increase the budget allocated.
	Strengthen coordination of stakeholders.
	Achieve integration of rehabilitation into DHIS.
	Increase the number of rehabilitation professionals in the government sector.
	Train CHWs in rehabilitation.
	Approve the APL.
	Develop a law to regulate this domain (AT).
Capacity building areas	Follow-up and evaluation activities.
	Integrate rehabilitation within AT.
	Strengthen workforce.
WHO support needed	Technical and financial support.
	Procurement mechanisms.

Uganda	
Priorities	
Finalization of the costed National Rehabilitation and AT strategic plan	Hold stakeholder validation workshop.
	Approval processes within MoH.
Dissemination and operationalization of the costed National Rehabilitation and AT strategic plan	Launch and disseminate activities at the national and subnational levels.
	Develop an operationalization plan.
	Develop the implementation guidelines of the plan.
Development of the national Assistive Products priority list (APL)	Three stakeholder meetings to facilitate the development of the APL.
Development of the National Minimum Rehabilitation essential package	Stakeholder engagement for developing an essential rehabilitation health care package.
	Hire a consultant.
	Presentation to rehabilitation and AT TWG.
Capacity building areas	Hire a consultant to support the adaptation process.
	Sensitize the AP supply chain at all levels.
	Engage a lead consultant to draft the package.
WHO support needed	Provide financial and technical support for the adaptation process and development of the National Minimum Rehabilitation package.

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