Since its inception nearly 30 years ago, the concept of community based rehabilitation (CBR) has changed substantially. This culminated in 2003 in an international review of CBR by the World Health Organization. In a series of two Keynotes papers, Liz Carrington looks at the outcomes of the WHO review, and their implications for physical therapist.

In this first paper she looks at the background to the review, its results and outcomes, and briefly outlines some of the implications for physical therapists. In the second paper, she will look in more detail at the implications for physical therapists.

The history of CBR

The roots of CBR can be traced back to the 1978 Alma-Ata “Health For All” declaration. This was designed to bring primary health care (PHC) and rehabilitation to more people, especially in under-served rural areas, by training local volunteers to share skills with disabled people, families and the wider community. In practice, PHC programmes concentrated on preventive measures more than rehabilitation, so overlap with CBR lessened.

During the 1980s the growing disability movement gave disabled people a voice and drew attention to disability as a social construct. A purely medical impairment model of rehabilitation was seen to be inadequate. Disability activism led to a shift towards ownership and control of CBR projects by disabled people’s organisations (DPOs) and their members.

In 2001, WHO launched the International Classification of Functioning, Health and Disability (ICF), to provide a common language for describing the process of disablement. It addresses the physical, social and environmental barriers to function, activity and participation in society that disabled people face. This integrated approach takes account of the life context of the person and of their personal capacity and performance in response to interventions. As such, it is a valuable tool for improving problem solving, monitoring and evaluation in CBR. It has the potential to create a more consistent framework for researchers who work with disabled people.

CBR has reached 90 countries, where it has improved the quality of life and social participation of disabled people. Variation in delivery and provision depends on culture and context.

The WHO review

In 2003, the Disability and Rehabilitation Unit of WHO met with representatives of disabled people’s organisations, non-government organisations (NGOs), government representatives, health professionals, and the donor community to review CBR practice and consider the production of guidelines to strengthen its future development. This followed 30 years of change to the concept of CBR as a result of:

- the development of DPOs
- the integration of the medical and social models of rehabilitation with the human rights agenda – providing a more comprehensive strategy for maximising the potential of disabled people
- the recognition of poverty as a key determinant and outcome of disability, and CBR as a poverty reduction strategy
- the inclusion of CBR as part of community development
- globalisation, which has strengthened collaboration and information sharing on what works.

The following emerged as important during the course of the review:

- good communication
- partnership with disabled people
- specialist back up from health professionals
- problem solving, not dependency
- good management
- community ownership
- government commitment

Outcomes of the WHO review

In developing guidelines for CBR, WHO identified health, education, livelihood, socio-legal issues, and empowerment and capacity building as key domains of activity.

It found that disabled people’s organisations have an essential role in:

- educating and training people with disabilities
• advocacy
• promoting positive role models
• collaborating with all partners to implement and monitor CBR activities.

It recommended that:
• everyone involved should work to ensure human rights for disabled people
• essential support for CBR at government level should include disability rights legislation and funding for development
• multi-sectoral collaboration on CBR takes place between government departments at local and national levels, including co-ordination within and between the community and the various referral services
• UN agencies and international and local NGOs should collaborate with governments in the promotion of CBR, as a strategy for the inclusion of disabled people in all programmes for development and poverty reduction
• the evidence base for CBR should be strengthened
• universities, governments and UN agencies should research the human resource implications of scaling up CBR.

Subsequent developments

In 2004 the International Labour Office (ILO), the United Nations Scientific and Cultural Organisation (UNESCO) and WHO updated their Joint Statement on CBR to take account of the WHO review. It stresses human rights, the strategic role of disabled people in implementation, and recognises the benefit of CBR for whole communities. It defines CBR as “a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all people with disabilities”(5).

Professional implications

CBR is a means of improving equitable access to rehabilitation and ensuring effective use of scarce resources. In partnership with CBR workers and disabled people, physical therapists have a range of key roles to play(6).

Some of these roles may provide new challenges for education and practice. Physical therapists may be project initiators. Alternatively they may be external facilitators invited to support services established and owned by DPOs. Roles will also be shaped by:
• the level of commitment to CBR within the health care system
• the current pattern of deployment of physical therapists and their numbers
• the potential for gaining community experience relevant to PHC and CBR during physical therapy qualifying education
• the level of community awareness about the potential of physical therapy to effect positive change in health status and social participation of disabled people.

Conclusion

The WHO Review was the first time a collective in-depth discussion had been held about how the fundamental principles of CBR might be interpreted and taken forward. The consensus that developed enabled those principles to be clarified, and for a shared vision for the future to emerge. The proposed CBR guidelines can only strengthen that.

References

Websites
WHO Disability and Rehabilitation Unit - papers on CBR http://www.who.int/disabilities/publications/cbr/en
Associazione Italiana Amici di Raoul Follereau http://www2.airo.it

Further Reading

Liz Carrington represented WCPT at the WHO discussions on CBR and is a member of the EU Matters Working Group of the European Region of WCPT. She is International Development Adviser at the Chartered Society of Physiotherapy.

Keynotes is a series of occasional papers dealing with important professional, practice and policy issues relevant to physical therapists across the world, and to the development of physical therapy internationally.

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