Disasters, disability and rehabilitation

In countries with poorly developed infrastructure and few health resources, the effects of natural or man-made disasters on persons with disabilities are particularly devastating. Although foreign aid may be forthcoming, it is often short-lived, whereas disabilities and many other consequences are long-term problems. In countries where rehabilitation facilities are inadequate, a sudden increase in the number of persons with newly acquired disabilities creates overwhelming pressures on the health and social sectors. Rehabilitation programmes therefore need to be started as soon as possible, although this is rarely achieved because of inadequate rehabilitation facilities.

Following a disaster:
- Untreated or inadequately treated broken bones and infected wounds can lead to unnecessary deaths and severe and long lasting disabilities.
- An estimated 5%-7% of people residing in camps or temporary shelters are persons with disabilities.
- Persons with disabilities find greater difficulty accessing health care and basic needs.
- The number of persons with disabilities is increased by a new generation of survivors with amputations, spinal cord injuries, head trauma, multiple fractures (often nonaligned) and mental illness.
- Appropriate rehabilitation services would help persons with disabilities to cope better with the emergency situation and to become productive members of their societies.

What should happen after a disaster?

Following a disaster, disability-related responses can be classified in two phases:

The acute phase (usually 6 to 12 weeks post disaster)
In the first six to twelve weeks post-disaster, priority response include:
- Identifying people with injuries and providing appropriate trauma care to save lives and minimize future functional impairment and disability.
- Identifying persons with disabilities in camp registers and lists of affected people.
- Caring for persons who already had disabilities at the time of the event and who have been displaced and dispossessed.
- Surveillance on injuries leading to disability.
- Implementing curative and therapeutic interventions that can prevent disability and reduce the severity of impairments and disabilities.
- Working with the medical, surgical and rehabilitation personnel to prevent future complications and provide the necessary supportive/assistive devices.

Transferring persons with new disabilities to referral centres (if they exist) with better rehabilitation facilities.

Establishing a multi-disciplinary task force to prepare a plan for meeting long-term rehabilitation needs, taking into consideration the resources available and socio-economic conditions of the country.

Providing psychosocial support to individuals and families.

The reconstruction phase (long-term)
From the beginning of the fourth month onwards, priority responses include:
- Identifying people likely to suffer short- and long-term disabilities as a result of injuries sustained during and after the disaster.
- Conducting a needs assessment of persons with disabilities.
- Doing a rapid assessment of resources and other community assets for dealing with disabilities.
- Initiating appropriate rehabilitation programmes.
- Developing the infrastructure necessary to provide medical rehabilitation services, especially therapy and assistive devices.
- Initiating Community Based Rehabilitation (CBR) Programmes to ensure that persons with disabilities have equal rights to access for all basic needs and are
treated as equal members of society.

Following the "Design for all Concept" during rebuilding.

What kind of rehabilitation services should be developed in the long-term?

An appropriate rehabilitation programme needs a long-term vision, which should usually include establishing a combination of Medical or Institute Based Rehabilitation Services (IBR) and Community Based Rehabilitation (CBR) programmes. IBR and CBR complement each other and each by itself is often inadequate. The ideal is to have IBR services in the local environment, supported by community based services and specialized institutions where available.

Medical Rehabilitation
Medical rehabilitation is focused on restoring abilities. It is usually provided by a team of different rehabilitation professionals such as physiatrists, physiotherapists, occupational therapists, prosthetists and orthotists. Medical rehabilitation begins soon after the end of trauma care and continues until the person returns to the community. The functional recovery of persons with injuries often involves complicated rehabilitation issues, coordination of the input of multiple rehabilitation professionals, and treatment of ongoing medical problems. In developing countries, multi-professional medical rehabilitation teams often do not exist, so special efforts are needed to train local health personnel and family members in performing some of the tasks of the various rehabilitation professionals.

Community Based Rehabilitation (CBR)
The focus of CBR is on helping persons with disabilities to make the best possible use of the abilities they retain and to explore the opportunities for increasing functionality that may exist beyond medical rehabilitation. Many important resources for rehabilitation services exist in the families of persons with disabilities and in their communities. CBR is part of community development, and as communities begin to re-build, persons with disabilities should be included in mechanisms that identify needs and plan how to respond to those needs.

A significant amount of disability is due not to functional impairment, but rather to environmental factors, including a negative attitude towards persons with disabilities. The needs of persons with disabilities are often the same as their non-disabled peers, although some persons with disabilities obviously have special and sometimes greater needs. Basic problems for persons with disabilities are access to food, healthcare, education and livelihood. A comprehensive, multi-sectoral CBR programme is essential to meet these basic needs and to assist persons with disabilities in leading a better quality of life. An ideal CBR programme would alleviate poverty, promote human rights and ensure dignity for persons with disabilities and their family members. A key objective of any CBR strategy is the inclusion of persons with disabilities in the civil, social and economic structures of the community. This means persons with disabilities are citizens of their society with the same rights, entitlements and responsibilities as others.

Special Attention
While building a new infrastructure, efforts are needed to ensure that physical spaces are designed and built to be accessible to and safe for persons with all kinds of disabilities.

What can WHO offer?

The WHO Disability and Rehabilitation (DAR) Team works to support Member States to develop appropriate, effective and sustainable rehabilitation programmes for persons with disabilities arising from all causes. DAR has a number of collaborating centres and networks of rehabilitation experts. These partners include the International Society for Prosthetics & Orthotics, the World Council of Physiotherapy, the World Council of Occupational Therapy and others that provide ongoing commitment to and support for WHO activities in collaborating with Member States to develop effective rehabilitation programmes.