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## Rehabilitation: a rising demand that calls for action

### *Reabilitação: uma demanda que cresce e merece atenção*

According to the World Health Organization (WHO), more than 200 million people have functional difficulties<sup>(1)</sup>, with 92% of the global burden of disease benefiting from rehabilitation resources<sup>(2)</sup>.

Throughout the past decade, there has been substantial growth in demand for rehabilitation, and this demand is expected to rise in the coming years. The main reasons for this scenario are an increase in life expectancy at birth as well as in overall life expectancy, along with the burden of Noncommunicable Diseases (NCDs) and comorbidities.

Rehabilitation encompasses a set of measures that help individuals with disabilities to achieve/maintain optimal functioning integrated with their environments<sup>(1)</sup>. One of the measurements to quantify health loss is Years Lived with Disability (YLDs). Between 1990 and 2017, three types of NCDs (lower back pain, headache, and depression) prevailed among the four leading causes of YLDs, causing 162 million YLDs (95% UI 118-216) in 2017 alone<sup>(3)</sup>. Considering that, health systems must be prepared to deal with these numbers of vulnerable people, especially the ones with worse coexisting conditions.

An essential part of YLD-related health problems is treatable and rehabilitative if access to timely care is available. When not treated properly, they can lead to decreased quality of life, restrictions on independence, and on social, educational, and labor participation. Therefore, the self-sustainability of individuals is impacted.

In 2017, given the complexity of the issue, WHO members met with government representatives, scholars, users, and stakeholders. The objective was to discuss strategies for world coordinated action and to establish joint commitments to enhance rehabilitation as a relevant health strategy for the entire population. The proposal aims to address the goals of sustainable development by securing the *continuum* of care to “[...] ensure healthy lives and promote well-being for all at all ages”<sup>(4;15)</sup>.

Thus, aiming to address the increasing demand for rehabilitation services, and the need for global actions to strengthen rehabilitation in health systems<sup>(4)</sup>, the report ‘Rehabilitation 2030: A Call for Action’ was published. Before that, the United Nations (UN) had recommended that countries strengthened and expanded rehabilitation services and programs. Countries were advised to start as early as possible and build on multidisciplinary assessments of the needs of individuals, including assistive devices and technologies<sup>(1;5)</sup>.

In Brazil, government programs have guidelines for the organization and planning of services<sup>(6)</sup>, such as the Specialized Rehabilitation Center. Such service aims to provide rehabilitation through specialized professional resources, acting on an epidemiological

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basis, and using appropriate technology to develop these actions. Among the procedures that make up the rehabilitation at National Health System (NHS), it is possible to highlight the specialized procedures performed by physicians, other professionals of higher and secondary education, specialized therapies, and orthoses and prostheses<sup>(7)</sup>.

WHO emphasizes barriers and needs for strengthening rehabilitation services, such as lack of priority for governments, specific policies for rehabilitation, integration of health and social systems involved in this process, skilled professionals, adequate facilities and equipment, not to mention scarce or non-existent funding<sup>(4)</sup>. The Brazilian programs mentioned aim to reduce these barriers and to coordinate services. However, there is latency between demand, supply, and access to users.

According to the results of the National Health Survey (2013), the proportion of disabled Brazilian population who use rehabilitation services is still small. Access to rehabilitation is higher among people with intellectual disabilities (30.4%), followed by those with physical disabilities (18.4%), after by the ones with hearing disabilities (8.4%) and then the visually impaired ones (4.8%)<sup>(8)</sup>. Thus, it is essential to pay attention to this data and to recognize the limitations that permeate the public services provided.

There is a need for world leaders and administrators to discuss the issue and focus efforts to include it in their countries' health agendas, focusing on public policies and actions aimed at reducing the limitations encountered in rehabilitation processes. Such measures should consider the increase in demand and supply difficulties, such as lack of financial resources for acquiring technology, lack of specialized human resources, and continuing education, as well as limitations in access, with physical and architectural barriers.

Following the reflection of WHO about the barriers in the rehabilitation process and thinking about the hierarchization and regionalization of NHS, the three governmental spheres could embrace the measures. The federal government could reinforce the creation and revision of public policies aimed at rehabilitation and the use of new technologies and forms of action that meet 21st-century demands (as they are still based on 20th-century assumptions), as well as increase supervision of rehabilitation funds. State governments could be responsible for the integration of health systems (reducing bureaucracy and facilitating access to services), as well as for improvements in facilities and accessibility, and the acquisition of innovative technologies. Municipalities should seek partnerships to improve service provision, specialized human resource management, continuing education of professionals, and health education of users, seeking joint action related to rehabilitation.

Still, it is essential to reflect on the performance of professionals who offer rehabilitation services and are in direct contact with the population served. Aiming at users' autonomy, they should rethink the clinical practice by observing and using disruptive light technologies, such as attendance frequency, referrals, matrixes, and orientation of activities with home self-monitoring.

Rehabilitation and access to services should not only be the agenda of health systems. It is essential that partnerships of rehabilitation services involve all users, as this demand occurs at various stages of life, at specific or continuous times, for various diseases and illnesses. Even though continuity of care is primarily a responsibility of the health system, rehabilitation is an investment in human capital that contributes to health promotion and quality of life, as well as to the economic and social development of a community.

## REFERENCES

1. WHO: World Health Organization. World report on disability. Switzerland: WHO; 2011.
2. Gupta N, Castillo-Laborde C, Landry MD. Health-related rehabilitation services: assessing the global supply of and need for human resources. *BMC Health Serv Res*. 2011;11(1):276. <http://dx.doi.org/10.1186/1472-6963-11-276>. PMID:22004560.
3. James SL, Abate D, Abate KH, Abay SM, Abbafati C, Abbasi N, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet*. 2018;392(10159):1789-858. [http://dx.doi.org/10.1016/S0140-6736\(18\)32279-7](http://dx.doi.org/10.1016/S0140-6736(18)32279-7). PMID:30496104.
4. WHO: World Health Organization. Rehabilitation 2030: a call for action: meeting report [Internet]. Switzerland: WHO; 2017 [cited 2019 May 2]. Available from: <http://www.who.int/disabilities/care/rehab-2030/en/>
5. Lynch E, Hillier S, Cadilhac D. When should physical rehabilitation commence after stroke: a systematic review. *Int J Stroke*. 2014;9(4):468-78. <http://dx.doi.org/10.1111/ijvs.12262>. PMID:24636633.
6. Brasil. Ministério da Saúde. Portaria nº 793, de 24 de abril de 2012. Institui a rede de cuidados à pessoa com deficiência no âmbito do Sistema Único de Saúde. *Diário Oficial da União* [Internet]; Brasília; 25 abril 2012 [cited 2019 May 2]. Available from: [http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793\\_24\\_04\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793_24_04_2012.html)
7. Brasil. Conselho Nacional de Secretários de Saúde. Assistência de média e alta complexidade no SUS [Internet]. Brasília: CONASS; 2007. 248 p. [cited 2019 May 2]. Available from: [http://bvsms.saude.gov.br/bvs/publicacoes/colec\\_progestores\\_livro9.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/colec_progestores_livro9.pdf)
8. Malta DC, Stopa SR, Canuto R, Gomes NL, Mendes VLF, Goulart BNG, et al. Prevalência autorreferida de deficiência no Brasil, segundo a Pesquisa Nacional de Saúde, 2013. *Cien Saude Colet*. 2016;21(10):3253-64. <http://dx.doi.org/10.1590/1413-812320152110.17512016>. PMID:27783798.

## Author contributions

*BNGG and PA contributed to the conception, reviewing of literature, writing and approved of the final version of the manuscript.*