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REVIEWS

The Human Resources Challenge to Community Based Rehabilitation: The Need for a Scientific, Systematic and Coordinated Global Response

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ABSTRACT

The World Report on Disability highlights some of the major challenges in the path to realisation of the rights of persons with disabilities as per the United Nations Convention. While the recently published guidelines on Community Based Rehabilitation show the way to address these challenges, effective implementation would require not only higher levels of investment in human resources, but also a significantly newer and different skill-set for the additional personnel. The authors suggest that a scientifically sophisticated, systematic and coordinated research programme, with global reach and participation, is needed for the establishment of a useful and robust evidence-base for Community Based Rehabilitation interventions. It is also suggested that the development of a new cadre of rehabilitation workers could be a key component of the programme, and could help to alleviate the extant crisis in human resources for health in many low-income countries.

Key words: *human resources; Community Based Rehabilitation; disability.*

INTRODUCTION

The World Report on Disability (WHO, 2011a) is one of the most important international initiatives to have increased the focus on disability and rehabilitation in recent times. Higher rates for disability prevalence are given, as compared to previous estimates; figures have changed from an estimate of 10% of the world's population (in the 1970s) to the present one of 15%, constituting one

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billion people. While this may be partly due to a more inclusive definition of disability, the Report also notes that an aging population and more people living with chronic health conditions are likely to have contributed to the higher figure, along with road traffic accidents, natural disasters, conflict situations, diet and substance abuse. The Report recommends that the human resources capacity be strengthened, so that more people are able to deliver more appropriate services for people with disabilities. Any actions based on this recommendation, if they are to be accurately monitored and evaluated, will need a systematic coordinated global response. For this to be of maximum value in promoting evidence-based policy and practice, research on disability and social barriers also needs to be strengthened. This paper suggests how systematic and coordinated research could form part of the global response, in line with current thinking on human resources for health. It also suggests that the development of a new cadre of rehabilitation workers could be a key component, and may contribute to addressing the existing crisis in human resources for health in many low-income countries. In this context, the authors have attempted to include the vital links between health and poverty, inequity, sustainable and inclusive development, education, intersectoral collaboration, human rights, and gender.

While recognising that the health needs of people with disabilities represent only one component of their diverse service entitlements or broader quality of life determinants, the authors believe that the crisis in human resources for health also offers an opportunity to leverage greater attention and resources for aspects of community based rehabilitation which are complementary to health, such as employment, education, social inclusion or transport. Therefore this argument is relevant, not only to address the very legitimate health needs of people with disabilities (MacLachlan et al, 2011a), but also as a means to strengthen community responses and community resources more generally for them.

THE HUMAN RESOURCES FOR HEALTH CRISIS

The World Health Organisation Maximising Positive Synergies Collaborative Group (2009) noted a global deficit of over 4 million trained health workers, with the Global Health Workforce Alliance (2007) suggesting that Africa alone needs 1.5 million new workers to address current shortfalls in its health systems. While the WHO Maximising Positive Synergies Collaborative Group (2009) recognised this, it did not acknowledge or address the significant Human Resources for Health (HRH) crisis in the provision of services for people with disabilities

(MacLachlan et al, 2011b). However, within the field of disability and rehabilitation specifically, the World Report on Disability (WHO, 2011a) notes that “Developing standards in training for different types and levels of rehabilitation personnel can assist in addressing resource gaps”. The World Report on Disability notes that “Global information about the rehabilitation workforce is inadequate. In many countries national planning and review of human resources for health do not refer to rehabilitation” (WHO, 2011a). Where salient reviews of community based rehabilitation (CBR) programmes do exist, for instance in Malawi (Eggen et al, 2009), and Kenya, Tanzania and Uganda (Afri-CAN, 2006), these indicate that shortage of human resources and know-how is a major constraint in CBR implementation. A recent systematic review of the effectiveness of alternative cadres in community based rehabilitation (Mannan et al, 2012) indicates the need for systematic research on the training, performance and impact of rehabilitation workers, including their capability to work across sectors and make use of health systems research.

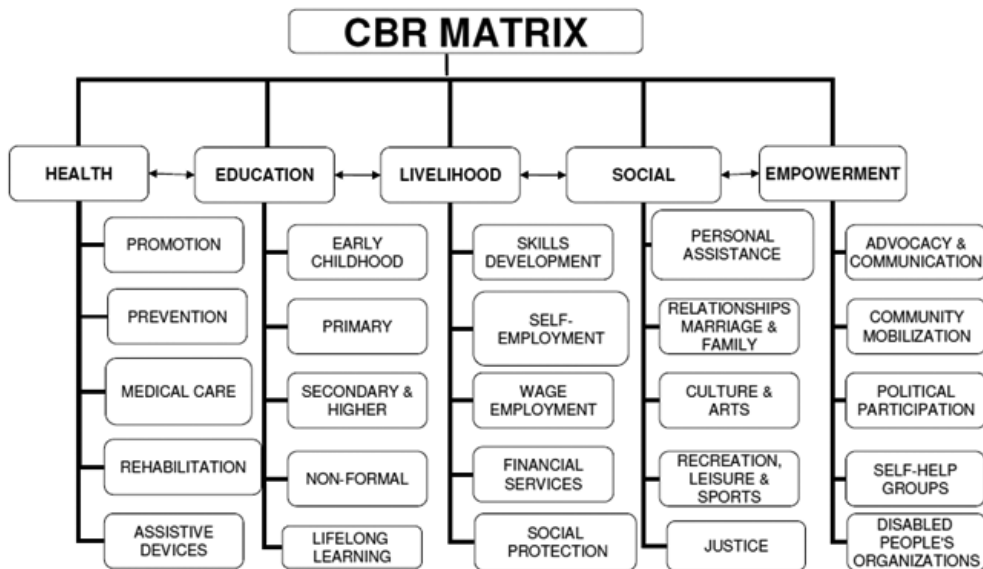
In December 2006, the European Commission adopted a European Programme for Action (PfA) to tackle the shortage of health workers in “developing countries”. In particular, the plan of action clearly outlines the European Union’s research agenda, to “identify effective and innovative ways of increasing human resource capacity for health, including assessing the appropriate range, cadres and gender balance needed to overcome critical shortages” (European Commission, 2007). Furthermore, the European Parliament has been explicit regarding its commitment to persons with disabilities including calling on the European Commission to: “include a disability component in its health policies and programmes” (Article 9), “promote disabled people’s ... equal access to all health services and programmes” (Article 10), and perhaps most importantly to “integrate community based rehabilitation programmes into the primary healthcare sector” (Article 12) (European Parliament, 2006). The need for consideration of alternative cadres is also highlighted in the “European Union Strategy for Action on the Crisis in Human Resources for Health in Developing Countries” (European Commission, 2005); recognising that Europe has an important role to play at country, regional and global levels, but noting in particular the challenges facing Africa.

THE COMMUNITY BASED REHABILITATION GUIDELINES

The recently published Guidelines on Community Based Rehabilitation provide a major impetus for How we should act (WHO, 2010), by charting a comprehensive

and multi-sectoral approach that can contribute to implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2008). The CBR Guidelines have arisen from a global collaboration between the World Health Organisation (WHO), United Nations Educational, Scientific and Cultural Organisation (UNESCO), International Labour Organisation (ILO) and International Disability and Development Consortium (IDDC), and reflect several years of consultative and highly collaborative work between multiple stakeholders (WHO, 2010). The guidelines introduce a CBR matrix (See Figure 1 below) which gives an overall visual representation of CBR and illustrates the different sectors which can make up a CBR strategy.

Figure 1: The Community Based Rehabilitation Matrix



The above matrix represents an imaginative and radical innovation in service delivery to people with disabilities, requiring a novel skill mix and incorporating the intersectoral, inter-Ministerial and interdisciplinary ethos envisaged in the Bamako Call to Action on Research for Health (Lancet Editorial, 2008). While the CBR Guidelines constitute the leading-edge knowledge of what needs to be done, there is a need to establish just how it should be done, taking into account the extent of the HRH crisis. For such a response to be global, it will have to be supported by regional centres of excellence that can provide new thinking – new evidence and ideas – for policy-makers and practitioners.

Community Based Rehabilitation, the Millennium Development Goals and the United Nations Convention on the Rights of Persons with Disabilities.

The Millennium Development Goals (MDGs) aim to improve the quality and dignity of people's lives, but it is now clear that these Goals will be difficult to achieve, at least within the stated timeframe of 2015, given the crisis in HRH. It is critical and urgent that resources are channelled to the poorest of the poor, where the greatest burden and suffering is experienced. People with disabilities are greatly over-represented among the poorest of the poor (MacLachlan & Swartz, 2009). The European Commission (2005) notes that MDG progress will be difficult to achieve without increased investment in the health workforce, calling for "training and recognition of alternative cadres", and states that "research is critical to addressing the human resource crisis".

CBR is aligned to international conventions, guidelines and strategies, in particular the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2008). The human rights agenda so successfully advanced by and for persons with disabilities in the UNCRPD (United Nations, 2008) now places obligations on health services to not only include persons with disabilities but also to develop new services and community initiatives to meet their needs. Furthermore, United Nations General Assembly Resolution 63/192 (United Nations General Assembly, 2008) has provided an overview of the status of the Convention on the Rights of Persons with Disabilities, and has named Community Based Rehabilitation as a key intervention in addressing access to health and rehabilitation services.

CBR AND THE HRH CRISIS

It is now widely accepted that health services should be based on equity (WHO, 2011b). However, health services cannot be equitable if some groups or sectors are more privileged than others. Health systems research especially needs to prioritise the inclusion of vulnerable, marginalised or neglected groups, so that health services themselves can develop better methods for equitable healthcare delivery (MacLachlan et al, 2011b). A recent authoritative review of disability (WHO, 2011a) in low-income countries unequivocally identifies inadequate HRH as the factor prohibiting development in this area.

WHO's Department of Human Resources for Health (2009) dedicated a recent 'Spotlight' to the issue: "with an estimated 650 million people in the world

experiencing some form of disability and in need of health and rehabilitation services, it is clearly important to have an adequate supply of health workers who can supply those services. Nevertheless, many national health sector plans and reviews of human resources for health (HRH) development strategies fail to mention human resources for rehabilitation". It is also noted that, "In many countries and at the global level, information and evidence on human resources for rehabilitation is inadequate and fragmented" (Department of Human Resources for Health, WHO, 2009). A lack of common definitions and classification, poor statistics sources for workforce monitoring and lack of political will are seen, at least in part, to blame for this. Importantly, it is suggested that the lack of political will is "itself related to the way societies often interpret and react to disability" (see also Gupta, 2009).

Systematic Global Response to HRH Crisis in Rehabilitation

The authors suggest that the CBR guidelines be implemented through a systematic coordinated global response across the World Health Organisation's six regional office zones (AFRO, AMRO, EMRO, EURO, SEARO, and WPRO) with the intention of addressing the problem of human resources for health crisis in general, and human resources in rehabilitation more specifically. The response would entail undertaking country-specific situational analyses, supporting the work of existing rehabilitation cadres, and developing alternative and additional rehabilitation worker cadres.

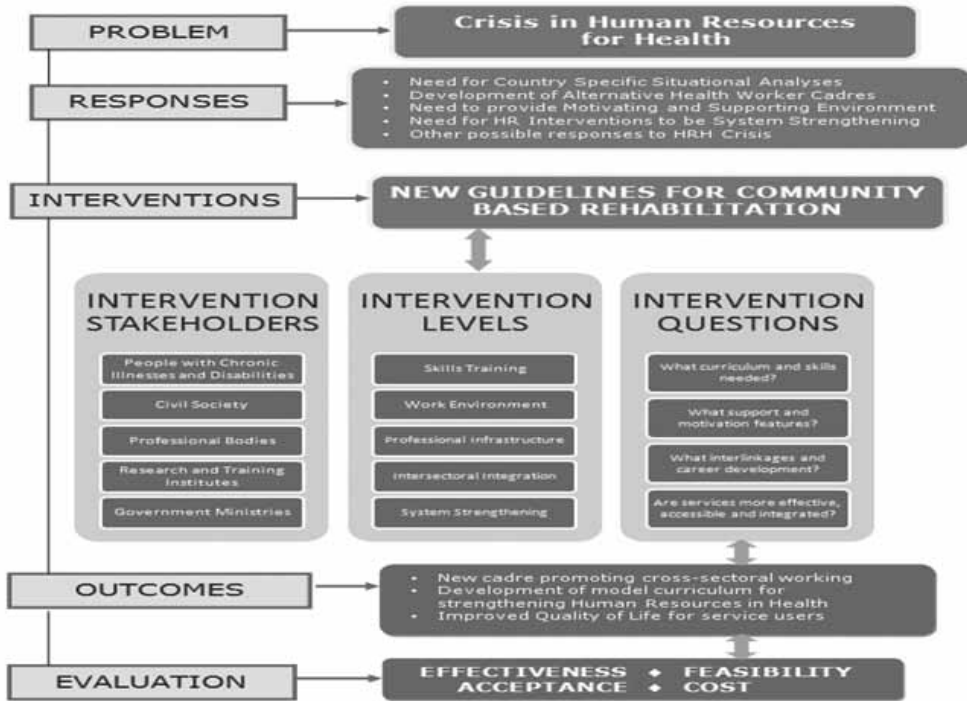
The cross-sectoral working envisaged in the CBR guidelines requires a much broader and more process-focused set of skills than any existing healthcare cadre or profession is currently trained in. The core curriculum for the new cadre will be an online training package for community-based inclusive development based on the CBR guidelines, which was developed at the World Health Organisation consultation in September 2011. Thus the new cadre will be trained in each one of the five key elements, including health, education, livelihood, social and empowerment.

The training of an alternative rehabilitation worker cadre will require complex organisational work issues to be addressed, such as task specification, job analysis, skill mix, staff type and task shifting, work motivation, performance, supervision and support. While many of these challenges can be addressed through the well-established science and practices of organisational psychology, this sort of analysis and design has generally not been applied to other healthcare cadres (MacLachlan et al, 2011b; Mannan et al, 2012).

There is now cumulative and strong evidence for the effectiveness of task shifting to alternative – or so-called ‘mid or low-level’ – cadres (McPake & Mensah, 2008; McCord et al, 2009). Stanmore and Waterman (2007) reported that mid-level workers, therapists and technicians can be effectively trained as multipurpose rehabilitation workers, by giving them basic training in a broad range of disciplines, for example covering occupational therapy, physical therapy, and speech therapy. Mid-level cadres have also been effectively trained as profession-specific assistants – providing rehabilitation services under supervision – for many years (WHO, 1992). Community-based workers – another level of training – have shown some promise in addressing geographical barriers to access (Hartley et al, 2009). As the World Report on Disability (WHO, 2011a) suggests, such workers “can work across traditional health and social services boundaries to provide basic rehabilitation in the community while referring patients to more specialised services as needed” and where they exist.

However, the optimal means of identifying the most appropriate types of tasks to be shifted from one cadre to another have yet to be fully developed as, to date, such task shifting has been more based on service needs – gap filling – rather than through job analysis, skill-set specification or educational and capability levels. This sort of analysis is essential in order to identify appropriate types of tasks to be shifted, whereby appropriate decision making and patient/client safety are combined with technical efficacy. This more scientific approach, based on the service needs in different countries, needs to be developed to incorporate literature from organisational psychology on job analysis specifically (Harvey, 2009) and application of the newly established specialty of humanitarian work psychology (Carr et al, 2008; O’Neill Berry et al, 2011). Figure 2 illustrates some of the challenges in developing a new cadre for CBR and how addressing these may contribute to improving services.

Figure 2: Schematic Representation of Issues that would need to be addressed in the Development of a New Cadre for CBR



CONCLUSION

The systematic coordinated global response proposed by the authors is in line with current thinking on HRH as described by the Joint Learning Initiative (2004) on Human Resources for Health: Such a systematic coordinated global response would address “Human Resource Actions” such as skill mix, outreach and work environment; “Workforce Objectives”, such as promoting greater service coverage, creating a motivating environment and providing training and on-the-job learning; and contribute to “Health System Performance” by promoting equitable access in an efficient and effective manner, and producing quality and responsive service. The authors’ concept therefore incorporates each of the three critical components that the Joint Learning Initiative recommends as necessary to produce improved population health outcomes. Given that CBR as a development strategy is currently implemented in over 90 countries (WHO, 2010) throughout the world, a new cadre to address the needs of people with disabilities and their family members could ease the HRH crisis.

It is important to stress that a systematic coordinated global response would need to incorporate established and committed CBR professionals and resources. Such a programme, by bringing together established expertise on Human Resources for Health and Community Based Rehabilitation, could address several critical issues, including: 1) develop criteria for appropriate task shifting and associated clinical decision making, 2) provide a supportive and motivating work environment for a new cadre of health workers, 3) develop, deliver, cost and evaluate a training intervention programme in a novel intersectoral skill mix, 4) efficiently and effectively deliver community based rehabilitation services with the new cadre of health workers, 5) contribute to strengthening health systems, and 6) cultivate the support and engagement of existing health professionals, management, policy-makers and implementing agencies in government and civil society. The successful achievement of these goals will require the development of a worldwide sustainable research landscape for human resources for rehabilitation. For such a global initiative to be successful, it will need to take into account cultural and contextual differences in people's experience of health, disability and human rights (MacLachlan, 2006); how different mechanisms of international aid versus nationally or locally supported initiatives affect the empowerment of ordinary people (MacLachlan et al, 2010), and how insights and methods from organisational psychology can be applied to job design in complex and often very under-resourced settings.

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