World Health Organization

European Region

Technical support mission to Ukraine on disability, rehabilitation and assistive technology

10 July–6 August 2022

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Abstract

Since the large-scale invasion of Ukraine by the Russian Federation, which began in February 2022, the need for rehabilitation and assistive technology has arguably never been greater, while WHO has a duty to protect the most vulnerable, including persons with disabilities. As WHO has been supporting Ukraine in development of its rehabilitation services for a number of years, it was able to respond immediately. A technical mission was undertaken in July 2022 to assess the situation and requirements for rehabilitation and assistive technology, including for people with disabilities. This report summarizes the findings and action points from the mission to contribute to and support a collaborative, effective, inclusive response.

Keywords

REHABILITATION, ASSISTIVE TECHNOLOGY, ASSISTIVE PRODUCTS, DISABILITY, INCLUSION, UKRAINE

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1. Background

Thousands of people in Ukraine with complex conflict-related injuries require rehabilitation services. At the same time, the need continues for rehabilitation not directly related to the conflict, such as for people with impairments due to noncommunicable diseases, ageing or accidents. The rehabilitation needs of the population are therefore increasing in the face of complex barriers to accessing health care during war. The barriers include targeted attacks on health-care facilities, fewer available health-care workers due to displacement, reduced public transport, interrupted supply chains, and power shortages. In collaboration with partners such as the United States Agency for International Development (USAID), the Foreign, Commonwealth and Development Office, European Civil Protection and Humanitarian Aid Operations, ATScale (the Global Partnership for Assistive Technology), the Swiss Agency for Development and Cooperation and others, WHO has been working under such conditions to deliver evidence-based rehabilitation and assistive technology services to those in need.

Before 24 February 2022, the WHO Regional Office for Europe and the WHO Country Office in Ukraine was already active in Ukraine, supporting the Ministry of Health, the Ministry of Social Policy and other State agencies in integrating rehabilitation into the national health system. A regional report[1] showed that the need for rehabilitation services in Ukraine was already great. In 2019, it was estimated that nearly one in two people had at least one condition that would benefit from rehabilitation services at some time during the course of the condition. The number is considered to be an underestimate, however, as it concerns only the rehabilitation needs of people with noncommunicable diseases.

In August 2020, WHO assessed the situation of rehabilitation in the Ukrainian health system, and, in 2021, the resulting Situation assessment of rehabilitation in Ukraine[2] was published. The report outlines the achievements, needs and opportunities for rehabilitation in Ukraine. The Ministry of Health recognized rehabilitation as a key component of universal health coverage, exemplified by the adoption of a new law "About rehabilitation in healthcare,"[3] signed by President Volodymyr Zelenskyy in December 2020, and subsequent by-laws that embedded multidisciplinary rehabilitation into the Ukrainian health system at all levels. WHO initiated a national analysis of assistive technologies[4] in 2021 to assess the current status of assistive technology services and areas for development.

This work and established relations ensured that WHO could respond rapidly to the emergency early in 2022. WHO's support to Ukraine to date has been significant, with coordinated development of rehabilitation service delivery and rapid systemic changes achieved through policies developed with the ministries of Health and of Social Policy.

This report lists the findings and action points made to support rehabilitation and assistive technology services during the first mission to Ukraine since the beginning of the war, ensuring that disability inclusion is a cross-cutting consideration in all activities. The aim of this report is to contribute to a collaborative, effective response by all those involved in rehabilitation, assistive technology and disability inclusion, to ensure that the activities promote sustainable, inclusive services.

The mission was conducted by Peter Skelton, lead, Rehabilitation in Emergencies, WHO headquarters; Marlee Quinn, regional adviser, Disability Inclusion and Rehabilitation in Emergencies, WHO Regional Office for Europe; and Volodymyr Golyk, Technical Officer, Disability and Rehabilitation, WHO Country Office in Ukraine.

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1 The need for rehabilitation services in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/handle/10665/364705, accessed 15 Feburary 2023)

2 Situation assessment of rehabilitation in Ukraine. Copenhagen: WHO Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/349595, accessed 15 February 2023).

3 On rehabilitation in health care: law of Ukraine from 03.12.2020 #1053-IX. 2020. Available from: https://zakon.rada.gov.ua/laws/show/1053-20#Text (in Ukrainian)

4 A situation assessment of assistive technology in Ukraine. Copenhagen: WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/handle/10665/352416; accessed 15 February 2023).

2. Findings

A number of issues should be considered by WHO and its partners.

- Limited human resources (in both number and professional skills) are the main barrier to improving rehabilitation services, especially in an emergency context, which cannot be addressed by donations of equipment or short-term training.
- Existing rehabilitation services in specialized medical care maintain a focus on high-intensity (often neurological) inpatient rehabilitation, with limited rehabilitation services for people with other conditions.
- In Ukraine, rehabilitation is required for burns, spinal cord injuries, traumatic brain injuries, complex limb injuries and amputations; however, there are few highly specialized rehabilitation services. Recently, models of good practice have been emerging in national centres in L'viv (Humanity and Inclusion, burns unit) and Klevan (WHO, spinal cord injury rehabilitation hospital), which could be extended to other subnational centres.
- Lack of outpatient and community services is a major barrier to effective delivery of rehabilitation services throughout care and is extremely challenging in an emergency.
- The access of military casualties to civilian hospitals is limited, and international partners have no access to military casualties, except for short stays (acute rehabilitation phase) in the civilian health system. Aside from key referral hospitals, many hospitals were not overloaded with military causalities requiring rehabilitation at the time of our visit. The location of military casualties that require rehabilitation and their access to modern rehabilitation services is a concern.
- There are deeply rooted systemic barriers related to a "culture of practice", including little awareness of rehabilitation in some facilities and specific clinical departments and strong dependence on Soviet-era modalities in others.
- There is no standardized pathway for referral to specialized rehabilitation (including for prosthetics and orthotics), which threatens the immediate health outcomes of all patients and is a barrier to targeted health systems strengthening.
- Existing regulations and policies limit the provision of assistive products (including splints, crutches and wheelchairs) during acute rehabilitation, as there is separate funding for the ministries of Social Policy and of Health. Thus, patients who require devices on discharge from hospitals (after completing acute and subacute inpatient rehabilitation) are often discharged without assistive products and must wait for approval of their application for funding from the Ministry of Social Policy and must pay out of pocket or rely on the financial support of family members.
- The rapidly evolving security situations in areas such as Odessa, Mykolaiv, Zaporizhzhya and Kharkiv continue to limit access.
- Rehabilitation partners are well placed to provide support in northern and western regions of Ukraine, but there remain gaps in the southern and eastern regions as well as in Kyiv and in the eastern central region.
- The rehabilitation needs of returning (previously evacuated) patients should be considered urgently.
- Rehabilitation for children and after mine action should also be considered as part of service mapping and development of rehabilitation referral pathways.
- Continuation of the war means that any strategy must combine targeted emergency surge (for tertiary and specialized referral centres that are open to building capacity) with a longer-term health system strengthening approach. The structure of the health system means that **any operational response must be accompanied by changes to policy and legislation within Government ministries, and rapid support from WHO in this domain will be key to ensuring an effective, sustainable response**. Civil–military coordination is essential to ensure rehabilitation for war-wounded patients in military facilities by appropriate organizations, in accordance with international humanitarian law.

3. Action points

3.1 Action points on rehabilitation for further WHO activities

- WHO should continue to provide direct coordination and technical advisory leadership to the ministries of Health and of Social Policy and key partners, merging an emergency response approach with pre-existing systems strengthening, by ensuring that all activities are fully aligned with the Ministry of Health and building a sustainable platform for current and future rehabilitation services. Coordination of the rehabilitation working group twice monthly must continue, with increased representation of the Ministry of Social Policy. WHO should respond to gaps in rehabilitation in the south and east of the country by strengthening in-patient rehabilitation departments in multi-profile hospitals identified by the Ministry of Health as part of a proposed cluster network that will receive civilian and military casualties. WHO should also work to strengthen systems to improve acute and outpatient rehabilitation services in those centres. This will require the provision of training, equipment and supervision by a roving expert local team, to be created and trained. WHO must avoid duplication of efforts with international nongovernmental organizations and target facilities in which the needs are greatest: those in the east and along rehabilitation referral pathways. By targeting centres with some capacity and strengthening rehabilitation referral to those centres, WHO hopes to improve the effectiveness of its response, taking care not to neglect oblasts with high need and no capacity.
- WHO should continue to support the development of highly specialized services (spinal cord injury, traumatic brain injury, burns, prosthetics–orthotics) in developing rehabilitation referral pathways, including:
  - » direct support for the development of a new national spinal cord injury centre in Rivne oblast veterans' hospital;
  - » deployment of a prosthetist–orthotist specialist to provide technical and coordination advice to the ministries of Social Policy and of Health in order to reduce the current gap, which prevents a unified, evidence-based rehabilitation pathway. This includes related rehabilitation services for people moving from injury to amputation (including prosthetics and orthotics), wider assessment of the provision of assistive technologies and follow-up in the community (including a pilot project on provision of a social worker in a multidisciplinary rehabilitation team); and
  - » strengthening burns rehabilitation in level-2 burns hospitals in a multidisciplinary approach to strengthen overall burns care (including rehabilitation as part of wider work of the Trauma and Rehabilitation Working Group to strengthen emergency, surgical, nursing and rehabilitative burns care in key centres).
- WHO should continue to strengthen access to community rehabilitation services and assistive technology by integrating them into existing WHO and partner-supported primary health care approaches. This includes training primary health care providers to identify needs, provide interventions such as prescribing basic assistive technology, and referral of patients requiring specific services.
- WHO should use appropriate civilian–military channels to raise awareness among organizations about the need for direct rehabilitation support to the military health facilities that WHO and other international partners cannot access, and WHO should use those channels to raise awareness at the Ministry of Defence on the importance of evidence-based rehabilitation services for war-wounded service personnel.
- WHO should discourage international medical evacuation for rehabilitation (including prosthesis and orthosis) purposes and encourage support and investment in Ukrainian rehabilitation services instead. For patients returning to Ukraine after a medical evacuation, we propose strengthening referral to services in line with all the above approaches. To support this, a small group of rehabilitation and social workers should be present in all transit centres to ensure rapid access to appropriate services, including rehabilitation and assistive technology.
- Victim assistance (under the United Nations Children's Fund) should be linked to rehabilitation (including prosthetic and orthotics) services. This will require extension of rehabilitation service mapping to include rehabilitation for children with trauma and prosthetic services.

3.2 Action points for Ukrainian State bodies

Leadership and governance:

- for the ministries of Health and of Social Policy to increase practical collaboration on the provision of assistive technology for people discharged from health-care facilities and of primary prosthesis for people with amputations in hospitals;
- for the Ministry of Health to process and adopt regulations for rehabilitation pathways to be used for both civilian and military personnel for health conditions common in war (spinal cord injury, traumatic brain injury, burns, amputations and complex limb injuries);
- for the Ministry of Health to process and adopt regulations on minimum requirements for rehabilitation equipment and assistive products for nonspecialized inpatient rehabilitation departments in multi-profile hospitals; and
- to finalize the rehabilitation strategy that was initiated before the war in light of emergency developments.

Service delivery:

- for the Ministry of Health to start establishing non-specialized inpatient rehabilitation departments in multi-profile hospitals in the cluster and supracluster facilities, to provide multidisciplinary rehabilitation services, from the acute rehabilitation phase through to the sub-acute phase. The network must be synchronized with rehabilitation pathways.
- for the Ministry of Health and the National Health Service to separate medical guarantees for service delivery of rehabilitation packages in inpatient and outpatient settings, as the latter should not merge regular inpatient rehabilitation services (for neurological and musculoskeletal health conditions) with rehabilitation for purely psychological and/or psychiatric conditions;
- for security and defence State bodies to adhere to modern rehabilitation principles (if not yet implemented) according to existing Ukrainian regulations (Law of Ukraine "About rehabilitation in health care" and Cabinet of Ministers Order #1268 of 3 November 2021 "Issues of organization rehabilitation in health care").

Financing:

- for the National Health Service to develop packages and special tariffs for rehabilitation of spinal cord injury and amputation (tariff does not include the cost of a prosthesis), assuming that one case will be served for at least 2–3 months;
- for the Ministry of Health to ensure that hospital administrations provide dignified salaries for rehabilitation professionals and create retention policies for rehabilitation staff (e.g. continuous professional education, growth) employed full time at hospitals to close the gap in the number of rehabilitation staff; and
- for the National Health Service and the Ministry of Health to organize funding for the provision of assistive technology to patients immediately after discharge from hospital.

Rehabilitation workforce:

- for the Ministry of Health and other responsible ministries to amend existing regulations (or create new regulations) on education and licensing of rehabilitation professionals (physical medicine and rehabilitation physicians, physical therapists, occupational therapists, speech and language therapists and prosthetists–orthotists) to establish clear requirements for independent training (physical therapists, occupational therapists, speech and language therapists), the duration of training (physical and rehabilitation physicians) and integration into health care (prosthetists–orthotists); and to establish a system of professional governance or continuous professional development linked to licensing of physical therapists, occupational therapists, speech and language therapists and prosthetists–orthotists. This will ensure that rehabilitation staff deliver modern, effective, safe, evidence-based rehabilitation services;

- for the Ministry of Health to amend the qualification characteristics of rehabilitation professionals to ensure that assistants to physical therapists and to occupational therapists may have only a Bachelor degree and are not necessarily nurses; and
- for the Ministry of Health to define the characteristics of rehabilitation nurses for qualification, so that nurses can be integrated into rehabilitation service provision with additional training at postgraduate level.

Information systems in rehabilitation:

- for the Ministry of Health and the National Health Service to develop digital rehabilitation recordings according to the International Classification of Functioning, Disability and Health, including the possibility of recordings by physical therapists, occupational therapists, speech and language therapists and prosthetists–orthotists in the central e-Health database; and
- for the Ministry of Health and the National Health Service to include rehabilitation professionals in e-Health registers, with information on their formal education, means of practice and continuous professional development.

3.3 Action points related to disability inclusion

- Support collection of disaggregated data on disability in Ukraine to ensure that the needs of all affected people are met and monitored and that the information is used to inform humanitarian funding decisions in all sectors.
- Coordinate with the relevant ministries to improve access to health care for people with disabilities, including rehabilitation and assistive technology, by considering intersectional issues that impede the access of, for example, women, girls and military-aged men.
- Provide in-depth technical support to the United Nations-led inter-agency response to ensure the rights of persons with disabilities, particularly their rights to health and protection, including access to rehabilitation, assistive technology and mental health and psychosocial support services, throughout the humanitarian project cycle.
- Coordinate WHO, relevant working groups, clusters and the United Nations Office for the Coordination of Humanitarian Affairs to ensure that rehabilitation referral pathways are in place, technical standard operating procedures are developed and applied (particularly for prescription of assistive technology by non-health actors), and barriers to services are eliminated.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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