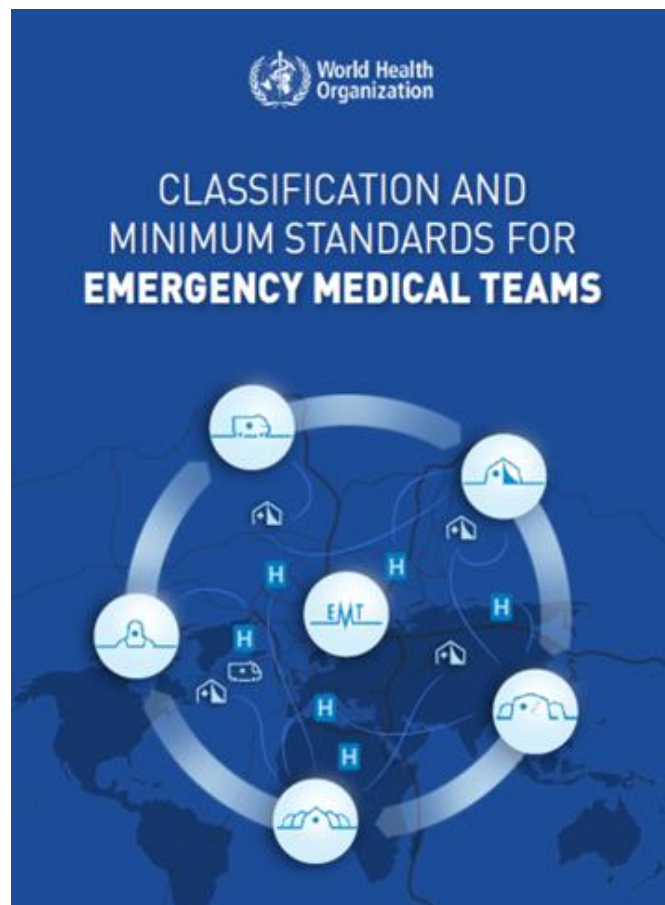


# **Integrating Rehabilitation as Part of Victim Assistance in Humanitarian Response**

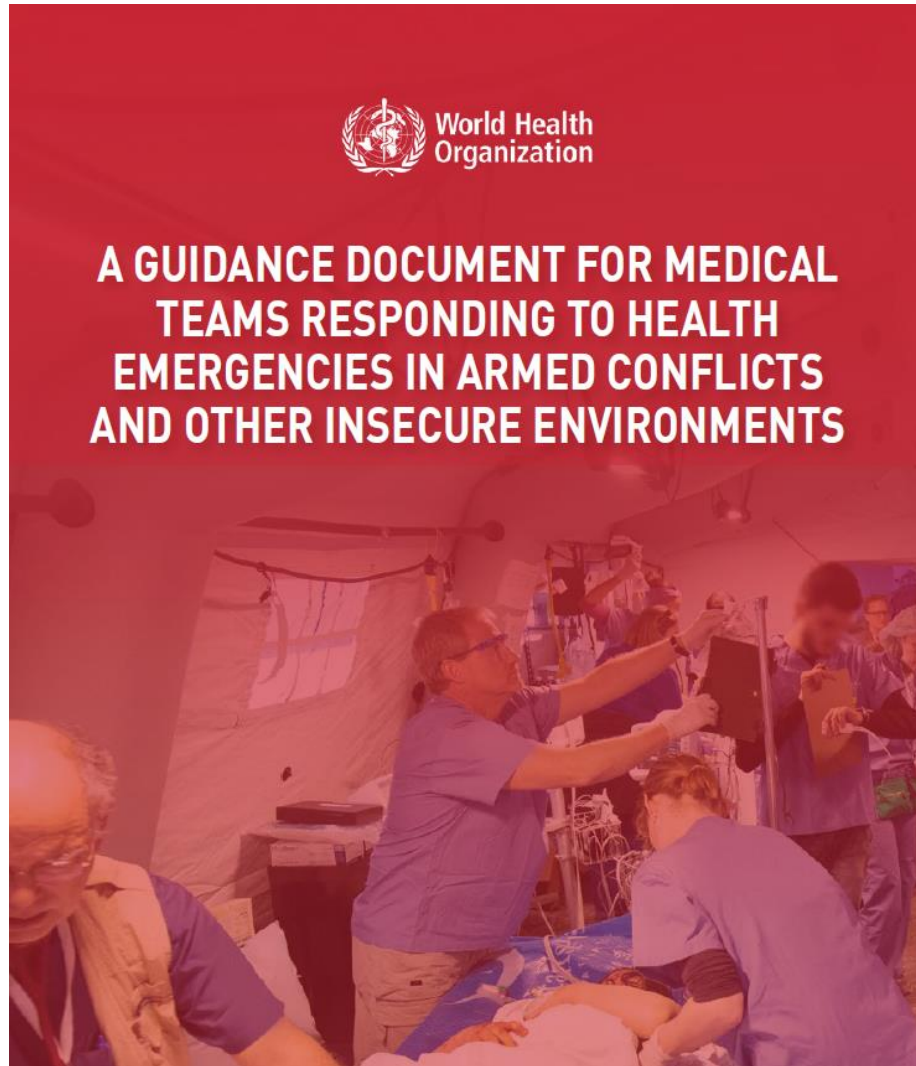


**World Health  
Organization**



## MINIMUM TECHNICAL STANDARDS AND RECOMMENDATIONS FOR REHABILITATION





*“an essential component of clinical care in armed conflict and complex emergencies and essential to mitigating the considerable legacy of disability that follows a surge in traumatic injuries...”*

**Standards for rehabilitation have been established and should be followed**

BUT: EMTs are short term surge only – a short term solution and need to be linked to long term care, **where it exists!**

## **H3 package of essential health services:**

Rehabilitation as an essential health service in complex emergencies

**HeRAMS:** Rehabilitation as part of monitoring of health service availability in complex emergencies

**Coordination and Leadership:** Rehabilitation as a key component of support offered by WHO



# Deployable, operational capacity to support response and recovery



## NEEDS ASSESSMENT

Rapid assessment of the rehabilitation needs generated by an emergency, including the number and type of injuries needing rehabilitation and the impact on rehabilitation services.



## MAPPING

Mapping of existing capacity to meet rehabilitation needs, and the identification of any critical gaps.



## COORDINATION

Support to coordinate rehabilitation activities, including strengthening referral pathways and ensuring appropriate coverage and quality of rehabilitation services.



## TECHNICAL ADVICE AND RESOURCES

Providing technical advice including to affected Member States and all relevant stakeholders and developing, adapting or promoting technical resources and guidelines to ensure a safe and effective rehabilitation response.



## TRAINING AND CAPACITY BUILDING

Provide capacity building support to Member States and key stakeholders to manage a response or technical training in clinical or operational areas for national rehabilitation responders.



## RESPONSE AND RECOVERY STRATEGY

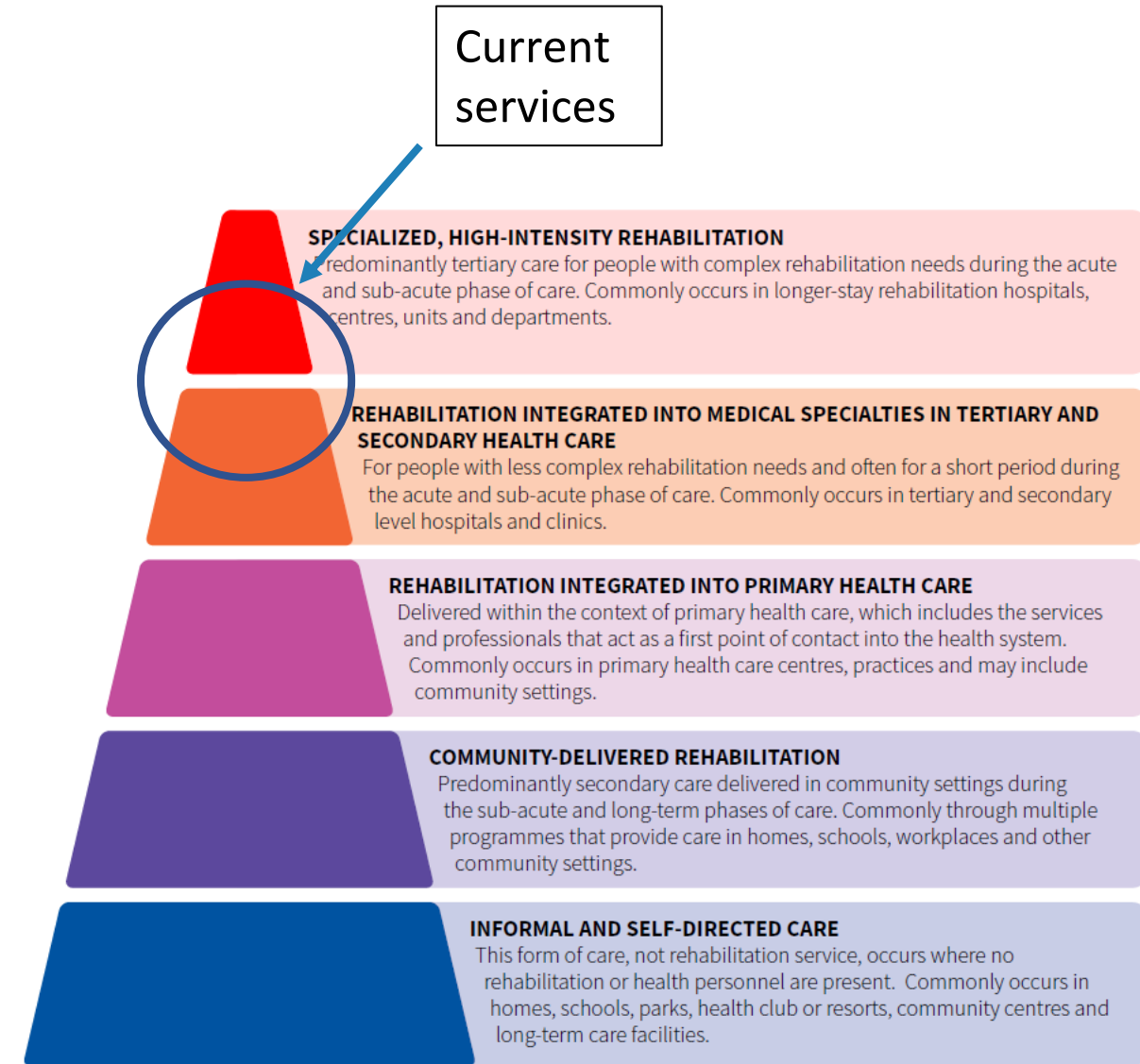
Support from the onset of an emergency to ensure rehabilitation needs are considered and continue to be included in strategic planning that bridges response and recovery.

- Immediate establishment of Trauma and Rehabilitation Working Group under Health Cluster
- Strong links with MoH, Ministry of Veterans and MoSP, and presence of key key partners including HI, ICRC and MSF.
- Early work to establish referral pathways, develop technical resources and provide direct support as provider of last resort
- First time WHO has integrated assistive products into delivery of trauma supplies (AT6) and for people with pre-existing needs (AT10)





- A lack of services beyond acute and inpatient care
- Martial law embargo on information about casualties and about locations of health facilities
- Separation between military and civilian casualties
- Challenges creating prosthetic pathways due to above and also fragmented and minimally regulated P+O services
- International med-evac for prosthetics... urgent need to strengthen in country pathways and national capacity



# What is the solution?



+ How can we strengthen the links between victim assistance and rehabilitation coordination in emergencies?



# What next...

**WHO Policy Brief** on integrating Rehabilitation in Emergency Preparedness, Response and Recovery (Feb 2023)

**WHO toolkit** on integrating rehabilitation into all hazard health emergency preparedness (late 2024)

**Rehabilitation equipment** included as part of "Trauma Emergency Surgical Kits"

And: World Rehabilitation Alliance has an Emergencies Pillar!

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READY TO JOIN FORCES TO ADVOCATE FOR REHABILITATION?

JOIN US FOR THE **PRE-LAUNCH OF THE WORLD REHABILITATION ALLIANCE**

ON 13 SEPTEMBER, 2022 AT 14:00 CET



WRA World  
Rehabilitation  
Alliance

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