Rehabilitation in primary health care – why is it important?
Global and demographic trends indicate an increasing need for rehabilitation as a result of population ageing, increasing prevalence in noncommunicable diseases and ongoing consequences of conflict and injury. However, in many parts of the world this need is largely unmet and may grow if there is no significant action taken. In some low- and middle-income countries it is estimated that more than 50% of individuals do not have access to the rehabilitation services they require.

A key strategy to address this unmet need is to make rehabilitation available in Primary Health Care (PHC). When rehabilitation is integrated into PHC, services are brought closer to people’s homes, making them more accessible and affordable. Rehabilitation can be integrated into PHC through multiple mechanisms, such as increasing the rehabilitation workforce at this level and through utilising the existing PHC workforce to deliver rehabilitation.

What is the Basic Rehabilitation Package?
The World Health Organization (WHO) Basic Rehabilitation Package (BRP) is a resource that outlines a limited set of prioritised interventions for rehabilitation that can be delivered in PHC. It does this by providing information on low-cost, high-impact and evidence-based interventions for rehabilitation that can be easily, safely and effectively delivered by existing workforce in PHC and low-resource settings. It is primarily a guide for health planners as it offers a prioritised list of interventions for rehabilitation and includes the associated resources (e.g. equipment, assistive products and consumables) that are required to deliver these interventions.

What is the Basic Rehabilitation Package Clinical Resource?
The Basic Rehabilitation Package Clinical Resource is the clinical management tool of the BRP. It supports existing primary healthcare workers including doctors and nurses to provide the interventions for rehabilitation particularly where rehabilitation workforce is not available or has limited capacity. The resource guides clinical decision-making on the identification of rehabilitation needs and provision of appropriate interventions, it utilises a decision-tree (algorithm) structure, similar to that utilised by other WHO products, such as WHO PEN Package and mhGAP. The resource supports rehabilitation task-sharing approaches, enabling existing PHC workforce to be trained in the areas of rehabilitation (e.g. mobility, communication, self-care), so that they can assess for functioning difficulties and subsequently deliver a basic set of interventions. The interventions are focused on addressing functioning difficulties rather than health conditions, as accessing diagnostic tools in primary care settings may pose challenges.
Why do we need a Basic Rehabilitation Package Clinical Resource?

While having rehabilitation workers (e.g. physiotherapists, occupational therapists, rehabilitation medicine physicians and speech and language therapists) delivering rehabilitation care in PHC will increase access, in resource constrained environments a large expansion of rehabilitation workers at this level is often not feasible. Hence, provision of a limited set of prioritised rehabilitation interventions delivered by existing PHC workers (i.e. nurses and doctors) with adequate clinical guidance and training is needed. This approach will support access to rehabilitation in two ways, one, by delivering a limited set of rehabilitation care by existing PHC workers at this level, and two, by increasing the capacity of existing PHC workers to identify rehabilitation needs and refer to rehabilitation services whether at the level of PHC or other levels of care.

Who can use the Basic Rehabilitation Package Clinical Resource?

The Basic Rehabilitation Package Clinical Resource will be used by existing health workers to guide clinical decision-making, enabling them to identify rehabilitation needs and provide basic rehabilitation interventions in PHC and low-resource settings. The rehabilitation workforce can offer either remote or in-person support to existing health workers in utilizing the resource. The resource will also include an implementation guide that outlines a method for adoption and utilization within a setting, this will be accompanied by the BRP which includes the detailed planning information.

How can training in the use of Basic Rehabilitation Package Clinical Resource be implemented?

The resource includes a training package which supports blended learning, using both online and face to face learning materials. The training can be delivered as a stand-alone through workshops or as part of ongoing training programs (e.g. WHO’s ICOPE-Integrated care for older people and TAP-Training on Assistive Products) and continuous professional development programs.

What is the process for providing rehabilitation through the Basic Rehabilitation Package Clinical Resource?

Providing interventions for rehabilitation through the Basic Rehabilitation Package Clinical Resource involves a 3-step process:

- **ASSESS**
  - Determine the area of difficulty
  - Rule out red flags
  - Refer if rehabilitation specialist is accessible
  - If not, determine the difficulty level and set a rehabilitation goal

- **DELIVER CARE**
  - Provide rehabilitation including assistive products if rehabilitation specialist is not accessible

- **MONITOR**
  - Re-asses
  - Review
  - Progress
  - Discharge

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