

Indian Federation of NeuroRehabilitation



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Position Paper

Advancing Neurorehabilitation in India and Key Steps to Reach WHO's Rehab 2030 Goals

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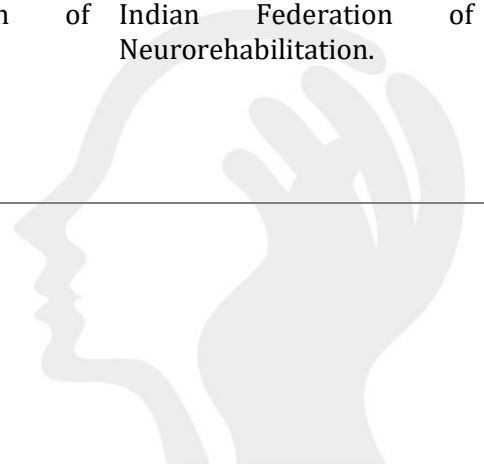
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1. Introduction

Neurorehabilitation in India has made significant strides in recent years, yet it continues to face numerous challenges. These challenges include inequities in access to neurorehabilitation, variability in service quality, limited integration of rehabilitation within primary healthcare systems, and inadequate workforce availability and training. With the World Health Organization's (WHO) "Rehabilitation 2030" initiative, the Indian Federation of Neurorehabilitation (IFNR) recognizes the urgent need to align national strategies with global goals for rehabilitation to advance neurorehabilitation in India. This position paper aims to highlight the current state of neurorehabilitation in India and outline key actions necessary to achieve the WHO's Rehab 2030 goals.

2. Current Situation of Neurorehabilitation in India

2.1. Infrastructure and Access

India's healthcare system is largely focused on acute care, leaving rehabilitation services underdeveloped, particularly in rural and semi-urban areas. Neurorehabilitation facilities are concentrated in metropolitan centers, leaving a vast majority of the population underserved. While few tertiary care hospitals may have dedicated neurorehabilitation departments, primary and secondary healthcare centers often lack specific multi-disciplinary neurorehabilitation services. The situation applies to the government run health and wellness centers too.

2.2. Workforce and Training

India faces an acute shortage of number and skilled neurorehabilitation professionals catering to the huge population, including physiotherapists (199*), occupational therapists (<50*), speech therapists (<50*), prosthetist/orthotist (<1*), and clinical psychologist (No information*). There is also a lack of standardized curricula and certification programs in neurorehabilitation, leading to variability in the quality of care provided across the country. (*Bernhardt J, Urimubenshi G, Gandhi DBC, Eng JJ. Stroke rehabilitation in low-income and middle-income countries: a call to action. Lancet. 2020 Oct 31;396(10260):1452-1462.)

2.3. Multidisciplinary Approach

While the importance of a multidisciplinary team (MDT) in neurorehabilitation is well recognized, it is not yet systematically implemented across most facilities. Neurologists, rehabilitation physicians, and allied healthcare professionals often work in silos, hampering comprehensive neurorehabilitation and patient care.

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2.4. Public Awareness and Stigma

Rehabilitation services, including neurorehabilitation, suffer from a lack of public awareness. Many persons with neurological disability and their families are unaware of the long-term benefits of neurorehabilitation. Additionally, societal stigma surrounding neurological conditions, including stroke, spinal cord injuries, and neurodegenerative disorders, often leads to delayed or inadequate rehabilitation.

2.5. Affordability of Rehab Services

Most of the private insurance companies and government health schemes don't include neurorehabilitation services. Also, the insurance cover is not enough for expenses on acute care, leaving no option but for out of pocket expenses to seek neurorehabilitation services.

3. Key Steps to Achieve WHO's Rehab 2030 Goals in India

The WHO's "Rehabilitation 2030" initiative calls for strengthening rehabilitation services globally. IFNR envisions a strategic approach that addresses the gaps in India's neurorehabilitation landscape, focusing on accessibility, capacity building, service integration, and policy advocacy.

3.1. Expand Access Through the Hub-and-Spoke Model

To address geographical inequities in access to neurorehabilitation services, IFNR proposes a hub-and-spoke model for the delivery of care. This model should include: Hubs: Centers of excellence in major cities equipped with state-of-the-art neurorehabilitation facilities. Spokes: Regional centers in smaller cities and district hospitals offering basic neurorehabilitation services, linked to the hubs for advanced care and tele-rehabilitation through an implementable and organized pathway. This model will ensure that neurorehabilitation services are accessible across different levels of healthcare, from primary to tertiary care.

3.2. Capacity Building and Workforce Development

IFNR advocates for increasing the number of graduate programs in medical and allied health care pertaining to provide neurorehabilitation services and development of standardized neurorehabilitation training programs, including fellowships and certification courses. Specific steps include: Collaborating with medical and allied health educational institutions to integrate neurorehabilitation modules into undergraduate and postgraduate curricula. Establishing neurorehabilitation fellowships for healthcare professionals, including physiotherapists, occupational therapists, speech therapists, prosthetist, and orthotist with an emphasis on evidence-based practice. Conducting continuous professional development (CPD) programs and workshops to upskill the current workforce.

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3.3. Strengthen Multidisciplinary Care

IFNR recommends the adoption of a multidisciplinary team (MDT) approach in all neurorehabilitation facilities. Key measures include: Training healthcare providers in the principles of multi-disciplinary rehabilitation; Developing national guidelines for neurorehabilitation that emphasize MDT-based patient care and management. Integrating MDT approaches into both urban and rural healthcare centers, ensuring a holistic approach to rehabilitation that includes physiotherapists, occupational therapists, psychologists, social workers, those experiencing neurological disabilities and their caregivers.

3.4. Leverage low-cost Technology for Tele-Rehabilitation

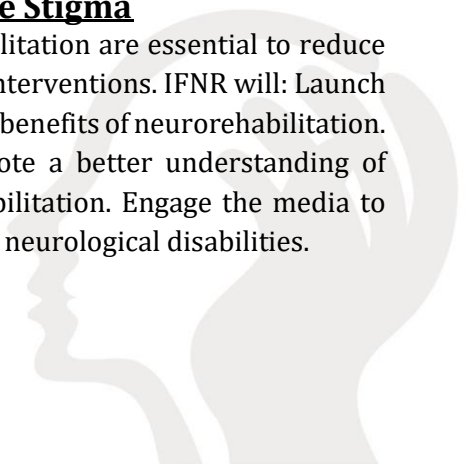
Given India's vast geographical and socio-economic diversity, tele-rehabilitation can be a transformative tool in providing equitable access to neurorehabilitation services. IFNR proposes: Developing tele-rehabilitation platforms that allow for remote consultation, assessment, and follow-up by neurorehabilitation professionals. Integrating mobile apps and wearables into patient care to allow for real-time monitoring of progress and adherence to rehabilitation protocols. Expanding internet and telemedicine infrastructure in rural and semi-urban areas to ensure continuity of care.

3.5. Advocacy and Policy Integration

IFNR calls for the integration of neurorehabilitation into India's national health policy framework. Key actions include: Advocating for policy changes that evaluates and ratifies existing national programmes that superficially highlights rehabilitation; mandate the inclusion of neurorehabilitation services in public and private healthcare insurance schemes. Partnering with the Ministry of Health and Family Welfare to promote the establishment of national rehabilitation programs. Lobbying for the creation of a national neurorehabilitation registry to track patient outcomes and monitor the effectiveness of various interventions.

3.6. Promote Public Awareness and Reduce Stigma

Public awareness campaigns focused on neurorehabilitation are essential to reduce stigma and encourage inclusive, early rehabilitation interventions. IFNR will: Launch nationwide campaigns to educate the public about the benefits of neurorehabilitation. Collaborate with patient advocacy groups to promote a better understanding of neurological conditions and the importance of rehabilitation. Engage the media to highlight success stories and reduce stigma related to neurological disabilities.



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4. Conclusion

Achieving the WHO's Rehab 2030 goals in India will require coordinated efforts from government bodies, healthcare professionals, educational institutions, and civil society. The IFNR is committed to playing a central role in driving the changes needed to create a more inclusive, equitable, and effective neurorehabilitation ecosystem in India. By expanding access, improving workforce numbers and training, fostering multidisciplinary care, leveraging technology, advocating for policy changes, and raising public awareness, India can move closer to the realization and achievement of universal access to neurorehabilitation by 2030.

Thanks & Regards,

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