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Rehabilitation in Lebanon

"I came to the center in a wheelchair; now I can come alone, walking from my tent to the center."

-Abd El Kader: a 58 old man was receiving physiotherapy sessions after his stroke that caused him hemiplegia.

What is Rehabilitation?

The World Health Organization (WHO) defines Rehabilitation as "*a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.*" In simple words, rehabilitation supports people of all ages with diverse health conditions to be as independent as possible in their daily life activities. It does so through different interventions, including the provision of assistive technology.

Rehabilitation is a term commonly used to indicate health services that aim to rehabilitate and habilitate. Habilitation, a word used in the 26th article of the Convention for the Rights of People with Disabilities,[1] refers to a process aimed at helping people gain certain new skills, abilities, and knowledge. On the other hand, "rehabilitation" refers to regaining skills, abilities, or knowledge that may have been lost or compromised due to new impairments or changes of circumstances.

Rehabilitation is for all. Rehabilitation is often seen as a specialized health intervention needed by only a few people, especially persons with disabilities. A recent study[2] shows that 2.4 billion people globally live with health conditions that would benefit from rehabilitation. This number suggests that rehabilitation should be a priority health care service contrary to the standard view.

The Member States of the World Health Organization (WHO), in the Seventy-sixth World Health Assembly (2023), adopted the first-ever resolution on rehabilitation, which urges governments, the WHO, and other stakeholders to step-up efforts to:

- Integrate rehabilitation at all levels of health systems, and close to where people live.

[1] United Nation; Department of Economic and Social Affairs Disability: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

[2] A. Cieza et all. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet.

- Continue efforts to strengthen rehabilitation and AT-related professions.
- Ensure access to rehabilitation for people further left behind, including people living in low-income countries, in fragile contexts, persons with disabilities, women and girls.
- Incorporate rehabilitation in emergency preparedness and response, including in emergency medical teams.

Situation in Lebanon

How many people need rehabilitation in Lebanon?

According to the 2019 World Bank report, Lebanon has a total population of 6,855,709 people.[3] The WHO Rehabilitation Need Estimator reports that around 1.6 million experienced or are experiencing conditions that could benefit from rehabilitation.[4] Nevertheless, health decision-makers in Lebanon still consider rehabilitation as a service needed by few and focus on access to rehabilitation services for persons recognized as living with disabilities.

As of February 2021, the Ministry of Social Affairs (MoSD) issued and provided 113,000 disability cards to Lebanese people, despite different sources reporting the number of persons with disabilities in the country to be closer to 400,000.[5] The difference might be caused by two different ways of identifying disabilities, using the old classifications based on diagnosis rather than new classifications based on functioning. Thus, many persons with disabilities and many other people with diverse health conditions for whom rehabilitation remain excluded.

How many people in need actually access rehabilitation services?

Lebanon is currently grappling with a multi-layered crisis. The multidimensional poverty rate doubled from 42 per cent in 2019 to 82 per cent of the total population in 2021.[6] These crises has had a significant impact on the health situation in Lebanon. The Multi-Sectoral Needs Assessment (MSNA) showed that 22% of Lebanese households, 27% of migrants' households, and 26% of Palestinian refugees from Lebanon households reported having at least one member with an unmet health care need.[7]

Data regarding the rehabilitation needs and access of people with disabilities to services are scarce. Therefore, HI conducted a rehabilitation sectoral needs assessment, which showed that health services are a priority need for persons with disability, which include medications, rehabilitation, consultations and assistive devices. Other identified priorities were food, economic empowerment, and education. Only 15.5% of the respondents reported that they are able to meet all of their health needs, and 25.6% can meet some of their needs. While **58.9%** of the respondents claimed that they are not able to meet any of their health needs, including rehabilitation services.[8]

Although 5% of the public health sector expenditure in Lebanon is allocated to Primary Health Care services, compared to an average of 33% among 31 low- and middle-income countries,[9] the number of people seeking health services from Primary

[3] World Bank data: https://data.worldbank.org/country/lebanon?view=chart
[4] WHO Rehabilitation Need Estimator: https://vizhub.healthdata.org/rehabilitation/
[5] IMC: Disability and Health Situational Analysis Report Improving Access to Quality Health Care for Persons with Disabilities in Lebanon (2019-2020): https://promocionsocial.org/wp-content/uploads/2020/06/FPS-Disability-Health-Situational-Analysis-Report.pdf
[6] Painful reality and uncertain prospects.
[7] MSNA2022.
[8] HI Lebanon Rehabilitation Sectorial Needs Assessment.
[9] LPSP protocol- MoPH.

Health Care Centres (PHCCs) is increasing.[10] However, people with disability rarely seek services from PHCCs; only 26% of the respondents mentioned that they refer regularly to PHCCs and 54% of them refer rarely to PHCCs, while out of the 26%, only 11% refer to PHCCs for rehabilitation sessions and 3% for assistive devices.[11]

Access to rehabilitation services for the broader population is challenging: rehabilitation is not systematically recognized in the health system, and the responsibility for providing these services often falls on the private sector. Decision-makers tend to focus on providing rehabilitation services to individuals recognised as living with disabilities, leaving out others who may also benefit. Assistive devices should be provided for free to people holding a disability card with restriction rules. However, since the Ministry of Social Affairs (MoSA) is not allocating the expected financial resources to its contracted centers, they stopped the provision of devices for free.

A positive development is the launch of the National Disability Allowance (NDA) by Lebanon's MoSA in collaboration with the European Union (EU), UNICEF, and the International Labour Organization (ILO). This allowance aims to support persons with disabilities in meeting the additional costs associated with their needs and enhancing their access to essential services. At least 20,000 individuals will benefit from a monthly allowance of US$40 each over an initial period of 12 months. The allowance is linked to the Personal Disability Card issued by MOSA's Rights and Access Programme, which manages a digital registry of all cardholders[12]

In February 2022, the Ministry of Public Health (MoPH) launched the Long-Term Primary Healthcare. Subsidization Protocol (LPSP). The latter includes - for the first time - a pilot package on Early Intervention on Disability; nevertheless, it is still not fully implemented in PHCCs.

© Yasmine Al furr/ CBRA, North, Lebanon depicts two sisters during speech therapy session to improve their communication skills.

Physical and Functional Rehabilitation policies

As a signatory to the **UN Convention on the Rights of Persons with Disabilities (CRPD)**, Lebanon commits to promoting Habilitation and Rehabilitation (Article 26) for all. However, its commitment has not been fulfilled for the whole population. Lebanon Health Strategy does not mention rehabilitation services[8] and Lebanon still does not have a National Rehabilitation Strategy.

Nevertheless, the Lebanese government's commitment has been translated into Law 220/2000 of the Rights for people with disability; Article 27:'*All persons with disabilities have the right to benefit from the whole health, rehabilitation and support services at the expense of the state represented by the different administrations, agencies and bodies providing such services.*

Such services include, for example and not restricted:

[10] LCRP-Planning 2021
[11] HI Lebanon Rehab sectorial needs assessment
[12] The Ministry of Social Affairs introduces a social protection programme for people with disabilities in Lebanon (unicef.org)

Specialized external and internal rehabilitative treatment (physiotherapy, occupational therapy, speech therapy, audio-psychotherapy, etc.).

Technical aids and equipment such as mobile and stationary prosthetic devices (limb, prostheses, artificial eyes, etc.), orthopaedic formations, mobility aids (wheelchair, crutches and canes); aids for double incontinence and for ulcer prevention, plus all transplants used in surgical operations. Such services include maintenance when need arises.

Moreover, the **SEVENTY-SIXTH WORLD HEALTH ASSEMBLY** calls for strengthening rehabilitation in health systems; while the **SEVENTY-FIRST WORLD HEALTH ASSEMBLY** calls for Improving access to assistive technology.

More on the global sphere, the Sustainable Development Goal (SDG), target 3.8 - Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all - sets to achieve universal health coverage by 2030. Which, the **UN Political Declaration** echoes by stating that rehabilitation is part of the universal health coverage. The **Declaration of Astana** also indicates that rehabilitation is part of primary health care (PHC).

"After rehabilitation sessions, Radwan is able to go back out of his home, and he just resumed going to his university, and hoping he will return to his work soon."

– Mother of Radwan, A 23 years old man who is benefiting from rehabilitation services in CBRA (HI partner) after he had a car accident that caused him multiple trauma.

What barriers restrict access to rehabilitation services and assistive technologies in Lebanon?

Availability of services. Rehabilitation services in Lebanon are few and unevenly distributed around the country. Services are mainly in cities and very scarce in rural areas.

Access for the broader population is affected by the fact that most services available at the community level are provided by private actors or delivered by NGOs.

Public rehabilitation services are not present at the community level. The MoPH provides rehabilitation services in a few hospitals for inpatients (free of charge), and even fewer hospitals offer outpatient rehabilitation services (fee-based). **According to HI Needs assessment,** 52% of the respondents (rehabilitation users) claimed that rehabilitation services are not available, 27% of these respondents consider the services partially available, and only 21% consider the services fully available.

Affordability of rehabilitation services and assistive technology is an issue. 67% of the respondents who said the services were partially or fully available reported that the services were not affordable.

More than half of the population reverts to the private sector, facing high out-of-pocket expenses. With the country's socio-economic situation worsening, the cost per session is dollarised. Two years ago, a physiotherapy session cost from 20 to 35,000 LBP, which corresponded to 20 to 30 USD. Nowadays, the cost is still 20 USD, however, this is equivalent to around 2 million LBP. Moreover,

assistive devices are not afforded anymore even for people with disability, except by NGOs.

New barriers were raised and were identified during HI Rehabilitation Sectorial needs assessment, mainly transportation barriers, accessibility of centres/ services, communication barriers and lack of comprehensive and multidisciplinary approach.

Lastly, there is **a lack of understanding of the diversity of rehabilitation services**.

Private and public sectors consider physiotherapy the only and sufficient rehabilitation service. Supporting individuals to achieve and maintain optimal functioning in everyday life often requires combined rehabilitation interventions -occupational therapy, speech therapy, assistive technology adjustment, and psychosocial support, among them. Furthermore, a multi-disciplinary approach is rarely adopted, even when different services are available in the same center.

Conclusions and Recommendations

Building on the analysis before summarized, HI recommends that diverse stakeholders prioritize rehabilitation at different levels of intervention

At the policy level

- Support/ advocate for inter-ministerial coordination between the Ministry of Public Health (MOPH) and the Ministry of Social Affairs (MoSA);
- Advocate for the integration of rehabilitation services in the health system to achieve universal coverage of health in line with international initiatives;
- Advocate for the integration of rehabilitation within the long-term primary healthcare subsidisation protocol.

At the family & community level

- Raise awareness about rehabilitation as an essential health service that fulfils the right to health for all;
- Enhance community information on the benefits of rehabilitation and available rehabilitation services.

At the service-provision level:

- Bring rehabilitation services closer to the community and make them affordable. This can be achieved by: systematically including rehabilitation services in primary health care and standardising the price for rehabilitation services across public services;
- Expanding the rehabilitation services provided beyond physiotherapy to ensure the provision of multidisciplinary rehabilitation services;
- Support rehabilitation centres and PHCCs to be accessible for everyone in need, inclusing persons with disabilities;
- Improve the capacity of health services to identify rehabilitation needs and enhance the quality of rehabilitation services, through capacity building of rehabilitation staff on a multidisciplinary and user-centred approach to rehabilitation provision and creating or strengthening referral systems at all levels of care.
- Support the provision of Assistive Technology, including prosthetic and orthotic (P&O) services, to respond to the identified needs of users.

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