

Physical and Functional Rehabilitation in Lebanon

‘My child changed a lot since he started rehabilitation; he is able to walk better, do many activities and play with his brothers and sisters.’
 – Mother of Houssein, Child with Cerebral Palsy receiving rehabilitation sessions from Mousawat (HI partner), Lebanon

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 Disabilities¹, 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 study² shows that 2.4 billion people have, or had in their life cycle, conditions that would benefit from rehabilitation intervention. This number suggests that rehabilitation should be a priority health care service contrary to the standard view.

Situation in Lebanon

How many people need rehabilitation in

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 al. (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 [https://doi.org/10.1016/S0140-6736\(20\)32340-0](https://doi.org/10.1016/S0140-6736(20)32340-0).

Lebanon?

According to the 2019 World Bank report, Lebanon counts a total population of 6,855,709 people³. The WHO Rehabilitation Need Estimator reports that around 1.6 million experienced or are experiencing conditions that could benefit from rehabilitation⁴. 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 being closer to 400,000⁵. The difference might be caused by two different ways of identifying disability, 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 who rehabilitation might need to remain excluded.



Figure 1 © Zeina Amki/ Mousawat, Bekaa, Lebanon depicts a child receiving a combined therapy session with an occupational and speech therapist.

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>

How many people in need actually access rehabilitation services?

As national authorities consider rehabilitation a disability-specific service, data on access are limited to persons with disabilities. The International Medical Corps (IMC) reported that between 2019 and 2020, 23.3% of persons with disabilities needed assistive devices, and 19.3% needed rehabilitation services. Of those, 51% and 45% didn't receive these products and services. The majority of people who received the products and services received them from private health providers, respectively 53% and 61%⁶.

Access to rehabilitation services for the broader population is challenging: rehabilitation services are not systematically included in Primary Health Centers (PHCs). Only six public hospitals out of 33 provide inpatient physiotherapy services. In contrast, none provide reduced fee outpatient services. Assistive devices are provided free of charge only to people holding a disability card, but timely delivery remains an issue.

In February 2022, the Ministry of Public Health (MoPH) launched the Long Term Primary Healthcare Subsidization Protocol (LPSP). Whereas the latter includes - for the first time - a pilot package on Early Intervention on Disability, it still excludes rehabilitation services⁶.

'The day I have a session, I feel thrilled and excited; I wake up early and wait for my mother to take me to the session.'

– A 9 years old girl is benefiting from Rehabilitation services in Mousawat (HI partner).

What barriers restrict the access to rehabilitation services and assistive technology⁹ in Lebanon?

Availability of the service. 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).

As a result, **the affordability of rehabilitation services and assistive technology** is an issue. More than half of the population reverts to the private sector, facing high out-of-pocket expenses. With the country's socio-

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 services⁸ 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:

- 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.), orthopedic formations, mobility aids (wheelchairs, 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.

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).

⁶ Ministry of Public Health, Lebanon, 2022: Long term Primary Healthcare Subsidization Protocol (LPSP)

⁷ Ministry of Public Health, Lebanon (2016-2020): Health Strategic Plan: <https://www.moph.gov.lb/userfiles/files/%D9%90Announcement/Final-StrategicPlanHealth2017.pdf>

⁸ Information here were taken from a multitude of sources as part of an internal desk review process from the current rehabilitation project of HI in Lebanon.

session cost around 20-25k LBP in public facilities and 35k in private ones; nowadays, the cost increased to 75k and 100k LBP, respectively. In addition, prices are not standardized even in the public sector, and rehabilitation is not included in the basic MoPH insurance package. Moreover, only a few assistive products are available free of charge, except for people holding disability cards.

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, psychosocial support, among them. Furthermore, a multi-disciplinary approach is rarely adopted, even when different services are available in the same center.



Figure 2 © Amira Fleety/ HI, Bekaa, Lebanon. A girl performing gait training with the physiotherapist at Mousawat/ HI partner.

Recommendations

Building on the rehabilitation situation analysis before summarized, HI calls on financial and technical partners to prioritize rehabilitation at different levels of intervention:

Policy level:

- Support the Ministry of Public Health to answer rehabilitation needs. This consists of: including rehabilitation in the following Health National Strategy, developing an ad-hoc National Rehabilitation Situation Assessment, and including rehabilitation in the basic national health insurance package.
- Expand the coverage of the disability card: both in terms of people eligible to be cardholders and in terms of services covered (which should include rehabilitation, mental health, and psychosocial support).
- Ensure inter-disciplinary rehabilitation services are made affordable and strengthen the integration of inter-disciplinary rehabilitation services at the primary health care level to increase accessibility for marginalized groups.

Service level:

- Bring rehabilitation services closer to the community and make them affordable. This can be achieved by: systematically including rehabilitation services in PHCs and standardizing the price for rehabilitation services across public services;
- Expanding the rehabilitation services provided beyond physiotherapy.
- Improve the capacity of health services to identify rehabilitation needs and enhance the quality of rehabilitation services. This can be achieved by: including rehabilitation needs identification modules in the basic training of primary health centers staff, providing systematic activities to service staff on right-based and used-based approaches, and creating or strengthening referral systems among all levels of care.

Family & community level:

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