A call for *global* knowledge-creation: Learning from community based rehabilitation

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Community based rehabilitation (CBR) is a community development strategy that aims at improving the lives of persons with disabilities within their community, by working with persons with disabilities, local groups, and institutions. CBR was initially launched by WHO as a strategy to increase access to rehabilitation services for persons with disabilities in low- and middle-income countries (LMICs)[1]. Over the last 40 years CBR has been implemented in over 90 countries.

A growing body of research has established that, despites its issues, CBR is a feasible and efficient way of providing services and assistance to persons with disabilities.[2] However, CBR is still considered "data rich and evidence poor".[3] High income countries (HICs) seem to rarely use the CBR approach for rehabilitation practices, relaying mostly on highly specialized, medical services.[4] Reasons for this may be found in a variety of factors. Firstly, different knowledge systems are used; while in HICs the medical model of disability formed the basis of rehabilitation, LMICs have adapted the social model of disability from the start.[5] Interrelated are dominant views and values in HICs that favour certain types of knowledge, data, and evidence in English, which do not always match with the existing literature on CBR. Secondly, differences in health infrastructure, workforce, access to care and finances may have created a different focus in the rehabilitation practices. Thirdly, HICs might use aspects of CBR, but do not call it CBR. [6] As CBR was developed for LMICs, HICs – possibly due to issues related to colonialism and western supremacy – may not feel compelled to use it.[7] Lastly, while CBR has been the mainstay of the WHO rehabilitation approach since 1978 including the WHO global

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[3] Kusuwo, P., Myezwa, H., Pilusa, S., & M'kumbuzi, V. (2017). A systematic review to identify system-related elements that can be used to evaluate community-based rehabilitation (CBR) programmes. *European Journal of Physiotherapy*, *19*(sup1), 41-46.

[4] Finkenflügel, H. (2004). *Empowered to Differ*. Amsterdam: Free University.

[5] Stucki, G., Cieza, A., & Melvin, J. (2007). The international classification of functioning, disability and health: A unifying model for the conceptual description of the rehabilitation strategy. Journal of rehabilitation medicine, 39(4), 279-285.

[6] Aitken, C., & Walker, J. (1987). Care of disabled people in the community. *International Disability Studies*, 9(2), 55-59.

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[7] Persson, C. (2014). *Implementing community based Re/habilitation in Uganda and Sweden: A comparative approach* (Doctoral dissertation, Mid Sweden University).

disability action plan 2014–2021[8], CBR is notably absent from the recent Rehabilitation 2030 documents.

The gap between HICs and LMICs does not only hinder the further development of CBR research and practice, as there are little case studies in HICs[9], but also hinders a *global* approach to knowledge-creation in rehabilitation.[10] As long as HICs and LMICs find themselves in the need of mutually exclusive approaches to rehabilitation, knowledge exchange is slowed down. Looking back and around may help to illuminate common principles and challenges, allow for mutual learning and understanding, and ultimately improve the lives of the one billion persons with disabilities globally. A holistic care approach, participation of persons with disabilities, inclusion of family and friends in the rehabilitation process, home-and community-based services and changing society's attitude towards disability, are just a few of the current challenges posed to rehabilitation worldwide that could benefit from collaboration and integration of knowledge between HICs and LMICs.

To enable co-learning, knowledge exchange and knowledge co-creation between LMICs and HICs to improve rehabilitation services for and with persons with disabilities and their families, we need to bridge the existing gaps, overcome biases and prejudices, remove barriers, strengthen partnerships, and seek learning opportunities. Learning from CBR might be a good starting point.

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Notes

[8] World Health Organization. (2015). *WHO global disability action plan 2014-2021: Better health for all people with disability*. World Health Organization.

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