

Background:

World Health Organization and the World Bank estimate that there are between 15% to 18% of population who experience some form of disabilityⁱ. The prevalence of disability is increasing globally because of population ageing, increase in non-communicable diseases, road traffic accident and mental health problems. Globally, people with disabilities have very limited access to rehabilitation services. It is estimated that only 2% of those who need services have access. Vulnerable populations including women, older people and poor people are disproportionately affected by disability. Persons with disabilities have worse socioeconomic and health outcomes, poor health, lower education achievements, lower employment rates and higher rates of poverty than people without disabilities. Improving access to health care and rehabilitation for people with disabilities is not only a human right as stated in the Convention on the Rights of Persons with Disabilities (CRPD), but also a critical factor to achieving sustainable development goals and ensuring equal access to education, employment, and participation in family, community and public life. Access to rehabilitation and health care services lead to better health and overall socioeconomic outcomes for people with disabilitiesⁱⁱ.

There is a lack of current and reliable data about global rehabilitation workforce. In many countries rehabilitation professionals are not included in health human resources reviews. In many developing countries rehabilitation professions are emerging in response to the huge unmet needs of the population. However, the low and middle-income countries tend to report a lack of skilled rehabilitation personnel, that is mostly inadequate, unstable and unequally distributed geographically and with unequal access for different socio-economic groups^{iii,iv}.

The quality, productivity, competencies and skills of rehabilitation workforce in low income countries is a matter of concern. The entry level training of rehabilitation professionals varies from country to country. Students are not taught by rehabilitation professionals as rehabilitation professionals do not have an opportunity to continue their graduate education in the rehabilitation field. In addition, rehabilitation practitioners in low income settings require extensive knowledge on variety of clinical issues, as well as ability to work collaboratively with different health and rehabilitation personnel.

WHO South East Asia Regional Office recommends that the numbers and capacity of human resources for rehabilitation should be improved. This can be achieved by the establishment of strategies and mechanisms to build training capacity in accordance with national rehabilitation plans, and by training health professionals about disability and rehabilitation relevant to their roles and responsibilities^v.

It is necessary to ensure opportunities for the Master's level education of rehabilitation professionals in SAARC countries in order to meet the rehabilitation needs of persons with disabilities and create a cadre of leaders in rehabilitation who are capable of leading the development of rehabilitation services and professions in the region. While individual SAARC countries may prioritize the entry level education for PTs, OTs, SLTs, P&Os, the SAARC funded Master's program at the Centre for the Rehabilitation of the Paralyzed (CRP) Bangladesh Health Professions Institute (BHPI) provides this opportunity.

The SAARC Regional Inter-professional Master's in Rehabilitation Science Program (MRS) at CRP BHPI, established with the financial support of SDF in 2013, is a flagship program and the only program in rehabilitation science in the region. The program aims to alleviate the shortage of highly qualified rehabilitation professionals and prepare them for the leadership roles in the field of clinical practice, academia, research, management and policy. This program is primarily targeting rehabilitation professionals, but it is open to all health professionals practicing in the field of disability and rehabilitation. Its unique inter-professional, international character deepens the understanding of students about the role of various professionals, builds their skills to work collaboratively across professions, strengthens their knowledge of disability and rehabilitation across SAARC countries increasing cross-cultural sensitivity and competencies of students, and prepares them to meet the growing demand for rehabilitation services in the region.

ⁱWorld Health Organization. (2011). The World Bank. World report on disability. 2011. *WHO Library Cataloguing-in-Publication Data*.

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

ⁱⁱⁱWHO, ILO, UNESCO, IDDC (2010). *Community-based rehabilitation: CBR Guidelines*. Geneva: WHO.

^{iv}Gupta, N., Castillo-Laborde, C., & Landry, M. D. (2011). Health-related rehabilitation services: assessing the global supply of and need for human resources. *BMC Health Services Research*, 11(1), 276.

^v World Health Organization. (2013). Disability in South-East Asia Region. Retrieved from http://www.searo.who.int/entity/disabilities_injury_rehabilitation/topics/disability_factsheet.pdf