

The Challenges and Opportunities of Advocating for Functioning as the Third Indicator of Health

Aging, Functioning, and Rehabilitation Workshop
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Functioning, rehabilitation and assistive products

- Background
- Measurement
- Economic case
- Next steps

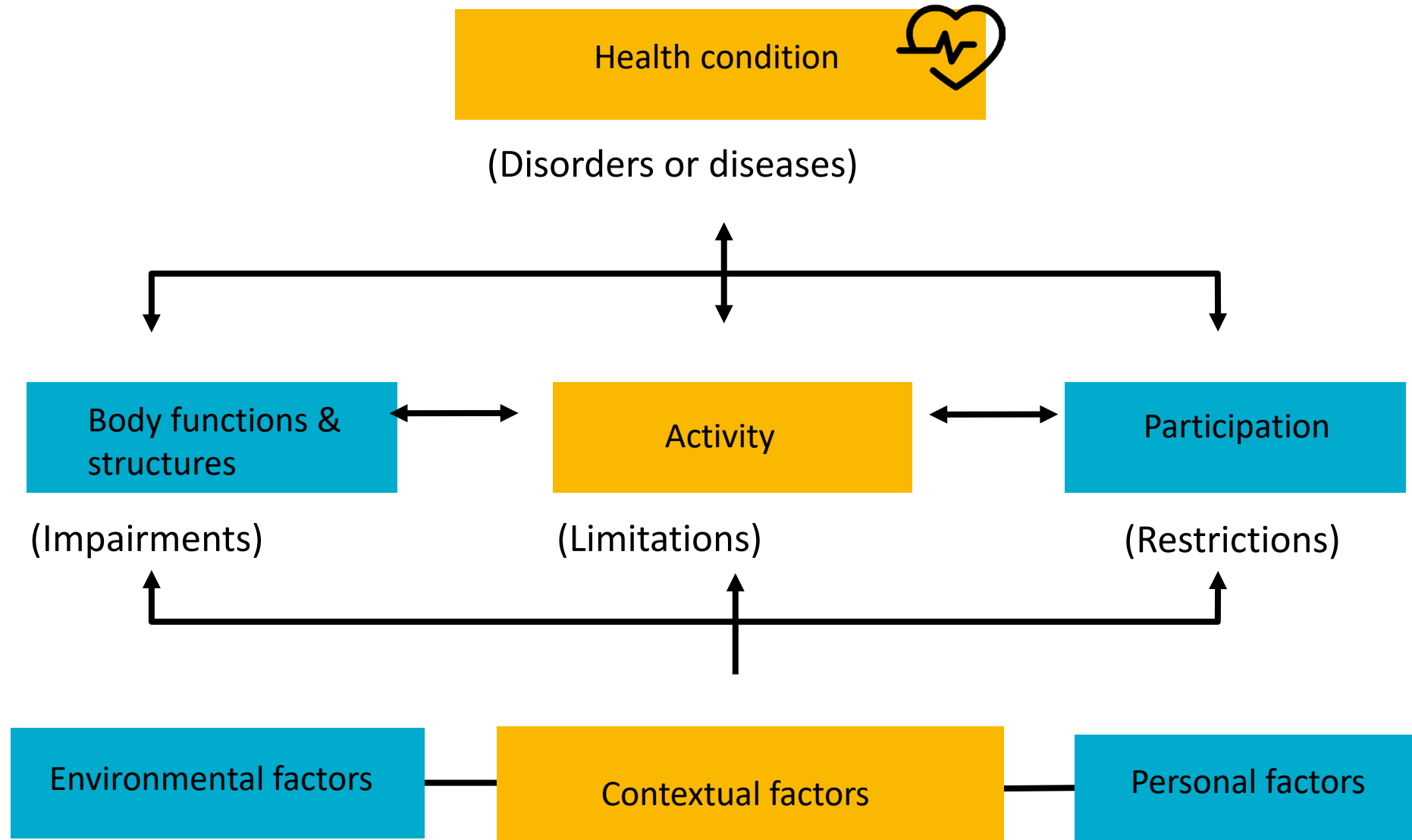
Third health indicator capturing “lived experience of health”

-  • **1.4 billion:** population aged 60+ years in 2030 ⁽¹⁾
-  • **2.4 billion:** difficulties functioning and need rehabilitation (e.g. physiotherapy, low vision services, occupational therapy) ⁽²⁾
-  • **2.5 billion:** need assistive products (AP) (e.g. hearing aids, glasses, walking aids) ⁽³⁾

Based on extrapolations from sparse data!

Lack of reliable data on population functioning and need for rehab/AP globally

Functioning – the ICF



Approaches to measuring functioning, services and AP need ⁽⁴⁾

1. Self-report

- Rapid, simple, lower cost
- Integrates the participants' perspective
- Examples: Washington Group Questions; WHO Disability Assessment Schedule and Model Disability Survey; WHO rapid Assessment of AT.

2. Clinical assessment

- More accurate information for service planning
- Mobile impairment screening tools available
- Often single domain only (e.g. vision or hearing)
- Typically impairment only, lacks functional assessment

Challenges

- Complex concept
- No common definition
- Lack of *combined* self-report and clinical assessment tools, esp. functional assessment
- Limited ICF components
- Often siloed by:
 - Age groups
 - Functional domains



Opportunities

- ✓ Agree simplified messaging
- ✓ ICF-based definition
- ✓ Develop available standardised hybrid assessment tools, esp. functional assessment (AI)
- ✓ All six components of ICF
- ✓ Focus on all-ages across the life course
- ✓ Multidomain indicator lists

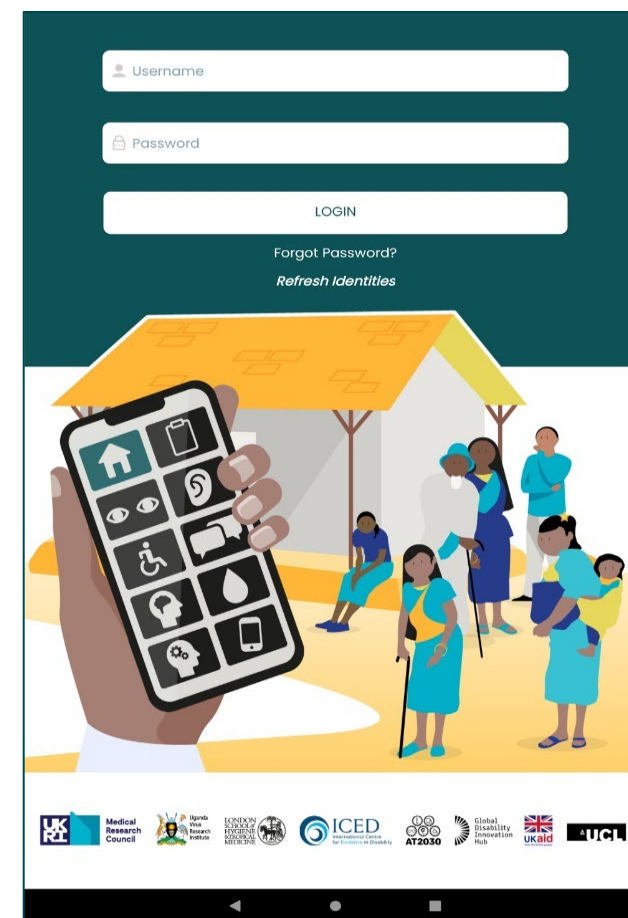
Need a multi-domain survey assessment tool combining self-report and clinical assessments to measure functioning and identify rehabilitation/AP needs

Example: Functional Needs Assessment Tool (FNAT)

FNAT

- Population survey method to assess functioning and rehabilitation/AP needs
- Multiple functioning domains
- Self-report, clinical and functional needs assessment
- Builds on existing survey tools
- Bespoke mobile data collection app (mFNAT)
- Needs to be tested in different settings

First field test completed in Kalungu, Uganda in 2023.



MRC/UVRI and LSHTM Uganda Research Unit



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Planning for rehabilitation, AP and other services

Build the economic case for functioning

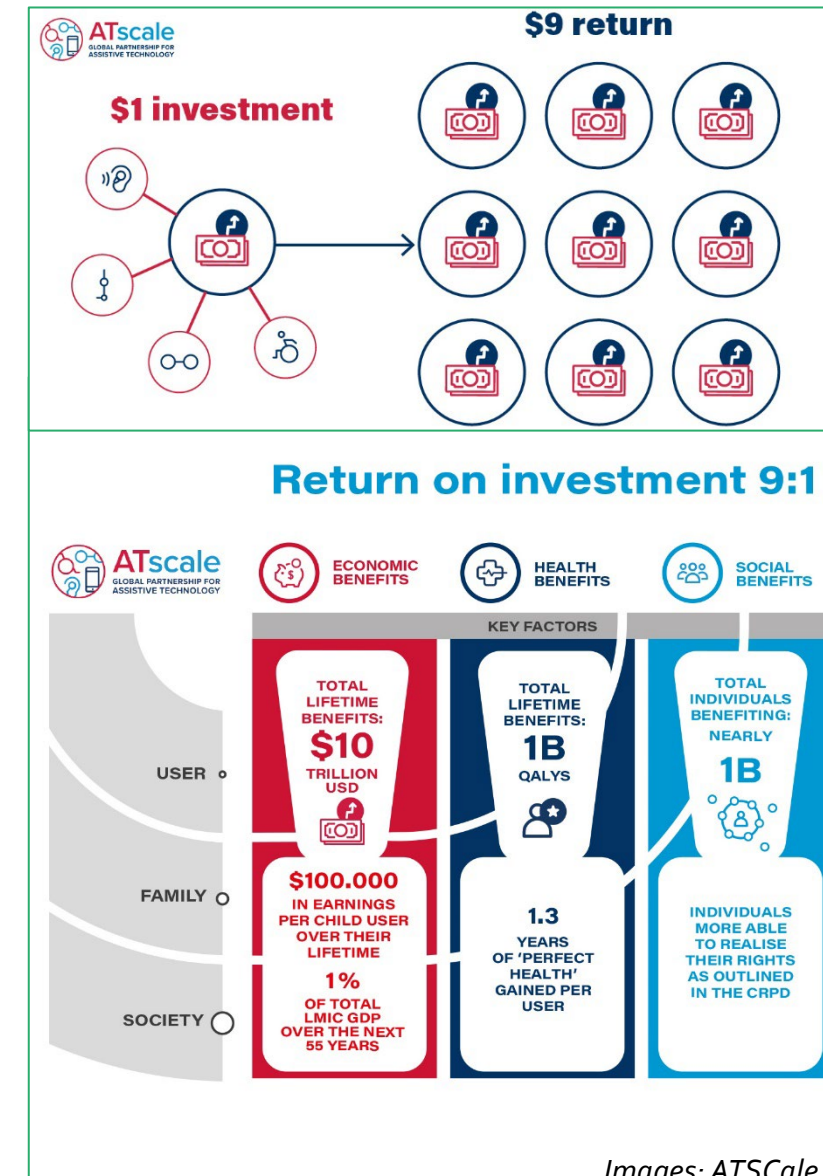
- Emerging data/evidence
- Similar to “WHO Health for All: Transforming economies to deliver what matters”⁽⁵⁾

- Rehabilitation ⁽⁶⁾
 - High income country > low-and-middle income country research
 - Cost benefit/effectiveness for specific health conditions, e.g. stroke, cardiac rehab etc.
- Disability
 - Typically focused on more negative impact, e.g. “cost/extra costs of disability”
 - Need to shift focus to more positive impact, e.g. cost benefit of social assistance programmes for return to work

Economic case: AT case study

ATScale's Assistive technology (AT) report ⁽⁷⁾

- AT enables improved functioning
- 9:1 return of investment (ROI) in four priority AP (hearing aids, prostheses, eyeglasses and wheelchairs)
- Benefits in different sectors (health, economic, social)
- Benefits at different levels (user, family, society)



Challenges

- Lack of economic data
- Cross-sectoral and cross discipline reach
- Broad holistic focus
- Limited ROI research
- Limited evidence
- Lack of examples



Opportunities

- ✓ Ensure health economists are key stakeholders
- ✓ Target multisectoral interdisciplinary approaches
- ✓ Focus on most in need populations (Aging)
- ✓ Investigate ROI
- ✓ Look at impact and cost benefit/effectiveness
- ✓ Develop case studies

Need more evidence for the Economics of Functioning for All

Advocacy tagline: Functioning for all

- Focus on the **opportunities**
- Strengthen survey measurement tools and economic research
- Invest in rehabilitation and assistive products
- Use user led groups
- Promote good case studies

- (1) World Health Organization. (2022). Ageing and health.
- (2) Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S., & Vos, T. (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. *The Lancet*, 396(10267), 2006-2017.
- (3) World Health Organization. (2022). Global report on assistive technology.
- (4) Boggs, D., Polack, S., Kuper, H., & Foster, A. (2021). Shifting the focus to functioning: essential for achieving Sustainable Development Goal 3, inclusive Universal Health Coverage and supporting COVID-19 survivors. *Global health action*, 14(1), 1903214.
- (5) World Health Organization. (2023). Health for all: transforming economies to deliver what matters: final report of the WHO Council on the Economics of health for all.
- (6) Mills T., Marks E, Reynolds T, & Cieza, A. (2017) Chapter 15. Rehabilitation: Essential along the Continuum of Care. In: Jamison DT, Gelband H, Horton S, et al., editors. *Disease Control Priorities: Improving Health and Reducing Poverty*. 3rd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 Nov 27.
- (7) AT scale. (2020). The Case for Investing in Assistive Technology.

THANK YOU!

Welcome questions and feedback

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