

Current State of Mobility Technology Provision in Less-Resourced Countries

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KEYWORDS

- Wheelchairs • Mobility • Quality of life • Provision
- Less-resourced countries • International

Many rehabilitation specialists understand that in lower-income countries, the need for assistive technology (AT) outweighs availability; research and development are called for. Since the publication of the earliest papers, appropriate technology for people with disabilities (PWD) has, to a limited extent, become more available and of better quality. International convention has recognized the need for progress toward the inclusion of PWD in their communities through a social model of disability.^{1,2} Although there remains a great deal of work to meet the needs of millions worldwide, better tools and technologies are in development. This paper provides an overview of the work that has been done thus far in low- and middle-income countries, including recent research carried out by the authors' laboratory in collaboration with the Indian Spinal Injuries Centre in New Delhi.

This work was supported by the National Science Foundation under a supplement to REU Grant No. EEC 0552351. This material is the result of work supported with resources and the use of facilities at the Human Engineering Research Laboratories, VA Pittsburgh Healthcare System.

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Phys Med Rehabil Clin N Am 21 (2010) 221–242

doi:10.1016/j.pmr.2009.07.011

1047-9651/09/\$ – see front matter. Published by Elsevier Inc.

pmr.theclinics.com

SNAPSHOTS

Although appropriate technology is scarce throughout much of the world, varying political stability, national resources, and societal attitudes affect the lives of PWD. Although rehabilitation specialists often talk in terms of “technology for less-resourced environments,” the situation in each country is different and may need to be evaluated on its own terms. This section gives examples of several countries in various stages of progress for PWD.

Afghanistan

In recent decades, Afghanistan has experienced political upheaval and violence. Years of civil war have left the country littered with landmines, and consequently with a large number of amputees. Historically, some provision of AT was given to men with amputations, although this service was not rendered to women or individuals with other types of orthopedic disabilities.³ Taliban rule forbade employment of women, which compromised the quality of health services. Traditional societal views and isolation from international convention have contributed to a lack of social progress with respect to disability.⁴ War wounds frequently disable men, and the deterioration of infrastructure and services has taken its toll on the physical and mental well-being of women and children.⁵ An effort was made to include women in a study to evaluate a wheelchair designed for Afghanistan⁶; however, among those recruited, women were still a minority.

There have been several internal and international efforts to bring relief to this situation. The Physical Therapy Institute in Kabul trains therapists, although employment of these approximately 200 individuals is concentrated in urban areas. The Rehabilitation of Afghans with Disability (RAD) program trains physical therapy assistants to work in rural areas and implements several rehabilitation programs. Even with these efforts, the physical therapy needs of the Afghan people are not well met.⁵

India

India is an emerging economic power where poverty, accessibility barriers, and repair resources present challenges to wheelchair use.⁷ However, the Indian government is concerned with promoting the welfare of its citizens with disabilities. The Persons with Disabilities Act of 1995 was passed to protect PWD in education, employment, and other situations in which they encounter discrimination.⁸ Implementation of this act is difficult, as is the enforcement of much of India's human rights legislation. However, the Ministry of Social Justice and Empowerment's Assistance to Disabled Persons for Purchase (ADIP) Scheme is intended to assist PWD with acquiring AT,⁹ and parts of India's infrastructure, such as the buses in New Delhi, are slowly being made wheelchair accessible.¹⁰

Kosovo

One of the world's newest nations faces the challenge of rebuilding a health care system after decades of soviet bureaucracy and war. When the country was part of Yugoslavia, the health care system was hierarchical and inefficient. Since Kosovo gained its independence from Serbia, it has begun to develop its own health care system.¹¹ Kosovo still struggles to care for the health needs of all its citizens, and consequently support for PWD is limited.

Because Kosovo is focused on its survival and stability, the government has few resources to devote to service provision. The nongovernmental organization Handi-KOS (Association of Paraplegics and Paralysed Children of Kosovo) attempts to fill

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