

Forum: World Health Organization Committee.

Issue: Support and building capacity for rehabilitation in conflict-affected and high-risk areas.

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Introduction

Rehabilitation is a basic concept when it comes to ensuring injured people can recuperate and become fully functioning citizens of countries. While rehabilitation is common in MEDCs, it is very difficult to enforce and maintain in areas affected by conflict or that are of high-risk. These areas often face systematic disruptions to their infrastructure, healthcare and education systems and social services due to the very reasons that make these areas high-risk: prolonged conflict, natural disasters or other crises. The consequences of said reasons are many, including displaced populations, widespread disability and weakened community resilience, which creates a need for effective rehabilitation programs.

Rehabilitation aims to improve the physical, psychological and social well-being of individuals and communities. In high-risk areas, this process involves rebuilding and empowering the local systems of care, developing new facilities for the people of the area, and fostering resilience within the population through sustainable approaches. Strategies include training local healthcare providers and integrating community-based approaches that consider the cultural and social dynamics of affected populations.

Building capacity for rehabilitation requires collaboration between several actors, such as state governments, NGOs and local stakeholders. By making use of international resources and knowledge, these international actors can create programs specifically made to target the unique challenges of each context, which ultimately leads to promoting the recovery of the high-risk region, alongside an improvement of social cohesion and long-term stability.

Despite the importance of rehabilitation, significant barriers hinder its implementation in high-risk areas. Some of these barriers are, like previously mentioned, lack of trained personnel, funding and the obvious continuous security threat. Other, more special factors, may be the sociocultural context of each area when it comes to rehabilitation. Stigma surrounding disability or mental health exists in some regions, which may prevent individuals from seeking this very needed rehabilitation. To address these

barriers, there is a need to employ culturally sensitive approaches and measures that balance the necessity of rehabilitation with the fulfilling of sociocultural needs in the region.

Definition of Key Terms

Rehabilitation

Defined by the World Health Organization as a “set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It encompasses medical care, therapy and community support to restore autonomy and improve quality of life, particularly for those affected by injuries, disabilities or trauma.

Physical Rehabilitation

A specialized branch of healthcare aimed at restoring physical mobility, strength and functionality. It often involves treatments such as physical therapy, surgical interventions and the provision of assistive devices like prosthetics and orthotics to support independence.

Psychosocial Rehabilitation

Focused on the emotional and mental health needs of individuals affected by trauma, displacement or crisis. This includes counseling, community-based therapy and peer support programs that help rebuild self-esteem, relationships and social integration.

High-Risk Areas

Regions characterized by extreme vulnerability due to factors such as armed conflicts, natural disasters or political instability. These areas often experience disrupted infrastructure, limited access to basic services and heightened threats to the safety and well-being of populations.

Conflict-Affected Areas

Locations where armed conflict has caused widespread harm to individuals and communities, including injuries, displacement, and destruction of critical infrastructure.

Building Capacity

The process of strengthening local skills, knowledge, and infrastructure to ensure the long-term success of rehabilitation initiatives. This involves training healthcare workers, developing policies and empowering communities to manage their own recovery efforts effectively.

Stigma

Negative societal attitudes and discrimination faced by individuals with disabilities or mental health conditions. Stigma can discourage affected individuals from seeking rehabilitation services and hinder their social reintegration and economic participation.

Humanitarian Access

The ability of aid organizations to reach and assist populations in need despite security risks, political barriers, or logistical challenges. Ensuring humanitarian access is essential for delivering timely and effective rehabilitation services.

Inclusive Development

An approach that ensures rehabilitation and recovery efforts addresses the needs of marginalized groups, such as women, children, and individuals with disabilities. Inclusive development promotes equality, social integration, and long-term resilience.

Background Information

Historical Context

The roots of modern rehabilitation date back to the aftermath of both World Wars, which left millions of soldiers and civilians with life-altering injuries. Efforts conducted by the International Committee of the Red Cross (ICRC) focused on prosthetics and basic physical therapy, with basic medical care to war-affected populations. These initiatives marked the beginning of organized rehabilitation services, but they often excluded civilians and failed to cover psychological therapy, which is often more important than the physical part, comprehensively. During the second half of the 20th century, there was an increase in the study of the psychological impacts of war, leading to the inclusion of psychological treatment within rehabilitation programs.

During the 1970s and 1980s, the emergence of Community-Based Rehabilitation (CBR) marked a new trend in the approach to rehabilitation. This form of treatment emphasized the relevant involvement of local communities in delivering care, ensuring sustainability and cultural relevance, therefore allowing for a more specific treatment set for each community. Conflicts like the Vietnam War and the Rwandan Genocide underscored the need for comprehensive support systems that addressed both immediate and long-term recovery needs. Since then, rehabilitation has been integrated into humanitarian and development frameworks and has evolved, supported by international organizations such as the World Health Organization, Handicap International and the ICRC.

Current Landscape of Rehabilitation

In contemporary crises, rehabilitation is often hindered by logistical challenges, such as damaged infrastructure, limited access to affected areas and shortages of trained personnel. The World Health Organization (WHO) estimates that over 15% of the global population lives with a disability, with this number rising significantly in conflict and disaster zones due to injuries and inadequate healthcare access. Mental health issues, such

as post-traumatic stress disorder (PTSD), anxiety and depression, further add to the challenges faced by affected populations. Targeting these needs requires a very distinctive approach, integrating the various types of rehabilitation, infrastructure and vocational training.

Rehabilitation services are vital for fostering long-term recovery and rebuilding communities. Physical rehabilitation involves treatments like physiotherapy, prosthetics and assistive devices, while psychosocial support focuses on mental health issues and social reintegration. Vocational training and economic empowerment programs play an essential role in helping people regain independence and contribute to their communities.

Major Countries and Organizations Involved

United States of America

The United States of America is one of the largest donors to humanitarian aid globally and plays a vital role in supporting rehabilitation initiatives in conflict-affected regions. The U.S Agency for International Development (USAID) funds programs addressing the physical and mental health needs of individuals affected by crises, including the provision of prosthetics, physical therapy, and psychosocial support. Beyond direct aid, the U.S collaborates with international organizations to enhance the resilience of local healthcare systems. USAID also focuses on improving building capacity for rehabilitation by training local healthcare professionals and supporting medical infrastructure reconstruction efforts.

Norway

Norway is known for its leadership in global humanitarian initiatives, emphasizing on inclusivity and human rights. Norway supports many projects that prioritize the rehabilitation of vulnerable groups, including women, children and people with disabilities. The country partners with organizations like Handicap International to deliver rehabilitation services in conflict-affected regions. Notable examples are, for instance, the efforts carried out by Norway in Afghanistan and South Sudan in 2020, focusing on physical therapy and mental health support. These efforts showcase Norway's commitment to creating equitable and culturally sensitive solutions.

Turkey

Turkey plays a crucial role in providing rehabilitation services to displaced populations, as one of the top 5 countries, according to the United Nations High Commissioner of Refugees, that host more refugees in the world. Turkey receives most refugees from the neighboring country Syria, which has been submerged in a civil war since

2011. To better handle the inflow of people, most of them injured or mentally traumatized, Turkey has established rehabilitation centers and partnered with international organizations to cover the physical and psychological needs of the refugees. Through these international partnerships, Turkey looks to strengthen its building capacity and ability to host communities within its borders.

Germany

Germany has become a global leader when it comes to humanitarian aid and rehabilitation support. Through its Federal Ministry for Economic Cooperation and Development (BMZ), Germany provides funding to programs that enhance healthcare access and provide physical and psychological rehabilitation services in crisis-affected regions. The country also emphasizes the integration of rehabilitation into long-term development strategies, including community reintegration programs and vocational training for people with disabilities. For instance, Germany has supported rehabilitation projects in Yemen, focusing on rebuilding medical infrastructure and training local healthcare professionals, key factors within the rehabilitation process.

Japan

Japan has, throughout its history, contributed to global rehabilitation efforts, particularly through its Official Development Assistance (ODA) program. The Japanese government funds projects aimed at rebuilding healthcare systems and providing assistive technologies to those affected by crises, therefore supporting the building capacity on high-risk areas. Japan also collaborates with international organizations such as the WHO and the United Nations Development Program to address the need for rehabilitation in conflict affected areas such as Ukraine.

World Health Organization (WHO)

The World Health Organization is a global leader in arguing for the integration of rehabilitation into all national healthcare systems. The most notable example of this intention is the document *Rehabilitation 2030: A Call for Action*, which highlights the lack of rehabilitation infrastructure in the world, especially in LEDCs. The document outlines the most important areas of actions, including the need for a strong leadership to take action. They detail that efforts should be directed to building equitable service delivery models and a skilled multidisciplinary workforce. Additionally, the action plan also includes the need for an increase of financing, collecting of robust data and the fostering of partnerships between the nations with different income levels.

International Committee of the Red Cross

The International Committee of the Red Cross has been at the forefront of rehabilitation in conflict zones for over a century. It operates in more than 30 countries, the ICRC provides services ranging from typical physical therapy to advanced prosthetics manufacturing. Its physical rehabilitation program focuses on delivering assistive devices and mobility aids while training local professionals to ensure the sustainability of these services. The organization also advocates for the rights of people with disabilities, pushing for their inclusion in post-conflict reconstruction efforts. Furthermore, recent initiatives have expanded to address the mental health needs of those affected by conflict and disaster, recognizing the importance of psychosocial support in a more comprehensive rehabilitation.

Handicap International (HI)

Handicap International, also known as Humanity and Inclusion, is an international organization that specializes in providing rehabilitation services in challenging contexts, much like high-risk and conflict areas. This organization delivers emergency rehabilitation, long-term support and innovative solutions like 3-D printed prosthetics to improve

accessibility in remote regions. HI also engages in advocacy activities to promote disability-inclusive policies, ensuring that people with disabilities are not left behind in recovery efforts.

United Nations High Commissioner for Refugees (UNHCR)

The UNHCR plays a vital role in addressing the rehabilitation needs of displaced populations, including refugees and internally displaced persons. The agency works with governments and NGOs to provide mental health and physical rehabilitation services. The agency's programs often integrate rehabilitation into broader humanitarian aid frameworks, ensuring an easy approach to recovery. Examples of this can be found in Jordan and Lebanon, where centers supported by the agency provide physical therapy and mental counselling to Syrian refugees.

Timeline of Events

- **1863:** The International Committee of the Red Cross (ICRC) is founded, focusing on humanitarian assistance in conflict zones, during that time meaning wars, laying the groundwork for modern rehabilitation efforts.
- **1899-1907:** The Hague Conventions establish laws of war, emphasizing care for wounded soldiers, indirectly promoting the development of rehabilitation services.
- **1914-1918:** World War I saw a surge in demand for prosthetics and rehabilitation services for injured soldiers, leading to advances in physical therapy and orthotics.
- **1945:** The end of World War II spurs the creation of comprehensive rehabilitation programs for injured veterans, refugees, and displaced persons, notably in Europe and Japan.
- **1948:** The World Health Organization (WHO) is established, integrating rehabilitation into global health initiatives.
- **1979:** The United Nations declares the International Year of Disabled Persons, drawing global attention to rehabilitation and disability rights.
- **1983-1992:** The United Nations Decade of Disabled Persons promotes rehabilitation programs, particularly in developing countries and conflict zones.
- **2001:** The ICRC's Physical Rehabilitation Program expands to include psychosocial support for victims of landmines and unexploded ordnance.
- **2006:** The United Nations adopts the Convention on the Rights of Persons with Disabilities (CRPD), emphasizing access to rehabilitation as a fundamental right.
- **2010:** The Haiti earthquake prompts large-scale international rehabilitation efforts, including the use of innovative technologies like 3D-printed prosthetics.
- **2017:** The WHO launches *Rehabilitation 2030: A Call for Action*, advocating for rehabilitation to be integrated into universal health coverage and crisis response systems.
- **2020:** The COVID-19 pandemic accelerates the adoption of telemedicine and telerehabilitation, enabling remote access to services in conflict-affected areas.

- **2021:** Rehabilitation programs in Syria and Yemen expand, focusing on both physical injuries and mental health needs due to protracted conflicts.
- **2022:** Japan initiates school rehabilitation projects in conflict-affected regions of Ethiopia, highlighting the intersection of education and physical recovery.
- **2023:** The World Bank announces new funding for community-based rehabilitation projects in post-conflict areas of Sub-Saharan Africa, aiming to foster social inclusion and economic recovery.
- **2024:** Advances in artificial intelligence and robotics begin transforming rehabilitation services, particularly for amputees and those with severe injuries in war-torn regions.

Relevant UN Treaties and Resolutions

UN Treaties

- **Convention on the Rights of Persons with Disabilities (CRPD):** Happened in 2006, promoted the rights and dignities of people with disabilities, including the access to rehabilitation services. Articles like Art.11, which ensures the protection of people with disabilities in situations of risk, or Art. 26, which mandates States to provide comprehensive rehabilitation services, are relevant to the issue.
- **Geneva Convention (1949):** Although more focused on the treatment of the wounded and sick during armed conflicts, this treaty also provides guidelines on managing people in high-risk areas, as situations and conditions do not differ much.

UN Resolutions

- **Security Council Resolution 2475:** Unanimously voted in 2019, it calls for access to inclusive rehabilitation and reintegration services, as well as overall protection for persons with disabilities affected by conflict.
- **General Assembly Resolution 70/1:** Created the 2030 Agenda for Sustainable Development, of which Goal 3 (Good Health and Well-Being) advocates for access to rehabilitation as a part of universal health coverage.
- **General Assembly Resolution 60/147:** Voted in 2005, provides guidelines and principles on reparations for victims of “Gross Violations of International Human Rights Law” and covers how rehabilitation can be used as a form of reparation for victims of conflicts and human rights abuses.

Previous Attempts to Solve the Issue

- **ICRC Physical Rehabilitation Program:** Established in the 1970s, this program focuses on providing prosthetics, orthotics, and physical therapy in over 30 countries. It trains local healthcare workers and establishes rehabilitation centers to ensure long-term sustainability. ICRC's support centers in Afghanistan have, for example, supported over 200.000 patients.
- **Handicap International (Humanity & Inclusion):** This NGO specializes in emergency rehabilitation services in war zones, providing assistive devices and mental health support. It also advocates for disability inclusion in humanitarian responses. It provided rehabilitation services to victims of the Syrian Civil War, focused on physical recovery and vocational training.
- **Technological Advancements:**
 - Initiatives like those by the NGO *Not Impossible Labs* have introduced 3D-printed prosthetics in conflict zones like Sudan, making assistive devices more affordable and accessible.
 - Telerehabilitation appeared in a more accelerated manner after the COVID-19 pandemic, which favoured rehabilitation efforts in high-risk areas, lowering risks involved with travelling there and putting up centers.

Possible Solutions

Strengthening Local Healthcare Systems

One possible solution to the issue would be an investment made by the United Nations to LEDCs in order to strengthen the pre-existing medical infrastructure, therefore reducing efforts later during the reconstruction. Furthermore, organizing training for local professionals would also encourage the local population to seek out this help and also reduce cultural barriers.

Expanding Community-Based Rehabilitation (CBR)

Following up with the previous solution, local communities can be of a lot of help when dealing with rehabilitation efforts, especially during the reconstruction efforts after the crisis. Integrating physical and mental recovery with socioeconomic reintegration will not only be helpful for the people in need of this treatment but also help the community recover more quickly after a crisis. Awareness Campaigns to educate communities on the rights of people in need of rehabilitation.

Leveraging Technology

MDCEs can make use of their more developed status to provide LDCEs with more advanced rehabilitation technologies, such as 3D printed prosthetics, which are easier to make and more affordable. Furthermore, the use of telemedicine and telerehabilitation may improve the effectiveness of these new operations. Finally, by collecting data during the operations, countries can identify gaps, monitor the progress of these operations and optimize the resource allocation.

Improving Legal and Policy Frameworks

To target the problem at its root, countries and international organizations should advocate for a strengthening of disability rights, with the enforcing of treaties like the CRPD in conflict zones. Member States should also, internally, focus on ensuring rehabilitation services are included in their national health and development plans. Finally, the establishment of mechanisms to monitor these rehabilitation programs will help to hold stakeholders accountable.

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