

## Editorial

### The International Rehabilitation Forum: Growing New Leadership for Rising Countries



One billion people. The population of India. Also the number of people on this planet who suffer from significant physical disability. (1) The readers of the *Indian Journal of Physical Medicine and Rehabilitation* understand that medical rehabilitation is proven to have a huge impact on the abilities and quality of life of these people. However, since most of these people live in low-resource countries, and since the vast majority of persons in low-resource countries receive no rehabilitation whatsoever, their full potential is not reached. The personal tragedy is seen daily in our clinics. However the burden of 15% of populations who have untreated disability impedes whole societies from reaching a level of comfortable living. Around the globe, as experts in rehabilitation, we have an obligation and an opportunity to change policy and practice. How?

Strategies include our daily practice, research, and mentoring. Also advocacy within our countries. Certainly global organizations like the World Health Organization and the International Society for Physical and Rehabilitation Medicine provide opportunity to reach across the world. However industrialized countries have disproportionate influence on everything from global policy to the research published in medical journals. So there is a very strong need to focus separately on strategies that work for low-resource regions.

The International Rehabilitation Forum (IRF, [www.rehabforum.org](http://www.rehabforum.org)) was founded exactly to address that need. Its beginnings stem from India. Founded by Indian/American Physiatrist Meeta Peer M.D., and her husband Devendra Peer, CPA, my brother Tom Haig (a well-known disability advocate and broadcast journalist who has lived in India) and Ms. Sierra Loar, MPA, along with myself, the IRF is a very unusual organization. There are no dues (it is free!) and no obligations. Currently no sponsors, either, so it has no money! Legally it is not a membership organization, but rather a registered charity in the United States. People ‘join’ through the website or ‘friend’ the IRF through its facebook page. What kind of organization is that? A very, very effective one. That is because we have a singular focus and a creative, collaborative approach.

Examples? When we found that there were only 6 PM&R physicians in all of Sub-Saharan Africa, we made a joke of it: ‘The White Book on Physical Medicine and Rehabilitation in Africa and Antarctica’. (2). Except the ‘joke’ was published in 5 journals around the world as a sign of global alarm and has been cited repeatedly in World Health Organization and other policy documents, as a call to strengthen PM&R throughout the world. When we found that some trainees in Pakistan rescued a few hundred spinal cord injured persons after an earthquake, we encouraged them to publish their work, and called the first world congress on disaster rehabilitation. (3) The first author of that paper is now on our board. We’ve focused on building rehabilitation in Africa. (4) Not by donating funds, but by understanding the needs and the economics, then encouraging leaders into realizing the need; training rehabilitation scientists, and finding long term mentors. So this year the Ghanaian president announced that his government will build a national rehabilitation center. He didn’t do this because a church or foreign government wanted it or because someone donated a facility. But because he knows that his people have a need that is not met. This is sustainable rehabilitation.

One of the IRF’s great challenges is South Asia. The region is not without expertise, since some world’s great figures in rehabilitation come from South Asia. However the vast majority of people with disabilities here still do not receive PM&R care. The reasons are complex—political, financial, and educational. To begin to address the complexities, we held our Second World Congress in Dhaka, Bangladesh in December of 2012. The strongest leaders of the region, including this journal’s editor, met to find a way forward together. Subsequent meetings have led to development of strategies to build the specialty in this region: A consortium of South Asian leaders. A White Book outlining the scope of the field here. A group studying the ways India can build its cadre of PM&R specialists

---

exponentially to meet the need. We have focused research and educational efforts by many from India and many who care deeply about India. The process is working here! PM&R is strengthening.

The strength of the IRF is not its leadership, but the creativity and drive of its members. The organization is a useful tool for the experts who need to meet together, to share clinical techniques for low-resource regions, and to present their ideas as a unified international organization. Work gets done through the IRF. So we encourage readers who want change to 'join' the IRF. Share your research at our meetings. Get active on our Facebook, with stories, challenges, and ideas for each other. Work with us and your regional leaders on improving the big picture.

**Reference:**

1. World Health Organization: Fact Sheet on the World Report on Disability. [http://www.who.int/disabilities/world\\_report/2011/factsheet.pdf](http://www.who.int/disabilities/world_report/2011/factsheet.pdf) accessed June 30, 2013.
2. Haig AJ, Im J, Nelson VS, Adewole A, Krabek B. The Practice of Physical Medicine and Rehabilitation in Africa and Antarctica: A White Book or a Black Mark? *Rehabil Med* 2009; **41(6)**: 401-5. *PM & R* 2009; **1(5)**: 421-6. *Eur Phys Rehabil Med* 2009; **45(2)**: 185-91. *Disability Rehabil* 2009; **31(13)**: 1031-37. *Chin Rehabil Med* 2009; **24(5)**: 385-89. Simultaneous publication with consent of all journals.
3. Rathore FA, Farooq F, Muzammil S, New PW, Ahmad N, Haig AJ. Spinal cord injury management and rehabilitation: highlights and shortcomings from the 2005 earthquake in Pakistan. *Arch Phys Med Rehabil* 2008; **89(3)**: 579-85.
4. Tinney MJ, Chiodo A, Haig A, Wiredu E. The status of medical rehabilitation in Ghana. *Disability Rehabil* 2007; **29(11)**: 921-7.

**Andrew J.Haig, M.D.**  
President,  
The International Rehabilitation Forum  
Professor, Dept of PMR  
University of Michigan Medical School

---

The new Editorial Board has started functioning from 1st April 2013.

Editor along with few members attended 7th World Congress of ISPRM at Beijing, China as faculty and delegates from India, a member country of ISPRM. Exchange of views and updated scientific knowledges were the main event of the conference. We are glad to inform you that lots of renowned physiatrists came from all over the world, appreciated the IJPMR and took keen interest for the journal. They also happily agreed to be an International advisors for the IJPMR. Prof. Andrew Haig is the first one to come forward with his ideas in this issue, though others are not left behind. Editorial Board is thankful to all the members of National and International advisors.

**Prof. RN Halder**  
Editor  
IJPMR

---