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EDITORIAL

Rehabilitation, present and future in Mexico



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Presente y futuro de la rehabilitación en México

The history of rehabilitation in Mexico goes back to the creation of the National School for the Blind and Visually Impaired (*Escuela Nacional para Ciegos y Deficientes Visuales*) at the end of the 19th century. In the 20th century, significant advances were made in the care of individuals with disabilities, in which all the country's health care institutions took part, including hospitals such as the *General de México*, *Juárez de la Ciudad de México*, *el Infantil de México*, *el Hospital Colonia*, *el Hospital Central Militar*, etc., as well as the National System for the Integral Development of the Family (*Sistema Nacional para el Desarrollo Integral de la Familia* (DIF)), the National Institute of Rehabilitation (*Instituto Nacional de Rehabilitación*). All the social security institutions were also involved including, the Mexican Association of Social Security (*Instituto Mexicano del Seguro Social* (IMSS)) and the Institute of State Employees Social Security and Services (*Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (ISSSTE)). Also contributing to these advances were the private institutions, such as the Association for Individuals with Cerebral Palsy (*Asociación Pro Personas con Parálisis Cerebral* (APAC)) and the Teletón Child Rehabilitation Centres (*Centros de Rehabilitación Infantil Teletón* (CRIT)). At the same time technical and post-graduate training programs in Physical Medicine and Rehabilitation were established all over the country.

The most important institution that provides rehabilitation services in Mexico is the IMSS, with facilities all over the country, including: 3 units at tertiary care level and one at second level, 19 rehabilitation departments within high specialty medical units, and 112 rehabilitation departments in area and regional general hospitals. The rehabilitation units and departments at secondary and tertiary level have training programs for Medical Specialists in Physical Medicine and Rehabilitation, as well as Schools of Physical and Occupational Therapy. In June 2005, the IMSS began to introduce rehabilitation services at Primary Care level (Family Medicine Units), a project that is pioneering and unique in the world, and conceived by the author of this editorial. Each unit has a physician specialised in physical medicine and rehabilitation, 4 physiotherapists, a social worker,

and a nurse. There are currently 49 of these in operation throughout the country, which has led to an increase of 40% in the capacity of rehabilitation facilities and services.

Furthermore, the DIF has the care of children and adults with disabilities as one its main aims. The strength of this institution lies in its Community Based Rehabilitation Program, and already has more than one thousand Basic Rehabilitation Units all over the country. The Health Secretary supports the care of people with disabilities that are not covered by Social Security, thus the so-called "*Seguro Popular*" (Popular Insurance) includes cover for rehabilitation services. The nucleus of these services is in the National Institute of Rehabilitation, as well as the rehabilitation services of the National Institute of Paediatrics, the National Institute of Respiratory Diseases, and the *Hospital Infantil* (Children's Hospital). The ISSSTE, for its part, has a National Network of Rehabilitation Services, led by the "*20 de Noviembre*" Medical Centre and the "*1° de Octubre*" Regional Hospital. There are also rehabilitation services in institutions, such as PEMEX, and in the medical services of the Armed Forces and the Navy.

However, as current health policy is centred on the development of rehabilitation services "near home, there is a large concentration of services in the metropolitan areas of the country. This is the reason why the IMSS and the DIF are developing programs to provide services near to the homes of the individuals that need rehabilitation care due their disability.

Current state of disability in Mexico and the World

The attention given to topics on disability and rehabilitation in the past few years all over the world is obvious. In our country, the epidemiological transition has meant that health services have to study the importance that disability, from a biological view, as well as its impact on health, has on social, ethical, legal, and economic aspects for individuals, their families, and society. The perception of disability as a social phenomenon that has to be studied from different

angles in the private and governmental sectors has created the need to have lots of statistical information available in order to give substance to planning processes, programs, and the making decisions.

All over the world, individuals with disabilities have poorer health and academic results, a lower financial participation, and higher poverty rates, than people with no disability. This is partly due to the obstacles that obstruct the access of individuals with disabilities to services that many of us consider essential, such as health, education, transport, and information, and these difficulties are exacerbated in the less favoured communities.

According to the World Report on Disability 2011, prepared by the World Health Organisation, and sponsored by the World Bank, more than one thousand million people (15% of the world population) live with some form of disability. Of these, almost 200 million experience significant difficulties in their integrated functioning. Disability disproportionately affects women, the elderly and the poor. The large majority (80%) of these individuals live in low income countries, with limitations in access to basic health services, as well as rehabilitation services. This figure may increase due to several factors, such as, chronic degenerative disease, malnutrition, occupational risks, war injuries, land mines, substance abuse, accidents, HIV/AIDS, environmental degradation, population growth, and paradoxically, medical progress that prolongs life. Between 2015 and 2050, the proportion of the world population of more than 60 years of age will go from 900 million to 2000 million, which is an increase from 12% to 22%.

In Latin America, 50% of those with a disability are of working age, with 25% being children and adolescents, and of these, only 2% to 3% have access to rehabilitation programs and services.

In Mexico, according to the 2010 Census, 5,739,270 inhabitants (5.1% of the population) has some functional limitation problem: 58.3% difficulty in walking or mobility, 27.2% sight, 12.1% hearing, 8.3% speaking or communicating, 5.5% attending to their personal care, 4.4% attention or learning, and 8.5% intellectual or mental. The National Demographic Dynamics Survey of 2014, prepared by the National Institute of Statistics and Geography (INEGI), reported that 6% of the population has a disability, and 13.2% of the population has some limitation, a situation that, of course, increases the demand for rehabilitation services.

Various international organisations, such as the World Health Organisation and the United Nations, have issued policy recommendations aimed at ensuring equal opportunities, and the promotion of human rights in individuals with a disability, particularly the poor, and have defined directives on matters of health, education, work, and social participation.

Efforts have been made in our country to improve the living conditions of individuals with disability, and significant achievements have been made on legal and regulatory matters, particularly in the areas of health, education, human rights, informatics, and the elimination of physical and accessibility barriers. In 2007, the National Council for the Care of Persons with a Disability (*Consejo Nacional para la Atención de las Personas con Discapacidad* (CONADIS)), prepared and circulated the Integrated Care Program for Persons with a Disability (*Programa de Atención Integral para las Personas con Discapacidad 2007-2012*). This was

the first national program prepared based on the guidelines established by the Convention on Human Rights of Persons with a Disability (2006), the International Classification of Functioning, Disability and Health (ICF) (2000), as well as the 2011 World Report on Disability, prepared by the WHO. This program clearly establishes the public policy, challenges and goals as regards disability in the three levels of government.

In the international plan, the aforementioned documents are the basis of the programs that the World Health Organisation uses to prepare an action plan in favour of individuals with a disability.

The Convention on the Rights of Persons with a Disability and its Optional Protocol was conceived as a human rights tool with an explicit social development dimension, and reaffirms that all persons with any type of disability must be able to enjoy all fundamental human rights and freedoms. It also establishes that the correct term is "a Person with a disability" and proposes eliminating stereotypes.

The main objective of the International Classification of Functioning, Disability and Health is to support a unified and standard language, as well as a conceptual framework for describing health and states "associated with health". This classification allows its users to build a very useful profile on functioning, disability, and health of the individual in the various domains (e.g., what a person with a disorder or a disease does or can do).

The World Health Organisation and the World Bank jointly prepared the 2011 World Report on Disability 2011 in order to provide reliable data to be used for formulating new policies and programs that would improve the lives of persons with disabilities, and help in applying the United Nations Convention on the Rights of Persons with a Disability, which came into effect in May 2008. The vision that drives this report is that of an inclusive world in which we can all live a healthy, comfortable and dignified life, and the readers that use the data from this report will contribute to making this vision a reality.

Action plan (2014–2019)

In a historic decision, the 67th World Health Assembly adopted the resolution that ratified the Global Disability Action Plan 2014–2021 of the World Health Organisation (WHO): a major step towards better health for all people with a disability. This action plan will give a considerable boost to the efforts of the WHO and governments to improve the quality of life of the one thousand million people all over the world with a disability. This plan has three objectives: (1) To remove obstacles and improve access to health services and programs. (2) To strengthen and widen the rehabilitation, training, auxiliary technology, care and support services, as well as rehabilitation in the community environment. (3) To improve the obtaining of the relevant and international comparable data on disability, and increase research on disability and the associated services.

People with a disability have more than double the probability of being faced with insufficiently qualified health care providers and with inadequate health care facilities, with almost triple the probability of being deprived of health care, and four times the probability of receiving deficient treatment. The WHO Global Disability Action Plan 2014–2021 is to remove these disparities.

This action plan on disability by the WHO was presented in Mexico by Dr. Alana Officer, Coordinator of the World Health Organisation Disability and Rehabilitation Programs, during the 8th World Congress on Rehabilitation held in Cancun on 4 June 2014. That same year, with the support and coordination by Dr. Alejandro Reyes Fuentes, Chairman of the Mexican Academy Surgery during the period 2013(2014, this WHO action plan was presented as part of the annual academic program of the Academy itself, with the aim of promoting better national and international collaboration on disability and rehabilitation matters, and to raise the hopes and quality of life of persons with a physical or intellectual disability.

Recommended Bibliography

1. Informe Mundial sobre discapacidad. Available from http://www.who.int/disabilities/world_report/2011/es/ [accessed 5.3.16].
2. Familia de Clasificaciones Internacionales (FCI), de la OMS. Available from http://www.paho.org/hq/index.php?option=com_content&view=article&id=9168&Itemid=2562&lang=es [accessed 5.3.16].
3. Clasificación Internacional del Funcionamiento de la Discapacidad y de la Salud (CIF). Available from http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=2642&Itemid=2561&lang=enInternational [accessed 5.3.16].
4. Convención Internacional sobre los Derechos de las Personas con Discapacidad. Available from <http://www.un.org/spanish/disabilities/convention/qanda.html> [accessed 5.3.16].
5. Plan de acción mundial de la OMS sobre discapacidad 2014–2021. Available from www.who.int/disabilities/actionplan/es/ [accessed 5.3.16].

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