Table III. Common potential challenges and facilitators in implementation of the World Health Organization (WHO) Global Disability Action Plan 2014–2021 in Madagascar, Mongolia, Nigeria and Pakistan

Potential challenges/barriers	Potential facilitators/enablers in the next 5–6 years
Governance, policy and planning	
• Lack of strong leadership and a central body for developing governance • Lag in implementation of health policies & enforcement of the legislation policy for employment/education/health for PwD • Poor coordination/collaboration among different government sectors & ministries and healthcare agencies • Health priority more driven towards acute sector & communicable disease • Limited coordination/collaboration among different healthcare sectors (hospitals (private, public), primary, Charity & Community organizations, INGOs & NGOs) • Unstable political & economic situation, poor political commitment • Corruption	• Establishment of legislative & central governing body • Education/awareness programmes about disability & PM&R for policymakers, government authorities, hospital administrators • Inclusion of PM&R personnel in policy development • Development of Key Performance Indicators, Standards of Care & accreditation criteria for rehabilitation facilities by Ministry of Health • Active role of PM&R departments in facilitating leadership skills & governance • Establishing healthcare standards/policies, implementation & evaluation • Strengthening government accountability & regulatory frameworks at all levels • Adequate resource allocation & international cooperation & support
Rehabilitation-inclusive healthcare infrastructure/human resources	
• Limited government commitment, inadequate investment for health sector, particularly rehabilitation • Limited funding or underfunded programmes • PM&R services not well integrated with acute services & limited and/or lack of inpatient rehabilitation facilities • Poor provision of PwD friendly infrastructure, environment public places & transport • Limited or lack of specialized PM&R centres, e.g. for stroke, spinal cord injuries, etc. • Lack of knowledge/misconception about disability	• Development of new rehabilitation infrastructure & re-evaluation of existing services • Strengthening PM&R capacity, public-private partnerships • Increasing health expenditure for disability & PM&R • Development of inpatient rehabilitation units, & specialized rehabilitation facilities (including in remote areas) • International cooperation & support for PM&R development & training • Expansion of allied health services (OT, Speech therapy, P&O services) • Establishing a body for evaluating & monitoring accessibility in all sectors of human endeavours for PwD
Health information and referral systems	
• Lack of process involving stakeholders (including PM&R professionals, PwD, communities) in policy development • Few or lack of specific disability-rehabilitation standards or key performance indicators (not up to date) • Lack of structured standard referral systems from acute to sub-acute care and to community • Lack of multidisciplinary team approach & systems/models of care • Lack of knowledge about different health professions (such as PM&R, OT, speech therapy) • Lack of clear definition for disability and/or ambiguous disability categories • No specific accreditation standards or criteria for rehabilitation facilities & for staff	• Facilitation of clear policy direction in health development • Development of guidelines & mechanisms for a functional & standard referral system at all levels • Development of Key Performance Indicators, Standards of Care & accreditation criteria for rehab facilities & staff • Involvement of clients & patients in decision-making processes • Proper patient education & counselling earlier • Coordination & communication between governmental bodies, healthcare sectors, various INGOs/NGOs & community organisation
Education and Awareness	
• Poor education/knowledge about disability/PM&R amongst policymakers, government authorities etc. • Poor disability awareness, misconception & cultural belief • Lack of evidence-base guidelines & disability centred measures • Limited undergraduate courses in PM&R in medical institutions, professional courses/training programmes • No staff development or appraisal systems in hospitals or community settings • Limited access to education/web-based learning, professional development, training in therapy& innovation • Poor awareness amongst healthcare professionals about disability & PM&R • Limited or lack of family/carer education & limited provision of inclusion of caregivers of PwD and/or PwD in care programmes, decision making	• Development of evidence-based guidelines/protocols & outcome measures for disability • Improvement of the health sector information base • Scaling of heath workforce education & accreditation • Development of Continuous Medical Education programmes for PM&R professionals, skill training & education • Training & educational programme for PwD (& families) • Initiatives/programmes for development of allied health • Collaboration with international partners for staff education/training • Public awareness/ educational programmes through media, awareness programmes, lobbying • Establishment of national health workforce registry • Integration of health promotion/public awareness strategies into community health programmes, curricula in educational institutions/schools • Occupational empowerment & employment programmes
Service delivery and costs	
• Limited access to healthcare, specifically specialized rehabilitation • Maldistribution of human resources (PM&R professionals more centralized in capital & urban areas); demoralized workforce • Lack of emergency assistance programmes for PwD • Minimal information available to public about access to PM&R • Out-of-pocket payment system • Long waiting time, so patients may seek alternative therapy • Lack of strategies for improved access to affordable quality care & essential assistive devices/technologies • High costs for assistive devices or low standard devices • Language barriers • Lack of SOPs • Lack or poor coverage of health insurances, particularly for PwD	• Developments of SOPs • Improvement of social welfare, livelihood & benefits • Adaptation of Universal Health Insurance scheme, innovative financing approaches • New medical equipment/technology for local needs • Development of vocational rehabilitation programme (jobs, education, etc.) for PwD • Development of mobile PM&R Units to deliver care in remote areas • Development of telerehabilitation, innovative programmes using locally available technologies (mobile) • Adequate financial support & advocacy for assistive devices; technology expansion to rural areas • Development of interpreters

Table III *cont.*

Potential challenges/barriers	Potential facilitators/enablers in the next 5–6 years
Community-based rehabilitation and consumer groups	
• Limited numbers of community healthcare facilities, disability services, particularly in rural areas • Limited adequate primary care & community rehabilitation services • Lack of continuum of care including regular follow-ups • Belief in traditional or native healers • Poverty, high illiteracy • Poor or lack of volunteering systems	• More active role of National Society of PM&R • Promotion of CBR • Development of consumer organizations (including PwD at national & local level) • More CBR services linked with main hospital networks, inclusion of carers, PwD in decision-making processes • Skill training for carers • Expansion of community-based rehabilitation through inclusion of carers in decision-making processes • Establishment of community volunteer services
Research and evidence-based information	
• Scarcity of disability-related data (inaccurate data; underestimation & underrepresentation of disability prevalence, cost data, etc.) • Limited funding for research & training of PM&R workforce; research not identified as a priority • Lack of national health research policy & priorities • Lack of national health research forum • Lack of measurement tools, poor awareness of standardized frameworks, such as ICF • Poor attitude toward research • Lack of time, education & funding for research • Inadequate trained human resource to conduct research	• Development of standard data collection systems (training ICF) • Mandatory data collection systems at all levels • Development of innovative teaching models, using interactive problem-based learning & clinical capacity through organized educational activities • Building of research capacity in PM&R by training & educating medical staff in research methodology • Development of research, data collection methods/measurement tools in disability & rehabilitation • Involve government & academic institutions to establish national research centre/foundation • Training/retraining of healthcare professionals • Collaboration with international partners in research & development • International aid/assistance in research capacity building

CBR: community-based rehabilitation; HCP: healthcare professionals; ICF: International Classification of Functioning, Disability and Health; IT: information technology; INGO: international non-governmental organization; NGO: non-governmental organization; OT: occupational therapist; PM&R: Physical Medicine and Rehabilitation; PwD: persons with disability; SOP: standardized operating procedures; WHO: World Health Organization.