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Dear Sir/Madam

**Re: the Australian Government's new International Disability Equity and Rights Strategy**

As an organisation with expertise in the areas of emergency response and trauma care in the Indo-Pacific region, we are pleased to provide this submission towards the development of this important new International Disability Equity and Rights Strategy. Our submission focuses on two main areas:

1. Disability inclusive disaster and health emergency preparedness and response in the Indo-Pacific region, and;
2. The Indo-Pacific's rehabilitation workforce and its role in improving outcomes for people with disabilities

Individuals with disabilities are at an elevated risk of dying or being injured in a disaster. This increased vulnerability can be attributed to inadequacies across all phases of disaster preparedness and response. People with disabilities are often less physically and psycho-emotionally prepared for disasters, experience access and support barriers during evacuation and in emergency shelters, remain displaced for longer, and are at greater risk for neglect and abuse. As stipulated in the United Nations Convention on the Rights of Persons with Disability, and the Sendai Framework for Disaster Risk Reduction, the rights of people with disability to protection and safety must not be compromised in situations of increased risk. Furthermore, disaster risk reduction and response planning must be inclusive and equitable, and recognise people with disability and their caregivers as key stakeholders in these processes. As you would be aware, the Australian Government, through the Australian Humanitarian Partnership's Disaster READY project, is engaged in important work to improve the resilience, preparedness and recovery of people with disabilities affected by disasters in the Pacific and Timor-Leste. The NCCTRC strongly supports the continuation and ongoing development of these types of initiatives.

Disasters and health emergencies can affect the health status of people living with disabilities in several ways. As mentioned previously, people with disabilities are at increased risk of disaster-related injury. In addition, significant interruptions to the normal business of existing health systems, in combination with the destruction of specialised accommodation, assistive products, and death or injury of caregivers increase the risk of secondary injury and illness of people living with disability. It is therefore vital that health care providers are educated about the specific needs of people with disabilities in the context of disasters and health emergencies, including identifying their long-term needs and collaborating with organisations of persons with disabilities. The NCCTRC recommends that Australian Government programs supporting

disability inclusive disaster preparedness and response ensure health care providers tasked with responding to disasters and health emergencies can competently assess and meet the health needs of people with disabilities.

The NCCTRC acknowledges that many of the challenges faced by people with disabilities arise from societal and environmental barriers, and does not subscribe to a medical model of disability. However, the role of rehabilitation in enabling people with disability to live fulfilling lives should not be underestimated as part of comprehensive development initiatives aimed at promoting equity and the rights of people with disabilities in the Indo-Pacific region. Adequate access to affordable and quality rehabilitation services is key to reducing poverty and increasing the participation of people with disabilities in their communities.

Rehabilitation has been described by the WHO as 'expand[ing] the focus of health beyond preventative and curative care to ensure people with a health condition can remain as independent as possible and participate in education, work and meaningful life roles'<sup>1</sup>. Rehabilitation interventions support healing and recovery, prevent complications, and can reduce an individual's experience of disability through adaptive and compensatory techniques and assistive products. Rehabilitation professionals, including physiotherapists, occupational therapists, speech therapists, physicians, nurses, prosthetists and orthotists, amongst others, play a critical role in optimising functional outcomes for people with all types of disability, irrespective of aetiology (injury, illness or congenital) or duration (temporary, intermittent or life-long).

Unfortunately, most countries in the Indo-Pacific region lack sufficiently sized rehabilitation workforces to meet the current or future rehabilitation needs of their populations. The rehabilitation workforce in the WHO's South East Asian Region is one of the smallest in the world, with the Western Pacific Region falling well behind high income countries, including Australia<sup>2</sup>. Meanwhile, these regions have been estimated to have the highest and second highest needs for rehabilitation services globally<sup>3</sup>. The significant unmet need for rehabilitation services can only be resulting in missed opportunities for people with disabilities in the Indo-Pacific region to realise their full potential and to participate in society on an equal basis to others. An adequately sized rehabilitation workforce also significantly improves a country's ability to respond to the health impacts of disasters and health emergencies, thereby reducing the incidence of new and worsened disabilities. The NCCTRC recommends targeted support to build and strengthen the Indo-Pacific's rehabilitation workforce in order to ensure people with disabilities have access to life-changing interventions that support their quality of life, promote equality and uphold their rights to the highest attainable standard of health.

Please see our response to the submission questions in relation to our work at NCCTRC:

1. What are the most important things we should work on for disability equity and rights?

- The rights of people with disability to protection and safety must not be compromised in situations of increased risk
- The role of rehabilitation in enabling people with disability to live fulfilling lives should not be underestimated as part of comprehensive development initiatives aimed at promoting equity and the rights of people with disabilities in the Indo-Pacific region.

2. What are the best ways we can do this?

- Disaster risk reduction and response planning must be inclusive and equitable, and recognise people with disability and their caregivers as key stakeholders in these processes

- Targeted support to build and strengthen the Indo-Pacific's rehabilitation workforce in order to ensure people with disabilities have access to life-changing interventions that support their quality of life, promote equality and uphold their rights to the highest attainable standard of health.
  - Enhance the rehabilitation workforce in the WHO's South East Asian and Western Pacific Regions
3. i) How can we support people with disabilities to do this work?
- ii) How can we support organisations working with people with disabilities to do this work?
- The Australian Government, through the Australian Humanitarian Partnership's Disaster READY project, is engaged in important work to improve the resilience, preparedness and recovery of people with disabilities affected by disasters in the Pacific and Timor-Leste. The NCCTRC strongly supports the continuation and ongoing development of these types of initiatives.
  - Health care providers are educated about the specific needs of people with disabilities in the context of disasters and health emergencies, including identifying their long-term needs and collaborating with organisations of persons with disabilities. The NCCTRC recommends that Australian Government programs supporting disability inclusive disaster preparedness and response ensure health care providers tasked with responding to disasters and health emergencies can competently assess and meet the health needs of people with disabilities.
  - Adequate access to affordable and quality rehabilitation services is key to reducing poverty and increasing the participation of people with disabilities in their communities
4. i) What could stop us improving disability equity and rights?
- ii) What could help us to improve disability equity and rights?
- See responses for question 3.

Thank you for the opportunity to provide this submission. The NCCTRC remains available for further consultation and input as required.

Yours sincerely



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<sup>1</sup>World Health Organisation 2023, *Rehabilitation*. [https://www.who.int/health-topics/rehabilitation#tab=tab\\_1](https://www.who.int/health-topics/rehabilitation#tab=tab_1)

<sup>2</sup>World Health Organisation 2017, *The need to scale up rehabilitation*. [https://www.who.int/docs/default-source/documents/health-topics/rehabilitation/call-for-action/need-to-scale-up-rehab-july2018.pdf?sfvrsn=f627c34c\\_5](https://www.who.int/docs/default-source/documents/health-topics/rehabilitation/call-for-action/need-to-scale-up-rehab-july2018.pdf?sfvrsn=f627c34c_5)

<sup>3</sup>Cieza, A, Causey, K, Kamenov, K, Hanson, SW, Chatterji, S & Vos, T 2020, 'Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019', *The Lancet*, 396(10267), pp.2006-2017.