



National Conference on Mainstreaming Rehabilitation in Healthcare system in India

Organised by

MGM School of Physiotherapy &
MGM Institute's University
Department of Prosthetics and Orthotics
MGM Institute of Health Sciences, Navi Mumbai

In Collaboration with

NITI Aayog, Government of India &
World Health Organization, India

CONFERENCE REPORT

28th-29th June 2024
Navi Mumbai, India

Editor

Rajani Mullerpatan

Co-Editors

Mohammed Asheel

Bela Agarwal

Uttara Deshmukh



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Co-Editors

Mohammed Asheel • Bela Agarwal • Uttara Deshmukh

Conference Report



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Navi Mumbai, Maharashtra, India

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CONTENTS

Sr. no	Content	Page no
1.	Preface	4
2.	Key Message - Organizing Committee	5
3.	Profile of Invited Speakers	6
4.	Acronyms	23
5.	Introduction	24
6.	Context	25
7.	Objectives	25
8.	Expected Outcomes	25
9.	Inaugural Session	26
10.	Day 1: Summary of Discussions	27
11.	Day 2: Summary of Discussion	38
12.	Recommendations	43
13.	Annexure 1: Conference Program	44
14.	Annexure 2: List of Participants	51
15.	Glimpses from the Conference	64
16.	Feedback from Stakeholders	71
17.	List of Supporters and Sponsors	73
18.	Patrons and Advisors	75
19.	Organizing Team	76



Prof. Dr. Shashank Dalvi

**Honorable
Vice Chancellor
MGM Institute of
Health Sciences
Navi Mumbai**

PREFACE

MGM Institute of Health Sciences (MGMIHS), established in the year 2006, is a deemed to be University with 10 constituent units and is a NAAC accredited institute awarded A++ grade. It is ranked in NIRF since 2019. The multidisciplinary health institute offers quality health education and integrated health care guided by the Gandhian philosophy 'To wipe every tear from every eye'.

MGMIHS is engaged in interdisciplinary translational health research to address the unmet rehabilitation needs of the people in Maharashtra. With this background multidisciplinary work in rehabilitation, a national conference titled- 'Mainstreaming Rehabilitation in Healthcare System in India' was organized in collaboration with the World Health Organization and NITI Aayog, Government of India. The conference was a collaborative effort towards a shared vision to rehabilitate all persons with rehabilitation needs in India and facilitate their inclusion in the society.

This conference aimed to contribute to the United Nations Sustainable Development Goal 3 to 'Ensure healthy lives and promote well-being for all, at all ages' through efforts towards universal health coverage, including people with rehabilitation needs. The conference was organized by two constituent units of MGM Institute of Health Sciences - MGM School of Physiotherapy (MGMSOP), Navi Mumbai, and MGM Institute's University Department of Prosthetics and Orthotics, Kamothe, Navi Mumbai.

MGM School of Physiotherapy (MGMSOP), Navi Mumbai, established in 2008, offers quality physiotherapy education of global merit, addressing national and local healthcare needs. MGM School of Physiotherapy trains graduates (BPT) and Masters (MPT) scholars to restore movement and functional ability of individuals with movement disorders and improve their quality of life in physical, psychological, emotional, and social domains. PhD Scholars engage in translating therapeutic applications of Human Movement Science researched at the MGM Centre of Human Movement Science to promote physical activity, reduce disability and enhance functioning.

The MGM Institute's University Department of Prosthetics and Orthotics, Kamothe, Navi Mumbai, founded in 2011, is dedicated to eliminating challenges faced by Divyangjan and enhancing their quality of life. Offering the Bachelors in Prosthetics and Orthotics since 2016-17, it employs an interdisciplinary approach, providing optimal patient assistance while training future experts. Periodic activities uplift both Divyangjan and students. Under the expert guidance of competent faculty, the institute ensures quality clinical care.

The units successfully conducted the national conference with unstinting support from the World Health Organization and NITI Aayog, Government of India on the 28th and 29th of June 2024 at MGM Institute of Health Sciences and MGM Centre of Human Movement Science, Navi Mumbai. We hope to submit the crucial recommendations from this conference to the Ministry of Health and Family Welfare, Government of India, and the World Health Organization, India, to take forth measures to mainstreaming of rehabilitation for the benefit of the people of the nation.

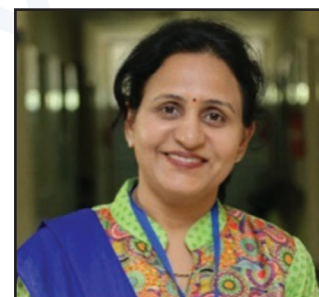
KEY MESSAGE - ORGANIZING COMMITTEE

MGM Institute of Health Sciences (MGMIHS) deemed to be University accredited with a grade of A++ by NAAC, located in Navi Mumbai, Raigad district of Maharashtra, hosted a national conference: 'Mainstreaming Rehabilitation in Healthcare system of India' in collaboration with NITI Aayog, Government of India and WHO India to mainstream rehabilitation into the healthcare system of India and disseminate the Package of Interventions for Rehabilitation developed by WHO among all the health professions involved in delivering rehabilitation services. The conference was conducted successfully on 28th & 29th June 2024, with wide participation of multiple stakeholders in meaningful discussions, which resulted in key recommendations to make quality rehabilitation services accessible for all people with rehabilitation needs, across all levels of healthcare, in urban and rural setting, across lifespan to realize the goal of universal health coverage for good health and wellbeing.



Convenor
Dr. Rajani Mullerpatan
MGM Centre of Human
Movement Science
MGM School of Physiotherapy
MGM Institute of Health Sciences
Navi Mumbai

It is with great pleasure that we welcomed all the delegates at MGM Institute of Health Sciences, Kamothe, Navi Mumbai, for the conference on 'Mainstreaming Rehabilitation in Healthcare System in India,' organized by MGM School of Physiotherapy and MGM University Department of Prosthetics and Orthotics, in collaboration with the World Health Organization (India Office and Head-Quarter Office). This conference aimed to integrate rehabilitation into our healthcare system, making it accessible and effective for all. By sharing WHO's Package of Interventions for Rehabilitation and fostering collaboration among health professionals, we strive to enhance the quality of care for those in need. Together, we can make rehabilitation a core component of healthcare in India.



Co-Convenor
Dr. Uttara Deshmukh (P&O)
Principal
MGM Institute's University
Department of Prosthetics &
Orthotics
MGM Institute of Health Sciences
Navi Mumbai

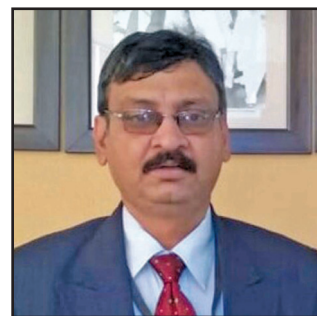
The conference theme of 'Mainstreaming rehabilitation into the health care system of India' reiterated the sustainable development goal of 'Health for all'. To achieve this, an integrated effort between rehabilitation experts in physiotherapy, occupational therapy, prosthetics and orthotics, audio and speech therapy, special educators, psychology, and others is needed in order to achieve the maximization of the functional potential of a person with rehabilitation needs. This conference brought together a wonderful confluence of rehabilitation experts and their professional bodies, and we hope to develop recommendations from the conference that can reinforce the reach of rehabilitation services to all.



Co-Convenor
Dr. Bela Agarwal
Professor
MGM School of Physiotherapy
MGM Institute of Health Sciences
Navi Mumbai

PROFILE OF INVITED SPEAKERS

Dr. A. G. K. Sinha is a Professor in Physiotherapy, at the Punjabi University Patiala Punjab. He has completed his BPT, MSPT, and PhD (Sports Medicine & Physiotherapy). He has over 30 years of academic experience and has been the Ex- Dean of the Faculty of Medicine Punjabi University, Ex- Member of the Senate, and Syndicate Punjabi University Patiala. He is a Fellow of the Indian Association of Physiotherapists and Ex- Editor-in-chief of PJIAP. With his expertise, he brings out the core essence required to enhance rehabilitation in India.



Prof. Dr. A. G. K. Sinha
Professor
Department of Physiotherapy
Punjabi University
Patiala Punjab
India

Dr. Abraham Samuel Babu is an Associate Professor, at Manipal College of Health Professions, Manipal Academy of Higher Education, Karnataka, India. He brings extensive expertise with an MPT and PhD, complemented by 20 years in clinical practice and 14 years in academia. He has authored 101 indexed and 12 non-indexed publications, contributed to 9 book chapters, and holds pivotal roles in cardiovascular and pulmonary research. His achievements include the Lalitha Dalvi Oration (2024), Fellowship of the Heart Failure Association of ESC, Salim Yusuf Emerging Leader Award (2019), and significant WHO affiliations.



Dr. Abraham Samuel Babu
Associate Professor
Manipal College of Health
Professions
Manipal Academy of Higher
Education
Karnataka
India

Dr. Adam Wilkey is the President of World Spine Care Europe. He is an experienced chiropractor with over 35 years in clinical practice. He has primarily worked in private practice, whilst training newly graduated chiropractors. He has worked within the NHS, providing chiropractic services and designing, implementing, and publishing research, studying the effects of various forms of treatment for chronic low back pain. He has worked with the British Chiropractic Association and the National Back Pain Association in both PR and educational roles to increase awareness of the potential causes and various evidence-based treatments for back pain. In this capacity, he has written numerous articles for the national press and has appeared on television and radio on several occasions. He has worked with the British Red Cross as an educator in cultural diversity and acceptance.



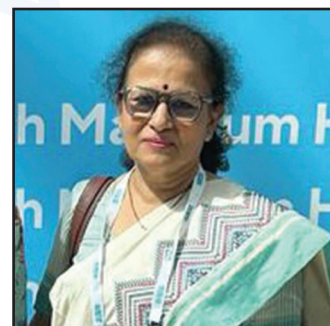
Dr. Adam Wilkey
President
World Spine Care
Europe

Dr. Alexandra Rauch is a consultant for the WHO Rehabilitation Programme since 2018. She led the development of the Package of interventions for rehabilitation and continues projects related to the WHO Rehabilitation 2030 initiative. She started her career as a physiotherapist in Germany in the inpatient and outpatient rehabilitation of people with musculoskeletal, neurological, and cardiological diseases. After eight years of clinical practice, she continued her career as a physical therapy teacher. During this time, she completed a bachelor's degree in applied health sciences. Thereafter, she continued her career as a researcher at Swiss Paraplegic Research (SPF). Her research focused on the implementation of the International Classification of Functioning, Disability, and Health (ICF) in rehabilitation practice and on the topic of physical activity (PA) in people with spinal cord injuries (SCI).



Dr. Alexandra Rauch
Technical Advisor
Rehabilitation Program,
Department of
Non-Communicable Diseases,
Rehabilitation, and Disability
(NCD)
World Health Organization
Geneva
Switzerland

Dr. Anjali Bhise has over 40 years of clinical experience and has served for more than 30 years at Government Physiotherapy College. She holds an MPT and PhD qualification, with a prolific research record, including over 45 publications in peer-reviewed journals. She co-authored a book on Spinal Cord Rehabilitation and contributed chapters to textbooks on Physiotherapy and Rehabilitation. She is actively involved in professional associations, serving as a subcommittee member of Society of Cardiovascular and Pulmonary Rehabilitation (SOCVPR). She also played a crucial role in COVID care and contributed to national guidelines for Physiotherapy Professionals by the Indian Association of Physiotherapists.



Dr. Anjali Bhise
Principal
GCS Physiotherapy College
Ahmedabad
Gujarat
India

Dr. Anuradha Pai is an academican and practitioner of Occupational therapy at LTMMC and GH, Sion Hospital, for the last 29 years (Since 1995). She is a postgraduate teacher since last 23 years and a PhD guide since 2011 under the Maharashtra University of Health Sciences. Currently, she is an invitee member of the Maharashtra state OTPT council and has been awarded a Fellowship of the Academic Council of India in 2019 and Dr. P N Berry fellowship under the Indian High Commission to the UK in the year 200.



Dr. Anuradha Pai
Occupational Therapy
LTMMC and GH
Sion
Maharashtra
India

Dr. Anita Gupta is the Head of Department and Lecturer at All India Institute of Physical Medicine and Rehabilitation. She has an experience of over 30 years. She is an occupational therapist from Mumbai University, she has 14 publications. She has guided several students under her and presented scientific papers and Continued Medical Education on national and international platforms. She was appointed as Junior scientific officer on a project sponsored by Science and Technology on Myo-electric Prosthesis. With her vast professional experience, she is a driving simulator at All India Institute of Physical Medicine and Rehabilitation, Mumbai.



Dr. Anita Gupta (OT)
Head of Department
All India Institute of Physical
Medicine and Rehabilitation
Mumbai
Maharashtra
India

Dr. Anuradha Daptardar is the Officer in charge, of the Physiotherapy Department at the Tata Memorial Hospital. She has a BSc (Physiotherapy) and is a Certified Lymphedema Therapist (UK). She has over 33 years of clinical experience in treating cancer patients at Tata Memorial Hospital and has pioneered the Onco-Physiotherapy Training program at Tata Memorial Hospital. She is a faculty and examiner for the Onco-Physiotherapy course and a visiting faculty for the Fellowship program at All India Institute of Physical Medicine and Rehabilitation (AIIPMR). She has been awarded for her contribution to the field of Oncology by the Indian Association of Physiotherapists and felicitated by the India Association of Physiotherapists Women's Cell on International Women's Day for contributing to Onco-Rehabilitation.



Dr. Anuradha Daptardar (PT)
Officer-in-Charge
Department of Physiotherapy
Tata Memorial Hospital
Mumbai
Maharashtra

Dr. Asha Chitnis is the Director of Vedanta Paediatric Centre, an outpatient facility specializing in pediatric care in Mumbai, India. She obtained her Bachelor's degree in Physical Therapy from Sir Sayaji Rao General Hospital (Maharaja Sayaji Rao University) and her Master's degree from All India Institute of Physical Medicine and Rehabilitation (Mumbai University). She has an experience of more 17 years in treating pediatric patients with neurological condition across their lifespan. She is actively engaged in international teaching, traveling to different countries to conduct workshops and webinars, sharing her expertise, and advancing in the field of physiotherapy.



Dr. Asha Chitnis (PT)
Vice President
Indian Academy of Cerebral Palsy
Director
Vedanta Paediatric Centre
Mumbai
Maharashtra

Dr. Ashoo Grover is the Head of Implementation/Delivery Research at the Indian Council of Medical Research. She joined the Indian Council of Medical Research (ICMR) as a Senior Research Officer in 2005 in the Division of Non-Communicable Diseases and worked as a program officer of Oral Health, Neurological Sciences, Cardiovascular Diseases, and Gastroenterology. She promoted a Special program for Medical Colleges for Research Methodology Courses, the establishment of Multidisciplinary Research Units in Government Medical Colleges, Model Rural Health Research Units in 25 States in India, and mechanisms for Health Technology Assessment at DHR, MOHFW. She started looking after the Department of Health Research activities in 2008 and has been a part of the special program for medical colleges to develop research projects under the Research Methodology Cell of ICMR, Knowledge Management Policy for Health Research – Service Education and Research. She has contributed about 50 research papers in Indian and other international journals and prepared 12 reports of various conferences/workshops.



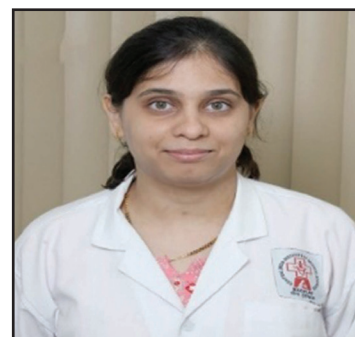
Dr. Ashoo Grover
Head of Implementation/Delivery
Research
Indian Council of Medical
Research
Delhi
India

Dr. Bela Agarwal is the Professor & Head, Department of Cardiovascular & Respiratory Physiotherapy at MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai. She has over 30 years of experience in Cardiopulmonary Rehabilitation, critical care physiotherapy, and biomechanics of human movement. She has over 44 publications, 4 Chapters in Books, and 12 copyrights. She is an AHA-recognized Basic Life Support Instructor and Advanced Cardiovascular Life Support (ACLS) Provider. She is a Member of the Academic Council and Board of Studies Physiotherapy and Prosthetics and Orthotics of MGMIHS. She has been awarded the Kamala Bhagwat, Sohoni Science Shikshika Shodhkartri Mention 2022 by Rethink India.



Dr. Bela Agarwal
Professor
MGM School of Physiotherapy
MGM Institute of Health Sciences
Navi Mumbai
Maharashtra
India

Dr. Chandana Bhagwat is a Consultant Paediatrician at MGM Institute of Medical Sciences, specializing in Paediatric Neurology with qualifications including MD Paediatrics and DM Paediatric Neurology. She possesses over 8 years of clinical experience and more than 7 years in medical teaching, contributing to both patient care and academic training in her field.



Dr. Chandana Bhagwat
Consultant Paediatrician
MGM Institute of Medical
Sciences
Navi Mumbai
Maharashtra
India

Dr. Charu Sharma is a Physical Rehabilitation Project Manager at the International Committee of the Red Cross (ICRC), a Regional delegation for India, Nepal, Bhutan, and Maldives. She has a Bachelor of Physiotherapy, an Advanced Diploma in Holistic Health & Fitness, and a Certificate in Humanitarian Leadership and Management from the University of Lucerne, Switzerland. She has over 14+ years of experience in the field of physiotherapy and health, including experience in the international development and humanitarian sector. Proficient in the management of rehabilitation and disability inclusion projects, conducting capacity-building programs for health and rehabilitation professionals, and partnership management. She is also a certified International Paralympic Committee (IPC) Level 2 Classifier (medical) in Parathletics.



Dr. Charu Sharma (PT)
Physical Rehabilitation Project
Manager
International Committee of the
Red Cross (ICRC)
India

Dr. Chhaya V. Verma is Professor & Head at Physiotherapy School & Centre, Topiwala National Medical College & BYL Nair Ch. Hospital, Mumbai. She has 39 years of clinical and 33 years of academic experience and authored 80+ publications and 5 textbook chapters. She holds leadership roles in the Maharashtra State OTPT Council, the Indian Association of Physiotherapy (IAP), and other professional bodies. She coordinates the Rehabilitation Team for Maharashtra's COVID-19 Task Force and contributes to WHO PIR Task Force. Recipient of multiple awards, she continues to drive impactful research in physiotherapy.



Dr. Chhaya V. Verma
Professor & Head
Physiotherapy School & Centre
Topiwala National Medical College
& BYL Nair Ch. Hospital
Mumbai
Maharashtra
India

Dr. Dipanwita Ghosh is an Associate Professor at Kidderpore College, affiliated with the University of Calcutta, and holds MSc, MPhil, and PhD qualifications with specialization in Health Economics and Economics of Marginalized People. With 27 years of teaching experience at undergraduate and postgraduate levels, her research contributions include publications on topics such as pedagogic approaches in economics, economic policies for rehabilitation, community-based rehabilitation feasibility, and social participation through sports for children with disabilities.



Dr. Dipanwita Ghosh
Associate Professor
Kidderpore College
Kolkata
West Bengal
India

Dr. H. S. Chhabra is the Director of the Spine & Rehabilitation Centre at Sri Balaji Action Medical Institute and has over 35 years of experience as a spine specialist. He is the Editor-in-Chief of the ISCoS Textbook, elearnsoci.org, and the Journal of Clinical Orthopaedics and Trauma. He has led 37 research projects with 171 peer-reviewed publications. He has served as President of multiple societies, including International Spinal Cord Society (ISCoS) and Association of Spine Surgeons of India (ASSI). Awards include the ISCoS Society Medal Award (2013) and Best Spinal Surgeon by Medical Training Initiative(MTI) Indian Medical Tourism Summit (2020).



Dr. H.S. Chhabra
Director
Spine & Rehabilitation Centre
Sri Balaji Action Medical Institute
Delhi
India

Dr. Gowri Nambiar Sengupta is the Deputy Director General (Public Health) and Director of CHEB (Central Health Education Bureau) at the Directorate General of Health Services, Ministry of Health & Family Welfare. She is a Public Health Specialist with over 15+ years of experience. She is dedicated towards public and family health welfare.



Dr. Gowri Nambiar Sengupta
DDG(PH) & Director
Central Health Education Bureau
Presents the Importance of
Evidence-Based Rehabilitation
Provision in the Healthcare
Delivery System

Dr. John Solomon M is the Additional Professor and head of Department at Department of Physiotherapy, MCHP, Coordinator-Centre for Comprehensive Stroke Rehabilitation and Research, MAHE, Manipal with over 25 years of clinical experience in Neurological Conditions & Vestibular Rehabilitation. He has over 75 publications and has been a reviewer of the WHO Package of Interventions of Stroke Rehabilitation, Executive Board member of the International Stroke Recovery and Rehabilitation Alliance (ISRRRA), European Stroke Organization (ESO) guideline group member for Motor Rehabilitation, Board member of Global Consortium For Stroke Rehabilitation (GCSR), Expert working group member of TN Rights project.



Dr. John Solomon M
Additional Professor & Head
Department of Physiotherapy
MCHP, Manipal
Karnataka
India

Lt Gen. Kuldip Raj Salgotra is the Hospital Director, MGM Medical College and Hospital, Navi Mumbai. As Major General, he has held the coveted appointments of Major General (Medical) of South Western Command, Deputy Commandant & Chief Instructor of prestigious AMC Centre & College Lucknow, a Cat 'A' establishment, and Commandant of super specialty Military Hospital (Cardio Thoracic Centre) at Pune.



Lt. Gen. Kuldip Raj Salgotra
Hospital Director
MGM Medical College and
Hospital
Navi Mumbai
Maharashtra
India

Dr. Ketna Mehta is the Founder and Editor of NINA Foundation, Mumbai. Her path-breaking PhD is in healthcare Spinal Cord Injury rehabilitation management. She experienced a spinal cord injury while paragliding in 1995. Since then, she has been an active crusader in expanding the rehabilitation services and providing them to both rural and urban areas to underprivileged survivors. She has been an activist for advocating and bridging the gaps in the rehabilitation of individuals with spinal cord injuries across the lifespan.



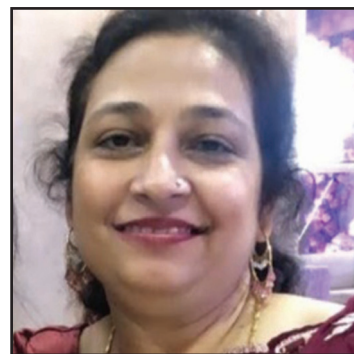
Dr. Ketna Mehta
Founder and Editor
NINA Foundation
Mumbai
Maharashtra
India

Dr. M.C. Dash is a dedicated professional with a robust academic background and extensive experience in prosthetics and orthotics. Holding a PhD from North East Frontier Technical University (NEFTU) and a Master's in Prosthetics and Orthotics from Delhi University, he also completed an MBA in Hospital Management from Jawaharlal Nehru University (JNU), Jaipur. With over three decades of service in Northern Railway Central Hospital's Artificial Limbs Center, he has excelled as a Prosthetist, Manager, and Senior Manager. He is renowned for his contributions to education, research, and professional bodies, holding prestigious roles such as National President of Orthotics and Prosthetics Association of India (OPAI) and protocol committee member of International Society of Prosthetics and Orthotics (ISPO). His achievements include numerous awards and publications, demonstrating his leadership and expertise in the field.



Dr. M.C. Dash
National President
Orthotics Prosthetics Association
of India

Dr. Mariya Prakash Jiandani is an Additional Professor at P T School & Centre, Seth GSMC & KEMH, holds an M.Sc. (PT), is a FAIMER Fellow, and is a PhD Scholar. With 34 years of clinical and 30 years of academic experience, she has numerous national and international publications and book chapters. She is the President of the Society of Cardiovascular and Pulmonary Rehabilitation, Faculty BOS at Maharashtra University of Health Sciences, Nashik, and Secretary of the Staff Research Society at Seth GS Medical College & King Edward Memorial Hospital (KEMH). Her awards include the IAP Fellowship (2022) and the Best Researcher Award at Scientifica (2023). She is also a peer reviewer for WHO PIR IHD & COPD.



**Dr. Mariya Prakash Jiandani
(PT)**

Additional Professor
Physiotherapy School & Centre
Seth GSMC & KEMH
Mumbai
Maharashtra
India

Dr. Mohammed Asheel is the National Professional Officer (injuries, disabilities, assistive technology, and rehabilitation) at the World Health Organization, New Delhi, India. As a passionate institution builder, he has transformed a special school into a center of excellence in the disability sector. This center is currently considered a National Model for early intervention and management of disabilities with advanced facilities. In addition, he has also established a state-of-the-art center for post-traumatic spinal cord injury at National Institute for Physical Medicine and Rehabilitation (NIPMR) with advanced technologies (including VR and AR-based rehabilitation units).



Dr. Mohammed Asheel
National Professional Officer
Injury Prevention & Disabilities
WHO India

Dr. Nitin N. Kadam is the Pro Vice Chancellor of MGM Institute of Health Sciences, Kamothe, Navi Mumbai, Honorary Medical Director, MGM New Bombay Hospital, Vashi, Navi Mumbai, since 1993, and has been the Director Examination, MGM Institute of Health Sciences, Navi Mumbai. He is a Professor of Pediatrics, MGM Medical College, Kamothe, Navi Mumbai, since 2017 and has been the Former President of the Pediatric Association of India. He is a member of the Management Council and Academic Council, MGM Institute of Health Sciences, Navi Mumbai, and a Governing Council Member – Zonal Transplant Coordination Centre, Sion Hospital, Mumbai, Yashwantrao Chavan Pratishthan Mumbai, Navi Mumbai Region.



Dr. Nitin N. Kadam
Pro Vice-Chancellor
MGM Institute of Health Sciences
Trustee
MGM Trust

Dr. Nitesh Bansal is the Chief Compliance Officer and Vice Dean (Public Health) at O.P. Jindal Global University, and brings over 18 years of experience in academic administration and internationalization. He ensures regulatory compliance and develops educational standards, statutes, and guidelines. His contributions include roles in national task forces and accreditation councils, such as the Physiotherapy Central Curriculum Task Force and NAAC's Sectorial Working Group. He has also received grants for capacity building from initiatives like Erasmus+ and has served as a peer team assessor for NAAC and other universities.



Dr. Nitesh Bansal
Chief Compliance Officer and
Vice Dean
O.P. Jindal Global
University
Haryana
India

Dr. Prasanna Lenka comes with over 27 years of experience in the Rehabilitation of Persons with Disabilities and Assistive Technology, and is currently HOD and Assistant Professor at NILD under the Ministry of Social Justice & Empowerment, Government of India, Kolkata. His expertise spans Biomedical Engineering, Biomechanics, Mechatronics, and Prosthetic and orthotic technologies. He holds a PhD in Engineering from Jadavpur University and has numerous publications, guided PhDs, and research theses, as well as patents in areas like Functional Electrical Stimulation and Lower Limb Exoskeletons. He collaborates extensively with institutions like IIT Kharagpur and ISRO on innovative projects.



Dr. Prasanna Lenka
HOD and Assistant Professor
National Institute of Locomotor
Disability (NILD)
Ministry of Social Justice &
Empowerment
Government of India
Kolkata
West Bengal
India

Dr. Pierre Côté is a Professor at Ontario Tech University Research and Excellence Chair in Musculoskeletal Rehabilitation. Director, Institute for Disability and Rehabilitation Research. He is the Former Canada Research Chair in Disability Prevention and Rehabilitation. He is the Director of the University of Ontario Institute of Technology-Canadian Memorial Chiropractic College (UOIT-CMCC) Centre for the Study of Disability Prevention and Rehabilitation. He also holds appointments at the Dalla Lana School of Public Health at the University of Toronto. He was a member of the scientific secretariat of the 2000-2010 Bone and Joint Task Force on Neck Pain and its Associated Disorders, a large international collaboration aimed at synthesizing the scientific evidence on the problem of neck pain.



Dr. Pierre Côté
Professor
Ontario Tech University
Research and Excellence Chair
in Musculoskeletal Rehabilitation
Director
Institute for Disability and
Rehabilitation Research
Canada

Dr. Prakash Boominathan is the Professor & Principal at Sri Ramachandra Faculty of Audiology & Speech Language Pathology and Senior Consultant, Sri Ramachandra Medical Centre, Sri Ramachandra Institute of Higher Education & Research (SRIHER-DU), Chennai. He is the President of the Indian Speech Language Hearing Association (ISHA)-2024-25, a Member of the Expert Committee & Curriculum Revision Committee of RCI, an NAAC Assessor, and an Rehabilitation Council of India inspector. He is a receiver of the Dr. N Ratna Oration Award (2023) from ISHA, the Excellence in Teaching Award (2019) from SRIHER (DU), and the Fulbright Scholarship (2005-06).



Dr. Prakash Boominathan
Professor & Principal
Sri Ramachandra Faculty of
Audiology & Speech Language
Pathology
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Chennai
Tamil Nadu
India

Dr. Prakash Doke is a Professor at the Bharati Vidyapeeth Deemed University (BVDU) Medical College, Pune. He is the Former Director of Health Sciences, Government of Maharashtra. Nominated by the Government of Madhya Pradesh as a Public health expert member of a working group on health. He is also, Head of Central Research and Publication Unit Bharati Vidyapeeth Deemed University Medical College. Former President/General Secretary of Indian Public Health Association, Maharashtra branch. Fellow of the Indian Public Health Association and Indian Society of Communicable Diseases. He has over 40 years of teaching and administrative experience and has been the Executive Director of the State Health System Resource Centre. He has published papers in journals, monographs, evaluation reports, and co-authored Textbooks. Reviewer, Editor, and member of the editorial board of many journals.



Dr. Prakash Doke
Professor
BVDU Medical College
Pune
Maharashtra
India

Dr. Prakash Mehta is the President, Indian Association of Assistive Technologies, Varanasi. He has his own independent rehabilitation center named 'Mehta Rehab Center'. He is acknowledged for his work in various organizations.



Dr. Prakash Mehta
President
Indian Association of Assistive
Technologies
Varanasi
Uttar Pradesh
India

Dr. Prasad Waingankar is the Head of the Department of PSM, MGM Medical College, Navi Mumbai. He was a part of the World Health Organization's NPSP India for 10 years and 4 months. He was the Surveillance Medical Officer from 2002 to 2007. He was the National Professional Officer for the Gujarat Earthquake Mission.



Dr. Prasad Waingankar
Head of Department
PSM MGM Medical College
Navi Mumbai
Maharashtra
India

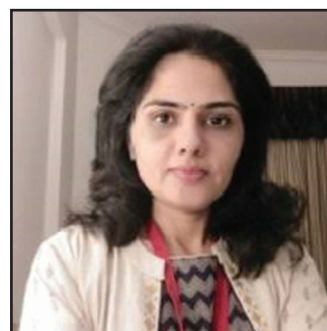
Dr. Prashant Mullerpatan is a renowned surgical oncologist with over 20 years of expertise in managing cancers through surgery. Specializing in Gastrointestinal, Hepatobiliary, Pancreatic, Head and Neck, Gynecological, and Breast Cancers, he has been an independent consultant since 2007.

He earned his Master's in Surgery and completed a residency at Tata Memorial Hospital, followed by a fellowship in Gastrointestinal and Hepatobiliary surgery at Lilavati Hospital. Furthering his expertise, he trained at University Hospital, Nagoya, Japan, and gained international experience in the UK, contributing to major hospitals in cancer care.



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Dr. Priyanka Pareek is an Assistant Professor in the Department of Clinical Nutrition at MGM School of Biomedical Sciences, MGM Institute of Health Sciences, Navi Mumbai, and holds an M.Sc. and PhD in Food and Nutrition (UGC, NET qualified). She has eight years of clinical and ten years of academic experience. Her research focuses on non-communicable diseases, micronutrient deficiency, and community nutrition. She has received two grants from ICMR and Department of Biotechnology (DBT), and published papers in high-impact journals. A lifetime member of Nutritional Society of India, Indian Dietetic Association (IDA), and India Association for Parenteral and Enteral Nutrition (IAPEN), she has received awards for best oral presentations and actively conducts community outreach activities. She also serves on various conference committees.



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Dr. Rajani Mullerpatan is the Professor-Director at the MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai India. She has contributed to healthcare in the past 32 years of career in academic, clinical, research and innovation in the field of clinical rehabilitation, technology design and validation to enhance human movement performance and overall functioning. Dr. Mullerpatan was instrumental in establishing the MGM Centre of Human Movement Science at MGMIHS in India in 2015 to offer inter-disciplinary training in human movement science to health professionals and engineers and develop the application of human movement science in health and wellness. She has served the International Society of Biomechanics as an affiliate societies officer to augment the critical mass of bio-mechanists across the world (2017-2019).

Dr. Mullerpatan continues to study the health system of India and develop evidence-based, sustainable and culturally palatable healthcare models at primary healthcare level. She has contributed to the development of the WHO Package of Interventions for Rehabilitation for low back pain and continues to contribute to the expert consultation for the measurement of effective coverage of rehabilitation for chronic low back pain- WHO.



Dr. Rajani Mullerpatan

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Dr. Ravinder Singh is a scientist, D division of non- Communicable Diseases at Indian Council of Medical Research, New Delhi. With over 20 years of research experience and a Ph.D. in Public Health, he focuses on mental health, disability, rehabilitation, and assistive technologies. He is working on the Medical Technology Assessment Board of the Department of Health Research, Ministry of Health and Family Welfare, Government of India. He is also looking after multi-disciplinary research units. He has guided MBA and PhD students. Based on a research paper published from his study, Adani Company has launched India's first anti-diabetic and anti-hypertensive blend oil called as Fortune Vivo.



Dr. Ravinder Singh

Scientist
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Padmashree. Dr. Raman Gangakhedkar is a distinguished Professor at Symbiosis International (Deemed University) and former Dr. CG Pandit National Chair at the Indian Council of Medical Research, has extensive experience. He served as the former Head of the Division of Epidemiology & Communicable Diseases (ECD) at ICMR, New Delhi, and Director-in-Charge of the National AIDS Research Institute, Pune. His leadership includes managing research and responding to public health crises such as Nipah, Zika, and COVID-19. He chairs Maharashtra's COVID Taskforce and contributes to WHO's Scientific Advisory Group on Origins of Novel Pathogens. He plays pivotal roles in national and international health committees and advisory bodies.



Padmashree

Dr. Raman Gangakhedkar
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Dr. Rupali Roy is the Assistant Director General, Directorate General Health Services, Ministry of Health and Family Welfare Delhi with over 18 years in the field of Public Health. She has been General Secretary of the Indian Association of Epidemiologist, a Life member of Indian Association of Preventive and Social Medicine (IAPSM), Indian Association of Public Health (IAPH), Rabies consortium, and has been working in Disability Matter, and Technical matter of Central Government Hospitals since last 2 years. She has also worked in National Centre of Disease Control (NCDC), Emergency Medical Relief Division, Trauma and Burn Division, National Leprosy Eradication Programme, International Health, National Programme for Control Blindness and Visual Impairment, National Micro Nutrient Program including Fluorosis & IDD, National Program for Prevention & Control of Deafness and Blood Cell & National Blood Transfusion Council (NBTC).



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Dr. S. P. Goswami is a Professor of Speech-Language Pathology, Head of Department- Tele Center for Persons with Communication Disorders at the All India Institute of Speech and Hearing. 25 years of supervision of diagnostic and therapeutic cases of Speech Language and Hearing disorders for undergraduate and postgraduate students. He has over 25 years of teaching experience with undergraduate, postgraduate, doctoral, and post-doctoral students of Speech, Language, and Hearing and over 65 research articles in national and international journals.



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Dr. Saroj Sanghvi is a stalwart in Physiotherapy, with over 40 years of experience. She was the President of the Indian Association of Physiotherapists from 1980-1982, Founder President of the Physiotherapy Private Practitioners Group, and President of the Lions Club of Tardeo, Mumbai, 1997-1998. President, Lions Club of Shivaji Park, Mumbai, 2020-2022. Dist. Chairman – Physiotherapy & Rehabilitation at Lions International, Dist. 323 A and a Founder member – SIP (Society of Indian Physiotherapists). She has been on the Ad-hoc Committee of the International Association for Study of Pain, USA, on "Education in developing countries & coordination with World Health Organization. She is a recipient of several awards, namely the Gujarat Physio- Ratna Vibhushan Award, Fellowship Award by the Indian Association of Physiotherapists, Hitra Oration Award, Rashtriya Ratna Award, Chikitsak Sanman Award, and many more.



Dr. Saroj Sanghvi (PT)
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Dr. Sanjay Wadhwa is a Professor and Head, Department of Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, New Delhi. He has been the President of Indian Association of Physical Medicine and Rehabilitation (IAOMR) (2019-2021), Vice-President of National Academy of Medical Sciences (NAMS) (2015-2021), and Secretary of National Academy of Medical Sciences (NAMS) (2009-2014). He has served as Chairman of the Sub-Committee for Guidelines for Assessment of Locomotor Disability and Chairman of Sectional Committee MHD-09 (BIS. Fellowships of IAPMR, WHO, NAMS, Geriatric Society of India and has been awarded the Lifetime Achievement Award of Spinal Cord Society (India); Short-term Consultant, WHO Head Quarters.



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Dr. Shilpa Kadam is a Professor in the Department of Cardiology at MGM Institute of Health Sciences, Navi Mumbai. She serves as an Interventional Cardiologist at MGM New Bombay Hospital Vashi and MGM Hospital CBD-Belapur, with expertise in over 10,000 successful procedures including Coronary Angiographies, Angioplasties, and Device closures. Recognized with the Outstanding Women Researcher Award in Cardiology in 2023, she has authored numerous publications in national and international journals. She frequently presents and conducts workshops at prestigious national and international conferences.



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Dr. Sailakshmi Ganesan is an Honorary Professor at MGM School of Physiotherapy, Navi Mumbai, and a visiting faculty at Sri Ramchandra College of Physiotherapy, Sri Ramchandra Institute of Higher Studies and Research. She is a certified NDT and GMA therapist, and along with it, she is engaged in expanding her teachings nationally and internationally through seminars, webinars, and workshops. She is a pioneer of pediatric rehabilitation with her several years of experience. She has been appointed as a projector coordinator for providing her expertise as a comprehensive assessment to children of the Spastics Society of Tamil Nadu, Chennai.



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Dr. Savita Ravindra is the Principal and Dean at M.S. University of Applied Sciences - Ramaiah College of Physiotherapy, holds a Masters in Physiotherapy Degree, and is a FAIMER Fellow. With over 40 years of clinical and academic experience, her research focuses on Cardiorespiratory Physiotherapy, Health Promotion, and Education. She is the President of the Society of Indian Physiotherapists and a Steering Committee Member for drafting the State Council. Her accolades include Professor Emeritus (RGUHS, 2019) and a Certificate of Honor for outstanding contributions to health science education (Teacher Day Award, RGUHS, 2015).



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Dr. Shashank D. Dalvi is the Honorable Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai, is an eminent educationist with vast Administrative and Statutory experience of more than 43 years. He was a Community Medicine specialist with work experience in Government Medical Colleges of Maharashtra, in positions from Lecturer to Dean from 1980-2012. During his tenure, MGMIHS achieved many accolades. NAAC A++ Grade for 2nd cycle on 19th July, 2022, NABH Accreditation to Hospitals, NIRF Ranked regularly and National Level 4 Star Certificate of Institution's Innovation Council (IIC) for the Academic Year 2019-20 and many awards to the institution. He has contributed to the preparation of the Manual of Health Sciences for Universities by NAAC during RAF in 2018. At present, in addition to being Vice-Chancellor of MGM Institute of Health Sciences, he is a member of the Board of Management at MGM University, Aurangabad, and Dr. Homi Bhabha State University, Mumbai, and a member of the Academic Council of Dr. D.Y. Patil University, Pune.



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Dr. Shovan Saha is an Associate Professor at MCHP, MAHE, Manipal, serves as Guest Editor for the WFOT Bulletin and holds roles including BOS member at various universities and GATE committee member for WHO. He co-chairs the Education Committee of the International Federation of Societies for Hand Therapy and is President of the Indian Society for Hand Therapy. Formerly, he was the Honorary Secretary of the All India Occupational Therapists Association. Dr. Saha has received numerous national and international awards, including recognition for professional excellence, teaching, and innovation grants.



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Dr. Swagatika Mishra holds a Ph.D. in Environmental Science (specializing in Prosthetics). She is a seasoned professional with extensive international and domestic experience. Currently a Professor at MGM Institute of Health Sciences, Navi Mumbai, she has excelled as a Cranial Specialist in Dubai and Consultant for 3D printing in Ras Al Khaimah. Her career spans roles in academia, research, and clinical practice, contributing significantly to the field of Prosthetics and Orthotics. Dr. Mishra has several publications and is a recognized member of several professional associations, committed to advancing healthcare through innovation and education.



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Dr. Tashi Tobgay is currently the Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office. He was the former Director of Khesar Gyalpo University of Medical Sciences of Bhutan for 11 years. He has developed and implemented various strategic plans for the University, followed by extending international collaborations. He also conducts research and provides training at the University. He was the Chief Program Officer at the Ministry of Health for 7 years, where he developed and implemented various strategic plans, conducted research, and extended collaborations both nationally and internationally in vector-borne diseases, including malaria and control programs.



Dr. Tashi Tobgay
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Mrs. Vaishali Shelar holds 18 years of experience in clinical psychology. She has counseled over 15,000 patients, notably at Sir J.J. Group of Hospitals for HIV care and at MGM Medical College. She's trained counselors for National AIDS Control Organization and Global Fund to Fight AIDS, Tuberculosis and Malaria projects, developed Anti Retroviral Therapy adherence manuals, and served as a Psychological Counsellor for the Indian Air Force. Currently counseling at Tata Institute of Fundamental Research and Homi Bhabha Centre for Science Education, she's a Mumbai Police committee member, honored with awards like the Sushma Swaraj Award (2023) and Best Counsellor by MSACS, with a Lifetime Achievement Award from Self Foundation and Shiv Sena for community medical camps in Mumbai and Raigad District.



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Dr. Uttara Deshmukh is an Associate Professor and Principal in-charge at MGM Institute's University, Department Of Prosthetics and Orthotics, Navi Mumbai. Completed Bachelor's and Master's in Prosthetics and Orthotics. Actively researching low-cost Trans-tibial Prostheses. Headed MGMIUDPO since 2019, achieving 100% student employment. Led CRE programs and CSR initiatives and managed accreditations. Presented papers at Orthotics and Prosthetics Association of India, International Society of Prosthetics and Orthotics, and Indian Association of Cerebral Palsy conferences. Former roles include Assistant Professor and private practice in Diabetic Foot Care. Awards include Glantor X Woman Leadership Award and Best Teacher Award. Published in International Journal of Science and Research. Leading clinical trials on 3D printed bionic prostheses.



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ACRONYMS

AST	Audiology and Speech Therapist
CHW	Community Healthcare workers
CME	Continuing Medical Education
COPD	Chronic Obstructive Pulmonary Disorder
CSR	Corporate Social Responsibility
GPW	General Programme of Work
ICMR	Indian Council of Medical Research
ICRC	International Committee of the Red Cross
IHD	Ischaemic Heart Disease
NAAC	National Assessment and Accreditation Council
NCD	Non-Communicable Diseases, Rehabilitation and Disability
NGO	Non-Governmental Organization
OT	Occupational Therapist
PHC	Primary Healthcare Centre
PIR	Package of Intervention for Rehabilitation
PT	Physiotherapist
PwD	Person with Disability
RHC	Rural Healthcare Centre
SCI	Spinal Cord Injury
SDG	Sustainable Developmental Goals
SHC	Secondary Healthcare Centre
THC	Tertiary Healthcare Centre
UHC	Universal Health Coverage
WHO	World Health Organization
WRA	World Rehabilitation Alliance

INTRODUCTION

The World Health Organization (WHO) has defined the achievement of universal health coverage (UHC) as a strategic priority goal to address Sustainable Development Goal (SDG) 3 in its 13th General Programme of Work (GPW) 2019-2023. Rehabilitation is a fundamental health service for people with non-communicable diseases (NCD) (diabetes, stroke, ischemic heart disease, chronic pulmonary disease, cancer, arthritis, cerebral palsy etc.), communicable diseases (COVID-19, tuberculosis, AIDS), lifestyle disorders such as obesity and other conditions including fractures, amputations, spinal cord injury throughout all stages of the life course during all phases of acute, subacute and long-term care. It is an essential health strategy, which people in need should have access to without facing financial hardships.

Rehabilitation is required by one in three people globally, either for an acute or chronic health condition or congenital or developmental disorders. It is known to shorten recovery time, prevent complications, improve physical and mental functioning, and ultimately result in overall well-being. Rehabilitation enables people to return to work, community, and family life and reduce social isolation. Moreover, rehabilitation empowers people to manage their own health conditions.

The need for rehabilitation is growing with the growing population and an epidemiological transition occurring in India as a result of longevity. India is currently the most populous country in the world; home to approximately one-sixth of the world's population, with 104 million elderly people. In view of increasing population, demand for rehabilitation services to manage the prevalent communicable and non-communicable health conditions is rising at an alarming rate. Apart from the obvious need of rehabilitation for lifestyle disorders and NCDs, India has been challenged by the catastrophe of several communicable diseases in the past few decades, which require rehabilitation, as crucially as drug therapy and nutrition, to enhance functioning in daily life. One of the major communicable diseases since the early 19th century is tuberculosis. India accounts for 28% of new tuberculosis cases annually and 38% of global tuberculosis mortality. Another deadly communicable disease outbreak in India was HIV in 1986. Currently, India is home to the second-largest population of people living with HIV and AIDS. Already challenged by two major communicable diseases, the COVID outbreak affected over 45 million people in India. Survivors of all communicable diseases require rehabilitation services to minimize complications, enhance functioning, return to work, and live with a better health-related quality of life. Yet, the awareness about the role and scope of rehabilitation and its importance in the health system is lacking in India, despite the huge unmet need. Furthermore, the budget allocated for rehabilitation care is low.

Hence, a National conference was held on 'Mainstreaming Rehabilitation in Healthcare System in India' in collaboration with NITI Aayog, Government of India & World Health Organization, India on 28th-29th June 2024 Navi Mumbai, India. The 2-day in-person conference reviewed and reiterated the need of rehabilitation in India and deliberated on a road map and implementation strategies to integrate rehabilitation into the mainstream healthcare system of India. The Conference also aimed at dissemination of the WHO's *Package of Interventions for Rehabilitation* (PIR) for 15 health conditions to the workforce, service planners, and policymakers engaged in strengthening rehabilitation services. Additionally, the Conference gathered experts in rehabilitation, in order to set up a task force to generate recommendations for cultural context-specific adaptation of the PIR for musculoskeletal, neurological, and cardiorespiratory and malignant conditions, which is essential for effective implementation of rehabilitation services.

The Conference provided a common platform for engagement of multiple stakeholders from government, non-government, private sectors, and policymakers in India, garnered collective support, and facilitated interaction and co-ordination among them to plan and budget implementation strategies to ensure access to rehabilitation services at all levels of healthcare (primary, secondary and tertiary) to all individuals who need rehabilitation services

CONTEXT

The Conference aligned with the objective of GPW 13 to strengthen the country's capacity and accelerate progress towards health-related SDGs. WHO's Rehabilitation 2030 initiative identified that incorporating rehabilitation into UHC is indispensable to increase access to rehabilitation for all people in need without financial hardship. Hence, the WHO developed and released a *package of interventions for rehabilitation* (PIR) at the 3rd Global Rehabilitation 2030 meeting in July 2023. The PIR is a resource developed to support the ministries of health and other target users, such as service planners, service providers, academics, and researchers, in the planning, budgeting, and implementation of rehabilitation in health systems. In India, policymakers can use the PIR to design sustainable implementation strategies for the integration of rehabilitation services into the mainstream healthcare system at all levels of healthcare.

Therefore, the National Conference in India was organized, following deliberations and planning of over 11 months, to initiate joint brainstorming of pertinent stakeholders on the design of India's national strategic framework for rehabilitation.

OBJECTIVES

1. To describe the need for re-enforcing rehabilitation services in India.
2. To deliberate on the WHO Package of interventions for rehabilitation for 15 health conditions for appropriateness in the Indian setting.
3. To recommend future strategies for quality rehabilitation services in India.

EXPECTED OUTCOMES

The conference was expected to achieve the following outcomes:

1. An interaction of diverse stakeholders from the rehabilitation workforce, academia, government, non-government, private sector, and policymakers engaged in rehabilitation on a common platform to deliberate and discuss the need for integration of rehabilitation into the mainstream healthcare system in India.
2. Recommendations to build a roadmap for integration of rehabilitation services at primary, secondary, and tertiary health care levels in rural and urban settings.
3. Dissemination of the PIR for 15 health conditions to rehabilitation workforce members and concerned policymakers.
4. Identification of task force for adaptations of the PIR for the socio-economic context of India.

INAUGURAL SESSION

The 2-day conference commenced at MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India, with a welcome address of Prof. Shashank Dalvi, Vice Chancellor, MGMIHS, Navi Mumbai, and gratitude to the WHO Team and NITI Aayog for collaborating with MGMIHS for the conference. Dr. Dalvi emphasized the need to reinforce rehabilitation services in India. He spoke on the need for deliberations on the plan for dissemination of package of rehabilitation with a vision to make a positive difference in the existing quality of rehabilitation services provided to the needy.

The Conference was inaugurated by Shri Kamal Kishore Kadam (Hon. Chancellor, MGM Institute of Health Sciences, Navi Mumbai) and Dr. Alexandra Rauch (Technical advisor, Rehabilitation programme, Department of Non-communicable Diseases, Rehabilitation and Disability (NCD), World Health Organization, Geneva, Switzerland) in the presence of Dr. Mohammed Asheel (National Professional Officer, Injury Prevention & Disabilities, WHO India), Dr. Tashi Tobgay (Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office), Dr. Rupali Roy (Assistant Director-General, Directorate General Health Services, Ministry of Health and Family Welfare, Delhi), Prof. Dr. Shashank Dalvi (Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai), Dr. Gowri Nambiar Sengupta (DDG, PH) & Director Central Health Education Bureau), Dr. Ravinder Singh (Scientist D, Division of Non-Communicable India Council of Medical Research, Delhi), Padmashree Dr. Raman Gangakhedkar (Former Head of Epidemiology & Communicable Diseases, ICMR, Chairman Research Advisory Committee, MGMIHS) and Dr. Nitin Kadam (Pro Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai, Trustee, MGM Trust,).

The inaugural message highlighted the need for providing access to rehabilitation services and the importance of human movement science in the rehabilitation of people with health conditions. Dr. Dalvi appreciated NITI Aayog, Government of India and WHO India for collaborating with the MGM Institute of Health Sciences.



Shri Kamal Kishore Kadam

Hon. Chancellor

MGM Institute of Health Sciences

Highlighting the importance of the collaborative conference during the inaugural ceremony

Day 1

Summary of Discussion

Invited Talks on Day 1

Overview on the WHO Rehabilitation 2030 Initiative



Dr. Alexandra Rauch

Technical advisor,
Rehabilitation Programme,
Department of NCD,
World Health Organization,
Geneva, Switzerland

Delivering a session on 'Overview on the WHO Rehabilitation 2030 Initiative'

Dr. Alexandra Rauch expressed her gratitude for the warm welcome extended to her. She addressed the delegates from the government, MGM Institute of Health Sciences, professional organizations, users and beneficiaries of rehabilitation, and all rehabilitation colleagues. She mentioned her delight and honor at being at MGM and truly appreciated this initiative from the rehabilitation community. She congratulated the rehabilitation community, and specially Dr. Rajani who initiated this effort, since the voice of the rehabilitation community is a voice for rehabilitation. People working in rehabilitation are aware of the needs. They have the solutions to address these needs and to help people to improve

their functioning and well-being. This conference was also appreciated because it was the first time that all the different professional organizations, other stakeholders, and governments had come together to discuss how to strengthen rehabilitation and, specifically, how to make sure that people who receive rehabilitation have access to evidence-based intervention. Dr. Alexandra Rauch emphasized that the WHO supports this initiative, but it should also be considered a call for action for everyone. The conference should serve as a starting point and WHO expects the initiative in India will continue. WHO could be trusted to support the government, rehabilitation professionals, rehabilitation institutes, and the rehabilitation community in all efforts to achieve that people in need for rehabilitation in India will have access to it.

On behalf of colleagues from the WHO South East Asia Regional Office and the WHO country office in India, she delivered her keynote address starting with a very short quote from Dr. Tedros Ghebreyesus, Director General of the World Health Organization (WHO), who said: '*Rehabilitation is a human right*'. Dr. Ghebreyesus gave this quote at the launch of the World Rehabilitation Alliance (WRA) in 2023, which is an alliance of rehabilitation stakeholders who work together to advocate for and to raise awareness about rehabilitation needs and its benefits.

Dr. Alexandra mentioned that the WHO has accelerated the work on rehabilitation since 2017 with the foundation of the WHO rehabilitation 2030 initiative. At that time, the need for rehabilitation was already huge, but there was

a low demand from countries to get support to strengthen rehabilitation in their health systems. This was likely due to the low awareness of what rehabilitation is and what the benefits of rehabilitation are, but also due to the limited resources to invest in rehabilitation. There was also the misunderstanding that rehabilitation is a service for people with a disability only, which is not the case. Rehabilitation is an essential health service for people with health conditions experiencing limitations in functioning related to the health conditions. Thus, many more people than people with a disability benefit from rehabilitation, and rehabilitation can even contribute to preventing disability. Estimates from 2019 suggest that 2.4 billion people globally could benefit from rehabilitation. The need has increased from 1990 to 2019 by 70% globally. These numbers will continue to increase because of the aging population and better acute healthcare with increasing survival rates. In India, injuries with high numbers of road traffic injuries and fractures cause a huge rehabilitation need. Timely provision of rehabilitation helps people to regain functioning and thus, to prevent long-term disability. Sensory impairments, disorders of intellectual disability, or cerebral palsy play an important role in India, with huge rehabilitation needs in children. And for the elderly, the rehabilitation needs of people with dementia are increasing rapidly. Among other chronic conditions, low back pain is the second leading cause of rehabilitation needs in India, followed by COPD and cancer, all of which greatly benefit from rehabilitation. Importantly, not only does rehabilitation benefit the individual with improved functioning and improved well-being, but also the society as there is less burden for families and carers. People are able to return to work and, thus, enabled to contribute to a country's economy. From a political perspective, healthcare costs can be reduced, and the productivity of the country can be increased if people have access to rehabilitation.

With these perspectives, the *Rehabilitation 2030 initiative* was launched in 2017 with the vision that everyone who needs rehabilitation receives quality services to optimize and maintain their functioning in everyday life. With the launch of the *Rehabilitation 2030 initiative*, actions take place not only at the WHO headquarters but also at the WHO Regional offices and the WHO country offices. The work of WHO targets three areas: 1)

Producing evidence, 2) increasing capacity, and 3) supporting countries. In the following, some examples were presented:

- Ad 1) Producing evidence on the number of people with rehabilitation needs was important to raise awareness about the need to integrate rehabilitation into existing health policies.
- Ad 2) To create capacity in countries, many products and tools have been developed since 2017. Conducting a systematic assessment of the rehabilitation situation in a country using *WHO's Rehabilitation in Health Systems - Guide for Action* is often the first step in developing rehabilitation in health systems. The development of the *Package of Interventions for Rehabilitation* (PIR) resulted in a resource providing information on evidence-based interventions and related human and material resource needs for 20 health conditions. The development of the PIR would have been impossible without more than 700 people from all over the globe who contributed to the development. As there needs to be funding mechanisms for such kind of benefit packages, rehabilitation needs to be integrated into health financing. A related report on *Rehabilitation in health financing* is available.
- Ad 3) WHO headquarters supports countries; however, the main support is provided together with the WHO country offices because they know the countries supporting systems. Usually, support is provided to conduct, e.g., situation assessments, workforce evaluations, development of benefit packages inclusive of rehabilitation, and others. Furthermore, webinars on existing WHO products and tools, or hands-on training on how to use the specific tools, or conferences like this support the work in countries. Until now, WHO has supported nearly 70 countries and will continue to provide support to more and more countries.

In addition, the World Rehabilitation Alliance is working in five different work streams with the purpose of raising awareness and advocating for rehabilitation. This is still necessary and

cannot only be done by the WHO. However, with the adoption of the first-ever resolution on *Strengthening rehabilitation in health systems* by the member states of the WHO during the World Health Assembly in 2023, countries are now called to take action to ensure that there are, amongst others, financing mechanisms for rehabilitation, rehabilitation is available at all service delivery levels, and evidence-based and high-quality interventions together with a strong multi-disciplinary workforce are available. During the next days at this conference, there will be many opportunities to discuss these areas and how a country like India can make sure that the people in need have access to rehabilitation that meets their needs.

South East Asia Perspective on Rehabilitation Needs



Dr. Tashi Tobgay

WHO South East Asia Office

Delivering a session on 'WHO South East Asia Regional Perspective of Rehabilitation and Assistive Technology'

Dr. Tashi Tobgay informed the delegates that the WHO Southeast Asia Region has been working for over a decade towards the global agenda of rehabilitation and the right of every individual to get access to rehabilitation services. The WHO South East Asia region supports 11 Member States. The global movement towards rehabilitation reignited in 2017, with the start of Rehabilitation 2030. The rehabilitation 2030 grounded the rehabilitation need for the general population and the need to strengthen health systems to accelerate rehabilitation services. The World Health Assembly resolution of 2023 provided the much-needed impetus for accelerated rehabilitation services and endorsement from the Member States. With this momentum at the global

level, everyone should work towards accelerating the provisioning of rehabilitation services to all through advocating and working towards strengthening governance, financing, developing all levels of care, including primary health care, strengthening the rehabilitation workforce, generating rehabilitation-related information, undertaking health policy, and integrating into emergency preparedness for rehabilitation. We need to take this resolution forward to ensure that this reaches to the people in need at the country level. Rehabilitation services may be influenced by several factors, such as a demographic shift towards the older population and injury prevention. In the Southeast Asia region, 2 in 7 people could benefit from rehabilitation services, with over 590 million people experiencing conditions that could benefit from rehabilitation services. Over 410 million people in India could benefit from quality rehabilitation services. The data and evidence of rehabilitation needs are inadequate. Hence, a need for rehabilitation information is paramount to making evidence-based policy decisions and also advocating for policymakers. Back pain, vision loss, COPD, and fractures are the four top conditions that require rehabilitation services in the WHO Southeast Asia Region. Assistive technology is an integral component of rehabilitation services and needs strengthening. Globally, around 2.5 billion people are in need of at least one assistive product. In the South East Asia region, only about 12% of the need is met. Hence, there is a huge unmet need of assistive products.

To support the Member States, WHO works through the providing technical support at the request of the countries. In order to accelerate the provisioning of rehabilitation services, WHO is developing a framework to guide member states for strategic planning, policy-making, increasing leadership and political prioritization, and resource mobilization. In conclusion, rehabilitation is for all the people who need it; this includes people with disabilities as well as the general population in need. Rehabilitation is an essential health service that is needed at all levels of healthcare and integrated along a continuum. Developing rehabilitation requires strengthening of health systems to provide rehabilitation with a focus on integration. WHO will continue to develop norms, standards, and technical guidance reports to support regional member states.

Need for Advocacy of WHO Package of Interventions for Rehabilitation in India



Dr. Mohammed Asheel
WHO India Officer

Delivering a session on 'Need for Advocacy of WHO Package of Interventions for Rehabilitation in India'

Dr. Mohammed Asheel thanked MGMIHS for this opportunity and mentioned that Dr. Alexandra and Dr. Tashi have made the context clear on why we require a mainstreaming of rehabilitation in the health system of the globe and also specifically in India. It is not an easy task, and it has never been an easy task to bring any new change, especially in the area of disability and rehabilitation.

He referred to the capital building in the US, in Washington. On March 12th of, 1990, an event occurred here which changed the history of disability inclusion rehabilitation and also accessibility across the globe. The congressmen on that day were discussing about whether the ADA- Americans with disabilities Act needed to be enacted or not. There was a lot of arguments on the need to have an act specifically addressing a special category of the population and whether it's relevant to have an act for a population. So, in order to make the congressmen aware about the situation and also make a significant change in the way they look at that few people, around thousand people came in and discussed what was happening. Everyone was benefitted out of that. A small intervention set up a small curve cut, which was primarily built for people with disability, had a big impact on the lives of more than half of the population of the land. Just like mobile phones are made in a way such that the universal design allows mobiles to be used by a variety of populations, even by deaf and blind persons.

Design of curb on the roads and the 'curb-cut effect' Similarly, we need to understand when starting rehabilitation services that it is not for persons with disability; it has the curve-cut effect across all people. So, strengthening rehab has a curb-cut effect for everyone.

There is also a lack of awareness and information. Studies show that there are hundreds and thousands of people isolated in their homes after stroke or, basically, even for a small functional limitation, they get bedridden.

When we define rehabilitation, it is not just only for people with disabilities but with any functional problem. Rehabilitation may be transient, as in post-surgery, post-injury, and post-illness; this is a system that needs to be strengthened. 410 million people have rehabilitation needs, and it's not just the 410 million rehab professionals treated, but every one of us would require some kind of rehabilitation. From the perspective of assistive devices, there is an interesting study which says that in a population with an average life span of about 72 years and above average person spends 8 years of life with some form of functional limitation, which forms around 11% of lifespan. So, every one of us would be requiring an assistive device and have a rehabilitation need.

India is one of the significant country that has taken a lead in getting rehabilitation needs to be a part of the World Health Assembly.

The need for rehabilitation for all was reiterated. Currently, factors contributing to unmet needs are as follows:

1. Limited access to services:

- Shortage of rehabilitation professionals
- Unequal distribution of trained professionals in the urban and rural set-ups
- Financial barriers coupled with limited insurance coverage

2. Lack of awareness and information:

- Limited awareness
- Social stigma

3. Systemic Challenges:

- Fragmented Rehabilitation care delivery system
- Policy gaps

The four strategies to address the unmet needs are as follows-

1. Create awareness
2. Train Professionals
3. Improve the access and coverage to rehabilitation
4. Strengthening Systems

The methods to leverage WHO-PIR for India are as follows-

1. Developing strategy for health systems and strengthening for rehabilitation at various levels
2. Gap analysis
3. Training Professionals
4. Designing health packages and programs
5. Monitoring of progress

In the previous year, NITI Aayog and WHO India organized a workshop looking at the funding of insurance models for supporting rehabilitation and assistive technology. How do we find the money for that? Currently, there are cases in courts that not only persons with disabilities but also persons with functional limitations would require some kind of medical insurance. It can be for other diseases and also for something related to disability and assistive technology, but currently, this area is largely unexplored, and there is a lot of lack of awareness in this. They really have no awareness of where to go and what possibilities they have in rehabilitation. Social stigma is another reality now, along with the systemic challenges of the fragmented rehab delivery care system in India. Rehabilitation primarily comes under the functional or constitutional domain of the Department of Social Justice. That's another reason why rehabilitation services are not currently integrated with the existing healthcare delivery system because the primary department is dealing with it. Rehabilitation being with the social justice department which is not into the delivery of healthcare services.

How do we meet the unmet needs? If put very simply, it is not as simple as it sounds; however, creating awareness, training professionals, improving access and coverage to rehabilitation, and strengthening systems can contribute. So, how does a package of interventions help in that? The package of interventions for rehabilitation is a comprehensive set of evidence-based intervention

guidance designed to address the rehabilitation needs of individuals with various health conditions across all levels of care.

When we identify the interventions, personnel required and the material resources required for each condition, we can develop strategies for health systems strengthening for rehab at various levels. Another important step is doing a gap analysis of the existing facilities, where we stand now and what are the gaps in terms of human resource training which need to be plugged in. Training of the professional by making curriculum and training modules for all the packages of intervention can be used to design health packages. Some other questions are - How do we design health packages? How do we design a policy package? How do we design an insurance package? Research and understanding the timely progress can help in answering these questions.

Formula One is an example of a concerted effort that involves technology, teamwork, human interaction, collaborative work, and science to maximize time-bound rehabilitation because 'Movement is everything, and let's keep it moving'.

Government of India Health Policies Pertinent to Rehabilitation



Dr. Rupali Roy

Assistant Director-General,
Directorate General Health Services,
Ministry of Health and Family Welfare, Delhi.
Informing the role of Government of India
Health Policies pertinent to Rehabilitation

Dr. Rupali Roy, thanked the organizing team, especially Dr. Rajani, for inviting her to the conference. She mentioned that in her experience

of the last 10 years, this is the first gathering on Rehabilitation Services for Persons with Disability (PWD).

Good health and well-being are the foundation of human resources; it determines the development strategy of any country. The National Health Policy is under the Ministry of Health. The Government of India has always focused on Universal Health Coverage. 'Rehabilitation for all', is identified as a target of SDG goal 3, which encourages equitable high, quality, affordable health services, including rehabilitation services, and it also talks about those services up to the last level of healthcare facility.

Further, the Alma mater declaration in 1978 stated that comprehensive primary healthcare should include promotive, preventive, curative, and rehabilitative care. As per the declaration, there are three approaches to rehabilitation - mainly institution-based, out-reach-based, and community-based. India ratified the UN Convention on the Rights of Persons with Disabilities in September 2007, and it was in force from May 2008. Further, we are aware that from time to time, the WHO talks about the strengthening of rehabilitation services, assistive technology, and community rehabilitation.

The major contributors to the increase in the number of Persons with Disability are communicable and non-communicable diseases. Polio was one of the most important factors to increase the number of people with locomotor disability, which was already eradicated. However, there are some other communicable diseases like leprosy, measles, and Japanese encephalitis still prevalent and contribute to the increase in the number of PwD. In addition to this, non-communicable diseases are also on an increasing trend. Diabetes, hypertension, stroke, cardiac illnesses, cancer, and road traffic accidents are important reasons for increasing the number. The growing/changing demographic trend is increasing the number of the elderly population in the country. Elderly populations suffer mostly from age-related degenerative disorders, and that also is a contributing factor to increasing the number of PwD.

Keeping in mind these causes, the government of India, Ministry of Health, from time to time,

launched various National Health Programs to deal with diseases with objectives for early detection and giving treatment, and providing supportive services, including rehabilitation services. In India, the first national health policy was launched in 1983, and since then, rehabilitation has been one of the components of health policy. Rashtriya Bal Swasthya Karyakram (RBSK) is one of the important programs under which there is a scope and opportunity to diagnose the child at a very early age for developmental disorders. The National Program for Healthcare of Elderly (NPHCE), National Program for Palliative Care (NPPC), and National Health Program for Trauma and Burn Injuries are such other programs, which focus on rehabilitation.

The Minister of Health of the Government of India focuses on increasing the number of skilled persons working in the field of rehabilitation. Various rehabilitation institutes like All India Institute of Physical Medicine and Rehabilitation, Mumbai; National Institute for Mental Health and Neurosciences, Bengaluru, All India Institute of Speech and Hearing in Mysore; Central Institute of Psychiatry, Ranchi, Regional Institute of Mental Health, Tezpur, Assam, four leprosy institutes; are responsible for providing services to the people who have developed specific diseases and providing rehabilitation services.

As per the last National Health Policy, 2017, there is a provision for improving healthcare services for persons with disabilities. Under that Health Policy, Section 2.2 talks about reducing inequity, section 3.2 talks about preventive and promotive health, section 4.5.3 talks about leprosy elimination, and section 25.1 talks about strengthening knowledge for health. These all sections suggest that rehabilitation has always been a part of government health policy and has also recognized the importance of providing affordable health care to Persons with Disabilities. With respect to existing facilities and policies, the public health facilities are providing almost free of cost medicines and treatment to PwD.

The Pradhan Mantri Jan Aushadhi Kendra provides medicine to all patients at a very low price. The Ayushman Bharat Pradhan Mantri Jan Ayogya Yojna is an insurance program under the Ministry of Health, where 5 lakh rupees per family are being provided per year as insurance coverage.

Further, for affordable healthcare, the Ministry of Health has made some structural changes so that the PwD can have an easily accessible healthcare organization. The ministry also wants to focus on and strengthen telerehabilitation services. Telemanas is one of the successful programs, which is responsible for providing comprehensive mental healthcare services under the Ministry of Health. Presently, the All India Institute for Physical Medicine and Rehabilitation is working towards providing telerehabilitation services.

The Ministry of Health has included this topic in the medical curriculum of UG and PG. National Medical Council is focusing on training more doctors in Physical Medicine and Rehabilitation to provide knowledge of assistive products to medical graduates. We focus on training manpower in the field of rehabilitation for PMR, Orthotics and Prosthetics, Physiotherapy, and Occupational therapy.

Recently, the Directorate General Health Services released a document on Recommendations for Medical Rehabilitation of persons injured after an Earthquake and also finalized the Minimum Standards for Prosthetics and Orthotics Centres. The RPWD Act is under the Ministry of Social Justice and Empowerment, and this act also aims to protect and promote persons with disability. It covers education, accessibility, and social inclusion. Health Ministry has established the criteria for assessing a range of disability and performs for evaluation of PwD aligned with international standards. The medical board for disability evaluation and certification includes physiotherapists, prosthetics and orthotics, clinical psychologists, rehabilitation psychologists, speech and language pathologists, and audiologists for a complete evaluation of a person with a disability. The directorate also developed the Accessibility Standards for Healthcare and the Healthcare Accessibility Training Manual for staff to provide timely, high-quality, affordable rehabilitation services.

It is important to estimate the magnitude of the problem, and for this, more data is required on various categories of PwD so that basic rehabilitation services can be developed. Further, a multi-disciplinary rehabilitation team is required to guide the government and the stakeholders in developing and extending rehabilitation

services and developing strategies to reach the level of community. Advocacy for mainstreaming rehabilitation is also required, and commitment is required in all sectors. Capacity building and sensitization of health care providers and program managers are very important to achieve Rehabilitation for All.

Importance of Evidence-Based Rehabilitation Provision in the Healthcare Delivery System



Dr. Gowri Nambiar Sengupta

DDG(PH) & Director

Central Health Education Bureau

Presenting the importance of evidence-based rehabilitation provision in the healthcare delivery system

Dr. Gowri Nambiar Sengupta DDG (PH) & Director, Central Health Education Bureau, congratulated MGM Institute of Health Sciences for organizing this scientific forum. This forum is considered of immense importance and is viewed as a timely opportunity to discuss not only rehabilitation but also functional limitations. The term 'rehabilitation' is frequently associated narrowly with specific individuals facing disabilities or impairments, whereas 'functional limitations' is recognized as encompassing a broader spectrum. It is anticipated that a shift in focus from rehabilitation to a wider understanding of functional limitations will occur among the participants.

As a public health specialist with 25 years of experience in the field of health services, it is evident that no health system can be deemed complete without the incorporation of rehabilitation. Despite the existence of challenges in implementation, monitoring, and evidence

generation, rehabilitation is acknowledged as an inherent component of the health system. When the mainstreaming of rehabilitation into health systems is discussed, emphasis should be placed on ideas, innovations, and evidence-based practices.

The Central Health Education Bureau is committed to enhancing awareness, capacity building, and behavioral research related to functional limitations is demonstrated. This commitment is evidenced by the work being undertaken in health promotion for persons with disabilities. In collaboration with ICMR. Training and awareness initiatives for assistive technologies have now been embarked upon. The regionalization of 21 assistive products released by ICMR as part of the national list of essential assisted products is currently in progress. Additionally, 21 training modules for healthcare professionals and awareness materials for the general public, including caregivers of persons with disabilities, are being developed.

As Director of CHEB, Dr. Sengupta pledged full support and assistance from the Government of India in advancing functional limitations awareness, training, and rehabilitation care services across the country.

Rehabilitation in National Health Programs



Dr. Ravinder Singh

Scientist D, Division of Non-Communicable
Indian Council of Medical Research, Delhi
Accentuating the inclusion of rehabilitation in
the vision of Health for All, SDG's and Vikasit
Bharat

Rehabilitation is recognized as a critical component of health, yet it is underrepresented in the current health strategies. As progress is made towards various global and national health

objectives—such as Health for All, the Millennium Development Goals, the Sustainable Development Goals, and Vikasit Bharat—it becomes evident that the achievement of these goals is contingent upon the health of the population. The integral role of rehabilitation in these efforts cannot be understated.

The discussions at the conference will be a pivotal step towards the more effective integration of rehabilitation into health service frameworks. It has been highlighted through the review of national health programs that, while prevention, care, and management are addressed, rehabilitation is often insufficiently covered. This gap in the national health programs is identified as requiring immediate attention and corrective action. Health strategies should be explored to integrate rehabilitation. Through this, the effectiveness of health programs can be enhanced and greater benefits can be delivered to the population.

Dr. Ashoo Grover

Head

Division of Implementation Research, Indian
Council of Medical Research, New Delhi
Focused on prioritization of rehabilitation
research in India

Data on health research remains fragmented, inadequate, non-standardized, and difficult to collate and interpret. With the segmentalization of health policy-making across different agencies and departments, the need to embrace health technology assessment as a systematic policy tool is strongly felt. The availability of a unique health identification number can ensure a continuum of care. The Alma Ata Declaration of 1978 states that comprehensive primary health care should include promotive, preventive, curative, and rehabilitation care based on 3 approaches at the institution, outreach, and community levels. ICMR promotes domain-specific implementation research. Priority areas can include advocacy for mainstreaming systems and services, capacity building of health care providers and program managers, educating disabled children, increasing public awareness, generating representative community data through continuous communication, coordinated collaboration, cost-effective programs, convergence, and capacity building.

Real-Life Experiences

Prof. Ketna Mehta

Consumer of rehabilitation services

Prof. Ketna Mehta, a consumer of rehabilitation services, shared her experience as a survivor of spinal cord injury and a person with rehabilitation needs in India.

She emphasized on several challenges faced by patients with rehabilitation needs in terms of continuous need of medicine supply, transportation to a Centre of rehabilitation, gaps in information regarding rehabilitation, knowledge about rehabilitation, access to assistive technology, physiotherapy, and occupational therapy, lack of insurance, pension, employment, lack of finances, the undefined role of policymakers, use of unproven therapies and long drawn out judicial processes and the need to improve rehab services for all.

Panel Discussions on Day 1

On day 1, the invited talks were followed by 4 panels with Experts who deliberated on key issues related to mainstreaming rehabilitation in the healthcare system of India. After identifying the gaps in rehabilitation care at the primary, secondary, and tertiary healthcare levels, the panel deliberated on- How to integrate rehabilitation into Primary Health Care (PHC). Academicians brainstormed on how to weave pathways for the integration of the PIR into the curriculum of rehabilitation professionals. Finally, experts deliberated on budgeting rehabilitation services in mainstream healthcare.

1.1 Panel Discussion on 'Gaps in Rehabilitation Service at Primary, Secondary and Tertiary Health Care'

The experts deliberated on the following points:

1. What is the current scenario of rehabilitation at the primary health care level?
2. How it can be strengthened further?
3. How do you think premier non-governmental organizations (NGOs) like Lions Club can contribute in filling the gaps in rehabilitation?
4. How can the International Committee of the Red Cross (ICRC) help to fill the current gaps in rehabilitation services in India?

5. What is the rehabilitation gap profile of the Southeast Asia region?

Summary of Discussions

1. There is a need for an integrated approach to address continuity of service and co-ordination between primary, secondary, and tertiary care through a centralized database and good communication between the Ministry of Health and Family Welfare and the Ministry of Social Justice.
2. Increase awareness and advocacy efforts to all stakeholders. Destigmatize, demystify, delegate accountability for rehabilitation services for greater accessibility to all, provision of quality services, and ensure social inclusion and sustainability of projects through government support and financial support by NGOs for defined projects pertinent to rehabilitation.
3. Gaps in reaching people with rehabilitation needs are across Southeast Asia, especially in India, suggesting the need for a comprehensive people-centric approach and inclusion of people with disability for planning services.

1.2 Panel Discussion on 'How to Integrate Rehabilitation in Primary Healthcare'

The expert discussed on the following:

1. Current status of implementation of rehabilitation policies in Navi Mumbai- What is the ground reality?
2. What is the role of the Preventive and Social Medicine Team in the integration of rehabilitation at PHC?
3. How far have we reached in using health education for health promotion and prevention, and what is the future plan?
4. What is the current need for assistive technology in India, and how can we integrate the provision of the same at PHC?
5. Can rehabilitation services be integrated into existing health policies: Which and How?
6. What is the scenario of rehabilitation services at primary healthcare globally: lessons to be learned?

Summary of Discussions

1. Rehabilitation is a part of the National Health Program on paper, yet to be implemented in practice in totality.
2. Create a trained workforce, task sharing of the existing workforce through orientation, short-term training programs, modular courses, and policy making.
3. Prioritize rehabilitation at PHC and create access to rehabilitation.
4. Create awareness across the spectrum right from policymakers, health care workers, non-health workers, professionals, and caregivers through health education and promotion.
5. To shift the focus from maternal and child care only to include rehabilitation by integrating rehabilitation into existing programs.
6. To make proactive efforts to integrate rehabilitation into PHC through medical education at the Rural healthcare center (RHC) and Urban healthcare center alongside sensitization and educating medical students about rehabilitation services.
7. Inclusion of family adoption program.
8. Engage medical officers in the process of integration of rehabilitation at PHC.
9. Generate awareness of rehabilitation among the policy makers because all health programs include a component of rehabilitation since, they are not sensitized about the rehabilitation component.
10. Use of technology.

1.3 Panel Discussion on 'Weaving pathways for Integration of Package of Interventions for Rehabilitation into the Curriculum'

The experts deliberated on the following points:

1. What measures can be taken to empower faculty members to build PIR into the curriculum?
2. How do we sensitize faculty members to integrate PIR into the curriculum?
3. How would you integrate PIR into your rehabilitation program?
4. At what level do you think that the PIR can be built into the curriculum of undergraduate/ Postgraduate programs?

5. What role can the statutory bodies play to build the PIR into the undergraduate curriculum in view of requirements of the various council requirements?
6. How would you integrate PIR into academic research projects?

Summary of Discussions

1. Current curricula concentrate on diagnostic, preventive, and curative aspects. Components of rehabilitation already exist; however, the focus on comprehensive interdisciplinary rehabilitation needs strengthening.
2. The regulatory councils can be approached with the new evolving trends at the global level, and national champions need to be trained and prepared to deliver, review existing competencies of the workforce, and enhance them.
3. Frequent review of curricula is needed to include amendments.
4. PIR framework can be used to evaluate competencies and guide translational research
5. Sensitization of students regarding the philosophy of PIR and transferred objectively into knowledge format.
6. Mental health programs need to be included in core programs.
7. Rehabilitation components need to be brought into the mainstream of curricula with assessment, refresher courses, and teacher training; continued medical education (CME) needs to be conducted periodically.

1.4 Panel Discussion on Budgeting Rehabilitation Services in Mainstream Healthcare

The experts deliberated on the following points:

1. Need for budgeting rehabilitation services in India.
2. What is the current status of rehabilitation economics in India? Is the budgeting for rehabilitation services adequate with respect to the need?
3. How do you propose to budget rehabilitation services at the Government and - State level, national, and personal at different levels of care

- PHC and Tertiary healthcare centers (THC)?
4. What is the status of Insurance reimbursement for rehabilitation services?
 5. How can ICMR inform budgeting for health services?
 4. Check how rehabilitation can be built into existing healthcare schemes.

Visit to MGM Centre of Human Movement Science

At the end of the discussions on day one, delegates visited the MGM Centre of Human Movement Science, which is a state-of-the-art Centre. Established in 2015, the Centre explores the interdisciplinary science of human movement to design culturally palatable solutions to movement disorders. The Centre is a robust interdisciplinary platform for clinicians and engineers to design and validate indigenous technology, inclusive of assistive technology for the rehabilitation of people with movement disorders such as amputation, stroke, fractures, cerebral palsy, etc.

Summary of Discussions

1. Funds are available; there is a need for mapping existing resources for optimal utilization and delivery of services in the insurance sector.
2. Policymakers need to be approached to build rehabilitation into mainstream healthcare.
3. White paper submission to policymakers focusing on optimal utilization of existing resources.

Day 2

Summary of Discussion

Invited Talks on Day 2

Development of WHO Package of Interventions for Rehabilitation (PIR)

Dr. Alexandra Rauch

Technical advisor, Rehabilitation Program, Department of Non-Communicable Diseases, Rehabilitation and Disability (NCD) World Health Organization, Geneva, Switzerland

Dr. Alexandra commenced her talk by explaining why the *Package of Interventions for Rehabilitation* (PIR) was developed. The PIR specifically targets the action of incorporating rehabilitation into Universal Health Coverage (UHC), which is one of the 10 action steps of the World Health Organization's (WHO) Rehabilitation 2030 initiative. UHC means that all people receive quality services that meet their needs without being exposed to financial hardships. UHC comprises the full spectrum of essential quality health services from health promotion, prevention, treatment, and rehabilitation to palliative care. Importantly, it was not always the case that rehabilitation was considered as an essential health services. Hence, ensuring access to evidence-based rehabilitation is crucial.

The main objective of the PIR is to provide Ministries of Health and other target users with the information they need to plan, budget, and implement rehabilitation into the health systems and service provision. The information comprises lists of essential and evidence-based interventions and related required human and material resources, which help to, amongst others, estimate the costs related to rehabilitation service packages. The PIR was developed for 20 non-communicable health conditions (congenital and chronic conditions, injuries) addressing

all ages, from children up to the elderly, and different disease areas such as musculoskeletal, neurological, cardiopulmonary, and other conditions. The selection of the health conditions was based on global prevalence data and data on associated levels of disability. The interventions to be included in the PIR were identified from the literature (high-quality clinical practice guidelines, Cochrane systematic reviews) and expert opinion. Rehabilitation experts and consumer representatives worked in technical working groups to build consensus on the selection of the interventions. More than 700 people from all world regions joined this endeavor with 40 experts representing India.

The PIR is organized into eight modules whereas the first module is an introduction which provides background information relevant to understanding the purpose of the PIR and the methods used for its development. The seven disease area-specific modules provide, per each health condition, a list of interventions (pharmacological interventions; therapeutic techniques and procedures; exercises and training; physical modalities; provision of assistive products; environmental modifications; self-management interventions) and related resource requirements. The interventions are organized according to the functional domains they target. The PIR provides a list of rehabilitation specialists per intervention, who are usually equipped with the competencies to deliver the intervention. However, this list is not exhaustive, and countries can and should decide by which profession an intervention is to be delivered. Furthermore, in the case that there is a gap in the rehabilitation workforce, another health worker can deliver interventions for rehabilitation after they have received appropriate training.

The PIR has been developed to serve all member states around the globe. To meet the needs of countries, it can be adapted to the local context, or it can be used to develop national clinical practice guidelines or protocols for rehabilitation in specific health conditions. It may also help to assess whether current practices in a country align with the evidence base and whether the rehabilitation workforce is ready to deliver these interventions. Such assessments may inform the future development of rehabilitation services and the workforce in different countries.

Global Experiences of implementation of the WHO package of Intervention for Rehabilitation: Opportunities and Challenges

Dr. Adam Wilkey

President

World Spine Care, United Kingdom

Dr. Adam Wilkey, Enlightened on the Global Experiences of implementation of the WHO's Package of Intervention for Rehabilitation: Opportunities and Challenges.

Dr. Adam spoke on the NHS perspective of rehabilitation delivery in England and Wales. The aim is to restore, to the maximum degree possible, both mental and physical function within family and social networks and, where appropriate, within the workplace. Experience has shown that the factors most likely to increase and improve access to rehabilitation services include:

- The integration of service models within both health and social care
- A single point of referral, self-referral, and assessment
- Guided, self-management enabling the patient to control their program of rehabilitation
- A diverse and flexible multi-disciplinary rehabilitation workforce, including the capacity to adapt to individual and cultural differences in patient presentation
- Rehabilitation 'Champions' used to raise awareness for patients in need of rehabilitation and to increase adherence to the program
- Gathering and utilizing patient feedback to gain insight into regional cultural variations,

perceptions, and beliefs surrounding rehabilitation

- Regular review and audit
- Stakeholder involvement in the process of establishing and maintaining service provision
- Inclusion of multiple rehabilitation providers and stakeholders within and outside of the NHS

Global Experience of Implementation of the WHO package of Intervention for Rehabilitation: Opportunities and Challenges - The Canadian Perspective

Prof. Dr. Pierre Côté

Professor

Ontario Tech University Research and Excellence Chair in Musculoskeletal Rehabilitation Director Institute for Disability and Rehabilitation Research, Canada

Dr. Pierre Côté described the Canadian universal health care system and federal legislation for publicly funded health care. He explained that there are established criteria and conditions related to access and delivery of insured health services, and how extended health services (such as rehabilitation for musculoskeletal conditions) do not qualify within the universal health care system. In highlighting gaps in the access and delivery of rehabilitation, he discussed the need for equitable access to a competent rehabilitation workforce and the need to implement the WHO Programs of Interventions for Rehabilitation in primary care. Dr. Côté concluded by emphasizing the need to conduct health policy and systems research to inform policymakers.

2.1 Panel Discussion on How Package of Interventions for Rehabilitation (PIR) can be Implemented in the Rehabilitation of Common Musculoskeletal Conditions in India

The expert deliberated on the following points:

1. How appropriate and feasible (manpower and resources) is the PIR for osteoarthritis, rheumatoid arthritis, fractures, sarcopenia, and amputation?
2. How can the PIR be culturally adapted for osteoarthritis, rheumatoid arthritis, fractures, sarcopenia, and amputation?

Summary of Discussion

The following points were discussed pertaining to common musculoskeletal conditions:

1. Early exposure of students for building sensitivity to public health needs and family adoption programs.
2. Inclusion of a 3-month mandatory posting for postgraduate students for community services.
3. A definition of minimal investigations is required for diagnosis; currently, PIR is labor- and time-intensive.
4. PIR lays down the bare minimum requirements for policymakers.
5. PIR is applicable, appropriate, and feasible; the difficulty is the availability of manpower at all 3 levels of care.
6. PIR can be built into health institutes. However, there are challenges at PHC and Secondary Healthcare Centre (SHC).
7. Further detailing of interventions is required in the PIR, and there is a need for awareness among patients, service providers, and health care professionals, the development of robust evidence-based guidelines, and the role of all professionals for all interventions with availability at all levels.
8. The PIR is a framework and does not include the diagnosis of the conditions; it should be adapted as per the context of a country and the services offered.
9. Rehabilitation experts should try to identify the complications and address them.
10. The PIR is a selection of evidence-based interventions that are applicable to the patient.
11. The PIR is a product which needs to be delivered at different levels as per the context of the country. Hence, there is a need for adaptation at all 3 levels and selecting the interventions based on the current available resources.
12. Countries have used the PIR for developing their health packages based on the most prevalent health conditions, looked at interventions that are already being delivered by experts, came up with a list of interventions at tertiary care, and then used a similar approach for PHC and special age groups.
13. The WHO will come up with a subset of interventions for rehabilitation that can be delivered by the non-rehabilitation workforce after other health workers have received training in the delivery of these interventions and information for families and caregivers. This subset of interventions is not specific to health conditions.

2.2 Panel Discussion on How the Package of Interventions for Rehabilitation (PIR) can be Implemented in the Rehabilitation of Common Neurological Conditions in India

The experts deliberated on the following questions:

1. How do we ensure optimal utilization of rehabilitation services among patients with adult neurological conditions in rural and urban settings?
2. How do we build capacity among students and health professionals for implementing the PIR?
3. How can we minimize the disparity of pediatric interdisciplinary rehab care between rural and urban areas?
4. How do we navigate the complexities and provide a continuum of care to the children with Cerebral Palsy who are now adults?
5. How do we ensure optimal utilization of rehabilitation services in neurological conditions across the lifespan in rural and urban settings?
6. How can we ensure the accessibility and availability of evidence-based assistive devices for self-care and participation in the community of patients with neurological conditions across their lifespan?
7. How do we ensure the accessibility and availability of multi-disciplinary rehabilitation providers for patients with Cerebral Palsy and neurodevelopmental disorders in rural and Urban areas?
8. We need to take the 1st step towards advocacy for rehabilitation services. Where do we begin?
9. How do we ensure the accessibility and availability of multi-disciplinary rehabilitation teams for patients with adult neurological conditions in rural and urban areas?
10. How do we advocate a 'Health Insurance

scheme' to cover rehabilitation services across the lifespan?

11. How can we ensure accessibility, availability, and utilization of evidence-based assistive devices for hearing and communication for patients with neurological conditions across the lifespan?
12. How can we ensure the Accessibility, Availability, and utilization of Evidence-based Assistive devices for Mobility and enhanced functioning for patients with neurological conditions across the lifespan?
13. How can we minimize the disparity between rural and urban settings by providing evidence-based and context-specific assistive devices?
8. There is a lacuna in evaluation tools pertinent to Indian geographical, language, and cultural diversity, which needs to be addressed.
9. Funding from Corporate social responsibilities(CSR) and NGOs can help substantiate research programs for the delivery of rehabilitation.
10. Education of caregivers and rehabilitation team members need to be educated about the continuum of rehabilitation. Need to focus on the scarcity of health care professionals such as a physiotherapist, occupational therapists, audiology and speech therapists, prosthetists and orthotists, special educators access to timely rehabilitation, capacity building of efficient task forces in the rehabilitation team, disability-friendly infrastructure accessibility for SCI patients, training of neuro-motor affected children from childhood to adolescents, the building of tele rehabilitation facilities for neuro-rehabilitation to reduce the burden of accessibility in rural and difficult to access areas, provision of assistive technology, awareness and sensitization of interdisciplinary teams to understand the referral pathways for neurological conditions.

Summary of Discussions

The following points were discussed pertaining to common neurological conditions:

1. Our country faces challenges with respect to workforce capacity in rehabilitation; a Multi-disciplinary team approach for rehabilitation is one of the ways ahead.
2. Lack of awareness of professionals regarding rehabilitation in spinal cord injury (SCI) to ensure availability and accessibility.
3. Mainstreaming would require rehabilitation to be embedded in public health principles.
4. All concerned societies that give recommendations for care along with the ministry need to come out with rehabilitation programs to be implemented at primary, secondary, and tertiary care with the empowerment of the existent community health workforce at PHC, setting up of strong referral system at secondary health centers and tertiary level.
5. Caregivers should be educated on the signs and symptoms of stroke and the basics from acute to chronic stage.
6. Monitoring and training of community health workers (CHW) and community health volunteers through the use of technology.
7. The information provided by PIR regarding basic equipment and recommended basic manpower needed at the 3 levels can be used for budgeting in project proposals.
11. A national registry should be formed for the inclusion of all rehabilitation professionals to generate awareness, accessibility, availability, and accountability.
12. An interdisciplinary approach and task sharing should be used for the provision of basic rehabilitation until referral to experts is inculcated.
13. Promote the mental health of rehabilitation members to balance the burden of long-term rehabilitation, documentation, counseling the patient, and taking care of self.
14. PIR needs to be defined per levels of care; professionals need to be aware of existing schemes, where to find the funds, how to access the funding, and propose projects to local governments and Panchayats.
15. Diversity in rehabilitation professionals makes it difficult to define the number of professionals required. However, it needs to be implemented for the Indian context and include all professionals when we adapt the PIR for India.

2.3 Panel Discussion on How the Package of Interventions for Rehabilitation (PIR) can be Implemented in the Rehabilitation of Common Cardio-Pulmonary Conditions and Malignant Neoplasms in India

The experts deliberated on the following question:

1. What value can the PIR add to existing pulmonary rehabilitation programs?
2. Is there a need to culturally adapt the PIR for implementation in India?
3. Will implementation of the PIR help to standardize the delivery of cardiac rehabilitation programs throughout the country?
4. Do you think that India has adequate manpower and financial resources to deliver the PIR for ischemic heart disease (IHD)?
5. What measures can be taken to generate awareness amongst all the stakeholders for uniform implementation of the PIRs?
6. How can we build the same at the primary Health care level and as a preventive Health care strategy?
7. Do you foresee any barriers or challenges to the implementation of the PIR for IHD and chronic obstructive pulmonary disease (COPD)?
8. Do you think they are appropriate for other cardiopulmonary conditions?
9. How do you think recommendations for nutrition in PIR for COPD and IHD can be achieved given the current nutritional national health care policies?
10. Do you think they need to be strengthened for people with specific disease conditions?

Summary of Discussions

The following points were discussed pertaining to common cardio-pulmonary conditions and malignant neoplasms:

1. PIR is a framework that needs to be adapted in line with existing guidelines and what works well in the Indian context. Thus, there is a need to evaluate what fits well, what needs implementation, and what needs adaptation.
2. Major concerns include trained manpower, especially in low-resource settings. There is already a provision of rehabilitation professionals at levels, empowering existing professionals and health care workers for task sharing and cost-effectiveness.
3. Trained manpower for the delivery of cardiac rehabilitation programs is way too low, with one cardiac rehabilitation center for 360 patients. Therefore, there is a need for scale-up to meet the demands.
4. Advocacy and awareness need to be promoted at all levels, starting with students, patients, caregivers, medical officers, clinicians at all levels, and policymakers. Rehabilitation services are not captured, and posts are not there at all levels.
5. The curriculum has all components of cardiac and pulmonary rehabilitation all over the nation. Most components of PIR are taught, and refinement of skills may be needed for a few components. The student force can be used at the community level for the delivery of services along with multi-disciplinary teams, including cardiologists, pulmonologists, community medicine, physiotherapists, and others.
6. There is a need to map rehabilitation services and advocate rehabilitation as an essential standard of care in the public domain.
7. Rehabilitation can be promoted across health universities as inter-professional clinical meetings, common electives across all health disciplines, fellowship programs, or certification programs, using social media platforms to inform people that access to rehabilitation is their right.
8. There is a need for the development of national guidelines, the creation of awareness of existing government schemes, the provision of incentives for patients to travel for rehabilitation, more research in rehabilitation, the use of technology, and task sharing by training existing field persons for basic competencies.
9. Patient and caregiver empowerment regarding available rehabilitation programs with patient as the Centre is needed. There is a need of rehabilitation officers and framework and standardized referral pathways covered by the insurance up to the community level, document outcome measures and follow-up, and training of population for early identification of risk factors and diagnosis.
10. Greater interaction between all concerned experts for optimization and continuum of care.
11. Include onco-rehabilitation into the under-graduation curricula and provide exposure in existing set up.

Recommendations

Key Recommendations from the Conference

The conference closed with a concluding session to summarize the proceedings of the two-day events and a roadmap plan to achieve the common goal of mainstreaming rehabilitation into the healthcare system in India.

1. To map the existing rehabilitation services with respect to infrastructure, human resources, workforce, and equipment, and align various rehabilitation care strategies of central and state governments in order to address the common goal of integration of rehabilitation into the health care delivery systems at all levels.
2. There is a need to create awareness about rehabilitation care among different stakeholders, including policymakers, the insurance sector, healthcare providers, healthcare students, people with rehabilitation needs, and their caregivers, and sensitize all the engaged sectors for universal coverage of rehabilitation.
3. To strengthen the existing rehabilitation services to enhance the required accessible infrastructure, manpower, and equipment to address the proportionate population needs in urban and rural settings for persons with impaired functioning caused by various musculoskeletal, neurological, cardiopulmonary, and malignant conditions. A multi-disciplinary and transdisciplinary approach to capacity building for rehabilitation care and prioritization of rehabilitation research was reiterated to offer quality services in the local context of India.
4. Need to adapt the WHO-PIR as per national needs, define bilateral referral pathways from tertiary health care to primary health care level, measure outcomes, and monitor impact.
5. To form a National Rehabilitation Alliance, inclusive of all the stakeholders, to achieve the common goal of rehabilitation for all at primary, secondary, and tertiary health care levels, for all the people in need of rehabilitation of all age groups, in urban, rural, and tribal settings, across all economic strata of the society.

Annexure 1: Conference Program

Day One			
Time	Agenda Item	Speaker	Moderator and Chairperson
8.00 am – 9.30 am	Registration & Breakfast		Registration Team
9.30 am	Welcome Rehabilitation Needs in India: A Public Health Perspective	Dr. Rajani Mullerpatan Professor Director, MGM Centre of Human Movement Science MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai	—
9.45 am	Inaugural Ceremony		
	Presidential Address	<p>Prof. Dr. Shashank Dalvi Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Padmashree Dr. Raman Gangakhedkar Former Head of Epidemiology & Communicable Diseases, ICMR, Chairman Research Advisory Committee, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. Gowri Nambiar Sengupta Deputy Director General (Public Health) & Director, Central Health Education Bureau, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Ravinder Singh Scientist D, Division of Non-Communicable India Council of Medical Research (ICMR), New Delhi</p> <p>Dr. Tashi Tobgay Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office</p> <p>Dr. Nitin N. Kadam Pro Vice-Chancellor, MGM Institute of Health Sciences, Navi Mumbai Trustee, MGM Trust</p>	—

(Continued...)

Time	Agenda Item	Speaker	Moderator and Chairperson
		Chief Guest Hon'ble Shri. Kamalkishore Kadam Chancellor, MGM Institute of Health Sciences, Navi Mumbai Guest of Honor Dr. Alexandra Rauch Technical advisor, Rehabilitation program, Department of Non-communicable Diseases, Rehabilitation and Disability (NCD) World Health Organization, Geneva, Switzerland	
10.00 am	Vote of Thanks	Dr. Nitin N. Kadam Pro Vice-Chancellor, MGM Institute of Health Sciences, Navi Mumbai Trustee, MGM Trust	
Invited Talk			
10.25 am	WHO South East Asia Regional Perspective of Rehabilitation and Assistive Technology	Dr. Tashi Tobgay Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office	-
10.35 am	Need for Advocacy of WHO Package of Interventions for Rehabilitation in India	Dr. Mohammed Asheel National Professional Officer, Injury Prevention & Disabilities, World Health Organization, India	
10.45 am	Government of India Health Policies pertinent to rehabilitation	Dr. Rupali Roy Assistant Director-General, Directorate General Health Services, Ministry of Health and Family Welfare, Delhi	
11.05 am	Prioritization of Rehabilitation Research in India	Dr. Ashoo Grover (Online Talk) Head, Implementation/Delivery Research, Indian Council of Medical Research, India	
11.15 am	Break and Interaction		
11.30 am	Real-life experiences of people with Rehabilitation needs	Prof. Ketna Mehta Consumer of Rehabilitation Service Advocate	
Panel Discussions			
11.50 am	Gaps in rehabilitation service at primary, secondary, and tertiary healthcare	Dr. Prakash Doke Head, Central Research and Publication Unit, Bharati Vidyapeeth Deemed University, Medical College, Pune Dr. P.K. Lenka Head of Department of Prosthetics and Orthotics, National Institute for Locomotor Disabilities (NILD) Dr. Charu Sharma (PT) Physical Rehabilitation Project Manager, International Committee of The Red Cross (ICRC), Regional Delegation for India, Nepal, Bhutan, and the Maldives Dr. Saroj Sanghavi (PT) Past President, Lions Club, Shivaji Park, Mumbai	Moderator: Dr. Sailakshmi Ganesan Honorary Professor MGM School of Physiotherapy, Navi Mumbai Chairperson: Dr. Tashi Tobgay Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office

National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Time	Agenda Item	Speaker	Moderator and Chairperson
12.30 pm	How to integrate rehabilitation into Primary Healthcare?	<p>Dr. Gowri Nambiar Sengupta DDG(PH) & Director Central Health Education Bureau</p> <p>Dr. Prasad Waingankar HOD, Community Medicine, MGM Medical College, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Prof. Dr. A.G. Sinha Professor in Physiotherapy, Punjabi University, Patiala</p> <p>Dr. M.C. Dash National President, Orthotics Prosthetics Association of India</p> <p>Dr. Rupali Roy Assistant Director-General, Directorate General Health Services, Ministry of Health and Family Welfare, Delhi</p>	<p>Moderator: Dr. Rajani Mullerpatan Professor Director, MGM Centre of Human Movement Science, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Chairperson: Dr. Alexandra Rauch Technical advisor, Rehabilitation program, Department of Non-communicable Diseases, Rehabilitation and Disability (NCD) World Health Organization, Geneva, Switzerland</p>
01.00 pm	Weaving pathways for integration of Package of Interventions for Rehabilitation into the curriculum	<p>Prof. Dr. Sanjay Wadhwa All India Institute of Medical Sciences, New Delhi</p> <p>Dr. Ritu Ghosh Academic and Technical Director, Mobility India</p> <p>Dr. Shovan Saha Associate Professor, Department of Occupational Therapy, Manipal Academy of Higher Education</p> <p>Dr. Prof. Prakash Boominathan President, Indian Speech-Language and Hearing Association</p> <p>Mrs. Vaishali Sathe Clinical Psychologist, Tata Institute of Fundamental Research, Mumbai</p>	<p>Moderator: Prof. Dr. Savita Ravindra Principal and Dean, Ramaiah College of Physiotherapy, Former Dean, Physiotherapy and Allied Health Sciences</p> <p>Chairperson: Prof. Dr. Shashank Dalvi Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai</p>
01.30 pm	Budgeting Rehabilitation services in mainstream healthcare	<p>Dr. Dipanwita Ghosh Associate Professor, Health Economics, Kidderpore College, University of Calcutta</p> <p>Dr. Ravinder Singh Scientist D, Division of Non-Communicable India Council of Medical Research (ICMR)</p> <p>Mr. Prakash Mehta President, Indian Association of Assistive Technologists, Varanasi</p>	<p>Moderator: Dr. Mohammed Asheel National Professional Officer, Injury Prevention & Disabilities, WHO India</p> <p>Chairperson: Dr. Nitesh Bansal Honorary Secretary, Society of Indian Physiotherapists</p>
02.00 pm	Lunch and Networking		
03.00 pm onwards	Visit to MGM Centre of Human Movement Science		
5.00 pm	Tea and Networking		

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Time	Agenda Item	Speaker	Moderator and Chairperson
Day two			
8.30-9.30 am	Breakfast		
Invited Talks			
09.30 am	Development of WHO Package of Interventions for Rehabilitation (PIR)	Dr. Alexandra Rauch Technical Advisor, Rehabilitation program, Department of Non-communicable Diseases, Rehabilitation and Disability (NCD), World Health Organization, Geneva, Switzerland	
10.00 am	Global Experience of Implementation of WHO Package of Interventions for Rehabilitation: Opportunities & Challenges	Dr. Pierre Côté (Recorded Talk) Chair, Disability Rehabilitation, Ontario Technology University, Canada Dr. Adam Wilkey (Recorded Talk) President, World Spine Care Europe, United Kingdom	
10.30 am	Tea Break		
Concurrent Panel discussions			
10.45 am	How Package of Interventions for Rehabilitation (PIR) can be implemented in the rehabilitation of common musculoskeletal conditions in India Package of Interventions for Rehabilitation: Low Back Pain Package of Interventions for Rehabilitation: Osteoarthritis Package of Interventions for Rehabilitation: Rheumatoid Arthritis Package of Interventions for Rehabilitation: Fractures of the extremities Package of Interventions for Rehabilitation: Amputation Package of Interventions for Rehabilitation: Sarcopenia	Dr. Chayya Verma Professor and Head, Physiotherapy School and Centre, TNMC and BYL Nair Hospital, Mumbai Dr. Anita Gupta (OT) Head of Occupational Therapy, All India Institute of Physical Medicine and Rehabilitation, Mumbai Dr. Uttara Deshmukh (P&O) Principal, MGM Institute's University, Department of Prosthetics and Orthotics, MGM Institute of Health Sciences, Navi Mumbai Dr. Shovan Saha Associate Professor, Department of Occupational Therapy, Manipal College of Health Professions Lt. Gen. Dr. K.R. Salgotra Hospital Director, MGM Medical College & Hospital, Kamothe, Navi Mumbai Prof. Dr. A.G. Sinha Professor in Physiotherapy, Punjabi University, Patiala	Moderator: Dr. Rajani Mullerpatan Professor Director, MGM Centre of Human Movement Science, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai Chairperson: Dr. Alexandra Rauch Technical advisor, Rehabilitation program, Department of Non-Communicable Diseases, Rehabilitation and Disability (NCD) World Health Organization, Geneva, Switzerland
12.15 pm	Round table discussion for task force formation for adaptation of PIR for common musculoskeletal conditions in India		

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Time	Agenda Item	Speaker	Moderator and Chairperson
10.45 am	How Package of Interventions for Rehabilitation can be implemented in the rehabilitation of common neurological conditions Package of Interventions for Rehabilitation: Stroke Package of Interventions for Rehabilitation: Parkinson's disease Package of Interventions for Rehabilitation: Traumatic brain injury Package of Interventions for Rehabilitation: Cerebral palsy Package of Interventions for Rehabilitation: Spinal cord injury Package of Interventions for Rehabilitation: Dementia	<p>Dr. John Solomon Additional Professor & Head of Department, Manipal College of Health Professionals, Manipal</p> <p>Dr. Asha Chitnis Vice President, Indian Academy of Cerebral Palsy</p> <p>Dr. Anuradha Pai Assistant Professor, Department of Occupational Therapy, Lokmanya Tilak Municipal Medical College, Mumbai</p> <p>Dr. Chandana Bhagwat Assistant Professor, Department of Pediatrics, MGM Medical College, Kamothe, Navi Mumbai</p> <p>Dr. Harivinder Chabra Director, Department of Spine & Rehabilitation Centre, Sri Balaji Action Medical Institute, President, Spinal Cord Society</p> <p>Dr. S.P. Goswami Professor of Speech Pathology & Head, All India Institute of Speech & Hearing, Mysore</p> <p>Dr. Swagatika Mishra Professor, MGM Institute's University, Department of Prosthetics and Orthotics, MGM Institute of Health Sciences, Navi Mumbai</p>	<p>Moderator: Dr. Sai Lakshmi Ganesan Honorary Professor, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Chairperson: Dr. Mohammed Asheel National Professional Officer, Injury Prevention & Disabilities, WHO India</p>
12.15 pm	Round table discussion for task force formation for adaptation of PIR for common neurological conditions in India		
10.45 am	How Package of Interventions for Rehabilitation can be implemented in the rehabilitation of common cardio-pulmonary conditions and malignant neoplasms Package of Interventions for Rehabilitation: Ischemic Heart Disease Package of Interventions for Rehabilitation: Chronic Obstructive Pulmonary Disease Package of Interventions for Rehabilitation: Malignant Neoplasms	<p>Prof. Dr. Savita Ravindra Principal and Dean, Ramaiah College of Physiotherapy, Former Dean, Physiotherapy and Allied Health Sciences</p> <p>Dr. Abraham Babu Associate Professor, Department of Physiotherapy, Manipal College of Health Professions, Manipal</p> <p>Dr. Mariya Jiandani Associate Professor, Seth GS Medical College & King Edward Memorial Hospital, Mumbai</p> <p>Dr. Anjali Bhise Principal, Gujarat Cancer Society (GCS) Physiotherapy College, GCS Medical College & Hospital & Research Centre, Ahmedabad</p>	<p>Moderator: Dr. Bela Agarwal Professor, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Chairperson: Dr. Tashi Tobgay Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office</p>

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Time	Agenda Item	Speaker	Moderator and Chairperson
		<p>Dr. Priyanka Pareek Associate Professor, Clinical Nutrition, School of Biomedical Sciences, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. Shreeja Nair Associate Professor, Department of Respiratory Medicine, MGM Medical College & Hospital, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. Shilpa Kadam Professor, Department of Cardiology, MGM Medical College & Hospital, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. (Mrs) Anuradha Abhijeet Daptardar Officer-Incharge, Physiotherapy Department, Tata Memorial Hospital, Mumbai</p> <p>Dr. Prashant M. Mullerpatan Consultant Surgical Oncologist S.L. Raheja Hospital, Mahim, Mumbai</p>	
12.15 pm		Round table discussion for task force formation for adaptation of PIR for cardio-pulmonary conditions and malignant neoplasms in India	
1.00 pm	Reflections on the Conference and Roadmap Planning	<p>Dr. Rajani Mullerpatan Professor, Director, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. Alexandra Rauch Technical Advisor, Rehabilitation program, Department of Non-communicable Diseases, Rehabilitation and Disability (NCD), World Health Organization, Geneva, Switzerland</p> <p>Prof. Dr. Shashank Dalvi Vice Chancellor, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Padmashree Dr. Raman Gangakhedkar Former Head of Epidemiology & Communicable Diseases, ICMR, Chairman Research Advisory Committee, MGM Institute of Health Sciences, Navi Mumbai</p> <p>Dr. Rupali Roy Assistant Director-General, Directorate General Health Services, Ministry of Health and Family Welfare, Delhi</p>	-

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Time	Agenda Item	Speaker	Moderator and Chairperson
		<p>Dr. Mohammed Asheel National Professional Officer, Injury Prevention & Disabilities, WHO India</p> <p>Dr. Tashi Tobgay Regional Adviser for Disability, Injury Prevention and Rehabilitation at the WHO-South-East-Asia Regional Office</p> <p>Chairperson: Dr. Rajani Mullerpatan Professor Director, MGM Centre of Human Science, MGM School of Physiotherapy, MGM Institute of Health Sciences, Navi Mumbai</p>	
1.45 pm		Vote of thanks	<p>Dr. Uttara Deshmukh (P&O) Principal, MGM Institute's University Department of Prosthetics and Orthotics, MGM Institute of Health Sciences, Navi Mumbai</p>
2.00 pm onwards	Lunch and Networking		

Annexure 2: List of Participants

Total number of participants including Speakers/Panelists/Moderator/Chairperson = 145

List of Speaker/Panelist/Moderator/Chairpersons						
Sr. No	Name of the Speaker/Panelist/Moderator/Chairperson	Specialty	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
1.	Dr. A. G. Sinha	Physiotherapy	Punjabi University Patiala	Professor	Academia	Indian Association of Physiotherapists, Indian Association of Sport Medicine
2.	Dr. Abraham Samuel Babu	Physiotherapy	Manipal College of Health Professions, Manipal Academy of Higher Education	Associate Professor	Research	Society of Indian Physiotherapists
3.	Dr. Adam Wilkey	Spine Rehabilitation	World Spine Care Europe, United Kingdom	President	Patient Care	World Spine Care-Europe
4.	Dr. Mrs. Anita Gupta	Occupational therapy	All India Institute of Physical Medicine and Rehabilitation	Lecturer and Head of Department	Academia	All India Occupational Therapist Association
5.	Dr. Alexandra Rauch	Public Health Policy	Department of Non-communicable Diseases, Rehabilitation and Disability (NCD) World Health Organization, Geneva, Switzerland	Technical advisor, Rehabilitation program	Academia	World Health Organization, Geneva, Switzerland
6.	Dr. Anjali Bhise	Physiotherapy	Gujarat Cancer Society (GCS) Physiotherapy College, GCS Medical College & Hospital & Research Centre, Ahmedabad	Principal	Academia	Society of Cardiovascular & Pulmonary Rehabilitation
7.	Dr. Anuradha Daptardar (PT)	Physiotherapy	Tata Memorial Hospital	Officer in Charge of Physiotherapy Department	Patient Care	Society of Onco-Physiotherapists

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National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Sr. No	Name of the Speaker/ Panelist/ Moderator/ Chairperson	Specialty	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
8.	Dr. Anuradha Pai (OT)	Occupational therapy	Occupational Training School and Centre, Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion, Mumbai	Assistant Professor	Academia	All India Occupational Therapist Association
9.	Dr. Asha Chitnis	Physiotherapy	Vedanta Pediatric Center	Director of Vedanta Pediatric Centre	Patient Care	Indian Academy of Cerebral Palsy
10.	Dr. Ashoo Grover	Public Health Policy	Indian Council of Medical Research, New Delhi, India	Head, Implementation /Delivery Research,	Policy Making	Indian Council of Medical Research, New Delhi, India
11.	Dr. Bela Agarwal	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Professor	Research	MGM Institute of Health Sciences, Navi Mumbai, Society of Cardiovascular & Pulmonary Rehabilitation
12.	Dr. Chandana Bhagwat	Pediatric Neurology	MGM Medical College & Hospital, Kamothe, Navi Mumbai	Assistant Professor	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
13.	Dr. Chhaya Verma	Physiotherapy	Physiotherapy School & Center, TNMC, and BYL Nair Hospital	Professor and Head	Patient Care	Maharashtra University of Healthy Sciences, Nashik
14.	Dr. Charu Sharma (PT)	Physiotherapy	International Committee of the Red Cross	Physical Rehabilitation Project Manager	Technology Design Healthcare Policy	-
15.	Dr. Dipanwita Ghosh	Health Economics	Kidderpore College, University of Calcutta, Kolkata	Associate Professor	Academia	Any other
16.	Dr. Gowri Nambiar Sengupta	Public Health Policy	Central Health Education Bureau, Directorate General Health Service, Ministry of health and family welfare, Government of India	Deputy Director General (Public health) & Director of the Central Health Education Bureau (CHEB)	Healthcare Policy	Ministry of health and family welfare, Government of India
17.	Dr. Harvinder Singh Chhabra	Orthopedic Spine Surgery, Spine Rehabilitation	Sri Balaji Action Medical Institute, New Delhi Department of Spine and Rehabilitation	Director, Service	Patient Care	Spinal Cord Society, Medical Council of India

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Sr. No	Name of the Speaker/ Panelist/ Moderator/ Chairperson	Specialty	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
18.	Dr. John Solomon M	Physiotherapy	Manipal College of Health Professionals, Manipal Academy of Higher Education, Karnataka	Additional Professor	Academia	Society of Indian Physiotherapists
19.	Lt. Gen. Dr. K. R. Salgotra	Orthopedics	MGM Medical College & Hospital, Kamothe, Navi Mumbai	Hospital Director	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
20.	Prof. Dr. Ketna Mehta	Rehabilitation	Nina Foundation, an NGO for rehabilitating friends with Spinal Cord Injuries, Mumbai	Founder	—	—
21.	Dr. Markanda Chandra Dash (M. C. Dash)	Prosthesis & Orthosis	Northern Railway Central Hospital- Artificial Limbs Center, New Delhi	Chief Prosthetist & Orthotist & National President- Orthotics & Prosthetics Association of India	Patient Care	Orthotics & Prosthetics Association of India
22.	Dr. Mariya Jiandani	Physiotherapy	Seth G.S. Medical College and K.E.M. Hospital	Professor (Additional)	Research	Society of Cardiovascular & Pulmonary Rehabilitation
23.	Dr. Mohammed Asheel	Public Health Policy	World Health Organization, India	National Professional Officer	Healthcare policy	World Health Organization, India
24.	Prof. Dr. Nitesh Bansal	Physiotherapy	O. P. Jindal Global University	Chief Compliance Officer, Professor & Vice Dean	Academia	Society of Indian Physiotherapists
25.	Dr. Pierre Côté	Epidemiology, Rehabilitation	Ontario Technology University, Canada	Chair Disability Rehabilitation	Academia	
26.	Dr. Prakash Prabhakar Rao Doke	Community Medicine	Bharati Vidyapeeth Deemed University Medical College, Pune	Professor Community Medicine, Former Director Health Services, Government of Maharashtra, Professor	Academia	Medical Council of India
27.	Dr. Prashant Mullerpatan	Oncology	Lilavati Hospital and SL Raheja Hospital	Consultant Surgical Oncologist	Patient Care	Medical Council of India
28.	Dr. Prakash Mehta (P&O)	Prosthetics & Orthotics	Mehta Rehab Centre	Director, Senior Consultant	Patient Care	Indian Association of Assistive Technology

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National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Sr. No	Name of the Speaker/ Panelist/ Moderator/ Chairperson	Specialty	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
29.	Dr. Prasanna Lenka	Prosthesis & Orthosis	National Institute of Locomotor Disability, Kolkata	HOD & Assistant Professor	Academia	Orthotics & Prosthetics Association of India
30.	Dr. Prasad Waingankar	Community Medicine	MGM Medical College, Kamothe, Navi Mumbai	Professor & Head, Community Medicine	Academia	MGM Institute of Health Sciences, Navi Mumbai
31.	Dr. Priyanka Pareek	Clinical Nutrition	MGM School of Biomedical Sciences, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
32.	Dr. Rajani Mullerpatan	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Professor Director	Academia	MGM Institute of Health Sciences, Navi Mumbai
33.	Padmashree Dr. Raman Gangakhedkar	Public Health Policy	MGM Institute of Health Sciences, Navi Mumbai	Former Head of Epidemiology & Communicable Diseases, Indian Council of Medical Research, Chairman -, Research Advisory Committee, MGM Institution of Health Sciences, Navi Mumbai	Research	MGM Institute of Health Sciences, Navi Mumbai
34.	Dr. Ravinder Singh	Public Health Policy	Indian Council of Medical Research, New Delhi	Senior Scientist	Research	Indian Council of Medical Research, New Delhi
35.	Dr. Ritu Ghosh	Prosthetics & Orthotics	Mobility India	Academics and Technical Director	Academia	International Society of Prosthetics & Orthotics
36.	Dr. Rupali Roy	Public Health Policy	Ministry of Health and Family Welfare, Government of India	Asst Director General, Past Deputy Assistant General	Healthcare Policy	Ministry of Health and Family Welfare, Government of India
37.	Dr. Sanjay Wadhwa	Physical Medicine Rehabilitation	All India Institute of Medical Sciences New Delhi	Professor and Head	Academia	Medical Council of India
38.	Dr. Sailakshmi Ganesan	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai and NISHTA Integrated Neurodevelopment Centre, Chennai	Honorary. Professor and Mentor, Consultant	Patient Care	Indian Academy of Cerebral Palsy

(Continued...)

Annexure 2: List of Participants

Sr. No	Name of the Speaker/ Panelist/ Moderator/ Chairperson	Specialty	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
39.	Dr. Saroj Sanghavi	Physiotherapy	Lions Club of Shivaji Park	Chairman of Medical Committee, Past President, Lions Club of Shivaji Park & Indian Association of Physiotherapy	Patient Care Healthcare Policy	Society of Indian Physiotherapists, Indian Association of Physiotherapy
40.	Prof. Dr. Savita Ravindra	Physiotherapy	M.S. Ramaiah College of Physiotherapy	Principal & Dean	Academia	Society of Indian Physiotherapist
41.	Dr. S. P. Goswami	Speech Therapy	All India Institute of Speech and Hearing, Mysore	Professor of Speech Pathology	Patient Care	Rehabilitation Council of India
42.	Dr. Shilpa Kadam	Cardiology	Department of Cardiology, MGM Medical College & Hospital, Kamothe, Navi Mumbai	Professor	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
43.	Dr. Shreeja Nair	Respiratory Medicine	MGM Medical Hospital & College, Kamothe, Navi Mumbai	Associate Professor	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
44.	Prof. Dr. Shashank Dalvi	Community Medicine	MGM Institute of Health Sciences	Vice Chancellor	Academia	MGM Institute of Health Sciences, Navi Mumbai
45.	Dr. Shovan Saha	Occupational therapy	Manipal College of Health Professions, Manipal Academy of Higher Education	Associate Professor	Academia	All India Occupational Therapist Association
46.	Dr. Swagatika Mishra	Prosthetics & Orthotics	MGM Institute's University Department of Prosthetics and Orthotics, Navi Mumbai	Professor and Joint Director (International Collaborations)	Patient Care	Rehabilitation Council of India
47.	Dr. Tashi Tobgay	Public Health Policy	World Health Organization, South East Asia Regional Office	Regional Adviser	Research	World Health Organization, South East Asia Regional Office
48.	Dr. Uttara Deshmukh (P&O)	Prosthetics & Orthotics	MGM Institute's University Department of Prosthetics and Orthotics, Navi Mumbai	Associate Professor	Academia	Rehabilitation Council of India
49.	Mrs. Vaishali Sathe	Psychology	Tata Institute of Fundamental Research, Mumbai	Clinical Psychologist	Patient Care	-

List of Delegates						
Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
1.	Dr. Aniruddha B. Thorat	Physiotherapy	MGM School of Physiotherapy, Chattrapati Sambhaj nagar	Assistant Professor	Research	MGM Institute of Health Sciences, Navi Mumbai
2.	Dr. Aafia Shaikh (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Academia	MGM Institute of Health Sciences, Navi Mumbai
3.	Dr. Aamreen Ryain (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
4.	Dr. Aishwarya Kaustubh Chonkar	Physiotherapy	MGM College of Physiotherapy, Navi Mumbai	Associate Professor and HOD, Community Physiotherapy	Academia	MGM Institute of Health Sciences, Navi Mumbai
5.	Dr. Ajay Kumar	Physiotherapy	DPO's Nett College of Physiotherapy, Thane	Principal	Academia	Maharashtra University of Health Sciences, Nashik
6.	Dr. Akhila Natesan (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai, Society of Cardiovascular & Pulmonary Rehabilitation
7.	Dr. Akshay A. Zodge (P&O)	Prosthetics and Orthotics	Pro Ortho Perfect India Pvt Ltd	Director	Industry	Rehabilitation Council of India
8.	Dr. Amrita Ghosh (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	Associate Professor	Academia	MGM Institute of Health Sciences
9.	Dr. Anubhuti Jha (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences
10.	Dr. Aparna Sengupta	Psychology	MGM Medical College and Hospital Vashi	Clinical Psychologist	Patient Care	Rehabilitation Council of India
11.	Dr. Archana Gore (PT)	Physiotherapy	Seth GSMC and KEMH	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
12.	Dr. Ashriya Juriani (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai

(Continued...)

Annexure 2: List of Participants

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
13.	Dr. Bhoomika Sawant (PT)	Physiotherapy	MGM School Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
14.	Dr. Chhaya Dhurde (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
15.	Dr. Dantala Purshottam (P&O)	Prosthetics and Orthotics	Shree Siddhi Surgicals	Director	Patient Care	Rehabilitation Council of India
16.	Dr. Deepshikha Raut (P&O)	Prosthetics & Orthotics	MGM Institute's University, Department of Prosthetics and Orthotics, Navi Mumbai	Assistant Professor	Academia	Rehabilitation Council of India
17.	Dr. Dhvani Parekh (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
18.	Dr. Dipti Geete (PT)	Physiotherapy	Seth G.S. Medical College and K.E.M. Hospital, Mumbai	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
19.	Dr. Gargi Mishra (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
20.	Dr. Gauri Devdas Panse (P&O)	Prosthetics & Orthotics	MGM Institute's University, Department Of Prosthetics and Orthotics, Navi Mumbai	Assistant Professor	Academia	Rehabilitation Council of India
21.	Dr. Grishma Shinde (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
22.	Dr. Hitav Someshwar (PT)	Physiotherapy	Physiotherapy School and Center TNMC	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
23.	Dr. Iffat Khatib (PT)	Physiotherapy	MGM School of Physiotherapy	MPT Scholar	Academia	MGM Institute of Health Sciences, Navi Mumbai
24.	Dr. Jaimala Vijay Shetye (PT)	Physiotherapy	Seth G.S. Medical College and K.E.M. Hospital	Retired Assoc. Professor.	Academia	Maharashtra University of Health Sciences, Nashik

(Continued...)

National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
25.	Dr. Jayanti Sampat (PT)	Physiotherapy	Sir H N Reliance Hospital	Executive Physiotherapist	Patient Care	Indian Association of Physiotherapists
26.	Dr. Joan D'mello (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
27.	Dr. Jyoti A. Parle (PT)	Physiotherapy	Lokmanya Tilak College of Physiotherapy, Navi Mumbai	Professor	Academia	Maharashtra University of Health Sciences, Nashik
28.	Dr. Kajal D. Kadam (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
29.	Dr. Khushi Mukesh Thakkar (PT)	Physiotherapy	MGM Institute of Health Science, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
30.	Dr. Lakshmiprabha Deviprasad (PT)	Physiotherapy	Seth G.S. Medical College and K.E.M. Hospital	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
31.	Dr. Laxmi Simanlal Arya (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
32.	Dr. Lukeshkumar Rajendra Bhuyar (P&O)	Prosthetics & Orthotics	All India Institute of Physical Medicine and Rehabilitation	Lecturer	Academia	Rehabilitation Council of India
33.	Dr. Mahendra Pitale	Biomedical Engineering	Aether Biomedical	Sponsored Model	Patient Care	—
34.	Dr. Mamta Shetty (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	Associate Professor	Academia	MGM Institute of Health Sciences
35.	Dr. Mehnaz Fatima Abdul Nasir (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
36.	Dr. Namrata Sant (PT)	Physiotherapy	MGM school of physiotherapy Chhatrapati Sambhaji Nagar	Assistant Professor, Clinical Therapist	Research	MGM Institute of Health Sciences, Navi Mumbai
37.	Dr. Neelam Namdeo(P&O)	Prosthetics & Orthotics	The Silicone Rehab	Clinical Head	Patient Care	Rehabilitation Council of India

(Continued...)

Annexure 2: List of Participants

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
38.	Dr. Netra Kokane (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
39.	Dr. Nirmal M. Kasekar	Pharmacy	MGM School of Pharmacy, Navi Mumbai	Professor-Vice Principal	Academia	MGM Institute of Health Sciences, Navi Mumbai
40.	Dr. Nisha	Psychology	Ramsheth Thakur Public School	School Counselor	Academia	Rehabilitation Council of India
41.	Dr. Nisha Relwani	Community Medicine	MGM Medical College Kamothe Navi Mumbai	Associate Professor	Research	MGM Institute of Health Sciences, Navi Mumbai
42.	Dr. Nithin Ravindran Nair (PT)	Physiotherapy	MGM College of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
43.	Dr. Nitinand Bhausahab Kharat	Speech Therapy	Shree Bhausahab Hire Government Medical College, Dhule	Speech Therapist	Patient Care	—
44.	Dr. Noopur Kulkarni	Community Medicine	MGM Medical College and Hospital, MGM Institute of Health Science	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
45.	Dr. Pallavi Palaskar (PT)	Physiotherapy	MGM School of Physiotherapy, Chhatrapati Sambhaji Nagar	Associate Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
46.	Dr. Panjami Sarah Mohan	Psychology	Applied Behavior Center	Case Manager	Patient Care	Medical Council of India
47.	Dr. Parineeta Samant	Biochemistry	MGM Institute of Health Sciences, Navi Mumbai	Controller of Examinations	Academia	MGM Institute of Health Sciences, Navi Mumbai
48.	Dr. Payal Murkudkar (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
49.	Dr. Poonam Desai (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	PhD Scholar, Research Associate	Research	MGM Institute of Health Sciences, Navi Mumbai
50.	Dr. Prachita Walankar (PT)	Physiotherapy	MGM College of Physiotherapy	Associate Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai

(Continued...)

National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
51.	Dr. Prajakta Sahasrabudhe (PT)	Physiotherapy	Sancheti College of Physiotherapy, Pune	Professor and HOD	Academia	The Society of Cardiovascular and Pulmonary Rehabilitation
52.	Dr. Pratik Kumar Jain (P&O)	Prosthetics & Orthotics	Aether Biomedical	Head of Clinical and Business Development	Patient Care	Rehabilitation Council of India
53.	Dr. Pratiksha Jaiswar (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
54.	Dr. Rachna Arora (PT)	Physiotherapy	Topiwala National Medical College And Bai Yamunabai Laxman Nair Charitable Hospital and, Mumbai Medical College	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
55.	Dr. Ramandeep Kaur Saini	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
56.	Dr. Rashmi Atul Sheelvant	Physiotherapy	DPO's Nett College of Physiotherapy	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
57.	Dr. Ravi Barela (P&O)	Prosthetics & Orthotics	MGM Institute's University, Department Of Prosthetics and Orthotics, Navi Mumbai	Demonstrator	Academia	MGM Institute of Health Sciences, Navi Mumbai
58.	Dr. Reema Mohan Athwale (PT)	Physiotherapy	MGM School of Physiotherapy, Aurangabad	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
59.	Dr. Rita M. Khadkikar	Physiology	MGM Medical College, Kamothe, MGMIHS, Navi Mumbai	Prof. & Head & Director- University, Internal Quality Assurance Cell	Academia	MGM Institute of Health Sciences, Navi Mumbai
60.	Dr. Sabiha Begam (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
61.	Dr. Sachin Suresh Kawankar (P&O)	Prosthetics and Orthotics	Beverly Orthopedic Laboratory	Consultant Prosthetist and Orthotist	Patient Care	Rehabilitation Council of India

(Continued...)

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
62.	Ms.Sanchita Joshi	Industry	IDBI Bank CBD Belapur	Bank Manager	Finance	—
63.	Dr. Sakshi Palkrit (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
64.	Dr. Sarika Subhash Wani (PT)	Physiotherapy	DPOs NETT College of Physiotherapy, Thane	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
65.	Dr. Sayali Khedekar (PT)	Physiotherapy	MGM School of Physiotherapy	Assistant Professor	Research	Any other
66.	Dr. Shivani Chavan (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
67.	Dr. Shraddha Shah (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	Assistant Professor	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
68.	Dr. Shruti Prabhakaran Nair (PT)	Physiotherapy	MGM College of Physiotherapy, Navi Mumbai	Associate Professor	Academia	Society of Indian Physiotherapist
69.	Dr. Shrutika Sawant (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
70.	Dr. Shubham Tawade (PT)	Physiotherapy	MGM School Of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
71.	Dr. Siddharth S. Mishra(PT)	Physiotherapy	MGM College of Physiotherapy, Navi Mumbai	Associate Professor	Research	Maharashtra University of Health Sciences, Nashik
72.	Dr. Simranjeet Kaur (P&O)	Prosthetics & Orthotics	MGM Institute's University, Department Of Prosthetics and Orthotics, Navi Mumbai	Demonstrator	Academia	Rehabilitation Council of India
73.	Dr. Sneha Sudheer (PT)	Physiotherapy	MGM School Of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	MGM Institute of Health Sciences, Navi Mumbai
74.	Dr. Snigdha Mehta (PT)	Physiotherapy	Snigdha Mehta's Physiotherapy and Pelvic Wellness Centre	Owner	Patient Care	Society of Indian Physiotherapist

(Continued...)

National Conference on Mainstreaming Rehabilitation in the Healthcare System in India

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
75.	Dr. Soma Maity	Special Education	Vivekananda Loksiksha Niketan	Special Educator	Academia	Rehabilitation Council of India
76.	Dr. Sona Sarma Kolke (PT)	Physiotherapy	Sancheti College of Physiotherapy, MGM School of Physiotherapy, Navi Mumbai	Professor and HOD, Department of Musculoskeletal Sciences and PhD Scholar	Research	Society of Indian Physiotherapist
77.	Ms. Soumya Seetharaman	Industry	State Bank of India, Kamothe Branch	Branch Manager	Finance	—
78.	Dr. Sourabh Shekhawat	Industry	Otto Bock HealthCare India Pvt. Ltd.	Manager-Corporate Affairs	Patient Care	Medical Council of India
79.	Dr. Subhasish Paikray (P&O)	Prosthetics & Orthotics	MGM institute's University Department of Prosthetics and Orthotics, Mumbai	Assistant Professor	Academia	Orthotics and Prosthetics Association of India
80.	Dr. Sulabha Akarte	Community Medicine	MGM Medical College, Vashi	Dean	Academia	MGM Institute of Health Sciences
81.	Dr. Sunila Sanjeev Ernam	Medical health office	MGM Medical College, Kamothe	Associate Professor in Community Medicine	Patient Care	MGM Institute of Health Sciences
82.	Dr. Suramya Sharma (PT)	Physiotherapy	D. Y. Patil School of Physiotherapy	Associate Professor	Academia	Indian Association of Physiotherapists
83.	Dr. Sushilkumar Dantala (P &O)	Prosthetics & Orthotics	Dhyan Healthcare	Consultant Prosthetist & Orthotist	Technology Design	Rehabilitation Council of India
84.	Dr. Swati Chowdhury	Psychologist	—	—	Patient Care	—
85.	Dr. Tanvi Kadve (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences
86.	Mr. Tarun Kulshrestha	Industry	Motorica India	General Manager	Industry	—
87.	Dr. Triveni Shetty	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Associate Professor	Research	MGM Institute of Health Sciences, Navi Mumbai
88.	Dr. Veda Hadawale (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor	Patient Care	MGM Institute of Health Sciences, Navi Mumbai

(Continued...)

Sr. No	Name of the participants	Specialty/ Field	Affiliation	Designation	Domain of work	Association with professional bodies/HEI
89.	Dr. Veda Kapre (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
90.	Dr. Victoria David Kuttan (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	Assistant Professor, PhD Scholar	Academia & Patient Care	MGM Institute of Health Sciences, Navi Mumbai, Society of Indian Physiotherapist
91.	Dr. Victoria Kshetre (PT)	Physiotherapy	MGM School of Physiotherapy, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences
92.	Dr. Vijaya Krishnan (PT)	Physiotherapy	MGM College of Physiotherapy, Navi Mumbai	Assistant Professor	Academia	Maharashtra University of Health Sciences, Nashik
93.	Dr. Vilas Bhalerao	Medicine	Health Department Navi Mumbai Municipal Corporation, Navi Mumbai	Resident Medical Officer	Patient Care	Medical Council of India
94.	Dr. Vishal Joshi (PT)	Physiotherapy	MGM School of Physiotherapy Navi Mumbai, Navi Mumbai	MPT Scholar	Patient Care	MGM Institute of Health Sciences, Navi Mumbai
95.	Dr. Vrushali P Panhale	Physiotherapy	MGM College of Physiotherapy	Professor and Principal	Academia	Maharashtra University of Health Sciences, Nashik
96.	Dr. Yogita Shendge (OT)	Occupational Therapy	Your Therapist	Senior Occupational therapist	Patient Care	All India Occupational Therapist Association

Glimpses from the Conference

Inaugural Ceremony



Inaugural ceremony: From Left to Right - Dr. Ravinder Singh, Prof. Shashank Dalvi, Padmashree Dr. Raman Gangakhedkar, Dr. Mohammed Asheel, Dr. Gowri Nambiar Sengupta, Hon'ble Shri. Kamalkishore Kadam



Presidential address: From Left to Right -Hon'ble Shri. Kamalkishore Kadam, Dr. Ravinder Singh, Dr. Mohammed Asheel, Dr. Tashi Tobgay, Dr. Rupali Roy, Dr. Alexandra Rauch, Prof. Dr. Shashank Dalvi, Padmashree Dr. Raman Gangakhedkar



Prof. Ketna Mehta sharing her experience as a consumer of rehabilitation service

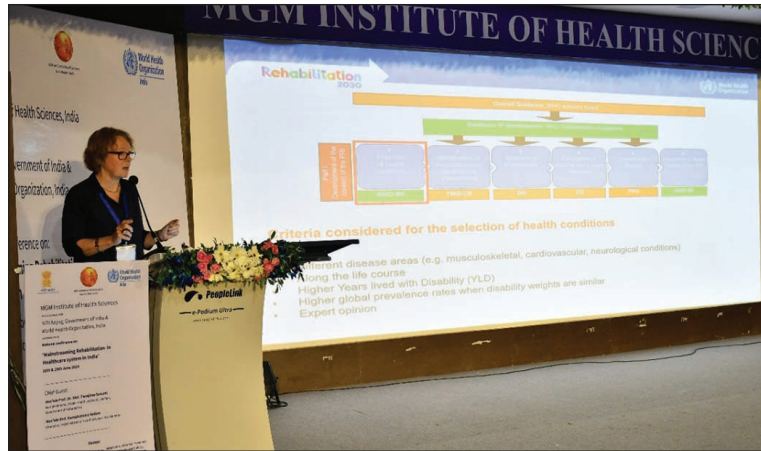
Day 1: Visit to MGM Centre of Human Movement Science



From left to right, Dr. Rupali Roy, Dr. Triveni Shetty demonstrating the outputs of 3D Movement analysis, Dr. Charu Sharma, Dr. Tashi Tobgay, Dr. Prakash Boominathan, Dr. Ravinder Singh, Dr. S P Goswami, and conference delegates



Group photo of Speakers, Delegates, and Organizing team during visit to MGM Centre of Human Science, Navi Mumbai



Dr. Alexandra Rauch delivering a session on 'Development of the WHO Package of Interventions for Rehabilitation (PIR)'

Panel Discussion: Gaps in rehabilitation service at primary, secondary and tertiary health care



From left to right - Chairperson Dr. Tashi Tobgay and Moderator Dr. Sailakshmi Ganesan for the Panel Discussion 'Gaps in rehabilitation service at primary, secondary and tertiary health care'



From left to right - Panelist of the panel discussion: Chairperson Dr Tashi Tobgay and Moderator Dr Sailakshmi Ganesan and panelist Dr. Charu Sharma, Dr. Prasanna Lenka, Dr. Saroj Sanghavi, Dr. Prakash Doke, for the panel discussion: 'Gaps in rehabilitation service at primary, secondary, and tertiary health care'

Panel Discussion: How to Integrate Rehabilitation in Primary Healthcare



From left to right - Moderator Dr. Rajani Mullerpatan and Chairperson Dr. Alexandra Rauch for the panel discussion 'How to integrate rehabilitation in Primary Healthcare'



From left to right Panelist of 'How to integrate rehabilitation in Primary Healthcare'. Panel Discussion: Dr. Gowri Nambiar Sengupta, Dr. Prasad Waingankar, Dr. A G Sinha, Dr. Rupali Roy

Panel Discussion: Weaving pathways for integration of Package of interventions for rehabilitation (PIR) into the curriculum



From left to right - Moderator Dr. Savita Ravindra and Chairperson Prof. Dr. Shashank Dalvi for the panel discussion 'Weaving pathways for integration of Package of Interventions for Rehabilitation into the curriculum'



From left to right - Panelists of the panel discussion 'Weaving Pathways for Integration of Package of Interventions for Rehabilitation into the Curriculum': Dr. Sanjay Wadhwa, Dr. Ritu Ghosh, Dr. Prakash Boominathan, Dr. Shovan Saha, Mrs. Vaishali Sathe

Panel Discussion: Budgeting Rehabilitation services in mainstream healthcare



From left to right - Moderator Dr. Nitesh Bansal and Chairperson Dr. Mohammed Asheel for the panel discussion 'Budgeting Rehabilitation Services in Mainstream Healthcare'



From left to right - Panelists of the panel discussion 'Budgeting Rehabilitation services in mainstream healthcare': Dr. Dipanwita Ghosh, Dr. Ravinder Singh, Dr. Prakash Mehta

Panel Discussion: How Package of interventions for rehabilitation (PIR) can be implemented in the rehabilitation of common musculoskeletal conditions in India



From left to right - Moderator Dr. Rajani Mullerpatan and Chairperson Dr. Alexandra Rauch for the panel discussion 'How Package of Interventions for Rehabilitation (PIR) can be implemented in rehabilitation of common musculoskeletal conditions in India'



From left to right Panelists of the panel discussion 'How Package of interventions for rehabilitation (PIR) can be implemented in the rehabilitation of common musculoskeletal conditions in India':
Dr. Anita Gupta, Dr. Chayya Verma, Lt. Gen Dr. K R Salgotra, Dr. A G Sinha, Dr. Shovan Saha, Dr. Uttara Deshmukh (P&O)

Panel Discussion: How Package of Intervention (PIR) can be implemented in rehabilitation of common neurological conditions in India.



From left to right - Moderator Dr. Sailakshmi Ganesan and Chairperson Dr. Mohammed Asheel, Panelist Dr. John Solomon, Dr. Asha Chitnis, Dr. Harvinder Chhabra, Dr. Anuradha Pai, Dr. S P Goswami and Dr. Swगतिका Mishra for the panel discussion 'How Package of Interventions for Rehabilitation (PIR) can be implemented in the rehabilitation of common neurological conditions in India'

Panel Discussion: How Package of interventions for rehabilitation (PIR) can be implemented in rehabilitation of common cardio-pulmonary conditions and malignant neoplasms in India



From left to right - Chairperson Dr. Tashi Tobgay and Moderator Dr. Bela Agarwal, Panelist Dr. Mariya Jiandani, Dr. Abraham Samuel Babu, Dr. Prashant Mullerpatan for the panel discussion 'How Package of Interventions for Rehabilitation (PIR) can be implemented in the rehabilitation of cardio-pulmonary conditions & malignant neoplasms in India'



From left to right - Panelist of panel discussion 'How Package of Interventions for Rehabilitation (PIR) can be implemented in the rehabilitation of cardio-pulmonary conditions & malignant neoplasms in India': Dr. Shreeja Nair, Dr. Anuradha Daptardar, Dr. Anjali Bhise, Dr. Savita Ravindra

Feedback from Stakeholders

Dr. M. C. Dash

President OPAI

"The International Conference on 'Mainstreaming Rehabilitation in Healthcare System of India' held at MGM was unique of its kind in terms of bridging the gaps between rehabilitation and healthcare. The objective, composition, and components of the conference schedule were very much fascinating and appropriate. The efforts of organizers to make it successful were tremendous, and the end result was extremely satisfactory. Technical efficacy and hospitality during the said conference were excellent. I wish the organizers and the stakeholders to continue such streaming in the near future and at regular intervals to bring the rehab professionals under a single umbrella. Last but not least, my best wishes for the entire organizers".

Dr. Asha Chitnis

Vice President

Indian Academy of Cerebral Palsy

Need for Advocacy of WHO Package of Interventions for Rehabilitation in India.

At the outset, it is a great benchmark for conducting the conference and all the planning and hard work that goes behind a very successful conference.

Points to Rethink Reset Redesign and Refocus:

- *Current Scenario in Rehabilitation*
- *Where and what do we need to focus and Redesign*

We need to tailor it for our population Urban versus Rural.

We need to have a lifespan approach our huge challenges we face in the moment is Transition aging and Adolescents, Pediatric Neuro diverse populations.

Empower the therapist with soft skills to meet the demand of the consumer who they impact Training professionals.

Our curriculum needs to be revised to include the subject of Rehab, a multi-disciplinary approach, and interdisciplinary soft skills required for rural vs. urban pediatrics.

Teach the use of technology and understand the pros and cons.

Lastly, we need to work for us to move ahead and need a committed group zone-wise representation.

Thank you loads for all the planning and hard work.

Dr. Prakash Mehta

President IPP
IAAT

The conference was excellent with the best possible Multi-disciplinary domain present & along with the country's, best personnel were present. The Scientific Session was meaningful, and a lot of learning and updates were learned. There were sound discussions to how could WHO, NITI AAYOG, ICMR, Government of India, NGO's, and Seniors representatives, with the help of the involved panelists come to sort out the lacunae still pending to be resolved at the possible earliest to help the respective End Users at the National level.

I wish such deliberations were periodically done with the same team at regular short intervals and ensure we attain what is desired by all.

Wish you come out with success.

Dr. Nitesh Bansal

Honorary Secretary
Society of Indian Physiotherapists

The conference created a great platform for the engagement of almost all healthcare professionals and for them to come together and deliberate on getting rehabilitation into the mainstream of the Indian healthcare system. Professionals from various streams shared their views and committed to further strengthening the team approach for the larger benefit of the patients—my congratulations to the entire team of MGM for holding this event seamlessly.

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International Society for Prosthetics and Orthotics



Society of Indian Physiotherapists



All India Occupational Therapists' Association



Indian Association of Assistive Technologies (IAAT)



Orthotics and Prosthetics Association of India

	<p>The Society of Cardiovascular and Pulmonary Rehabilitation</p>
	<p>Indian Academy of Cerebral Palsy</p>
	<p>Indian Speech and Hearing Association</p>

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	<p>Symphony Travels</p>

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Patrons

Shri. Kamalkishore Kadam Hon. Chancellor MGM Institute of Health Sciences, Navi Mumbai & Chairman MGM Trust	Shri. A. N. Kadam Secretary MGM Trust
Dr. P. M. Jadhav Vice Chairman MGM Trust	Dr. S. N. Kadam Medical Director MGM Medical College & Hospital, Navi Mumbai Trustee MGM Trust

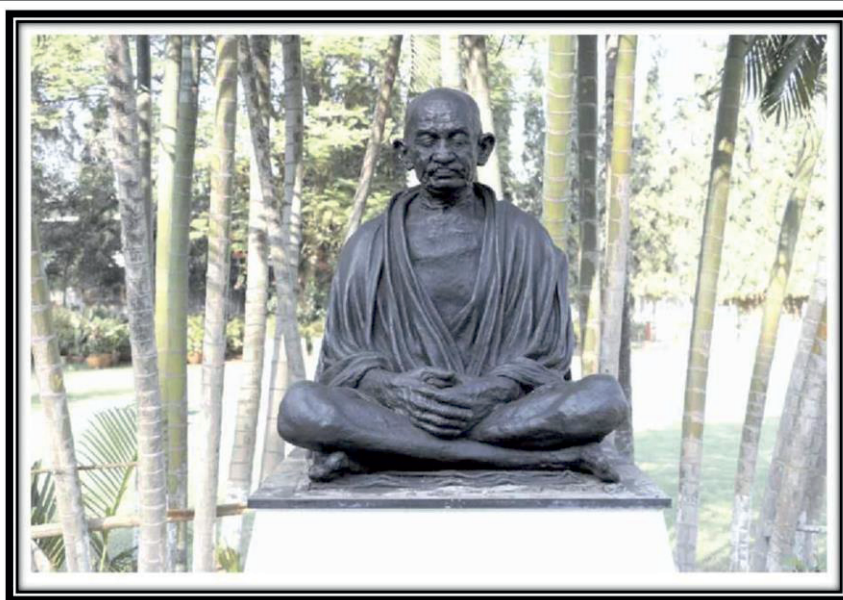
Advisors

Prof. Dr. Shashank Dalvi Hon. Vice Chancellor MGM Institute of Health Sciences, Navi Mumbai	Dr. Nitin N. Kadam Pro Vice Chancellor MGM Institute of Health Sciences, Navi Mumbai Trustee MGM Trust
Padmashree Dr. Raman Gangakhedkar Former Head of Epidemiology & Communicable Diseases, ICMR Research Advisory Committee MGM Institute of Health Sciences, Navi Mumbai	Dr. Chandramani Pathak Research Director MGM Institute of Health Sciences, Navi Mumbai
Dr. Rajesh Goel Registrar MGM Institute of Health Sciences, Navi Mumbai	Dr G. S. Narshetty Dean, MGM Medical College, Kamothe MGM Institute of Health Sciences, Navi Mumbai
Prof. Dr.Sulabha Akarte Dean MGM Medical College Vashi, MGM Institute of Health Sciences, Navi Mumbai	Dr. Vijay Kamalkishore Kadam Medical Director MGM Medical College Vashi, MGM Institute of Health Sciences, Navi Mumbai

Organizing Team

Dr. Rajani Mullerpatan Professor- Director MGM School of Physiotherapy, Navi Mumbai	Dr. Victoria Kuttan (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Bela Agarwal Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Aamreen Ryain (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Uttara Deshmukh (P&O) Associate Professor and Head of the Department, MGM Institute's University, Department of Prosthetics and Orthotics, Navi Mumbai	Dr. Neha Padia (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Amrita Ghosh (PT) Associate Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Ramandeep Kaur Saini (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Triveni Shetty Associate Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Shrutika Sawant (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Mamta Shetty (PT) Associate Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Gargi Mishra (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Shrutika Parab (PT) Associate Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Kajal Kadam (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Bhoomika Sawant (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Veda Hadawale (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai
Dr. Akhila Natesan (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai	Dr. Charuta Behare (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai

<p>Dr. Sayali Khedekar (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai</p>	<p>Dr. Swagatika Mishra Professor MGM Institute's University, Department of Prosthetics and Orthotics, Navi Mumbai</p>
<p>Dr. Sneha Sudheer (PT) Assistant Professor MGM School of Physiotherapy, Navi Mumbai</p>	<p>Dr. Deepshikha Raut (P&O) Assistant Professor MGM Institute's University, Department of Prosthetics and Orthotics, Navi Mumbai</p>
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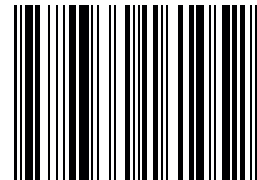
“You must be the change you wish to see in the world”

- Mahatma Gandhi



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