**Brief Report**

**Occupational Therapy in Africa**

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Currently the World Health Organization estimates that 15% of the world’s population is living with a disability [1]. The number of Persons with Disabilities (PWD) is steadily rising as the population ages and the number of chronic conditions increases [1]. New estimates show that the number of individuals worldwide that would benefit from rehabilitation has increased by 63% from 1990 to 2019 [2]. In a recent 2019 study on the Global Burden of Disease, the WHO reported that one third of the world’s population could benefit from rehabilitation services [3]. Although Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) states all PWD have the right to equitable healthcare, including early identification and rehabilitation services [4], many countries do not have the infrastructure or rehabilitation workforce to make this mandate a reality.

Examining the barriers of rehabilitative care in Africa for PWD, the largest barrier may be poverty. Disability has a “Higher prevalence in lower-income countries and disability and poverty mutually reinforce each other” [5]. According to Naidoo, et al. [6], many PWD throughout Africa live on a fixed income, which results to living in poverty. Some of the other barriers PWD face within Africa are: 1) accessibility, including limited transportation and difficult terrain to rehabilitation services; 2) location of health care services; and 3) poor policy implementation regarding disability and rehabilitation services [7]. An example of accessibility and transportation in Africa are the caregivers of PWD who typically have to transport the PWD in a wheel-barrel or by piggyback to services [6]. The location of health services is also problematic, leading PWD to medical clinics and hospitals, rather than rehabilitative services due to the lack of availability [8]. There is a significant need for rehabilitative services throughout the African continent. In fact, a global effort is required to improve the rehabilitation services in Africa, as the number of PWD continues to rise [9].

The 2020 World Federation of Occupational Therapy (WFOT) report counted 17 countries in Africa had WFOT approved programs [10]. Due to the lack of OT programs, many students throughout Africa seek opportunities in other countries or explore different career paths all together. Students, who seek occupational therapy training abroad, do not always return to their home country, increasing the need for OT programs to be established within each country [11]. South Africa has the greatest representation of OT, leading the continent with eight WFOT approved education programs and 5,662 practicing occupational therapists [10]. Following South Africa is Kenya with three WFOT approved programs and 850 practitioners.

Within Africa, the country with the lowest amount of OT practitioners and programs is Seychelles; with three practicing OTs and no WFOT approved programs. Several countries have had occupational therapy programs commence within the past 10 years, including Ghana in 2012, Rwanda in 2014, Madagascar in 2015, Zambia and Malawi in 2016 and Morocco in 2017 [10]. The practicing OTs in Africa are faced with a variety of challenges, especially in the rural areas. Concerns include limitations in accessibility, safety, adequate treatment equipment and adequate treatment space, and resources [12]. According to Richards and Galvaan [13,14], the distribution and under-resourcing of OTs directly influence the impact of services throughout Africa. OTs who are the first to practice in their country also face challenges, such as defining their role in the community and finding mentorship from experienced therapists.

The spread of occupational therapy programs in Africa has led to a need for mentorship for newly graduated OTs who are the first in their country to practice. In response to that need, Dr. Kate Barlow, OTD from American International College, founded The International Interprofessional Mentorship Program that currently provides monthly webinars to therapists in low- and middle-income countries. There are currently over 100 OTs enrolled from 20 countries including: Botswana, Cyprus, Ecuador, Ghana, Greece, Guyana, Haiti, Iran, Kenya, Kuwait, Malawi, Morocco, Nigeria, Rwanda, South Africa, Tanzania, Turkey, Uganda, Vietnam and Zimbabwe. Once a month the therapists join on Zoom for an hour presentation on topics they have requested, such as pain management, splinting and brachial plexus injuries. The topic varies each month and after the presentation, the therapists participate in a meet and greet to discuss current caseloads, research interests and more. All of the webinars are recorded and posted on an occupational therapy resource page (<https://libguides.aic.edu/OT_Resources>). The program is looking for volunteer presenters who are willing to share their expertise. The presenters thus far have been mostly from the “Global North” and the program hopes to also provide a non-Western view. OTs in Africa are leaving a remarkable impact on the lives of PWDs and their caregivers, despite the current lack of available resources. Our challenge is to support these efforts from a dominant culture, while respecting and maintaining the cultural and practice implementation differences of our profession.

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