

Global Coalition for World Health Assembly Adoption of Resolution on Traumatic Brain Injury

Canada's Leadership in Advancing TBI
as a Chronic and Notifiable Condition

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The Global Movement to Recognize Serious TBI as a Chronic and Notifiable Condition

Background: Global coalition led by Canada to advocate for TBI's recognition as a chronic, notifiable condition.

Rationale: Highlighting TBI's lifelong impact, particularly on vulnerable populations globally.

Key Milestone: Canada's 2023 TBI Position Paper by CTIRC and Brain Injury Canada to influence policy on TBI care and management



**Traumatic Brain Injury:
A Lifelong Condition**

Moderate to Severe Brain Injury as a
Chronic Condition

Canada's TBI Crisis and Need for Action

Statistics Show Urgent Need:

Homelessness: Over 50% of Canada's homeless have serious TBI

Incarceration: TBI survivors have a 2.5 x higher incarceration rate

Health Disparities: Limited data or long-term care for Indigenous Canadians

60% of intimate partner violence survivors have serious TBIs.

Long-Term Effects: The employment rate for TBI survivors drops from **75% to 13%**, indicating substantial socioeconomic impacts.





Why is Canada leading the WHA Resolution Work?

Pending Legislation in Bill C-277

Bill C-277 creates and funds a National Strategy:

Mandates the Minister of Health to enhance brain injury awareness and prevention, gather standardized data, improve treatment, rehabilitation, and life-long support for recovery.

Prevention and Education:

Promote preventive measures to mitigate the risk of brain injuries.

Improve public understanding and education to safeguard the rights of those living with brain injuries.

Canadian Awareness Campaign Leading to New Legislation

- **Policy Initiatives:** Grounded in the 2023 Position Paper and Bill C-277, Canada is advancing the national conversation on TBI, through a major awareness campaign
- **Data and Research:** CTIRC, Public Agency of Canada, and other neuroscience agencies are leading data-driven advocacy, making Canada a credible global sponsor for TBI policy change.
- **Brain Injury Canada** expressing the voices of lived experience

Declare a National Strategy on Brain Injuries Act
in Canada, today.

Barb Butler, Regina, SK
Brain Injury Survivor, MVA

I am one of the millions of Canadians living with the
impact of brain injury.



Global Coalition for Serious TBI as Chronic, Notifiable

Canada has outlined the scientific, economic, and societal need for recognizing TBI as a chronic condition.

Leaders joined at InTBIR (Jan 2024), launching a global coalition to drive the WHA Resolution on TBI.

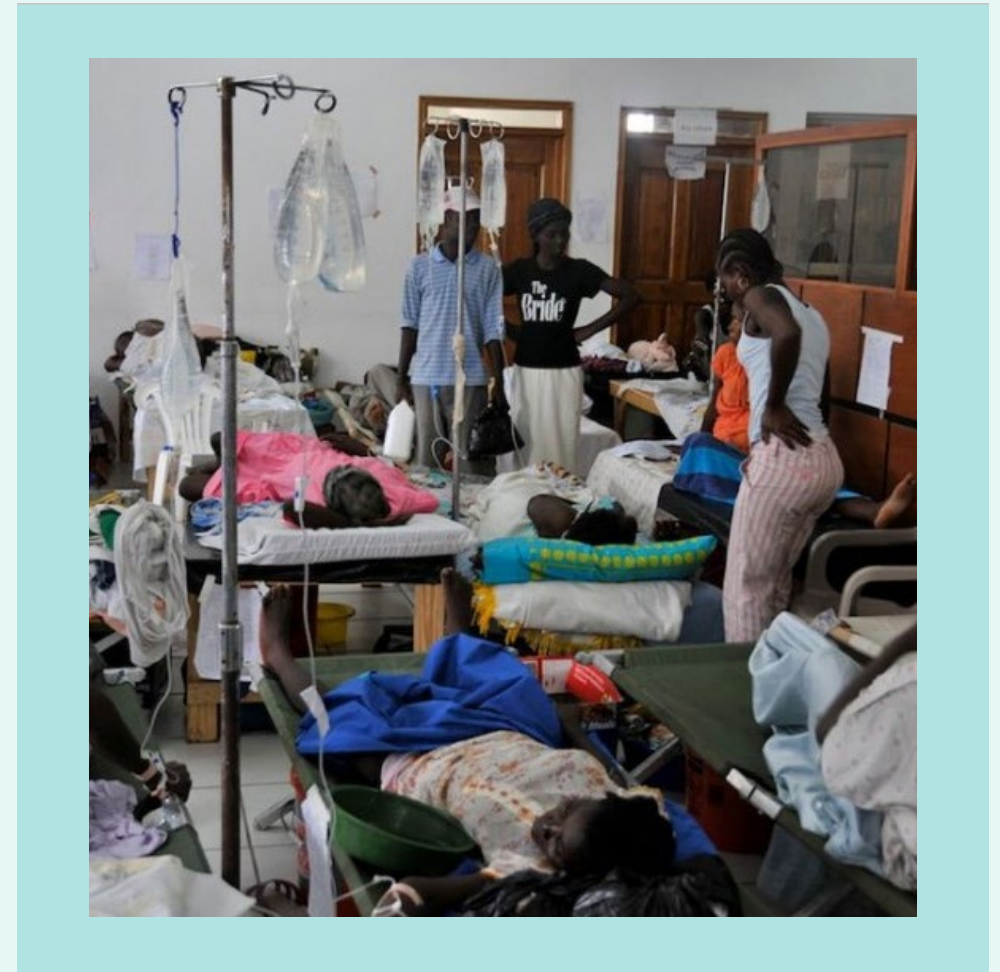
Patients, caregivers, policymakers, and clinical scientists to draft the WHA resolution

Aiming for WHO endorsement by May 2025, aligned with UN Sustainable Development Goals.



Global Barriers to Rehabilitation/Post-Acute Care for Severe TBI Survivors

- **Limited Specialized Services:** Few facilities address the neuro-complexities of serious TBI (e.g., motor deficits, memory loss, mood changes).
- **Geographic Isolation:** Patients often travel far from family for care; lack of transportation worsens access.
- **Financial Constraints:** High costs for private rehab often surpass personal resources; government support limited, especially in remote areas.
- **Worse in LMICs:** Little to no insurance coverage exacerbates these challenges, with minimal or no access to specialized care.



Low Prioritization of TBI in Healthcare Policy -- Globally

Challenges in TBI Rehabilitation Recognition and Support

- **Lack of Chronic Condition Recognition:** Many governments do not classify TBI as chronic, leading to limited rehab funding.
- **Shortage of Specialists:** Scarcity of trained neurologists, therapists, and rehab specialists due to inadequate training programs.
- **Social Stigma:** TBI survivors face stigma, reducing community support and affecting mental health.
- **Insufficient Data:** Need global standards on common data elements



The US "Three-Hour Rule" for Rehabilitation Showcases the Complete Dismissal of What Serious TBI Means to an Individual, Family, and Community

- **Exclusionary and Discriminatory**
Limits access to intensive rehabilitation to those who can endure three hours of daily therapy, thereby excluding many severe TBI survivors, particularly those with profound physical or cognitive impairments who require adapted care plans.
- **Driven by Financial Incentives Over Patient Needs**
Instituted largely to control costs for insurers and healthcare providers, the rule prioritizes budget constraints over comprehensive, individualized care, reducing opportunities for meaningful recovery among the most vulnerable patients.
- **Global Implications and Criticism**
As we seek to establish fair, patient-centered standards through a WHA TBI Resolution, the "Three-Hour Rule" exemplifies a cost-focused, exclusionary approach that undermines equitable access to post-acute rehabilitation. This criterion will face global criticism for failing to align with inclusive, patient-first principles essential for universal TBI care.

Why do We Need a WHA Resolution on Serious TBI? To Create a Wave of Advocacy Worldwide

Global Recognition of TBI as a Chronic Condition

- Formal recognition by the WHA would elevate TBI to a global health priority, encouraging investments in care infrastructure.

Standardizing Care and Data

- A WHA resolution could lead to standardized rehabilitation protocols and improved data collection, enhancing care outcomes and driving evidence-based policymaking.

Addressing Socioeconomic Impact

- TBI survivors face reduced employment rates and higher rates of homelessness and incarceration. Addressing rehabilitation needs can improve social reintegration and reduce long-term economic costs.

Promoting Equity and Accessibility

- The resolution encourages LMICs and high-income countries alike to develop inclusive, accessible healthcare strategies, benefiting TBI survivors worldwide.

Strategic Priorities for WHA TBI Resolution

Coalition Expansion Beyond Canada, US, UK, Pakistan, South Africa

Broad and diverse coalition, including voices from Africa, MENA, Asia, and South America.

Partner with national health agencies, TBI organizations, and NGOs in these regions.

Expose global health system needs for post-acute long-term care supported by standardized, notifiable data.

Diplomatic Outreach

Secure endorsements from influential Member States (e.g., US, Canada, UK, EU, India, Africa, China).

Align with G4 Alliance whose co-chairs are committed to expedient introductions and support from high-profile WHA health representatives.

Broaden diplomatic backing by aligning TBI with WHO's global health priorities.

Evidence-Based Advocacy

Establish a robust data foundation on TBI's prevalence, especially in LMICs and crisis-affected areas.

Collect and analyze data on TBI incidence, socioeconomic impacts, and rehabilitation needs to build a compelling evidence base.

Supply policymakers with credible, data-backed insights to drive policy decisions for standardized post-TBI Care and rehabilitation

Global Regional Engagement Strategies

High-Income Countries (Canada, US, UK, Germany, Japan)

Focus: Integrate TBI as a chronic, life-long condition; showcase trauma care advancements in management, while contrasting the serious disparity in access to post-TBI care and ongoing management.

LMICs (Pakistan, Brazil, India, South Africa)

Focus: Embed TBI care in road safety and crisis response as encouraged by UN SDG, and lack of access to long term and acute care.

Conflict & Disaster Zones (Ukraine, Philippines, Haiti)

Focus: Strengthen TBI support and extreme urgency for rehab in post-crisis scenarios.

Data and Evidence Compilation

Focus Areas:

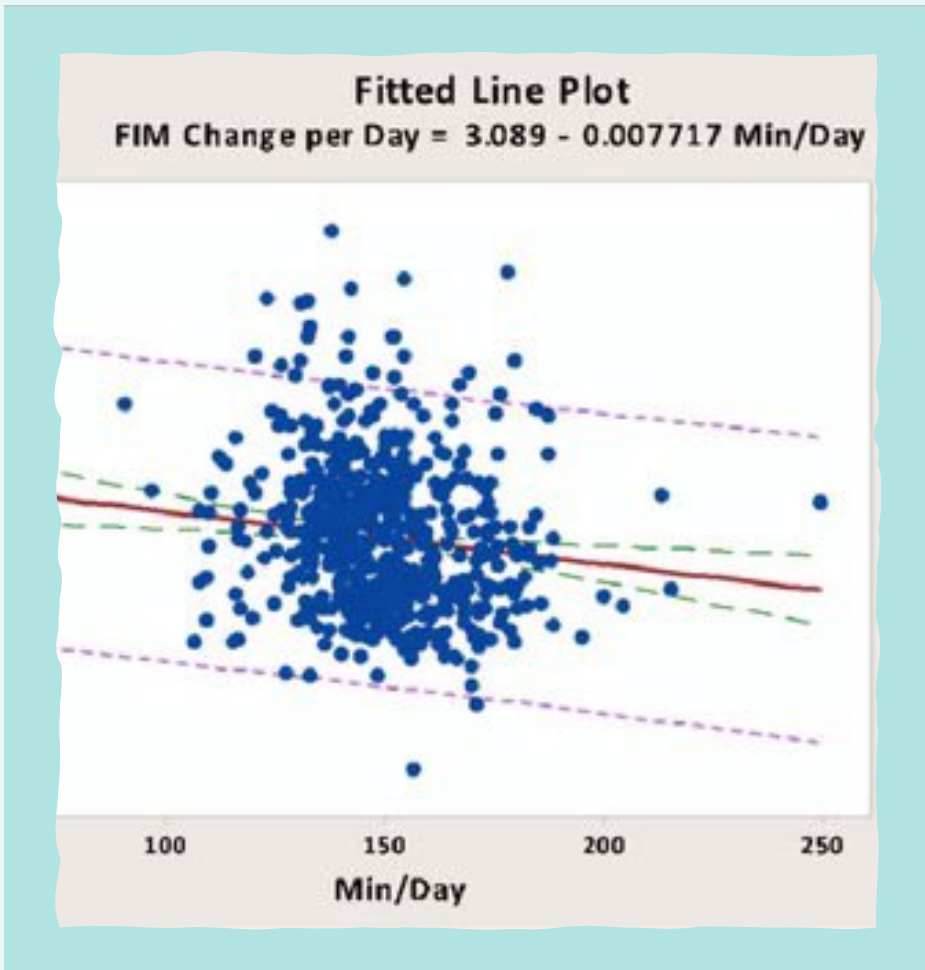
- **Data Aggregation:** Long term, chronic conditions following serious TBI; identify the disparities in long term treatment in rural versus urban, marginalized populations, payment schemes
- **LMICS :** Collect comprehensive TBI data in LMICs, focusing on incidence due to road traffic, armed conflict, and natural disasters; which speaks to WHO priorities
- **Economic Impact Analysis:** Assess the cost burden of untreated long term TBI, particularly in high-risk and resource-limited regions; loss of productivity as against rehabilitation programming

Deliverables:

- Develop **briefing documents** with detailed global regional case studies for policymakers, aligning data with WHO's Sustainable Development Goals (SDGs).
- A resolution proposed by the **World Health Assembly** for adoption by the World Health Organization



WHA TBI Coalition: Advocacy and Communication Plan



Objectives:

- Drive global awareness with targeted social and traditional media messaging aligned with major TBI disparities
- Promote personal narratives to evoke empathy and highlight TBI's long-term impacts.
- Develop detailed, evidence-based briefing documents for engagement with high-priority Member States.
- Promote each nation's story to build the case for improved diagnosis, prognosis, management and rehabilitation long term

Tactics:

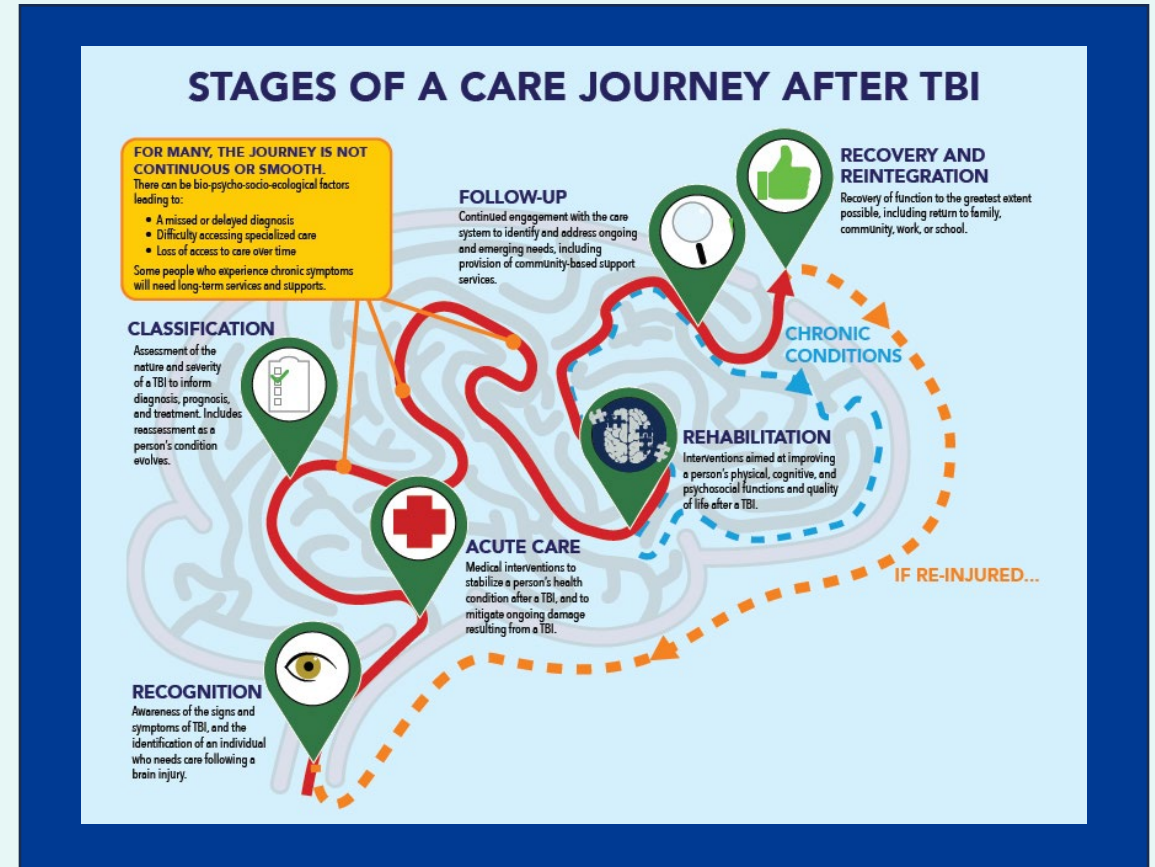
- Tailored, region-specific outreach and media strategies to amplify advocacy in diverse health systems.
- Targeted policy-maker engagements within WHO's influential Member States to secure endorsements.
- For the US, exposing the flaws of the “**Three Hour Rule**” as a major global example of unfair health policy in TBI management

Promoting the WHA Resolution

Goals: Ensure WHA Resolution effort is profiled at conferences, advocacy events, meetings; featuring TBI survivors, LMIC representatives, and WHA coalition members and leaders.

Partners: Collaborate with the G4 Alliance, in their established work with WHA, to emphasize LMIC perspectives in TBI crisis response and long-term care.

Expected Outcomes: Generate global visibility for serious TBI care and management and solidify Member State support for the resolution through real-world impact demonstrations.



Our Vision: To establish serious TBI as a globally recognized, notifiable health priority, ensuring equitable prevention and long-term care across diverse health systems.

