World Health Organization

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Strengthening rehabilitation in health systems

Report by the Director-General

BACKGROUND

1. Rehabilitation is a set of interventions needed when a person is experiencing limitations in everyday physical, mental and social functioning due to ageing or a health condition, including noncommunicable diseases or disorders, injuries or trauma. In the WHO global disability action plan 2014–2021: better health for all people with disability, adopted in 2014 by the Health Assembly in resolution WHA67.7, rehabilitation was part of Objective 2 (to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation). The Regional Committee for the Americas later in 2014 approved the Plan of Action on Disabilities and Rehabilitation,[1] a regional action plan that mirrored the global action plan.

2. The WHO global disability action plan 2014–2021 was adopted before the 2030 Agenda for Sustainable Development,[2] at a time when rehabilitation was commonly perceived as a service exclusively for persons with disabilities or physical impairments. Target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) of the Sustainable Development Goals, however, positions rehabilitation as a core aspect of effective health care, which should be available to anyone with an acute or chronic health condition, impairment or injury that limits her or his functioning in everyday activities, whether temporarily or permanently. Timely rehabilitation, alongside other health interventions, leads to better health outcomes. Rehabilitation is therefore now recognized as being integral to universal health coverage, along with health promotion, prevention, treatment and palliation, and not as a strategy needed only by persons with disabilities.

3. In alignment with 2030 Agenda for Sustainable Development and target 3.8 of the Sustainable Development Goals on universal health coverage, the Secretariat hosted the meeting Rehabilitation 2030: A Call for Action in 2017, at which the participants committed themselves to working towards 10 areas for action.[3] These included strengthening rehabilitation planning and implementation, developing a strong multidisciplinary rehabilitation workforce, building comprehensive models of rehabilitation service delivery to progressively achieve equitable access to quality services and collecting information relevant to rehabilitation to enhance health information systems including system-level data on rehabilitation. In 2018, the Health Assembly adopted resolution WHA71.8 on improving access to assistive technology, which urged Member States to improve access within universal health and social services coverage, inter alia. Later in 2018, the Regional Committee for the

[1] See resolution CD53.R12 (2014).

[2] See United Nations General Assembly resolution 70/1 (2015).

[3] See Rehabilitation 2030: A Call for Action. Geneva: World Health Organization https://www.who.int/news-room/events/detail/2017/02/06/default-calendar/rehabilitation-2030-a-call-for-action (accessed 18 November 2022).

Western Pacific adopted resolution WPR/RC69.R6 on rehabilitation, which urged Member States to recognize and prioritize rehabilitation as part of the continuum of care and universal health coverage, inter alia. The strategic action framework to improve access to assistive technology in the Eastern Mediterranean Region was endorsed in 2020 by the Regional Committee for the Eastern Mediterranean through resolution EM/RC67/R.1.

4. Globally, in 2019, an estimated 2.4 billion individuals had conditions that would have benefited from rehabilitation, contributing to 310 million years of life lived with disability.[1] This number had increased by 63% from 1990 to 2019. The highest contribution to the need for rehabilitation came from musculoskeletal disorders, followed by sensory impairments, neurological and mental conditions, respiratory and cardiovascular diseases, and injuries.[1] The pandemic of coronavirus disease (COVID-19), conflicts and other humanitarian crises are also adding significantly to the demand for rehabilitation. For example, by the end of 2021, an estimated 144.7 million individuals had developed post COVID-19 condition, for which rehabilitation can be effective in alleviating the symptoms.[2,3]

5. There is evidence that many rehabilitation interventions are cost-effective not only in the management of conditions that start with an acute event, such as a stroke or injury, but also in the management of chronic conditions, such as dementia, arthritis and cerebral palsy. The provision of assistive products – an integral part of health care including rehabilitation – is a cost-effective intervention that can play a key role in supporting individuals so they can participate in education and employment and remain independent at home. The 2022 WHO and UNICEF first *Global report on assistive technology* also highlights that access to assistive products is as low as 3% in some low-income countries.[4]

6. Despite the high need and demonstrated cost–effectiveness of rehabilitation, many individuals simply do not receive the rehabilitation they require. The majority of those with unmet needs live in low- and middle-income countries, where as much as 50% of people do not receive the rehabilitation they need.[5] There is therefore a need to strengthen rehabilitation in health systems, as part of universal health coverage and to incorporate rehabilitation interventions in packages of essential services, along with prevention, promotion, treatment and palliation interventions.

7. The present report outlines the key issues to be considered in strengthening rehabilitation in health systems, along with the lessons learned and challenges remaining.

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[1] Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2021 Dec 19;396(10267):2006-2017. doi: 10.1016/S0140-6736(20)32340-0. Epub 2020 Dec 1.

[2] Post COVID-19 condition. Geneva: World Health Organization (https://www.who.int/teams/health-care-readiness/post-covid-19-condition, accessed 23 December 2022).

[3] Rehabilitation needs of people recovering from COVID-19: scientific brief, 29 November 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/354394, accessed 23 December 2022).

[4] WHO and UNICEF. Global report on assistive technology. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/354357, accessed 23 December 2022).

[5] Kamenov K, Mills JA, Chatterji S, Cieza A. Needs and unmet needs for rehabilitation services: a scoping review. Disabil Rehabil. 2019 May;41(10):1227-1237. doi: 10.1080/09638288.2017.1422036.

LEADERSHIP AND NORMATIVE FUNCTION OF THE SECRETARIAT TO STRENGTHEN REHABILITATION IN HEALTH SYSTEMS

8. The Rehabilitation 2030 initiative, launched by WHO in 2017, and its Call for Action, urged stakeholders to recognize that rehabilitation is not merely a clinical specialty, but is an essential part of universal health coverage and that it should be embedded in health systems. The Call for Action has since created a common narrative about strengthening rehabilitation in health systems, including in primary health care, that has been adopted by an increasing number of stakeholders.

9. As part of the Rehabilitation 2030 initiative, the Secretariat developed and published a number of resources to support the strengthening of rehabilitation in health systems. In 2017, the Secretariat produced a report *Rehabilitation in health systems*, containing evidence-based guidance for Member States and stakeholders on strengthening and expanding the availability of good-quality rehabilitation services. In 2019, to support the preparation of comprehensive, coherent and beneficial national strategic plans, the Secretariat published *Rehabilitation in health systems: guide for action*. Using health system strengthening practices with a focus on rehabilitation, the guide leads governments through a four-phase process: situation assessment; developing a strategic plan; establishing processes for monitoring, evaluation and review; and implementing the strategic plan.

10. The Secretariat developed a rehabilitation competency framework as well as tools for evaluating and planning the rehabilitation workforce through understanding the level of development of the workforce, identifying important challenges and opportunities, formulating local, feasible and effective action plans, and estimating future availability of the rehabilitation workforce. The tools were piloted in several countries in 2021 and 2022.

11. A package of interventions for rehabilitation and a basic rehabilitation package for primary care (a resource for primary health care and low-resource settings) have been developed and integrated into the WHO Universal Health Coverage Compendium. These resources contain information on evidence-based interventions for rehabilitation relevant to health conditions associated with the greatest rehabilitation need as well as the greatest associated human and material resources required. These resources, which will soon be launched, will support the planning, budgeting and integration of rehabilitation into packages of essential services.

12. To improve access to assistive technology, the Secretariat developed the Priority Assistive Products List and accompanying product specifications. The Secretariat has also developed a free-of-charge online interactive training package to enable primary- and community-level personnel to provide simple assistive products safely and effectively, through a four-step process. The 2022 *Global report on assistive technology* highlighted that an estimated 2.5 billion individuals require one or more assistive products today – a number that is expected to rise to more than 3.5 billion by 2050.[1] The report includes guidance for improving the availability of assistive technology within all levels of health care and positions assistive technology as an integral part of universal health coverage.

13. To support the global response to COVID-19, rehabilitation was integrated into *Clinical management of COVID-19: living guidance*, which contains new recommendations for the rehabilitation of adults with post COVID-19 condition, and into the OpenWHO training courses for COVID-19. A scientific brief *Rehabilitation needs of people recovering from COVID-19* was also published. Operational guidance developed by the Emergency Medical Teams initiative for the preparedness for

[1] WHO and UNICEF. Global report on assistive technology. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/354357, accessed 23 December 2022).

and response to COVID-19 in community facilities also included rehabilitation. PAHO published *Rehabilitation considerations during the COVID-19 outbreak* and the Regional Office for Europe issued the second edition of a comprehensive leaflet *Support for rehabilitation: self-management after COVID-19-related illness*. In view of huge demand, this leaflet has been translated into more than 19 languages. To increase our understanding of the mid- and long-term sequelae of COVID-19, a case report form was made available for clinicians around the world.[1]

14. The Secretariat has taken a lead role in providing technical support and the coordination of rehabilitation responses in emergencies during 2021 and 2022 in countries such as Armenia, Equatorial Guinea and Ukraine. The Emergency Medical Teams initiative continued expanding the integration of rehabilitation into its guidance for conflict, disaster and outbreaks, and developed a community of practice of rehabilitation members of Emergency Medical Teams. Rehabilitation was also integrated into WHO tools for emergencies such as the package of essential health services during emergencies, the Health Resources and Services Availability Monitoring System (HeRAMS) and the WHO Trauma and Emergency Surgical Kit (TESK).

15. Building on Rehabilitation 2030 initiative and to support its implementation through advocacy activities for rehabilitation, the Secretariat recently launched the World Rehabilitation Alliance, a WHO-hosted global network of stakeholders. Leveraging WHO's strong convening power, the Alliance builds cohesion among groups of rehabilitation stakeholders, from non-State actors to intergovernmental organizations to Member States. The Alliance also facilitates alignment of activities related to rehabilitation with other WHO activities, and strengthens the coordination, reach and impact of collective actions among stakeholders in tackling the challenge that the large unmet need of rehabilitation poses to countries.

COUNTRY SUPPORT OF THE SECRETARIAT TO STRENGTHEN REHABILITATION IN HEALTH SYSTEMS

16. A number of Member States have started to prioritize rehabilitation as part of their health strategic plans over the past couple of years. This reflects the increasing unmet needs of people in those countries and is also a response to Rehabilitation 2030: A Call for Action. In 2018–2022, the Secretariat, in collaboration with development partners, supported 31 Member States to undertake the four-phase process to strengthen rehabilitation, including assistive technology, in health systems (the phases are outlined in paragraph 9). The Member States involved, as well as where they are in the process, are shown in the Table.

Table. Member States' progress in the four-phase process to strengthen rehabilitation, including assistive technology, in health systems[a]

Member State	Situation assessment	Developing a strategic plan	Establishing processes for monitoring, evaluation and review	Implementation of the strategic plan
Armenia	Completed	–	–	–
Benin	Completed	Completed	Completed	Continuing
Bolivia (Plurinational State of)	Completed	Completed	Completed	Continuing
Botswana	Completed	Completed	Completed	Continuing

[1] WHO global clinical platform for COVID-19 case report form (CRF) for COVID-19 sequelae (post COVID-19 CRF). Geneva: World Health Organization; 9 February 2021, revised 15 July 2021 (https://apps.who.int/iris/handle/10665/345299, accessed 24 November 2022).

Member State	Situation assessment	Developing a strategic plan	Establishing processes for monitoring, evaluation and review	Implementation of the strategic plan
Burkina Faso	Completed	Completed	–	–
Burundi	Completed	Initiated	–	–
Côte d'Ivoire	Completed	Completed	Completed	Continuing
El Salvador	Completed	Initiated	–	–
Ethiopia	Initiated	–	–	–
Georgia	Completed	Completed	Completed	Continuing
Guinea Bissau	Completed	Initiated	–	–
Guyana	Completed	Completed	Completed	Continuing
Iran (Islamic Republic of)	Initiated	–	–	–
Jordan	Completed	Completed	Completed	Continuing
Lao People's Democratic Republic	Completed	Completed	Initiated	Continuing
Mongolia	Completed	Completed	Completed	Continuing
Mozambique	Completed	Initiated	Initiated	
Myanmar	Completed	Completed	Completed	Continuing
Nepal	Completed	Initiated	–	–
Pakistan	Initiated	–	–	–
Rwanda	Completed	Completed	Completed	Continuing
Seychelles	Completed	Completed	Completed	Continuing
South Africa	Initiated	–	–	–
Sri Lanka	Completed	Initiated	–	–
Tajikistan	Completed	Completed	Completed	Continuing
Togo	Completed	Completed	Completed	Continuing
Uganda	Completed	Initiated	Initiated	–
Ukraine	Completed	Completed	Completed	Continuing
United Republic of Tanzania	Completed	Completed	Completed	Continuing
Viet Nam	Completed	Completed	Initiated	–
Zambia	Completed	Initiated	–	–

[a] Dashes indicate that the phase has not yet started.

17. In response to requests from Member States for specific assistance in strengthening access to assistive technology, the Secretariat has provided support to 35 countries in gathering data, developing national plans and strengthening the workforce.[1] In addition, 70 Member States have contributed data on the preparedness of their health systems to support assistive technology. Of these, 19 have completed assessments of their national capacity in assistive technology and nine have implemented training on assistive technology targeted at their primary health workforce.

[1] By December 2021, data collection using the rapid Assistive Technology Assessment tool (rATA) questionnaire was completed in 35 countries, comprising nearly 330 000 individuals. National population surveys were undertaken in Azerbaijan, Bhutan, Burkina Faso, Djibouti, Dominican Republic, Georgia, Indonesia, Islamic Republic of Iran, Iraq, Italy, Jordan, Kenya, Liberia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Poland, Rwanda, Senegal, Sweden, Togo and Ukraine. Subnational population surveys were completed in one or more regions of China, Guatemala, India, Malawi and Tajikistan. Moreover, population-based surveys on assistive technology were conducted in Bangladesh, Brazil, Costa Rica, Indonesia, Sierra Leone, the United Kingdom of Great Britain and Northern Ireland and the United Republic of Tanzania.

LESSONS LEARNED AND CHALLENGES REMAINING

18. Even though progress has been made in some countries in recent years in strengthening rehabilitation in health systems, rehabilitation needs continue to be unmet and rehabilitation is not part of primary health care and universal health coverage in most parts of the world, including during health emergencies resulting from conflict, disease outbreaks and sudden-onset disasters. This has devastating and long-term consequences for individuals and their families, societies and economies. Depriving individuals of rehabilitation exposes them to higher risks of poverty, marginalization in society and vulnerability to diseases, disorders, injuries and trauma.

19. Rehabilitation governance in many countries remains fragmented. There is a lack of integration of rehabilitation into universal health coverage and consequently in health services along the continuum of care, especially in primary care, resulting in inefficiencies and failure to respond to the needs of populations. Integration of rehabilitation across national health planning is very limited and detrimentally impacted by a significant lack of information about rehabilitation.

20. In most countries and settings, the current rehabilitation workforce is inadequate to serve the needs of the population. Severe workforce shortages in some countries, including a complete absence of practitioners of key occupations, such as speech and language therapists, prosthetists and orthotists, unemployment and poor integration, regulation and recognition hinder people's access to skilled rehabilitation workers. In most low- and middle-income countries, the rehabilitation workforce lags far behind other health-related providers such as doctors, nurses and pharmacists, and requires special attention and targeted action, including the implementation of task-sharing approaches.

21. There is a need to raise awareness among health decision-makers at all levels, including among health care providers, of the areas of application, benefits and value of rehabilitation across the life course and for a wide range of diseases, both communicable and noncommunicable.

22. More attention needs to be paid to the disparities in access to rehabilitation that occur as a result of various forms of marginalization. For instance, there is a gender gap in accessing rehabilitation, with women and gender minorities having less access to rehabilitation[1] compared with men.[2] Similarly, individuals from ethnic minorities and those living in poverty have less access to rehabilitation.[3] Such disparities in access to rehabilitation further worsen health inequities.

23. Given the rapidly growing and unmet need for rehabilitation as well as the importance of rehabilitation in the preparedness for and response to emergencies and humanitarian crises and the lessons learned from post COVID-19 condition, there is a need to strengthen rehabilitation in health systems, as part of universal health coverage and of emergency preparedness.

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[1] Rehabilitation through a gender lens. Learning, Acting and Building for Rehabilitation in Health Systems Consortium (ReLAB-HS); 2021 (https://www.hi.org/sn_uploads/document/Rehabilitation-through-a-gender-lens-ReLABHS-Factsheet-2021.pdf, accessed 4 December 2022).

[2] Kamenov K, Mills JA, Chatterji S, Cieza A. Needs and unmet needs for rehabilitation services: a scoping review. Disabil Rehabil. 2019 May;41(10):1227-1237. doi: 10.1080/09638288.2017.1422036.

[3] Newton R, Owusu N. Rehabilitation, recovery and reducing health inequity: Easing the pain. London: Chartered Society of Physiotherapy; 2022 (https://www.csp.org.uk/publications/easing-pain-rehabilitation-recovery-reducing-health-inequity, accessed 24 November 2022).

ACTION BY THE EXECUTIVE BOARD

24. The Board is invited to note the report and provide guidance on:

(a) how can rehabilitation be strengthened in health systems, primary health care and universal health coverage and as part of emergency preparedness? and

(b) how can the Secretariat best support Member States, international organizations and other relevant stakeholders in strengthening rehabilitation in health systems?

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