Madam Chair,

The world, and more specifically fragile and conflict affected countries are facing health and demographic challenges not only related to direct and indirect consequences of conflict, but ageing populations, unhealthy life styles and subsequent chronic diseases.

The increasing need for rehabilitation has become the ever-attractive agenda globally, but practically neglected and faces resource restriction especially in countries suffering from protracted conflict and inheriting weak, fragmented and donor dependent health systems.

Rehabilitation services, although, recognized as main part of universal health coverage and the continuum of care for everyone, but is still often perceived as a specific service for persons with disabilities, and non-essential for all people, ignoring the burden that its absence put on the shoulders of families and societies, its psychosocial consequences and the DALYs lost.

Imagine an Afghan women who lost her husband and young son during a roadside bomb explosion on their way to a wedding party, her daughter lost her eyes, her only surviving son suffers from speech problem, her PTSD is coupled with severe anxiety after she recently heard she was not allowed to work as cleaner in a humanitarian aid NGO anymore. Witnessing and hearing these pains can better help us realize the significance of availability of rehabilitation services and what its absence means for this Mother and many others.

In Afghanistan as a case study, the incidence of severe disabilities among adults and children, which stood at 2.7% in 2005, has risen steeply to 13.9%. I should say that Afghanistan is not the only case, and many other nations around the world shares similar stories.

These facts and stories urges exclusive policy attention to rehabilitation services to ensure required resource allocation in a contextualized integrated health services package addressing the institutional and human capital development needs and cultural interventions to mitigate the social stigma making the victims' social integration more difficult.

Investment in rehabilitation services should not be perceived as consumption, but the right investment in economy by improving DALY, better psychosocial support to families and societies, and a mean to the end of happier life not only for those affected by conflict or non-conflict related causes, but ourselves as well.

I thank you, Madam Chair