

Strengthening rehabilitation in health systems

Draft decision proposed by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda and Slovakia

The Executive Board, having considered the report on strengthening rehabilitation in health systems,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19). Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and comorbidities;

(PP2) Expressing deep concern that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

(PP3) Recognizing that rehabilitation requires more attention by policymakers and domestic and international actors when setting health priorities and allocating resources, including with regards to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

(PP4) Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;

(PP5) Emphasizing that rehabilitation services are key to the achievement of Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages), as well as an essential part of achieving target 3.8 (achieve universal health coverage, including financial

¹ Document EB152/8.

risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

(PP6) Reaffirming that rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health including sexual and reproductive health, the right to work, the right to education, among others; and that States' obligations and commitments in this regard are consistent with the United Nations Convention on the Rights of Persons with Disabilities;

(PP7) Noting the Declaration of Astana (2018), which emphasizes that rehabilitation is an essential element of universal health coverage and an essential health service for primary health care;

(PP8) Recalling resolution WHA54.21 (2001) and the International Classification of Functioning, Disability and Health which provides a standard language and conceptual basis for the definition and measurement of health, functioning and disability;

(PP9) Recalling the role of rehabilitation for effective implementation of resolution WHA66.10 (2013), in which the Health Assembly endorsed the global action plan for the prevention and control of noncommunicable disease 2013–2020; resolution WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020; resolution WHA71.8 (2018) on improving access to assistive technology; decision WHA73(33) (2020) on road map for neglected tropical diseases 2021–2030; resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies; and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities;

(PP10) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion;

(PP11) Noting that persons in marginalized or vulnerable situations often lack access to affordable, quality and appropriate rehabilitation services and to assistive technology, accessible products, services and environment, which impacts their health, well-being, educational achievement, economic independence and social participation;

(PP12) Concerned about the affordability of accessing rehabilitation services as well as related health products, and of assistive technology, and inequitable access to such products within and among Member States, as well as the financial hardships associated with high prices which impede progress towards achieving universal health coverage;

(PP13) Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed treatment, promotive, preventive, rehabilitative and palliative essential health services, while recognizing that for most people rehabilitation services and access to rehabilitation related assistive technology are often an out-of-pocket expense and ensuring that users' access to these services is not restricted by financial hardship or other barriers;

(PP14) Noting with concern that, in most countries, the current level of rehabilitation related workforce is insufficient in number and quality to serve the needs of the population, and

that the shortage of rehabilitation professionals is higher in low and middle income countries and in rural, remote and hard to reach areas;

(PP15) Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

(PP16) Noting that rehabilitation is a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment; and as such, rehabilitation is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society;

(PP17) Noting as well that the benefits of improving access to affordable assistive technology, accessible products, services and infrastructures and rehabilitation include improved health outcomes following a range of interventions, as well as facilitated participation in education, employment and other social activities, and significantly reduced healthcare costs and burden of care providers, and that tele-rehabilitation can contribute to the process of rehabilitation;

(PP18) Further noting that rehabilitation requires a human centred, goal oriented and holistic approach, guiding coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services and community development and to work in collaboration with civil society organizations, representative organizations and other relevant stakeholders;

(PP19) Recognizing that the provision of timely care for the acutely ill and injured will prevent millions of deaths and long term disabilities and contribute to universal health coverage;

(PP20) Concerned that lack of access to rehabilitation may expose persons with rehabilitation needs to higher risks of marginalization in society, poverty, vulnerability, complications and comorbidities; and impact on function, participation and inclusion in society;

(PP21) Noting with concern that the fragmentation of rehabilitation governance in many countries and the lack of integration of rehabilitation into health systems and services and along the continuum of care result in inefficiencies and failure to respond to individual and populations' needs;

(PP22) Noting with concern the lack of awareness among health care providers of the relevance of rehabilitation across the life-course and for a wide range of health conditions, leads to preventable complications, comorbidities and long-term loss of functioning;

(PP23) Appreciating the efforts made by Member States, the WHO Secretariat and international partners in recent years to strengthen rehabilitation in health systems, but mindful of the need for further action;

(PP24) Deeply concerned that, without concerted action, including through international cooperation, for strengthening rehabilitation in health systems, rehabilitation needs will continue to go unmet with long-term consequences for persons and their families, societies and economies;

(PP25) Noting WHO's initiative "Rehabilitation 2030: A Call for Action", which acknowledges the profound unmet need of rehabilitation, emphasizes the need for equitable access to quality rehabilitation and identifies priority actions to strengthen rehabilitation in health systems,

(OP)1. URGES Member States:¹

(OP)1.1 to raise awareness and build national commitment for rehabilitation including for assistive technology and strengthen planning for rehabilitation including its integration within national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery;

(OP)1.2 to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary;

(OP)1.3 to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop the community based rehabilitation strategy, which will allow to reach underserved rural, remote and hard to reach areas, whilst implementing person-centered strategy and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs;

(OP)1.4 to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation including after rehabilitation, and promoting inclusive barrier-free environment;

(OP)1.5 to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; recognizing and responding to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care;

(OP)1.6 to enhance health information systems to collect information relevant to rehabilitation, including system level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health (ICF); ensuring data disaggregation by sex, age, disability and any other context relevant factor

¹ And, where applicable, regional economic integration organizations.

for a robust monitoring of rehabilitation outcomes and coverage, ensuring compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage;

(OP)1.7 to promote high quality rehabilitation research, including health policy and systems research;

(OP)1.8 to ensure timely integration of rehabilitation in emergency preparedness and response, including emergency medical teams;

(OP)1.9 to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and innovation for efficient delivery and equitable access with a view to maximizing impact and cost-effectiveness;

(OP)2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies and academia:

(OP)2.1 to support Member States,¹ as appropriate, in their national efforts to implement the actions in the Rehabilitation 2030: A Call for Action, and to strengthen advocacy for rehabilitation, as well as support and contribute to the WHO hosted World Rehabilitation Alliance, a multi-stakeholder initiative to advocate for health system strengthening for rehabilitation;

(OP)2.2 to harness and invest in research and innovation in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, and support Member States, as appropriate, in collecting health policy and system research to ensure future evidence-based rehabilitation policy and practice;

(OP)3 REQUESTS the Director-General:

(OP)3.1 to develop with input from Member States and in collaboration with relevant international organizations and other stakeholders, and to publish, before the end of 2026, a WHO baseline report with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;

(OP)3.2 to develop, feasible global health system rehabilitation targets and indicators of effective coverage of rehabilitation services for 2030, focusing on tracer health conditions, for consideration by the Seventy-ninth World Health Assembly, through the 158th session of the Executive Board;

(OP)3.3 to develop and continuously support the implementation of technical guidance and resources to provide support to Member States in their national efforts to implement the actions of the Rehabilitation 2030: A Call for Action, building on their national situation in access to physical, mental, social and vocational rehabilitation;

¹ And, where applicable, regional economic integration organizations.

(OP)3.4 to ensure that there are appropriate resources at the WHO's institutional capacity, at headquarters, regional and local levels, to support Member States in strengthening and increasing the variety of available rehabilitation services and access to available, affordable and usable assistive technology, and to facilitate international collaboration in this regard;

(OP)3.5 to support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response as part of their investment in strengthening their own emergency medical teams, including by addressing the long-term rehabilitation needs of those affected by emergencies, including COVID-19;

(OP)3.6 to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

= = =