

Making the case for rehabilitation in the new EU Global Health Strategy

Absent in the EU health strategy from 2010, rehabilitation cannot be left out of the new strategy now under elaboration. The growing global needs, largely unmet, are per se a call to action. Rehabilitation is crucial to effectively respond to current health trends (ageing, increased prevalence of non communicable diseases, frequent health emergencies). Realising the EU's priority of strengthening human development requires supporting and investing in all health strategies, across the continuum of care.

What is rehabilitation?

Rehabilitation is a set of interventions designed to **optimize the physical, social, and mental functioning** of individuals in interaction with their environment.

Rehabilitation is person-centered and encompasses a broad range of therapeutic measures. These include provision of assistive technologies and devices, but also exercise, training, education, support and counselling, and adaptation of the environment to eliminate barriers.

Depending on an individual's conditions, the provision of assistive technology (for instance wheelchairs, crutches, prosthesis, hearing aids, screen readers...) would need to be combined with other rehabilitation activities, thus applying an integrated approach that considers rehabilitation services and assistive technology as interrelated and mutually beneficial. Rehabilitation personnel are a key component to make the best out of assistive technology.

Rehabilitation services are offered by a range of different professionals, often working together as part of multi-disciplinary teams: physiotherapists, occupational therapists, prosthetists and orthotists, physical and rehabilitation medicine specialists, psychologists, speech and language therapists, chiropractors, nurses and other health professionals, including community-based rehabilitation workers. Rehabilitation services may be found in a variety of health care settings, from communities, to primary health care centers, to tertiary and secondary level hospitals and clinics, to longer-stay rehabilitation centers.

As embedded in WHO framework, **rehabilitation is one of the core health services, along with promotion, prevention, treatment, and palliative care** and it is an integral part of Universal Health Coverage.

Why does rehabilitation matter?

By improving the health-outcomes and functioning, rehabilitation significantly **contributes to the realization of Sustainable Development Goal (SDG) 3**, on health and well-being. Rehabilitation fosters a person's autonomy, participation in life, and economic productivity - within a person's needs, wishes, capacity and opportunities - thus contributing to the realization of **several other SDGs** and of the overarching "leave no one behind" principle.

Rehabilitation has added health and wellbeing benefits, it is proven to shorten hospital stays and reduce readmissions and secondary health problems. As such, rehabilitation generates health

system economic benefits, and health-related costs for the individual and family will be less in the long-term.

Being able to function well strengthens human capacity and the work-force, reduces the number of days taken off work, increases participation and income, leading to sustainable poverty reduction and alleviating some of the time needed to be given by caregivers, mostly women.

Rehabilitation interventions are a worthy investment: they have shown to be cost-saving in a variety of disability conditions. For instance, there is a return of investment of 9:1 on assistive technology. For a child in a low- or middle-income country, assistive technology can make a difference of \$100,000 in lifetime income.

“Today I feel improvement in my physical and psychological condition” said Hothayfa. He is able to sit, walk using crutches and transfer to/ from a wheelchair. Also, Hothayfa feels that his relation with his family is good again, he has new friends around. “I have great hopes and I believe that my life will be better, I will go back to school for I have dreams for my future...” - Hothayfa, 18 years old, Lebanon.

A growing global need, largely unmet

Everyone might need rehabilitation at some point in their life, due to congenital and acquired disorders, chronic diseases, injuries, trauma, degenerative conditions, and other health conditions and disabilities that can limit the capacity to function in everyday life.

It is estimated that **2.4 billion people globally need rehabilitation**. The number of people in need of rehabilitation has increased by 63% from 1990 to 2019 and will continue increasing in the years to come. An ageing population, growing prevalence of non-communicable diseases and injuries have generated higher demand for rehabilitation services. Rehabilitation has also proven to be effective for people with infectious diseases, in the acute, post-acute, and long-term phases. More than half of COVID survivors experience post-COVID symptoms, and most of them are needing rehabilitation to facilitate long-term recovery.

Furthermore, COVID-19 pandemic has shown how fragile rehabilitation systems are at a global level, being one of the services that have been most disrupted at all levels during the pandemic, especially affecting the most fragile groups. **Despite the growing need, rehabilitation services are very often under-developed and under-resourced**. Rehabilitation continues being wrongly perceived as a non-essential health service for all patients when for many patients it is essential. As such, rehabilitation services are unavailable or unaffordable for the vast majority of the population who live in poverty, in rural areas, and in particular in low and middle-income countries. In addition, social-determinants of health considerably impact the identification of rehabilitation needs; access to quality rehabilitation services and assistive technology, for all ages; as well as motivation and participation in rehabilitation programs and their follow-up.

As a result, the unmet needs for rehabilitation are immense. **More than 50% of persons who need rehabilitation cannot access or know how to access the services they require**. In some low and middle-income countries, barriers for persons with disabilities are so significant that only 3-5% are able to access rehabilitation services. Globally, women are less likely to access rehabilitation, and when they do are more likely to experience poorer outcomes.

Looking separately at the global need for assistive technology, recent estimates show that **2.5 billion people need at least one assistive product**, and this number will rise to 3.5 billion in 2050. In some countries, the access to assistive technology is as low as 3%.

The urgency to strengthen rehabilitation in health systems

Considering that several health conditions generate demand for rehabilitation services and assistive technology (injuries, traumas, non-communicable diseases, infectious diseases, and aging just to mention some), **rehabilitation should be provided across the continuum of care and at all stages of life**, with an integrated approach that considers a range of services as well as the provision of assistive technology. Rehabilitation is also a core element of emergency preparedness and response. We know that health emergencies are going to increase in the decades to come and that early rehabilitation has a crucial role to play for preventing or reducing complications, speeding hospital discharge, and promoting long-term recovery during infectious disease outbreaks, conflicts, and disasters.

Health systems and responses worldwide are geared towards reducing mortality and morbidity. **The third health-indicator – functioning, which is the specific indicator for rehabilitation – often remains sidelined (and so do rehabilitation services)**. However, improving the health status of a population not only means reducing the number of deaths and of people affected by diseases, but also ensuring that people live, function, and participate at their best potential.

Effective integration of rehabilitation at all levels of health systems, especially within district hospitals, primary or community health care settings, and within communities – closer to where people live - can help ensure that everyone has access to rehabilitation services, in connection with other essential health, social, and education services. However, there is evidence that rehabilitation is not yet effectively integrated into many health systems globally and not properly resourced (both in terms of financial and human resources) for effective care provision.

In addition, inclusion of rehabilitation services and products in insurance coverage is highly variable or absent in most low-income countries. Worldwide, rehabilitation often represents an out-of-pocket expense, unaffordable for the most vulnerable and marginalized populations. **Rehabilitation services and assistive technology should be covered by financial risk protection mechanisms** (i.e. more robust and more inclusive health insurance programmes), with the objective of achieving universal health coverage and ensuring access to vulnerable populations including persons living in poverty.

"I am the mom of an 11-month-old boy who lives with a disability. To pay for membership in the rehabilitation center, I sold my furniture. I spend about 37 000 AR a month, which corresponds to 20 kilos of rice." Julia, 22 years old, Madagascar.

Rehabilitation in the global health policy scenario

Although rehabilitation is not explicitly mentioned in the Sustainable Development Goals, it is embedded in Sustainable Development Goal 3, in particular in target 3.8 which aims to achieve **universal health coverage** by 2030. The UN Political Declaration on Universal Health Coverage, adopted in 2019, reaffirmed that universal health coverage applies to essential health services across health promotion, preventive, curative, rehabilitative and palliative care. In addition, the

Declaration endorsed at the Global Conference on Primary Health Care (Astana, 2018) reaffirmed that rehabilitative services are a pivotal component of primary health care.

Article 26 of the [UN Convention on the Rights of Persons with Disabilities](#) (2006) - ratified by the European Union - is specifically dedicated to habilitation and rehabilitation, whilst article 19, recognizing the right to live independently, includes assistive technologies and devices.

Political attention and commitments on rehabilitation are increasing globally. The [World Health Organisation's \(WHO\) Rehabilitation 2030 Call for Action](#), adopted in 2017, calls for coordinated and concerted global action towards strengthening rehabilitation in health systems. The Call for Action was endorsed by a large number of stakeholders, including representatives from 18 WHO Member States. Based on this Call for Action, the WHO has developed several tools and initiatives, providing guidance to Member States and catalysing resources for rehabilitation. WHO has supported over 20 countries across all world regions to strengthen their health systems to better provide rehabilitation services. The number of countries requesting technical support from WHO is ever increasing. The WHO is now establishing the [World Rehabilitation Alliance](#), to be launched in early 2023, a global network of stakeholders whose mission is to support the implementation of the [Rehabilitation 2030 Initiative](#) through advocacy activities.

At the same time, upon the initiative of some WHO Member States and strongly called by civil society organisations, a [World Health Assembly's Resolution on rehabilitation](#) is in the pipeline for discussion and adoption. We trust such a resolution would leverage political recognition, set commitments for Member States and the WHO, allow for accountability, and mobilise additional resources. A World Health Assembly's Resolution on rehabilitation should complement the Resolutions "Improving access to assistive technologies" (2018) and "The highest attainable standards of health for persons with disabilities" (2021).

EU State of play

Despite the recent global attention to rehabilitation, there has been limited engagement at the EU level. For instance, the EU has not been vocal so far in the process towards a World Health Assembly resolution on rehabilitation, although some of its Member States have shown support. In addition, the engagements taken at the EU level for improving access to assistive technologies focus on the EU internal market.

At the Global Disability Summit, held in February 2022, the EU presented the commitment to "promote inclusive health care models and support integrated management of non-communicable diseases, disability and rehabilitation in primary health care". The EU Strategy for the Rights of Persons with Disabilities 2021-2030 affirms that persons with disabilities have the right to high-quality healthcare, including health-related rehabilitation and prevention. **While rehabilitation has been integrated, to a certain extent, in the EU disability discourse, it remains neglected in the EU development and health agendas** (and it is absent in the 2010 EU health strategy).

Rehabilitation is also connected to the research and innovation agenda, as innovative, digital, and ICT solutions can pave the road to new modalities of services' and products' provision, thus improving access for people in need. Humanity & Inclusion was awarded the European Union Horizon Prize for Affordable High-Tech for Humanitarian Aid, in the "Health and medical care" category, for the "TeleRehabilitation For All project".

The EU supports rehabilitation services and access to rehabilitation for people in need, via its official development assistance and emergency response. This engagement as a global health actor deserves to be leveraged and embedded in the EU strategic vision.

Our call for action

In the frame of the elaboration of a new EU Global Health Strategy, we call on the EU to:

1. **Embed in its strategic approach to health** not only the imperative of reducing mortality and morbidity, but also the urgency to foster people's daily functioning, participation, well-being, and quality of life.
2. **Recognise and respond to the growing global need of rehabilitation**, by investing financial, human and technical resources to strengthen the provision of quality rehabilitation services and assistive technology worldwide (considering the accessibility, acceptability, availability, and affordability of these services).
3. **Ensure compliance with other existing global and EU frameworks** and commitments, including those on universal health coverage and primary health care, the EU Strategy for the Rights of Persons with Disabilities 2021-2030, the EU Global Gateway, and
4. **Promote an integrated, people-centred health system model** through a comprehensive array of health services, including rehabilitation and provision of assistive technology, while encouraging engagement and empowerment of people and their families, carers, and communities.

This policy statement is co-produced and endorsed by:

Humanity & Inclusion, International Society for Prosthetics and Orthotics, International Spinal Cord Society, Light for the World, Liliane Foundation, World Federation of Occupational Therapists, World Physiotherapy, Euro Spine, and the International Society of Physical and Rehabilitation Medicine.

