

REHABILITATION

2030

a call for action

The participants of the meeting *Rehabilitation 2030* acknowledge the following:

- A. The unmet rehabilitation need around the world, and especially in low-and middle-income countries, is profound.
- B. Demand for rehabilitation services will continue to increase in light of global health and demographic trends, including population ageing and the increasing number of people living with the consequences of disease and injury.
- C. Greater access to rehabilitation services is required to “Ensure healthy lives and promote well-being for all at all ages” (Sustainable Development Goal (SDG) 3) and to reach SDG 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.*”
- D. Rehabilitation is an essential part of the continuum of care, along with prevention, promotion, treatment and palliation, and should therefore be considered an essential component of integrated health services.
- E. Rehabilitation is relevant to the needs of people with many health conditions and those experiencing disability across the lifespan and across all levels of healthcare. Thus, rehabilitation partnerships should accordingly engage all types of rehabilitation users, including persons with disability.
- F. Rehabilitation is an investment in human capital that contributes to health, economic and social development.
- G. The role of rehabilitation is instrumental for effective implementation of the *Global strategy and action plan on ageing and health (2016–2020)*, the *Mental health action plan (2013–2020)* and the *Framework on integrated people-centred health services*, and as a contribution to the efforts of the Global Cooperation on Assistive Technology (GATE) initiative.
- H. Current barriers to strengthen and extend rehabilitation in countries include:
 - i. under-prioritization by government amongst competing priorities;
 - ii. absence of rehabilitation policies and planning at the national and sub-national levels;
 - iii. where both ministries of health and social affairs are involved in rehabilitation there is limited coordination between them;
 - iv. non-existent or inadequate funding;
 - v. a dearth of evidence of met and unmet rehabilitation needs;
 - vi. insufficient numbers and skills of rehabilitation professionals;
 - vii. absence of rehabilitation facilities and equipment; and
 - viii. the lack of integration into health systems.

- I. There is an urgent need for concerted global action by all relevant stakeholders, including WHO Member States and Secretariat, other UN agencies, rehabilitation user groups and service providers, funding bodies, professional organizations, research organizations, and nongovernmental and international organizations to scale up quality rehabilitation.

In light of the above, the participants commit to working towards the following ten areas for action:

- 1 Creating strong leadership and political support for rehabilitation at sub-national, national and global levels.
- 2 Strengthening rehabilitation planning and implementation at national and sub-national levels, including within emergency preparedness and response.
- 3 Improving integration of rehabilitation into the health sector and strengthening inter-sectoral links to effectively and efficiently meet population needs.
- 4 Incorporating rehabilitation in Universal Health Coverage.
- 5 Building comprehensive rehabilitation service delivery models to progressively achieve equitable access to quality services, including assistive products, for all the population, including those in rural and remote areas.
- 6 Developing a strong multidisciplinary rehabilitation workforce that is suitable for country context, and promoting rehabilitation concepts across all health workforce education.
- 7 Expanding financing for rehabilitation through appropriate mechanisms.
- 8 Collecting information relevant to rehabilitation to enhance health information systems including system level rehabilitation data and information on functioning utilizing the International Classification of Functioning, Disability and Health (ICF).
- 9 Building research capacity and expanding the availability of robust evidence for rehabilitation.
- 10 Establishing and strengthening networks and partnerships in rehabilitation, particularly between low-, middle- and high-income countries.