

4-18-2018

## Scaling up rehabilitation - Towards an international policy agenda.

Christoph Gutenbrunner  
*Hannover Medical School*

Jerome Bickenbach  
*University of Lucerne; Swiss Paraplegic Research*


Kristian Borg  
*Karolinska Institutet, Danderyd Hospital*

Boya Nugraha  
*Hannover Medical School*

John L. Melvin  
*Thomas Jefferson University*

Follow this and additional works at: <https://jdc.jefferson.edu/rmfp>

See next page for additional authors

 Part of the [Rehabilitation and Therapy Commons](#)

[Let us know how access to this document benefits you](#)

---

### Recommended Citation

Gutenbrunner, Christoph; Bickenbach, Jerome; Borg, Kristian; Nugraha, Boya; Melvin, John L.; and Stucki, Gerold, "Scaling up rehabilitation - Towards an international policy agenda." (2018). *Department of Rehabilitation Medicine Faculty Papers*. Paper 34.  
<https://jdc.jefferson.edu/rmfp/34>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Rehabilitation Medicine Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

---

## Authors

Christoph Gutenbrunner, Jerome Bickenbach, Kristian Borg, Boya Nugraha, John L. Melvin, and Gerold Stucki

## SCALING UP REHABILITATION: TOWARDS AN INTERNATIONAL POLICY AGENDA

In February 2017, the World Health Organization (WHO) held a meeting at the Geneva headquarters entitled “Rehabilitation 2030 – a call for action”. For 2 days governments, non-governmental organizations (NGOs) and academic experts discussed the need to implement rehabilitation services everywhere in the world and to make these services available to all who need them. Although no formal decision was made, the background documents expressed a strong commitment to the following actions (1):

- Creating strong leadership and political support for rehabilitation at sub-national, national and global levels.
- Strengthening rehabilitation planning and implementation at national and sub-national levels.
- Improving integration of rehabilitation into the health sector to effectively and efficiently meet population needs.
- Incorporating rehabilitation in Universal Health Coverage.
- Building comprehensive rehabilitation service delivery models to progressively achieve equitable access to quality services, including assistive products, for all the population.
- Developing a strong multidisciplinary rehabilitation workforce suitable for the country context, and promoting rehabilitation concepts across all health workforce education.
- Expanding financing for rehabilitation through appropriate mechanisms.
- 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).
- Building research capacity and expanding the availability of robust evidence for rehabilitation.
- Establishing and strengthening networks and partnerships in rehabilitation, particularly among low-, middle- and high-income countries.

At this meeting, a document that included the WHO recommendations, entitled “Rehabilitation in health systems”, was launched (2). The document is based on scientific evidence concerning rehabilitation service implementation and intensive discussions of an international panel of experts. It comes to 7 main conclusions:

- Rehabilitation services should be integrated in health systems.
- Rehabilitation services should be integrated into

and between primary, secondary and tertiary levels of health systems.

- A multi-disciplinary rehabilitation workforce should be available.
- Both community and hospital rehabilitation services should be available.
- Hospitals should include specialized rehabilitation units for inpatients with complex needs.
- Financial resources should be allocated to rehabilitation services to implement and sustain the recommendations on service delivery.
- Where health insurance exists or is to become available, it should cover rehabilitation services.

This document also includes a practice statement on assistive products, which states: “Financing and procurement policies should ensure that assistive products are available to everyone who needs them” and that “adequate training should be offered to users to whom assistive products are provided”.

Since the enactment of the United Nations (UN) Convention on the Rights of Persons with Disabilities (3) a growing consensus is that steps should be taken to ensure that all people experiencing disability should have access to qualified rehabilitation services. In 2011, the WHO provided data on the prevalence of disability worldwide and documented gaps in rehabilitation service provision (4). As a result, the World Health Assembly adopted the “Global Disability Action Plan 2014–2017: Better health for all people with disabilities” identified as 2 of its objectives: “to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation” and “to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services” (5).

In light of the UN Sustainable Development Goals (6) the availability of health services is seen as one of the preconditions for sustainable country development. This can be achieved only if rehabilitation, as one of the main health strategies, is integrated in health systems. In light of the ageing population, the increase in chronic health conditions and higher survival rates after severe diseases and injury, the significance of rehabilitation as a response to increasing levels of disability worldwide is clear. Rehabilitation services, moreover, are not restricted to a minority of “people with disabilities”, but are for everyone in the population who can benefit from them.

This special issue deals with some aspects of the challenge of scaling-up rehabilitation in low- and middle-

income countries. Part 1 provides general discussions of the nature and importance of rehabilitation as a health strategy, in light of demographic and epidemiological trends, strategies for strengthening rehabilitation at the national level, developing techniques for assessing rehabilitation services, and implementing clinical quality management for rehabilitation services. Part 2 provides examples of country-level initiatives and projects that can contribute to better implementation of rehabilitation services. Also in this part there are examples of the role of NGOs and, in particular, the International Society of Physical and Rehabilitation Medicine (ISPRM), in scaling up rehabilitation services.

Future steps to be taken are:

- Disseminate information about principles of rehabilitation and rehabilitation needs.
- Analyse the life situation of persons experiencing disability and use the results to work on the implementation of rehabilitation in health systems.
- Develop methods to systematically describe rehabilitation services and to analyse service implementation at country levels.
- Describe prototype rehabilitation services and define standards for rehabilitation service implementation.
- Develop and implement quality management in rehabilitation based on the International Classification of Functioning, Disability and Health (ICF).
- Support projects to implement rehabilitation services into health systems.
- Support training programmes for rehabilitation professionals (including Community-based Rehabilitation Workers).
- Last but not least, civil society organization should

work towards the goal of Rehabilitation 2030 and take action to develop a common voice to advocate for these goals.

## REFERENCES

1. World Health Organization. Disability. Rehabilitation 2030: a call for action (cited 2017 Nov 14). Available from: <http://www.who.int/disabilities/care/rehab-2030/en/>.
2. World Health Organization. Rehabilitation in health systems. Geneva: WHO; 2017.
3. United Nations Convention on the Rights of Persons with Disabilities. Convention on the rights of persons with disabilities. G.A. Res. 61/106/611, 2006. (Cited 2017 Nov 14). Available from: <http://www.un.org/esa/socdev/enable/rights/convtexte.htm>.
4. World Health Organization & The World Bank. World Report on Disability. Geneva: WHO; 2011.
5. World Health Organization. WHO Global Disability Action Plan 2014–2021: Better health for all people with disability. Geneva: WHO; 2014.
6. World Health Organization. Geneva 2015 United Nations: A/RES/70/1. Goals to transform our world: the 2030 agenda for sustainable development. New York: UN; 2015.

*Christoph Gutenbrunner, MD, PhD, FRCP<sup>1</sup>, Jerome Bickenbach, LLB, PhD<sup>2,3</sup>, Kristian Borg, MD, PhD<sup>4</sup>, Boya Nugraha, MS, PhD<sup>1</sup>, John Melvin, MD, PhD<sup>5</sup> and Gerold Stucki, MD, MS<sup>2,3</sup>*

From the <sup>1</sup>Department of Rehabilitation Medicine, Hannover Medical School, Hanover, Germany, <sup>2</sup>Department of Health Sciences and Health Policy, Faculty of Humanities and Social Sciences, University of Lucerne, Lucerne, <sup>3</sup>Swiss Paraplegic Research (SPF), Switzerland, <sup>4</sup>Department of Clinical Sciences, Karolinska Institutet, Danderyd Hospital, Stockholm, Sweden, and <sup>5</sup>Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA  
E-mail: [gutenbrunner.christoph@mh-hannover.de](mailto:gutenbrunner.christoph@mh-hannover.de)