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, john.melvin@jefferson.edu*

*See next page for additional authors*

---

**Let us know how access to this document benefits you**

Follow this and additional works at: [https://jdc.jefferson.edu/rmfp](https://jdc.jefferson.edu/rmfp)

Part of the [Rehabilitation and Therapy Commons](https://jdc.jefferson.edu/rmfp)

---

**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](https://jdc.jefferson.edu/rmfp/34)
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 2030 – a call for action”. 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 into 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-
work towards the goal of Rehabilitation 2030 and take action to develop a common voice to advocate for these goals.

REFERENCES


Christoph Gutenbrunner, MD, PhD, FRCP1, Jerome Bickenbach, LLB, PhD2,3, Kristian Borg, MD, PhD4, Boya Nugraha, MS, PhD1, John Melvin, MD, PhD5 and Gerold Stucki, MD, MS2,3

From the 1Department of Rehabilitation Medicine, Hannover Medical School, Hanover, Germany, 2Department of Health Sciences and Health Policy, Faculty of Humanities and Social Sciences, University of Lucerne, Lucerne, 3Swiss Paraplegic Research (SPF), Switzerland, 4Department of Clinical Sciences, Karolinska Institutet, Danderyd Hospital, Stockholm, Sweden, and 5Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA

E-mail: gutenbrunner.christoph@mh-hannover.de