

Rehabilitation 2030

8–9 JULY 2019

MEETING REPORT



World Health
Organization

Rehabilitation 2030

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The Second Global Rehabilitation 2030 meeting took place on 8–9 July 2019, organized by the World Health Organization (WHO).

WHO would like to sincerely thank all participants of the meeting: representatives of Member States, United Nations agencies, WHO collaborating centres, bilateral organizations, civil society, professional organizations, rehabilitation experts and user groups, academia, and editors of journals.

MODERATORS, SPEAKERS AND PANELLISTS

The expertise and insights shared by the meeting moderators, speakers and panellists was greatly appreciated. Thanked in order of presentation: Dr Zsuzsanna Jakab (Deputy Director General, WHO), Dr Ren Minghui (Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO), Mr Dickson Mua (Minister of Health, Solomon Islands), Dr Phouthone Muonpak (Vice Minister of Health, Lao People's Democratic Republic), Dr Nosheen Hamid (Parliamentary Secretary, Pakistan), Dr Shodikhon Jamshed (Deputy Minister of Health, Tajikistan), Dr Pilar Aparicio Azcarraga (Director General of Public Health, Spain), Dr Alarcos Cieza (Department of Noncommunicable Diseases, WHO), Dr Somnath Chatterji (Data, Analytics and Delivery, WHO), Dr Karen Reyes (Department of Noncommunicable Diseases, WHO), Ms Kate Swaffer (Dementia Alliance International), Mr Ram Niwas Gupta (Retiree from the Ministry of Home Affairs, Government of India), Ms Jo Josh (British HIV Association), Ms Paige Stringer (Global Foundation For Children With Hearing Loss), Prof Theo Vos (Institute for Health Metrics and Evaluation), Dr Zee-A Han (Department of Noncommunicable Diseases, WHO), Dr Velephi Joana Okello (Deputy Director, Ministry of Health, Kingdom of Eswatini), Ms Renee Gasgonia (Health Policy Development and Planning Bureau, Philippines), Dr Temo Waqanivalu (Department of Noncommunicable Diseases, WHO), Dr Galina Ivanova (Ministry of Health, Russian Federation), Dr Yusniza binti Mohd Yusof (Ministry of Health, Malaysia), Dr Edward Talbott Kelley (Service Delivery and Safety, WHO), Ms Karin Stenberg (Universal Health Coverage/Health Financing, WHO), Mr James Campbell (Director, Health Workforce, WHO), Prof Neville Calleja (Director, Department for Policy in Health, Health Information and Research, Ministry of Health, Malta), Dr Soumya Swaminathan (Chief Scientist, WHO), Ms Pauline Kleinitz (Department of Noncommunicable Diseases, WHO), Dr Jones Ghabu (Ministry of Health and Medical Services, Solomon Islands), Prof Khin Myo Hla (Yangon General Hospital, Myanmar), Dr Kirsten Lentz



(United States Agency for International Development), Mr Darryl Barrett (WHO Regional Office for the Western Pacific), Ms Alexandra Rauch (Department of Noncommunicable Diseases, WHO), Professor Stefano Negrini (Cochrane Rehabilitation), Professor Katharina Stibrant Sunnerhagen (University of Gothenburg), Dr Diane Damiano (National Institutes of Health, USA), Professor James Middleton (International Spinal Cord Society), Dr Chiara Servili (Department of Mental Health and Substance Abuse, WHO), Raoul Bermejo (UNICEF), Mr Satish Mishra (WHO Regional Office for Europe), Ms Siobhan Fitzpatrick (Health Workforce Department, WHO), Ms Jody-Anne Mills (Department of Noncommunicable Diseases, WHO), Mr Antony Duttine (WHO Regional Office for the Americas), Mr Pete Skelton (Humanity and Inclusion), Dr Cornelia Anne Barth (International Committee of the Red Cross), Dr Hala Ali Sakr (WHO Regional Office for the Eastern Mediterranean), Ms Monika Mann (Johns Hopkins School of Public Health), Ms Gabriella Stern (Director for Department of Communications, WHO), Ms Susan Niam (Ministry of Health, Singapore), Ms Emma Stokes (World Confederation for Physical Therapy), Prof Lina mara Battistella (University of Sao Paulo Medical School), Ms Isabelle Urseau (Humanity and Inclusion), Dr Allen Heinemann (Archives of Physical Medicine and Rehabilitation), Mr Karsten Dreinhoefer (Global Alliance Musculoskeletal Health).

WHO SECRETARIAT

The following WHO secretariat members supported the organization and coordination of the meeting: Mr Toufic Abi-Chaker, Ms Elena Altieri, Ms Neha Bhaskar, Ms Dandan Chen, Dr Alarcos Cieza, Ms Seck Lian Bechis, Ms Helene Dufays, Ms Patricia Durand Stimpson, Ms Yasaman Etemadi, Mr Jose-luis Perez Garcia, Mr Paul Garwood, Dr Zee-A Han, Dr Kaloyan Kamenov, Ms Srishti Kapur, Ms Pauline Kleinitz, Ms Alina Lashko, Ms Lindsay Lee, Ms Elanie Marks, Dr Mario Martin-Sanchez, Mr Ricardo Martinez, Ms Jody-Anne Mills, Ms Alexandra Rauch, Mr Gilles Reboux, Dr Karen Reyes, Ms Martine Roubeyrie, Ms Laura Sminkey and Ms Christine Turin Fourcade.

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EXECUTIVE SUMMARY

There is a substantial and ever-growing unmet need for rehabilitation worldwide, which is particularly profound in low- and middle-income countries. Accessible and affordable rehabilitation is necessary for many people with health conditions to remain independent and live full lives.

The World Health Organization (WHO) launched Rehabilitation 2030: Call for Action in 2017, bringing together hundreds of rehabilitation stakeholders from around the globe. At the first Rehabilitation 2030 meeting in 2017, participants committed to key actions focused on improving rehabilitation leadership, political support and investment; expanding high-quality rehabilitation workforces and services; building stronger partnerships; and improving rehabilitation data collection and research capacity.

Two years after the launch of Rehabilitation 2030 it was time to take stock of progress and collectively plan next steps to continue advancing the global rehabilitation agenda. The Second Global Rehabilitation 2030 meeting took place 8–9 July 2019, at WHO headquarters in Geneva. The meeting brought together over 260 rehabilitation stakeholders from 65 countries, including Member States, United Nations agencies, civil society, professional organizations, academia, rehabilitation experts and user groups.

The meeting emphasized the importance of ‘functioning’ as WHO’s third health indicator alongside mortality and morbidity, highlighting rehabilitation’s central role in optimizing functioning. Personal stories and functioning data were shared to make the case for rehabilitation.

It was also acknowledged that, for rehabilitation to reach its full potential, efforts should be directed towards strengthening the health system as a whole, and integrating rehabilitation into universal health coverage. An overview was provided on the work underway to advance health financing mechanisms and packages of care, health workforce capacity, and health information systems in countries. Key WHO resources that can accelerate action at country level were presented, including the launch of the *Rehabilitation in health systems: guide for action* – a tool that supports countries to identify priorities and develop a strategic plan to increase quality, accessible and effective rehabilitation services.

MEETING OBJECTIVES

- To review actions undertaken to date for the Rehabilitation 2030 initiative by Member States, WHO and key rehabilitation stakeholders.
- To agree on concrete actions for rehabilitation in countries to advance the implementation of WHO’s Thirteenth General Programme of Work 2019–2023.
- To identify enablers and barriers for moving the global rehabilitation agenda forward.

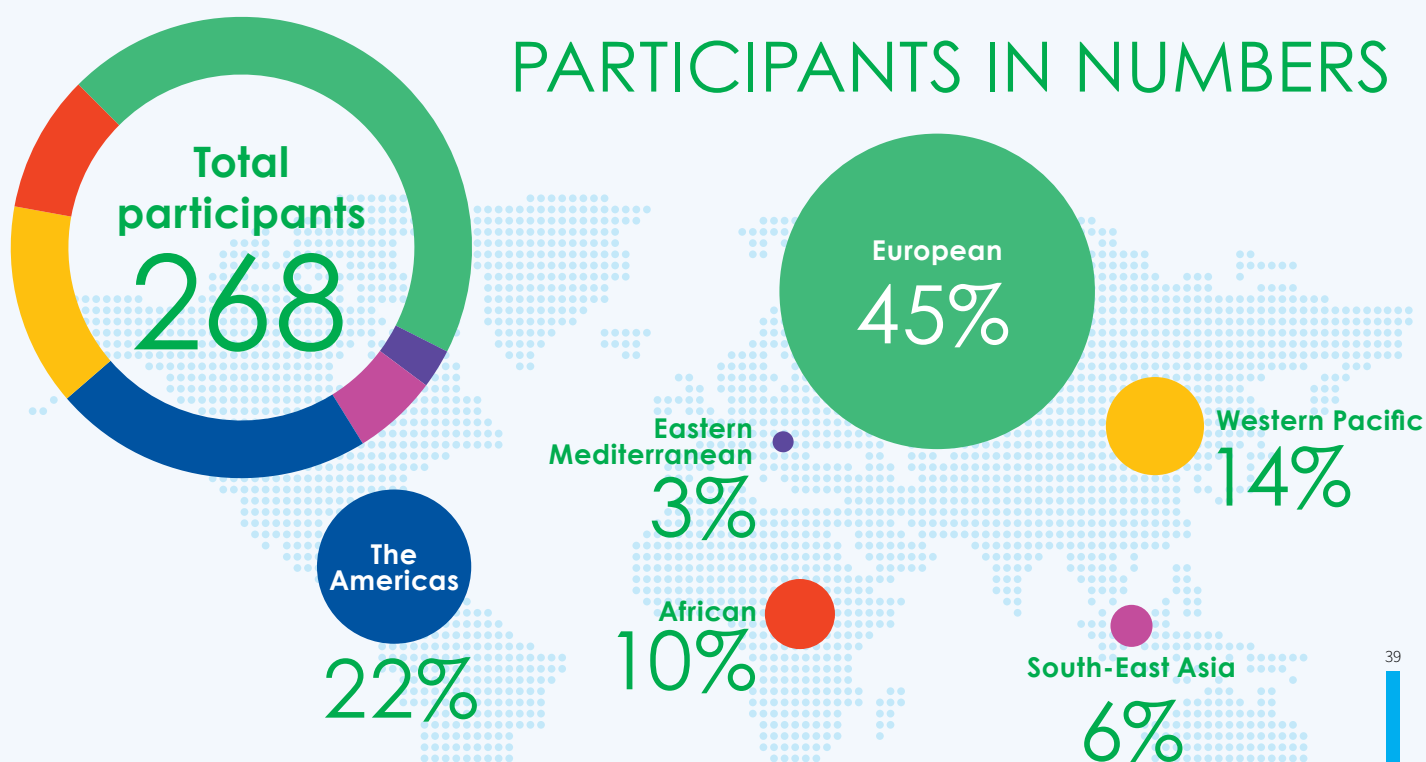
The meeting also:

- Showcased that **almost a third of the world’s population** lives with limitations in functioning and **could benefit from rehabilitation**.
- Recognized **universal health coverage as the vehicle** for making sure that everyone who needs rehabilitation receives quality services to optimize and maintain their functioning in everyday life.
- Acknowledged the need for **strengthening health systems in general and primary health care in particular** to deliver rehabilitation to reach all people in need.
- **Showcased progress to date**, using examples from Solomon Islands, Lao People’s Democratic Republic, Pakistan, Tajikistan, Spain, Eswatini, the Philippines, Russian Federation, Malaysia, Malta and Myanmar.

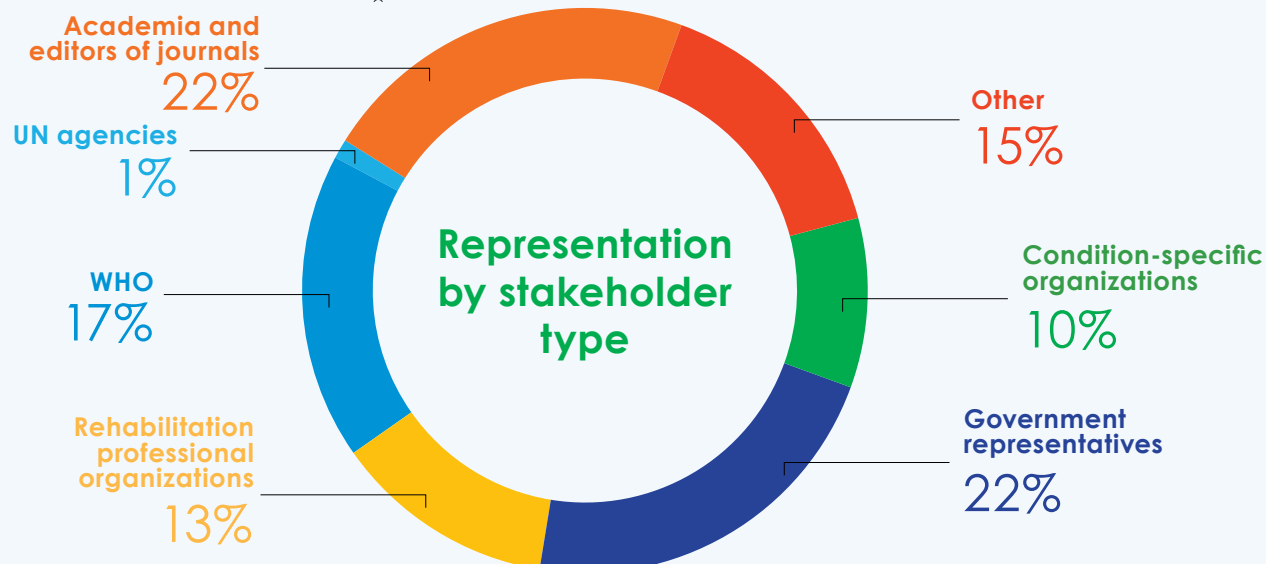
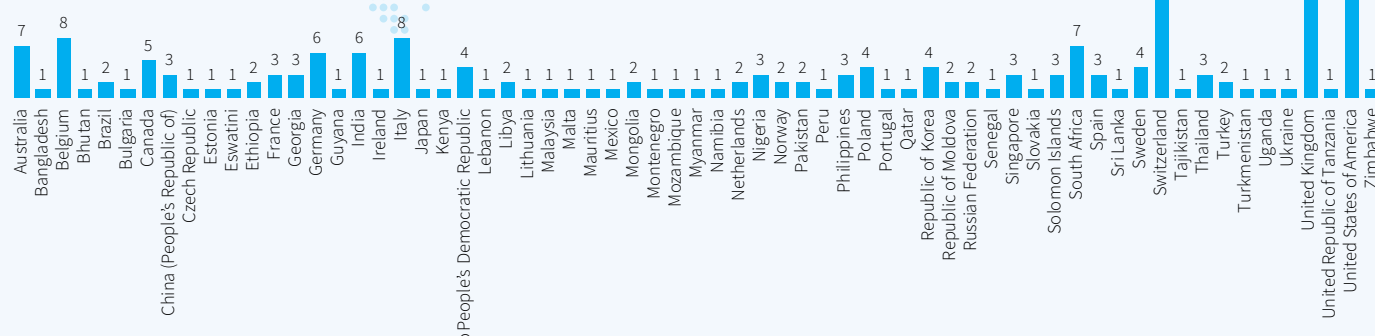
CONTENT OF THIS REPORT

- This report summarizes the key messages of the meeting, organized chronologically by session. The agenda and list of participants can be found in the annexes. Additional information, including the concept note and background reading, can be found on the meeting website: <https://www.who.int/rehabilitation/rehab-2030/en/>.

PARTICIPANTS IN NUMBERS



Participants from around the world
(excluding WHO Secretariat and UN agencies)





1. INTRODUCTION

Living a healthy life includes being independent, able to fulfill meaningful life roles, and participating in work and education. It is about optimal functioning in everyday life, including the ability to think, see, hear, move, communicate, work and create relationships.

Functioning, WHO's third health indicator alongside mortality and morbidity, is gaining importance in public health and health policy planning. Global health and demographic trends, including population ageing and an increase in the prevalence of noncommunicable diseases, are causing a rapid decline in the functioning of the population. The health, social and economic implications of this decline signify the urgent need for countries to invest in health services that not only reduce fatality and disease, but also improve people's functioning.

Rehabilitation directly targets functioning and is therefore critical in addressing this growing public health concern. Rehabilitation enables individuals to participate in everyday life, through optimizing functioning and reducing the impact of a health condition. However, in many parts of the world, rehabilitation services are under-resourced and underdeveloped, and the ever-growing need for rehabilitation is largely unmet.

In their opening remarks, Dr Zsuzsanna Jakab (WHO Deputy Director-General), and Dr Ren Minghui (Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO) stressed the importance of addressing these unmet needs, with rehabilitation playing a central role in the future public health agenda. Dr Jakab's full opening remarks can be found in Annex A.

Dr Zsuzsanna Jakab reflected on the initial Rehabilitation 2030: Call for Action, launched by WHO in 2017. The initiative called for coordinated action from all stakeholders to improve rehabilitation leadership, political support and investment; integrate rehabilitation within

“Rehabilitation is key to the achievement of all three of WHO’s ambitious targets: 1 billion more people with universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more lives made healthier.”

- Dr Zsuzsanna Jakab, WHO Deputy Director-General



“For rehabilitation to realize its full potential ... it needs to be fully integrated into the health system, specifically strengthened at primary care level, and included in universal health coverage.”

- Dr Ren Minghui



health systems and emergency preparedness; expand high-quality rehabilitation workforces and services; build stronger partnerships; and improve rehabilitation data collection and research capacity. Since the initial call, she noted that WHO has supported approximately 20 countries to strengthen health systems to better provide rehabilitation services.

1.1 WHY IS REHABILITATION IMPORTANT? COUNTRY PERSPECTIVES

A keynote address from Mr Dickson Mua, Minister of Health, Solomon Islands, highlighted progress made in the Solomon Islands since the Rehabilitation 2030: Call for Action in 2017. The rehabilitation division of the Ministry of Health and Medical Services is actively working to improve integration of services as part of universal health coverage, improve referral processes, and develop the workforce. With WHO support, the Ministry started implementing the *Rehabilitation in health systems: guide for action*, identifying existing gaps and opportunities, and developing the country’s first National Strategic Plan on Rehabilitation.

“Addressing these priorities is essential if we expect to see a healthy Solomon Islands and if we want to support people who are managing the impacts of NCDs. While we still have a long way to go, we know that with the guidance of our new [National] Strategic Plan on rehabilitation, we have a roadmap on how we can better deliver rehabilitation.”

- Mr Dickson Mua, Minister of Health, Solomon Islands



Several Member State representatives, including Dr Phouthone Muongpak (Deputy Minister of Health, Lao People's Democratic Republic), Dr Nosheen Hamid (Parliamentary Secretary, Pakistan), Dr Shodikhon Jamshed (Deputy Minister of Health, Tajikistan) and Dr Pilar Aparicio Azcarraga (Director General of Public Health, Spain) echoed Mr Mua's comments, emphasizing the importance of rehabilitation and sharing experiences from their respective countries.

"In March 2019 the Ministry of Health conducted a Systematic Assessment of Rehabilitation Situation... This assessment provided an opportunity to review the current status and further guide next steps in the health sector."

- Dr Phouthone Muongpak



"This is a very important issue which needs global focus and all Member States to work together to achieve the agenda of optimizing people's functioning for productive lives."

"Assistive technology is a key element in rehabilitation... Pakistan has played a leadership role in moving the agenda of improving access to assistive technology at global, regional and national levels."

- Dr Nosheen Hamid



"Rehabilitation and its integration has become a priority for the Republic of Tajikistan... Rehabilitation is necessary not only for persons with disabilities but those who suffer the consequences of trauma and disease, and to promote healthy living. It is a very important to reduce the social and economic burden on the country."

- Dr Shodikhon Jamshed



"Having a model that is based on the primary health care approach facilitates coordination of all the different ministries as well as the integration of [rehabilitation] services... We need to make sure that there is equitable geographical distribution of [rehabilitation] care."

- Dr Pilar Aparicio Azcarraga



1.2 REHABILITATION AT WHO

- Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

What is the ultimate health goal of WHO and Member States?

The key goal of WHO and Member States is to attain the highest possible standard of health for all. This goal is monitored by **three health indicators**:

Mortality • Morbidity • Functioning



What is functioning, and why is it important?

Functioning is how everyday life is lived. It is about seeing, communicating, maintaining relationships, eating, working and moving around. Today, an increasing number of people are living with the consequences of injuries, noncommunicable diseases and ageing that affect their level of functioning. Data on functioning are integral for policy development and service planning, in order to adequately address population needs.

Rehabilitation is the key health strategy for optimizing functioning. However, in many regions of the world there continue to be significant unmet needs for rehabilitation, and in some countries more than 50% of people who require rehabilitation services do not receive them.

How can rehabilitation reach its full potential?

For rehabilitation to reach its full potential, it needs to be fully integrated along the continuum of care and across all levels of the health system, as part of universal health coverage. In particular, it is essential that rehabilitation is integrated at primary care level, to ensure services are brought closer to the community, reducing cost and improving the equity and timeliness of service delivery.

Rehabilitation cannot be strengthened alone, rather, the whole health system needs to be strengthened to better provide quality rehabilitation services. This includes strengthening governance and leadership, financing, health information systems, workforce, essential medicines and assistive technologies and service delivery.

2. FUNCTIONING: A PUBLIC HEALTH GOAL

2.1 WHAT DOES FUNCTIONING MEAN TO ME?

Moderator Dr Somnath Chatterji, from the Division for Data, Analytics and Delivery at WHO, explores what functioning means to individuals in their everyday lives, speaking with five different panellists.

"It is not enough to know why people die, and what illnesses they have. Perhaps what matters even more is to know how they live... to understand how health conditions play out in their day-to-day life."

- Dr Somnath Chatterji, Data, Analytics and Delivery, WHO



"The car was completely destroyed. My spinal cord, my vertebrae, were too... I had to adapt to my new normal. Getting used to the basics of what is a life in a wheelchair... Today I can say I function to my fullest. Rehabilitation has been key to where I am now in my functioning."

- Dr Karen Reyes, Department of Noncommunicable Diseases, WHO



"Being diagnosed myself with a rare younger onset dementia aged 49 has impacted my everyday functioning significantly... Maintaining functioning currently means... strategies and support, including using many forms of soft and hard technology."

"Rehabilitation may not be a cure for dementia, but it means now I am able to continue to live an active, and very productive and meaningful life, with continued opportunities to contribute to society."

- Ms Kate Swaffer, Dementia Alliance International



"It made me determined to overcome the limitation caused by a stroke... And re-learn skills which I lost... I am now living a fulfilling life which I thought was an unachievable goal."

- Mr Ram Niwas Gupta, New Delhi, India



"Functioning well is very much about being useful in society, playing a role. I now use my communication skills to increase knowledge about HIV through the media, through the health system, and with government... I also talk openly about what it is like to live with HIV at a personal level because I want to normalize this illness."

- Ms Jo Josh, British HIV Association, United Kingdom



"I was born with a profound hearing loss which means when I take off my hearing technology I am completely deaf... Hearing is an integral sense for our connection with the world. So functioning for me is the ability to engage fully within the world and communicate with others in spite of my hearing loss."

- Ms Paige Stringer, Global Foundation for Children With Hearing Loss



2.2 FUNCTIONING INFORMATION IN THE GLOBAL BURDEN OF DISEASE: MAKING THE CASE FOR REHABILITATION

- Professor Theo Vos, Institute for Health Metrics and Evaluation

Professor Vos discussed preliminary estimates on the number of people who could benefit from rehabilitation using data from the Global Burden of Disease (GBD).



Estimating the number of people who could benefit from rehabilitation

Professor Vos and his colleagues identified diseases and consequences of diseases from the GBD that suggest a strong need for rehabilitation. GBD estimates from 2017 were included, and key preliminary findings were presented according to disease group, age, sex and WHO region. The data were also aggregated to estimate the global number of people who could benefit from rehabilitation, taking into account the co-occurrence of conditions. Asymptomatic health conditions and milder health states were excluded from the analysis.

Future directions

Understanding those that could benefit from rehabilitation will be important for future rehabilitation service planning. The Institute for Health Metrics and Evaluation and WHO will continue to collaborate on this area of work, and will consider further analysis by country, inclusion of data from additional time points and impairment and disease groups, and to forecast future needs. An online visualization tool will also be explored to show rehabilitation needs by country and health condition.

While the estimates made a strong preliminary case for rehabilitation, Member States were urged to strengthen health information data sources in country. Such data would go far to improve GBD estimates, strengthen advocacy and inform policy and service development.

2.3 GOING BEYOND GBD TO MEASURE THE IMPACT OF REHABILITATION

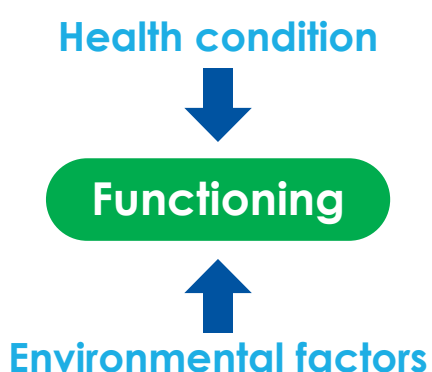
- Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO



Why should we collect information on functioning at population level?

Functioning is the outcome of the interaction between a person with a health condition, and their environment.

Rehabilitation interventions target people's health conditions and their environment, meaning information on both factors is crucial to truly understanding rehabilitation needs and impact at population level. However, many estimates of functioning at population level exclusively measure limitations in functioning as a direct consequence of the health condition, and fail to take environmental factors into account. While estimates such as those calculated using GBD data are extremely effective in making the case for rehabilitation, if we want to understand the impact rehabilitation has in the population at large we must collect and report information about health conditions, the environment and most importantly functioning as the outcome of the interaction between the person with the health condition and the environment.



Is it feasible to collect functioning data at the population level?

Collecting information on both functioning and environmental factors can be complex at population level, but is achievable. Dr Cieza cited the example of the Philippines, which conducted the WHO Model Disability Survey in 2016 to gain comprehensive information about the distribution of functioning limitations, unmet needs and key environmental barriers faced by individuals with moderate to severe functioning limitations. This information is set to be used for policy and service development, monitoring progress, and cross-country comparison. Find out more about the Model Disability Survey at <https://www.who.int/disabilities/data/en/>.

3. REHABILITATION: THE HEALTH STRATEGY FOR FUNCTIONING

3.1 REHABILITATION ACROSS ALL LEVELS OF CARE

- Dr Zee-A Han, Department of Noncommunicable Diseases, WHO

Dr Han provided an overview of rehabilitation and emphasised the importance of integrating rehabilitation across all levels of the health system. The meeting background paper *Rehabilitation: the health strategy of the 21st century, really?*, also addresses this topic, and can be accessed at <https://www.who.int/rehabilitation/Rehabilitation-the-health-strategy-of-the-21st-century.pdf?ua=1>.

What is rehabilitation?

WHO defines rehabilitation as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation is:

- needed by anyone with a health condition, impairment or injury, acute or chronic, that limits functioning;
- for people of all ages across the lifespan;
- time-bound, with a start and end point, and goal-based;
- an investment, with benefits for both the individuals and society. It can help to mitigate medical costs, enable participation in education, work and social integration, and improve well-being.

Rehabilitation is about person-centred care

In the 21st century the focus is on person-centred care and a holistic view of health. Person-centred care, empowerment and goal setting are at the core of rehabilitation.

Rehabilitation should be integrated across all levels of the health care system

Successful integration requires effective referral pathways, and availability of workforce and resources, including assistive technology.

“To reach its full potential, and to obtain maximum health outcomes, quality rehabilitation needs to be available at all levels of the health care system, particularly at primary health care level.

“Rehabilitation [...] needs to be incorporated into all national health strategies and national health plans, to achieve better functioning.”

- Dr Zee-A Han



3.2 INTEGRATING REHABILITATION AT PRIMARY CARE LEVEL

Dr Velephi Joana Okello (Deputy Director, Ministry of Health, Eswatini) and Ms Renee Gasgonia (Health Policy Development and Planning Bureau, the Philippines) provided examples of how rehabilitation is being integrated at primary care level in their countries.

Eswatini



To achieve integration of rehabilitation at primary care level, Eswatini undertook the following measures:

- **Strengthened leadership and political support**, including rehabilitation in the national strategic plan, in health planning processes and the Essential Health Care Package.
- **Decentralized services** to ensure services were available close to the community.
- Established **effective referral mechanisms** between the different levels of the health care system.
- **Invested in workforce** training and innovative workforce modelling, training Rural Health Motivators and other community health workers.
- Increased **availability of assistive technology** through a Referral Medical Scheme.
- Established a **monitoring and evaluation framework** to track progress.

The Philippines

The Philippines used several approaches to integrate rehabilitation at primary care level:

- **Access to rehabilitation services were increased and costs reduced** through development of a health insurance Z-benefit package for children, including hearing, vision, mobility and developmental services.
- **Rehabilitation, assistive technology and community-based rehabilitation were expanded** through:
 - governance, financing and regulatory measures, integrating rehabilitation into high-level policy documents, developing a Philippine Action Plan for Rehabilitation, and investing in rehabilitation and assistive technology;
 - training and capacity building of community-based workers;
 - production of inexpensive assistive technology using locally sourced materials.
- **Data collection and research were strengthened**, through increased investment and commitment in undertaking a Systematic Assessment of Rehabilitation Situation.

“We look at rehabilitation not as the end in the continuum of health service, but rather already at the forefront from the very beginning – integrated in the preventive part, and the promotive part.”

- Ms Renee Gasgonia



3.3 INTEGRATING REHABILITATION INTO THE NONCOMMUNICABLE DISEASES PRIMARY HEALTH CARE AGENDA

- Dr Temo Waqanivalu, Department of Noncommunicable Diseases, WHO



Noncommunicable diseases (NCDs) are the leading cause of death and disability worldwide, with approximately 40 million deaths due to NCDs per year. Rehabilitation is essential to reduce the impact, and prevent complications associated with many NCDs such as diabetes, obesity and stroke.

In order to achieve best possible outcomes, rehabilitation should be available in the early phases of recognition of NCDs, and be delivered alongside promotive, preventive and curative health services.

Most importantly, rehabilitation is a natural fit within primary health care. The underlying primary health care principles of multisectoral action and empowerment of individuals and communities directly align with principles of rehabilitation.

Integrating rehabilitation into the NCD primary health care agenda will require:

- available data on functioning and disability;
- inclusion of rehabilitation in general and stand-alone technical packages and tools.



3.4 INTEGRATING REHABILITATION IN SECONDARY AND TERTIARY LEVEL

- Dr Galina Ivanova, Ministry of Health, Russian Federation



In 2015–16 the Russian Federation underwent a pilot project to develop a medical rehabilitation system, to fully integrate rehabilitation into all levels of the health-care system. Rehabilitation is now available in all acute units, rehabilitation hospitals, departments and outpatient clinics throughout the country, and tele-rehabilitation services, mobile rehabilitation teams and research centres have been established.

There is a strong emphasis on multidisciplinary rehabilitation teams in the Russian Federation, which has significantly improved goal setting, continuity of care and follow up. Effective referral mechanisms have been developed, with individuals referred depending on their health condition, impairment and level of functioning. Referral is further strengthened through the use of electronic medical records that align with International Classification of Functioning, Disability and Health (ICF), allowing for easy transfer of comprehensive information between centres.

Integration of rehabilitation at the secondary and tertiary level within the Russian Federation has positively resulted in:

- improved assessment of quality and outcomes of patients;
- increased effectiveness of specialized health care;
- reduced mortality, reduced disability, improved functioning and increased quality of life for individuals;
- more cost-effective use of workforce, equipment and consumables.

3.5 INTEGRATING REHABILITATION IN MEDICAL SPECIALTIES

Both Dr Pilar Aparicio Azcarraga (Ministry of Health, Spain) and Dr Yusniza binti Mohd Yusof (Ministry of Health, Malaysia) reflected on experiences of integrating rehabilitation into medical specialties in their respective countries.

Both highlighted the importance of a **multidisciplinary approach**, where rehabilitation is well connected to other medical specialties so that people can receive rehabilitation services when and where they need them, across the continuum of care.

Coordination of multidisciplinary rehabilitation services relies on **effective communication** between all relevant stakeholders, including the patient and their family, the multidisciplinary team, different health services, and other sectors such as social services.

Training of other health professionals on rehabilitation is essential for effective referral pathways and coordination of services. Other health professionals should receive training on functioning and the unique contribution of rehabilitation providers within the team.

"We need a multidisciplinary approach. This will help us find solutions for the health problems that we are faced with today. Therefore, we are looking for a conductor that can lead this orchestra."

- Dr Pilar Aparicio Azcarraga



"It should be a dual relationship, you must know what the others are doing, and they must understand what you are doing as well. This understanding and continuous communication improves the continuum of care for patients... It [closes] the gap between specialties."

- Dr Yusniza binti Mohd Yusof





4. UNIVERSAL HEALTH COVERAGE & HEALTH SYSTEM STRENGTHENING; OPPORTUNITIES FOR REHABILITATION

Dr Edward Talbott Kelley (Service Delivery and Safety, WHO) set the scene for this session, providing an overview of where rehabilitation sits within the broader agenda of universal health coverage and the Sustainable Development Goals.

Addressing population needs across promotive, preventative, rehabilitative, curative and palliative care services is essential for achieving the goals laid out in the sustainable development agenda. The best approach to strengthening these services is through strengthening the health system as a whole.

We need to first address the knowledge gaps of decision-makers related to health financing, ensuring that rehabilitation evidence is integrated into existing processes for universal health coverage. Secondly, we need to address labour market challenges and health workforce capacity for those that demand, design and provide rehabilitation services. And finally, we need adequate health information systems and evidence on rehabilitation to inform decision-making at all levels of the health system.

4.1 PACKAGES OF CARE AND FINANCING

- Ms Karin Stenberg, Universal Health Coverage/Health Financing, WHO

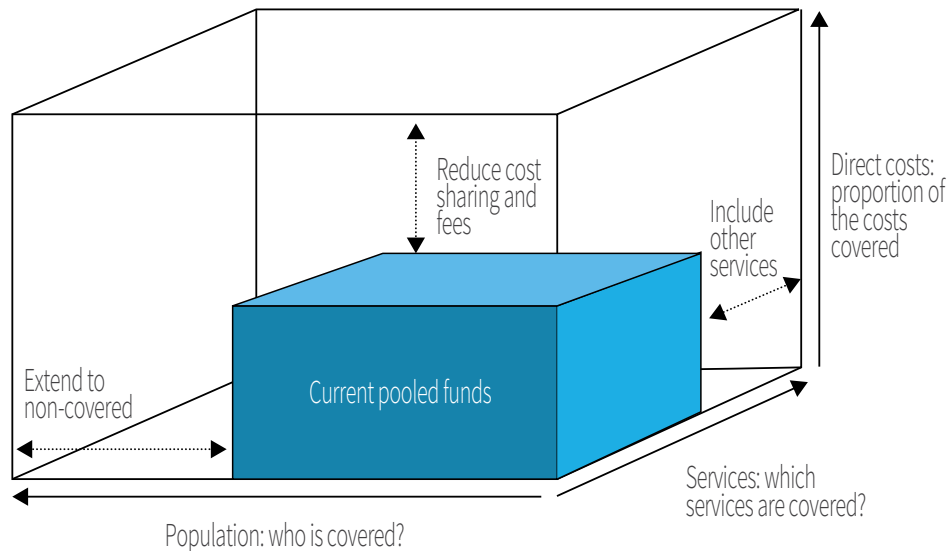
What is the goal of universal health coverage (UHC)?

UHC aims to ensure that everyone receives the promotive, preventive, curative, rehabilitative and palliative health services they require without risk of financial hardship. UHC strives for these services to be equitable and of sufficient quality.



The three dimensions to consider when moving towards universal coverage are:

- The population that is covered
- The services that are covered
- The proportion of the cost that is covered



UHC is represented with a cube, with the outer limits representing maximum service coverage across all dimensions. However, in reality, resources are scarce in all settings. It is therefore important to prioritize what will be covered through the development of a package of health services.

Providing a quality package of services requires a strong, efficient, well-run health system, including:

- access to essential medicines and other health technologies;
- sufficient numbers of well-trained and motivated health workers;
- a financing system that considers affordability.

“The challenge for us is to consider rehabilitation in all of these phases and in all of the dimensions when we look at advancing the UHC agenda.”

- Ms Karin Stenberg



How do we ensure that rehabilitation is part of UHC?

WHO is developing a repository of recommended UHC interventions, including rehabilitation interventions. The repository will be developed into an interactive website allowing access to information through multiple entry points (e.g. delivery platform, life-course stage, target population).

How do countries set the priorities for UHC?

The prioritization process for health packages includes different dimensions:

- **Technical considerations** – burden of disease, cost and clinical effectiveness.
- **Political considerations** – electoral factors, fiscal issues, budget impact, and sustainability.
- **Ethical considerations** – societal priorities and concerns, and equity.

Each country will decide on the criteria they will use, in alignment with these three dimensions (it is therefore essential that rehabilitation evidence aligns with, and integrates into, these dimensions). An investment case for rehabilitation needs to be created, showing the health, economic and functioning gains from rehabilitation interventions. This information is critical for country dialogue, to guide decision-makers when the high priority and essential packages of health services are created in country.

4.2 ADDRESSING WORKFORCE CHALLENGES FOR REHABILITATION

- Mr James Campbell, Director, Health Workforce, WHO



What are the key workforce challenges?

The changing global context, including health trends, globalization, migration, climate change, rising costs and urbanization, have created substantial challenges for health workforce planning and development.

There is a significant mismatch in the needs of, demand for, and supply of health workforce at a country, regional and global level, with greater mismatch occurring in low- and middle-income countries.

The global economy is predicted to generate an additional 40 million new jobs in the health sector by 2030, almost double the current skilled workforce. The rehabilitation workforce is among the fastest-growing occupations in the health economy. This is a significant consideration that health systems will need to address in the coming years, particularly in terms of job creation, distribution and effective utilization of the skilled workforce.

Mr Campbell also notes that the rehabilitation workforce is complex, involving many different professionals. While this diversity reflects the richness of rehabilitation, it can also create a challenge when scaling-up rehabilitation in countries.

How can the challenges be addressed?

To address challenges related to the diverse rehabilitation workforce, it is important that rehabilitation professionals embrace a common identity linked to rehabilitation as a field, and not one rooted in their own personal specialism, in order to move the field forward.

Broader workforce challenges are being addressed by WHO through the lens of a Health Labour Market Framework for UHC. The framework illustrates the link between the education and employment sector, and outlines key factors that need to be considered to ensure quality services and sustainable workforce availability for UHC, particularly at primary health care level.



WHO's **Global strategy on human resources for health: Workforce 2030** was published in 2016, outlining four key objectives for ensuring available, accessible, acceptable, quality health workforces through adequate investment in health system strengthening:

1. Optimize the existing workforce
2. Anticipate and align investment in future workforce requirements
3. Strengthen individual and institutional capacity
4. Strengthen data, evidence and knowledge, for cost-effective policy decisions

The **UN Commission on Health Employment and Economic Growth** put forward a set of recommendations to accelerate investment in transformative education, skills and job creation. The proposed actions will help to advance human capital development and inclusive economic growth (see <https://www.who.int/hrh/com-heeg/reports/en/> for more information).

What is the way forward for rehabilitation?

Future efforts need to focus on understanding the health and social workforce profile for rehabilitation, aligning education and training to population needs, and optimizing the workforce skills mix to feasibly deliver rehabilitation interventions. Future WHO resources will guide this process, including:

- WHO Global Competency Framework for UHC
- WHO Rehabilitation Competency Framework
- Health Labour Market Toolkit
- WHO guidelines on improving attraction, recruitment and retention of health workers in rural and remote areas

4.3 INTEGRATING REHABILITATION INFORMATION IN HEALTH INFORMATION SYSTEMS

- Prof Neville Calleja, Director, Department for Policy in Health, Health Information and Research, Ministry of Health, Malta



What is best practice for using health indicators?

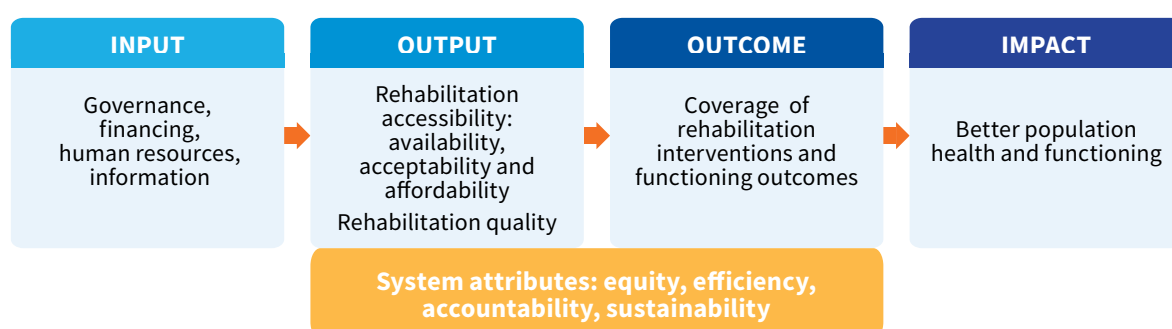
Health indicators describe a specific component of health or the health system, and are important for monitoring progress, resource allocation, and guiding policy action. Efficient and sustainable health indicators are those that are simple, requiring only basic data, yet allow for a robust view of the situation. Indicators should be valid, reliable, relevant, actionable and feasible, while also allowing for international comparability. A good indicator has the potential to enhance data collection efficiency, quality, transparency and accountability.

Health indicators rely on appropriate data sources and data collection methods. Policy-makers require access to good quality, up-to-date data at the individual, programme and population level. Data collection methods should be in line with international standards and recommendations, to ensure international feasibility and comparison.

Which indicators should be used to monitor rehabilitation and functioning in countries?

Indicators on rehabilitation and functioning can be logically categorized according to a results chain, which comprises inputs and processes, outputs, outcomes and impact. The Rehabilitation Indicators Menu (RIM), which was launched as part of the *Rehabilitation in health systems: guide for action* during the meeting, proposes a list of core and expanded indicators according to each component of the results chain. The RIM guides countries in the selection of indicators, to strengthen rehabilitation monitoring. Further information on the RIM can be found at <https://www.who.int/rehabilitation/Rehabilitation-Indicator-Menu.pdf?ua=1>.

Rehabilitation results chain



What are Member States' key considerations?

In many countries, data are available but do not efficiently reach policy-makers. Member States are encouraged to take a deeper dive into their existing data. When preferred data sources are not available, official sources can be a favourable alternative, by linkage of registries and administrative data. Where possible, having a legal framework can ease issues related to secondary use of data, and data privacy for aggregate figures. Fostering relationships amongst key stakeholders in-country can enhance ownership and engagement during the process.

5. VISION FOR REHABILITATION

- Dr Soumya Swaminathan, Chief Scientist, WHO

Dr Swaminathan provided a summary of the key messages from the first day of the meeting, and proposed next steps to drive the rehabilitation field forward.

The vision for rehabilitation is equity, whereby everyone who needs rehabilitation receives quality services to optimize and maintain their functioning in everyday life.

We need to systematically collect information on functioning, because what gets measured gets addressed.

Measuring functioning is important for estimating the need for rehabilitation. It is also fundamental for assessing the impact of rehabilitation services. Researchers, WHO collaborating centres, and editors of journals are urged to conduct and publish research on functioning, and the rehabilitation community at large is encouraged to promote functioning as the third health indicator, in addition to mortality and morbidity.

Rehabilitation needs to be integrated at all levels of care, especially at the primary health-care level.

Without integration, rehabilitation will not realize its full potential and flourish as a public health strategy that can impact the population at large. For many service providers it is difficult to think in public health terms. We need, however, to make that shift in our thinking. Rehabilitation 2030 provides an opportunity to move rehabilitation in that direction.

Health system strengthening is essential for rehabilitation.

We will only come closer to the vision of rehabilitation if health systems are strengthened for UHC. For many, UHC is what makes the difference between having and not having access to quality health services including rehabilitation. UHC is a political choice and every one of us has a role to play in the strengthening of health systems for UHC.

Creating a health systems and policy research agenda for rehabilitation is a big step in the right direction.

Rehabilitation professionals also need to work together to strengthen their countries' workforces, and collectively strengthen the identity of rehabilitation.

Coordinated advocacy among rehabilitation stakeholders is also essential, including or led by user groups.

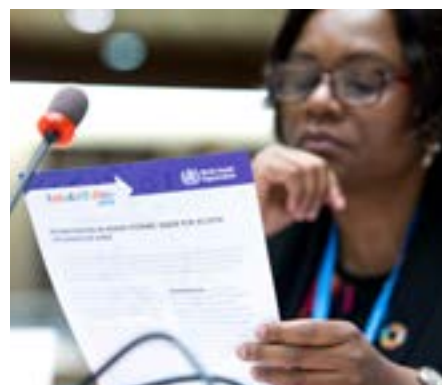
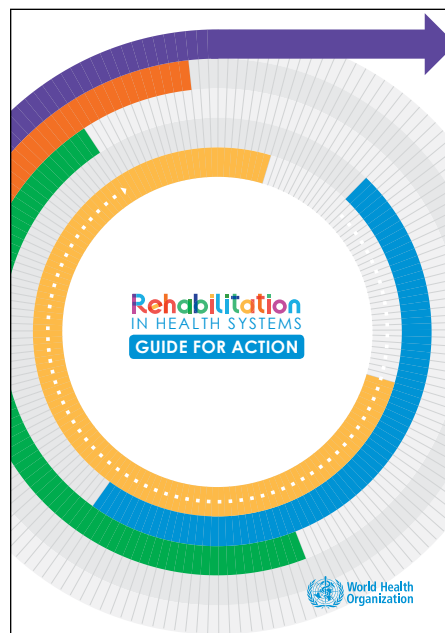


6. LAUNCH OF WHO'S REHABILITATION IN HEALTH SYSTEMS: GUIDE FOR ACTION

The Second Global Rehabilitation 2030 Meeting provided the ideal platform to launch the *Rehabilitation in health systems: guide for action*, a resource developed by WHO to support countries to strengthen their health systems to better provide rehabilitation.

Dr Ren Minghui (Assistant Director-General for UHC/Communicable and NCDs, WHO) presented the document on the second day of the meeting, inviting several speakers to provide a detailed overview of the resource and to share country experiences in its implementation. More information on the resource can be accessed at <https://www.who.int/rehabilitation/rehabilitation-guide-for-action/en/>.

Dr Kirsten Lentz (Senior Rehabilitation Advisor, USAID) spoke on behalf of USAID, emphasising their ongoing commitment to the Rehabilitation 2030 agenda.



6.1 DEVELOPMENT AND OVERVIEW OF THE GUIDE FOR ACTION

- Ms Pauline Kleinitz, Department of Noncommunicable Diseases, WHO

“The Rehabilitation in health systems: guide for action responds to the Rehabilitation 2030: Call for action and positions rehabilitation clearly in health systems.”

- Ms Pauline Kleinitz



What is *Rehabilitation in health systems: guide for action*?

The *Rehabilitation in health systems: guide for action* (hereinafter referred to as the Guide) provides practical support for Member States in identifying country priorities and developing a strategic plan. It does so through a four-phase process:

1 ASSESS THE SITUATION

1. Systematic Assessment of Rehabilitation Situation (STARS)

STARS guides governments in undertaking a comprehensive situation assessment. Two accompanying tools are available to facilitate this process:

- **Template for Rehabilitation Information Collection (TRIC)**, which directs collection of data and information that is used as the foundation of the situation assessment.
- **Rehabilitation Maturing Model (RMM)**, which structures the assessment findings along a maturity continuum, so that countries can identify gaps and priority areas.

2 DEVELOP A REHABILITATION STRATEGIC PLAN

2. Guidance for Rehabilitation Strategic Planning (GRASP)

GRASP leads governments through the process of producing a high-quality strategic plan.

3 ESTABLISH MONITORING, EVALUATION, AND REVIEW PROCESSES

3. Framework for Rehabilitation Monitoring and Evaluation (FRAME)

FRAME provides guidance on establishing a monitoring framework for the strategic plan, as well as an evaluation and review process. An accompanying tool is available for this phase:

- **Rehabilitation Indicator Menu (RIM)** facilitates selection of appropriate rehabilitation indicators. The RIM contains a list of 40 core and expanded indicators.

4 IMPLEMENT THE STRATEGIC PLAN

4. Action on Rehabilitation (ACTOR)

The final phase, ACTOR, is focused on implementation of the strategic plan. Guidance is provided on establishing a recurring implementation cycle, and building governance and leadership capacity, to further strengthen implementation of the strategic plan over time.

How should the Guide be used?

The process of using the Guide requires government leadership and commitment. The whole process takes approximately 12 months to undertake, with the final phase (ACTOR) occurring over the 4- to 6-year period of the strategic plan. The Guide provides an opportunity for all in-country rehabilitation stakeholders to collaborate and align their efforts.

Where has the Guide been implemented?

To date the Guide has been implemented in eight countries (Botswana, Guyana, Haiti, Jordan, Lao People's Democratic Republic, Myanmar, Sri Lanka, Solomon Islands). A further 10 countries plan to implement the Guide in 2019 (Bolivia, Bhutan, Burkina Faso, Colombia, Mongolia, Mozambique, Nepal, Rwanda, Vietnam, Zambia), with many others expressing interest in future implementation.

6.2 THE GUIDE FOR ACTION IN PRACTICE

Both Solomon Islands and Myanmar undertook the Guide for Action process in 2018. Dr Jones Ghabu (Ministry of Health and Medical Services, Solomon Islands) and Professor Khin Myo Hla (Yangon General Hospital, Myanmar) shared their experiences in implementing the process.

What were the benefits of the process?

Both Dr Jones Ghabu and Professor Khin Myo Hla reported that the process resulted in increased high-level political commitment, and greater awareness and recognition of rehabilitation at all levels of the health system. The process provided an opportunity for all stakeholder to come together and collectively decide on the medium- and long-term plan for rehabilitation in the country.

"First the comprehensive situation assessment. It provides the new insight into rehabilitation situation. It's an eye opener. That's when I was really convinced that rehabilitation is an important part of the continuum of care for my patients in the medical department."

"The report findings reached the highest level of the Ministry of Health. So it helps to clarify issues and that's when they take ownership of the process."

- Dr Jones Ghabu



"So how to overcome the challenges? The answer is this national strategic plan and implementation framework... After the process this year we have prioritized the areas immediately to take to action."

- Prof Khin Myo Hla



7. PARALLEL SESSIONS

7.1 WHO REHABILITATION IN HEALTH SYSTEMS: GUIDE FOR ACTION

The parallel session on *Rehabilitation in health systems: guide for action* provided a deeper understanding of the Guide, which was launched earlier in the meeting. The session provided practical information on the application of the resource. Speakers shared their experiences and lessons learned from its use in Guyana, Jordan and Myanmar. The session centred on identifying next steps and key considerations for applying the Guide in countries.

7.2 WHO PACKAGE OF REHABILITATION INTERVENTIONS

The Package of Rehabilitation Interventions (PRI) will provide evidence on rehabilitation interventions to be used by countries to plan, budget and integrate rehabilitation interventions into all service delivery platforms. It will include information that allows countries to determine costs associated with a) the implementation of rehabilitation interventions; b) the assistive technologies needed; and c) the workforce, equipment and consumables necessary for the implementation of rehabilitation interventions. This information in the PRI will also present a useful source for rehabilitation practitioners, researchers and academics.

The parallel session on PRI provided an overview of the development and future implementation strategies of the PRI. The session's speakers presented their perspectives on the implications of the PRI for rehabilitation research, rehabilitation in practice, and country implementation.

7.3 WHO REHABILITATION COMPETENCY FRAMEWORK

The health workforce plays a fundamental role in achieving universal health coverage and improving health outcomes, yet major shortfalls, barriers to access and issues of acceptability and quality present significant challenges. These are felt acutely in rehabilitation and will only be amplified as the population ages and the prevalence of NCDs rises.

The session presented the work WHO is undertaking to develop the Rehabilitation Competency Framework – a foundational resource for implementation of competency-based strategies to strengthen the rehabilitation workforce. The work was contextualized in global trends and policies, and a case study of competency-based approaches to workforce development in Tajikistan was presented.

7.4 REHABILITATION IN EMERGENCIES

Emergencies, including natural disasters, conflict and disease outbreaks can result in a surge of trauma and illness and overwhelm local health services. Achieving timely access to rehabilitation in such situations can be a major challenge, particularly in countries where rehabilitation is an emerging field.

The session examined how rehabilitation provision can be strengthened in emergencies, through integration in preparedness, response and recovery. Examples of challenges and strategies were provided through case studies of rehabilitation in different emergency contexts, and the integration of rehabilitation in the WHO Emergency Medical Team initiative was presented.

8. MAKING REHABILITATION A POLITICAL PRIORITY IN HEALTH

- Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

Dr Cieza reflected on the substantial estimated needs for rehabilitation, while noting that rehabilitation capacity and demand remain low.

Increasing rehabilitation capacity will require concerted effort to expand rehabilitation service delivery so that services are affordable, accessible and available to those who need them. Capacity building is a critical component of this process, to ensure these services are of a high quality.

In order to increase demand for rehabilitation, **rehabilitation must become a political priority.**

What does global political priority depend on?

Topic characteristics

Topic characteristics refer to the features of rehabilitation, and its relevance in the global health context. In order to raise awareness and advocate for the importance of rehabilitation, the **rehabilitation field as a whole requires a strong evidence base**: this involves relevant and credible rehabilitation indicators, data on functioning, integration of rehabilitation in the broader health information system, evidence on effective rehabilitation interventions, and a strong economic case for investment.

Political context

The global rehabilitation community needs to **seek political windows**, identifying enablers in the system of which advantage can be taken. Rehabilitation is already an integral part of UHC, and thus the broader Sustainable Development Goal 3, and is key to ensuring healthy lives and well-being for all at all ages. Rehabilitation is therefore well positioned within the broader health and development agenda, and this political window needs to be leveraged.

Ideas

Rehabilitation requires a **cohesive unified narrative**, both within the rehabilitation community and with external partners. All rehabilitation stakeholders, no matter the profession, setting or sub-specialty, have a common goal – **to optimise functioning**.

Actor power

Strong stakeholder **cohesion and leadership** within rehabilitation are critical. Rehabilitation is incredibly diverse, spanning different settings, health conditions, and life-course stages. It involves different professions and sub-specialties, and as a result rehabilitation governance is considerably disintegrated. In order to strengthen the rehabilitation sector as a whole, it is important to embrace our diversity, breakdown our silos, and drive the agenda forward as a united force. To do this, we need to create a **culture of cohesion** and create a **common rehabilitation identity**.

PANEL DISCUSSION: HOW CAN WE MAKE REHABILITATION A POLITICAL PRIORITY?

Representatives of different rehabilitation stakeholder groups came together to discuss how each stakeholder group could contribute to making rehabilitation a political priority.

Member States

Liaise with patients, families and rehabilitation providers to identify needs and service gaps.

Emphasise functioning as the third health indicator, to ensure rehabilitation is better prioritized among politicians.

Collaborating centres and research institutions

Emphasize impairment, functioning and assistive technology in all academic areas.

Align outcome measures with ICF participation parameters.

Journal editors

Ensure knowledge on rehabilitation is generated, translated and disseminated.

Publish editorials and commentaries related to Rehabilitation 2030.





International organizations and INGOs

Advocate alongside authorities, civil society and donors to strengthen rehabilitation workforce standards.

Propose innovation approaches to ensure that the most vulnerable have access to rehabilitation and assistive technologies.

Condition specific organizations

Disseminate the Rehabilitation 2030 message through national networks and meetings.

Build capacity among user groups to advocate for rehabilitation.

Professional organizations

Spread the Rehabilitation 2030 narrative among member organizations, media channels and upcoming conferences.

Ensure access to information (data and evidence) through an open access repository and disseminating relevant materials that make the business case for rehabilitation.

Increase member organization capacity and confidence to advocate.

Educate undergraduate students about functioning.



9. NEXT STEPS AND CLOSING REMARKS

Dr Ren Minghui (Assistant Director-General for Universal Health Coverage / Communicable and Noncommunicable Diseases, WHO), Dr Alarcos Cieza (Department of Noncommunicable Diseases, WHO) and the global WHO rehabilitation team reflected on key take-home messages from the meeting, and possible next steps to advance the rehabilitation agenda.



Mr Darryl Barrett (WHO Regional Office for the Western Pacific) and Dr Nosheen Hamid (Secretary, Ministry of National Health Services regulations and Coordination) reflected on positive progress achieved for rehabilitation in the Western Pacific and Eastern Mediterranean regions. Both have recently adopted Regional Resolutions (WPR/RC69.R6 Western Pacific Regional Framework on Rehabilitation in 2018, and EM/RC63/R.3 Regional Resolution on Improving Access to Assistive Technology in 2016), that have created considerable momentum

for rehabilitation. Within WHO, the Resolutions have elevated the profile of rehabilitation and assistive technology, providing opportunities for collaboration and integration across many other WHO programmes. Outside WHO, they have provided a roadmap for Member States to strengthen their health system for rehabilitation and assistive technology, and created opportunities for key partners to work directly with government.

Dr Hamid stated that the onus is now on Member States and key rehabilitation stakeholders to ensure that rehabilitation is firmly positioned within the main health agenda and becomes a priority in their respective countries and regions. The Rehabilitation 2030 agenda has paved the way for this process.



Dr Cieza and Dr Ren Minghui echoed these sentiments, stating that there are clear next steps for the rehabilitation community to focus on:

- Consistent collection of information on functioning is needed so that we can plan our health policies and also those of other sectors.
- Political commitment and investment in rehabilitation is needed.
- Health systems strengthening and integration of rehabilitation at all service levels is critical, particularly at the primary care level.

Dr Minghui emphasized that all rehabilitation stakeholders have a role to play in advancing the rehabilitation agenda. He suggested that rehabilitation professionals further strengthen their collaboration and join efforts for rehabilitation as a unified professional field. Organizations delivering services and organizations of specific medical specialties need to promote health system strengthening for rehabilitation. And finally, researchers, journal editors and experts from WHO Collaborating Centres need to promote data collection on functioning and move towards research in health systems.

*"It is really about moving the agenda all together...
What we are doing here is inventing the future because
there is no better way of predicting the future than
inventing it."*

- Dr Alarcos Cieza



ANNEX A. OPENING REMARKS – DR ZSUZSANNA JAKAB, DEPUTY DIRECTOR-GENERAL, WHO



Honorable ministers and deputy ministers:
Representatives of Member States and partners:
Ladies and gentlemen:

It is a great pleasure to welcome you to WHO and to this Second Global Rehabilitation 2030 meeting.

I am very pleased that we meet again under these auspices. After the launch of “*Rehabilitation 2030: A Call for Action*” in February 2017, a lot has happened in the context of rehabilitation, and many changes have taken place within WHO, as well.

Over the past two years, WHO has supported more than 20 countries in strengthening their rehabilitation services, in collaboration with our partners. Another important development is that – at the last meeting of the Regional Committee of the WHO Western Pacific Region – Member States endorsed a regional resolution and framework on rehabilitation to guide their efforts in the coming years.

However, much more needs to be done to advance the rehabilitation agenda and WHO cannot do it alone. We need the concerted effort of all stakeholders working in the rehabilitation field. This meeting provides us with an excellent opportunity to exchange experiences, share knowledge and agree on how we should collectively move the agenda forward. We count on your support.

Under the leadership of the Director-General, Dr Tedros, WHO is working towards the achievement of three ambitious targets over a five-year period. As you may know, our aim is to ensure that by 2023, a billion more people benefit from universal health coverage; a billion more people are better protected from health emergencies; and a billion more people enjoy better health and well-being.

Rehabilitation is key to the achievement of all of these three targets.

Firstly, rehabilitation is an integral part of universal health coverage. People needing rehabilitation must be able to receive high-quality rehabilitation interventions without suffering financial hardship.

The need for rehabilitation is increasing worldwide, due primarily to an increasing number of older people and people living with noncommunicable diseases, including mental health conditions. As such, the inclusion of rehabilitation in essential packages of care is fundamental.

I am aware that many of you are collaborating with WHO and ‘*Cochrane rehabilitation*’ towards the development of a package of rehabilitation interventions and a competency framework to facilitate that process. Let me take this opportunity to thank you for all this hard work.

Secondly, rehabilitation is critical in the context of public health and humanitarian emergencies. There are many lessons that have been learned from our responses to recent emergencies, for example, the earthquake in Nepal in 2015 or the Ebola outbreaks in West Africa and DRC. We need to build on these lessons.

Thirdly, rehabilitation contributes to better health and well-being for all people once they become ill or injured. For older people, rehabilitation not only optimizes their level of functioning in everyday life, but also prevents further deterioration.

However, for rehabilitation to realize its full potential and have these positive impacts, it needs to be completely integrated at all levels of services and across the entire continuity-of-care spectrum. It especially needs to be strengthened at primary care level.

As you all know, the world came together last year in Astana, Kazakhstan, for the Global Conference on Primary Health Care, to renew the commitment to primary health care to achieve universal health coverage and the Sustainable Development Goals.

That commitment needs to be followed by concrete actions, including in the context of rehabilitation. We should not be naïve and think that things will happen just because the need, and demand, for rehabilitation is growing and is greater today than it has even been.

It will require the work and commitment of all of us. It will require rehabilitation stakeholders to act cohesively as they invest in programmes to strengthen rehabilitation services. It will also require innovative tools and approaches, and turning those into affordable products for the masses.

Dr Tedros and I have been very pleased to learn that you will be launching a *Guide for Action* to support Member States to move this agenda forward. It is our hope that with your commitment to implementing this guide, we will accelerate action at country level.

Before concluding, I would like to thank the Government of the United States of America (USAID), the Government of Australia (DFAT), and the Government of the Republic of Korea for the support they are providing to the WHO rehabilitation team here at headquarters and in the Western Pacific and European regions. Without that support, WHO's work could not have advanced so quickly over the last few years.

I would also like to recognize other organizations, such as CBM and AIFO for their sustained financial support over the years, as well as our WHO Collaborating Centres; our partners – such as ICRC and Humanity & Inclusion – and other international non-governmental organizations which contribute their technical expertise and time to the advancement of this important agenda.

I wish you a productive and enjoyable meeting and will very much look forward to hearing the outcomes.

ANNEX B. LIST OF PARTICIPANTS

Member States

Australia	Madeleine Heyward Health Counsellor, Australian Permanent Mission to the United Nations Geneva
Belgium	Cristophe Buret Coordinateur, Direction des soins de Santé mentale, Direction Appui des Relations internationales et extérieures
Bhutan	Kinley Wangmo Program Officer, Non-Communicable Diseases Division, Department of Public Health
Bulgaria	Trifon Neshkov Director, European Coordination and International Cooperation Directorate, Ministry of Health
China (People's Republic of)	Li Meng Consultant, Bureau of Medical Administration, National Health Commission
Czech Republic	Blanka Kavkova Officer, Unit of Health Care, Ministry of Health
Estonia	Agris Koppel Head, Health System Development Department, Ministry of Social Affairs
Eswatini	Velephi Okello Deputy Director of Health Services, Ministry of Health
Georgia	Tamar Gabunia Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs
Guyana	Ariane Mangar Director of Disability and Rehabilitation, Ministry of Public Health
Lao People's Democratic Republic	Bouathep Phoumindr Deputy Director General, Department of Health Care and Rehabilitation, Ministry of Health Phouthone Muongpak Deputy, Ministry of Health Souligthothai Thammalangsy Secretary to Deputy, Ministry of Health
Libya	Khaled Ben Atya Director, Office of International Cooperation, Ministry of Health Suad M.S. Aljoki First Secretary, Department of International Organizations and Diplomatic Missions, Ministry of Foreign Affairs

Lithuania	Elita Radkevič Chief Specialist, Primary Healthcare and Nursing Division, Primary Healthcare Department, Ministry of Health
Malaysia	Yusniza binti Mohd Yusof Senior Consultant of Rehabilitation Medicine, Hospital Rehabilitasi Cheras, Ministry of Health
Malta	Neville Calleja Director, Department for Policy in Health, Health Information and Research, Ministry for Health
Mauritius	Sivalingum Ramen Director General Health Services, Ministry of Health
Mexico	José Clemente Ibarra Ponce de León Director General, National Rehabilitation Institute “Luis Guillermo Ibarra Ibarra”
Mongolia	Lamjav Byambasuren Vice Minister of Health, Ministry of Health Yanjmaa Binderiya Head, International Cooperation, Ministry of Health
Montenegro	Vesna Bokan Clinical Centre of Montenegro
Mozambique	Edma Sulemane Head, National Program of Physical Medicine and Rehabilitation
Myanmar	Khin Myo Hla Head, Department of Physical Medicine and Rehabilitation, Yangon General Hospital
Pakistan	Nosheen Hamid Secretary, Ministry of National Health Services regulations and Coordination
Peru	Lily Pinguz General Director, Instituto Nacional de Rehabilitación “Dra. Adriana Rebaza Flores” Amistad Perú – Japón
Philippines	Renee Lynn C Gasgonia Senior Health Program Officer, Health Policy Development and Planning Bureau Cristina De Guzman Nurse V, Western Visayas Center for Health Development
Poland	Jacub Kubacki Chief Specialist, Ministry of Health
Republic of Korea	Wanho Kim Director General, Rehabilitation Hospital, National Rehabilitation Centre, Ministry of Health and Welfare
Republic of Moldova	Oleg Pascal Head, Medical Rehabilitation and Physical Medicine Desk Chair, Specialized Commission for Medical Rehabilitation and Physical Medicine, State University of Medicine and Pharmacy “N.Testemitanu”

Senegal	Mamadou Lamine Faty Directeur de la Promotion et de la Protection des Personnes Handicapées, Ministère de la santé et de l'action sociale
Singapore	Heow Yong Lee Director (Hospital Services Division), Ministry of Health Susan Niam Chief Allied Health Officer, Ministry of Health
Slovakia	Peter Takáč Head, The Clinic of Physiotherapy, Balneology and Medical Rehabilitation, University Hospital L. Pasteur Košice
Solomon Islands	Dickson Panakitasi Mua Hon. Minister, Ministry for Health and Medical Services Barrett Salato Ambassador and Permanent Representative, Permanent Mission of Solomon Islands to UNOG Jones Ghabu Senior Medical Officer, Ministry of Health and Medical Services
Spain	Pilar Aparicio Azcarraga Director General of Public Health
Sri Lanka	KA Sudarshi Jayawardena Director, Rheumatology and Rehabilitation Hospital Ragama
Switzerland	André Blondiau Head of Section, National Health Policy, Federal Office of Public Health
Tajikistan	Shodikhon Jamshed Deputy Minister, Ministry of Health and Social Protection of the Population of Tajikistan
Thailand	Bootsakorn Loharjun Deputy Director, Sirindhorn National Medical Rehabilitation Institute, Ministry of Public Health Wachara Riewpaiboon Dean, Ratchasuda College, Mahidol University, Ministry of Higher Education, Science, Research and Innovation
Turkmenistan	Maysa Gurbangulyyeva Head, Physiotherapeutic Department, International Neurology Center
Uganda	Stanley Bubikire Assistant Commissioner, Health Services – Disability and Rehabilitation, Ministry of Health
Ukraine	Arman Kacharyan State Expert, Expert Group on Provision of the Secondary and Tertiary Medical Aid, Directorate of Medical Services, Ministry of Health
United Republic of Tanzania	Vivian Timothy Wonanji Assistant Director for Public and Private Health Facilities, Directorate of Curative Services, Ministry Of Health, Community Development, Gender, Elderly and Children

United States of America

Michael Allen
Senior Advisor, Assistive Technology, United States Agency For International development (USAID)

Eric Carbone
Chief, Disability and Health Branch, U.S. Centers for Disease Control and Prevention

Alison Cernich
Director, National Institutes of Health (NIH), National Center for Medical Rehabilitation Research (NCMRR)

Diane Damiano
Senior scientist, National Institutes of Health (NIH)

Medea Kakachia
Education Project Management Specialist, United State Agency For International development (USAID)

Kirsten Lentz
Senior Rehabilitation Advisor, United States Agency for International Development (USAID)

Lana Shekim
Director, Voice & Speech Program, National Institutes of Health

Audrey Thurm
Director, Neurodevelopmental and Behavioral Phenotyping Service, National Institute of Mental Health

Zimbabwe

Cecilia Nleya
Deputy Director, Rehabilitation Services, Ministry of Health and Child Care

United Nations and Related Organizations

Raoul Bermejo
United Nations Children's Fund (UNICEF)

Maren Hopfe
Health Services Sector Specialist, International Labour Organization

Alaa Sebeh
Regional Adviser on Disability, United Nations Economic and Social Commission for West Asia

Other Participants

Sofia Abrahamsson
Policy Adviser Health, The Royal Commonwealth Society for The Blind (Sightsavers) Haywards Heath United Kingdom

Harvey Abrams
Courtesy Professor, American Speech Language Hearing Association Lititz, United States of America

Megan Acton
Project Officer, International Federation on Ageing Toronto, Canada

Olufemi Adelowo
Consultant Rheumatologist, African League Against Rheumatism (AFLAR) Lagos, Nigeria

Arun Agarwal
Medical Advisor, Innovation, Education &
Clinical Excellence, Apollo Hospitals Group
New Delhi, India

Gennady Aleshin
Deputy Chairman, All-Russian Union of
Rehabilitators
Moscow, Russian Federation

Firoz Alizada
Implementation Support Officer, Anti-
Personnel Mine Ban Convention
Implementation Support Unit
Geneva, Switzerland

Ann-Helene Almborg
Associate Professor/Programme Officer,
National Board of Health and Welfare
Stockholm, Sweden

José Alvarelhão
Member of Executive Committee, International
Cerebral Palsy Society
Aveiro, Portugal

Charlotte Axelsson
Consultant, Equity through Equalization of
Opportunities
Brussels, Belgium

Abdulgafoor M. Bachani
Assistant Professor, International Health,
Director, Johns Hopkins International Injury
Research Unit
Baltimore, United States of America

Venkatesh Balakrishna
Honorary President, Community Based
Rehabilitation Global Network
Bangalore, India

Sadna Balton
Chair of the Board/Head of Department of
Speech Therapy & Audiology Department,
Health Professional Council South Africa
Johannesburg, South Africa

Maria Marjolein Baltussen
Advisor Rehabilitation, Community-Based
Inclusive Development, CBM
Elst, Netherlands

Moon Suk Bang
Professor, Annals of Rehabilitation Medicine
Seoul, Republic of Korea

Muthyalappa Bangaru
Orthotech Engineer, Rural Development Trust
Anantapur, India

Cornelia Anne Barth
Rehabilitation Technical Advisor, International
Committee of the Red Cross
Geneva, Switzerland

Danlami Umaru Basharu
Chair, Committee on the Right of Persons with
Disability

Hashiya Basharu
Personal assistant to meeting participant

Linamara Rizzo Battistella
Full Professor, Instituto de Medicina Física
e Reabilitação do Hospital das Clínicas da
Faculdade de Medicina da Universidade
de São Paulo (IMREA HCFMUSP) –
WHO Collaborating Centre for Rehabilitation
Sao Paulo, Brazil

Michael Baumberger
Physician, Schweizer Paraplegiker-Zentrum
Nottwil
Zofingen, Switzerland

Demelash Bekele
Vice-president for Africa Region, Rehabilitation
International. Board Chair, Community Based
Rehabilitation Network Ethiopia
Addis Ababa, Ethiopia

Janet Prvu Bettger
Duke University
Durham, United States of America

Jerome Bickenbach
WHO Collaborating Centre for Rehabilitation in
Global Health Systems, University of Lucerne
Lucerne, Switzerland

Karl Blanchet
Director, Health in Humanitarian Crises Centre,
London School of Hygiene and Tropical
Medicine
London, United Kingdom

Marieke Boersma
Director, Disability Inclusion in Community
Development, LICHT FÜR DIE WELT – Christoffel
Entwicklungszusammenarbeit
Bahar Dar, Ethiopia

Dorothy Boggs
Research Fellow, International Centre for
Evidence on Disability, London School of
Hygiene & Tropical Medicine
London, United Kingdom

Michael Brainin
President, World Stroke Organization
Geneva, Switzerland

Joachim Breuer
Director General, German Social Accident
Insurance
Berlin, Germany

John Buckley
Executive Officer and Past-Chair, International
Council of Cardiovascular Prevention and
Rehabilitation
Shrewsbury, United Kingdom

Kate Causey
Post Bachelor Fellow, Institute for Health
Metrics and Evaluation, University of
Washington
Seattle, United States of America

Maria Gabriella Ceravolo
Professor of Physical and Rehabilitation
Medicine, Department of Experimental and
Clinical Medicine, Politecnica delle Marche
University
Ancona, Italy

Matthieu Chatelin
President of La Fondation Paralysie Cérébrale
supporters network, La Fondation Paralysie
Cérébrale
Saint Georges D'Orques, France

Sabina Ciccone
Programme Director, Partners for International
Development
Tbilisi, Georgia

Jackie Clark
Clinical Professor, University of Texas at Dallas/
American Academy of Audiology/ The Coalition
for Global Hearing Health
Flower Mound, United States of America

Stephanie Clarke
Past President, World Federation for
Neurorehabilitation
Lausanne, Switzerland

Angela Colantonio
Director and Professor, Rehabilitation Sciences
Institute, University of Toronto
Toronto, Canada

David Constantine
Founder Director, Motivation
Bristol, United Kingdom

Pierre Côté
Chair, Disability and Rehabilitation Committee,
World Federation of Chiropractic
Toronto, Canada

Michele Cournan
President, Association of Rehabilitation Nurses
Galway, United States of America

Pablo Davó Cabra
Professional adviser, World Confederation for
Physical Therapy
London, United Kingdom

Vincent De Groot
Professor of Rehabilitation Medicine and
Head, Rehabilitation Medicine Department,
Amsterdam University Medical Centers
Amsterdam, Netherlands

Wouter De Groote
Medical doctor, Physical Medicine and
Rehabilitation physician, International Society
of Physical and Rehabilitation Medicine
Moorsel, Belgium

Lucas De Witte
Professor of health services research,
Association for the Advancement of Assistive
Technology in Europe (AAATE)
Sheffield, United Kingdom

Vinicius Delgado Ramos
Officer, International Cooperation and
Research Support, Instituto de Medicina Física
e Reabilitação do Hospital das Clínicas da
Faculdade de Medicina da Universidade de São
Paulo (IMREA HCFMUSP)- WHO Collaborating
Centre for Rehabilitation
São Paulo, Brazil

Alison Douglas
Director of Standards, Canadian Association of
Occupational Therapists
Ottawa, Canada

Karsten Dreinhoefer
Secretary, Global Rehabilitation Alliance.
President, Global Alliance Musculoskeletal
Health
Berlin, Germany

Rochelle Dy
Chair, Education Committee, International
Society of Physical and Rehabilitation Medicine
(ISPRM)
Houston, United States of America

Susan Eitel
 Founder and Rehabilitation Specialist, Eitel
 Global LLC
 Annapolis, United States of America

Fadi El-Jardali
 Professor and Director, American University of
 Beirut
 Beirut, Lebanon

Pamela Enderby
 President Elect, International Association of
 Logopaedics and Phoniatics
 Hathersage, United Kingdom

Charne Feris
 Rehabilitation Coordinator, National
 Tuberculosis and Leprosy Programme
 Windhoek, Namibia

Michael Feuerstein
 Editor-in-Chief, Journal of Occupational
 Rehabilitation
 Gaithersburg, United States of America

Peter Feys
 Dean of the faculty of Rehabilitation Sciences,
 Hasselt University
 Hasselt, Belgium

Alison Fineberg
 Director, ATscale: the Global Partnership for
 Assistive Technology
 Geneva, Switzerland

Bernard Franck
 Chief of Party, USAID Okard (Opportunity),
 World Education Inc.
 Vientiane, Lao People's Democratic Republic

Anna Maria Fredin Grupper
 Executive Director, World Stroke Organization
 Geneva, Switzerland

Walter Frontera
 Professor, International Society of Physical and
 Rehabilitation Medicine
 San Juan, Puerto Rico

Ferdiliza Dandah Garcia
 Senior Lecturer, University of the Philippines
 Manila
 Quezon City, Philippines

Steven Gard
 Associate Professor, Northwestern University.
 Editor-in-chief, Journal of Prosthetics and
 Orthotics
 Chicago, United States of America

Jeremy Gaskill
 Chief Executive Officer, McLain Association for
 Children (MAC) Georgia
 Tblisi, Georgia

Zoe Gray
 Advocacy Manager, International Agency for
 the Prevention of Blindness
 Brighton, United Kingdom

Anita Gupta
 Delhi, India

Ram Niwas Gupta
 New Delhi, India

Christoph Guterbrunner
 Head, Department of Rehabilitation Medicine,
 Hannover Medical School
 Hannover, Germany

Berit Hamer
 Director International Cooperation, Ottobock
 SE & Co. KgaA
 Duderstadt, Germany

Allen Heinemann
 Professor, Physical Medicine and
 Rehabilitation, Northwestern University
 Chicago, United States of America

Marianne Hochard
 Personal Assistant of Matthieu Chatelin,
 Fondation Paralysie Cérébrale
 Alès, France

Liz Hoffman
 Journal Development Manager, BioMed
 Central/Springer Nature
 London, United Kingdom

Peter Holland
 Chief executive officer, International Agency for
 the Prevention of Blindness
 London, United Kingdom

Dong Feng Huang
 Professor and Chair, Faculty of Rehabilitation
 Sciences, Sun Yat-Sen University of Medical
 Sciences – WHO Collaborating Centre for
 Rehabilitation
 Guangzhou, China

Galina Ivanova
Head non-staff specialist in Medical Rehabilitation, Ministry of Health. Head, Department of Medical Rehabilitation Faculty of Additional Professional Education. Head, Department of Medical and Social Rehabilitation of Pirogov Research Institute of Cerebrovascular Pathology and Stroke Moscow, Russian Federation

Jo Josh
Communications Officer, British HIV Association
Redhill, United Kingdom

Leonard Kaminsky
Editor-in-Chief, Journal of Cardiopulmonary Rehabilitation and Prevention
Muncie, United States of America

Jürg Kesselring
Chairman, SFD Board member, SFD executive committee member, ICRC Moveability Geneva, Switzerland

Charlotte Kiekens
Coordinator, Cochrane Rehabilitation. International Society of Physical and Rehabilitation Medicine (ISPRM)-WHO Liaison Committee
Leuven, Belgium

Carolin Koenig
Personal Assistant to the International Social Security Association (ISSA) President, German Social Accident Insurance
Berlin, Germany

Friedbert Kohler
Clinical Director Aged Care and Rehabilitation, International Society for Prosthetics and Orthotics (ISPO)
Sydney, Australia

Heidi Kosakowski
Physical therapist, American Physical Therapy Association
Alexandria, United States of America

Maciej Krawczyk
President, the Polish Chamber of Physiotherapists
Warsaw, Poland

Weronika Krzepkowska
International Cooperation Committee, the Polish Chamber of Physiotherapists
Warsaw, Poland

Ayşe Kucukdeveci
Professor, Ankara University
Ankara, Turkey

Hannah Kuper
Professor, London School of Hygiene & Tropical Medicine
London, United Kingdom

Sara Laxe
Medical doctor, Institut Guttmann
Barcelona, Spain

Ritchard Ledger
Executive Director, World Federation of Occupational Therapists
London, United Kingdom

Jaho Leigh
Assistant Professor
Seoul National University, Republic of Korea

Matilde Leonardi
Director, Fondazione IRCCS Istituto Neurologico Carlo Besta
Milan, Italy

Peter Lim
Rehabilitation Medicine Physician, Singapore General Hospital, SingHealth
Singapore

Graziella Lippolis
Rehabilitation Manager, Humanity and Inclusion
Brussels, Belgium

Gwynnyth Llewellyn
Professor, Family and Disability Studies, University of Sydney – WHO Collaborating Centre in Strengthening Rehabilitation Capacity in Health Systems. Co-Director, Centre of Research Excellence in Disability and Health
Sydney, Australia

Teresa Lorenzo
Professor, University of Cape Town
Cape Town, South Africa

Rachael Lowe
Founder and President, Physiopedia
London, United Kingdom

Rafael Lozano
Director of Health Systems, Institute for Health Metrics and Evaluation
Seattle, United States of America

Andreas Luft
Professor, University of Zurich
Zurich, Switzerland

Christine Macdonell
Managing Director, Medical Rehabilitation
and International Aging Services, Commission
on Accreditation of Rehabilitation Facilities
(CARF International)
Tucson, United States of America

Franco Macera
Technical Consultant, Associazione Italiana
Amici di Raoul Follereau (AIFO)
Gaeta, Italy

Qhayiya Magaqa
Doctoral Candidate, University of Oxford
Oxford, United Kingdom

Monika Mann
Associate Faculty, Johns Hopkins School of
Public Health
Berkeley, United States of America

Yurong Mao
Physical therapist, Sun Yat-sen University –
WHO collaborating Centre for Rehabilitation
Gaungzhou, China

Paula Marchetta
President, American College of Rheumatology
New York, United States of America

Andrea Martinuzzi
WHO Collaborating Centre for Family of
International Classifications
Conegliano, Italy

Esther Matsoso
Occupational Therapy Technician
Johannesburg, South Africa

Lemmietta Mcneilly
Chief Staff Officer, American Speech-Language-
Hearing Association
Darnestown, United States of America

James Middleton
Professor of Rehabilitation Medicine,
International Spinal Cord Society
Sydney, Australia

Lawrence Molt
Professor, Communication Disorders
Department, Auburn University
Auburn, United States of America

Joseph Montano
Professor of Audiology in Clinical
Otolaryngology, American Speech-Language-
Hearing Association
New York, United States of America

Masahiko Mukaino
Associate professor, Fujita Health University
Toyoake, Japan

Stephen Muldoon
Assistant Director, International and Complex
Care Development, Livability
Enniskillen, United Kingdom

Emma Jane Mzizi
Occupation Therapy Technician/ CRF,
Department of Health
Pretoria, South Africa

Julker Nayan
Associate Professor and Head, Occupational
Therapy Department Centre for the
Rehabilitation of the Paralyzed (CRP)
Dhaka, Bangladesh

Stefano Negrini
Director, Cochrane Rehabilitation. Chief-Editor,
*European Journal of Physical and Rehabilitation
Medicine*
Milan, Italy

Richard Nicol
Consultant, World Federation of Chiropractic
Geneva, Switzerland

Mooyeon Oh-Park
Chief Medical Officer, Senior Vice President,
Burke Rehabilitation Hospital. Professor, Albert
Einstein College of Medicine, Montefiore Health
System
White Plains, United States of America

Aydan Oral
Professor, Istanbul Faculty of Medicine, Istanbul
University
Istanbul, Turkey

Claire O'Reilly
Physiotherapist, World Confederation of
Physical Therapists
Rome, Italy

Cliona O'Sullivan
Lecturer, World Confederation for Physical
Therapy
Dublin, Ireland

Francesca Ortali
Head of Project Office, Italian Association Amici
di Raoul Follereau (AIFO)
Bologna, Italy

Nino Paichadze
Milken Institute School of Public Health
Washington D.C., United States of America

Oleg Pascal
Head, Medical Rehabilitation and Physical
Medicine Department, State University
of Medicine and Pharmacy of the
Republic of Moldova
Chisinau, Republic of Moldova

Marilyn Pattison
President, World Federation of Occupational
Therapists
Adelaide, Australia

Jonathan Pearlman
Associate Professor and Chair, Department of
Rehabilitation Science and Technology,
University of Pittsburgh
Pittsburgh, United States of America

Helena Pepa
Chief Executive Officer, Swedish Association for
Physiotherapists
Sundbyberg, Sweden

Valentina Pomatto
Inclusive Development Advocacy Office,
Humanity and Inclusion
Brussels, Belgium

Elena Radici
Psychologist, International Society for
Augmentative and Alternative Communication
Milan, Italy

Lebogang Ramma
Head of Department, University of Cape Town
Cape Town, South Africa

Lorie Richards
Chair Associate professor, University of Utah,
Editor-in-chief, *The American Journal of
Occupational Therapy*
Salt Lake City, United States of America

Wachara Riewpaiboon
Dean, Ratchasuda College, Mahidol University
Nakornpathom, Thailand

Perth Rosen
Director of Programs, UCP Wheels for Humanity
Chatsworth, United States of America

Sandra Rowan
Occupational Therapist, World Federation of
Occupation Therapists (WFOT)
York, United Kingdom

Juan Carlos Ruan
Director, Anti-Personnel Mine Ban Convention
Implementation Support Unit
Geneva, Switzerland

Ana Lorena Ruano
Managing editor, University of Bergen/
International Journal for Equity in Health
Bergen, Norway

Carla Sabariego
WHO Collaborating Centre for Rehabilitation in
Global Health Systems, University of Lucerne
Nottwil, Switzerland

Kirsten Saether
Director of Collaboration and International
affairs, Sunnaas Rehabilitation Hospital
Nesoddtangen, Norway

Daniel Sagwe
Lecturer, Jomo Kenyatta University of
Agriculture and Technology
Nairobi, Kenya

Kim Seong Woo
President, National Health Insurance Service
Ilsan Hospital
Goyang, Republic of Korea

Mary Silcock
Professional Advisor/Occupational Therapist,
World Federation of Occupational Therapists
Hamilton, United States of America

Sally Singh
Professor of Cardiac and Pulmonary
Rehabilitation, University Hospitals of Leicester
NHS Trust
Nottingham, United Kingdom

Shajila Singh
Associate Professor, University of Cape Town
Cape Town, South Africa

Pete Skelton
Emergency Rehabilitation Adviser, Humanity
and Inclusion
London, United Kingdom

Bengt Soderberg
Chief Procurement Officer / Registry Director
SwedeAmp, International Society for
Prosthetics and Orthotics (ISPO)
Helsingborg, Sweden

Katharina Stibrant Sunnerhagen
Professor, University of Gothenburg
Gothenburg, Sweden

Emma Stokes
President, World Confederation for Physical
Therapy
Doha, Qatar

Paige Stringer
Global Foundation For Children With Hearing
Loss
Washington, United States of America

Gerold Stucki
WHO Collaborating Centre for Rehabilitation in
Global Health Systems, University of Lucerne
Nottwil, Switzerland

Kate Swaffer
Chair, Chief Executive Officer and Co-founder,
Dementia Alliance International
Burnside, Australia

Laurence Taggart
Reader, International Association for
the Scientific Study of Intellectual and
Developmental Disabilities (IASSIDD)
Belfast, United Kingdom

Murali Thyloth
Professor, Ramaiah Medical College/ World
Association for Psychosocial Rehabilitation
(WAPR)
Bengaluru, India

Jose Maria Tormos Muñoz
Research Director, Institut Guttmann
Badalona, Spain

Rolf-Detlef Treede
WHO Liaison, International Association for the
Study of Pain
Washington D.C., United States of America

Isabelle Urseau
Director Rehabilitation Division, Humanity and
Inclusion
Lyon, France

Catherine Vallée
Editor in chief, Canadian Journal of
Occupational Therapy. Director, Rehabilitation
Department, Université Laval
Quebec, Canada

Stephanie Vaughn
Professor/Director School of Nursing
& Rehabilitation Clinical Specialist,
Association of Rehabilitation Nurses
Tustin, United States of America

Geert Verheyden
Associate Professor, KU Leuven. Editor,
Physiotherapy Research International
Leuven, Belgium

Theo Vos
Professor, Institute for Health Metrics and
Evaluation
Seattle, United States of America

Peter Watt
Advertising and Marketing, Dementia Alliance
International
Adelaide, Australia

Ann D. Watts
Secretary-General, International Union of
Psychological Science
Durban, South Africa

Gabriele Weigt
Director, Behinderung und
Entwicklungszusammenarbeit e.V.
Essen, Germany

Ernest Wiśniewski
Vice-President, The Polish Chamber of
Physiotherapists
Warsaw, Poland

Sumrana Yasmin
Regional Director – South East Asia and Eastern
Mediterranean, Brien Holden Vision Institute
Foundation
Rawalpindi, Pakistan

Marc Zlot
Program Coordinator, International Committee
of the Red Cross
Geneva, Switzerland

WHO Secretariat

Darryl Barrett
WHO Regional Office for the Western Pacific

Neha Bhaskar
Department of Noncommunicable Diseases

Anastasiya Brylova
WHO Country Office in Ukraine

James Campbell
Health Workforce Department

Shelly Chadha
Department of Noncommunicable Diseases

Somnath Chatterji
Data, Analytics and Delivery

Dandan Chen
Department of Noncommunicable Diseases

Alarcos Cieza
Department of Noncommunicable Diseases

Antony Duttine
WHO Regional Office for the Americas

Yasaman Etemadi
Department of Noncommunicable Diseases

Siobhan Fitzpatrick
Health Workforce Department

Abdul Ghaffar
Executive Director, Alliance for Health Systems
and Policy Research

Laragh Gollogly
WHO Bulletin

Zee-A Han
Department of Noncommunicable Diseases

Zsuzsanna Jakab
Deputy Director-General

Kaloyan Kamenov
Department of Noncommunicable Diseases

Srishti Kapur
Department of Noncommunicable Diseases

Pauline Kleintz
Department of Noncommunicable Diseases

Giorgi Kurtsikashvili
WHO Country Office in Georgia

Aku Kwamie
Alliance for Health Systems and Policy Research

Alina Lashko
Department of Noncommunicable Diseases

Lindsay Lee
Department of Noncommunicable Diseases

Maryam Mallick
WHO Country Office in Pakistan

Elanie Marks
Department of Noncommunicable Diseases

Silvio Mariotti
Department of Noncommunicable Diseases

Mario Martin-Sanchez
Department of Noncommunicable Diseases

Jody-Anne Mills
Department of Noncommunicable Diseases

Ren Minghui
Assistant Director-General, Universal
Health Coverage / Communicable and
Noncommunicable Diseases

Satish Mishra
WHO Regional Office for Europe

Andreas Mueller
WHO Regional Office for the Western Pacific

Katherine O'Brien
Department for Immunization, Vaccines and
Biologicals

Giulia Oggero
Essential Medicines and Health Products
Department

Guljemal Ovezmyradova
WHO Country Office in Turkmenistan

Alexandra Rauch
Department of Noncommunicable Diseases

Karen Reyes
Department of Noncommunicable Diseases

Hala Ali Sakr
WHO Regional Office for the Eastern
Mediterranean

Peter Salama
Universal Health Coverage/Life Course

Chiara Servili
Department of Mental Health and Substance
Abuse

Gabriella Stern
Department of Communications

Karin Stenberg
Universal Health Coverage/Health Financing

Soumya Swaminathan
Chief Scientist

Edward Talbott Kelley
Service Delivery and Safety

Emma Tebbutt
Essential Medicines and Health Products Department

Nhan Tran
Social Determinants of Health Department

Christine Turin Fourcade
Department of Noncommunicable Diseases

Temo Waqanivalu
Department of Noncommunicable Diseases

Wei Zhang
Essential Medicines and Health Products Department

ANNEX C. AGENDA

Executive Board Room, WHO Headquarters, Geneva

Day 1: 8 July 2019

08:00 Registration

09:00 Welcome

Opening remarks: Dr Zsuzsanna Jakab, Deputy Director General WHO

09:15 Interactive panel and presentation

Moderator: Dr Ren Minghui, Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO

Why is rehabilitation important?

Mr Dickson Mua, Minister of Health, Solomon Islands

Panelists:

Phouthone Muonpak, Vice Minister of Health, Lao People's Democratic Republic

Nosheen Hamid, Parliamentary Secretary, Pakistan

Shodikhon Jamshed, Deputy Minister of Health, Tajikistan

Dr Pilar Aparicio Azcarraga, Director General of Public Health, Spain

Rehabilitation at WHO and objectives of the meeting

Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

10:30 Coffee

11:00 Interactive panel and presentations – Functioning: a public health goal

Moderator: Dr Somnath Chatterji, Data, Analytics and Delivery, WHO

What does Functioning mean to me?

Five personal experiences (Dr Karen Reyes, Ms Kate Swaffer, Mr Ram Niwas Gupta, Ms Jo Josh, Ms Paige Stringer)

Functioning information in GBD: making the case for rehabilitation

Prof Theo Vos, Institute for Health Metrics and Evaluation

Rate your functioning

All

Going beyond GBD to measure the impact of rehabilitation

Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

13:00 Lunch

14:00 Presentations – Rehabilitation: the health strategy for functioning

Moderator: Dr Zee-A Han, Department of Noncommunicable Diseases, WHO

Rehabilitation across all levels of care

Dr Zee-A Han, Department of Noncommunicable Diseases, WHO

Integrating rehabilitation in primary care level

Dr Velephi Joana Okello, Deputy Director, Ministry of Health, Kingdom of Eswatini

Ms Renee Gasgonia, Health Policy Development and Planning Bureau, Philippines

Integrating rehabilitation into the noncommunicable diseases primary health care agenda

Dr Temo Waqanivalu, Department of Noncommunicable Diseases, WHO

Integrating rehabilitation into the secondary and tertiary level

Dr Galina Ivanova, Ministry of Health, Russian Federation

Integrating rehabilitation into medical specialties

Dr Pilar Aparicio Azcarraga, Ministry of Health, Spain

Dr Yusniza binti Mohd Yusof, Ministry of Health, Malaysia

15:30 Coffee

16:00 Presentations – Universal Health Coverage and health system strengthening: opportunities for rehabilitation

Moderator: Dr Peter Salama, Executive Director, Universal Health Coverage/Life Course, WHO

Packages of care and financing

Ms Karin Stenberg, Universal Health Coverage/Health Financing, WHO

Addressing workforce challenges for rehabilitation

Mr James Campbell, Director, Health Workforce, WHO

Integrating rehabilitation information in Health Information Systems

Prof Neville Calleja, Director, Department for Policy in Health, Health Information and Research, Ministry of Health, Malta

17:45 Reception at WHO Cafeteria

Day 2: 9 July 2019

09:00	The vision for rehabilitation Dr Soumya Swaminathan, Chief Scientist, WHO							
09:15	Launch of WHO <i>Rehabilitation in Health Systems – Guide for Action</i> Moderator: Dr Ren Minghui, Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO The <i>Rehabilitation in Health Systems: Guide for Action</i> Dr Ren Minghui, Assistant Director-General for UHC/Communicable and NCDs, WHO Development and overview of the <i>Guide for Action</i> Ms Pauline Kleinitz, Department of Noncommunicable Diseases, WHO The <i>Guide for Action</i> in practice – assessment and planning in Solomon Islands Dr Jones Ghabu, Ministry of Health and Medical Services, Solomon Islands The <i>Guide for Action</i> in practice – strategy and leadership in Myanmar Prof Khin Myo Hla, Yangon General Hospital, Myanmar Strengthening Rehabilitation in Countries Dr Kirsten Lentz, Senior Rehabilitation Advisor, USAID							
10:30	Coffee							
11:00	Parallel sessions All participants will register through the meeting app for one of these parallel sessions at the beginning of the meeting. <table><tr><td><i>Rehabilitation in Health Systems: Guide for Action</i></td><td>Package of Rehabilitation Interventions</td><td>Rehabilitation Competency Framework</td><td>Rehabilitation in Emergencies</td></tr></table>				<i>Rehabilitation in Health Systems: Guide for Action</i>	Package of Rehabilitation Interventions	Rehabilitation Competency Framework	Rehabilitation in Emergencies
<i>Rehabilitation in Health Systems: Guide for Action</i>	Package of Rehabilitation Interventions	Rehabilitation Competency Framework	Rehabilitation in Emergencies					
12:45	Lunch							
14:00	Fish-bowl session – Making rehabilitation a political priority in health Moderator: Ms Gabriella Stern, Director for Department of Communications, WHO Making rehabilitation a political priority in health Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO Fish-bowl session Ms Susan Niam, Ministry of Health, Singapore Ms Emma Stokes, World Confederation for Physical Therapy Prof Lina mara Battistella, University of São Paulo Medical School Ms Isabelle Urseau, Humanity Inclusion Dr Allen Heinemann, Archives of Physical Medicine and Rehabilitation Mr Karsten Dreinhoefer, Global Alliance Musculoskeletal Health							
16:00	Coffee							
16:30	Panel – Next steps Next steps Global rehabilitation team							
17:30	Closing Dr Ren Minghui, Assistant Director-General, Universal Health Coverage/Communicable & Noncommunicable Diseases, WHO							

ANNEX D. IMPORTANT LINKS AND RELATED RESOURCES

WHO *Rehabilitation in health systems: guide for action*

<https://www.who.int/rehabilitation/rehabilitation-guide-for-action/en/>

WHO Rehabilitation webpage

<https://www.who.int/rehabilitation/en/>

Second Global Rehabilitation 2030 webpage

<https://www.who.int/rehabilitation/rehab-2030-2nd-meeting/en/>

Rehabilitation 2030: Call for Action, launched in 2017

<https://www.who.int/rehabilitation/rehab-2030-call-for-action/en/>

Access to rehabilitation in primary health care: an ongoing challenge

<https://apps.who.int/iris/bitstream/handle/10665/325522/WHO-HIS-SDS-2018.40-eng.pdf?ua=1>

ANNEX E. ADVOCACY AND COMMUNICATION MATERIALS

WHO factsheet on rehabilitation

<https://www.who.int/news-room/fact-sheets/detail/rehabilitation>

Animation: Rehabilitation is about health and functioning in everyday life

https://www.youtube.com/watch?v=uG_VdZe9VNU&feature=youtu.be

Video: Rehabilitation changes lives: Sana's story from Pakistan

<https://www.youtube.com/watch?v=cy3xqEApmPI&feature=youtu.be>

Video: Rehabilitation in the 21st century

<https://www.youtube.com/watch?v=a8uaRziXruc&feature=youtu.be>



For further information, please contact:

Rehabilitation Programme

World Health Organization, Geneva

Email: rehabilitation@who.int

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