

Rehabilitation and assistive technology to build a fairer, healthier world

Statement in the lead up to the World Health Day, 7th April 2021

This year's World Health Day sheds light on the need to "build a fairer, healthier world". This issue could not be more relevant, as the COVID-19 pandemic has highlighted the already existing health inequities.

It is estimated that **2.4 billion people globally need rehabilitation**.¹ This number is expected to continue growing. As organizations with a comprehensive understanding of rehabilitation, including in contexts of poverty and marginalization, we are convinced that greater and better access to quality rehabilitation services and assistive technologies is crucial to build a fairer, healthier world.

How do rehabilitation and assistive technology contribute to a fairer world?

Rehabilitation services are very often under-developed and under-resourced. As such, they are unavailable or unaffordable for the vast majority of the population who live in poverty, in rural areas, and in particular in low and middle-income countries.

In addition, social-determinants of health considerably impact the identification of rehabilitation needs; access to quality rehabilitation services and assistive technology, for all ages; as well as motivation and participation in rehabilitation programs and their follow-up.²

As a result, the unmet needs for rehabilitation are immense. More than 50% of persons who need rehabilitation cannot access or know how to access the services they require.³ In some low and middle-income countries, barriers for persons with disabilities are so significant that only 3-5% are able to access the rehabilitation services they need.⁴ Yet, rehabilitation is essential for persons with disabilities who need these services, especially persons living with multiple disabilities or persons with intellectual disabilities and experiencing significant limitations in their every-day lives.

Strengthening the provision of accessible, quality rehabilitation services in communities, and at all levels of the health system can turn this unfair situation around.

Indeed, rehabilitation enables people to live, learn, work, and thrive at their full potential. Rehabilitation measures and assistive technologies are person-centered and family-centered, and support individuals in achieving and maintaining optimal physical, social, and

¹ WHO and Institute for Health Metrics and Evaluation, "Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019", 2020.

² Amanda Frier, Fiona Barnett, Sue Devine, "The relationship between social determinants of health, and rehabilitation of neurological conditions: a systematic literature review", *Disability and Rehabilitation*, 39(7):941-948, 2017.

³ WHO, *Rehabilitation. Key Facts*, 2020. <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>.

⁴ T. Shakespeare, T. Bright and H. Kuper, "Access to health for persons with disabilities", discussion paper commissioned by the Special Rapporteur on the rights of persons with disabilities, 2018.

mental functioning in their every-day lives. The ultimate goal of rehabilitation is the full participation and inclusion in society.

Testimony of Hothayfa, 18, Lebanon: “Today I feel improvement in my physical and psychological condition” said Hothayfa. He is able to sit, walk using crutches and transfer to/ from wheelchair. Also, Hothayfa feels that his relation with his family is good again, he has new friends around. “I have great hopes and I believe that my life will be better, I will go back to school for I have dreams for my future...”⁵

How do rehabilitation and assistive technology contribute to a healthier world?

An ageing population, increasing prevalence of non-communicable diseases, musculoskeletal conditions and injuries have contributed to increasing the number of people experiencing limitations in functioning and, consequently, have generated higher demand for rehabilitation. Rehabilitation has also proven to be effective for people with infectious diseases, including those affected by COVID-19 in acute, post-acute, and long-term phases.⁶

The number of people in need of rehabilitation increased by 63%, from 1990 to 2019.⁷ This is a clear indication of current health trends: we live longer, but with more limitations in functioning and barriers to participation.

Yet, health systems and responses worldwide are geared towards reducing mortality and morbidity. The third health-indicator – functioning, which is the specific indicator for rehabilitation⁸ – often remains sidelined (and so do rehabilitation services).

Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages” can be achieved only if health leaders adopt a comprehensive approach to health and well-being. **Improving the health status of a population not only means reducing the number of deaths and of people affected by diseases, but also ensuring that people live, function, and participate at their best potential, allowing them to productively contribute to society.** Thus, the performance of health systems should be monitored and evaluated based on the complete set of health indicators: mortality, morbidity, and functioning.⁹

⁵ Humanity & Inclusion, Collection of testimonies and case studies connecting rehabilitation and the SDGs, 2019. <https://blog.hi.org/wp-content/uploads/2019/08/Collection-of-Testimonies-and-Case-Studies.pdf>

⁶ Global Rehabilitation Alliance, “Why Rehabilitation must not be neglected during and after the COVID-19-pandemic: A position statement of the Global Rehabilitation Alliance”, 2020.

⁷ WHO and Institute for Health Metrics and Evaluation, “Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019”, 2020.

⁸ Gerold Stucki, Jerome Bickenbach, “Functioning: the third health indicator in the health system and the key indicator for rehabilitation”, *European Journal of Physical Rehabilitation and Medicine*, 53(1):134-138, 2017.

⁹ Gerold Stucki, Jerome Bickenbach, “Functioning: the third health indicator in the health system and the key indicator for rehabilitation”, *European Journal of Physical Rehabilitation and Medicine*, 53(1):134-138, 2017.

What can decision-makers do?

Build “FAIRER”

- **Understand and address barriers** to access quality rehabilitation services. This implies collecting disaggregated data about needs and experiences, engaging in dialogue and collaboration with rehabilitation users; and working with other sectors (social protection and support, mobility, education, livelihood,...) to improve access, in particular for persons at higher risk of being left behind.
- **Include rehabilitation services and technologies** in financial risk protection mechanisms to ensure that rehabilitation services do not represent a significant out-of-pocket expense, and therefore achieve universal health coverage.

Build “HEALTHIER”

- **Re-orient health decision-making** in order to respond not only to the imperative of reducing mortality and morbidity, but also to the increasing population’s needs in terms of daily functioning, participation, well-being, and quality of life.
- **Invest resources for the provision of quality rehabilitation** (in communities, in primary health-care, hospitals, and specialized care): dedicate an adequate share of the budget to rehabilitation, including community-based and home-based rehabilitation; recognise, train and retain the rehabilitation workforce, from community to hospital level; and support research and innovation.
- **Promote an integrated, people-centred health system model:** encourage engagement of people and their families, carers, and communities; promote empowerment of people through self-management education and strategies; and support inter-professional collaboration in rehabilitation.

