HEALTH POLICY AND SYSTEMS RESEARCH AGENDA FOR REHABILITATION

10-11 JULY 2019

MEETING REPORT
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>IV</td>
</tr>
<tr>
<td>SPEAKERS AND MODERATORS</td>
<td>V</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>VI</td>
</tr>
<tr>
<td>REHABILITATION 2030: PARTICIPANTS IN NUMBERS</td>
<td>VII</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2. HEALTH POLICY AND SYSTEMS RESEARCH FOR REHABILITATION</td>
<td>2</td>
</tr>
<tr>
<td>2.1 A Global Health Policy and Systems Research Agenda for Rehabilitation:</td>
<td>2</td>
</tr>
<tr>
<td>Why is it needed – and why now?</td>
<td>2</td>
</tr>
<tr>
<td>What are we aiming for and why?</td>
<td>3</td>
</tr>
<tr>
<td>How will we achieve equity?</td>
<td>3</td>
</tr>
<tr>
<td>2.2 The “systems” way of thinking</td>
<td>3</td>
</tr>
<tr>
<td>Predicting the effects of decision-making</td>
<td>3</td>
</tr>
<tr>
<td>Thinking through feedback loops</td>
<td>3</td>
</tr>
<tr>
<td>Going beyond the system</td>
<td>3</td>
</tr>
<tr>
<td>3. HPSR QUESTIONS, SYSTEMS-LEVEL DESIGN AND EVALUATION</td>
<td>4</td>
</tr>
<tr>
<td>3.1 Formulating HPSR questions: a primer for rehabilitation</td>
<td>4</td>
</tr>
<tr>
<td>What is health policy and systems research?</td>
<td>4</td>
</tr>
<tr>
<td>Characteristics of HPSR</td>
<td>4</td>
</tr>
<tr>
<td>The added value of embedded research</td>
<td>4</td>
</tr>
<tr>
<td>3.2 Systems-level design</td>
<td>5</td>
</tr>
<tr>
<td>The systems approach to research design</td>
<td>5</td>
</tr>
<tr>
<td>Vertical vs horizontal system scale-up</td>
<td>5</td>
</tr>
<tr>
<td>3.3 Systems-level evaluation</td>
<td>6</td>
</tr>
<tr>
<td>Interventions represent a complex mix of beneficiary groups, linkages and contexts</td>
<td>6</td>
</tr>
<tr>
<td>Aligning to research purpose</td>
<td>6</td>
</tr>
<tr>
<td>Importance of theory</td>
<td>6</td>
</tr>
<tr>
<td>4. FACING ENABLERS AND BARRIERS</td>
<td>7</td>
</tr>
<tr>
<td>4.1 Immunization in public health: a history of a systems-level intervention</td>
<td>7</td>
</tr>
<tr>
<td>4.2 Can rehabilitation learn from the immunization experience?</td>
<td>7</td>
</tr>
<tr>
<td>5. HPSR QUESTIONS FOR THE REHABILITATION AGENDA</td>
<td>10</td>
</tr>
<tr>
<td>6. SYSTEMS THINKING IN REHABILITATION – INTRODUCTION TO THE CONCEPTUAL FRAMEWORK</td>
<td>11</td>
</tr>
<tr>
<td>6.1 Group work: HPSR framework and priority themes for rehabilitation</td>
<td>11</td>
</tr>
<tr>
<td>7. STEPS TOWARDS BUILDING A HPSR AGENDA FOR REHABILITITION</td>
<td>12</td>
</tr>
<tr>
<td>ANNEX A: LIST OF PARTICIPANTS</td>
<td>13</td>
</tr>
<tr>
<td>Member States</td>
<td>13</td>
</tr>
<tr>
<td>Other participants</td>
<td>15</td>
</tr>
<tr>
<td>WHO Secretariat</td>
<td>17</td>
</tr>
<tr>
<td>ANNEX B: AGENDA</td>
<td>19</td>
</tr>
<tr>
<td>ANNEX C. IMPORTANT LINKS AND RELATED RESOURCES</td>
<td>21</td>
</tr>
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ACKNOWLEDGEMENTS

This report follows the Health Policy and Systems Research Agenda for Rehabilitation meeting, organized by the Rehabilitation programme (Department for Noncommunicable Diseases), and the Alliance for Health Policy and Systems Research (Science Division), World Health Organization (WHO).

WHO would like to sincerely thank all those who participated in the meeting: representatives from Member States, UN agencies, governmental and nongovernmental organizations, editors of journals, academia, institutions and WHO collaborating centres.
SPEAKERS AND MODERATORS

Speakers, panellists and moderators contributed their expertise and insights throughout the meeting. In order of presentation: Soumya Swaminathan (Chief Scientist, WHO), Alarcos Cieza (Department of Noncommunicable Diseases, WHO), Karl Blanchet (Health in Humanitarian Crises Centre, London School of Hygiene and Tropical Medicine), Abdul Ghaffar (Alliance for Health Policy and Systems Research, WHO), Nhan Tran (Unintentional injuries Unit, WHO), Aku Kwamie (Alliance for Health Policy and Systems Research, WHO) Laragh Gollogly (WHO Bulletin, WHO), Katherine O’Brien (Department for Immunization, Vaccines and Biologicals, WHO), Gerold Stucki (Center for Rehabilitation in Global Health Systems, University of Lucerne), Moon Suk Bang (Department of Rehabilitation Medicine, Seoul National University), Daniel Sagwe (Department of Rehabilitation, Jomo Kenyatta University of Agriculture and Technology), Alison Cernich (National Center for Medical Rehabilitation Research, National Institutes of Health), Darryl Barrett (WHO Regional Office for the Western Pacific), Satish Mishra (WHO Regional Office for Europe), Antony Duttine (WHO Regional Office for the Americas), Pauline Kleinitz (Department of Noncommunicable Diseases, WHO)

MEETING LOGISTICS

WHO Secretariat

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

FINANCIAL SUPPORT

The HPSR Agenda for Rehabilitation meeting took place with the support of the National Center for Medical Rehabilitation Research at the Eunice Kennedy Shriver National Institute for Child Health and Human Development at the National Institutes of Health (NIH), USA.
EXECUTIVE SUMMARY

Functioning is WHO’s third health indicator alongside mortality and morbidity, and is becoming increasingly important for health planning and policy-making. 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. Therefore, optimizing people’s functioning is becoming an increasingly important public health goal.

Rehabilitation is unique in its contribution to the public health agenda in that it aims to optimize functioning. However, for rehabilitation to realize its full potential it needs to be fully integrated into health systems, and specifically strengthened at primary care level.

Furthermore, health systems need to be strengthened to make sure that everyone who needs rehabilitation gets it. Equity in receiving quality rehabilitation is a fundamental goal.

With that goal in mind, the WHO Rehabilitation Programme, together with the Alliance for Health Policy and Systems Research, have initiated the development of a health policy and systems research (HPSR) agenda for rehabilitation. This research agenda will promote systems-level research in areas that will strengthen health systems to better integrate and equitably provide quality rehabilitation services.

The meeting brought together Member States and rehabilitation stakeholders from across policy, clinical practice, civil society, funding and academic domains, highlighting the importance of systems thinking for research in rehabilitation. The meeting was the first step in developing an HPSR agenda for rehabilitation.

Meeting objectives

1. Sensitize stakeholders to systems thinking for strengthening health systems for rehabilitation.
2. Receive feedback on a preliminary HPSR framework for rehabilitation.
3. Identify emerging HPSR themes and questions for rehabilitation.
4. Identify enablers and barriers to building HPSR capacity in rehabilitation.

Expected meeting outcomes

1. Preliminary HSPR themes and questions for rehabilitation.
2. Fostered awareness and need for HPSR to strengthen rehabilitation in health systems, and to meet the existing and future needs of populations.
3. Highlighting of the roles of different stakeholder groups in contributing to the rehabilitation research agenda.
4. Highlighting of the approaches taken to synthesize an HPSR agenda for rehabilitation.

CONTENTS OF THIS REPORT

This report summarizes the key messages of the various sessions in chronological order (more information available at https://www.who.int/rehabilitation/rehab-2030-research-meeting/en/).
PARTICIPANTS IN NUMBERS

Total participants: 122

- **Europe**: 31%
- **The Americas**: 30%
- **Eastern Mediterranean**: 3%
- **African**: 11%
- **Western Pacific**: 19%
- **South-East Asia**: 6%

Participants from around the world (excluding WHO staff): 3%

- **Academia and editors of journals**: 40%
- **Government representatives**: 23%
- **Rehabilitation professional organizations**: 11%
- **WHO**: 23%
- **Other**: 3%

**Representation by stakeholder type**

- **Americas**
- **Europe**
- **Eastern Mediterranean**
- **Africa**
- **Western Pacific**
- **South-East Asia**

**VII**
1. INTRODUCTION

Rehabilitation is unique in its contribution to health in that it optimizes functioning – WHO’s third health indicator (alongside mortality and morbidity). 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. Therefore, rehabilitation is one of the priority health strategies for the 21st century.

However, for rehabilitation to realize its full potential and contribute to optimizing people’s functioning, health systems need to be strengthened to ensure that equitable access to quality rehabilitation services is achieved.

The Health Policy and Systems Research (HPSR) Agenda for Rehabilitation meeting brought together diverse stakeholders with the goal of developing a research agenda that promotes policy-relevant, systems-level research in areas that will strengthen health systems to provide equitable, effective, efficient and quality rehabilitation services.

In her opening remarks, Dr Soumya Swaminathan (Chief Scientist, WHO) emphasized the importance of health policy and systems research as a way to address evidence gaps in health systems delivering rehabilitation services.

Dr Swaminathan addressed the importance of primary health care as a core service delivery platform for rehabilitation to be sustainable and equitable.
2. HEATH POLICY AND SYSTEMS RESEARCH FOR REHABILITATION

2.1 A Global Health Policy and Systems Research Agenda for Rehabilitation: Why is it needed – and why now?

—Dr Alarcos Cieza, Coordinator, Department of Noncommunicable Diseases, WHO

Dr Cieza provided a summary of why an HPSR agenda for rehabilitation is needed, and outlined the steps for formulating the global HPSR agenda for rehabilitation.

What are we aiming for and why?

The WHO Rehabilitation 2030 Agenda has three areas of focus to strengthen rehabilitation:

• Developing technical tools to support countries to integrate rehabilitation.
• Making rehabilitation a political priority to translate the profound, unmet needs of rehabilitation into service demand.
• Generating evidence to provide policy-relevant evidence that can be used to enforce rehabilitation as a political priority.

The primary aim of a research agenda of rehabilitation is equity. Equity will be achieved when everyone who needs rehabilitation receives quality services.

“Equitable access to rehabilitation will go far in ensuring that everyone with a health condition achieves optimal functioning in everyday life, as this is the primary goal of rehabilitation.”

—Dr Alarcos Cieza, Coordinator, Department of Noncommunicable Diseases, WHO
How will we achieve equity?

High-quality rehabilitation services for those in need, without exposing them to financial hardship, will be made possible through the achievement of universal health care (UHC).

2.2 The “systems” way of thinking

—Dr Karl Blanchet, Director of the Health in Humanitarian Crises Centre, London School of Hygiene and Tropical Medicine, UK

Dr Blanchet provided a summary of what systems thinking is, and how this discipline has potential to navigate the complexity of health systems by broadening perspectives on a given problem, making implementers better able to predict and identify the unintended consequences of an intervention, policy or decision.

Predicting the effects of decision-making

Decision-making in policy implementation can create short- and long-term effects in all areas of the health system. It is important to be aware of the interactions between health system building blocks, as well as to understand what is happening within the blocks themselves.

Systems thinking is about “try[ing] to make you think about potential second or side effects that may happen any time a decision is made.” It is about “trying to guide you to gather the right information so that you can mitigate the effect or the negative effect of your decision.”

Thinking through feedback loops

Approaches to programme management are traditionally very linear. For example, when a budget is secured, the project is implemented and outputs, outcomes and impact are sequentially measured. In this linear model, it is assumed that the process of programme implementation and management has only a start, middle and an end. However, programme management involves an abundance of feedback loops. Systems thinking allows implementers to anticipate what is going to happen to the system by looking at data, and all relevant feedback. It allows a look at the various feedback loops related to decisions, as well as a look at the changes those feedback loops have made to the existing health systems.

Going beyond the system

Rehabilitation systems are embedded within other systems. They are part of national health systems, which in turn are part of countries’ economic and political systems. Countries are further embedded within the global economy. Understanding the interactions between these cascaded decision-making processes is therefore important.

Systems thinking involves considering not only the building blocks of health systems but also the interactions between the blocks. It provides the tools to capture the complexity and diversity of all factors involved in and after decision-making.
3. HPSR QUESTIONS, SYSTEMS-LEVEL DESIGN AND EVALUATION

3.1 Formulating HPSR questions: a primer for rehabilitation

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

Dr Ghaffar gave an overview of the definition and characteristics of health policy and systems research. He also placed emphasis on how HPSR questions are formulated.

What is health policy and systems research?

HPSR seeks to understand and improve how societies organize themselves to achieve collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes.¹

HPSR differs from traditional medical and public health research in that it is not basic science and it does not contribute to monitoring the status and clinical efficacy of trials. It also does not include measurement of population health profiles and patterns.

Characteristics of HPSR

HPSR is a transdisciplinary research field that is distinguished by investigations addressed through a question-driven focus rather than methods-driven focus. HPSR has an applied focus and seeks to address real-world problems.

Research questions in HPSR should consider:
• What is the research trying to achieve?
• Who will find it useful?
• How will it be useful?
• How will it add to existing knowledge?

When approaching this field it is important to apply a systems lens. This approach in HPSR is most helpful in the analysis of systemic barriers and challenges, and how they interact to influence outcome.

The added value of embedded research

HPSR puts emphasis on embedded research. This entails bringing researchers and implementers together to identify the most relevant challenges in their health systems. This is a way to bridge the “research-policy gap” and increase use and utility of policy-relevant research to improve programmes.

3.2 Systems-level design

—Dr Nhan Tran, Unintentional Injuries Unit, WHO

Dr Tran summarized the systems approach to designing research.

The systems approach to research design

Designing research using a systems approach requires four key elements.

1. An appreciation of multiple perspectives and appropriate forming of questions – in the field of health policy and systems research, the question is king, and is what drives the methodology.

2. An understanding of interactions and dynamics, and the avoidance of oversimplifying things and looking at them in silos.

3. Explicitly addressing assumptions and complexities related to research design – doing so enables unintended consequences to be anticipated.

4. Emphasizing interactions and system dynamics is an important aspect of systems-level design. The health system building blocks and their interlinkages are important aspects that must be taken into consideration when designing research in HPSR.

Vertical vs horizontal system scale-up

There are two main types of scale-up of health initiatives at the systems level. Horizontal scale-up involves replication of a good pilot project. In horizontal scale-up “innovations may be replicated in different geographic sites or can be extended to serve larger or different population groups.”

Vertical scale up refers to the policy, political, legal, regulatory, budgetary or other systems changes needed to institutionalize [or integrate] the innovation at the national or subnational level.

Despite the fact that we aim for vertical scale up, there has been more horizontal scale-up with health initiatives. This has caused failure in learning, sustainability and institutionalization of health initiatives in systems. Overcoming this requires a shift in perspective, asking not how a given intervention be scaled up (horizontally) within the health system, but rather, how can the health system adapt to deliver the given intervention?

3.3 Systems-level evaluation

—Dr Aku Kwamie, Alliance for Health Systems and Policy Research, WHO

Dr Kwamie summarized key considerations in evaluating systems-level interventions.
Interventions represent a complex mix of beneficiary groups, linkages and contexts

When evaluating systems-level interventions, it must be appreciated that they are embedded within multiple complexities. When speaking of health systems, it should be understood that it is “about the interfaces, interactions [that] make those blocks come alive and understand how they work real-time. We are speaking about connections, interlinkages… interrelationships across health system components.”

Rehabilitation policies and programmes are inherently complex – made from a set of different interventions that have different beneficiary groups, and occur in different places within the health system. Evaluation of systems-level interventions implemented in health systems must take into consideration these complexities.

Aligning to research purpose

Evaluation approaches should match the purposes for which the research is being conducted.

Types of research:

- **Descriptive:** accurately describes events, situations
- **Exploratory:** investigates what is happening in little-understood situations
- **Explanatory:** explains causal patterns
- **Emancipatory:** creates opportunities for social changes (action research)

Importance of theory

Theory is important in the field of health systems, and is particularly important in evaluation. “Theory provides a language for describing and explaining the social world being studied and represents a general explanation of what is going on in a situation.” A given intervention has two levels of complexity: the complexity of the intervention itself, and the complexity of the context into which the intervention is introduced. A strong theory of what is happening at each level helps to guide the refinement of the research.
This session was moderated Dr Laragh Gollogly (Editor, *WHO Bulletin*) and sought to identify enablers and barriers that have influenced the progress or delay of another systems-level agenda over time: that of immunization. This session highlighted how two very different agendas (immunization and rehabilitation) can have common enablers and barriers.

### 4.1 Immunization in public health: a history of a systems-level intervention

—Dr Katherine O’Brien, Director, Department for Immunization, Vaccines and Biologicals, WHO

Dr O’Brien gave a historical overview of the key areas addressed at country level to progress the immunization agenda towards equitable access of vaccines.

These key areas included:

- Policies and political commitments
- Health systems strengthening (workforce, financing, health information systems, procurement)
- Approaches to community engagement
- Research and innovation (implementation and systems research).

“For 40 years we have been building the bones, bricks and mortar on how to deliver vaccines with focus on the supply side of the system. However, we have understood that the demand side is also critical, both for political will and for withstanding assaults of misinformation that have been directed towards vaccines.”

—Dr Katherine O’Brien

### 4.2 Can rehabilitation learn from the immunization experience?

Rehabilitation respondents reacted to the immunization experience and discussed enabling factors that can contribute to equitable access to quality rehabilitation.

Dr Daniel Sagwe (Lecturer, Jomo Kenyatta University of Agriculture and Technology) emphasized the importance of community and primary health care in strengthening equitable access for rehabilitation. He also highlighted that a systems approach that includes effective delivery of rehabilitation services is pivotal for rehabilitation to achieve the successful results that immunization has experienced.
Dr Gerold Stucki (Director, Center for Rehabilitation in Global Health Systems, University of Lucerne) commented that rehabilitation, like immunization, is both a clinical and public health issue. Dr Stucki noted that the systems delivery approach that has moved from a supply to demand focus must also be considered in rehabilitation. He further highlighted the importance of addressing existing misperceptions through improved communication in rehabilitation, and improving the uptake of rehabilitation to achieve equitable access, as these areas were key to achieving the success immunization has had. Making an investment case for rehabilitation will also be helpful for expanding and strengthening the rehabilitation agenda.

Dr Moon Suk Bang (Professor, Department of Rehabilitation Medicine, Seoul National University) emphasized the importance of a systems approach. However, he noted that systems differ between countries and that these differences must be taken into account when implementing a systems intervention. He further noted that rehabilitation has characteristics that make it distinct from immunization. Rehabilitation interventions are multidisciplinary and comprehensive, and this complexity makes the gathering of evidence related to the mechanisms underlying any effectiveness more difficult to gather.

“When we talk about rehabilitation, we need to talk about primary health care and community. In immunization, even the health worker knows the logistics of immunization. Even a mother in the village knows that her child needs to be immunized.”
—Dr Daniel Sagwe

“In every family, you have, at some point, somebody receiving rehabilitation, just like vaccination. It is a universal issue. It is a real public health issue.”
—Dr Gerold Stucki

“We need to learn from the immunization experience but also recognize the differences between the two agendas.

“Equity for rehabilitation can be achieved when we first address the misconception that rehabilitation is only for the selected few. Discrimination regarding rehabilitation needs to be addressed.”
—Dr Moon Suk Bang
Dr Darryl Barrett (Technical Lead, Disabilities and Rehabilitation, WPRO) emphasized the importance of having a clear goal and narrative around rehabilitation.

“Rehabilitation 2030 is a game changer like EPI (Expanded Programme on Immunization) was for immunization. For rehabilitation we now have more clarity, we have structure and a pathway to share with Member States to strengthen rehabilitation in countries.

“It does not matter how good our data are if we do not have a story, if it does not resonate and hit a political mark. The story around childhood immunization had a good political story and for rehabilitation we are getting there with the rise in ageing and noncommunicable disease.”

—Mr Darryl Barrett (Technical Lead, Disabilities and Rehabilitation, WPRO)
5. HPSR QUESTIONS FOR THE REHABILITATION AGENDA

Participants at the meeting worked in small groups to generate preliminary systems-level questions for the rehabilitation agenda. These questions were then synthesized by a small working group and emergent HPSR themes were extracted. These themes formed the basis of meeting group work on day 2.
6. SYSTEMS THINKING IN REHABILITATION – INTRODUCTION TO THE CONCEPTUAL FRAMEWORK

Dr Alison Cernich (Director, National Center for Medical Rehabilitation Research, National Institutes of Health, US) emphasized HPSR and the important role it will have in strengthening health systems to better provide quality rehabilitation.

Dr Alarcos Cieza introduced the preliminary HPSR conceptual framework for rehabilitation and asked participants to provide feedback. The HPSR conceptual framework will guide future research to formulate priority questions that are important in effectively integrating rehabilitation into health systems and strengthening health systems to equitably provide rehabilitation.

6.1 Group work: HPSR framework and priority themes for rehabilitation

The preliminary HPSR framework was validated by meeting participants. First, the draft framework was presented and important themes deemed missing by participants were added. Next, from the emerging themes, priority themes were identified, and a preliminary set of systems-level research questions was drafted against these.
7. STEPS TOWARDS BUILDING A HPSR AGENDA FOR REHABILITATION

This meeting is the first in a three-step process to develop a final HPSR agenda for rehabilitation. The framework and preliminary questions from this meeting will be further refined by a small technical working group before it is presented at regional consultations.

The second step will involve regional consultations to ensure the framework is relevant at regional and country level. The WHO rehabilitation focal points from countries and regions will lead the regional consultations and receive feedback on countries’ needs.

The third step will be the launch of the final HPSR agenda at the Sixth Global Symposium on Health Systems Research in 2020. This step will allow for the agenda to be disseminated and promoted throughout the international HPSR community.

Participants will be informed about the steps involved in the development process of the final HPSR agenda and framework.
## ANNEX A: LIST OF PARTICIPANTS

### Member States

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<th>Country</th>
<th>Name</th>
<th>Position and Organization</th>
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<td>Ms Kinley Wangmo</td>
<td>Program Officer, Non-Communicable Diseases Division, Department of Public Health</td>
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<tr>
<td>Estonia</td>
<td>Mr Agris Koppel</td>
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<tr>
<td>Eswatini</td>
<td>Dr Velephi Okello</td>
<td>Deputy Director of Health Services, Ministry of Health</td>
</tr>
<tr>
<td>Georgia</td>
<td>Ms Tamar Gabunia</td>
<td>Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories</td>
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<td>Labour, Health and Social Affairs</td>
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<tr>
<td>Guyana</td>
<td>Dr Ariane Mangar</td>
<td>Director of Disability and Rehabilitation, Ministry of Public Health</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>Dr Bouathep Phoumindr</td>
<td>Deputy Director General, Department of Health Care and Rehabilitation, Ministry of Health</td>
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<td></td>
<td>Dr Phouthone Muongpak</td>
<td>Deputy, Ministry of Health</td>
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<td>Dr Soulighothai Thammalangsy</td>
<td>Secretary to Deputy, Ministry of Health</td>
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<td>Libya</td>
<td>Dr Khaled Ben Atya</td>
<td>Director, Office of International Cooperation, Ministry of Health</td>
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<td>Mrs Suad M.S. Aljoki</td>
<td>First Secretary, Department of International Organizations and Diplomatic Missions, Ministry of Foreign Affairs</td>
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<td>Malaysia</td>
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<td>Senior Consultant of Rehabilitation Medicine, Hospital Rehabilitasi Cheras, Ministry of Health</td>
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<td>Mauritius</td>
<td>Dr Sivalingum Ramen</td>
<td>Director General Health Services, Ministry of Health</td>
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<td>Mexic</td>
<td>Dr José Clemente Ibarra Ponce de León</td>
<td>Director General, National Rehabilitation Institute “Luis Guillermo Ibarra”</td>
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<td>Myanmar</td>
<td>Professor Dr Khin Myo Hla</td>
<td>Head, Department of Physical Medicine and Rehabilitation, Yangon General Hospital</td>
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<td>Dr Wanho Kim</td>
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<tr>
<td>Country</td>
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<td>Position and Affiliation</td>
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<td>Senegal</td>
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<td>Singapore</td>
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<td>United States of America</td>
<td>Mr Michael Allen</td>
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<tr>
<td>Zimbabwe</td>
<td>Mrs Cecilia Nleya</td>
<td>Deputy Director, Rehabilitation Services, Ministry of Health and Child Care</td>
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</table>
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Department of Noncommunicable Diseases
# Annex B: Agenda

Health Policy and Systems Research Agenda for Rehabilitation

**Executive Board Room, World Health Organization, Geneva**

**Preliminary Agenda**

**Day 1: 10 July, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:00</td>
<td>Registration</td>
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<tr>
<td>09:00</td>
<td>Welcome</td>
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<td><strong>Opening remarks:</strong> Dr Soumya Swaminathan, Chief Scientist, WHO</td>
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<td>09:15</td>
<td>Presentations – Health Policy and Systems Research for Rehabilitation</td>
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<td></td>
<td><strong>Moderator:</strong> Dr Soumya Swaminathan, Chief Scientist, WHO</td>
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<tr>
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<td><strong>A Global Health Policy and Systems Research Agenda for Rehabilitation:</strong></td>
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<td><em>Why is it needed? Why now?</em></td>
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<td>Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO</td>
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<td><strong>The “Systems” way of thinking</strong></td>
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<td>Dr Karl Blanchet, Director of the Health in Humanitarian Crises Centre, London School of Hygiene and Tropical Medicine, UK</td>
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<td>10:30</td>
<td>Coffee</td>
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<td>11:00</td>
<td>Presentations: HPSR questions, systems-level design and evaluation</td>
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<td><strong>Moderator:</strong> Dr Abdul Ghaffar, Executive Director, Alliance for Health Systems and Policy Research, WHO</td>
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<td><strong>How to formulate HPSR questions</strong></td>
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<td>Dr Abdul Ghaffar, Executive Director, Alliance for Health Systems and Policy Research, WHO</td>
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<tr>
<td></td>
<td><strong>Systems-level design</strong></td>
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<td>Dr Nhan Tran, Unintentional Injuries Unit, WHO</td>
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<td><strong>Evaluation</strong></td>
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<td>Dr Aku Kwamie, Alliance for Health Systems and Policy Research, WHO</td>
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<td></td>
<td><strong>General discussion</strong></td>
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<td>13:00</td>
<td>Lunch</td>
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<td>14:00</td>
<td>Presentations and interactive panel – Facing enablers and barriers</td>
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<td><strong>Moderator:</strong> Dr Laragh Gollogly, Editor, WHO Bulletin, WHO</td>
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<td><strong>Immunization in public health: a history of a systems-level intervention</strong></td>
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<td>Dr Katherine O’Brien, Director, Department for Immunization, Vaccines and Biologicals, WHO</td>
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<td><strong>Can rehabilitation really learn from the immunization experience?</strong></td>
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<td>Respondents from rehabilitation field</td>
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<tr>
<td>15:30</td>
<td>Coffee</td>
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</table>
16:00 Interactive panel: The questions we ask …

Moderator: Dr Karl Blanchet, Director of the Health in Humanitarian Crises Centre, London School of Hygiene and Tropical Medicine, UK

What are HPSR questions for the rehabilitation agenda?

Representatives from different sectors with involvement of all participants

17:45 Closing day 1

Day 2: 11 July, 2019

09:00 Recap of Day 1

Moderator: Dr Alison Cernich, Director, National Center for Medical Rehabilitation Research, National Institutes of Health, US

Systems thinking in rehabilitation – introduction to the conceptual framework
Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

General discussion

10:00 Group work I (including coffee): Health Systems and Policy Research Framework for Rehabilitation

Group B: Salle B
Group C: Salle C
Group D: Salle D
Group Library: Library

11:45 Plenary: Feedback on group work I

13:00 Lunch

14:00 Group work II: Critical analyses of research questions

Group B: Salle B
Group C: Salle C
Group D: Salle D
Group Library: Library

15:30 Coffee

16:00 Plenary: Feedback on group work II

17:30 Next steps
Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO

17:45 Closing
Dr Abdul Ghaffar, Executive Director, Alliance for Health Systems and Policy Research, WHO
ANNEX C. IMPORTANT LINKS AND RELATED RESOURCES

WHO Rehabilitation webpage
http://www.who.int/disabilities/care/en/

Second Global Rehabilitation 2030 Meeting
https://www.who.int/rehabilitation/rehab-2030-2nd-meeting/en/

Health Policy and Systems Research Agenda for Rehabilitation
https://www.who.int/rehabilitation/rehab-2030-research-meeting/en/

Rehabilitation 2030: A Call for Action webpage

Rehabilitation in health systems webpage
http://www.who.int/disabilities/rehabilitation_health_systems/en/

Rehabilitation in the 21st century video
https://www.youtube.com/watch?v=a8uaRziXruc

Global Cooperation on Assistive Technology (GATE)
http://www.who.int/phi/implementation/assistive_technology/phi_gate/en/

Alliance for Health Policy and Systems Research
https://www.who.int/alliance-hpsr/en/

WHO Rehabilitation email: rehabilitation@who.int