Rehabilitation 2030

8–9 JULY 2019
MEETING REPORT
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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 Estwatini), 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
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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 from around the world (excluding WHO Secretariat and UN agencies)

- **The Americas**: 22%
- **Europe**: 45%
- **Eastern Mediterranean**: 3%
- **South-East Asia**: 6%
- **Western Pacific**: 14%

**Academia and editors of journals**: 22%

**UN agencies**: 1%

**WHO**: 17%

**Rehabilitation professional organizations**: 13%

**Condition-specific organizations**: 10%

**Government representatives**: 22%

**Other**: 15%
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
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

“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
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
“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

“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
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
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
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**

![Rehabilitation results chain diagram](image-url)

**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.
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.
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.
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.

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.
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
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 AIPO 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

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
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<td>Poland</td>
<td>Jacub Kubacki</td>
<td>Chief Specialist, Ministry of Health</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>Wanho Kim</td>
<td>Director General, Rehabilitation Hospital, National Rehabilitation Centre, Ministry of Health and Welfare</td>
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<tr>
<td>Republic of Moldova</td>
<td>Oleg Pascal</td>
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<td></td>
<td></td>
<td>Chair, Specialized Commission for Medical Rehabilitation and Physical Medicine, State University of Medicine and Pharmacy “N.Testemitanu”</td>
</tr>
<tr>
<td>Country</td>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Senegal</td>
<td>Mamadou Lamine Faty</td>
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</tr>
<tr>
<td>Singapore</td>
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<td>Susan Niam</td>
<td>Chief Allied Health Officer, Ministry of Health</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Peter Takáč</td>
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</tr>
<tr>
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<tr>
<td></td>
<td>Barrett Salato</td>
<td>Ambassador and Permanent Representative, Permanent Mission of Solomon Islands to UNOG</td>
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<td></td>
<td>Jones Ghabu</td>
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<tr>
<td>Spain</td>
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<tr>
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<tr>
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<tr>
<td>Tajikistan</td>
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<tr>
<td>Thailand</td>
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</tr>
<tr>
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<td>Dean, Ratchasuda College, Mahidol University, Ministry of Higher Education, Science, Research and Innovation</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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Hashiya Basharu  
Personal assistant to meeting participant

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Christine Turin Fourcade  
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Temo Waqanivalu  
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Wei Zhang  
Essential Medicines and Health Products Department
**ANNEX C. AGENDA**

**Executive Board Room, WHO Headquarters, Geneva**

**Day 1: 8 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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<tr>
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<td><strong>Opening remarks:</strong> Dr Zsuzsanna Jakab, Deputy Director General WHO</td>
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<tr>
<td>09:15</td>
<td>Interactive panel and presentation</td>
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<td><strong>Moderator:</strong> Dr Ren Minghui, Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO</td>
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<td><strong>Why is rehabilitation important?</strong></td>
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<td></td>
<td>Mr Dickson Mua, Minister of Health, Solomon Islands</td>
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<td>Panelists:</td>
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<tr>
<td></td>
<td>Phouthone Muonpak, Vice Minister of Health, Lao People’s Democratic Republic</td>
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<td>Nosheen Hamid, Parliamentary Secretary, Pakistan</td>
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<td>Shodikhon Jamshed, Deputy Minister of Health, Tajikistan</td>
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<tr>
<td></td>
<td>Dr Pilar Aparicio Azcarraga, Director General of Public Health, Spain</td>
</tr>
<tr>
<td></td>
<td><strong>Rehabilitation at WHO and objectives of the meeting</strong></td>
</tr>
<tr>
<td></td>
<td>Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO</td>
</tr>
<tr>
<td>10:30</td>
<td>Coffee</td>
</tr>
<tr>
<td>11:00</td>
<td>Interactive panel and presentations – Functioning: a public health goal</td>
</tr>
<tr>
<td></td>
<td><strong>Moderator:</strong> Dr Somnath Chatterji, Data, Analytics and Delivery, WHO</td>
</tr>
<tr>
<td></td>
<td><strong>What does Functioning mean to me?</strong></td>
</tr>
<tr>
<td></td>
<td>Five personal experiences (Dr Karen Reyes, Ms Kate Swaffer, Mr Ram Niwas Gupta, Ms Jo Josh, Ms Paige Stringer)</td>
</tr>
<tr>
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<td><strong>Functioning information in GBD: making the case for rehabilitation</strong></td>
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<td>Prof Theo Vos, Institute for Health Metrics and Evaluation</td>
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<td><strong>Rate your functioning</strong></td>
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<td><strong>Going beyond GBD to measure the impact of rehabilitation</strong></td>
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<td>Dr Alarcos Cieza, Department of Noncommunicable Diseases, WHO</td>
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<tr>
<td>13:00</td>
<td>Lunch</td>
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<td>14:00</td>
<td><strong>Presentations – Rehabilitation: the health strategy for functioning</strong></td>
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<td><strong>Moderator:</strong> Dr Zee-A Han, Department of Noncommunicable Diseases, WHO</td>
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<td><strong>Rehabilitation across all levels of care</strong></td>
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<td>Dr Zee-A Han, Department of Noncommunicable Diseases, WHO</td>
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<td><strong>Integrating rehabilitation in primary care level</strong></td>
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<td></td>
<td>Dr Velephi Joana Okello, Deputy Director, Ministry of Health, Kingdom of Estwatini</td>
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<td>Ms Renee Gasgonia, Health Policy Development and Planning Bureau, Philippines</td>
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<td><strong>Integrating rehabilitation into the noncommunicable diseases primary health care agenda</strong></td>
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<td>Dr Temo Waqanivalu, Department of Noncommunicable Diseases, WHO</td>
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<td><strong>Integrating rehabilitation into the secondary and tertiary level</strong></td>
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<td>Dr Galina Ivanova, Ministry of Health, Russian Federation</td>
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<td><strong>Integrating rehabilitation into medical specialties</strong></td>
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<td>Dr Pilar Aparicio Azcarraga, Ministry of Health, Spain</td>
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<td>Dr Yusniza binti Mohd Yusof, Ministry of Health, Malaysia</td>
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<td>15:30</td>
<td><strong>Coffee</strong></td>
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<td>16:00</td>
<td><strong>Presentations – Universal Health Coverage and health system strengthening: opportunities for rehabilitation</strong></td>
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<td><strong>Moderator:</strong> Dr Peter Salama, Executive Director, Universal Health Coverage/Life Course, WHO</td>
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<td><strong>Packages of care and financing</strong></td>
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<td>Ms Karin Stenberg, Universal Health Coverage/Health Financing, WHO</td>
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<td><strong>Addressing workforce challenges for rehabilitation</strong></td>
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<td>Mr James Campbell, Director, Health Workforce, WHO</td>
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<td><strong>Integrating rehabilitation information in Health Information Systems</strong></td>
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<td>Prof Neville Calleja, Director, Department for Policy in Health, Health Information and Research, Ministry of Health, Malta</td>
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<td>17:45</td>
<td><strong>Reception at WHO Cafeteria</strong></td>
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Day 2: 9 July 2019

09:00  The vision for rehabilitation
       Dr Soumya Swaminathan, Chief Scientist, WHO

09:15  Launch of WHO Rehabilitation in Health Systems – Guide for Action
       Moderator: Dr Ren Minghui, Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO

       The Rehabilitation in Health Systems: Guide for Action
       Dr Ren Minghui, Assistant Director-General for UHC/Communicable and NCDs, WHO

       Development and overview of the Guide for Action
       Ms Pauline Kleinitz, Department of Noncommunicable Diseases, WHO

       The Guide for Action in practice – assessment and planning in Solomon Islands
       Dr Jones Ghabu, Ministry of Health and Medical Services, Solomon Islands

       The Guide for Action 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.

       Rehabilitation in Health Systems: Guide for Action
       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=cy3xqEApml&feature=youtu.be

Video: Rehabilitation in the 21st century
https://www.youtube.com/watch?v=a8uaRziXruc&feature=youtu.be