WORLD REHABILITATION ALLIANCE

A WHO-HOSTED NETWORK OF 120+ ORGANISATIONS

Strategic Plan 2025–2030

Advancing Rehabilitation and Functioning in Health Systems Globally

POLICY · INVESTMENT · IMPACT

> *Alongside mortality and morbidity, the world must begin measuring, monitoring, and investing in functioning. How well people are able to live is as fundamental a measure of health system performance as whether they survive.*

ABOUT THIS PLAN

This Strategic Plan sets out how the World Rehabilitation Alliance will pursue its mission over the five years to 2030. Developed through Steering Committee deliberation, member survey, workstream consultation, and member webinars across 2024–2025, it is built for a specific moment in global health — one being reshaped by ageing populations, the NCD transition, the conclusion of the Sustainable Development Goals, and the 2027 UN High-Level Meeting on Universal Health Coverage.

World Rehabilitation Alliance
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FOREWORD

We are living through a profound transformation in global health. For decades, the world has measured health system success by how many people survive — by mortality rates and disease burden. But survival is not the same as living. Health, as defined in the WHO Constitution,[1] encompasses physical, mental, and social well-being, and not merely the absence of disease. Rehabilitation is the health system strategy that enables people to recover and maintain their ability to live well.

Across every country, millions of people are living with noncommunicable diseases, recovering from acute illness or injury, managing the effects of ageing, or affected by humanitarian emergencies, only to find that health systems have no structured pathway to help them recover their ability to move, work, access education, care for their families, and participate in their communities. This need runs across the life course — from children whose development depends on early rehabilitation to older people seeking to maintain mobility, independence, and participation. This is not a gap at the margins of health. It is a gap at the centre of what health systems exist to deliver.

The World Rehabilitation Alliance was established to close that gap — not incrementally, but structurally. The WRA is a WHO-hosted global network created to support the implementation of the Rehabilitation 2030 Initiative,[2] the global framework through which WHO and Member States committed to making rehabilitation an integral component of health systems worldwide. That mandate connects directly to the two defining commitments of modern global health: Universal Health Coverage, which cannot be achieved without rehabilitation as a core service, and Sustainable Development Goal 3, which calls for healthy lives and well-being for all at all ages. At the heart of both is a shared premise: that health systems exist not only to keep people alive, but to enable people to live fully. Functioning is the outcome that connects those commitments to lived reality.

Our proposition is simple and ambitious.

> ***Alongside mortality and morbidity, the world must begin measuring, monitoring, and investing in functioning.[3] How well people are able to live is as fundamental a measure of health system performance as whether they survive.***

This Strategic Plan sets out how the WRA will pursue that ambition over the five years to 2030. It is a plan built for a specific moment: a global health policy landscape actively being reshaped by ageing populations, the NCD transition, the conclusion of the Sustainable Development Goals, and the 2027 UN High-Level Meeting on Universal Health Coverage. These are not background conditions. They are the windows through which the rehabilitation and functioning agenda must pass. We invite all stakeholders to join us. The goal is to change how the world understands, measures, and invests in rehabilitation and functioning.

Steering Committee, World Rehabilitation Alliance

WHO WE ARE

The World Rehabilitation Alliance is a global advocacy platform established to drive the implementation of the WHO Rehabilitation 2030 initiative[2] and the 2023 World Health Assembly Resolution 76.6 on strengthening rehabilitation in health systems.[4]

The WRA is a WHO-hosted network of 120+ organisations — governments, civil society, intergovernmental organisations, philanthropic bodies, academic institutions, professional bodies, and private sector partners — united by a shared commitment to ensuring that rehabilitation is integrated into every health system and that functioning is advanced as a core dimension of health system performance.

> ***Rehabilitation, disability, and functioning are related but distinct.***
>
> Rehabilitation is the health system strategy aimed at optimising functioning; disability is a contextual and rights-based construct; and functioning is the lived outcome that health systems should seek to improve. The WRA does not implement country programmes directly. It operates as a strategic advocacy and policy platform that aligns technical expertise, amplifies the rehabilitation community's voice, and engages global health policy processes.

Our Governance

The WRA was launched in 2023 alongside WHA Resolution 76.6, following the 2017 Rehabilitation 2030 Call to Action. Having completed its establishment phase (2023–2025), the Alliance now enters the implementation phase of this Strategic Plan.

Steering Committee	Provides strategic oversight, political stewardship, and alignment with WHO priorities, ensuring the Alliance operates with coherence, accountability, and long-term sustainability.
Advocacy & Communications Taskforce (ACT)	The operational and strategic engine. Translates evidence and intelligence from across the WRA into unified advocacy narratives and leads engagement on NCDs, UHC, and SDG frameworks.
Thematic Workstreams	Four workstreams — Workforce, Primary Care, Emergencies, and Research — that map evidence gaps, develop case studies, and provide the policy inputs underpinning all advocacy.

OUR STRATEGIC PIVOT: FOUR SHIFTS

Having completed its establishment phase, the WRA is not simply continuing what it has been doing. This Strategic Plan marks four deliberate shifts in how the Alliance works — each reflecting a more honest assessment of where influence actually comes from in global health.

From visibility to structured influence

The establishment phase built legitimacy — the network, the governance, and the relationship with WHO. The 2025–2030 plan shifts toward structured engagement in the policy and financing processes that shape how health systems invest and operate. Presence at events is not the goal. Changed commitments are.

From rehabilitation as a clinical service to rehabilitation as a health system strategy for functioning

Rehabilitation has often been positioned as a specialised clinical service rather than a core component of health systems. This plan reframes it around the outcome health systems ultimately seek to achieve: functioning. By centring the ability of people to live, work, and participate, the WRA positions rehabilitation within a broader conversation about health system performance, investment, and human capital.

From network to investable global platform

The WRA's next phase focuses on strengthening the Alliance as a global advocacy platform capable of attracting sustained investment in the rehabilitation and functioning agenda — aligning advocacy, evidence, and global policy engagement to position rehabilitation and functioning as priorities for governments, development partners, and philanthropic investors.

From advocacy to policy and financing alignment

Advocacy that changes narratives but not financing decisions is incomplete. The WRA moves beyond narrative advocacy to engage directly with the policy and financing architectures that shape how health systems allocate resources — including development banks, global health financing mechanisms, and national health budgeting processes. The goal is not only that functioning is spoken about differently, but that it is financed differently.

What This Means in Practice

These four shifts define how the WRA will work over the coming five years — focusing its efforts on the policy moments, partnerships, and advocacy narratives most capable of advancing the rehabilitation and functioning agenda.

THE WORLD WE ARE WORKING IN

The case for rehabilitation and functioning has never been stronger — and the windows to advance it have never been more clearly defined. Four structural forces are reshaping the global health landscape in ways that make this the decisive decade for rehabilitation.

2.1bn[5]
people will be over 60 by 2050 — up from 1.4 billion in 2030

74%[6]
of all deaths globally are now caused by noncommunicable diseases

2.6bn[7]
people — 1 in 3 globally — could benefit from rehabilitation

A Demographic and Health Shift

The world is ageing. This shift is not a future challenge — it is happening now, in every region, already overwhelming health systems designed primarily for acute care. The defining challenge older populations face is not whether they survive, but whether they can function: maintain mobility, retain cognition, continue to participate, and avoid the dependency that drives catastrophic social protection costs. Simultaneously, NCDs now account for the dominant burden of illness in every income group. Survival rates are improving — but survival without functional recovery is not the outcome patients, families, or health systems need. Demand for rehabilitation, the primary health system strategy to restore and maintain functioning, is growing rapidly.

A World of Increasing Health Emergencies

Health emergencies — armed conflict, climate disasters, disease outbreaks — are generating unprecedented demand for rehabilitation. Trauma injuries, amputations, spinal cord injuries, and other severe impairments represent a rapidly growing burden that health systems are not equipped to absorb, yet rehabilitation remains inconsistently integrated into emergency preparedness and response frameworks. This is both a health systems and a humanitarian imperative — and an area where the gap between need and system capacity is widening fastest.

Persisting Gaps in Access and Risks to Progress

Despite growing recognition of rehabilitation as essential to health systems and UHC, access remains severely limited in many parts of the world — due to shortages of trained personnel, inadequate service delivery infrastructure, and continued under-prioritisation within health policy and financing. At the same time, reduced financing, economic pressures, competing health priorities, and weakening multilateral cooperation risk slowing or reversing recent progress. This environment underscores the importance of sustained advocacy to maintain political commitment and protect investments in rehabilitation and Assistive Technology.

A MEASUREMENT GAP THAT DISTORTS INVESTMENT

Global health performance frameworks are built around mortality and morbidity. These dimensions determine how health systems are evaluated, how UHC is monitored, and how development assistance for health is allocated. Functioning — what people are actually able to do with their health — is absent from this architecture.

> ***When rehabilitation outcomes are not measured, they are not valued. When they are not valued, they are not financed.***

When they are not financed, the 2.6 billion people who could benefit from rehabilitation[7] — 1 in 3 people globally — are left without the care that would enable them to live fully. This is not a supply problem alone. It is the predictable result of a measurement architecture that renders functioning invisible.

A POLICY LANDSCAPE IN TRANSITION

Two global policy processes will define the health architecture of the next decade, and both are in active development now. The UN High-Level Meeting on Universal Health Coverage, expected in 2027, will set the terms for UHC investment and accountability through the next policy cycle. The conclusion of the Sustainable Development Goals in 2030 will trigger the negotiation of a successor framework that will shape development priorities for decades.

These are not passive background events. They are windows — specific, bounded, and time-limited — in which the concepts, evidence, and political commitments that shape global health priorities are decided. The WRA's strategic purpose is to ensure that functioning and rehabilitation are present, visible, and invested in when those decisions are made.

The Strategic Opportunity

The convergence of demographic pressure, health emergencies, measurement reform, major global policy moments, and a maturing investment case creates conditions that do not often align. The question is not whether the rehabilitation and functioning agenda will advance — it is whether the WRA can position rehabilitation at the centre of that advance before the windows close.

THE INVESTMENT IMPERATIVE

Rehabilitation is chronically underfinanced. But the reason is not that the economic case is weak — it is that the economic case has not yet been made in the language that financing actors require. The WRA is working to build two distinct but connected investment arguments, each aimed at a different audience and operating at a different level of evidence.

The Functioning Investment Case

Operates at the macro level: population-level functioning is an economic asset. When people can work, care for dependents, participate in civic life, and avoid long-term institutionalisation, there are measurable returns to labour markets, social protection systems, and economic output. This is a human capital argument, not a health economics argument — it speaks to finance ministries, development banks, social protection actors, and impact investors. This case is still nascent at the global level; the WRA will work with partners to synthesise the evidence into a global Functioning Investment Framework.

The Rehabilitation Investment Case

Operates at the service level: investing in rehabilitation services generates measurable health and economic returns. The evidence base is condition-specific — post-stroke, musculoskeletal, post-injury and post-surgical rehabilitation, and rehabilitation in NCD management. Rehabilitation is documented to reduce lifetime care costs, shorten hospital stays, prevent secondary complications, and support return to work. Building it at global scale requires assembling condition-level epidemiological, cost, and outcome data across diverse health system contexts.

How the Two Cases Connect

The functioning investment case opens the door — it brings finance actors into a conversation they have not previously joined by demonstrating that functioning has direct economic value. The rehabilitation investment case closes the argument — it tells those actors specifically what to invest in, and what return to expect. The bridge between them is rehabilitation as the primary health system strategy for closing the functioning gap.

Our Positioning

The WRA occupies a distinct position: advancing rehabilitation as a priority within global health policy and financing. Rather than delivering services or representing a single discipline, it works at the level where health system priorities are defined and investments are shaped — elevating rehabilitation within global policy frameworks, supporting Member State engagement, and strengthening the case for financing rehabilitation as a core component of health systems. Its strength lies in bringing together actors across conditions, disciplines, and regions to translate the sector's evidence into coherent policy advocacy directed at WHO, Member States, development banks, and global health partners.

OUR STRATEGIC PRIORITIES 2025–2030

Five strategic priorities structure how the WRA will pursue its mission to 2030. They follow a deliberate logic: political declaration language must be secured first, which makes measurement possible; functioning embedded in measurement and reporting is what makes the case for financing; and financing is what drives system change. Each priority is pursued in sequence as well as in parallel — during 2025–2026, establishing the rehabilitation and functioning narrative, coordinating the investment case, and securing the first country commitments at the 2026 WRA Leaders' Summit, the near-term moment where the investment case is put directly to ministers and financing partners; during 2026–2027, embedding functioning within the UHC policy architecture ahead of the High-Level Meeting; from 2027 to 2030, securing financing commitments and accelerating health system integration.

01 Accelerate Rehabilitation's Integration into Health Systems

Political commitment and financing only deliver impact when they translate into health system change. The WRA will support — through advocacy, coalition-building, and member coordination — the integration of rehabilitation into primary care, UHC benefit packages, emergency response frameworks, and workforce development strategies.

BY 2030, SUCCESS LOOKS LIKE

- Rehabilitation is recognised as a core health service within UHC monitoring frameworks, including the UHC Service Coverage Index and national UHC monitoring systems.
- Rehabilitation and Assistive Technology are increasingly included within national UHC benefit packages and essential health service packages.
- Rehabilitation workforce data is systematically included in national health labour market analyses in a growing number of countries.
- Rehabilitation is systematically embedded in humanitarian emergency response frameworks and financing mechanisms.
- Primary health care models in multiple countries explicitly include rehabilitation as part of integrated care for NCDs, ageing, and injury.
- Rehabilitation is routinely monitored using the WHO Global Rehabilitation Indicators.[9]
- Replicable country pathways for rehabilitation integration are documented and amplified through the WRA network.

02 Advance Functioning as a Third Dimension of Population Health

Functioning — what people are able to do and be in their daily lives — should be recognised alongside mortality and morbidity as a third dimension of population health.[3] The WRA advocates for this recognition through engagement with WHO normative processes, global health monitoring frameworks, UHC accountability systems, and the post-SDG development architecture.

BY 2030, SUCCESS LOOKS LIKE

- Functioning is recognised within WHO reporting frameworks as a third dimension of population health alongside mortality and morbidity.
- The 2027 UHC High-Level Meeting political declaration includes explicit reference to functioning as a health system outcome.
- The post-2030 global development framework incorporates functioning and rehabilitation as health indicators.
- National health information systems include population-level functioning measurement aligned with the WHO ICF.[8]
- Functioning is widely recognised across academic, clinical, and policy communities as a third dimension of population health.

03 Champion the Investment Case for Functioning and Rehabilitation

Functioning and rehabilitation remain structurally underfinanced because the case for investment has not yet been made in the language of economics, equity, and return that financing actors require. The WRA will champion the progressive development of that case — coordinating evidence development across partners and members, ensuring functioning is centred in emerging investment frameworks.

BY 2030, SUCCESS LOOKS LIKE

- A globally recognised investment case for functioning is published, validated by major health institutions, and cited in development financing decisions.
- Functioning and rehabilitation are integrated into major global investment frameworks, including the World Bank's human capital agenda.
- Disease-specific rehabilitation investment narratives are developed for at least three high-burden conditions.
- Philanthropic and bilateral donors have structured, multi-year financing mechanisms for rehabilitation system strengthening.
- The private sector recognises rehabilitation and Assistive Technology as a human capital investment.

04 Mobilise a Coordinated Global Advocacy Movement

The WRA's power comes from its ability to align 120+ member organisations and a broader network of champions around a coherent advocacy narrative. The WRA will deepen member engagement, build the Champions Programme, and ensure its voice is present at every major global health policy moment where functioning and rehabilitation must be on the agenda.

BY 2030, SUCCESS LOOKS LIKE

- 120+ member organisations are actively engaged through differentiated pathways, with measurable amplification of WRA messages.
- The Global Champions Programme has an active cohort of 30+ champions at political, clinical, private sector, and lived experience levels.
- The WRA is recognised as the preeminent convening platform for rehabilitation and functioning advocacy at the global level.
- World Rehabilitation Day generates coordinated, multi-country activation annually.
- WRA members are present with WRA messaging at 20+ major global health and policy conferences annually.
- The WRA Leaders' Summit has convened ministers, financing institutions, and global health leaders, producing documented commitments and media reach.

05 Sustain and Grow the Alliance

The WRA cannot deliver on its mission without institutional health: a diversified, sustainable financing base; a governance structure that commands confidence; a diversified membership inclusive of lived experience; and an operating model that can flex and grow as the Alliance's profile expands.

BY 2030, SUCCESS LOOKS LIKE

- The WRA operates with a diversified financing base in which no single revenue stream creates operational dependency.
- A structured membership model supports the financial sustainability of the Alliance.
- The governance structure — Steering Committee, ACT, and workstreams — operates with clear role clarity and accountability.
- The WRA's brand and reputation are recognised as authoritative, credible, and indispensable.
- The WRA enters 2030 in a position of financial and institutional strength, ready to steward the agenda into the post-SDG era.

RESOURCE AND SUSTAINABILITY FRAMEWORK

The WRA's ability to deliver on this Strategic Plan depends on building a financing base that is diverse, resilient, and aligned with the Alliance's strategic purpose. Three principles guide resource mobilisation: diversification — building income across multiple streams so no single source becomes a dependency; alignment — financing partners support the WRA's mandate without seeking to direct its work toward narrower interests; and sustainability — multi-year relationships that reflect the long-term nature of structural change.

Sources of Support

Philanthropic foundations	Core operational support and campaign financing, particularly for advocacy leadership, the Champions Programme, and the Leaders' Summit.
Bilateral donors	Programmatic co-financing for thematic workstreams where bilateral health portfolios align with WRA priorities — NCD, primary care, and emergency health programming.
Multilateral institutions	Technical partnerships and co-financing through development banks and UN agencies, supported by the WRA's investment case work.
Private sector	Engagement from employers, impact investors, and health industry actors within structured pathways that preserve the Alliance's integrity.
Member contributions	A tiered member contribution model aligned to differentiated engagement levels, signalling collective commitment and underpinning fundraising credibility.

On Financial Sustainability

Rehabilitation has been chronically underfinanced precisely because the frameworks that determine health investment have not measured or valued functioning. Closing that gap is the WRA's purpose. We invite partners to invest not only in what the WRA does, but in what the WRA is: the global platform for rehabilitation advocacy, operating at the intersection of the policy and financing moments that will define health system priorities for the next decade.

WHAT SUCCESS LOOKS LIKE IN 2030

The priorities above set out the specific commitments the WRA will pursue. This is what their success looks like in the world — not what the WRA has produced, but what has changed.

At the Global Policy Level

- The global health community speaks routinely of mortality, morbidity, and functioning as the three dimensions of population health.
- The 2027 UHC High-Level Meeting declaration and the emerging post-2030 development framework name functioning as a health system outcome.

At the System Level

- Rehabilitation is a standard component of UHC benefit packages and of development-bank health system investments.
- Health systems measure changes in functioning as routinely as they measure survival and disease.

For the People the WRA Exists to Serve

- More people whose functioning is affected by noncommunicable diseases, acute illness and injury, the effects of ageing, and humanitarian emergencies can access the rehabilitation that allows them to live fully.
- Functioning is understood by policymakers, clinicians, and the public as an essential measure of health — and people with lived experience of rehabilitation needs and disability are central voices in shaping it.

HOW WE WILL WORK

Strategy without operational clarity is aspiration. The WRA's five strategic priorities will be pursued through a disciplined operating model that ensures resources are focused, accountability is clear, and the Alliance learns and adapts.

Evidence to Advocacy

The WRA's four thematic workstreams — Workforce, Primary Care, Emergencies, and Research — generate the evidence, case studies, and policy intelligence that underpin all advocacy. These are not independent silos. Their outputs flow through the Advocacy and Communications Taskforce (ACT), which translates this intelligence into policy narratives aligned with the global health moments where they will have greatest impact. This flow — evidence to advocacy to policy — is the WRA's core operating logic.

Policy Engagement

The WRA prioritises engagement at moments when global health policy is genuinely open to new input: preparatory consultations for the 2027 UHC HLM, the post-SDG framework negotiations, World Health Assembly processes, NCD high-level meetings, and major global health and development forums. The WRA does not aim to be present everywhere. It aims to be consequential where it matters.

Member Engagement

The WRA's 120+ member organisations are its most important asset. The Alliance operates a two-tier membership model — Active and General — that recognises the diversity of organisations and the varying capacities they bring. Active members contribute directly to workstream activity; General members engage at the level of alignment and advocacy. Over the plan period, the WRA will diversify membership to include governments, UN agencies, development banks, and philanthropic institutions, and will invest in the systems that make membership visibly valuable at every level.

Accountability and Learning

Annual reporting against the outcomes set out in this Strategic Plan is a core accountability commitment. A formal mid-term review will be conducted in 2027 to assess progress, reassess the external environment, and adjust priorities where necessary. The WRA manages risk — shifts in financing priorities, changes to key policy processes, and the challenge of attributing change to any single platform — through diversified engagement, adaptive planning, and an accountability framework that tracks contribution rather than sole attribution.

ANNEX: HOW THE WRA CREATES CHANGE

As a global advocacy platform, the WRA does not directly deliver health services. Its role is to catalyse policy change, align stakeholders, and accelerate investment in rehabilitation systems worldwide. The following summarises the WRA's theory of change.

Assets — what the WRA brings	120+ member organisations spanning governments, intergovernmental organisations, academic and research institutions, professional associations, civil society, private sector, and patient organisations; a Secretariat with technical and convening expertise; a recognised position in the global health policy architecture; and established relationships with WHO, Member States, and financing institutions.
Strategic actions — what the WRA does	Convenes members around shared advocacy priorities; aligns and translates evidence into policy-relevant narratives; engages global policy processes at key moments including the WHA, UHC High-Level Meetings, and post-SDG discussions; supports member collaboration; and coordinates global initiatives including World Rehabilitation Day and the Champions Programme.
Policy outputs — what activities produce	Advocacy narratives positioning functioning and rehabilitation within global investment and development frameworks; coordinated policy briefs aligned to UHC and SDG processes; a visible, coordinated global rehabilitation advocacy movement; and increased political attention and commitments from Member States and institutional leaders.
System-level outcomes — changes WRA contributes to	Growing recognition of functioning as a third dimension of population health; rehabilitation increasingly integrated into UHC benefit packages and national health plans; increased financing for rehabilitation services and system capacity; and a stronger global evidence base informing policy and investment.
Population impact — what ultimately changes for people	More people — including the 2.6 billion living with conditions that could benefit from rehabilitation — are able to access quality rehabilitation. Functioning is increasingly measured, valued, and resourced within health systems. Populations experience improved mobility, cognition, participation, and quality of life across the life course.

The WRA Influence Pathway

Agenda-setting › **Coalition alignment** › **Policy uptake** › **Financing decisions** › **System change**

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For partnership and investment enquiries, contact the WRA Secretariat.