WORLD REHABILITATION ALLIANCE

GLOBAL ADVOCACY BRIEF · UNIVERSAL HEALTH COVERAGE

Rehabilitation: A Non-Negotiable Pillar of Universal Health Coverage

Why functioning must be recognised as the third dimension of population health — and what it means for UHC architecture.

> *UHC is not just an aspiration: it is a commitment to ensuring that every person, everywhere, can access the full spectrum of quality health services they need — when and where they need them, without financial hardship.*

THE ARGUMENT IN BRIEF

One in three people globally lives with a condition that could benefit from rehabilitation. In many countries, more than half of those who need rehabilitation do not receive it. Yet rehabilitation remains absent from the indicators that track Universal Health Coverage — leaving a measurable, addressable gap between political commitment and accountability. This brief sets out what is missing, why it matters, and what needs to change.

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Policy Brief
Geneva
who.int/initiatives/world-rehabilitation-alliance

REHABILITATION IS NOT AN OPTIONAL ADD-ON TO UHC

Universal Health Coverage (UHC) is a cornerstone of the Sustainable Development Goals (SDGs) and a core target under SDG 3. Since 2015, progress on UHC service coverage has slowed to roughly one-third of the rate seen between 2000 and 2015,[1] and out-of-pocket health expenses continue to push millions into financial hardship worldwide.

Rehabilitation is an essential health service — a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment. It enables people to live independently, work, learn, and participate fully in society. Whether recovering from noncommunicable diseases (NCDs), acute illness, managing the effects of ageing, or injury during humanitarian emergencies, rehabilitation needs can emerge at any point in the life course. Rehabilitation is a fundamental component of healthcare and an essential pillar of UHC — determining whether the promise of health for all translates into how well people live.

Rehabilitation is also a cross-cutting enabler of sustainable development: it contributes to poverty reduction (SDG 1), supports access to education (SDG 4), enables workforce participation and economic reintegration (SDG 8), and reduces inequalities (SDG 10). Access, affordability, and quality of rehabilitation services are challenging globally — concentrated in urban centres, limited in rural and conflict-affected settings, uneven in quality where it exists, and often beyond the reach of those who need it most. Rehabilitation is also missing from how UHC is measured, financed, and monitored — leaving systems without the means to track coverage, hold themselves accountable, or direct investment where it is most needed.

> **UHC cannot deliver what it cannot see.**

THE UNMET REHABILITATION NEED SIGNALS A GROWING GLOBAL CRISIS

2.6B
people globally live with a condition that could benefit from rehabilitation

>50%
in many countries, more than half of those who need rehabilitation do not receive it

Rising
demand driven by ageing populations, NCDs, injuries, and humanitarian emergencies

The gap falls hardest on those who are already most vulnerable. In low- and middle-income countries (LMICs), rural areas, and conflict-affected settings, access to rehabilitation is severely limited. Women, girls, older adults, persons with disabilities, and people living in poverty face systemic barriers, resulting in worse health outcomes and compounding inequalities.

When rehabilitation is not accessible, individuals rely on health services for longer, suffer preventable complications and hospitalisations, lose economic productivity and participation in their communities. Families bear catastrophic financial and social burdens. The human cost is immeasurable; the economic cost is avoidable.

GLOBAL COMMITMENTS DEMAND ACTION

The world has made clear and formal commitments — including a binding World Health Assembly resolution. Now they must deliver:

Rehabilitation 2030 (WHO, 2017) & WHA Resolution 76.6 (2023)[4,5]	Rehabilitation 2030 is WHO's global call to action to scale up rehabilitation. WHA Resolution 76.6 is the World Health Assembly resolution on rehabilitation, calling on Member States to integrate rehabilitation into health systems and UHC benefit packages, strengthen governance and financing, expand the workforce, improve data and monitoring, and ensure rehabilitation is part of health emergency preparedness and response.
Declaration of Astana (2018)[6]	Affirmed rehabilitation as an essential service within primary health care.
UN Political Declarations on UHC (2019 & 2023)[7,8]	Affirm rehabilitation as an essential health service within UHC and commit countries to strengthen rehabilitation through the primary health care approach.
SDG 3	Establishes UHC (target 3.8) as a core commitment of the 2030 Agenda.

EXISTING UHC INDICATORS FAIL TO MEASURE REHABILITATION AND FUNCTIONING

The SDG 3.8.1 indicator assesses coverage across RMNCH, infectious diseases, NCDs, and service capacity — vital dimensions that fail to capture rehabilitation needs or functioning outcomes. The 2023 UN Political Declaration names rehabilitation among essential services, yet its monitoring framework includes no indicator to track progress. In 2025, both UHC indicators were revised for the first time — three SCI tracers updated, the financial hardship definition refined — yet rehabilitation remained absent: the framework can be changed but has not been changed to include it.

UHC ELEMENT	CURRENT STATUS	GAP FOR REHABILITATION
Service Coverage (SDG 3.8.1)	A composite index built from 14 tracer indicators across RMNCH, NCDs, infectious disease, and service capacity	Each tracer signals coverage of an essential service; none represents rehabilitation, so the index does not register it among the services tracked. The health workforce density tracer is a potential entry point
Financial Protection (SDG 3.8.2)	Measures aggregate household health spending — 2.1 billion in financial hardship globally (2022)[1]	Rehabilitation-related costs (services, assistive products, transport) not separately measured, meaning the true scale of rehabilitation's contribution to financial hardship is unknown[9]
Primary Health Care	Emphasised as foundation for UHC	Rehabilitation rarely integrated into primary care service delivery or PHC monitoring frameworks
Political Narrative	"Health for All" anchored in service coverage	Functioning not recognised as a dimension of population health alongside mortality and morbidity
WHO UHC Compendium	Lists 3,700+ health actions	Rehabilitation and assistive interventions included; can guide national UHC package inclusion[10]
WHO/World Bank UHC Monitoring Report	Combines coverage and financial protection for country progress tracking	Platform to push for functioning and rehabilitation data in national and global UHC reporting

A MEASUREMENT GAP WITH THREE COMPOUNDING HARMS

Data invisibility. Without explicit rehabilitation and functioning indicators, national and sub-national health systems have no metric incentive to prioritise rehabilitation within UHC monitoring frameworks. In many LMICs where healthcare is decentralised, this invisibility compounds across sub-national planning processes.

Fragmented health systems. The lack of integration undermines comprehensive service delivery, leaving populations without essential care and driving up costs elsewhere in the system.

Inequitable access. Older people, women, persons with disabilities, and those in fragile or conflict-affected settings face compounding barriers to accessing rehabilitation services — barriers that limit their participation in society, their economic contribution, and their ability to live well.

Functioning — a third dimension of population health alongside mortality and morbidity — must be valued and measured within UHC frameworks.[11,12]

Two complementary measurement agendas are needed: effective coverage of rehabilitation within UHC monitoring, and functioning outcomes within population health monitoring. The measurement foundations exist. The gap is political and implementation-related.

REHABILITATION IS A SMART INVESTMENT WITH HIGH RETURNS

The costs of underinvestment in rehabilitation do not disappear — they are displaced onto households, onto the rest of the health system, and onto lost workforce participation. Rehabilitation is an investment, not a cost. Quantifying the economic return of that investment across conditions and contexts is itself a priority for UHC monitoring — a measurement gap this brief argues must be closed. Countries that integrate rehabilitation into UHC benefit from:

- Reduced long-term healthcare costs by preventing complications, hospital readmissions, and avoidable functional decline.
- Integrating rehabilitation into primary care reduces downstream demand on specialised services for conditions that can be managed earlier, while complex needs continue to require coordinated secondary and tertiary care covered under UHC.
- A healthier, more productive workforce — with rehabilitation enabling return to work, economic reintegration, and sustained labour market participation.
- Greater social inclusion and participation — with rehabilitation operationalising the full-participation commitments of the UN Convention on the Rights of Persons with Disabilities,[13] enabling people to contribute meaningfully to their communities and civic life across all dimensions of participation.
- Reduced catastrophic health expenditure for households. Globally, 2.1 billion people live in households facing financial hardship from out-of-pocket health spending (2022).[1] Rehabilitation-related costs are not separately measured — where rehabilitation sits outside UHC benefit packages, these costs fall directly on households.

RECOMMENDATIONS TO EMBED REHABILITATION IN UHC

To achieve UHC that truly leaves no one behind, governments must act decisively. The following seven recommendations provide a roadmap for action.

1 Recognise functioning as a third dimension of population health

The foundational shift: how health is measured determines what health systems deliver. Population health has historically been tracked through mortality and morbidity alone. Functioning — whether people can live, work, learn, and participate fully — must be recognised and measured alongside them, or rehabilitation will remain architecturally invisible in UHC and SDG monitoring.

- Recognise functioning — alongside mortality and morbidity — as a third dimension of population health within UHC and SDG monitoring architecture.[11,12]
- Build national capacity to measure functioning at the population level, drawing on ICF-aligned instruments[14] such as the Washington Group Short Set,[15] WHODAS 2.0,[16] and the WHO Model Disability Survey.[17]
- Embed functioning measurement within national health information systems, health surveys, and civil registration and vital statistics.
- Position functioning as a named outcome — not only clinical recovery — within UHC benefit packages and monitoring frameworks.

2 Secure sustainable financing for rehabilitation

Adequate financing is the foundation upon which all other recommendations rest. Without it, integration cannot happen at scale.

- Integrate rehabilitation services into health insurance schemes, pooled funding mechanisms, and public benefit packages, starting with high-priority, high-impact interventions.
- Ensure equitable geographic distribution of financing across urban, rural, and remote areas.
- Reduce out-of-pocket payments that force individuals to choose between rehabilitation and basic survival needs.
- Mobilise international resources to complement domestic financing — including through international cooperation, development assistance for health, and humanitarian financing mechanisms.

✓ COUNTRY EXAMPLE

Thailand

Thailand's Universal Coverage Scheme provides a comprehensive benefits package covering approximately 75% of the population, entitling beneficiaries to rehabilitation, prevention, and treatment without financial hardship.[18]

3 Integrate rehabilitation across all levels of the health system

Rehabilitation must be embedded as an essential, coordinated service — not an afterthought — and defined within national essential service packages.

- Integrate the rehabilitation workforce into interdisciplinary care pathways at all levels of the health system, from primary care to tertiary services.[19]
- Embed an essential package of rehabilitation services within national UHC benefit packages, with progressive expansion based on available resources and equity criteria.
- Establish clear prioritisation criteria — cost-effectiveness, equity, and population impact — to guide scale-up, with robust monitoring and evaluation.
- Apply the WHO Package of Interventions for Rehabilitation (PIR) and Basic PIR to guide selection and implementation across levels of care.[20]

✓ COUNTRY EXAMPLE

Georgia

Georgia applied the WHO Package of Interventions for Rehabilitation (PIR) to develop a first national rehabilitation service package — defining the target population, prioritising interventions, and informing costing — demonstrating how a WHO normative product can be operationalised at country level to integrate rehabilitation into national service planning.[21]

4 Implement the WHO Global Rehabilitation Indicator Set

Service-level measurement is the vehicle through which rehabilitation becomes visible in health systems. Without it, neither accountability nor investment can be directed where they are most needed.

- Adopt the WHO Global Rehabilitation Indicator Set — covering governance, financing, workforce, information systems, and service delivery — within national health information systems. A suggested set that countries can adapt to their context, it provides the basis for a baseline report on rehabilitation against which progress can be tracked.[22]

✓ COUNTRY EXAMPLE

Rwanda

Rwanda adopted the WHO guide for action to strengthen rehabilitation in its health system — engaging central and local stakeholders, building on existing health-sector policies and the country's disability movement to integrate rehabilitation within the national health system.[23]

5 Embed rehabilitation in health emergency preparedness and response

Rehabilitation is an essential health service in emergencies — before, during, and after a crisis. Emergencies disproportionately affect people who rely on rehabilitation for daily functioning and generate new cohorts of people with rehabilitation needs.

- Include rehabilitation in national health emergency preparedness and response plans, consistent with the WHO Emergency Medical Teams (EMT) Minimum Technical Standards and Recommendations for Rehabilitation.
- Position rehabilitation as a core component of Health Cluster operations and humanitarian health response.
- Integrate rehabilitation essentials — including assistive products — within the WHO H3 Package (Package of High-Priority Health Services for Humanitarian Response) and emergency supply chains.
- Build and protect local rehabilitation capacity so that services can maintain continuity and manage surges in rehabilitation needs during health emergencies.

✓ COUNTRY EXAMPLE

Jordan

Jordan developed a National Rehabilitation Strategic Plan (2020–2024) using WHO situation-assessment and strategic-planning tools, applied in a fragile, displacement-affected context that hosts one of the world's largest per-capita refugee populations — illustrating how rehabilitation can be embedded in a national health system shaped by humanitarian need.[24]

6 Build and strengthen the rehabilitation workforce

A skilled, equitably distributed workforce is the backbone of rehabilitation delivery. WHA76.6 calls on Member States to strengthen capacity for analysis and prognosis of rehabilitation workforce shortages as a precondition for workforce planning. This begins with making the existing workforce visible.

- Generate and publish national rehabilitation workforce data — covering occupational categories, density, geographic distribution, and skill mix — and use it to integrate rehabilitation into national workforce planning. The Systematic Assessment of Rehabilitation Situation (STARS)[25] maps the rehabilitation situation and the Guide for Rehabilitation Workforce Evaluation (GROWE)[26] provides a standardised instrument to evaluate the workforce, together informing national workforce planning.
- Disaggregate rehabilitation professions within SDG 3.c.1 workforce density reporting and the WHO National Health Workforce Accounts framework.
- Expand the production of new rehabilitation professionals through scholarships, national workforce plans, investment in training institutions, international partnerships, and embedding of rehabilitation content within medical and nursing curricula.[27]
- Strengthen the capacity of the existing rehabilitation workforce through continuous professional development, specialist training, competitive compensation, and career development pathways that support retention.
- Invest in task-sharing and training of non-rehabilitation health workers to deliver basic rehabilitation interventions under supervision, where national regulatory frameworks permit — as a complement to, not a substitute for, strengthening the rehabilitation workforce itself.

7 Champion multisectoral collaboration and social participation

Rehabilitation enables people to return to work, to learning, to family and community life — outcomes that no health system can deliver alone. Achieving them requires action across sectors.

- Align rehabilitation within SDG 3 and across the SDG framework, including SDG 1 (No Poverty), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities).
- Work across education, social protection, housing, transport, and employment sectors to address the social determinants of functioning and participation.
- Explicitly include functioning and social participation outcomes — not only clinical recovery — in UHC benefit packages and monitoring frameworks.
- Strengthen advocacy and engage policymakers, international organisations, and civil society to position rehabilitation as a core pillar of UHC and sustainable development.

FROM COMMITMENT TO DELIVERY

The 2023 UN Political Declaration on UHC commits Member States to ensure access to "promotive, preventive, curative, rehabilitative and palliative essential health services".[8] Rehabilitation is named — but not delivered.

UHC is more than a promise: it demands sustained political commitment, financing, and system-wide reform. Rehabilitation is not a peripheral concern — it is central to whether UHC delivers on what it has already committed to. By prioritising rehabilitation in benefit packages, financing, and monitoring, countries unlock health, functioning, social participation, and economic resilience for individuals, communities, and entire societies. The 2027 UN High-Level Meeting on UHC is the turning point: its Political Declaration must make rehabilitation visible in UHC architecture — or perpetuate its invisibility for another decade. Every year of delay means millions more people left behind.

No UHC without rehabilitation.

THE TIME TO ACT IS NOW

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SUGGESTED CITATION

World Rehabilitation Alliance. *Rehabilitation: A Non-Negotiable Pillar of Universal Health Coverage.* Geneva: World Rehabilitation Alliance; 2026.
Available at: who.int/initiatives/world-rehabilitation-alliance