



Statement to agenda items 2 and 3 on the COVID-19 pandemic of the 70th session of the WHO Regional Committee for Europe

By the International Society of Physical and Rehabilitation Medicine (ISPRM)

The COVID-19 outbreak showed the need to upscale rehabilitation in health systems in Europe, in line with the WHO Rehabilitation 2030 initiative. Rehabilitation is an important health strategy for persons affected by COVID-19, as well as for many persons experiencing functioning problems and disability due to other health conditions (1).

Rehabilitation is crucial to address the needs of people with COVID-19 during the acute phase, the post-acute and long-term phase to optimize physical, emotional, cognitive and social functioning. Rehabilitation shortens the duration of hospitalization, optimizes health outcomes, reduces healthcare and social costs and relieves pressure on acute care. Six months after the start of the pandemic in Europe knowledge about mid- and long-term consequences is growing (2). Therefore, a WHO Technical Working Group is preparing Module 4 of the WHO Global COVID-19 Clinical Case Record Form for follow up of patients with COVID-19.

The COVID-19 outbreak forced decisions about which essential services should remain operating. Health services disruption lead to reduced capacity or complete unavailability of rehabilitation services. Up to 2.2 million people experiencing disability suffered collateral damage each day of COVID-19 lockdown in Europe (3).

International Society of Physical and Rehabilitation Medicine, together with International Spinal Cord Society (ISCoS), Handicap International (HI), World Federation of Occupational Therapists (WFOT) and supported by Global Rehabilitation Alliance (GRA), urge the member states to:

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- . Incorporate rehabilitation in health planning in relation to both the rehabilitation needs of people affected by COVID-19 and the other groups requiring access to rehabilitation; adjust health financing to respond to the increased demand for rehabilitation services associated with COVID-19;
- . Maintain, at the hospital level, early rehabilitation care for injured people or with newly acquired impairments, in strict compliance with prevention measures in place, including provision of personal protective equipment;
- . Provide equitable access to tele-rehabilitation, as a critical modality to continue providing an essential health service to those who need it;
- . Document consequences of COVID-19 using the WHO Global COVID-19 Clinical Case Record Form Module 4.

Prof. Leonard Li
ISPRM President

Dr. Carlotte Kiekens
ISPRM-WHO Liaison committee chair

References

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