

## Rehabilitation and Assistive Technology in the new Political Declaration on UHC

We – a group of civil society and academic stakeholders committed to improving access to rehabilitation services - welcome the vision set in the Zero Draft Political Declaration of the High-level Meeting on Universal Health Coverage (UHC).

The first ever resolution on “Strengthening rehabilitation in health systems” was adopted at the 76th World Health Assembly in May 2023, reaffirming that rehabilitation is fundamental for UHC. The World Health Assembly’s Resolution “Improving access to assistive technology” (2018) also provides clear guidance in this regard. Yet, further political attention on rehabilitation, including assistive technologies, is needed.

Despite the immense and growing global needs, rehabilitation services and assistive technology remain under-prioritised in the global efforts towards UHC. Financial coverage of these services and products, including social protection schemes and health insurances, remains variable worldwide, and is poor or even absent in many low- and middle-income countries.

**As negotiations on the text unfold, we urge Member States to consider adding explicit language and references about:**

- **Recognition of the growing and largely unmet needs for rehabilitation and assistive technology (in PP16).** Globally, 2.4 billion people globally live with health conditions which might benefit from rehabilitation<sup>1</sup>; and 2.5 billion people who need assistive technology<sup>2</sup>. Yet, more than 50% of persons who need rehabilitation cannot access the services and products they require<sup>3</sup>. According to the UN Human Development Index, access to assistive technology on a country-by-country basis varies between 3% and 90%<sup>4</sup>.
- **Functioning, as the third indicator of health, complementing morbidity and mortality (in PP21)<sup>5</sup>.** The inability of households to afford the cost of health services not only results in increased morbidity and mortality, but also in decreased level of functioning. Realising a comprehensive approach to health and well-being requires improving the performance of health systems across the three health indicators:

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1 WHO and Institute for Health Metrics and Evaluation, “Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019”, 2020.

2 WHO and UNICEF, “Global Report on Assistive Technology”, 2022.

3 WHO, Rehabilitation. Key Facts, 2020. <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>

4 WHO and UNICEF, “Global Report on Assistive Technology”, 2022.

5 Bickenbach J, Rubinelli S, Baffone C and Stucki G. The human functioning revolution: implications for health systems and sciences. *Front Sci* (2023) 1:1118512. doi: 10.3389/fsci.2023.1118512

mortality, morbidity, and functioning<sup>6</sup>. This means not only reducing the number of deaths and of people affected by health conditions, but also ensuring that people live and participate at their best potential (which is the ultimate goal of rehabilitation and assistive technology).

- [Recognition of rehabilitation professionals, in the health workforce \(in PP33\)](#). The need to invest in regulating, training, developing, recruiting and retaining a skilled workforce is highly relevant for all the health professionals (including doctors, therapists, technicians, psychologists, nurses, community health workers) who work across disciplines, and provide or contribute to rehabilitation interventions. Many countries experience overwhelming shortages of rehabilitation professionals,<sup>7</sup> as well as inequitable distribution and issues of quality that present a major challenge to achieving universal health coverage.
- [Rehabilitation and palliative care \(in OP6\)](#), as essential components of the nationally (and sub-nationally) determined sets of integrated quality health services, available when and where people need them, across all levels of care, as part of health promotion, prevention, diagnosis, treatment.
- [Rehabilitation and assistive technology as crucial interventions for injured people \(in OP9 point d\)](#). Rehabilitation is an integral component of trauma care, including for people injured because of road traffic crashes, as recognised in the Resolution “Improving global road safety” (A/RES/74/299).
- [“Assistive” alongside “health technologies” consistently across the text \(and in particular in OP20\)](#). Promoting equitable distribution of and increased access to assistive technology is equally as important as generics, vaccines, diagnostics and other health technologies. There are many barriers to accessing assistive technology, including lack of awareness and affordability, lack of services, inadequate product quality, range and quantity, and procurement and supply chain challenges<sup>8</sup>.
- [Strengthening and integrating rehabilitation and assistive technology-related services in emergency preparedness and response \(in OP40\)](#), including emergency medical teams. During emergencies, rehabilitation needs increase due to deterioration of pre-existing health conditions and newly acquired impairments. Early rehabilitation prevents or reduces complications, speeds hospital discharge, promotes long-term recovery and facilitates independent living.

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6 Gerold Stucki, Jerome Bickenbach, “Functioning: the third health indicator in the health system and the key indicator for rehabilitation”, *European Journal of Physical Rehabilitation and Medicine*, 53(1):134-138, 2017.

7 Rehabilitation services are offered by a range of different professionals, often working together as part of multi-disciplinary teams: physical and rehabilitation medicine doctors, physiotherapists, occupational therapists, prosthetists and orthotists, psychologists, speech and language therapists, chiropractors, nurses and other health professionals, including community-based rehabilitation workers

8 WHO and UNICEF, “Global Report on Assistive Technology”, 2022.

Furthermore, we encourage Member States to maintain the current language and focus on:

- The recognition that universal health coverage applies to [the continuum of essential health services including promotive, preventive, curative, rehabilitative and palliative services](#).
- The 2030 Agenda principle of [leaving no one behind](#), with the commitment to reach the furthest behind and the marginalized first.
- The fundamental importance of [equity, social justice and social protection](#) mechanisms as well as the elimination of the root causes of discrimination (on different grounds).
- Access to health services for all [persons with disabilities](#), who face significant health inequities. While everyone might need rehabilitation at some point in life, marginalised groups (including persons with disabilities) encounter significant barriers to accessing and utilising rehabilitation services.
- Efforts to promote [healthy and active ageing](#), including via the provision of rehabilitation services and assistive technology.
- The importance of strengthening [primary health care and community-based health services](#), including rehabilitation, as well as referral systems between primary and other levels of care.
- The delivery of [people-centred, gender- and disability-responsive and evidence-based interventions](#). These principles underpin equitable access to rehabilitation interventions, including the provision of assistive technology. Individualised approaches to assessment, goal-setting and empowerment are crucial to deliver effective and acceptable interventions.

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