

## Statement to the agenda item 12.9 “Emergency and trauma care” of the 72nd World Health Assembly from 20–28 May 2019

The International Society of Physical and Rehabilitation Medicine (ISPRM), Humanity & Inclusion (HI), the World Confederation for Physical Therapy (WCPT), the World Federation of Occupational Therapists (WFOT), the International Spinal Cord Society (ISCoS), the International Society for Prosthetics and Orthotics (ISPO) and the International Association of Logopedics and Phoniatrics (IALP) supported by The Global Rehabilitation Alliance (GRA) strongly support the technical matter on Emergency and trauma care (A72/31), the WHO initiative Rehabilitation in Health Systems<sup>1</sup>, “Rehabilitation 2030: A Call for Action”<sup>2</sup>

Rehabilitation aims to enhance recovery, optimize functioning, reduce disability<sup>3</sup> and is needed in emergency and trauma care. Early access to rehabilitation and assistive technology after trauma helps speed up recovery and prevent complications that could prolong length of stay, contributing to achieve the best long-term outcomes for the patient<sup>4</sup>.

It is necessary to upscale rehabilitation services (availability, accessibility, acceptability, and quality)<sup>5</sup> in the acute, post-acute and long-term phase of a health condition. We recognize that rehabilitation professionals should help in the development of education and training of health personnel including interprofessional education and collaboration (IPE & IPC).

We strongly support point 10 “Serve the vulnerable” and highlight the difficulties that persons with disabilities have in attending trauma and emergency care units.

We urge WHO and member states to:

- Explicitly recognize Rehabilitation as a health strategy necessary throughout the continuum of care, and systematically include rehabilitation in emergency and trauma response. Build a qualified rehabilitation workforce, in emergency and trauma care settings.
- Develop special strategies to reduce access barriers for persons with disabilities to trauma and emergency care units.

---

<sup>1</sup> Rehabilitation in Health systems, World Health Organization 2017. Available from [https://www.who.int/disabilities/brochure\\_EN\\_2.pdf?ua=1](https://www.who.int/disabilities/brochure_EN_2.pdf?ua=1) (last visited 26th March)

<sup>2</sup> Krug E, Cieza A. Strengthening health systems to provide rehabilitation services. Bull World Health Organ. 2017 Mar 1; 95(3): 167.

<sup>3</sup> Stucki G1, Pollock A, Engkasan J, Selb M. How to use the ICF as a reference system for comparative evaluation and standardised reporting of rehabilitation interventions. Eur J Phys Rehabil Med. 2019 Apr 15. doi: 10.23736/S1973-9087.19.05808-8. [Epub ahead of print]

<sup>4</sup> WHO. Minimum Technical Standards and Recommendations for Rehabilitation. 2016

<sup>5</sup> A/73/161, “Report of the Special Rapporteur on the rights of persons with disabilities”, 2018.

**ISPRM Central Office**

Via G. Ripamonti 129, 20141 Milan Italy

Tel: +39 02 56601.385

[ISPRMoffice@aimgroup.eu](mailto:ISPRMoffice@aimgroup.eu) [www.isprm.org](http://www.isprm.org)