

R=HABILITATION in health systems





REHABILITATION in health systems

Rehabilitation in health systems

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Executive summary

Global trends in health and ageing require a major scaling up of rehabilitation services in countries around the world and in low- and middle-income countries in particular (1-4). Strengthening service delivery and ensuring it is adequately financed is fundamental to ensuring that rehabilitation is available and affordable for those who need it. This document provides evidence-based, expert-informed recommendations and good practice statements to support health systems and stakeholders in strengthening and extending high-quality rehabilitation services so that they can better respond to the needs of populations.

The recommendations are intended for government leaders and health policy-makers and are also relevant for sectors such as workforce and training. The recommendations and good practice statements may also be useful for people involved in rehabilitation research, service delivery, financing and assistive products, including professional organizations, academic institutions, civil society and nongovernmental and international organizations.

The recommendations were made in accordance with the standards and procedures outlined in the WHO handbook for guideline development (5) and were thus framed in a process consisting of systematic formulation of research questions, evidence retrieval and appraisal, according to "grading of recommendations, assessment, development and evaluation" (GRADE). The document underwent extensive peer review. The process involved commissioned research groups, the WHO Secretariat, a Guidelines Development Group and an external review group, with final clearance and endorsement by the WHO Guidelines Review Committee.

Recommendations on rehabilitation in health systems



Rehabilitation services should be integrated in health systems

Strength: Conditional **Quality of evidence:** Very low

While rehabilitation for a health condition is usually provided in conjunction with other health services, it is currently not effectively integrated into health systems in many parts of the world. This has been attributed partly to how and by whom rehabilitation is governed (6,7). Clear designation of responsibility for rehabilitation is necessary for its effective integration into health systems. In most situations, the ministry of health will be the most appropriate agency for governing rehabilitation, with strong links to other relevant sectors, such as social welfare, education and labour.



Rehabilitation services should be integrated into and between primary, secondary and tertiary levels of health systems

Strength: Strong

Quality of evidence: Very low

The underdevelopment of rehabilitation in many countries and pervasive misconceptions of rehabilitation as a luxury adjunct to essential care or only for people with significant disability have often resulted in services only at selected levels of health systems. Rehabilitation is, however, required at all levels, for identification of needs and for an effective continuum of care throughout a person's recovery. Standardized referral pathways and other coordination mechanisms between levels help to ensure good transition of care for optimal outcomes.



A multi-disciplinary rehabilitation workforce should be available

Strength: Strong

Quality of evidence: High

A multi-disciplinary workforce in a health system ensures that the range of rehabilitation needs for different domains of functioning can be met. While multi-disciplinary rehabilitation is not always necessary, it has been shown to be effective in the management of many conditions, especially those that are chronic, complex or severe (8-10). As different rehabilitation disciplines require specific skills, a multi-disciplinary workforce can significantly improve the quality of care.



Both community and hospital rehabilitation services should be available

Strength: Strong

Quality of evidence: Moderate

Rehabilitation in both hospital and community settings is necessary to ensure timely intervention and access to services. Rehabilitation in hospital settings enables early intervention, which can speed recovery, optimize outcomes and facilitate smooth, timely discharge (6,11). Many people require rehabilitation well beyond discharge from hospital, while other users may require services solely in the community. People with developmental, sensory or cognitive impairment, for example, may benefit from long-term interventions that are often best delivered at home, school or in the workplace (12).



Hospitals should include specialized rehabilitation units for inpatients with complex needs

Strength: Strong

Quality of evidence: Very high

Specialized rehabilitation wards provide intensive, highly specialized interventions for restoring functioning to people with complex rehabilitation needs. In a number of instances, the results are superior to those of rehabilitation provided in general wards, such as in the context of lower-limb amputation (13), spinal cord injury (14) and stroke (10) and in the care of older people (15).



Financial resources should be allocated to rehabilitation services to implement and sustain the recommendations on service delivery

Strength: Strong

Quality of evidence: Very low

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