Cochrane
Rehabilitation, Functioning, and Disability

I.R.C.C.S. Ospedale Galeazzi - Sant'Ambrogio
Gruppo San Donato

20 YEARS isico

The importance of the World Health Assembly's Resolution on "Strengthening Rehabilitation in Health Systems

Carlotte Kiekens, MD, Physical & Rehabilitation Medicine
IRCCS Galeazzi-Sant'Ambrogio Hospital
Italian Spine Institute (ISICO)
ISCoS Fellow – Life fellow EBPRM – EARM member
@CochraneRehab

Trusted evidence.
Informed decisions.
Better health.

E. M. R. S. S.

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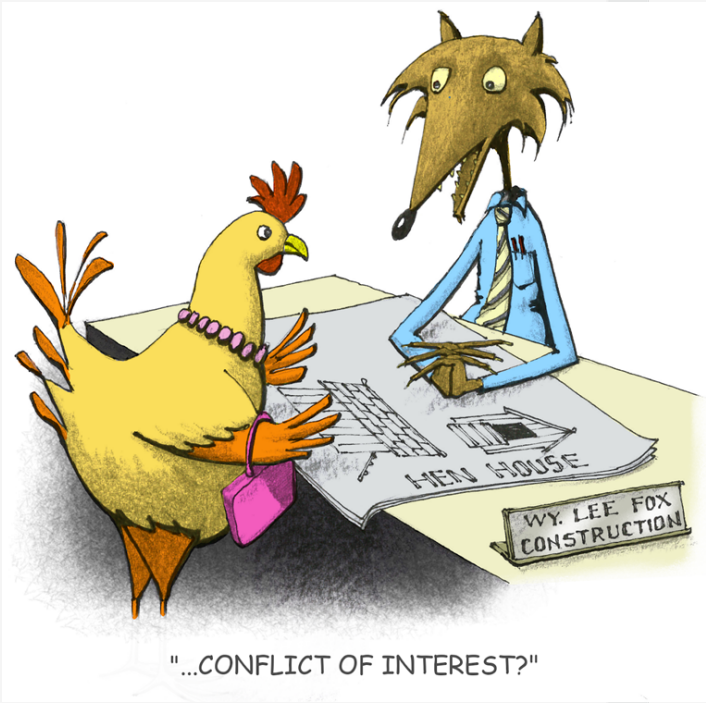
Conflict of interest

I have no actual or potential conflict of interest in relation to this presentation.

- Physical and Rehabilitation Medicine (PRM) physician
- Chair of the Galeazzi Unit in CochraneRehab



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ISPRM-WHO Liaison committee

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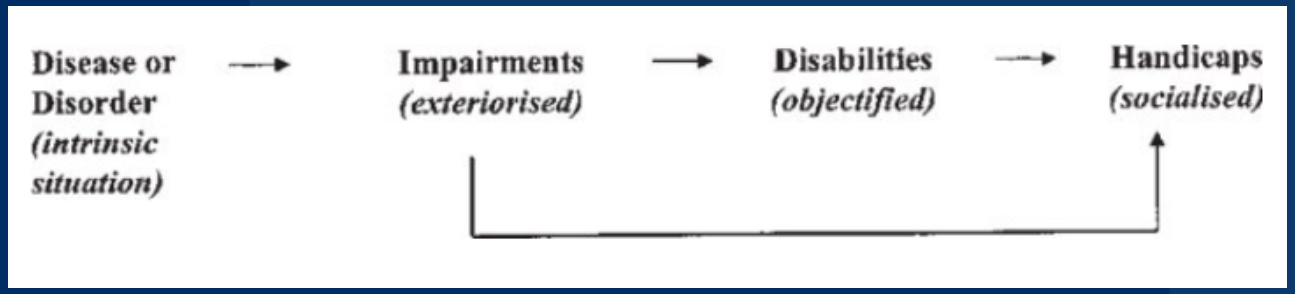
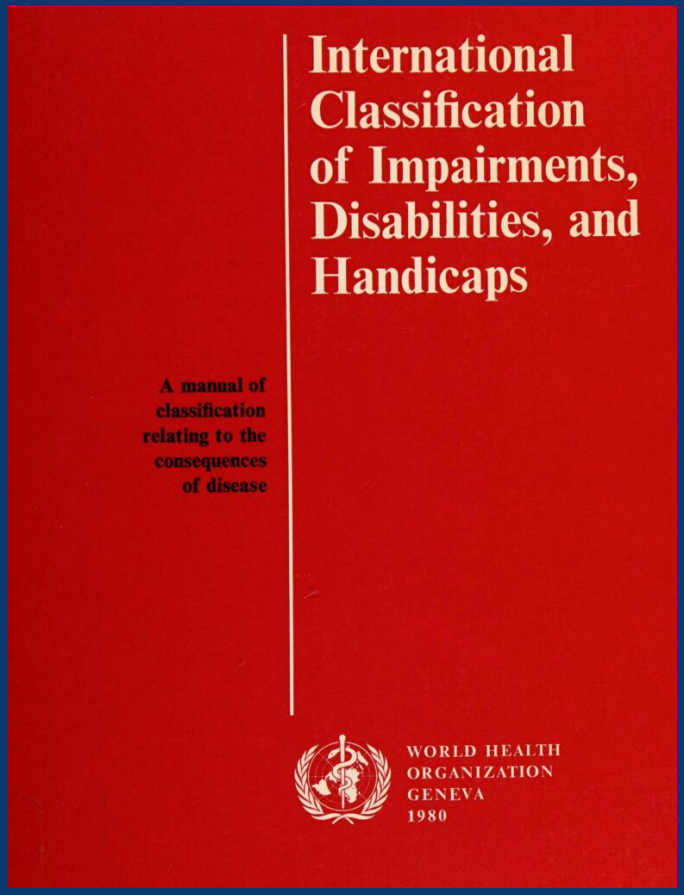
ICIDH - 1980





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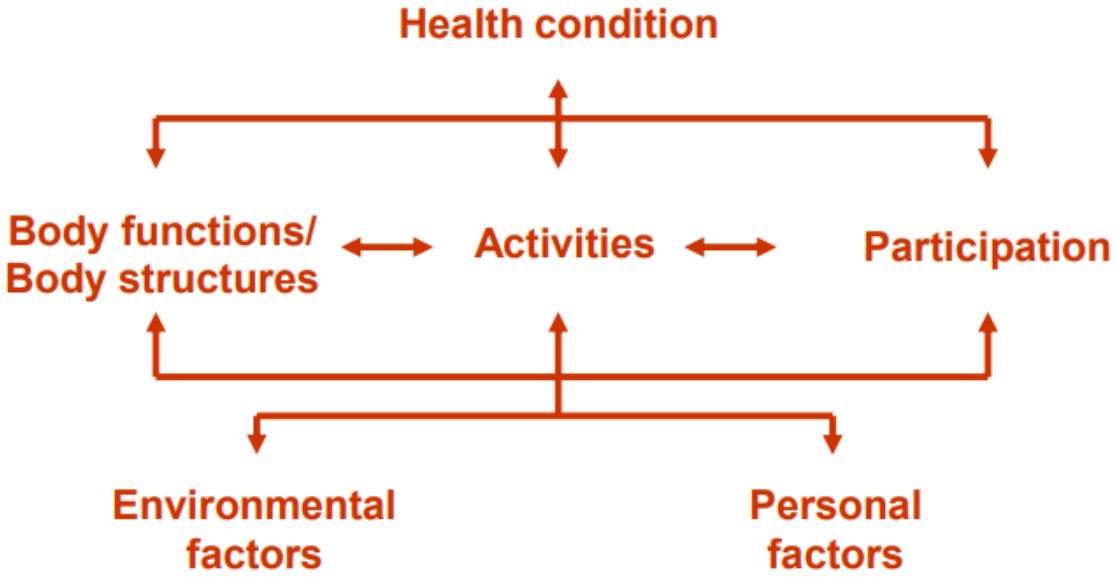
International Classification of Funcitoning, Disability and Health - ICF



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United Nations | Department of Economic and Social Affairs
Social Inclusion

Home | About Us | Social Development Summit | Issues | Intergovernmental Support | Publications

Social Development Issues / Disability / Convention on the Rights of Persons with Disabilities (CRPD)

Convention On The Rights Of Persons With Disabilities (CRPD)

2006

Art.26 - Habilitation and rehabilitation

World Report on Disability - 2011

WORLD REPORT ON DISABILITY

World Health Organization

THE WORLD BANK

- To provide governments and civil society with a comprehensive description of the importance of disability and an analysis of the responses provided, based on the best available scientific information.
- Based on this analysis, to make recommendations for action at national and international levels.

- **More than a billion people** are estimated to live with some form of disability, or about **15%** of the world's population.

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THE LANCET

Articles

2020

Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019

Alarcos Cieza, Kate Causey, Kaloyan Kamenov, Sarah Wulf Hanson, Somnath Chatterji, Theo Vos

Summary

Background Rehabilitation has often been seen as a disability-specific service needed by only few e… Despite its individual and societal benefits, rehabilitation has not been prioritised in countries … ed. We present global, regional, and country data for the number of people who would benef… at least once during the course of their disabling illness or injury.

Methods To estimate the need for rehabilitation, data from the Global B… njuries, and Risk Factors Study 2019 were used to calculate the prevalence and years of … bility (YLDs) of 25 diseases, impairments, or bespoke aggregations of sequelae that were … e to rehabilitation. All analyses were done at the country level and then aggregated to seven … high-income countries and the six WHO regions (ie, Africa, the Americas, Southeast Asia, E… diterranean, and Western Pacific).

Findings Globally, in 2019, 2·41 billio… nterval 2·34–2·50) individuals benefit from rehabilitation, contributi… on [235–392] YLDs. This number h… 1990 to 2019. Regionally, the Western … had the highest need of rehabilitation se… [588–636] and 83 million YLDs [62–106]). The disease area that contributed most to preva… disorders (1·71 billion people [1·68–1·80]), with low back pain being the most prevalen… 204 countries analysed.

Interpretation To our knowledge, this is the first study to produce a global estimate of … services and to show that at least one in every three people in the world needs rehabilit… course of their illness or injury. This number counters the common view of rehabilitatic… only few people. We argue that rehabilitation needs to be brought close to communities as … health care to reach more people in need.

Funding Bill & Melinda Gates Foundation.

Published Online
December 1, 2020
https://doi.org/10.1016/
S0140-6736(20)32340-0

See Online/Comment
https://doi.org/10.1016/
S0140-6736(20)32533-2

Sensory Functions, Disability and Rehabilitation Unit, Department for Noncommunicable Diseases
(A Cieza PhD, K Kamenov PhD)

2.41 billion people in need of rehabilitation

Rehabilitation Category	Persons
All Rehabilitation	**2,366,148,316**
Musculoskeletal disorders	1,596,649,206
Neurological disorders	296,277,078
Sensory impairments	649,151,912
Mental disorders	181,442,646
Chronic respiratory diseases	155,073,573
Cardiovascular diseases	42,787,394
Neoplasms	14,383,164

Global health-care systems must prioritise rehabilitation

Rehabilitation is a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment.[1] Although a fundamental element of health care, rehabilitation has often been a deprioritised service,[2] considered as being nice to have but often

in European countries and World Bank high-income countries than low-income and middle-income settings, such as Africa and southeast Asia. However, variations across geographies appeared relatively small in the context of the overall global prevalence estimates of 26% and 0·037 YLDs per person. Globally, prevalence

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S0140-6736(20)32340-0

WHO Rehabilitation Need Estimator

Rehabilitation is not a service for the few.

This is the first study to produce a global estimate of the need for rehabilitation services and show that as many as one in three people globally experience a health condition over the course of their life that would benefit from rehabilitation. This challenges the stereotypical view of rehabilitation as a specialized service. Rehabilitation needs to be an integral part of the whole health system–and especially in primary health care–to reach more people in need. Learn more about WHO's and IHME's work to strengthen and improve rehabilitation services in the GBD 2021 publication on incidence, prevalence, YLDs, DALYs, and HALE, as well as the GBD 2019 paper that describes this rehabilitation research.

Global key findings, 2021

1 in 3
could benefit from rehabilitation

2.6B
people experienced conditions that could benefit from rehabilitation

590M
people have been affected by low back pain

340M
years have been lived with disability

79.4%
increase in years lived with disability between 1990 and 2021

630M
people could benefit from rehabilitation in the South-East Asia Region where the need is highest

https://vizhub.healthdata.org/rehabilitation/

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Rehabilitation 2030

World Health Organization

Rehabilitation 2030: A Call for Action


Rehabilitation 2030: A Call for Action

Executive Boardroom, WHO headquarters, Geneva, Switzerland
6-7 February 2017

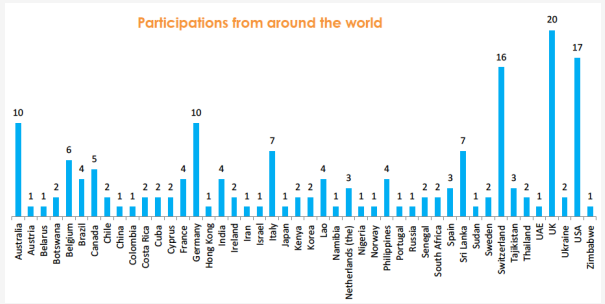
There is a substantial and ever-increasing unmet need for rehabilitation worldwide, which is particularly profound in low- and middle-income countries. The availability of accessible and affordable rehabilitation is necessary for

REHABILITATION 2030 a call for action

February 6-7, 2017

Over 200 rehabilitation experts from 46 countries

Alarcos Cieza, WHO Rehabilitation Programme



OBJECTIVES:

To draw attention to the increasing needs for rehabilitation

To highlight the role of rehabilitation in achieving the SDGs

To call for coordinated and concerted global action towards strengthening rehabilitation in health systems

Second Global Rehabilitation 2030 Meeting

8-9 July 2019
Executive Boardroom, WHO headquarters,
Geneva, Switzerland

VISION

Rehabilitation 2030

Everyone who needs rehabilitation receives quality services to optimize and maintain their functioning in everyday life

https://www.who.int/initiatives/rehabilitation-2030

3rd Global Rehabilitation 2030 meeting and launch of the World Rehabilitation Alliance

10-11July 2023

Global Rehabilitation Alliance

3 GOOD HEALTH AND WELL-BEING

3rd Global #Rehab2030 meeting: launch of tools

Guide for rehabilitation workforce evaluation

Routine health information systems – rehabilitation toolkit

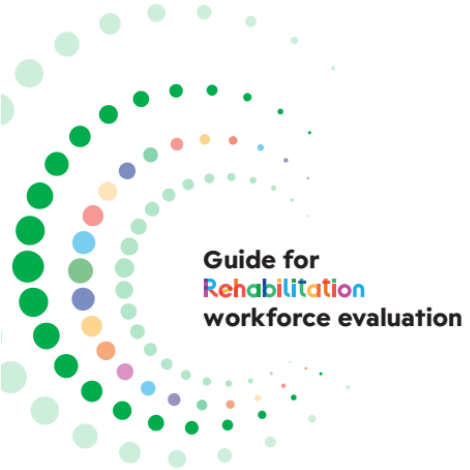
Package of interventions for rehabilitation

Strengthening rehabilitation in health emergency preparedness, response, and resilience: a policy brief

Rehabilitation in health financing – opportunities on the way to universal health coverage

Rehabilitation 2030

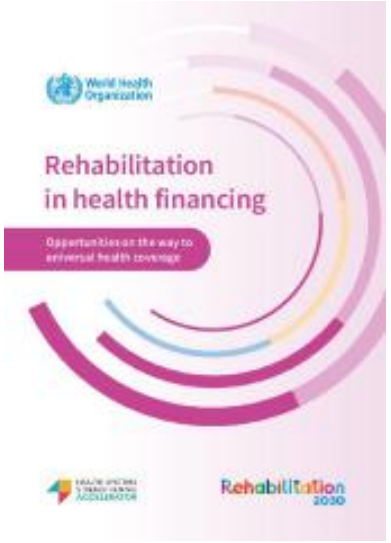
World Health Organization



Rehabilitation 2030

Guidance on the analysis and use of routine health information systems

Rehabilitation module



World Health Organization

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The WHA Resolution on Rehabilitation

A lever to advance rehabilitation in health systems

Global Rehabilitation Alliance

ISPRM International Society of Physical and Rehabilitation Medicine

Cochrane Rehabilitation

World Health Organization

EXECUTIVE BOARD
152nd session
Agenda item 8

EB152/CONF./1
30 January 2023

Strengthening rehabilitation in health systems

Draft decision proposed by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda and Slovakia

World Health Organization

Health Topics | Countries | Newsroom | Emergencies | Data | About WHO

Home / News / Landmark resolution on strengthening rehabilitation in health systems

Landmark resolution on strengthening rehabilitation in health systems

Adopted 27 May 2023
#WHA76

The Resolution at a glance

The Resolution sets commitments for:

- **Member States**: to integrate rehabilitation in health systems and in universal health coverage mechanisms

- **Other stakeholders** (international organisations, NGOs, private sector, academia): to support the efforts, in their capacity

- **WHO**: to provide further technical assistance to Member States and set up a monitoring system

World Health Assembly urges MEMBER STATES

1. to raise awareness, build national commitment … and strengthen **planning for rehabilitation** including its integration within national health plans and policies…
2. to incorporate appropriate ways to strengthen **financing** mechanisms for rehabilitation services … incorporating rehabilitation into packages of essential care …;
3. to expand rehabilitation to **all levels of healthcare,** from primary to tertiary…;
4. to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender sensitive, appropriate and **evidence-based interventions** for rehabilitation along the continuum of care…;
5. to develop strong multidisciplinary rehabilitation skills … and strengthen capacity for … **workforce**;
6. to enhance **health information systems** to collect information relevant to rehabilitation, including … **functioning**, utilizing … **ICF**…;
7. to promote high quality rehabilitation **research**, including **health policy and systems research**;
8. to ensure timely integration of rehabilitation in **emergency** preparedness and response…;
9. to **urge public and private stakeholders** to stimulate investment in … research and innovation …;

WHA invites relevant STAKEHOLDERS

1. to support Member States … to implement the actions in the **Rehabilitation 2030: A Call for Action**, and to strengthen **advocacy** for rehabilitation, as well as support and contribute to the WHO hosted **World Rehabilitation Alliance**, …;
2. to harness and invest in **research and innovation** in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of **new technologies**, … collecting **health policy and system research** to ensure future **evidence-based rehabilitation policy and practice**;

WHA requests the DIRECTOR-GENERAL

1. to develop … and to publish, before the end of **2026**, a **WHO baseline report** with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;
2. to develop, feasible global **health system rehabilitation** **targets and indicators** of effective coverage of rehabilitation services for 2030…;
3. to develop and continuously support the implementation of **technical guidance** …;
4. to ensure that there are **appropriate resources at the WHO**'s institutional capacity… to support Member States … and to facilitate international collaboration in this regard;
5. to support Member States to systematically integrate rehabilitation and assistive technology into their **emergency** preparedness and response …;
6. to **report** on progress in the implementation of this resolution to the Health Assembly **in 2026, 2028 and 2030**.

European Journal of Physical and Rehabilitation Medicine 2023 Sep 11
DOI: 10.23736/S1973-9087.23.08160-1

SPECIAL ARTICLE

Advancing the World Health Assembly's landmark Resolution on Strengthening Rehabilitation in Health Systems: unlocking the Future of Rehabilitation

Vanessa SEIJAS [1, 2, 3, 4], Carlotte KIEKENS [5] *, Francesca GIMIGLIANO [6]

ISPRM
International Society of Physical and Rehabilitation Medicine

ISPRM WHO Liaison committee

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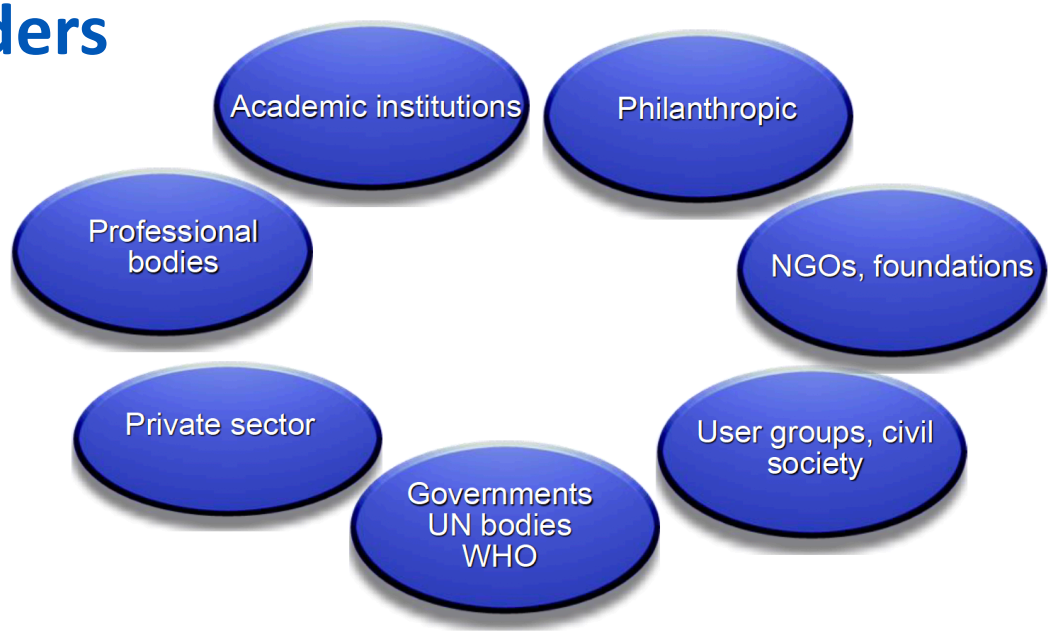
WHO hosted network

World Rehabilitation Alliance

WHO global network of stakeholders

Mission

- **support** the implementation of the Rehabilitation 2030 Initiative
- through **advocacy** activities.



WRA
WHO hosted network

World Rehabilitation Alliance


CERTIFICATE
OF MEMBERSHIP

THIS IS TO CERTIFY THAT

Cochrane

is a member of the World Rehabilitation Alliance hosted by the World Health Organization
For the period 2023-2025

WRA World Rehabilitation Alliance
World Health Organization

World Physiotherapy

WFOT
World Federation of Occupational Therapists

ISPRM
International Society of Physical and Rehabilitation Medicine

ISPO

(d|b|a) International Association of Communication Sciences and Disorders

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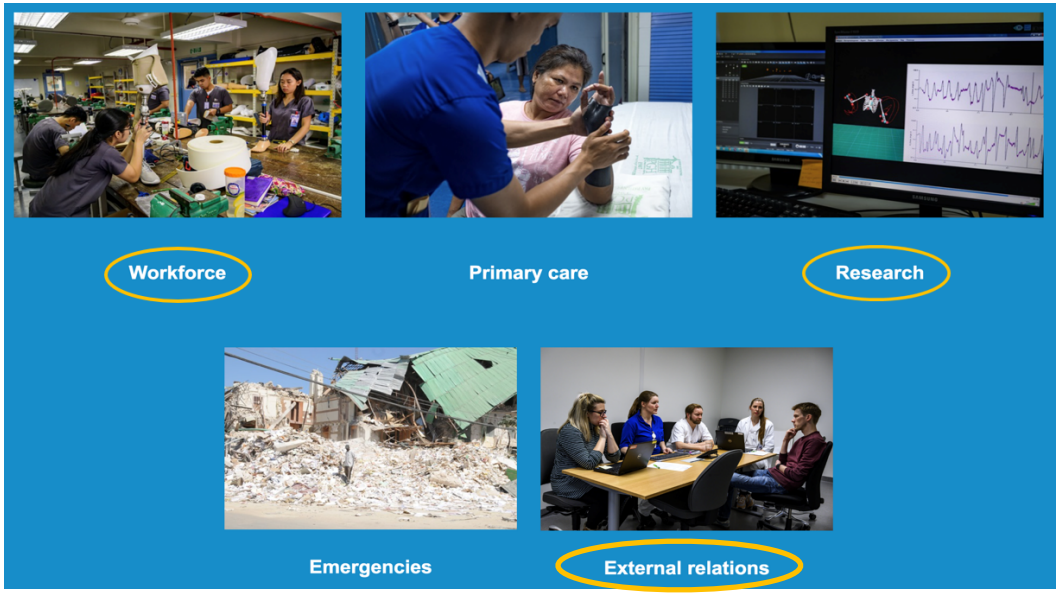

Workstream: Research

"How do we like the world to be"?

Systematic **integration** of **Health Policy and Systems Research (HPSR) high quality evidence** in the planning, development, implementation, and evaluation of health policies for rehabilitation

Aspiration

"What do we need to do within the next 2 years?"

- To advocate for the **demand** and utilization of **HPSR evidence** for rehabilitation
- To advocate for the widespread **generation** of high-quality **HPSR** research evidence for rehabilitation
- To advocate for the **publication**, **dissemination**, and **implementation** of **HPSR** research evidence for rehabilitation

Objectives

Research workstream HPSR

WRA WHO hosted network | World Rehabilitation Alliance

frontiers | Frontiers in Rehabilitation Sciences

TYPE Opinion
PUBLISHED 23 November 2023
DOI 10.3389/fresc.2023.1303135

Check for updates

OPEN ACCESS

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PUBLISHED 23 November 2023

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Frontera WR, De Groote W, Ghaffar A and the

Importance of health policy and systems research for strengthening rehabilitation in health systems: a call to action to accelerate progress

Walter R. Frontera[1], Wouter De Groote[2], Abdul Ghaffar[3], and the Health Policy & Systems Research for Rehabilitation Group

[1]Department of Physical Medicine, Rehabilitation and Sports Medicine, School of Medicine, University of Puerto Rico, Río Piedras, Puerto Rico, [2]Rehabilitation Programme, Non-Communicable Diseases Department, WHO, Geneva, Switzerland, [3]Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, United States

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International Society of Physical and Rehabilitation Medicine

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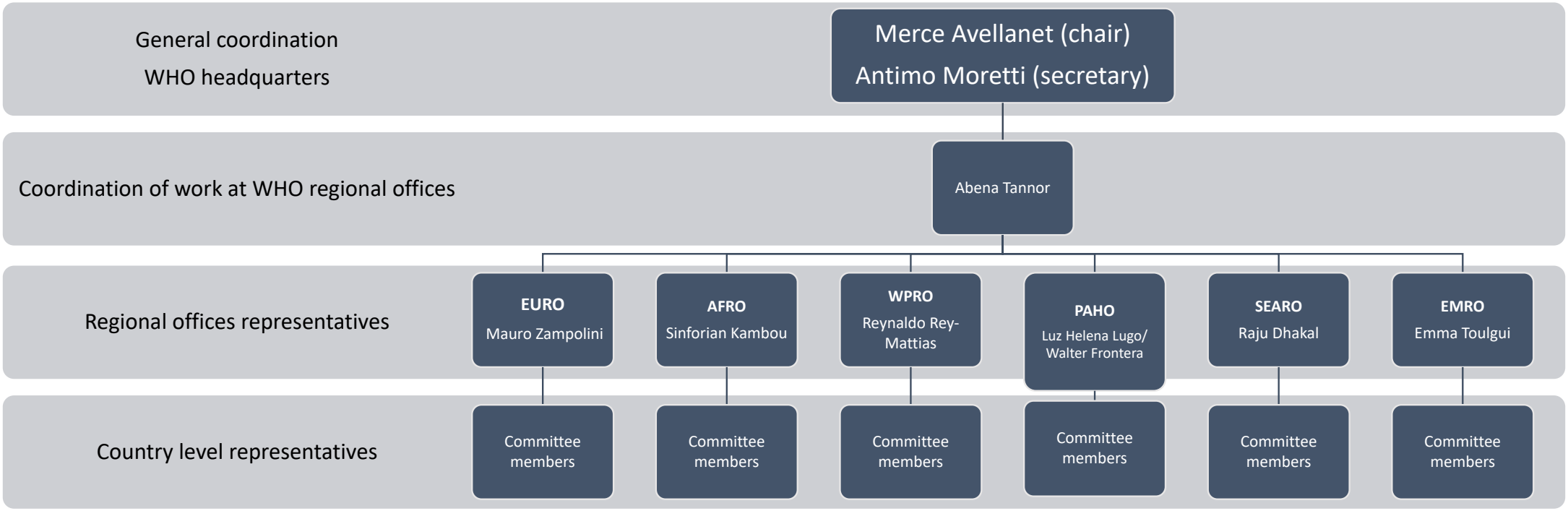
ISPRM-WHO liaison committee meeting

Carlotte Kiekens - Vanessa Seijas

2023

17/10/2025

Committee organigram



ISPRM International Society of Physical and Rehabilitation Medicine

World Health Organization

Non-State Actors' Statement
on the occasion of the 76th World Health Assembly

Agenda item 13.4: Strengthening rehabilitation in health systems

The International Society of Physical and Rehabilitation Medicine urges you to prioritize Agenda Item 13.4. Without strong rehabilitation services, countries are ill-equipped to meet the health challenges of the XXI century.

We recommend to:

- Integrate person-centered rehabilitation services into national health systems, at all levels of care, including primary care, and across the continuum of care.
- Invest in the development of the rehabilitation workforce, including rehabilitation physicians, who are key to the successful integration of rehabilitation into the health care system.
- Establish data collection systems that can accurately assess the actual rehabilitation needs and the impact of rehabilitation strengthening on population health.
- Support research on effectiveness of rehabilitation interventions and health policy and systems.

We stand ready to assist Member States in building academic, research, and workforce capacity. Let's make rehabilitation a cornerstone of universal health coverage, empowering people to live with dignity and independence.

This statement is supported by:

Cochrane
Humanity & Inclusion (Handicap International Federation)

Non-State Actors' Statement
on the occasion of the 76th World Health Assembly

Agenda item 15.1: Strengthening WHO preparedness for and response to health emergencies.
Strengthening the global architecture for health emergency preparedness, response and resilience

The International Society for Physical and Rehabilitation Medicine acknowledges the impact of health emergencies on individuals with traumatic injuries or pre-existing disabilities. By integrating rehabilitation within the global architecture for health emergency preparedness and response we can ensure comprehensive care that minimizes disability and enhances the quality of life for these individuals.

We propose to:

- Incorporate rehabilitation professionals, including rehabilitation physicians, in health emergency response teams. Their expertise in detecting and managing functional limitations, providing assistive devices, and providing rehabilitation interventions is essential for minimizing disability and optimizing recovery.
- Promote rehabilitation services within emergency healthcare settings. Adequate resources, equipment, and skilled personnel should be available to provide early rehabilitation interventions, mobility aids, and psychosocial support.
- Invest in training and capacity building to enhance the knowledge and skills of emergency responders in rehabilitation principles and practices.
- Enhance data collection and monitoring of rehabilitation needs, outcomes, and long-term impacts on individuals with disabilities during and after health emergencies.

WRA
WHO hosted network

World Rehabilitation Alliance

We obtained the membership of the World Rehabilitation Alliance, that will be officially launched on 11 July 2023.

ISPRM joined the four workstreams.
Workforce: Maria Gabriella Ceravolo and Gwendolyn Sowa
Primary care: Luz Helena Lugo-Agudelo and Vanessa Seijas
Research: Ian Cameron and Katarina Stibrant Sunnerhagen
Emergencies: Carolina Schiappacasse and Farooq Rathore

Three co-chairs are ISPRM members:
Walter Frontera, Abderrazak Hajjioui, Coleen O'Connell.

ISPRM
International Society of Physical and Rehabilitation Medicine

World Health Organization

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International Society of Physical and Rehabilitation Medicine

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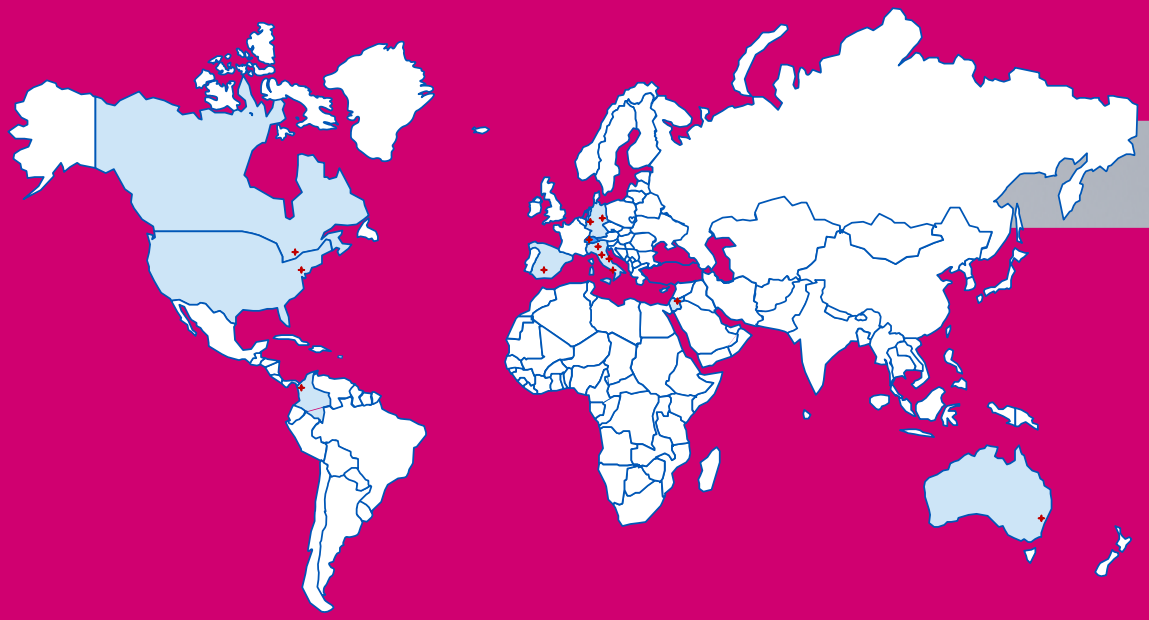


Trusted evidence.
Informed decisions.
Better health.

New scientific strategy

Cochrane Rehabilitation

Four key research priorities to address the most pressing health challenges

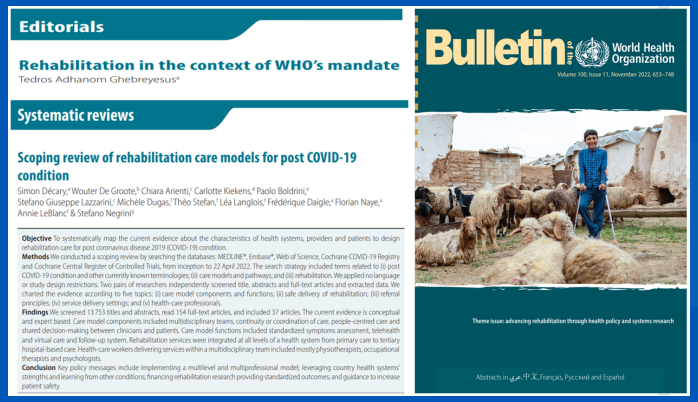
- **Maternal, newborn and child health**: we will improve the health and wellbeing of mothers and children worldwide and tackle the vast health equity gap between different populations.
- **Multiple chronic conditions:** we will improve the lives of people living with multiple chronic conditions, identifying effective approaches to provide person-centred care and prevent further illness.
- **Infectious diseases:** we will equip people across the world with the evidence they need to protect themselves against both existing and emerging threats.
- **Climate change and sustainability:** We will improve our understanding of the complex relationships between climate change and human health, helping people to better cope with the health impacts of climate change.

Commitments

- **Innovate in methods:** we will build on our world-leading expertise developing innovative research methods, including harnessing the power of artificial intelligence (AI).
- **Promote health equity**: we will be guided in everything we do by our desire to promote health equity, shaping the questions we address and how we share our findings.
- **Collaborate and involve:** we will collaborate with global partners, national agencies and local healthcare consumers to drive transformative change.
- **Champion research integrity:** we will maintain and strengthen our leadership in research integrity so that we continue to produce evidence that everyone can trust.

WHO “Rehabilitation 2030: a call for action”

1. **BE4Rehab:** Package of Interventions for Rehabilitation (PIR)
2. **REHCOVER** action on COVID-19
3. “**Evidence relevant to**”: WHO guidance on post COVID-19 condition
4. **Health Policy & Systems Research…**



Editorials

Rehabilitation in the context of WHO’s mandate

Tedros Adhanom Ghebreyesus[a]

Systematic reviews

Scoping review of rehabilitation care models for post COVID-19 condition

Simon Décary,[a] Wouter De Groote,[b] Chiara Arienti,[c] Carlotte Kiekens,[d] Paolo Boldrini,[e] Stefano Giuseppe Lazzarini,[c] Michèle Dugas,[f] Théo Stefan,[f] Léa Langlois,[f] Frédérique Daigle,[a] Florian Naye,[a] Annie LeBlanc[f] & Stefano Negrini[g]

Objective To systematically map the current evidence about the characteristics of health systems, providers and patients to design rehabilitation care for post coronavirus disease 2019 (COVID-19) condition.

Methods We conducted a scoping review by searching the databases: MEDLINE®, Embase®, Web of Science, Cochrane COVID-19 Registry and Cochrane Central Register of Controlled Trials, from inception to 22 April 2022. The search strategy included terms related to (i) post COVID-19 condition and other currently known terminologies; (ii) care models and pathways; and (iii) rehabilitation. We applied no language or study design restrictions. Two pairs of researchers independently screened title, abstracts and full-text articles and extracted data. We charted the evidence according to five topics: (i) care model components and functions; (ii) safe delivery of rehabilitation; (iii) referral principles; (iv) service delivery settings; and (v) health-care professionals.

Findings We screened 13 753 titles and abstracts, read 154 full-text articles, and included 37 articles. The current evidence is conceptual and expert based. Care model components included multidisciplinary teams, continuity or coordination of care, people-centred care and shared decision-making between clinicians and patients. Care model functions included standardized symptoms assessment, telehealth and virtual care and follow-up system. Rehabilitation services were integrated at all levels of a health system from primary care to tertiary hospital-based care. Health-care workers delivering services within a multidisciplinary team included mostly physiotherapists, occupational therapists and psychologists.

Conclusion Key policy messages include implementing a multilevel and multiprofessional model; leveraging country health systems’ strengths and learning from other conditions; financing rehabilitation research providing standardized outcomes; and guidance to increase patient safety.

World Health Organization

Rehabilitation 2030

Table 1 – Results of the collaboration between the WHO and Cochrane Rehabilitation

Package of Interventions for Rehabilitation (PIR)	
• Three introductory papers	
• Five systematic reviews of clinical practice guidelines (CPGs) on:	
- Amputation	Evidence from 4 CPGs
- Fractures in children	Evidence from 2 CPGs
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- Low back pain	Evidence from 4 CPGs
• Six published (and two ongoing) Overviews of Cochrane Systematic Reviews (CSRs) using a mapping synthesis in:	
- Upper Limb Fractures	Evidence from 3 CSRs (74 primary studies, 4529 participants)
- Cerebral palsy	Evidence from 8 CSRs (132 primary studies, 4781 participants)
- Chronic obstructive pulmonary disease	Evidence from 17 CSRs (314 primary studies, 22206 participants)
- Rheumatoid arthritis	Evidence from 10 CSRs (92 primary studies, 10801 participants)
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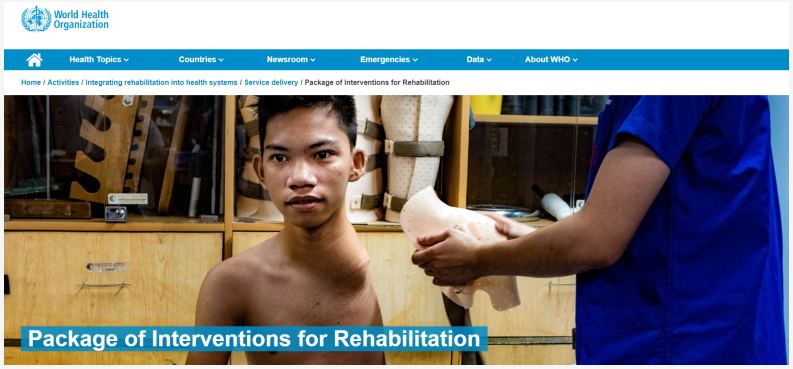
"Evidence on" COVID-19	
• Results of our rapid living systematic reviews (RLSRs) used by the WHO for the development of Post COVID-19 Condition Guide	Evidence from 16 RLSRs (3 main editions, 13 monthly or bi-monthly updates), including 615 articles
• One Scoping review of rehabilitation care models for post COVID-19 condition	Evidence from 37 articles
"Evidence relevant to" symptoms of post COVID-19 condition	
• One methodological paper	
• Five papers in which we identified the indirect evidence extracted and synthesized from CSRs on the same symptoms in other health conditions (HCs):	
- Arthralgia	Evidence from 11 CSRs (8 HCs)
- Cognitive impairment, anxiety and depression	Evidence from 17 CSRs (8 HCs) on cognitive impairment and 37 CSRs (14 HCs) on anxiety and depression
- Dyspnoea	Evidence from 15 CSRs (7 HCs)
- Dysphagia, dysphonia and olfactory disease	Evidence from 1 CSR (1 HC)
- Fatigue, post-exertional malaise and orthostatic intolerance	Evidence from 32 CSRs (13 HCs) on fatigue and 4 CSRs (2 HCs) on exercise intolerance

Package of Interventions for Rehabilitation (PIR)

Rehabilitation 2030

A set of prioritized evidence-based interventions, along with resource requirements for their delivery, for 20 health conditions



5 July 2023
Package of interventions for rehabilitation: module 1: introduction
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Package of interventions for rehabilitation: module 2: musculoskeletal conditions
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Package of interventions for rehabilitation: module 3: neurological conditions
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Package of interventions for rehabilitation: module 4: cardiopulmonary conditions
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Package of interventions for rehabilitation: module 5: neurodevelopmental disorders
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Package of interventions for rehabilitation: module 6: sensory conditions
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Package of interventions for rehabilitation: module 7: malignant neoplasm
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Package of interventions for rehabilitation: module 8: mental health conditions
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Module 1	Introduction	Background information
Module 2	Musculoskeletal conditions	Low back pain
		Osteoarthritis
		Rheumatoid arthritis
		Sarcopenia
		Fractures
		Amputation
Module 3	Neurological conditions	Stroke
		Parkinson disease
		Traumatic brain injury
		Spinal cord injury
		Cerebral palsy
		Dementia
Module 4	Cardiopulmonary conditions	Ischaemic heart disease
		Chronic obstructive pulmonary disease
Module 5	Neurodevelopmental disorders	Autism spectrum disorders
		Disorders of intellectual development
Module 6	Sensory conditions	Vision impairment
		Hearing loss
Module 7	Malignant neoplasm	Cancer
Module 8	Mental health conditions	Schizophrenia

World Health Organization

Health Topics | Countries | Newsroom | Emergencies | Data | About WHO

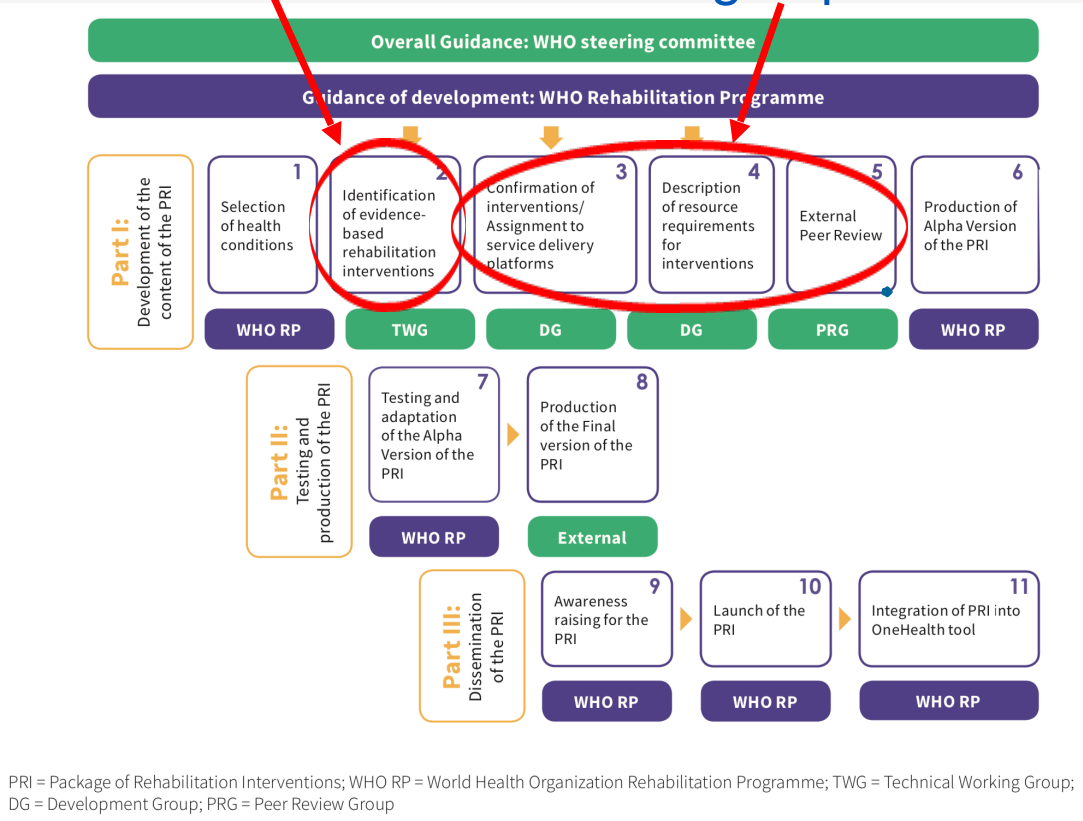
Home / Activities / Integrating rehabilitation into health systems / Service delivery / Package of interventions for rehabilitation

Cochrane Rehabilitation

Technical working group

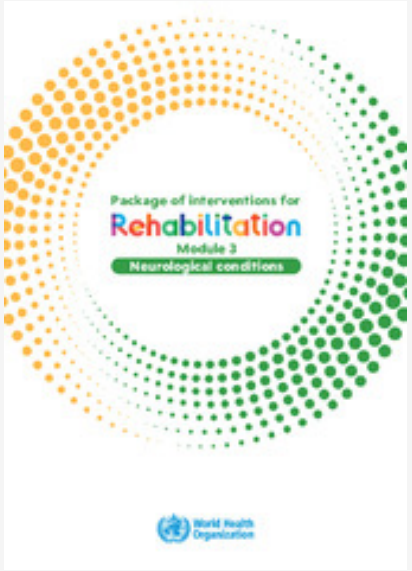
Development group

External peer review group



PRI = Package of Rehabilitation Interventions; WHO RP = World Health Organization Rehabilitation Programme; TWG = Technical Working Group; DG = Development Group; PRG = Peer Review Group

1. Stroke
2. Amputation
3. Fractures
4. Cerebral palsy
5. Sarcopenia
6. Spinal cord injury
7. Autism
8. Intellectual disability
9. Ischemic heart disease
10. COPD
11. Traumatic brain injury
12. Rheumatoid arthritis
13. Parkinson's disease
14. Osteoarthritis
15. Vision impairment
16. Low back pain
17. Cancer
18. Hearing impairment
19. Dementia
20. Schizophrenia



Best Evidence for Rehabilitation - be4rehab

- Ongoing special projects
- Completed special projects
  - be4rehab
  - Evidence relevant to
  - Prioritization
  - REH-COVER
  - Rehabilitation Definition

Cochrane Rehab ebook

Ebook website

The **WHO – Cochrane rehabilitation Be4rehab** (Best Evidence for Rehabilitation) **project** has advanced towards its **goal** of **extracting data** from**:**

- **Clinical Practice Guidelines** (CPGs)
- **Cochrane Systematic Reviews** (CSRs)

to inform the **Package of Interventions in Rehabilitation** (PIR).

Cochrane Rehabilitation was mainly responsible for two tasks:

(1) to supervise the methodology of the 8 Technical Working Groups (TWGs) that had the aim to extract the recommendations from CPGs relevant to rehabilitation for a specific health condition,

(2) to extract the data from all the 245 CSRs related to 17 out of the 20 health conditions that had been included in the PIR.

As per the first task, all 8 TWGs completed their assignment; data from 59 CPGs were extracted and information was sent to WHO selected multi-professional panels.

The data extraction from CSRs was completed for 16 health conditions. A total of 220 reviews were assessed. 133 of these CSRs included a Summary of Findings table complete with evidence quality evaluation according to GRADE system. The remaining 68 did not present a GRADE evaluation: for 48 a Summary of Findings and GRADE assessment were prepared; the remaining 20 either were empty reviews (6), focused only on secondary outcomes (2), presented only a descriptive summary (10) or were overviews (2).

BE4Rehab

- Clinical Practice Guidelines (5 papers)
- Cochrane Systematic Reviews (6 (+2) papers)

Package of Interventions for Rehabilitation (PIR)	
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ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

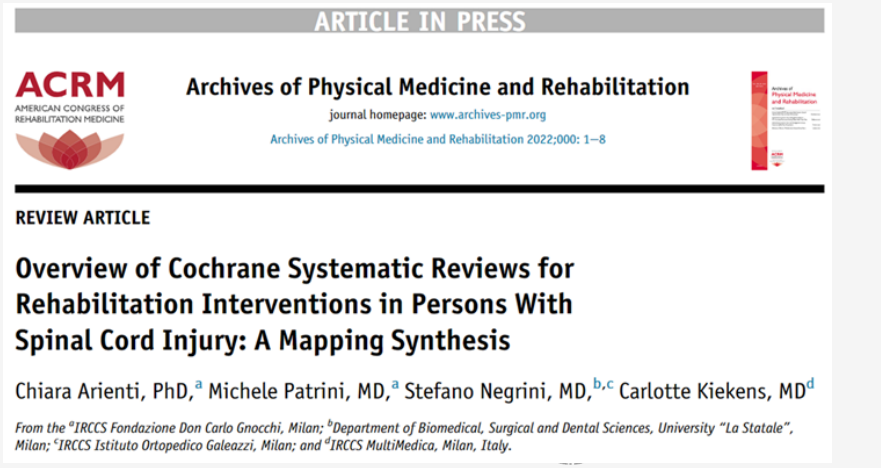
Archives of Physical Medicine and Rehabilitation
journal homepage: www.archives-pmr.org
Archives of Physical Medicine and Rehabilitation 2021;102:1191-7

SYSTEMATIC REVIEW

Systematic Review of Clinical Practice Guidelines for Individuals With Amputation: Identification of Best Evidence for Rehabilitation to Develop the WHO's Package of Interventions for Rehabilitation

Check for updates

Arne Heyns, MD,[a] Sofie Jacobs, PT,[a] Stefano Negrini, PhD,[b,c] Michele Patrini, MD,[d] Alexandra Rauch, PhD,[e] Carlotte Kiekens, MD[a,f]



ARTICLE IN PRESS

ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation
journal homepage: www.archives-pmr.org
Archives of Physical Medicine and Rehabilitation 2022;000: 1–8

REVIEW ARTICLE

Overview of Cochrane Systematic Reviews for Rehabilitation Interventions in Persons With Spinal Cord Injury: A Mapping Synthesis

Chiara Arienti, PhD,[a] Michele Patrini, MD,[a] Stefano Negrini, MD,[b,c] Carlotte Kiekens, MD[d]

From the [a]IRCCS Fondazione Don Carlo Gnocchi, Milan; [b]Department of Biomedical, Surgical and Dental Sciences, University "La Statale", Milan; [c]IRCCS Istituto Ortopedico Galeazzi, Milan; and [d]IRCCS MultiMedica, Milan, Italy.

Summarizing evidence within a map (mapping synthesis)

We summarized the results using an **evidence map**, a specific methodology used to identify the literature within a research field to provide a comprehensive view of what is known and where evidence gaps exist.

An **Excel** sheet was used to map the evidence, grouping outcomes and comparison of included CSRs indicating:

- **The effect** (no, in favour of intervention, in favour of control)
- **The quality of evidence** (very low, low, moderate, and high).

GRADE

Dyspnea (shortness of breath, breathlessness)

Comparisons vs no/sham/usual care	Chronic respiratory diseases	Stable COPD	Interstitial lung disease	Idiopathic pulmonary fibrosis	Cancer
Pulmonary rehabilitation			L	L	
Pulmonary rehabilitation/exercise training		M			
Exercise training					L VL
Upper limb training		M			
Integrated disease management		M			
Multicomponent intervention (rehabilitation, organisation of care, pharmacotherapy)		na			
Non-Invasive ventilation		na na na			
Neuromuscular Electrical Stimulation		VL			
Physical activity counselling		L			
Singing		VL			
Supervised maintenance programme		na			
Telerehabilitation	L				

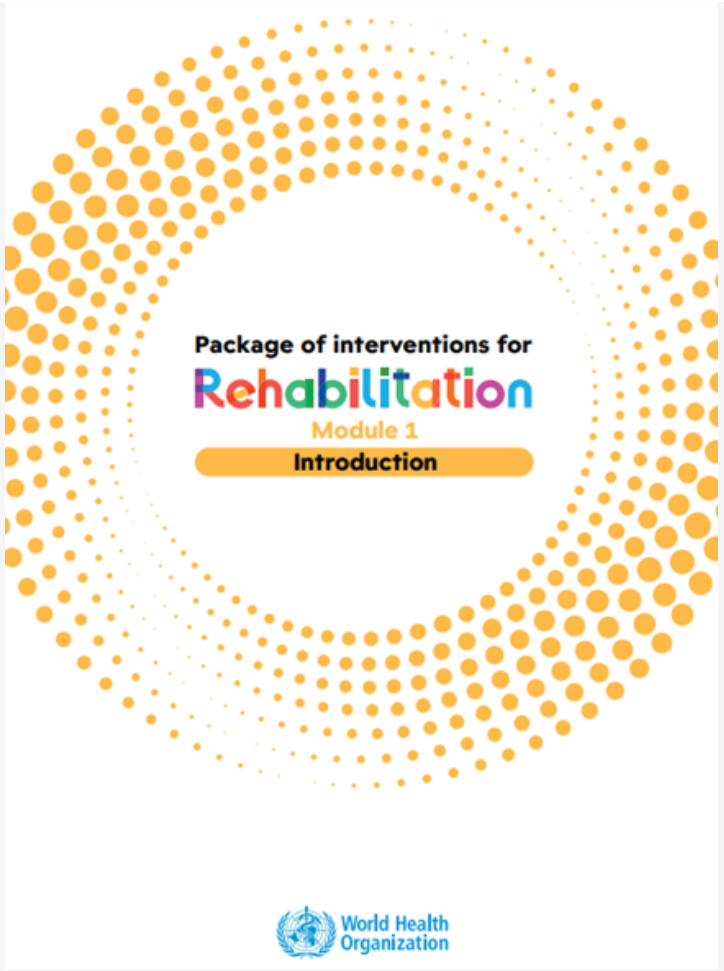
Cochrane Rehabilitation

Ischaemic heart disease

Mapping synthesis

Outcomes	Comparison / Intervention	Placebo, no treatment: Drugs	Placebo, no treatment: Exercise-based CR	Placebo, no treatment: Patient education	Any other intervention: Psychological interventions	Any other intervention: Drugs	Any other intervention: Work-directed counselling	Any other intervention: Physical conditioning	Any other intervention: Combined interventions	Any other intervention: Exercise-based CR	Any other intervention: Internet-based interventions	Any other intervention: Home-based CR	Any other intervention: Music therapy
Mortality		VL[1]	M[5]	M[12]	VL[19]	VL[29]				VL[49]	L[60]	L[64]	
Adverse effects							M[33]	M[35]	M[41]	VL[50]			
CV mortality			M[6]		NA[20]								
Fatal and/or non-fatal MI		VL[2]	H[7]	VL[13] L[14]		NA[30]				VL[53]			
HRQoL				M[15]					L[42]	VL[54]		M[65]	
Heart rate													VL[69]
Respiratory rate													VL[70]
Pain													VL[71]
Systolic/Diastolic BP											L[61] L[62]		L[72]
Exercise capacity										L[55]		L[66] M[67]	
Anxiety													L[73] VL[74]
Psychological distress													L[75]
Depression		L[3] M[4]			L[21] NA[22] L[23] L[24]	NA[31] NA[32]							
Proportion of participants RTW					VL[25] VL[26] L[27]			VL[36] L[37] L[38] L[39]	L[43] L[44] VL[45] VL[46]				
Days until RTW					VL[28]		L[34]	L[40]	M[47]				
Revascularisation			H[8] M[9]	VL[16]							L[63]		
Admission			M[10] L[11]	VL[17]						VL[59]			
Withdrawal				L[18]								L[68]	

- **Map colors**: green: favor intervention; red: favor comparison; yellow: no effect; grey: not estimable;
- **Abbreviations for certainty of evidence**: VL: Very Low; L: Low; M: Moderate; H: High; NA: Not available;
- **Other abbreviations**: Ischemic Heart Disease: IHD; myocardial Infarction: MI; Coronary Artery Bypass Grafting: CABG; Percutaneous Coronary Intervention: PCI; Health Related Quality of Life: HRQoL; Cardiac Rehabilitation: CR; Cardiovascular: CV; Returning to Work: RTW; Blood Pressure: BP



Cochrane Rehabilitation

4.2 Content of the Package of interventions for rehabilitation for spinal cord injury

Overview of the interventions for rehabilitation in spinal cord injury

Functioning interventions

	Assessments[a]	Interventions[a]
Cognitive function	Screening for cognitive impairment[b]	
Speech, language and communication	Assessment of communication[c]	Provision and training in the use of assistive products for communication[c]
Dysphagia management	Assessment of swallowing[c]	Swallowing therapy[c]
Pain management	Assessment of pain[b]	Neuropathic pain: Analgesics:[d] Amitriptyline[e] Transcutaneous electrical stimulation (TENS)[b] Musculoskeletal pain: Analgesics:[b] Oral NSAIDs[f] Musculoskeletal and neuropathic pain: Physical exercise training[b] Cognitive behavioural therapy[b]

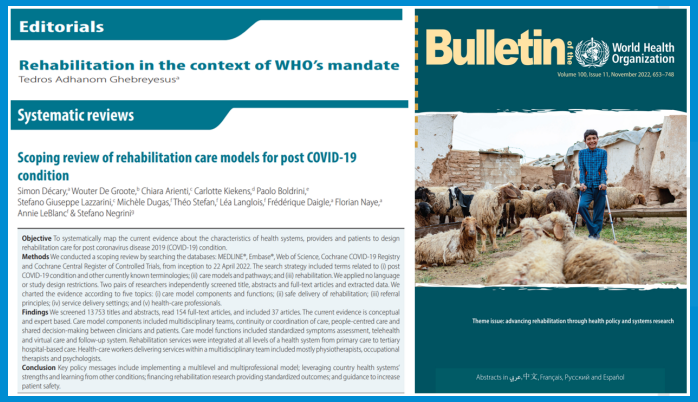
[cont.]

Interventions for the prevention and treatment of secondary conditions related to spinal cord injury

	Assessments[a]	Interventions[a]
Mental health (depression, anxiety, emotional distress)	Assessment of mental health (depression, anxiety, emotional stress)[b]	Antidepressants[c,d] Psychological therapies (incl. cognitive behavioural therapy)[b] Physical exercise training[b] Stress management training[b] Psychosocial support[b]
Malnutrition	Assessment of nutritional status (incl. body composition and nutrition needs)[b]	Nutritional management (incl. managing appropriate nutrition and weight management)[b] Enteral nutrition[b]
Pressure ulcers	Assessment of the skin (incl. assessment of risk for skin damage)[c]	Skin/wound care[b] Positioning for pressure relief[b] Provision and training in the use of assistive products for pressure relief[b] Referral to pressure ulcer surgery[b]
Sleep apnea		Referral to specialized service (for assessment of sleep apnea)[b]
Venous thromboembolism		Anticoagulants:[b] • Low-molecular-weight heparin[d] • Unfractionated heparin[d] • Direct oral anticoagulants[d] • Vitamin K antagonist[d]
Osteoporosis and fractures		Referral for assessment of bone health[b] Nutritional supplementation[b]
Heterotopic ossification	Assessment of heterotopic ossification[b]	Bisphosphonates[b,e] Nonsteroidal anti-inflammatory drugs (NSAIDs)[b,f]

WHO “Rehabilitation 2030: a call for action”

1. **BE4Rehab:** Package of Interventions for Rehabilitation (PIR)
2. **REHCOVER** action on COVID-19
3. “**Evidence relevant to**”: WHO guidance on post COVID-19 condition
4. Health Policy & Systems Research…



World Health Organization

Rehabilitation 2030

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Rehabilitation – COVID-19 Evidence-based Response

- Cochrane Library Special Collection
- Interactive living evidence
- Priorities for research defined in collaboration with WHO rehabilitation programme
- Rapid living Systematic Reviews
- Steering Committee

Cochrane Rehabilitation REH-COVER

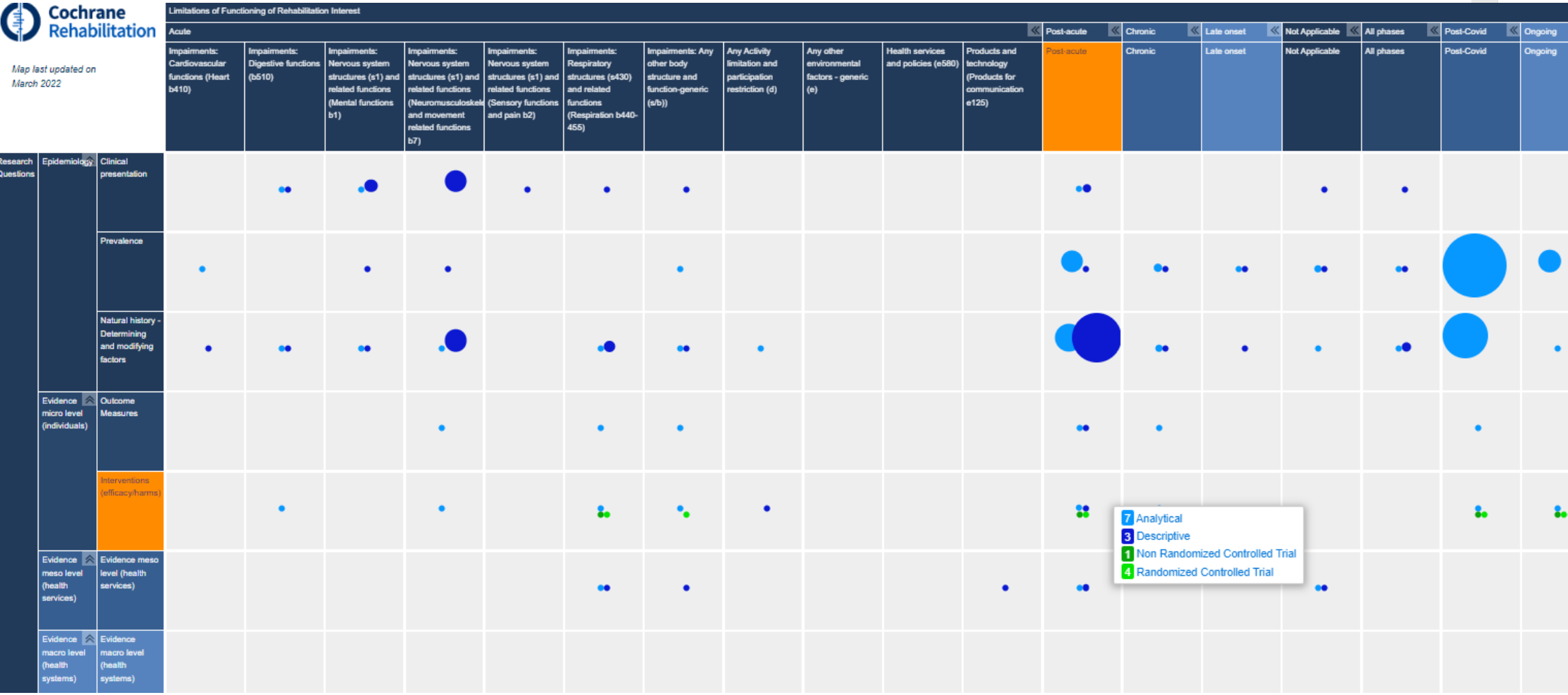
(Rehabilitation – COVID-19 Evidence-based Response) action

On January 30th 2020, the World Health Organization (WHO) declared a state of emergency to combat the spread and impact of COVID-19, a disease caused by the novel virus SARS-CoV-2.

During this illness, patients may develop a myriad of acute medical problems, and their treatment requires invasive procedures: all of which can cause mid- and long-term consequences requiring rehabilitation.

Cochrane Rehabilitation

Randomized Controlled Trial · Non Randomized Controlled Trial · Analytical · Descriptive



Rehabilitation – COVID-19 Evidence-based Response

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> Eur J Phys Rehabil Med. 2022 Jun;58(3):498-501. doi: 10.23736/S1973-9087.22.07593-1.
Epub 2022 May 25.

Rehabilitation and COVID-19: update of the rapid living systematic review by Cochrane Rehabilitation Field as of February 28th, 2022

Alessandro de Sire [1], Elisa Andrenelli [2], Francesco Negrini [3 4], Stefano G Lazzarini [5], Claudio Cordani [6], Maria G Ceravolo [2],
International Multiprofessional Steering Committee of Cochrane Rehabilitation REH-COVER Action

Collaborators, Affiliations + expand

PMID: 35612401 DOI: 10.23736/S1973-9087.22.07593-1
Free article

edica.it

European Journal of Physical and Rehabilitation Medicine 2023 December;59(6):800-18
DOI: 10.23736/S1973-9087.23.08331-4

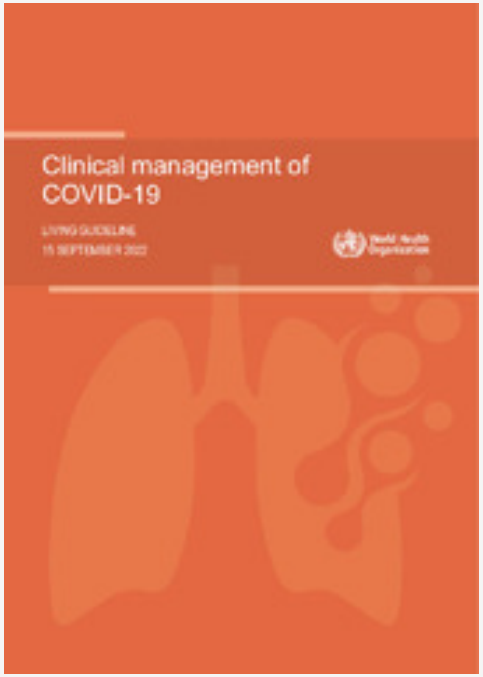
SYSTEMATIC REVIEW

COCHRANE REHABILITATION CORNER

Rehabilitation and COVID-19: systematic review by Cochrane Rehabilitation

Chiara ARIENTI [1], Stefano G. LAZZARINI [1] *, Elisa ANDRENELLI [2], Claudio CORDANI [3, 4], Francesco NEGRINI [5, 6], Elisa POLLINI [7], Maria G. CERAVOLO [2], The International Multiprofessional Steering Committee of Cochrane Rehabilitation REH-COVER Action ‡

Clinical management of COVID-19: Living guideline, 15 September 2022



This updated (fifth) version contains 16 new recommendations for the rehabilitation of adults with post COVID-19 condition. (see Chapter 24)

World Health Organization

Strong recommendation for

New

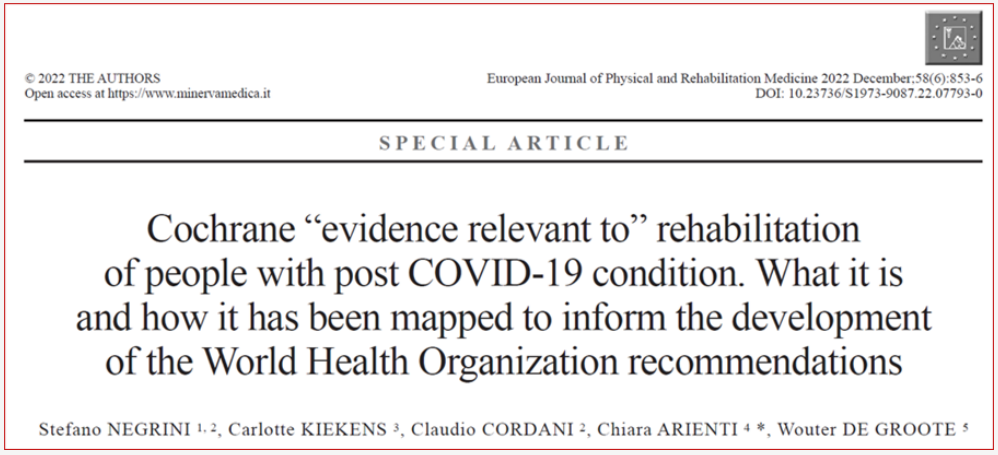
In adults with post COVID-19 condition exertional desaturation and cardiac impairment following COVID-19 should be ruled out and managed before consideration of physical exercise training. While orthostatic intolerance and post-exertional symptom exacerbation (PESE) are amenable to rehabilitation, their presence will require interventions to be modified in view of these diagnoses for rehabilitation to be safe.

Rehabilitation Guidance for Post COVID-19 Condition

"Evidence relevant to"

World Health Organization

1. Post-exertional symptom exacerbation
2. Arthralgia
3. Breathing impairment
4. Cognitive impairment
5. Fatigue
6. Mental Health
7. Olfactory impairment
8. Orthostatic intolerance
9. Swallowing impairment
10. Voice impairment
11. Return to everyday activities and work

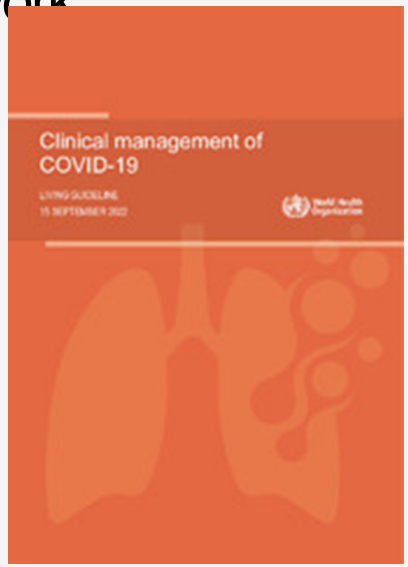


European Journal of Physical and Rehabilitation Medicine 2022 December;58(6):853-6
DOI: 10.23736/S1973-9087.22.07793-0

SPECIAL ARTICLE

Cochrane "evidence relevant to" rehabilitation of people with post COVID-19 condition. What it is and how it has been mapped to inform the development of the World Health Organization recommendations

Stefano NEGRINI [1, 2], Carlotte KIEKENS [3], Claudio CORDANI [2], Chiara ARIENTI [4] *, Wouter DE GROOTE [5]



Conclusion – WHO collaboration

In its collaboration with the **WHO**, Cochrane Rehabilitation has developed different strategies and methodologies to respond rapidly to emerging questions regarding rehabilitation interventions.

The aim is to inform clinicians as well as policymakers to allow **evidence-based decision-making**. These approaches could benefit other similar fields in health care in the future and inform scientists on further research needs.

Cochrane Rehabilitation

Rehabilitation 2030

World Health Organization

Contents

Introduction (CRPD, IPSCI, WRD, GBD,…)

WHO "**Rehabilitation 2030**: a call for action" initiative

- World Health Assembly **Resolution**
- **World Rehabilitation Alliance (WRA)**
- **WHO Disability Health Equity network**

ISPRM-WHO Liaison committee

WHO – CochraneRehab collaboration

HPSR four overviews of reviews

Cochrane
Rehabilitation, Functioning, and Disability

Rehabilitation 2030

World Health Organization

WHA invites relevant STAKEHOLDERS

1. to support Member States … to implement the actions in the **Rehabilitation 2030: A Call for Action**, and to strengthen **advocacy** for rehabilitation, as well as support and contribute to the WHO hosted **World Rehabilitation Alliance**, …;
2. to harness and invest in **research and innovation** in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, … collecting **health policy and systems research** to ensure future **evidence-based rehabilitation policy and practice**;

Cochrane
Rehabilitation, Functioning, and Disability

Cochrane Rehabilitation
5th Methodological Meeting
September 2023

European Journal of Physical and Rehabilitation Medicine 2023 Dec 19
DOI: 10.23736/S1973-9087.23.08338-7

EDITORIAL

COCHRANE REHABILITATION CORNER

Improving the quality of evidence production in rehabilitation
Results of the 5th Cochrane Rehabilitation Methodological Meeting

Stefano NEGRINI [1, 2], Carlotte KIEKENS [2], William M. LEVACK [3], Thorsten MEYER-FEIL [4], Chiara ARIENTI [5] *, Pierre CÔTÉ [6], Participants in the 5th Cochrane Rehabilitation Methodological Meeting ‡

[1]Department of Biomedical, Surgical and Dental Sciences, University "La Statale", Milan, Italy; [2]IRCCS Istituto Ortopedico Galeazzi, Milan, Italy; [3]Rehabilitation Teaching and Research Unit, Department of Medicine, University of Otago, Wellington, New Zealand; [4]Institute for Rehabilitation Medicine, Medical School, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany; [5]IRCCS Fondazione Don Carlo Gnocchi, Milan, Italy; [6]Institute for Disability and Rehabilitation Research and Faculty of Health Sciences, Ontario Tech University, Oshawa, Ontario, Canada

‡ Members are listed at the end of the paper.

European Journal of Physical and Rehabilitation Medicine 2024 Jan 22
DOI: 10.23736/S1973-9087.24.08386-2

SPECIAL ARTICLE

COCHRANE REHABILITATION CORNER

Relevance and use of health policy, health systems and health services research for strengthening rehabilitation in real-life settings: methodological considerations

Walter R. FRONTERA [1], Claudio CORDANI [2, 3], Simon DÉCARY [4], Wouter DE GROOTE [5], Matteo J. DEL FURIA [2, 3, 6] *, Peter FEYS [7], Alan M. JETTE [8], Carlotte KIEKENS [3], Stefano NEGRINI [2, 3], Aydan ORAL [9], Linda RESNIK [10], Cecilie RØE [11], Carla SABARIEGO [12], Participants in the 5th Cochrane Rehabilitation Methodological Meeting ‡

‡Members are listed at the end of the paper.

HPSR in Rehabilitation project

We will produce a series of **four Overviews of Systematic Reviews** (SRs), in collaboration with the WHO, and as Cochrane commissioned reviews

We will follow the EPOC Taxonomy:

- ✓ **Delivery arrangements** for rehabilitation services in health systems: an overview of SRs
- ✓ **Governance arrangements** for rehabilitation services in health systems: an overview of SRs
- ✓ **Financial arrangements** for rehabilitation services in health systems: an overview of SRs
- ✓ **Implementation strategies** for rehabilitation services in health systems: an overview of SRs

Scoping review on methodology for HPSR in rehabilitation

World Health Organization

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Published protocol

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SYSTEMATIC REVIEW

COCHRANE REHABILITATION CORNER

Evidence synthesis of health policy and systems research in rehabilitation: a protocol for Cochrane overviews of systematic reviews on delivery, governance, financial arrangements, and implementation strategies

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Objectives

1) offer a broad **synthesis** of the **existing evidence on HPSR interventions**' effects
2) **signpost** to end-users, including policymakers, systematic reviews that may address their health policy questions
3) identify current research gaps and set priorities for future **primary** HPSR
4) pinpoint the needs and priorities for new evidence **syntheses** where no reliable, up-to-date systematic reviews currently exist.

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EPOC Taxonomy – topics list

1. **Delivery arrangements:** changes in how, when and where healthcare is organized and delivered, and who delivers healthcare; (n=25 - 6)
2. **Financial arrangements:** changes in how funds are collected, insurance schemes, how services are purchased, and the use of targeted financial incentives or disincentives; (n=2 - 1)
3. **Governance arrangements:** changes in rules or processes that affect how powers are exercised, particularly concerning authority, accountability, openness, participation, and coherence; (n=0)
4. **Implementation strategies:** interventions designed to bring about changes in healthcare organizations, the behavior of healthcare professionals or healthcare recipients' use of health services. (n=15 - 4)

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Conclusion

- **Historical** period for **#rehabilitation** worldwide
- All rehabilitation professionals should join forces to **advocate** for the implementation of the WHA resolution on **"Strengthening Rehabilitation in Health Systems"**
- Need for production and synthesis of **quality evidence on rehab.**
- Need for **Knowledge Translation** but **application** remains the hardest part
- **Call for action** to all: researchers, clinicians, users and policymakers

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Rehabilitation 2030

#Rehab2030

Websites

https://rehabilitation.cochrane.org/

https://www.cochrane.org/about-us/who-we-are/our-groups/rehabilitation-functioning-and-disability

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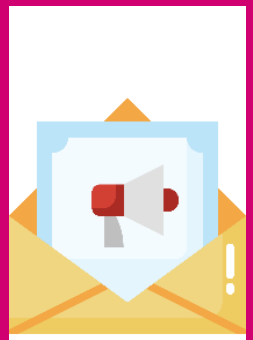

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