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.

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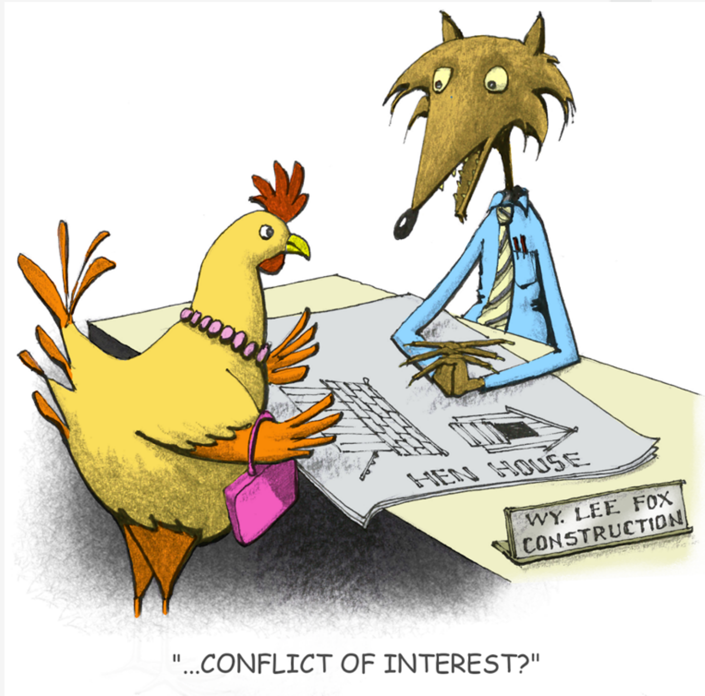
Rehabilitation

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

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Rehabilitation 2030

World Health Organization

Contents

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

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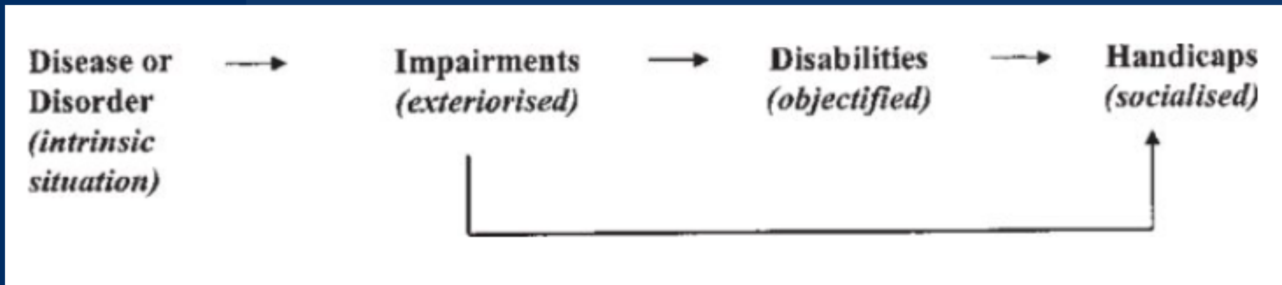
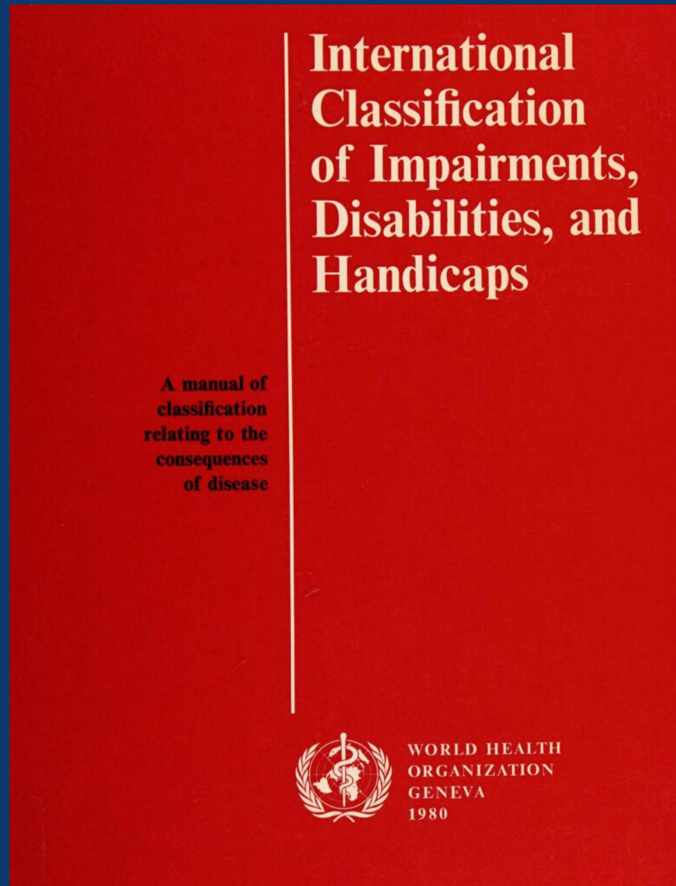
ICIDH - 1980





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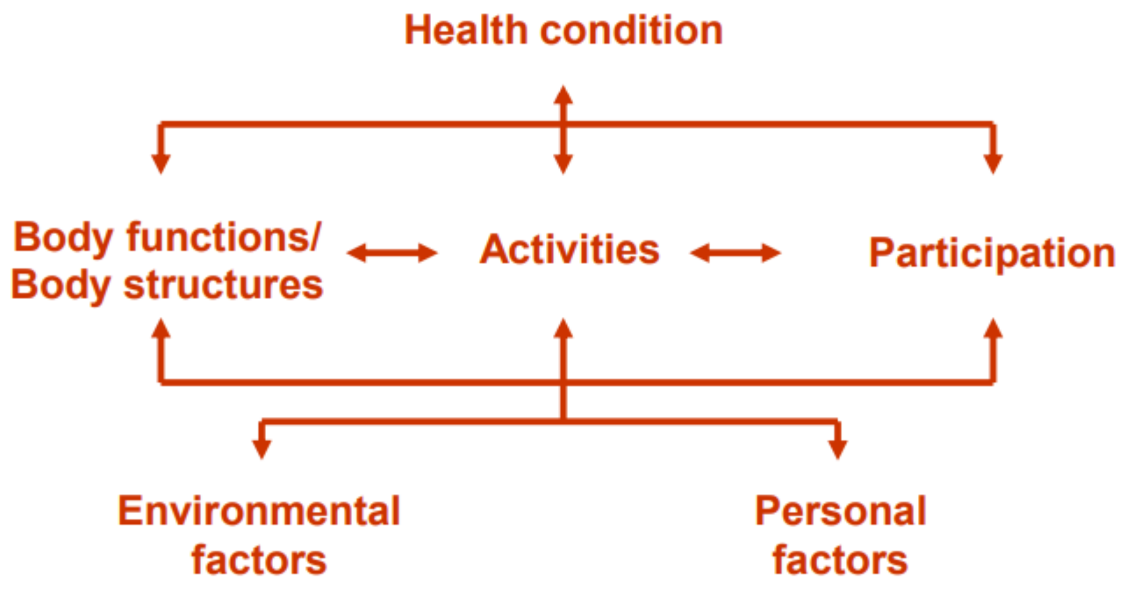
International Classification of Funcitoning, Disability and Health - ICF



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United Nations

Department of Economic and Social Affairs
Social Inclusion

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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

- 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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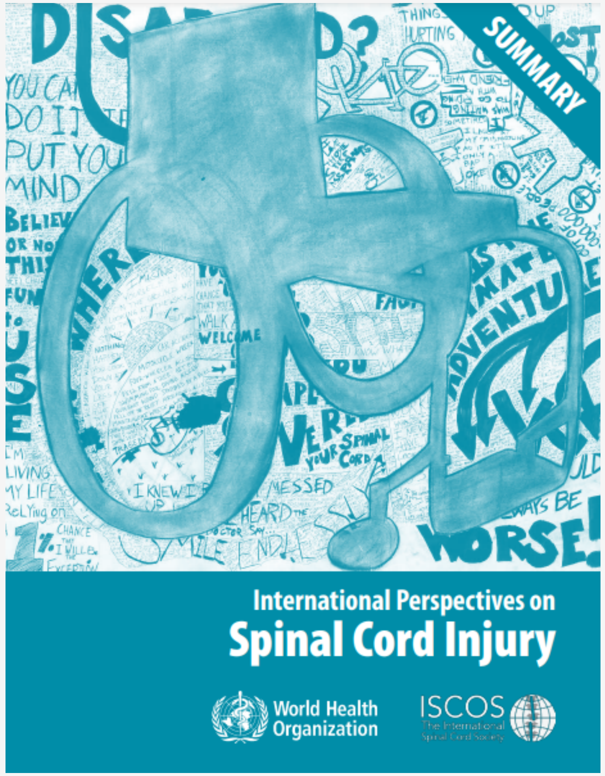
IPSCI 2013 - International perspectives on spinal cord injury

- Assemble and summarize information on spinal cord injury, in particular the **epidemiology, services, interventions and policies** that are relevant, together with the **lived experience of people with SCI;**

- Make **recommendations** for actions based on this evidence that are consistent with the aspirations for people with disabilities as expressed in the Convention on the Rights of Persons with Disabilities.



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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 … 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 bene… 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 … ability (YLDs) of 25 diseases, impairments, or bespoke aggregations of sequelae that were … 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, … diterranean, and Western Pacific).

Findings Globally, in 2019, 2·41 billion … nterval 2·34–2·50) individuals … benefit from rehabilitation, contributi… ion [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 prevale… 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 rehabilitatio… 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 0.027 YLDs per person. Globally, prevalence …

Published Online December 1, 2020 https://doi.org/10.1016/S0140-6736(20)32533-2

See Online/Articles https://doi.org/10.1016/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

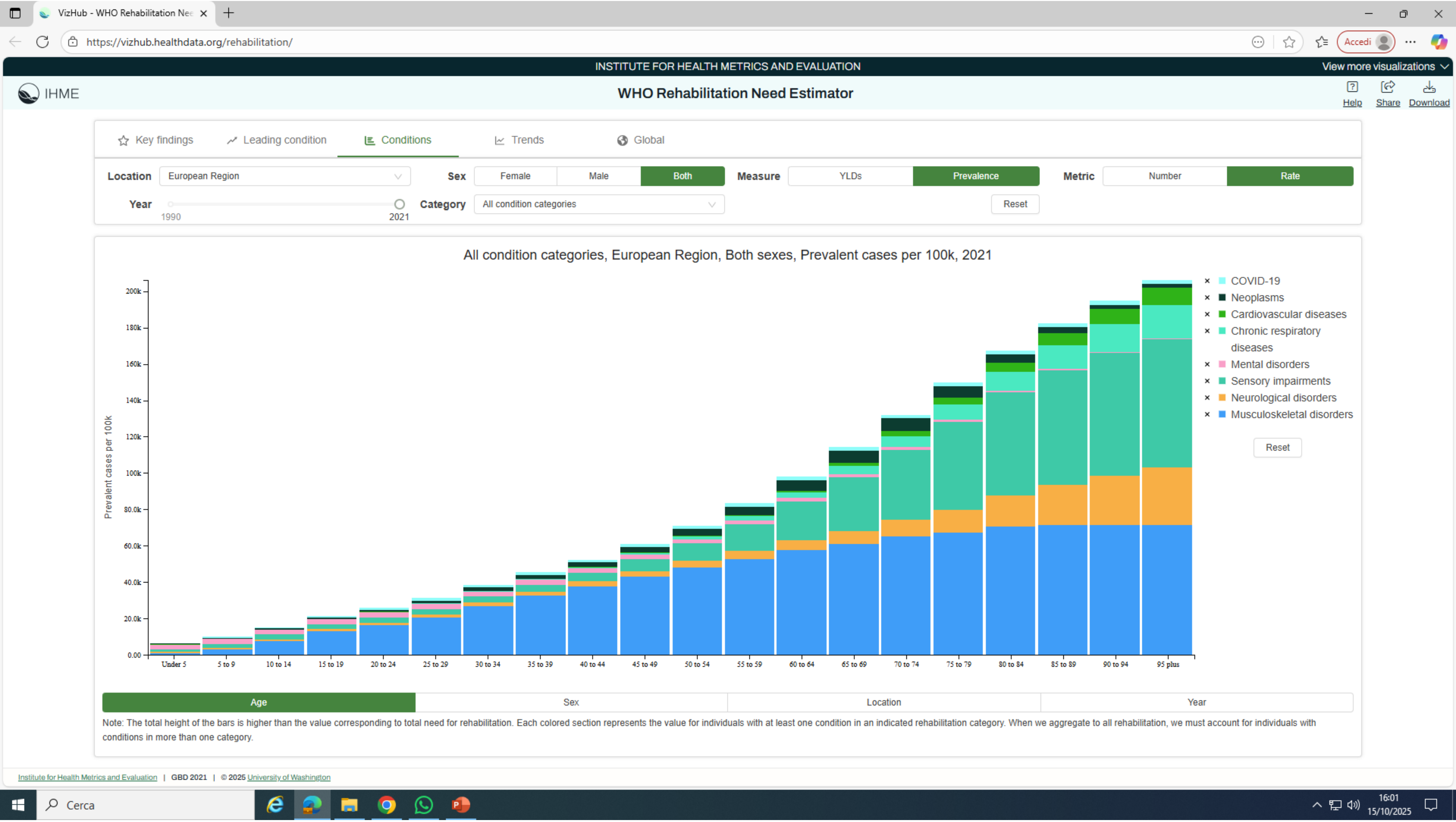
590M
people have been affected by low back pain

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/


VizHub - WHO Rehabilitation Nee
https://vizhub.healthdata.org/rehabilitation/
Accedi
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View more visualizations
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WHO Rehabilitation Need Estimator
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Leading condition
Conditions
Trends
Global
Location
European Region
Sex
Female
Male
Both
Measure
YLDs
Prevalence
Metric
Number
Rate
Year
1990
2021
Category
All condition categories
Reset
All condition categories, European Region, Both sexes, Prevalent cases per 100k, 2021
Prevalent cases per 100k
200k
180k
160k
140k
120k
100k
80.0k
60.0k
40.0k
20.0k
0.00
Under 5
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85 to 89
90 to 94
95 plus
COVID-19
Neoplasms
Cardiovascular diseases
Chronic respiratory diseases
Mental disorders
Sensory impairments
Neurological disorders
Musculoskeletal disorders
Reset
Age
Sex
Location
Year
Note: The total height of the bars is higher than the value corresponding to total need for rehabilitation. Each colored section represents the value for individuals with at least one condition in an indicated rehabilitation category. When we aggregate to all rehabilitation, we must account for individuals with conditions in more than one category.
Institute for Health Metrics and Evaluation | GBD 2021 | © 2025 University of Washington
Cerca
16:01
15/10/2025

Global, regional, and national burden of spinal cord injury, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

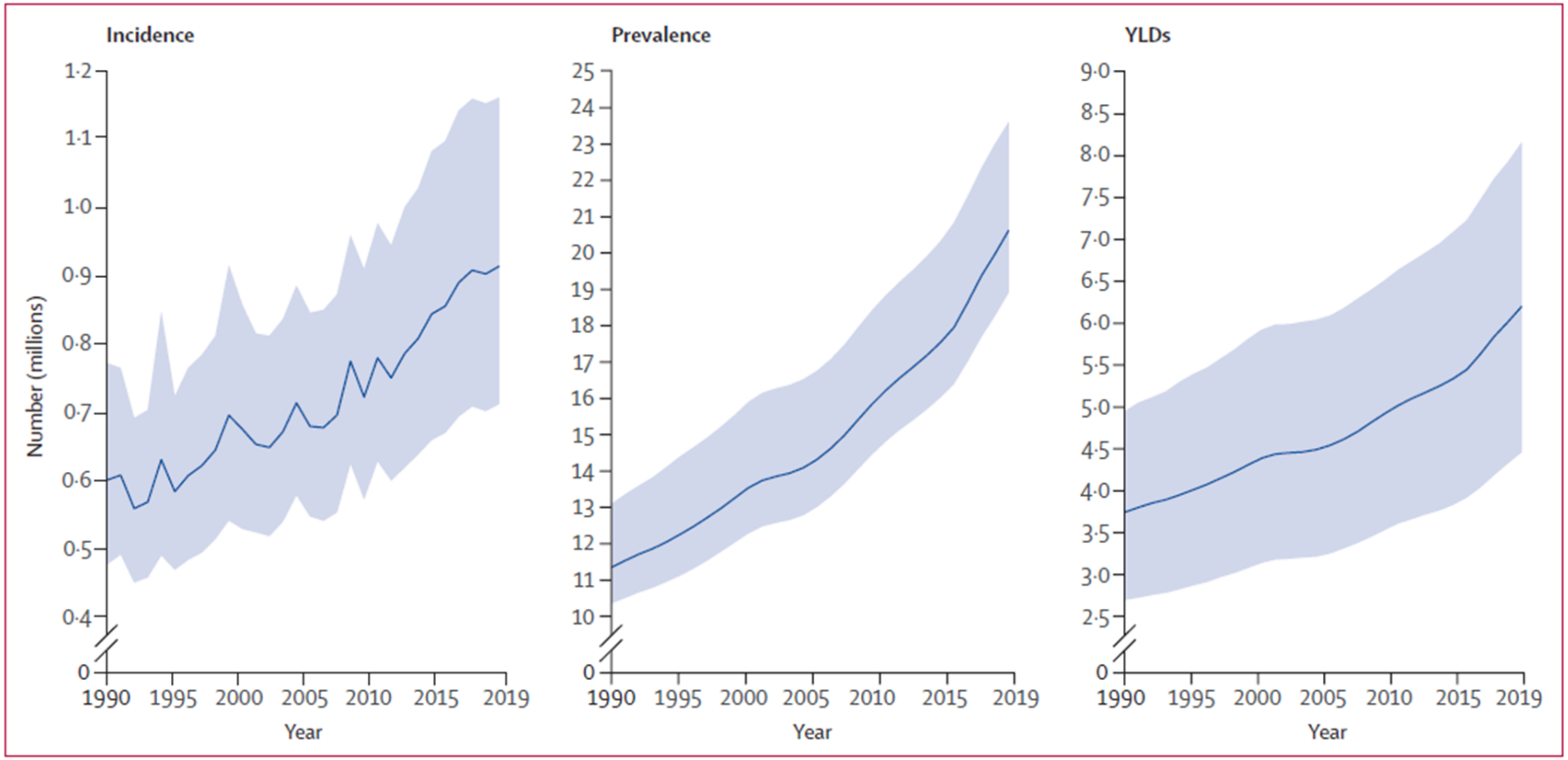

Figure 1: Global numbers of incidence, prevalence, and YLDs for spinal cord injuries, 1990–2019
Shading indicates 95% UIs. YLDs=years of life lived with disability.

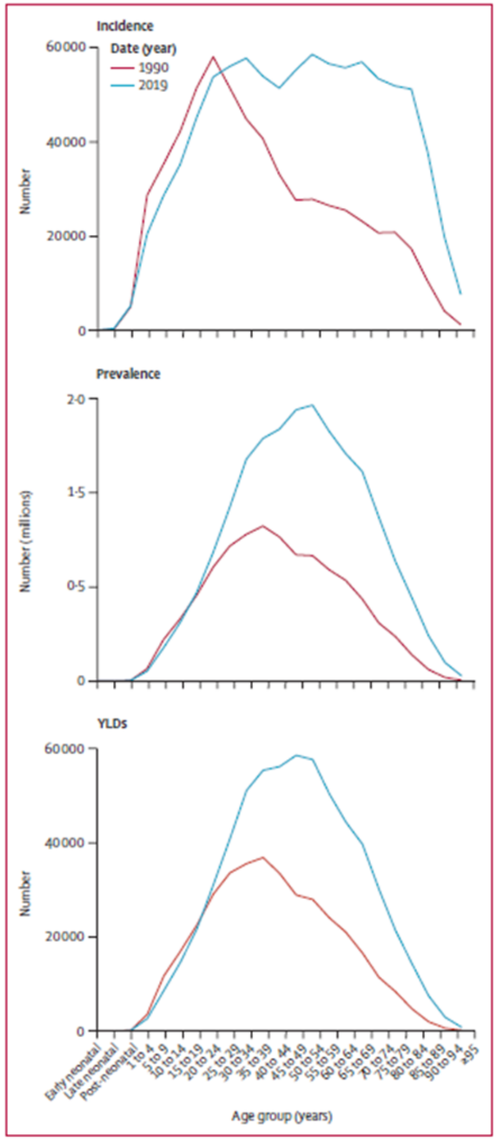

Figure 3: Global numbers of incidence, prevalence, and YLDs for spinal cord injuries from all causes according to age group, 1990–2019
Early neonatal corresponds to the first week after birth, late neonatal corresponds to 1–4 weeks after birth, and post-neonatal corresponds to 4 weeks to 12 months after birth.

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Rehabilitation 2030

World Health Organization

Rehabilitation 2030

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

Recommendations	Strength of recommendation	Quality of evidence
Rehabilitation services should be integrated into health systems	Conditional	Very low
Rehabilitation services should be integrated into and between primary, secondary and tertiary levels of health system	Strong	Very low
A multi-disciplinary rehabilitation workforce should be available	Strong	High
Both community and hospital rehabilitation services should be available	Strong	Moderate
Hospitals should include specialized rehabilitation units for inpatients with complex needs	Strong	High
Financial resources should be allocated to rehabilitation services to implement and sustain the recommendations on service delivery	Strong	Very low
Where health insurance exists or is to become available, it should cover rehabilitation services	Conditional	Very low

Rehabilitation 2030

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

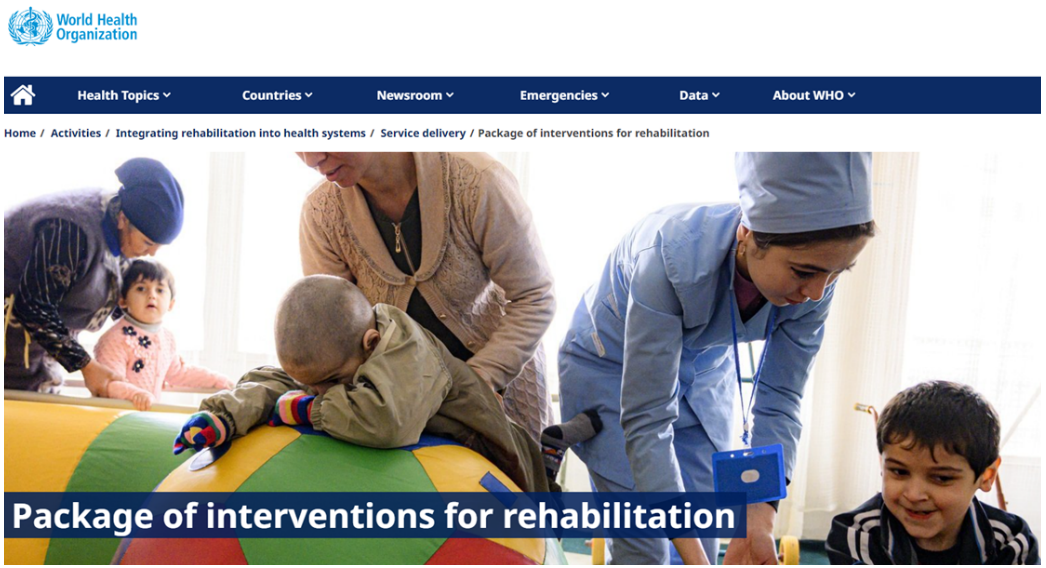
Rehabilitation in health financing – opportunities on the way to universal health coverage

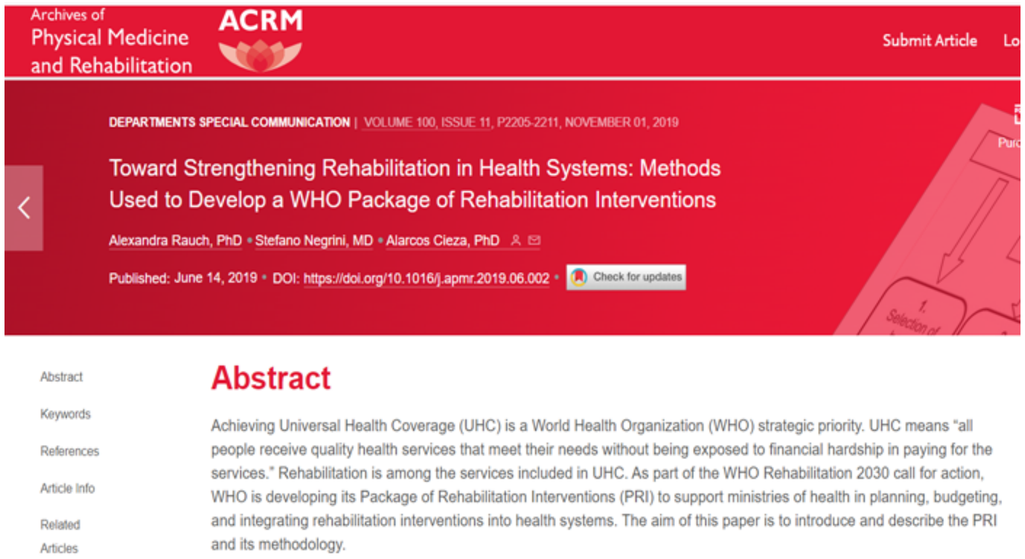
Rehabilitation 2030

Rehabilitation 2030

Package of Interventions for Rehabilitation (PIR)

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




Archives of Physical Medicine and Rehabilitation ACRM Submit Article

DEPARTMENTS SPECIAL COMMUNICATION | VOLUME 100, ISSUE 11, P2205-2211, NOVEMBER 01, 2019

Toward Strengthening Rehabilitation in Health Systems: Methods Used to Develop a WHO Package of Rehabilitation Interventions

Alexandra Rauch, PhD • Stefano Negrini, MD • Alarcos Cieza, PhD

Published: June 14, 2019 • DOI: https://doi.org/10.1016/j.apmr.2019.06.002 • Check for updates

Abstract

Keywords

References

Article Info

Related Articles

Abstract

Achieving Universal Health Coverage (UHC) is a World Health Organization (WHO) strategic priority. UHC means "all people receive quality health services that meet their needs without being exposed to financial hardship in paying for the services." Rehabilitation is among the services included in UHC. As part of the WHO Rehabilitation 2030 call for action, WHO is developing its Package of Rehabilitation Interventions (PRI) to support ministries of health in planning, budgeting, and integrating rehabilitation interventions into health systems. The aim of this paper is to introduce and describe the PRI and its methodology.

Rauch, Negrini, Cieza 2019

5 July 2023
Package of interventions for rehabilitation: module 1: introduction
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5 July 2023
Package of interventions for rehabilitation: module 2: musculoskeletal conditions
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5 July 2023
Package of interventions for rehabilitation: module 3: neurological conditions
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5 July 2023
Package of interventions for rehabilitation: module 4: cardiopulmonary conditions
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5 July 2023
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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5 July 2023
Package of interventions for rehabilitation: module 8: mental health conditions
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Home / Activities / Integrating rehabilitation into health systems / Service delivery / Package of interventions for rehabilitation

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

Contents

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

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HPSR four overviews of reviews

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Rehabilitation 2030

World Health Organization

The WHA Resolution on Rehabilitation

A lever to advance rehabilitation in health systems

Global Rehabilitation Alliance

ISPRM International Society of Physical and Rehabilitation Medicine

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

Cochrane Rehabilitation

World Health Organization

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

Landmark resolution on strengthening rehabilitation in health systems

Adopted 27 May 2023
#WHA76

#WHA76 – Geneva, May 2023

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

Contents

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

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

- World Health Assembly **Resolution**
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Rehabilitation 2030

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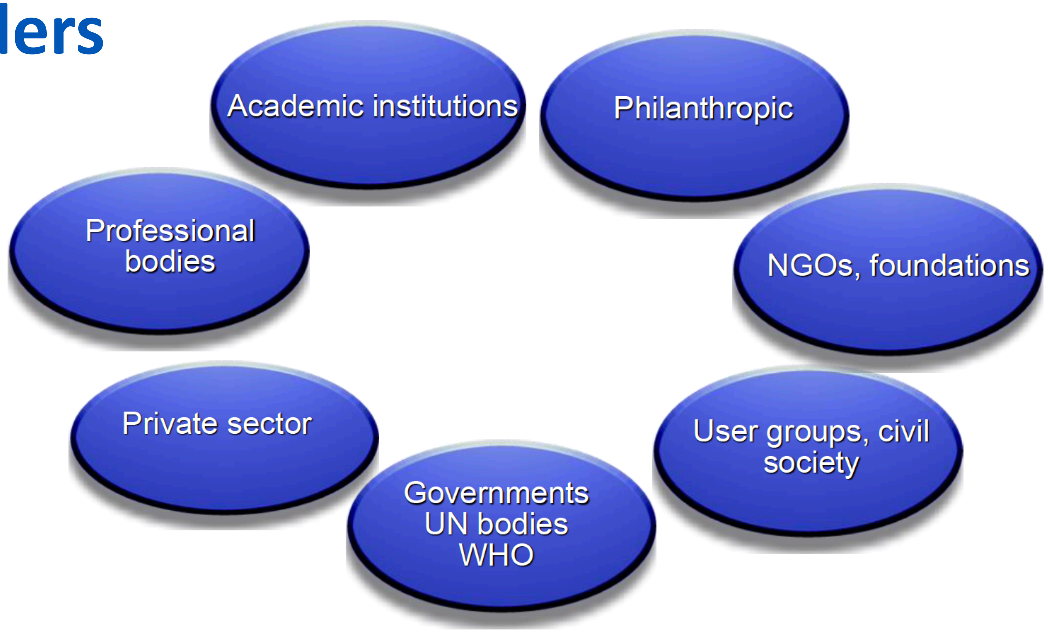
World Rehabilitation Alliance

WHO global network of stakeholders

Mission

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



WRA
WHO hosted network

World Rehabilitation Alliance

It focuses on:

•1. Promoting rehabilitation as an **essential health service** that is integral to Universal Health Coverage (UHC)

Universal Health Coverage

•2. The realization of the United Nations **Sustainable Development Goal 3** which is “*Ensure healthy lives and promote well-being for all at all ages*”.

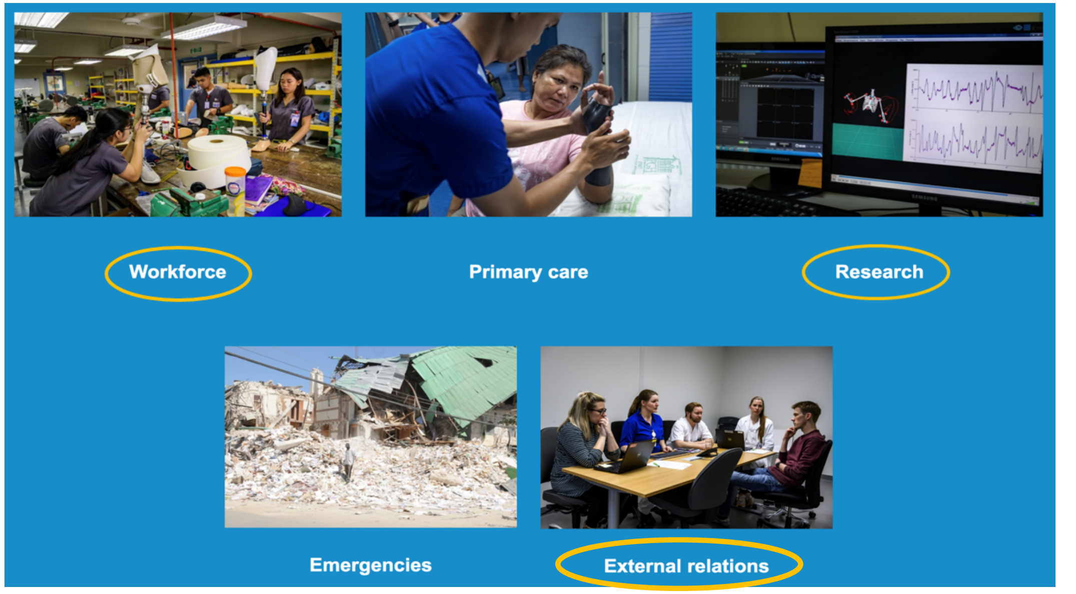
SUSTAINABLE DEVELOPMENT GOALS
3 GOOD HEALTH AND WELL-BEING

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 Physica
and Rehabilitation Medicine

ISPO

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

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World Rehabilitation Alliance
WRA WHO hosted network

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

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Research workstream HPSR

WRA | World Rehabilitation Alliance
WHO hosted network

frontiers | Frontiers in Rehabilitation Sciences

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

Check for updates

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This article has been almost simultaneously published in several journals to reach as many readers as possible. Please see the Publisher's Note for further details.

RECEIVED 27 September 2023
ACCEPTED 31 October 2023
PUBLISHED 23 November 2023

CITATION
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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Contents

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

WHO “**Rehabilitation 2030**: a call for action” initiative

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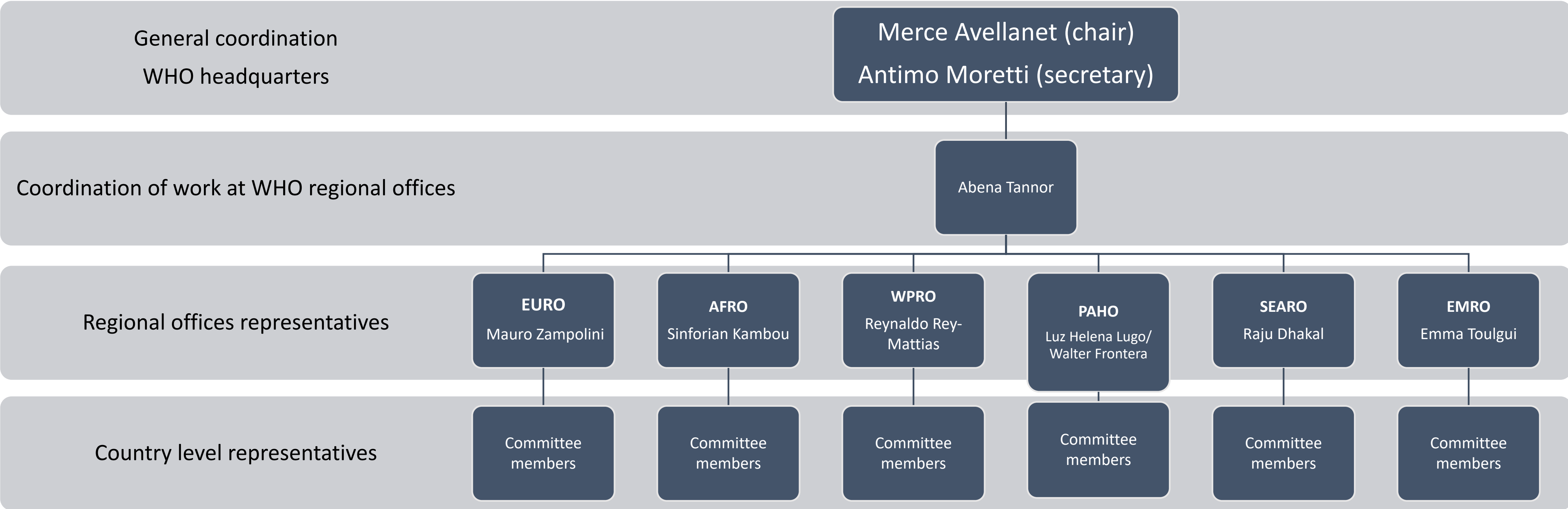
ISPRM-WHO liaison committee meeting

Carlotte Kiekens - Vanessa Seijas

2023

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 World Rehabilitation Alliance

WHO hosted network

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

ISPRM
International Society of Physical and Rehabilitation Medicine

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

E. M. R. S. S.

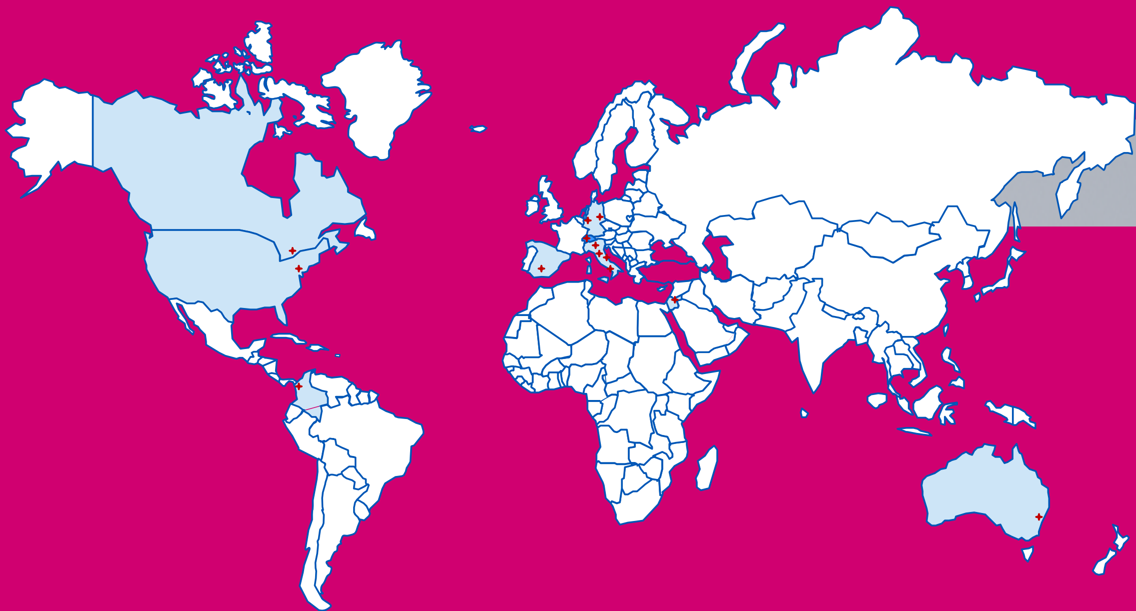
Cochrane Rehabilitation

Rehabilitation 2030

World Health Organization

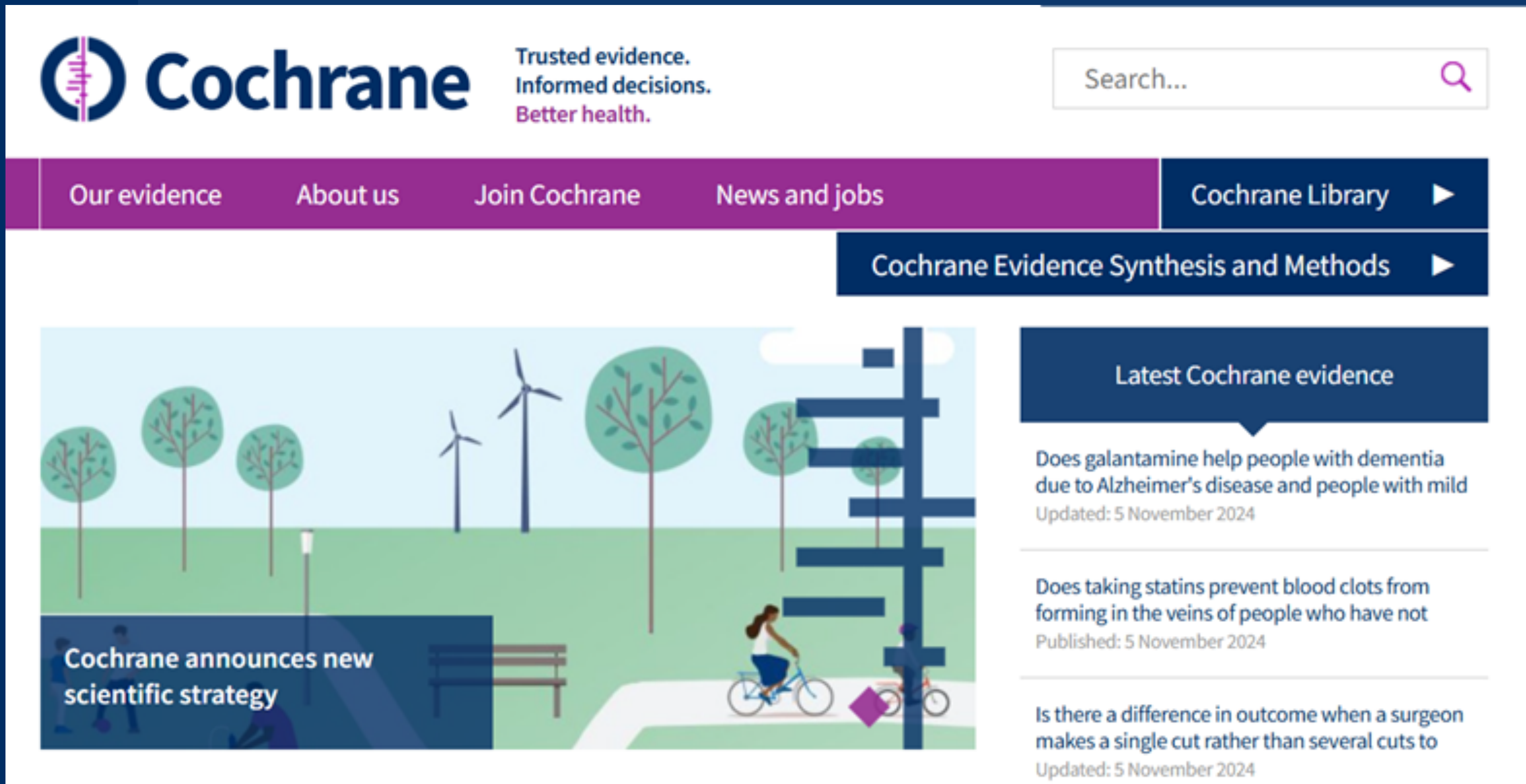
Cochrane Rehabilitation, Functioning, and Disability

CochraneRehab



Trusted evidence.
Informed decisions.
Better health.

New scientific strategy



Cochrane
Rehabilitation

- **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.

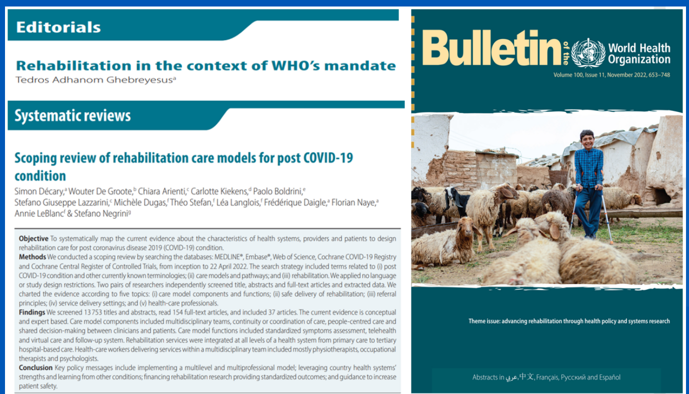
Four key research priorities to address the most pressing health challenges

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…**



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
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- Fractures in adults	Evidence from 5 CPGs
- Osteoarthritis	Evidence from 5 CPGs
- Low back pain	Evidence from 4 CPGs
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"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):	
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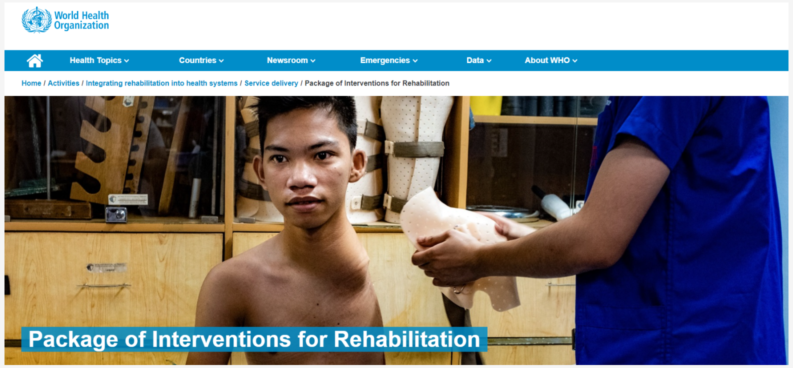
- Cognitive impairment, anxiety and depression	Evidence from 17 CSRs (8 HCs) on cognitive impairment and 37 CSRs (14 HCs) on anxiety and depression
- Dyspnoea	Evidence from 15 CSRs (7 HCs)
- Dysphagia, dysphonia and olfactory disease	Evidence from 1 CSR (1 HC)
- Fatigue, post-exertional malaise and orthostatic 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



European Journal of Physical and Rehabilitation Medicine 2021 June;57(3):478-80
DOI: 10.23736/S1973-9087.21.07075-1

SPECIAL ARTICLE

Cochrane collaborates with the World Health Organization to establish a Package of Rehabilitation Interventions based on the best available evidence

Stefano NEGRINI [1, 2], Chiara ARIENTI [3] *, Michele PATRINI [3], Carlotte KIEKENS [4], Alexandra RAUCH [5], Alarcos CIEZA [5]

[1]Deparment of Biomedical, Surgical and Dental Sciences, University of Milan "La Statale", Milan, Italy; [2]IRCCS Galeazzi Orthopedic Institute, Milan, Italy; [3]IRCCS Fondazione Don Gnocchi, Milan, Italy; [4]Spinal Unit, Montecatone Rehabilitation Institute, Imola, Bologna, Italy; [5]Catholic University of Leuven, Leuven, Belgium; [5]World Health Organization, Geneve, Switzerland

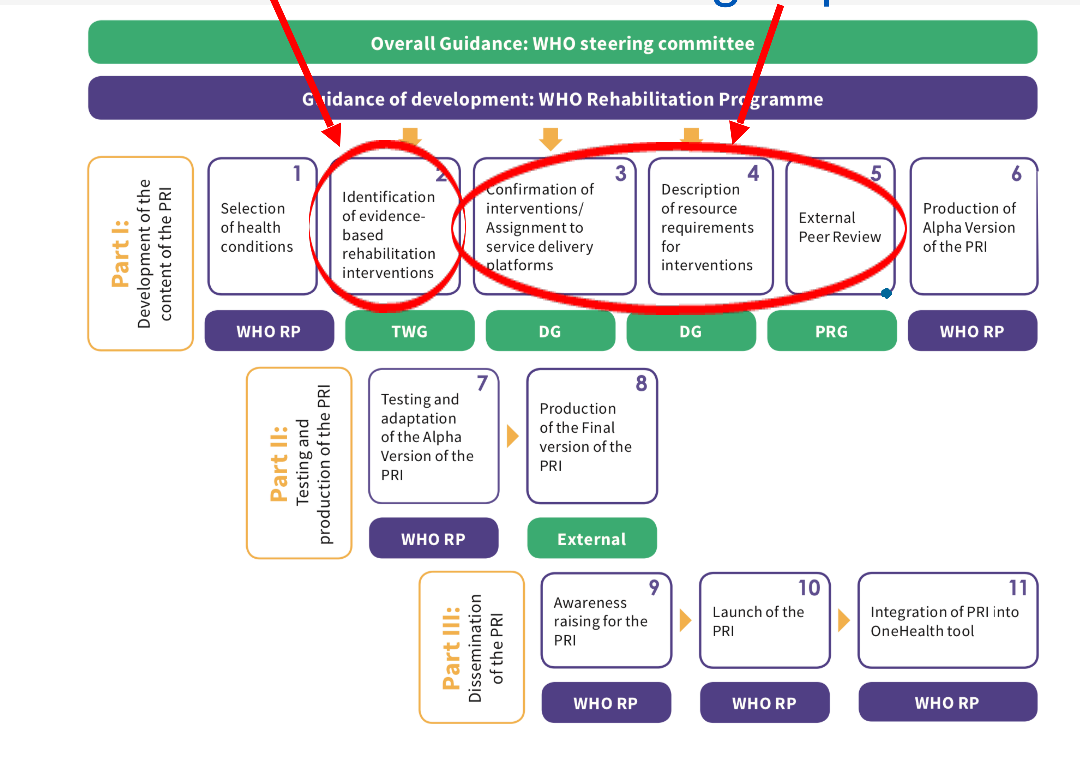
*Corresponding author: Chiara Arienti, IRCCS Fondazione Don Gnocchi, Milan, Italy. E-mail: carienti@dongnocchi.it

Cochrane Rehabilitation

Technical working group

ISPRM

Development group
External peer review group



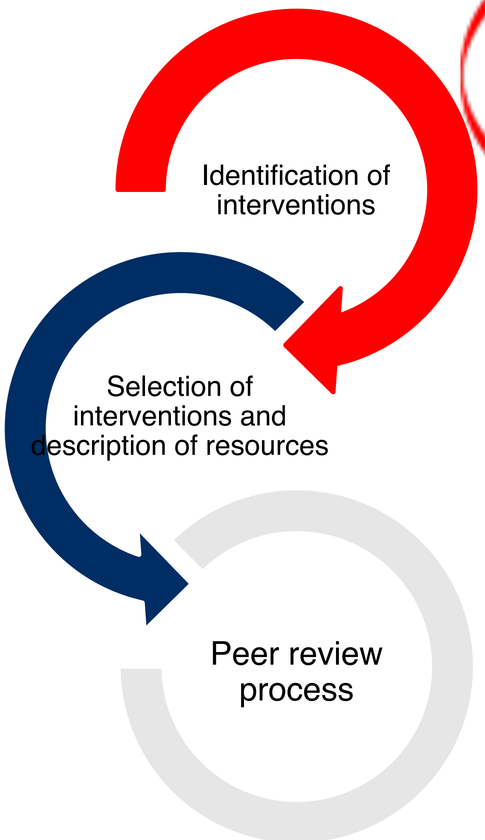
PRI = Package of Rehabilitation Interventions; WHO RP = World Health Organization Rehabilitation Programme; TWG = Technical Working Group; DG = Development Group; PRG = Peer Review Group

Rehabilitation 2030

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

Cochrane Rehabilitation

Methods



TWG/CR

- Literature search
- Selection of high-quality CPGs
- Selection of CSRs
- Data extraction

WHO

- Supervision
- Data synthesis
- Data preparation for DG

Package of Interventions for Rehabilitation

DG

1. Selection of interventions from CPGs
- Online survey
- Consensus discussion

2. Addition of "missing interventions"
- Online survey
- Consensus discussion

3. Agreement on additional information
- Online survey
- Consensus discussion

4. Final review
- Online survey
- Consensus discussion

WHO

- Data analysis
- Data preparation
- Moderation of web-conferences

PRG

1. Feedback and suggestions for revision
- Online survey
- Consensus discussion

WHO

- Data preparation
- Moderation of web-conferences

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)	
• Three introductory papers	
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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			

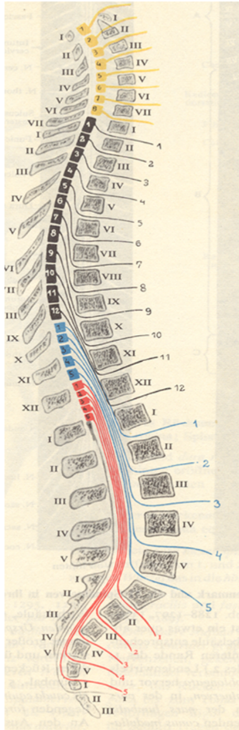
Mapping synthesis

Cochrane Rehabilitation

Ischaemic heart disease

Outcomes	Comparison: Placebo, no treatment — Intervention: 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



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ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation
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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.

Aim of this Overview of CSRs

To describe the **evidence** on **interventions for rehabilitation** of persons with spinal cord injury (**SCI**) identified in Cochrane Systematic Reviews (**CSRs**) selected for inclusion in the WHO-PIR.

Mehrholz 2012

Berlowitz 2013

Boldt 2014

Figure 1: Spinal Cord Injury Evidence Map

Map colors: white: favor intervention; orange: favor comparison; light blu – UPPERCASE: no effect; dark blu – lowercase: not estimable

Treatment	RMT *	tDCS **	rTMS **	CES **	Exercise program §*	TENS **	Acupuncture **	MCBP §	BWSTT	RAT	FES and BWSTT
Comparison	Control*/sham**/waiting list§								Any other intervention		
Dyspnea FEV1	LOW										
VC MIP MEP	LOW										
QoL Respiratory complication	very low										
Pain (short-term)		LOW	very low	LOW	LOW	LOW	LOW	very low			
Pain (mid-term)		LOW			LOW	LOW	LOW				
Pain (long-term)		LOW									
Walking speed									MODERATE	LOW	LOW
Walking capacity									LOW	LOW	LOW

Cochrane Library

Cochrane Database of Systematic Reviews

Locomotor training for walking after spinal cord injury (Review)

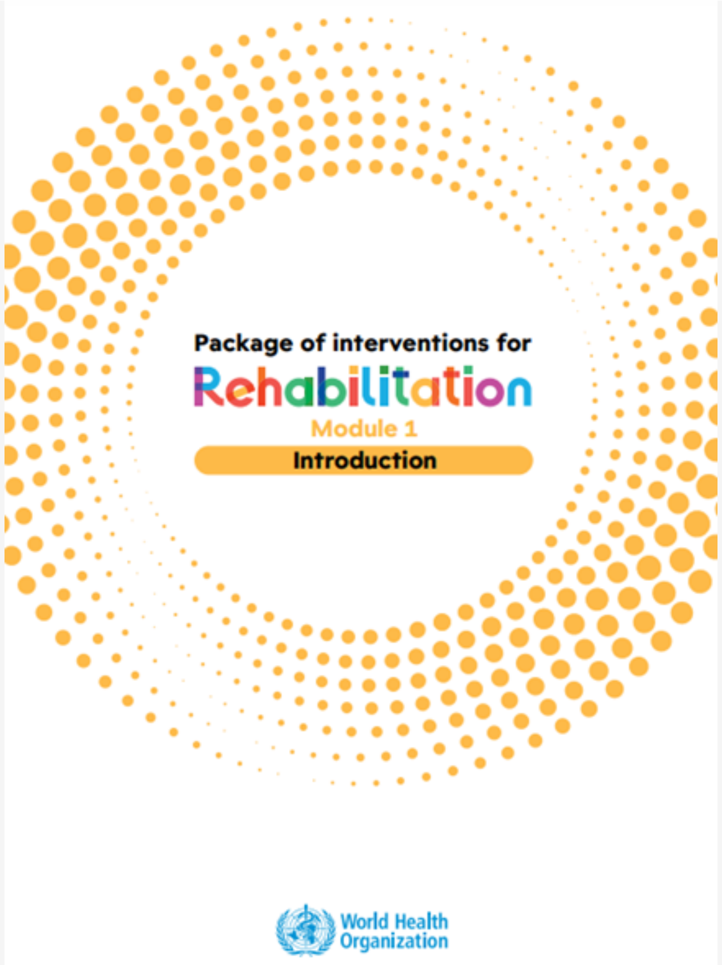
Mehrholz J, Kugler J, Pohl M

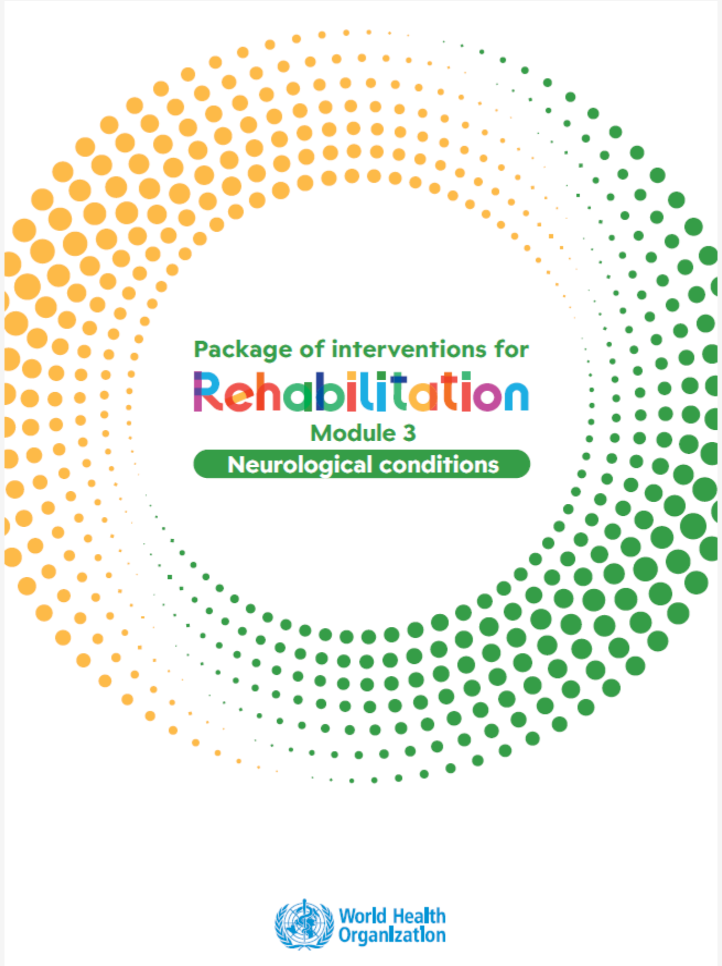
Respiratory muscle training for cervical spinal cord injury (Review)

Berlowitz DJ, Tamplin J

Non-pharmacological interventions for chronic pain in people with spinal cord injury (Review)

Boldt I, Eriks-Hoogland I, Brinkhof MWG, de Bie R, Joggi D, von Elm E





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"

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2. **REHCOVER** action on COVID-19
3. "**Evidence relevant to**": WHO guidance on post COVID-19 condition
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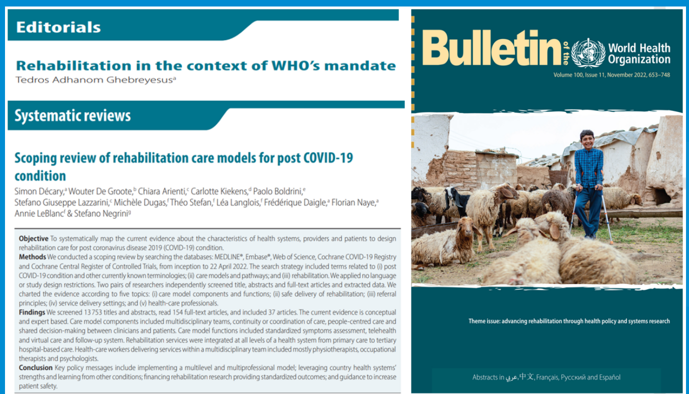

World Health Organization

Rehabilitation 2030

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Rehabilitation – COVID-19 Evidence-based Response

Cochrane Rehabilitation REH-COVER

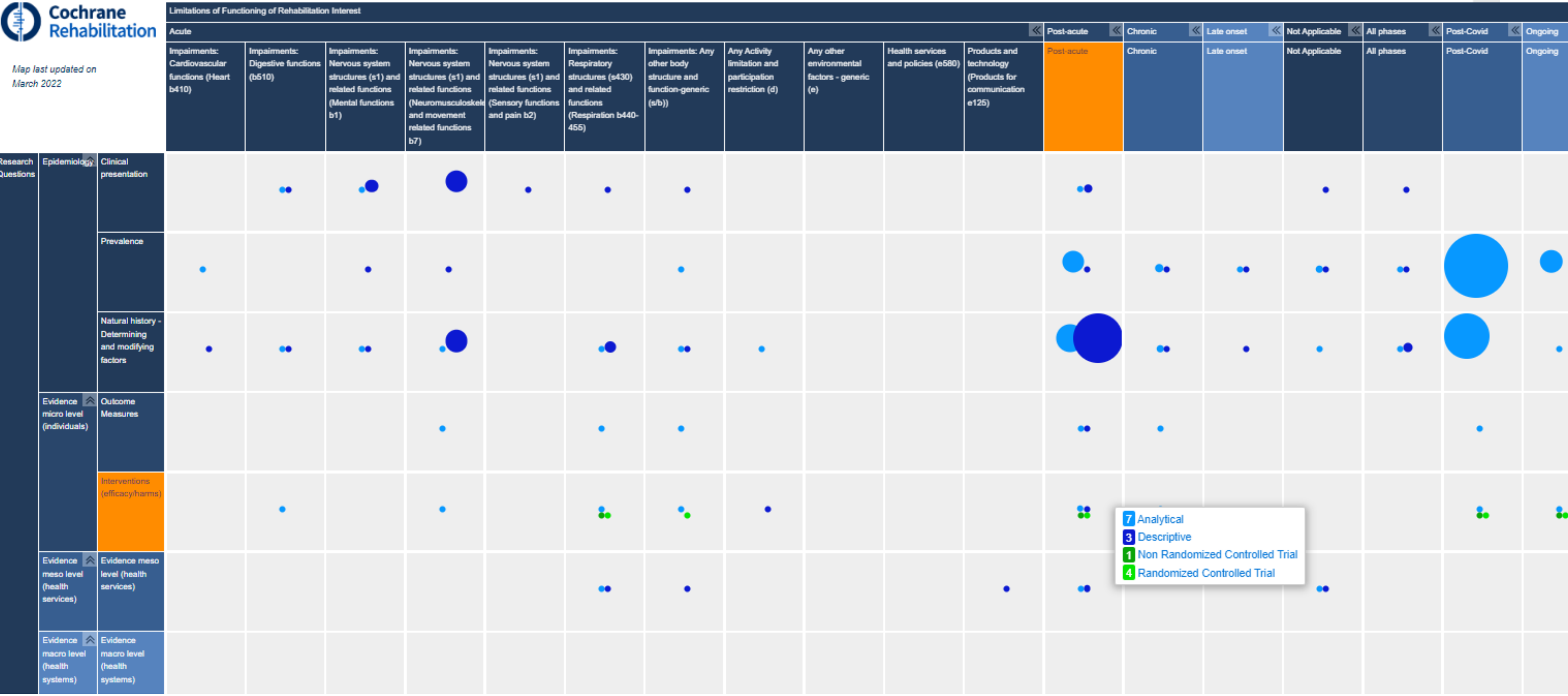
(Rehabilitation – COVID-19 Evidence-based Response) action

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

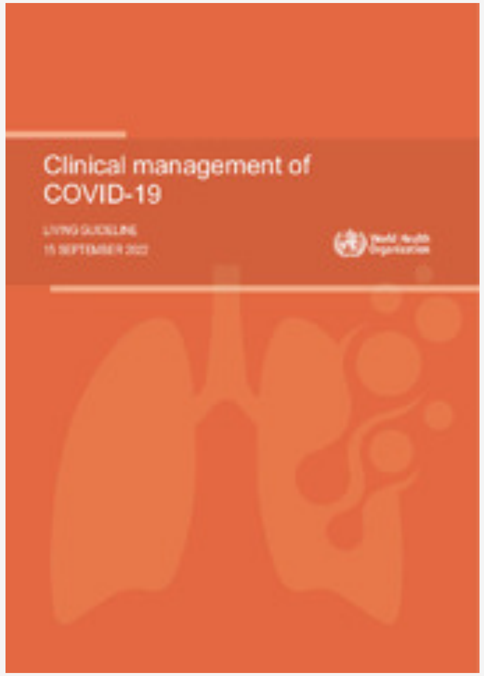
SYSTEMATIC REVIEW
COCHRANE REHABILITATION CORNER

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

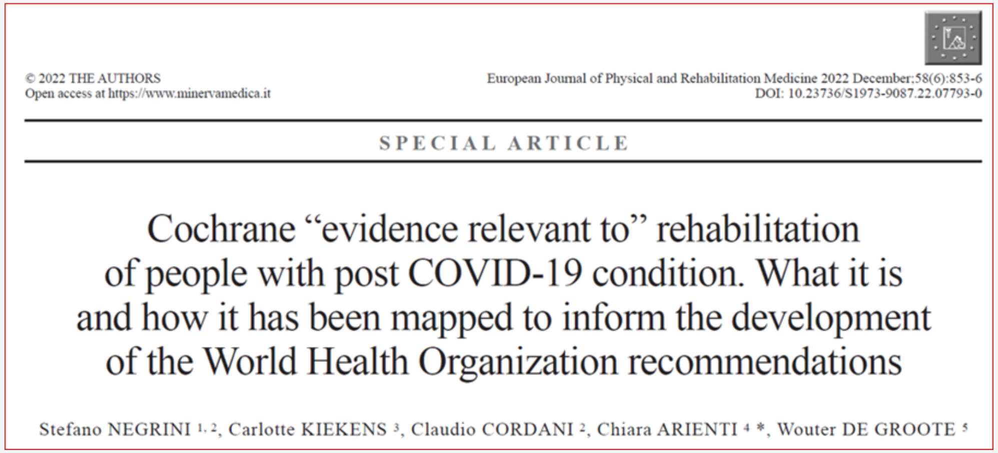
New

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”

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



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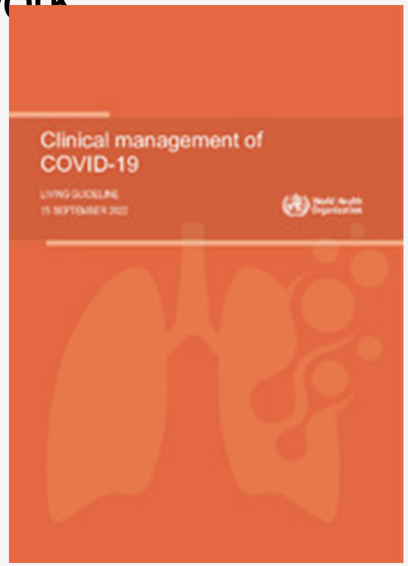
European Journal of Physical and Rehabilitation Medicine 2022 December;58(6):853-6
DOI: 10.23736/S1973-9087.22.07793-0

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.

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

E. M. R. S. S.

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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**;

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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 ‡

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‡ 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

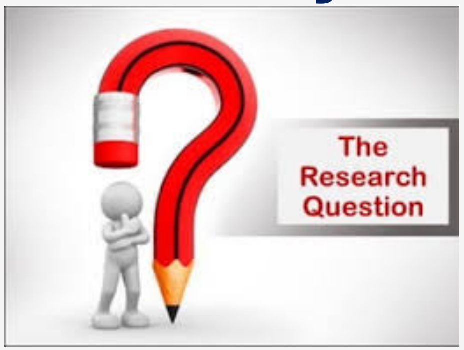
Walter R. FRONTERA [1], Claudio CORDANI [2, 3], Simon DÉCARY [4], Wouter DE GROOTE [5], Matteo J. DEL FURIA [2, 3, 6] *, Peter FEYS [7], Alan M. JETTE [8], Carlotte KIEKENS [3], Stefano NEGRINI [2, 3], Aydan ORAL [9], Linda RESNIK [10], Cecilie RØE [11], Carla SABARIEGO [12], Participants in the 5th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

‡Members are listed at the end of the paper.

Objective

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

- To introduce a **framework**
- for categorizing **research questions** in health policy, systems, and services research in rehabilitation (**HPSR**),
- and explore and propose appropriate **study designs**.



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Methods

- Drawing from **existing reports, categorizations of HPSR articles**, and discussions by **expert groups**, a comprehensive **framework** outlining different types of **HPSR questions** relevant to rehabilitation is proposed.
- Each type is accompanied by illustrative **examples** and corresponding **study designs** drawn from contemporary rehabilitation literature. Furthermore, **applicability, usefulness, and implementation aspects** are discussed.

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Results

Four types of HPSR questions were distinguished:

1. **Policy-focused** questions (macro-level)
2. Questions centered on **healthcare delivery** organizations or systems (meso)
3. Questions from defined **patient or provider perspectives** (micro)
4. Inquiries about critical **data sources** or **research methodologies** (methods)

Appropriate methodologies are provided for each type of research question, e.g.: controlled interrupted time series analysis, regression discontinuity design, mixed methods case study, and validation study.

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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

European Journal of Physical and Rehabilitation Medicine 2025 April;61(2):335-50
DOI: 10.23736/S1973-9087.24.08833-6

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

Stefano NEGRINI [1, 2], Carlotte KIEKENS [2], Matteo J. DEL FURIA [1, 2, 3] *, Silvia MINOZZI [4], Rebecca RYAN [5], Chiara ARIENTI [6], Anne PARKHILL [5], Pierre CÔTE [7], Francesca GIMIGLIANO [3], Carla SABARIEGO [8, 9, 10], Paolo CAPODAGLIO [1, 11], Simon DECARY [12], Wouter DE GROOTE [13], Walter R. FRONTERA [14], Qhayiya MUDAU [13], Melissa ATKINSON-GRAHAM [7], Noora BAKAA [7], Irene BATTEL [1], Olivier K. BUTZBACH [15], Claudio CORDANI [1, 2], Eshetu H. ENGEDA [8, 16], Theodore KONSTANTINIDIS [7], Giovanni IOLASCON [17], Sara LIGUORI [3, 17], Silvano MIOR [7], Antimo MORETTI [17], Marco PAOLETTA [3], Dima TOUHAMI [8], Jessica WONG [18], Antony DUTTINE [13]

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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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and Disability

Conclusion

E. M. R. S. S.

- **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 SCI**
- 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

cochranerehab@unimi.it

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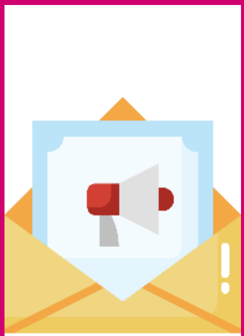

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