

No Universal Health Coverage without rehabilitation and assistive technology

- A joint position statement -

“In 2015, I was hit by a motorbike while walking down the street. After the accident, I had a hard time finding a job. It was my nephews who financed a large part of my initial rehabilitation care. I had physiotherapy and was very satisfied with the care I received. Unfortunately, the difficulty of paying was a big obstacle for me. I would have liked to have more money to continue the physiotherapy”. Pierre, 60 years old, Haiti.¹

Rehabilitation is the health strategy that optimises functioning and participation, and encompasses a broad range of therapeutic measures. These include, among others, assessment of person-centred goals, therapeutic exercise, task and skills training, medication, education, support, counselling, adaptation of the lived environment, and provision of assistive technology.

It is estimated that 1 out of 3 people globally need rehabilitation.² This number has increased by 63% from 1990 to 2019³ and will continue increasing in the years to come due to an ageing population and the increasing prevalence of chronic, non-communicable diseases, injuries and traumas. In addition, rehabilitation is needed in health emergencies, including those associated with infectious disease outbreaks, like COVID-19.

However, **more than 50% of people in need of rehabilitation cannot access it**,⁴ in particular in low and middle-income countries. Access to assistive technology, in some countries, can be as low as 3%.⁵ For persons with disabilities barriers are more significant, because of stigma and discrimination, inaccessible information and infrastructures, and because they are more likely to live in poverty.

¹ Handicap International/ Humanity & Inclusion, “Analyse économique de la réadaptation physique et fonctionnelle en Haïti”, 2018.

² WHO and Institute for Health Metrics and Evaluation, “Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019”, 2020.

³ WHO and Institute for Health Metrics and Evaluation, “Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019”, 2020.

⁴ UNDESA, ‘UN Flagship Report on Disability and Development’, 2018.

⁵ WHO and UNICEF, “Global Report on Assistive Technology”, 2022.

Financial barriers are key reasons for not seeking or receiving rehabilitation and assistive technology.⁶ Their coverage is highly variable, absent or often provided by non-governmental organisations. The cost of assistive technology can be particularly where products are imported. In addition to the direct costs of services and devices, the cost of traveling and staying in the area where rehabilitation is provided exacerbate out-of-pocket expenses.

*In Burkina Faso, the average cost for a set of rehabilitation sessions is 3 times bigger than the amount representing catastrophic health expenditures. Accommodation costs increase by an additional 41% the overall costs.*⁷

Rehabilitation services and assistive technologies should be included in financial risk protection mechanisms, with the objective of achieving universal health coverage and ensuring health care to populations at higher risk of being left behind. Recognising that many countries are operating in a limited fiscal space, the coverage of rehabilitation services and assistive technology should start from high-priority interventions, expand to an essential package, and grow over time as resources become available.

*In Madagascar, the cost of lower leg prosthesis represents 23% of the average annual per capita income; crutches are the only assistive device that patients may usually afford.*⁸

We call on leaders to reaffirm and enhance the recognition of rehabilitation and assistive technology, as an essential part of Universal Health Coverage, in the new political declaration that will be adopted at the United Nations' High Level Meeting on Universal Health Coverage, in September 2023. This will be a crucial opportunity to revamp commitments and pave the road towards more collaborative efforts, building on the 2019 United Nations Political Declaration on Universal Health Coverage.

But commitments and recognition have not been and will not be enough. The 2.4 billion people who need rehabilitation deserve actionable solutions, including:

- expansion of rehabilitation in primary healthcare and at the community level;
- mobilisation of adequate domestic and international resources;
- more robust and comprehensive insurance schemes, health package financing, and special funds;
- strengthening of the rehabilitation workforce;

⁶ WHO and UNICEF, "Global Report on Assistive Technology", 2022.

⁷ Handicap International, "Vers un accès financier équitable aux services de réadaptation physique et fonctionnelle au Burkina Faso 2015 Diagnostic iFAR du système économique de la réadaptation", 2015.

⁸ Handicap International, "Analyse économique de la réadaptation physique et fonctionnelle à Madagascar Diagnostic iFAR, improve Financial Access to Rehabilitation services", 2018.

- better distribution of rehabilitation services, in order to reduce the indirect costs of travel and stay;
- investments in research and development, as well as in local manufacturing, to increase affordability;
- establishment and integration of alternative service delivery models (like tele-rehabilitation).

We remain ready and committed to collaborate with governments, health providers, the World Health Organization, technical and financial partners to improve access to quality rehabilitation services and assistive technology for everyone in need, everywhere, but in particular in low- and middle-income countries.

ENDORSING ORGANISATIONS (by alphabetical order):

Humanity & Inclusion/ Handicap International

International Society of Physical and Rehabilitation Medicine

Light for the World

World Federation of Chiropractic

World Federation of Occupational Therapists

World Physiotherapy

