

Webinar transcript: Rehabilitation in conflict – session 1

This is an edited transcript of the webinar. Minor changes have been made for clarity, readability, and accessibility. The content has been structured to support translation tools and screen readers.

Opening remarks

Pete Skelton (World Health Organization)

Good afternoon, good evening, and potentially good morning to everybody, wherever you are in the world.

Welcome to the first webinar in our series on rehabilitation in conflict.

My name is Pete Skelton from the World Health Organization, and I will be the main panellist for today's session.

We will begin with opening remarks, followed by an introduction to conflict. We will then discuss the role of rehabilitation in conflict and the key challenges that arise. There will be time at the end for questions.

Thank you to everyone for attending. We have had a large amount of interest from many countries, particularly those currently affected by conflict.

I will now hand over to Mike Landry for the opening remarks on behalf of World Physiotherapy.

Mike Landry (World Physiotherapy)

Thank you very much, Pete.

Salam alaikum, bienvenue, and welcome to this important session.

Pete Skelton (World Health Organization)

Thank you, Mike.

I will now hand over to Dr Thanos Gargavanis, WHO Eastern Mediterranean Regional Office Trauma Advisor.

Dr Thanos Gargavanis (World Health Organization)

Dear colleagues, thank you. It is an honour and a pleasure to be with you.

We could not deliver this work without the support of stakeholders working in physiotherapy and rehabilitation. We are grateful.

For WHO, physiotherapy and rehabilitation are essential parts of the trauma pathway. This pathway includes every step from the point of injury through to recovery and reintegration into society.

When supporting operations in conflict settings, we must ensure rehabilitation is integrated. This includes workforce presence, technical expertise, and access to equipment and supplies.

We are pleased that standardised emergency and surgical care kits now include dedicated rehabilitation components.

We are here to amplify the work of partners on the ground. Thank you.

Pete Skelton (World Health Organization)

Thank you, Thanos.

I will now hand over to Dr Charles Morcos from the Lebanese Order of Physiotherapists.

Dr Charles Morcos (Lebanese Order of Physiotherapists)

Good evening, everyone.

Thank you for being here. Seeing so many colleagues and experts gives us something we truly need in difficult times: hope.

It reminds us that even in the hardest times, people continue to care, learn, and strive to make a difference. Our presence reflects a shared commitment to improving how we respond and care in times of crisis.

This webinar series is more than a set of sessions. It is a space for discussion, reflection, and shared experience.

In emergency situations, saving lives is the first priority. What comes next is just as important. This is where rehabilitation begins.

Traditionally, rehabilitation was considered a later step. Today, we know this is no longer sufficient. Rehabilitation must start early, from the beginning of care.

In Lebanon, past conflicts showed that delayed rehabilitation led to long-term disability. Over time, physiotherapy became recognised as an essential part of recovery.

In the Beirut port explosion, physiotherapists initiated rehabilitation from the first moments of care. More recently, rehabilitation has extended beyond hospitals into communities and shelters.

In 2023, the Lebanese Order of Physiotherapists, in collaboration with Humanity & Inclusion and the International Committee of the Red Cross, established an Early Rehabilitation in Emergency Crisis Framework.

This contributed to the formal integration of physiotherapists into emergency response systems.

Today, rehabilitation remains essential not only for those injured, but also for displaced people, especially those with disabilities.

Rehabilitation must begin early. It saves lives, reduces complications, improves recovery, and enhances quality of life.

Physiotherapists contribute by assessing patients, guiding positioning, supporting respiratory care, and planning early mobilisation. They work alongside multidisciplinary teams.

This webinar is an opportunity to learn, share experiences, and strengthen our practice.

Thank you.

Context: conflict and rehabilitation

Pete Skelton (World Health Organization)

Thank you, Charles.

My role now is to introduce the basics of rehabilitation in conflict.

We are living in a time of increasing global conflict. Both the number of conflicts and the number of fatalities is rising.

[Slide: global increase in conflict trends and fatalities over time]

The nature of conflict is also evolving. There is an increase in inter-state conflict, the use of new technologies such as drones and artificial intelligence, and a decline in adherence to international humanitarian law.

We are seeing increasing attacks on healthcare personnel and facilities, which creates additional challenges for medical and rehabilitation services.

[Slide: data on attacks on healthcare]

Conflicts result in very high numbers of injuries. Many are complex and life-changing. However, reliable data is limited, and injury patterns vary widely between conflicts.

Blast injuries are now a predominant cause. These are complex injuries involving multiple systems, including internal trauma, burns, and long-term complications.

Most patients experience multiple injuries and require long-term rehabilitation. Mental health is also a major factor, as people experience trauma, loss, and displacement.

Rehabilitation professionals have two key roles:

- responding to the surge in injuries
- maintaining essential services for existing patients

Rehabilitation should begin as early as possible, not only at the end of care. It should be integrated across the entire care pathway, from critical care through to community reintegration.

[Slide: trauma pathway showing rehabilitation across all stages]

Displacement presents major challenges. Many patients are discharged into unstable environments without adequate support or follow-up.

Key challenges in conflict settings

Pete Skelton (World Health Organization)

Rehabilitation in conflict settings faces several challenges:

- complex and multiple injuries
- short hospital stays
- disrupted services
- lack of equipment and supplies
- shortages of trained personnel
- difficulties with patient follow-up
- impact on healthcare worker wellbeing

Patients often leave hospital quickly due to demand for beds and may be discharged into displacement settings such as shelters or camps.

This makes continuity of care extremely difficult.

Despite these challenges, progress is being made. Rehabilitation is increasingly integrated into emergency medical teams, and global standards are improving.

Preparedness is critical. Countries must integrate rehabilitation into emergency planning.

Conflict is devastating, but it also creates opportunities to strengthen rehabilitation systems and drive innovation.

Discussion and questions

Mike Landry (World Physiotherapy)

Thank you, Pete. We will now move into the discussion and questions.

Discussion summary *(edited for clarity)*

Innovation in rehabilitation

Pete Skelton explained that innovation is not only technological. Key developments include:

- integration of rehabilitation into emergency medical teams
- deployment of specialised rehabilitation teams
- improved data tracking systems
- local production of equipment
- better coordination across services

What is “early rehabilitation”?

Early rehabilitation means starting as soon as possible, including in emergency and intensive care settings.

It includes positioning, respiratory care, and early mobilisation. These interventions improve outcomes and reduce complications.

Managing discharge in unstable environments

Key approaches include:

- patient and caregiver education
- prevention and early identification of complications
- step-down facilities
- coordination with other services
- provision of essential equipment

Inclusion of people with disabilities

Rehabilitation is only one part of inclusion.

People with disabilities must have access to all essential services, including shelter, food, education, and healthcare.

Inclusion should be integrated across all humanitarian sectors.

Role of academic institutions

Academic institutions contribute through:

- education and training
- research
- workforce development
- deployment of clinical expertise

A tiered workforce model is needed, from basic training to specialist leadership roles.

Closing remarks

Mike Landry (World Physiotherapy)

Thank you to Pete and all contributors.

We recognise the professionals working in conflict and fragile settings, and we stand in solidarity with you.

This webinar marks the beginning of a shared global effort to strengthen rehabilitation in these contexts.

Thank you all for attending.

If you require this content in an alternative format, please contact us.