ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2019;■:■■■-■■■

SPECIAL COMMUNICATION

Rehabilitation the Health Strategy of the 21st Century, Really?

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Abstract

Rehabilitation is the care needed when a person is experiencing or is likely to experience limitations in everyday functioning due to aging or a health condition, including chronic diseases or disorders, injuries, or traumas. The changing health and demographic trends are contributing to rapid increases globally in numbers of people experiencing declines in functioning. Hence, rehabilitation needs that are already very high will further increase in the years to come.

The question is: Is the field of rehabilitation with all its stakeholders ready to address that challenge?

I argue that to move things forward and make sure that rehabilitation becomes a political priority under a unified message, rehabilitation stakeholders need to bring together the distinct portraits of rehabilitation under the concept of functioning. Also, the field of rehabilitation is still very fragmented and there is a need of a more unified advocacy by rehabilitation professional groups, by subspecialties and users.

Responses to the paper are very welcome before, during, and after the second global Rehabilitation 2030 meeting on July 8 and 9, 2019.

Archives of Physical Medicine and Rehabilitation 2019;■:■■■-■■■

Rehabilitation is the care needed when a person is experiencing or is likely to experience limitations in everyday functioning due to aging or a health condition, including chronic diseases or disorders, injuries, or traumas.[1] Examples of limitations in functioning are difficulties in thinking, seeing, hearing, communicating, moving around, having relationships, or keeping a job.

When provided after other interventions, such as surgical care, rehabilitation not only contributes to realizing the full benefits of the intervention but also has a preventive character in terms of avoiding complications and future difficulties in everyday functioning.[2]

The changing health and demographic trends of increasing prevalence of noncommunicable diseases and population aging are already contributing to rapid increases globally in numbers of people experiencing declines in functioning. Hence, rehabilitation needs that are already very high will further increase in the years to come. This is a huge challenge for health and social systems in addressing those needs.[3]

The question is: Is the field of rehabilitation with all its stakeholders ready to address that challenge?

My personal answer is, not yet.

There are at least 2 fundamental areas that require urgent stakeholders' response, namely "ideas" and "actor power," as described by Shiffman and Smith.[4(p1371)] Ideas are the ways in which those involved with a topic (in this case rehabilitation) understand and portray it. Actor power is the strength and cohesion of the individuals and organizations concerned with the topic.

With respect to ideas, there is currently no universal understanding of rehabilitation, and stakeholders portray it in many ways, depending on the context. Rehabilitation may be portrayed as a development issue, a disability issue, a health issue, a human rights issue, a social security issue, or a substance abuse issue, to name a few.

In principle this is not a negative thing, since it reflects the richness of rehabilitation. However, the lack of a unified description of rehabilitation as a response to current health and social needs resulting from decrements in functioning (eg, when addressing political leaders who decide on allocation of resources) can jeopardize progress in addressing those needs.

To move things forward and make sure that rehabilitation becomes a political priority under a unified message, rehabilitation stakeholders need to bring together the distinct portraits of rehabilitation under the concept of functioning. This is for 3 reasons: (1) optimizing functioning is the ultimate objective of rehabilitation, and is therefore the unifying principle for all rehabilitation stakeholders—regardless of who the beneficiary is, the context in

0003-9993/19/$36 - see front matter © 2019 by the American Congress of Rehabilitation Medicine
https://doi.org/10.1016/j.apmr.2019.05.019

which rehabilitation is delivered or by whom it is delivered, and of which ministry or funder is responsible; (2) functioning is a unique selling proposition for political leaders in light of their aging populations and the fact that preventive strategies and advances in medicine have resulted in people living longer but with more disability (as evidenced by the Global Burden of Disease study[5]). Functioning is also WHO's third health indicator after mortality and morbidity; (3) optimal everyday functioning is something to strive for because it is the path to well-being—whether it is a chronic disease like rheumatoid arthritis or Parkinson disease, a severe injury such as spinal cord injury, or the declines associated with aging, being able to do what matters to us in our everyday lives is what increases our well-being.[6,7]

With respect to actor power, the field of rehabilitation is still very fragmented. There is a need of a more unified approach by rehabilitation professional groups (occupational therapists, physical therapists, rehabilitation doctors, speech and language therapies, or prosthetics and orthotics professionals) and by subspecialties such as neurorehabilitation, pulmonary rehabilitation, or sensory rehabilitation.

Even if the advocacy for rehabilitation from the perspective of services users is very diverse across regions and countries, in general, a more coherent advocacy would be beneficial. Rehabilitation is frequently wrongly seen as an approach to disability that labels the person and that it is rooted in the medical model. For this reason, organizations of persons with disabilities are often reticent to advocate for rehabilitation.

How could rehabilitation be united in the interests of making rehabilitation resonate with external audiences, especially political leaders? First, rehabilitation professionals would need to develop and embrace a professional identity linked to rehabilitation as a health strategy with the objective of optimizing functioning. This does not mean that specific rehabilitation professions need to disregard their specific professional identities as, for example, occupational therapists, physical therapists, or neurorehabilitation doctors. Rather it is about developing a common unifying identity that subsumes those specific identities. This will facilitate advocacy and the portrayal of rehabilitation as a cohesive field engaged in achieving the societal goal of optimizing functioning.

Associations of persons with disabilities need to also join with other civil society voices like patient's organizations or organizations representing older people to advocate for rehabilitation services that serve not only their constituencies but society as a whole.

There are 2 initiatives that have the potential to create cohesion among rehabilitation stakeholders in terms of ideas and actor power. The first is Rehabilitation 2030: a call for action, launched by the World Health Organization (WHO) in 2017.[8] As part of this initiative, member states, international and professional organizations, nongovernmental organizations, and rehabilitation experts issued a commitment to key actions to strengthen rehabilitation.[9] These actions include improving rehabilitation governance and investment, expanding a high-quality rehabilitation workforce, enhancing rehabilitation data collection, and incorporating rehabilitation into universal health coverage.

The second is the Global Rehabilitation Alliance, an organization initiated in 2018 with 14 founding members, including professional organizations and international nongovernmental organizations in the field of development. The alliance is in its early stages in terms of defining specific objectives and actions.

WHO's second Rehabilitation 2030 global meeting is scheduled for July 8 and 9, 2019. More than 200 participants, including all that participated in the first meeting (also including WHO Member States) are expected to attend. This meeting will create another opportunity for rehabilitation stakeholders to come together and commit to moving the field of rehabilitation forward with the cohesion necessary to make rehabilitation a political priority, and able to respond to the health challenges of the 21st century. Cohesive country action will be the focus of the meeting, as it is at the country level that rehabilitation stakeholders need to demonstrate that they can join together to advocate for rehabilitation and strengthen health and social systems to deliver quality rehabilitation services according to the population's need.

The path ahead is not easy since it will require stakeholders to set aside their individual and organizational priorities in favor of a global and idealistic vision—a world in which people attain the highest possible standard of health and well-being through optimizing everyday functioning with rehabilitation.

Generating political priority for rehabilitation as a unified initiative will benefit personal and organizational priorities in the mid and long run, since strengthening rehabilitation as a whole will also strengthen specific stakeholders. Most importantly, this will benefit those who need rehabilitation. It is an investment worth making.

I would go further and say that, going forward, rehabilitation as a field has no other option than to unite. Inaction will perpetuate an untenable status quo: first, an increasing unmet need for rehabilitation in countries and second, a fragmented field that—despite its potential to address those needs—stops short of fulfilling that potential.

I started this paper arguing that the rehabilitation field with all its stakeholders is not yet ready to address the challenge of the unmet need for rehabilitation in countries. The "yet" implies optimism and the conviction that if rehabilitation stakeholders are not ready yet, we will be in the near future.

Responses to this paper are very welcome before, during, and after the second global Rehabilitation 2030 meeting.

Keywords

Rehabilitation

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