

# The need for rehabilitation services in the WHO European Region is substantial and growing

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The WHO European Region covers a vast geographical area from the Atlantic to the Pacific oceans and includes 53 diverse Member States, where there is large variation in the accessibility and quality of rehabilitation services. One commonality is the substantial need for rehabilitation. The recently published, first-of-its-kind document “The need for rehabilitation services in the WHO European Region”<sup>1</sup> presents data from the 2019 Global Burden of Diseases, Injuries, and Risk Factors Study.<sup>2,3</sup> In the WHO European Region in 2019, 394 million people had a condition amenable to rehabilitation during its course. This represents more than two in five people. Fig. 1 depicts the conditions driving the need for rehabilitation in the Region. The report findings help dispel common misconceptions, for example, that rehabilitation is a disability-specific service needed by only a few, or a luxury service—that only the selected few can afford.

WHO defines rehabilitation as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.<sup>4</sup> Rehabilitation addresses a person’s limitations in everyday physical, mental, and social functioning due to ageing or a health condition, including disease (acute or chronic), disorder, injury or trauma.<sup>4</sup> Rehabilitation might be needed by anyone, regardless of age, gender, or socio-economic status. An ageing population and the rise of noncommunicable diseases are two of the main drivers of the growing need for rehabilitation services.

Good health and functional capability promote inclusion and supports participation, allowing children to learn and adults to earn, providing an escape from poverty and the basis for long-term and

sustainable economic development. It is a key strategy for achieving Sustainable Development Goal 3—“Ensure healthy lives and promote well-being for all at all ages”. WHO supports countries in achieving universal health coverage and its essential health services the definition of which includes rehabilitation as an essential health service. Thus, universal health coverage and a better and more sustainable future for all cannot be achieved without the adequate provision of rehabilitation services. In the context of rehabilitation, universal health coverage ensures that everyone has equal access to quality rehabilitation services and assistive products at primary, secondary and tertiary health levels without financial hardship. Despite its individual and societal benefits, rehabilitation has not been prioritised in countries and is under-resourced,<sup>5</sup> and access to rehabilitation for many people in the WHO European Region is limited. Low levels of awareness about rehabilitation results in a lack of supporting policy implementation and resources to support service and workforce development.

The report estimates were calculated based on 2019 data, before recent health emergencies causing rehabilitation surges in the Region, including the war in Ukraine,<sup>6</sup> disease outbreaks such as COVID-19 and other health emergencies. Rehabilitation has been recognized as an essential component of the medical response to health emergencies by WHO.<sup>7</sup> The COVID-19 pandemic clearly exposed how this is not yet the case, evidenced by severe disruptions to rehabilitation service delivery in the WHO European Region, with 79% of surveyed countries reporting disruptions in their rehabilitation service provision in May 2020.<sup>8</sup> Services have been closed for various reasons, such as being thought to be non-essential, due to lack of staff from illness or redeployment to other clinical services, or as an aim to reduce costs.

Also driving the Region’s need for rehabilitation, many people struggle to fully recover from COVID-19 infection, whether hospitalized or not. A significant number are living with disabling symptoms and

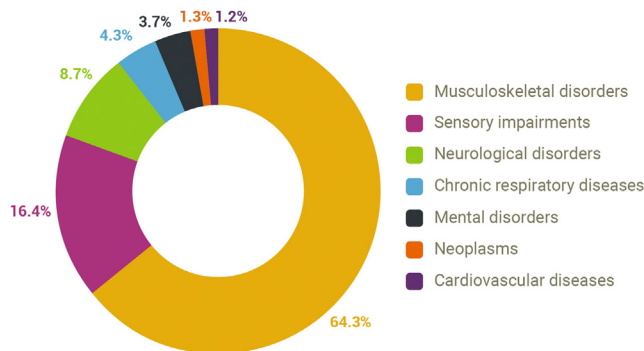
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**Fig. 1:** The need for rehabilitation services in the WHO European Region. The seven groups of health conditions amendable to rehabilitation during their course and their contribution to the prevalence of the need for rehabilitation services in the WHO European Region. Ref: WHO. 2022 Document number: WHO/EURO:2022-5940-45705-65713.

functional deficits—such as breathlessness, fatigue and deconditioning for weeks, months, or longer, a debilitating condition termed the ‘post COVID-19 condition’ or ‘Long COVID’—that are amendable to rehabilitation.<sup>9</sup> Our understanding of recovery after COVID-19 infection is still evolving, but we know that COVID-19 can have a serious impact on people’s ability to work and participate in family and community life, and that the condition is common.

The estimate of 394 million people with a condition amendable to rehabilitation during its course in the European Region, combined with the consequences of recent health emergencies, an ageing population and the rise in noncommunicable diseases, demonstrates the impact rehabilitation services could have on the productivity and inclusive participation in society, if the functioning of every one of us was optimised. Rehabilitation is an investment that supports societal and economic prosperity. This powerful figure should be a catalyst for governments to strengthen rehabilitation services at all levels of their health systems as part of their efforts to achieve universal health coverage and a better and more sustainable future for all.

#### Key takeaways:

- In the WHO European Region in 2019, 394 million people had a condition amendable to rehabilitation during its course. This represents more than two in five people.
- Rehabilitation might be needed by anyone, regardless of age, gender, or socio-economic status.
- Rehabilitation is an essential health service and Universal health coverage cannot be achieved without the adequate provision of rehabilitation services

#### Contributors

Justine, Satish, and Ariane conceptualised and drafted the paper. Tomas and Natasha reviewed and validated.

#### Declaration of interests

None of the authors have any conflicts of interests.

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