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Rehabilitation

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Key facts

- Rehabilitation is an essential part of universal health coverage along with promotion of good health, prevention of disease, treatment and palliative care.
- Rehabilitation helps a child, adult or older person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles such as taking care of family.
- Globally, an estimated 2.4 billion people are currently living with a health condition that may benefit from rehabilitation.
- The need for rehabilitation worldwide is predicted to increase due to changes in the health and characteristics of the population. For example, people are living longer, but with more chronic disease and disability.
- Currently, the need for rehabilitation is largely unmet. In some low- and middle-income countries, more than 50% of people do not receive the rehabilitation services they require. Emergencies including conflicts, disasters and outbreaks create enormous surges in rehabilitation needs while also disrupting rehabilitation services.
- Rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal 3 – “Ensure healthy lives and promote well-being for all at all ages”.

Overview

Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”.

Put simply, rehabilitation helps a child, adult or older person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles such as taking care of family. It does so by working with the person and their family to address underlying health conditions and their symptoms, modifying their environment to better suit their needs, using assistive products, educating to strengthen self-management, and adapting tasks so that they can be performed more safely and independently. Together, these strategies can help an individual; overcome difficulties with thinking, seeing, hearing, communicating, eating or moving around.

Anybody may need rehabilitation at some point in their lives, following an injury, surgery, disease or illness, or because their functioning has declined with age.

Some examples of rehabilitation include:

- **speech and language training to improve a person’s communication after a brain injury;**
- **physical exercise training to improve muscle strength, voluntary movements and balance in persons with stroke or Parkinson disease;**
- **modifying an older person’s home environment to improve their safety and independence at home and to reduce their risk of falls;**
- **educating a person with heart disease on how to exercise safely;**
- **preparing a person with an amputation to be able to use a prosthetic and making, fitting and refitting the prosthesis;**
- **positioning and splinting techniques to assist with skin healing, reduce swelling, and to regain movement after burn surgery;**
- **prescribing medicine to reduce spasticity for a child with cerebral palsy;**
- **psychological therapies for a person with emotional distress following a spinal cord injury;**
- **Social skills training for persons with schizophrenia, autism spectrum disorders or disorders of intellectual disability.**
- **training a person with vision loss in the use of a white cane; and**
- **working with a patient in intensive care to improve their breathing, prevent complications and speed their recovery after critical illness**

Rehabilitation is highly person-centred, meaning that the interventions selected for each individual are targeted to their goals and preferences. Rehabilitation can be provided in many different places, such as inpatient or outpatient hospital settings, outpatient physio- or occupational therapy practices, and community settings such as an individual’s home, a school or a workplace.

The rehabilitation workforce is made up of different health workers, including but not limited to physiotherapists, occupational therapists, speech and language therapists and audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. Many other health workers, such as general practitioners, surgeons, and community health workers may also play an important role in a person's rehabilitation.

The benefits of rehabilitation

Rehabilitation can reduce the impact of a broad range of health conditions, including diseases (acute or chronic), illnesses or injuries. It complements other health interventions, such as medical and surgical interventions, helping to facilitate recovery and achieve the best outcome possible. In addition, rehabilitation can help to prevent, reduce or manage complications associated with many health conditions, such as in the context of spinal cord injury, stroke, or fractures.

Rehabilitation helps to minimize or slow down the disabling effects of chronic health conditions, such as cardiovascular disease, cancer and diabetes by equipping people with self-management strategies and the assistive products they require, or by addressing pain or other complications. As such, it contributes to healthy ageing.

Rehabilitation is an investment, with cost benefits for both the individuals and society. It can help to avoid costly hospitalization, reduce hospital length of stay, and prevent re-admissions. As rehabilitation also enables individuals to engage in or return to work and employment, or to remain independent at home, it minimizes the need for financial or caregiver support.

Rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal 3 – “Ensure healthy lives and promote well-being for all at all ages”.

Misconceptions about rehabilitation

Rehabilitation is not only for people with disabilities or long-term or physical impairments. Rather, rehabilitation is an essential health service for anyone with an acute or chronic health condition, impairment or injury that limits functioning, and as such should be available for anyone who needs it.

Rehabilitation is not a luxury health service that is available only for those who can afford it. Nor is it an optional service to try only when other interventions to prevent or cure a health condition fail.

For the full extent of the social, economic and health benefits of rehabilitation to be realized, timely, high quality and affordable rehabilitation interventions should be available to all. In many cases, this means starting rehabilitation as soon as a health condition is noted and continuing to deliver rehabilitation alongside other health interventions.

Unmet global need for rehabilitation

Globally, about 2.4 billion people are currently living with a health condition that may benefit from rehabilitation. With changes taking place in the health and characteristics of the population worldwide, this estimated need for rehabilitation is only going to increase in the coming years. People are living longer, with the number of people over 60 years of age predicted to double by 2050, and more people are living with chronic diseases such as diabetes, stroke and cancer. At the same time, the ongoing incidence of injury and child developmental conditions (such as cerebral palsy) persist. These health conditions can impact an individual's functioning and are linked to increased levels of disability, for which rehabilitation can be beneficial.

In many parts of the world, this increasing need for rehabilitation is going largely unmet. More than half of people living in some low- and middle-income countries who require rehabilitation services do not receive them.

Global rehabilitation needs continue to be unmet due to multiple factors, including:

- **lack of prioritization, funding, policies, and plans for rehabilitation at a national level;**
- **lack of available rehabilitation services outside urban areas, and long waiting times;**
- **high out-of-pocket expenses and non-existent or inadequate means of funding;**
- **lack of trained rehabilitation professionals, with less than 10 skilled practitioners per 1 million population in many low- and middle-income settings;**
- **lack of resources, including assistive technology, equipment, and consumables;**
- **the need for more research and data on rehabilitation; and**
- **ineffective and under-utilized referral pathways to rehabilitation.**

Rehabilitation in emergencies

Natural hazards such as earthquakes or disease outbreaks and human induced hazards including conflict, terrorism or industrial accidents can generate overwhelming rehabilitation needs as a result of injury or illness. They also simultaneously disrupt existing services and have the greatest impact on the most vulnerable populations and the weakest health systems.

While the important role of rehabilitation in emergencies is recognized in clinical and humanitarian guidelines, it is rarely considered as part of health system preparedness and early response. The result is that pre-existing limitations in rehabilitation services are magnified, health service delivery is less efficient, and people directly affected are at risk of increased impairment and disability.

WHO response

A health system strengthening approach is needed to ensure that rehabilitation services can reach all who need them. This involves making rehabilitation part of all levels of care, including primary care, and ensuring it is incorporated as part of universal health coverage.

WHO's work is guided by the resolution on Strengthening rehabilitation in health systems adopted at the Seventy-sixth World Health Assembly implemented through the Rehabilitation 2030 initiative as requested by the resolution.

WHO's work focuses on providing technical support to Member States in the areas of:

- **Rehabilitation leadership and governance**
 - Rehabilitation in health systems.
- **Rehabilitation financing**
 - Rehabilitation in health financing: opportunities on the way to universal health coverage.
- **Rehabilitation health information systems**
 - Routine health information systems- rehabilitation toolkit.
- **Rehabilitation service delivery**
 - Basic rehabilitation package clinical resource
 - Access to rehabilitation in primary health care: an ongoing challenge.
- **Rehabilitation workforce**
 - Rehabilitation competency framework
 - Guide for rehabilitation workforce evaluation
 - Strengthening rehabilitation research and evidence
 - Rehabilitation Need Estimator
 - Health Policy and Systems Research Agenda for Rehabilitation
 - WHO bulletin.
- **Strengthening rehabilitation in emergencies**
 - Strengthening rehabilitation in health emergency preparedness, readiness, response and resilience: policy brief
 - Minimum technical standards and recommendations for rehabilitation in emergency medical teams.

WHO is also working to strengthen rehabilitation advocacy, through the World Rehabilitation Alliance.