

Meeting Report

MEETING ON REHABILITATION AS PART OF THE CONTINUUM OF PEOPLE-CENTRED HEALTH CARE



13–15 December 2016
Seoul, Republic of Korea



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WORLD HEALTH ORGANIZATION
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MEETING REPORT

MEETING ON REHABILITATION AS PART OF
THE CONTINUUM OF PEOPLE-CENTRED HEALTH CARE

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC
AND THE NATIONAL REHABILITATION CENTER FOR PERSONS WITH
DISABILITIES, REPUBLIC OF KOREA

Seoul, Republic of Korea
13–15 December 2016

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NOTE

The views expressed in this report are those of the participants of the Meeting on Rehabilitation as Part of the Continuum of People-Centred Health Care and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting on Rehabilitation as Part of the Continuum of People-Centred Health Care in Seoul, Republic of Korea from 13 to 15 December 2016.

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Keywords:

Conservation of natural resources / Continuity of patient care / Disability / Health priorities / Health systems plan / Patient discharge / Rehabilitation / Universal coverage

SUMMARY

Disability is often associated with rehabilitation services. Many people with disability require rehabilitation services to address barriers in society and functional limitations. The general population as well as people with disability benefit from rehabilitation services and assistive technology. Currently in the Western Pacific Region there are significant unmet rehabilitation needs. Ministries of health are central to the development of quality rehabilitation services for all people, and in particular for people with disability.

The WHO Regional Office for the Western Pacific supports ministries of health to build more inclusive and accessible people-centred health services, including rehabilitation services. This meeting convened experts and representatives from Member States in Asia to share knowledge and good practices on rehabilitation. Country representatives came from Cambodia, China (including Hong Kong SAR and Macao SAR), the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, the Republic of Korea, Singapore and Viet Nam. People responsible for rehabilitation services from ministries of health, ministries of social affairs (or similar) and national disabled people's organizations were invited.

This meeting provided an opportunity to analyse rehabilitation for all people, as part of the continuum of care. It also supported Member States in discussing and understanding how to improve rehabilitation services, particularly for people with disabilities, in line with the *WHO Global Disability Action Plan 2014–2021*.

Hosted by the Korea National Rehabilitation Center for Persons with Disabilities (NRC), the meeting was opened by Dr Shin Young-soo, WHO Regional Director for the Western Pacific, Dr Bang Moonkyu, Vice-Minister of Health and Welfare (Republic of Korea), and Dr Lee Seong Jae, President of the NRC. Experts presented their insights on:

- rehabilitation developments worldwide and in the Region;
- health through the life-course;
- Global Cooperation on Assistive Technology (GATE);
- the universal health coverage (UHC) action framework for the Western Pacific;
- rehabilitation within UHC;
- rehabilitation as part of a successful referral system and discharge planning;
- the leadership role of rehabilitation doctors and other medical leaders;
- integrated patient empowerment through chronic care in the community;
- ageing populations and rehabilitation;
- country-specific examples of how to strengthen rehabilitation; and
- rehabilitation during health emergencies.

Participants used a workbook entitled “Me again: stronger rehabilitation for a better life” to share experiences on implementing the *WHO Global Disability Action Plan 2014–2021*, depict and comment on the experience of rehabilitation patients in specific settings, and prioritize activities to improve rehabilitation services in country within the next six months.

A visit to the NRC showcased how comprehensive rehabilitation services are provided and organized in a high-income setting.

Conclusions

- 1) Rehabilitation is an integral part of people-centred and holistic health service delivery.
- 2) Assistive technology is a powerful tool for improving the health and increasing the participation of older people and people with disabilities.
- 3) A more systematic and strategic approach to fully identify and address health-care access barriers experienced by people with disabilities is needed.
- 4) People with disabilities and their representative organizations have to be engaged more in health-care planning and service delivery.
- 5) Disability data is a complex area to understand and specific approaches to measurement are needed.

Recommendations for Member States

Member States led by their respective ministries of health may consider aligning their national action plans on disability with the *WHO Global Disability Action Plan 2014–2021* by doing the following:

- 1) Develop a national rehabilitation framework to improve the delivery of people-centred rehabilitation services for all by ensuring, through good governance practices, an adequate health workforce, equitable financing, available and affordable assistive technology and a reliable health information system.
- 2) Review and transform, as may be appropriate, the model of care for rehabilitation services by optimizing the rehabilitation patient's journey from inpatient to outpatient and community settings and by including adequate support for families of rehabilitation patients especially children.
- 3) Align disability-inclusion efforts such as the review of national health screening guidelines, as appropriate, with the broader agenda of universal health coverage, health equity and people-centred integrated health care.
- 4) Develop a national priority assistive products list modelled after the *WHO Priority Assistive Products List*¹ as part of the GATE programme².
- 5) Deliver precisely targeted rehabilitation services for all people, particularly people with disability.
- 6) Support health system interventions to have people with chronic health conditions and people with disabilities return to the workforce.
- 7) Strengthen collaborative and multidisciplinary efforts between ministries of health and other ministries that may be providing rehabilitation services, with ministries of health taking the lead to coordinate rehabilitation service delivery as part of the broader continuum of people-centred health care.
- 8) Work more closely with stakeholders such as disabled peoples organizations and nongovernmental organizations to improve community-based rehabilitation.

¹ See http://www.who.int/phi/implementation/assistive_technology/global_survey-apl/en/

² See <http://www.who.int/disabilities/technology/gate/en/>

- 9) Work with key ministries and national statistical agencies on planned approaches to improve country capacity to collect and manage reliable disability data.

Member States led by their respective ministries of health may further consider the following country- or area-specific recommendations:

- 10) Finalize guidelines and tools for rehabilitation services, develop a rehabilitation handover plan supervised by a national rehabilitation transition committee, and integrate reliable disability data collection tools into national household surveys in Cambodia.
- 11) Address policy, financial and operational barriers to the effective delivery of rehabilitation services alongside improved data collection and use in China.
- 12) Formulate a strategic framework for rehabilitation services in Hong Kong SAR (China) that includes guidance for public–private partnerships, particularly with nongovernmental organizations, for service delivery.
- 13) Operationalize a disability-inclusive national health screening service, integrate assistive technology into community-based rehabilitation, and conduct a national disability survey for 2017 in the Republic of Korea.
- 14) Strengthen human resources for rehabilitation in the Lao People’s Democratic Republic.
- 15) Strengthen community rehabilitation services, improve the procedures to apply for assistive technologies, and survey children with disabilities in Macao SAR (China).
- 16) Conduct training on disability-inclusive health services, develop rehabilitation service standards, and plan based on needs and capacities drawn from data on disability in Mongolia.
- 17) Build capacity and raise the awareness of stakeholders on disability-inclusive health services, strengthen the capacity of primary and secondary service providers as regards assistive technology and community-based rehabilitation, and advocate for a national integrated database on persons with disabilities in Malaysia.
- 18) Monitor and review existing policies on disability and rehabilitation, broadly integrate disability inclusiveness across government sectors and agencies, develop a national rehabilitation plan, review pathways to independent living and community reintegration, and review the existing disability registry in the Philippines.
- 19) Draw up a rehabilitation blueprint/plan, improve the selection of high-quality assistive technologies, and have clearer definitions and standards for disability data in Singapore.
- 20) Build a rehabilitation network to improve public awareness, have more rehabilitation services covered by health insurance, improve training on palliative care, improve the supply of assistive technologies, and have demonstration sites/provinces for implementation of interventions in Viet Nam.

Recommendations for WHO

- 1) WHO is requested to continue supporting Member States as they implement the *WHO Global Disability Action Plan 2014–2021*, including the design and use of mechanisms for Member States to monitor progress.

- 2) WHO is requested to further support Member States to better understand that rehabilitation is a health strategy for all, best supported by ministries of health as part of the continuum of people-centred health care.
- 3) WHO is requested to convene a follow-up Member State consultation in 2017 specifically addressing rehabilitation within UHC, and to address service gaps and unmet rehabilitation needs for countries in the Western Pacific Region.

1. INTRODUCTION

1.1 Meeting organization

The Meeting on Rehabilitation as Part of the Continuum of People-centred Health Care was held in Seoul, Republic of Korea from 13 to 15 December 2015. The meeting was organized by the World Health Organization (WHO) Regional Office for the Western Pacific and co-sponsored by the Korea National Rehabilitation Center for Persons with Disabilities (NRC). Plenary discussions and interactive activities were held at the Lotte Hotel in Seoul. A visit to the NRC on 13 December 2016 showcased how comprehensive rehabilitation services are provided and organized in a high-income setting. The programme of activities may be found in Annex 1.

Participants (see Annex 2) used a workbook (Annex 3) entitled “Me again: stronger rehabilitation for a better life” to share experiences on implementing the *WHO Global Disability Action Plan 2014–2021*, depict and comment on the experience of rehabilitation patients in specific settings, and prioritize activities to improve rehabilitation services in country within the next six months.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to share knowledge, experience and good practices in the coordination, planning and delivery of rehabilitation services across the Region;
- 2) to analyse how rehabilitation is for all people as part of the continuum of people-centred and integrated health services; and
- 3) to identify national and regional actions to strengthen rehabilitation services for all people, particularly people with disability, in line with the *WHO Global Disability Action Plan 2014–2021*.

2. PROCEEDINGS

2.1 Opening session

Dr Lee Seong Jae, President of the Korea National Rehabilitation Center, welcomed all participants. Dr Shin Young-soo, WHO Regional Director for the Western Pacific, gave opening remarks. Dr Bang Moonkyu, Vice-Minister of Health and Welfare, Republic of Korea, gave congratulatory remarks. Mr Darryl Barrett, Technical Lead for Disability and Rehabilitation at the WHO Regional Office for the Western Pacific, facilitated an introduction of participants and discussed the meeting objectives and agenda.

2.2 Global and regional perspectives on rehabilitation

Dr Alarcos Cieza, Coordinator, Blindness Deafness Prevention, Disability and Rehabilitation (BDD), HQ/BDD presented WHO global rehabilitation developments. She proposed that in providing rehabilitation services, Member States should strive to integrate rehabilitation into their health systems, across the continuum of care. This includes the proper allocation of financial resources for rehabilitation services to meet recommendations on service delivery. Furthermore, where health insurance exists or is to be implemented, it should cover rehabilitation services.

Mr Darryl Barrett, Technical Lead, Disabilities and Rehabilitation/Responsible Officer, WHO WPRO discussed regional issues related to rehabilitation and people with disability in the Western Pacific Region. He highlighted the findings of a 2015 Member State survey looking at Member State capacity to implement the *WHO Global Disability Action Plan 2014–2021*, establishing baseline data for the action plan. The survey revealed limited rehabilitation sector planning and identified the government as the primary source of financing for rehabilitation. There is also a disproportionate and limited number of rehabilitation staff in the Region, where the wide availability of rehabilitation services was manifest almost exclusively in high-income countries.

Dr Hai-Rim Shin, Coordinator, Noncommunicable Diseases and Health Promotion, Division of Noncommunicable Diseases and Health Through the Life-Course (DNH), WHO WPRO discussed rehabilitation as a key intervention for better health through the life-course. She illustrated the need for rehabilitation services. She also discussed how successful health interventions through past decades have led to changing demographics, including increased life expectancies, more people experiencing chronic diseases and conditions, and therefore a greater need for rehabilitation and assistive devices.

Dr Yoshiko Tobimatsu, President National Rehabilitation Centre for Persons with Disability, Japan discussed Global Cooperation on Assistive Technology (GATE) as well as the provision of assistive technologies in Japan. The GATE initiative envisions a world where everyone in need has access to high-quality, affordable assistive products to lead a healthy, productive and dignified life. To achieve this, the GATE initiative focuses on four interlinked activities concerning assistive technology: policy framework, priority assistive products list, training package, and service delivery model.

Dr Albert Francis Domingo, Consultant, Division of Noncommunicable Diseases and Health Through the Life-Course (DNH), WHO WPRO discussed the universal health coverage (UHC) action framework for the Western Pacific Region. Designing a holistic model of care that includes rehabilitation services can help achieve UHC. In this regard, rehabilitation may be integrated with other health programmes by considering the linkages of rehabilitation with noncommunicable diseases, occupational health, urban health and healthy ageing, among others.

2.3 Country and area updates

Member State delegates, assisted by their counterpart WHO country office staff and temporary advisers, were asked to discuss updates on the delivery of rehabilitation services in their respective countries and areas.

2.4 People-centred health care and rehabilitation as part of an integrated health service

Member State delegates, assisted by their counterpart WHO country office staff, were asked to discuss the patient journey for rehabilitation patients in their respective countries and areas.

Professor Stephanie Short, Professor, Faculty of Health Sciences, The University of Sydney, Australia discussed rehabilitation within UHC. She explained that relationships with patients, their families and communities have a strong influence on sustainable rehabilitation practice. Similarly, within the Region, relationships between policy-makers, providers and people with disabilities are the foundation for sound practice that will enable us to work together across low-, middle- and high-income countries to achieve our sustainable development goals through UHC.

Dr Tak Lun Poon from the Hong Kong Society for Rehabilitation, Hong Kong discussed the importance of rehabilitation as part of a successful referral system and discharge planning. A good referral system is essential to provide adequate rehabilitation services to patients who need them. It also supplies an adequate number of patients to sustain the operations of referral centres and institutes. A good referral system should be able to direct the patient to the most appropriate service with the most appropriate timing; provide continuous care from acute through rehabilitation stages; be cost-effective; provide patient-centred care; and provide strategic feedback for resource allocation. All countries and areas should develop their own referral systems that would work best given the local situation.

Dr Josephine Robredo Bundoc, Head, Prosthetics, Orthotics and Wheelchair Services, University of the Philippines Manila-Philippine General Hospital, Philippines discussed the roles of rehabilitation doctors and other medical leaders. The five main roles are care provider, manager, decision-maker, communicator and community leader. As care providers, rehabilitation doctors and other medical leaders should work for the inclusion of people with disabilities within the health system as a whole. As managers, they should maximize linkages, partnerships and networking. As decision-makers, their decisions should support making rehabilitation more appropriate, available and affordable. As communicators, they should advocate for the protection, restoration and adoption of people with disabilities in society. Finally, as community leaders, they should lead initiatives that are rooted in the participatory process with communities.

2.5 Rehabilitation in different systems

Dr Pamela Pui-yu Leung, Deputy Chief Executive Officer, Hong Kong Society for Rehabilitation, Hong Kong discussed integrated patient empowerment through chronic care in the community. She presented the example of the Hong Kong Society for Rehabilitation (HKSR), which identifies empowerment of people as the nucleus or foundation of any community-based rehabilitation (CBR) programme. Also known as an integrated empowerment programme, the HKSR model of chronic care (1) promotes access through hospital-community partnerships for timely referral and support along the patient pathway; (2) empowers through direct participation of the person and their family, thus enabling knowledge, skills and self-efficacy; and (3) encourages partnerships with people and disabled people's organizations.

Dr Yoshiko Tobimatsu, President, Rehabilitation Centre for Persons with Disabilities, Japan discussed ultra-ageing societies and persons with disabilities. In an ultra-ageing society, at least 21% of its population aged 65 years old and over. Japan is a country with an ultra-ageing society. As people age, their functional level deteriorates and this needs more health care, including rehabilitation services. Meanwhile, the number of older persons with disabilities is also increasing. The general function of older persons with disabilities also declines with advancing age. Rehabilitation interventions are needed to mitigate this decline.

Dr Vivath Chou, Technical Officer, Disability and Rehabilitation, WHO Office for Cambodia discussed country-specific examples of how to strengthen rehabilitation in Cambodia. A significant challenge in the country is the division of the rehabilitation sector across two government ministries and multiple agencies. Furthermore, despite the gradual increase of government funding in health and the improvement in health financing mechanisms, these do not especially cover rehabilitation services. Cambodia seeks to address these issues and strengthen rehabilitation through a multidisciplinary approach.

Mr Wesley Pryor, Acting Head, Disability Inclusion for Health and Development, Nossal Institute for Global Health, Australia discussed rehabilitation in disasters and health emergencies. The world, and its population health, is changing quickly. Despite huge advances in medicine and public health, we are experiencing more frequent and more serious health crises including conflict, natural disasters, disease outbreaks, climate change and food insecurity. For every death, many more people are left with long-term health needs, including rehabilitation. Rehabilitation service providers and professionals are able to prepare for and respond to these health emergencies. Ensuring people who receive acute medical services have proper discharge planning can minimize complications and maximize inclusion in long-term emergency responses. New policy imperatives and good practice guidelines are a strong basis for action. Recent experiences in cases like the Ebola crisis, recent earthquakes, floods and conflicts can inform future plans.

2.6 Designing improved rehabilitation services

Member State delegates, assisted by their counterpart WHO country office staff and temporary advisers, were asked to propose three priority activities to work on if they could hypothetically access financial resources (around US\$ 10 million). This work was designed to allow participants to consider what would be ‘possible’ to achieve, if resources were available.

Participants visited the NRC to observe how the Republic of Korea is delivering rehabilitation services for the country. The NRC is an organization specialized in medical treatment, research and supportive and educational services for rehabilitation. Dr Bum-Suk Lee, Medical Director of NRC, discussed the role of NRC in providing rehabilitation services, helping people with disability return to their home communities, conducting practical research, improving awareness about disability at the local community level, establishing the country’s medical rehabilitation system, and helping people with disabilities in Asia and the Pacific to improve their health.

2.7 Country/area planning for implementation of the WHO Global Disability Action Plan

Member State delegates assisted by their counterpart WHO country office staff and temporary advisers were asked to propose their country or area action plans for 2017. This activity was designed to allow participants to consider what would be ‘probable’ to achieve when they return to their countries.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The main conclusions of the meeting were as follows:

- 1) Rehabilitation is an integral part of people-centred and holistic health service delivery.
- 2) Assistive technology is a powerful tool for improving the health and increasing the participation of older people and people with disabilities.
- 3) A more systematic and strategic approach to fully identify and address health-care access barriers experienced by people with disabilities is needed.
- 4) People with disabilities and their representative organizations have to be engaged more in health-care planning and service delivery.

- 5) Disability data is a complex area to understand and specific approaches to measurement are needed.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States, led by their respective ministries of health, may consider aligning their national action plans on disability with the *WHO Global Disability Action Plan 2014–2021* by doing the following:

- 1) Develop a national rehabilitation framework to improve the delivery of people-centred rehabilitation services for all by ensuring, through good governance practices, an adequate health workforce, equitable financing, available and affordable assistive technology and a reliable health information system.
- 2) Review and transform, as may be appropriate, the model of care for rehabilitation services by optimizing the rehabilitation patient's journey from inpatient to outpatient and community settings and by including adequate support for families of rehabilitation patients especially children.
- 3) Align disability-inclusion efforts such as the review of national health screening guidelines, as appropriate, with the broader agenda of UHC, health equity and people-centred integrated health care.
- 4) Develop a national priority assistive products list modelled after the *WHO Priority Assistive Products List*³ as part of the GATE programme⁴.
- 5) Deliver precisely targeted rehabilitation services for all people, particularly people with disability.
- 6) Support health system interventions to have people with chronic health conditions and people with disabilities return to the workforce.
- 7) Strengthen collaborative and multidisciplinary efforts between ministries of health and other ministries that may be providing rehabilitation services, with ministries of health taking the lead to coordinate rehabilitation service delivery as part of the broader continuum of people-centred health care.
- 8) Work more closely with stakeholders such as disabled peoples organizations and nongovernmental organizations to improve community-based rehabilitation.
- 9) Work with key ministries and national statistical agencies on planned approaches to improve country capacity to collect and manage reliable disability data.

Member States led by their respective ministries of health may further consider the following country- or area-specific recommendations:

- 10) Finalize guidelines and tools for rehabilitation services, develop a rehabilitation handover plan supervised by a national rehabilitation transition committee, and integrate reliable disability data collection tools into national household surveys in Cambodia.
- 11) Address policy, financial and operational barriers to the effective delivery of rehabilitation

³ See http://www.who.int/phi/implementation/assistive_technology/global_survey-apl/en/

⁴ See <http://www.who.int/disabilities/technology/gate/en/>

services alongside improved data collection and use in China.

- 12) Formulate a strategic framework for rehabilitation services in Hong Kong SAR (China) that includes guidance for public–private partnerships particularly with nongovernmental organizations for service delivery, as appropriate.
- 13) Operationalize a disability-inclusive national health screening service, integrate assistive technology into community-based rehabilitation, and conduct a national disability survey for 2017 in the Republic of Korea.
- 14) Strengthen human resources for rehabilitation in the Lao People’s Democratic Republic.
- 15) Strengthen community rehabilitation services, improve the procedures to apply for assistive technologies, and survey children with disabilities in Macao SAR (China).
- 16) Conduct training on disability-inclusive health services, develop rehabilitation service standards, and plan based on needs and capacities drawn from data on disability in Mongolia.
- 17) Build capacity and raise the awareness of stakeholders on disability-inclusive health services, strengthen the capacity of primary and secondary service providers as regards assistive technology and community-based rehabilitation, and advocate for a national integrated database on persons with disabilities in Malaysia.
- 18) Monitor and review existing policies on disability and rehabilitation, broadly integrate disability inclusiveness across government sectors and agencies, develop a national rehabilitation plan, review pathways to independent living and community reintegration, and review the existing disability registry in the Philippines.
- 19) Draw up a rehabilitation blueprint/plan, improve the selection of high-quality assistive technologies, and have clearer definitions and standards for disability data in Singapore.
- 20) Build a rehabilitation network to improve public awareness, have more rehabilitation services covered by health insurance, improve training on palliative care, improve the supply of assistive technologies, and have demonstration sites/provinces for implementation of interventions in Viet Nam.

3.2.2 Recommendations for WHO

- 1) WHO is requested to continue supporting Member States as they implement the *WHO Global Disability Action Plan 2014–2021*, including the design and use of mechanisms for Member States to monitor progress.
- 2) WHO is requested to further support Member States to better understand that rehabilitation is a health strategy for all, best supported by ministries of health as part of the continuum of people-centred health care.
- 3) WHO is requested to convene a follow-up Member State consultation in 2017 specifically addressing rehabilitation within UHC, and to address service gaps and unmet rehabilitation needs for countries in the Western Pacific Region.

ANNEX 1. Programme of Activities

Day 1: Tuesday, 13 December 2016, Emerald Room (2F)

8:00 – 8:30	Registration	
8:30 – 9:45	Opening ceremony	
	Welcome remarks	Dr Lee Seong Jae President National Rehabilitation Center Seoul, Republic of Korea
	Opening remarks	Dr Shin Young-soo Regional Director for the Western Pacific WHO WPRO
	Congratulatory remarks	Dr Bang Moonkyu Vice Minister of Health and Welfare Republic of Korea
	Introduction of participants	Mr Darryl Barrett Technical Lead Disabilities and Rehabilitation Division of NCD and Health Through the Life-Course WHO WPRO
	Group photo	
09:45 – 10:15	<i>Coffee/tea break</i>	
10:15 – 10:25	Meeting objectives and agenda	Mr Darryl Barrett
	Administrative announcement	Mr Darryl Barrett
10:25 – 12:00	Global and regional perspectives on Rehabilitation	
	WHO Global rehabilitation developments	Dr Maria Alarcos Cieza Moreno Coordinator Blindness Deafness Prevention Disability and Rehabilitation (BDD) HQ/BDD
	Regional rehabilitation and disability survey	Mr Darryl Barrett

	Health through the life course	Dr Hai-Rim Shin Coordinator Noncommunicable Diseases and Health Promotion Division of NCD and Health Through the Life-Course WHO WPRO
	Global Cooperation on Assistive Technology (GATE)	Dr Yoshiko Tobimatsu President, National Rehabilitation Centre for Persons with Disability Japan
	Universal Health Coverage (UHC) Regional Framework	Dr Albert Domingo Consultant, Noncommunicable Diseases and Health Promotion Division of NCD and Health Through the Life-Course WHO WPRO
	Questions and Answers	
12:00 – 13:00	<i>Lunch break (Emerald Room, 2F)</i>	
13:00 – 15:00	Country updates on rehabilitation	All Member States
15:00 – 15:30	<i>Coffee / tea break</i>	
15:30 – 16:45	Mapping the patient pathway: People-centred health care and rehabilitation as part of an integrated health service	All Member States
16:45 – 17:30	Panel discussion: Reflection on people-centred health care and rehabilitation as part of an integrated health service	
	Rehabilitation within Universal Health Coverage	Professor Stephanie Short Professor, Health Sciences Faculty of Health Sciences The University of Sydney Australia
	Rehabilitation and Health Information Systems	Dr Maria Alarcos Cieza Moreno
	Importance of rehabilitation to successful referral systems and discharge planning	Dr Tak Lun Poon Hong Kong Society for Rehabilitation, Hong Kong
	Leadership – the role of the rehabilitation doctor and other medical leaders	Dr Josephine Bundoc Consultant, Department of Rehabilitation Medicine University of the Philippines Philippine General Hospital

18:00 – 20:00 *Reception hosted by the National Rehabilitation Centre of Korea
Garnet Suite (37F), Lotte Hotel*

Day 2: Wednesday, 14 December 2016

08:00 – 08:30	Recap from Day 1	All Member States
08:30 – 10:00	Panel discussion: Rehabilitation in different systems	
	Integrated patient empowerment programme: chronic care in the community	Dr Pamela P.Y. Leung Deputy Chief Executive Officer (Service) Hong Kong Society for Rehabilitation
	Ageing populations and rehabilitation	Dr Yoshiko Tobimatsu
	Strengthening rehabilitation in Cambodia	Dr Vivath Chou Technical Officer Disability and Rehabilitation WHO Cambodia
	Rehabilitation during health emergencies	Mr Wesley Pryor Senior Technical Adviser Disability and Rehabilitation Nossal Institute for Global Health The University of Melbourne Australia
	Questions and Answers	
10:00 – 10:30	<i>Coffee / tea break</i>	
10:30 – 12:30	Group activity: Ultimate Rehab - Designing improved rehabilitation services	All Member States
12:30 – 13:30	<i>Lunch break (Emerald Room, 2F)</i>	
13:30 – 17:00	Visit to Korea National Rehabilitation Centre	NRC

Day 3: Thursday, 15 December 2016

08:00 – 09:00	Recap and reflections on rehabilitation as part of the continuum of people-centred care	
09:00 – 10:00	Country group work: Country planning on actions to implement the Global Disability Action Plan	All Member States

<i>10:00 – 10:30</i>	<i>Coffee / tea break</i>	
<i>10:30 – 12:00</i>	Continuation of country group work	
<i>12:00 – 13:00</i>	Next steps, summary and closing	Mr Darryl Barrett
<i>13:00 – 14:00</i>	<i>Lunch (Emerald Room, 2F)</i>	

ANNEX 2. List of participants, temporary advisers, resource person and secretariat

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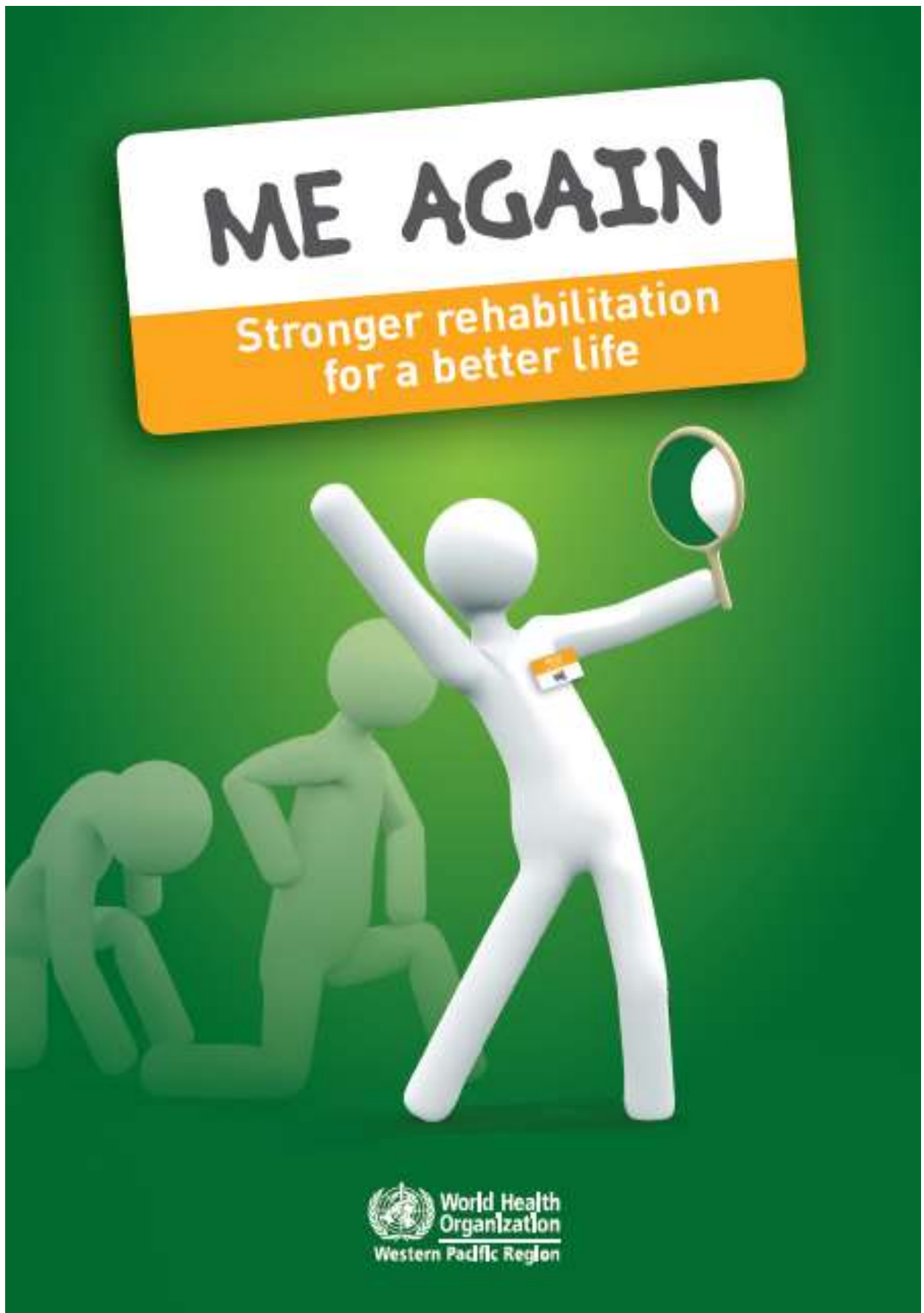
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ANNEX 3. Participant's Workbook





This workbook was developed by the **Disability and Rehabilitation Unit of the WHO Western Pacific Regional Office** for use at the meeting, **'ME AGAIN: Stronger Rehabilitation for a better life'**, from **13-15 December 2016** in **Seoul, Republic of Korea**. The workbook is not a formal publication at this time, and is not for sale or use for commercial purposes.

INTRODUCTION

WHO estimates that **15% of the global population experiences disability**. Chronic disease, injuries, emergencies and ageing populations are driving this reality. Despite this, rehabilitation services are often under prioritized and neglected on national health agendas.

The WHO Western Pacific Regional Office is supporting Ministries of Health to build more inclusive and accessible health services, including rehabilitation services. The region has significant unmet rehabilitation needs. Limited coverage, limited work force, poor quality levels and financial barriers are just some of the issues that Member States have identified and need assistance with. To address these issues, WHO initiated a regional survey in 2015, on Member States national capacity to deliver disability inclusive health and rehabilitation services. A report on the results is being finalised.

This meeting, **'ME AGAIN: Stronger Rehabilitation for a better life'**, from **13–15 December 2016, Seoul, Republic of Korea**, will gather country representatives responsible for rehabilitation services from Ministries of Health, Ministries of Social affairs (or similar) and from the national disabled people's representative organizations.

This meeting will convene representatives and experts to share knowledge, experience and good practices related to rehabilitation services across the region. Ultimately, the meeting will assist Member States to understand and identify actions they can take to enhance rehabilitation services as part of the continuum of care, in line with the **WHO Global Disability Action Plan 2014-2021: Better health for all people with disability**.



PARTICIPANTS NOTES:

Day 1

Participants are encouraged to note down highlights or key messages from the presentations.

Morning session

Day 1

Afternoon session

PARTICIPANTS NOTES:

Day 2

Participants are encouraged to note down highlights or key messages from the presentations.

Morning session

Day 2

Afternoon session

Field Visit

PARTICIPANTS NOTES:

Day 3

Morning session

06

PARTICIPANTS GUIDE:

Activity A:

Implementing the WHO Global
Disability Action Plan

WORKSHOPS

Group yourselves in two's or three's. Using the information submitted on implementing the WHO Global Disability Action Plan, share your experience among one another.

Each person is given
2-3 minutes.

This will help WHO and other Member States understand the successes and challenges that exist in relation to implementation of this action plan.



Materials

Country slide
presentations, based
on template provided
earlier

Activity B: “3 in 3”

1

Based on your country reports, what were your three most notable experiences/achievements in rehabilitation work over the past three years? Using flip charts/tear sheets, write these highlights down on a table as suggested below, and provide a brief description for each. Post this in your designated area.

COUNTRY:	
GROUP MEMBERS:	
ACHIEVEMENTS IN REHABILITATION	DESCRIPTION
1.	
2.	
3.	

2

Each country group/team will be given six (6) sticky stars. As a group, go around the room and read the outputs of other country teams.

3

Using the stars, vote as a team on six rehabilitation activities of the other countries that you find most interesting and relevant.

The groups behind the activities/projects/programs garnering the most number of stars will be asked to briefly discuss the relevant items when the plenary reconvenes.

Materials:

Flip charts or
tear sheets



Sticky stars



Post-its
Tack-It



Tack-It



Activity C:

A Person's Rehabilitation Journey

Using the guide questions below, each country group/team is tasked to depict and create an actual experience for someone who is receiving rehabilitation services. Each group/team will answer the guide questions, filling-in the table below. Beyond just listing answers, groups/teams may also draw and/or use the provided cut-outs and post-its to assist in describing patients and their respective journeys. A list of conditions is also provided.

GUIDE QUESTIONS:

1. What rehabilitation services are available to the person?

2. How long does it take the person to receive rehabilitation services?

3. Who bears the cost of the rehabilitation services provide?

COUNTRY:

TEAM MEMBERS:

Condition

Available rehabilitation services

Length of time before a patient receives rehabilitation

Budget Source

e.g.
Stroke

Physiotherapy in the main central hospital, and referral to community based rehabilitation (CBR) services

Usually within a week of admission to hospital and if referred upon discharge, usually within a month after leaving hospital

Ministry of Health for hospital physiotherapy and NGO funded for the CBR service

Materials:

Flip charts or tear sheets



Different cut outs



Coloured pens



Post it



Activity D:

Building Your Case

The Minister of Health in your country provides you with USD \$10 million to improve rehabilitation services nationally, and across all health care facilities.

GUIDE QUESTIONS:

1. What is your most important 'first step'? Brainstorm with your group, and list down priorities.

2. Who are the key stakeholders to involve in improving rehabilitation services?

3. How will you spend the money on the first year?

CONSIDER

a) What is their level of influence in improving rehabilitation services in your country?

b) What is their level of interest in improving rehabilitation services in your country?

Activity	Partners/stakeholders	Cost

Materials:

Coloured pens



Flip charts or tear sheets



Activity E:

Country Action Plans

Using inputs from previous activities, plan out what you need to do in the next six months, by filling-in the PowerPoint template provided.

GUIDE QUESTIONS:

1. How would you build on your three most notable achievements to further improve rehabilitation services in your country?

2. What would you replicate/adopt from other country's good practices on rehabilitation services?

3. Make an action plan using the suggested table, below.

Activity	Partners/stakeholders	Timeframe
Improving disability inclusive health services		
Strengthening rehabilitation, assistive technology and community-based rehabilitation		
Improving disability data		

4. What is the first thing you will do upon your return to your country?

Materials:

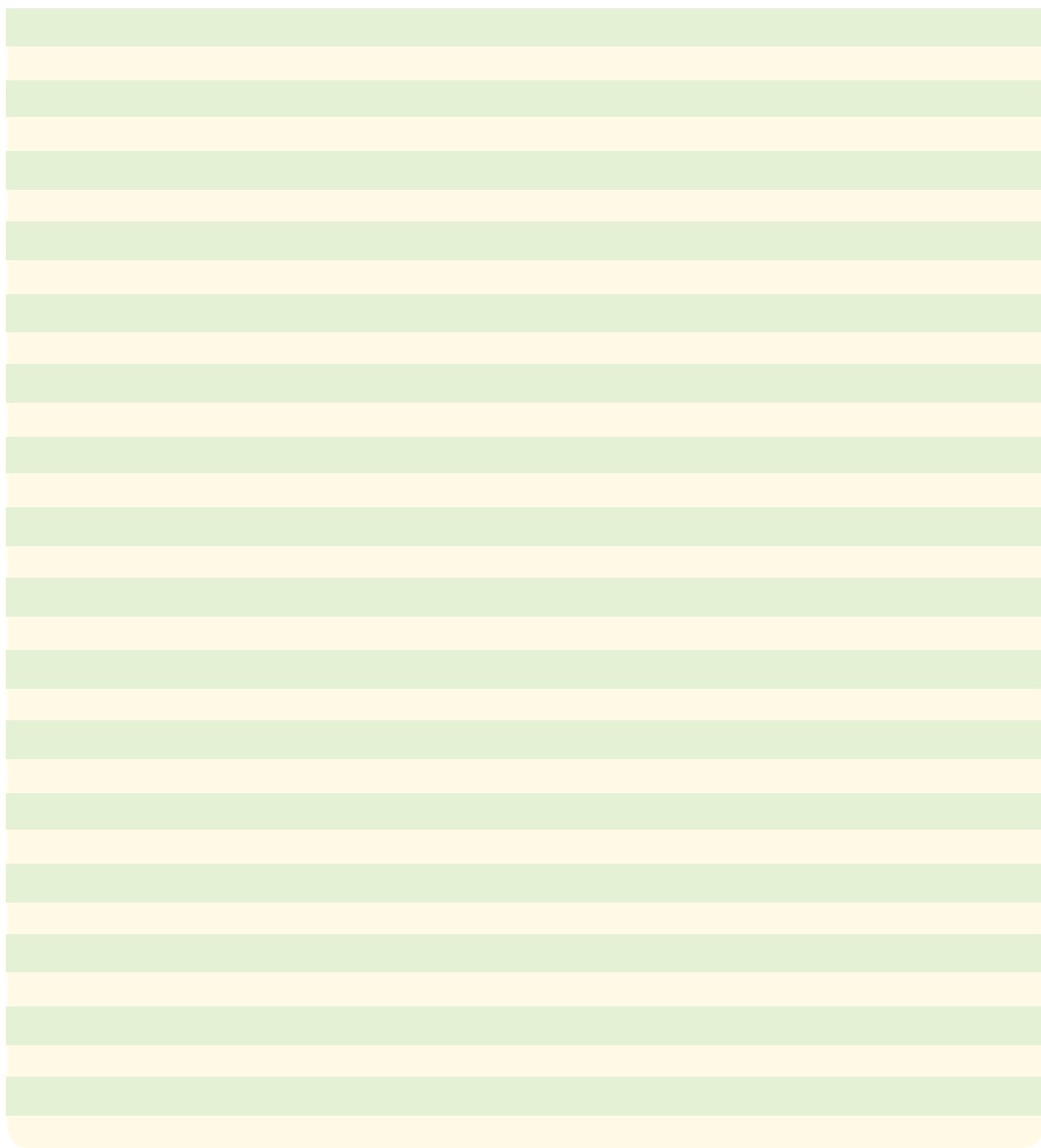
PowerPoint template



PARTICIPANTS NOTES



PARTICIPANTS NOTES





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