EXPERTS MEETING TO INFORM THE DEVELOPMENT OF A REGIONAL ACTION PLAN ON REHABILITATION FOR THE WESTERN PACIFIC

6–8 March 2018
Manila, Philippines
Experts Meeting to Inform the development of a Regional Action Plan on Rehabilitation for the Western Pacific
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

EXPERTS MEETING TO INFORM THE DEVELOPMENT
OF A REGIONAL ACTION PLAN ON REHABILITATION FOR THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
6–8 March 2018

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NOTE

The views expressed in this report are those of the participants of the Experts Meeting to Inform the Development of a Regional Action Plan on Rehabilitation for the Western Pacific 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 Experts Meeting to Inform the Development of a Regional Action Plan on Rehabilitation for the Western Pacific, in Manila, Philippines from 6 to 8 March 2018.
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Key words:

Continuity of patient care / Disabled persons – rehabilitation / Health systems plans / Rehabilitation / Health manpower – organization and administration / Regional health planning
SUMMARY

Rehabilitation is an essential service in health systems, and strengthening rehabilitation is vital to advancing universal health coverage for everyone to receive quality health service without financial hardship. Rehabilitation restores the health and well-being of people who have functional difficulties related to a health condition such as a noncommunicable disease or related to ageing. Countries in the Western Pacific Region are at various stages of strengthening their rehabilitation services, yet overall there is still limited availability of services, an acute shortage of rehabilitation workforce, poor integration within the health system and limited rehabilitation-related data.

WHO has been developing a draft Regional Action Plan on Rehabilitation for the Western Pacific to encourage a shared focus on addressing Regional health priorities through strengthening rehabilitation services for all. WHO convened an experts meeting to inform the development of this draft plan on 6–8 March 2018 in Manila, Philippines. Experts working in the Region reviewed the draft and provided inputs, before the consultations with Member States, both face-to-face and online, to further develop the Regional Action Plan.

The experts attending the meeting welcomed the Regional Action Plan on Rehabilitation for the Western Pacific as the foundation of strengthening rehabilitation services in the Region.

They further concluded that rehabilitation requires regular monitoring through national health information systems. It should be considered part of the continuum of care for people with health conditions that affect their ability to function. The focus of rehabilitation is improvement of function; thus, it can contribute to personal, family and society’s cost savings.

Rehabilitation services need to be planned together with acute health service planning to promote health and well-being along the life-course. The role of non-health sector stakeholders needs to be addressed, including specifically the contribution of nongovernmental rehabilitation service providers and the support of carers.

Countries are at various levels of service quality and coverage, and actions to meet country needs should be developed along a continuum of service maturity. In particular, shortage of health workers to deliver rehabilitation services is a challenge in many countries in the Region.

The experts recommended that WHO consider the following:

1. Revise the Regional Action Plan on Rehabilitation in the following direction by:
   a. focusing on functioning as health outcome rather than disease;
   b. clearly identifying who needs rehabilitation;
   c. ensuring that rehabilitation is understood as an essential health intervention to improve health, in the context of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”;
   d. developing indicators that are variable and useful for countries in monitoring their progress; and
   e. considering a non-time-bound framework for rehabilitation, rather than a plan.

2. Conduct virtual consultations with Member States to review and provide inputs to the Regional Action Plan (May–June 2018).
1. INTRODUCTION

1.1 Meeting organization

The Experts Meeting to Inform the Development of a Regional Action Plan on Rehabilitation for the Western Pacific was organized by the World Health Organization (WHO) Regional Office for the Western Pacific. Presentations, interactive activities and discussions were held on 6-8 March 2018 in Manila, Philippines.

1.2 Meeting objectives

The objectives of the meeting were:

(3) to propose the vision, goals and guiding principles of a Regional Action Plan on Rehabilitation for the Western Pacific;

(4) to propose priorities, objectives and actions to formulate a Regional Action Plan on Rehabilitation for the Western Pacific; and

(5) to advise on a monitoring process for the Regional Action Plan on Rehabilitation for the Western Pacific.

2. PROCEEDINGS

2.1 Setting the scene

Dr Takeshi Kasai, Director of Programme Management, WHO Regional Office for the Western Pacific, welcomed the experts to the meeting on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Kasai said that Member States had requested a Regional Action Plan on Rehabilitation as a useful tool to make changes at the country level. Hence the Plan will explain the roles and values of rehabilitation service for integration of rehabilitation into their health systems in the context of universal health coverage (UHC). It also will guide the countries’ general development stages of rehabilitation services in their health systems. Individuals should be at the core of health services and, together with the community, should be the platform for rehabilitation service provision.

Dr Alarcos Cieza, Coordinator for Blindness and Deafness Prevention, Disability and Rehabilitation, WHO headquarters, described the Organization’s journey in disability and rehabilitation and its direction for strengthening rehabilitation in health systems in the coming years. Rehabilitation is a mainstream service in the health systems to promote people-centred care, which is essential to advance UHC and hence contribute to achieving the Sustainable Development Goals (SDGs).

Mr Darryl Barrett, Technical Lead from the Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, went over the objectives and schedule of the meeting (Annex 1) and participants were invited to give a self-introduction (Annex 2).
2.2 Introduction to the Regional Action Plan on Rehabilitation for the Western Pacific

Mr Barrett provided an overview of the Regional Action Plan and shared WHO’s process for developing it prior to the sixty-ninth session of the Regional Committee for the Western Pacific in October 2018. Having rehabilitation seen as an essential health service at the Regional Committee, where health priorities are discussed, is an important step. The Plan emphasizes middle-income countries and encourages high-income countries in the Region to support middle-income countries to strengthen rehabilitation services and advance UHC. The vision of the Plan is for 2019–2023, which is a foundation for beyond 2030.

The experts advised for the Regional Action Plan to define the scope of rehabilitation services and service users to address priority issues that help Member States clarify the roles and responsibility of governments and their stakeholders. They also suggested deepening understanding of the short- and long-term capacity, including understanding the common needs of the population, and health system issues such as service delivery, health workforce, governance and financing.

2.3 Health systems issues in the WHO Western Pacific Region

The first day of the meeting focused on the health systems issues considered in strengthening rehabilitation in the Region.

Mr Luke Elich, Technical Office for Governance and Regulation from the Division of Health Systems, WHO Regional Office for the Western Pacific, introduced the concept of good governance and principles associated with it, particularly the behaviours of people in informal institutions in the system. One trend in rehabilitation is that the private sector plays a large role in the production of assistive products. An implication for governance for rehabilitation service is to promote partnership and joint activities with the private sector. Key issues to consider in governance are: liberalization of health in the context of the market economy; a decrease of external funds in the health sector and increased authority in health financing; greater innovation, coordination and accountability; and quality assurance and scale-up to other settings as a result of decentralization. Other considerations include recognizing social determinants of health, roles of political support, facilitation of an intersectoral approach, and cross-border issues of health risks, morbidity, health workforce, medicine and assistive technologies.

Dr Cieza emphasized including rehabilitation in the national health sector strategic plans and incorporating rehabilitation indicators in health information systems. A good monitoring and evaluation system is vital for making evidence-based decisions in response to priority health issues that vary among countries. A rehabilitation services framework should monitor input (what goes into the system), output (services and availability of services), outcome (accessibility, affordability, acceptability, equity, efficiency and sustainability) and impact of rehabilitation (experience of the population and levels of functioning and participation). Countries are encouraged to integrate data collection for rehabilitation in existing health information sources such as administrative and facility assessments, facilities reporting system, population-based surveys and vital statistics registration, support for which WHO has provided to Member States through tools such as the District Health Information System (DHIS2).

Dr Peter Cowley, Coordinator for Health Financing and Planning, WHO Regional Office for the Western Pacific, gave a presentation on the topic of UHC and financing. His analysis of rehabilitation gave rise to two issues stemming from the complexity of rehabilitation services with intersectoral actors as providers (public and large private sector) and purchasers (state budget and health insurance). The first issue is that the largest expenditure associated with rehabilitation is borne out of pocket due to the long duration of services and ill-informed users. He emphasized the promotion of optimal rehabilitation services through
direct provision with health insurance schemes. Another issue is that rehabilitation is seen as an uncertainty in health services as regards the length that services are needed. For health insurers and state budget, their business is about cost containment; for purchasers, remodelling health insurance programmes to include rehabilitation is a reasonable argument in terms of cost-effectiveness. However, including community-based rehabilitation in social health insurance is a challenge since most states do not have a budget or mechanism for contracting providers for such services. Also, delineating services is difficult because rehabilitation covers the wide scope of disability inclusion. However, one advantage of rehabilitation is that it is politically neutral, which helps engage governments in strengthening rehabilitation.

The experts suggest that health insurance providers give incentives to health workers who prescribe and provide rehabilitation for health conditions that affect large numbers of people and result in large health expenditures without rehabilitation. Furthermore, the experts suggested that countries should be informed about how the benefits of strengthening rehabilitation in health systems contribute to economic advancement by improving people’s ability to work and participate in society.

The discussion about contracting nongovernmental organizations (NGOs) in rehabilitation identified issues of complexity, lack of accountability mechanisms to involve the communities, power issues between the government and nongovernmental organizations, the financial implications for the government, and non-competitiveness. An example from Hong Kong SAR (China) refers to moving towards co-payment to empower rehabilitation users with knowledge and skills to choose services.

Dr Soccoro Escalante, Coordinator for Essential Medicine and Technologies, Division of Health Systems, WHO Regional Office for the Western Pacific, presented on health technologies and UHC. There are four key issues in health technologies: (1) value is about cost-effectiveness and contribution to optimal clinical health outcomes; (2) quality and safety refers to regulations and vigilance; (3) appropriate use is an issue where personnel are not properly trained in the use of health technologies available; and (4) access refers to availability, affordability and financial coverage. Considerations for the Regional Action Plan are to ensure access policies; develop the capacity of using health technology assessment; develop guidelines and regulations for medical devices; and develop human resources through training programmes for health workers to optimize their provision of these technologies. The Plan shall take into account that some countries do not yet have a national health technology policy, regulatory agencies, national health technology assessment and management units.

The experts discussed product and practice regulations in countries where nongovernmental organizations are major service providers. Dr Escalante mentioned that to regulate products, the countries must define the scope of products using a risk-based approach and a basic registration process at the entry point. This also helps to determine who the ideal regulator of the products is. Practice regulations include registration of rehabilitation service providers and appropriate level of health workers. A subregional regulatory mechanism was suggested as an option for Pacific island countries and areas. The experts also discussed monitoring the cost-effectiveness of assistive technologies to move rehabilitation forward.

Dr Indrajet Hazarika, Technical Officer for Integrated Service Delivery, Division of Health Systems, WHO Regional Office for the Western Pacific, introduced the sessions on integrated service delivery and the health workforce on behalf of Ms Anjana Bhushan, Coordinator for Integrated Service Delivery, Division of Health Systems, WHO Regional Office for the Western Pacific.

Integrated health services is about integrating the services across the care pathway or continuum, across multiple morbidities for a person, his or her life-course, service delivery levels, care systems and actors, and settings. People-centeredness is core to health care, and it is important to design services around this. Strategic directions include: the coordination of services, reorientation of the model of care to ensure quality and safety, strengthening governance, accountability and stewardship, moving the service forward,
and empowering and engaging people to have a financial incentive to create people-centred services. Issues relevant to rehabilitation are: how to bring rehabilitation to integrated service, how to use financial incentives to work in multidisciplinary teams or coordinate different level of services, and how to create appetite from the governments to strengthen rehabilitation. The Regional Action Plan will design rehabilitation not only for the current primary health care settings, but for the future. Empowering and engaging people are about creating demand through self-management and making decisions about the care they need and accessing it when they need it.

Experts discussed the service packages in Cambodia as an example of integrated service delivery using existing governance structures. From the doctors’ perspective, the shift to a service delivery model is imperative for people-centred care – that is, building patient pathways for follow-ups and referrals in the communities by introducing care coordinators who design shared care plans. Moreover, decentralized health systems have created a system architecture for each level of service delivery and for alignment of mechanisms. This has resulted in better transparency and better resourcing. Partnership and technical working groups are coordination mechanisms for delineating roles and responsibilities. This is accomplished by looking at where services merge to understand the available services and providers as well as aligned services.

Dr Hazarika proposed seven recommendations for developing the rehabilitation workforce in response to an acute shortage in availability and quality of rehabilitation workers:

1. Establish strategies to increase the number of qualified health workers providing rehabilitation in accordance with national rehabilitation plans.
2. Train non-specialist health professionals (doctors, nurses, primary care workers) on rehabilitation relevant to their roles and responsibilities.
3. Invest in building a health workforce competent in providing rehabilitation to address the growing demand and needs.
4. Develop standards in training for different types and levels in the rehabilitation health workforce, both pre-service and in-service, including opportunities for career development and continuing education across levels.
5. Develop a multidisciplinary team approach in providing rehabilitation.
6. Identify incentives and mechanisms to attract and retain health workers providing rehabilitation, especially in rural and remote areas.
7. Develop a system to certify the skills and competence of health workers providing rehabilitation services, including their ability to provide culturally competent practices.

The experts discussed that regulatory and support systems should aim to formalize and include a service perspective, and align the workforce, infrastructure and supplies. To improve efficiency, a transdisciplinary approach should be considered for coordination of care through a mechanism that, for example, offers different incentives at different levels of health systems. Regulating informal care providers requires balance – not depriving access to the service while ensuring quality and safety. Efforts are ongoing in countries such as China.

Dr Heather Papowitz, Programme Area Manager for Emergency Operations, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, pointed out two issues in health emergencies in relation to rehabilitation: (1) people with disability are a vulnerable population during health emergencies; and (2) the provision of rehabilitation services is interrupted and unavailable during such emergency events, which affects people with health conditions who were receiving regular rehabilitation services prior to the emergency as well as those newly injured requiring rehabilitation interventions. As
such, countries are encouraged to strengthen rehabilitation in health systems, particularly in the preparedness and response during health emergencies to prevent interruption of service provision. A robust health system that includes rehabilitation is unlikely to be interrupted and can facilitate an adequate and quick response to health emergencies.

The experts discussed identifying functional difficulties during health emergencies, changes in their environment, and family and community support. The group agreed to rely on the expertise of the Pacific Disability Forum on the detailed issues related to disability and health emergencies.

2.4 Review of the challenges for rehabilitation across the Region

The experts discussed challenges for rehabilitation in the Region by reflecting on the Global Burden of Disease data, social determinants of health and health inequities, the status of rehabilitation to consider the rehabilitation needs, and the major challenges. During the discussion, the groups presented the following issues.

They highlighted the impact of rehabilitation interventions on mobility, participation in terms of community activities, self-care and productivity. Identified diseases and injuries that are significant to the Region are noncommunicable diseases (mental health, cardiovascular diseases, especially stroke, amputation, obesity, diabetes), cerebral palsy in children, frailty, ageing, low back pain, injuries from falls and motor vehicular accidents, and injuries from explosive remnants of war.

The experts highlighted the social determinants of health such as geographical (rural, remote areas such as Pacific island countries), socioeconomic status (poor, minority), gender, age and knowledge. These keep people from being able to access rehabilitation services. Other variables include stigmatization, and cultural and religious beliefs on diseases and those experiencing functioning issues.

Each group pointed out issues related to health systems. These issues include: governments’ awareness and knowledge of the value of rehabilitation; leadership for integration of rehabilitation in health systems; integration of rehabilitation in health information systems; identification of unmet need; sustainable financing models for different development status; collaboration of public, private and social sectors; investment in workforce; and move to service planning based on functioning.

The experts discussed defining rehabilitation and focusing on health outcomes that determine the needs of the population. The Regional Action Plan is an opportunity to share the common understanding that the scope of rehabilitation is to maximize the ability to live independently. The narrative should include rehabilitation as an investment to enhance economic benefits for the countries by increasing participation of rehabilitation users in society and saving costs later. Another argument is to identify rehabilitation interventions throughout an individual’s life stages (children, adults and old people). The Plan should also look at functioning as an outcome of the rehabilitation services and clarify the needs of the population rather than diagnosis of diseases to design the health service.

2.5 Summary of Day 1

Dr Cieza reflected on the previous day and described the objective of the group for the second day: proposing actions and indicators for the Regional Action Plan on Rehabilitation. She emphasized the importance of making rehabilitation an intrinsic part of UHC to achieve Sustainable Development Goal 3. Although countries are in different stages of maturity in rehabilitation services, it is important to provide concrete action steps to guide their journey in the Region. The Regional Action Plan also may shape the agenda at the global level.
The experts reflected on their discussions from the previous day and highlighted issues as follows:

- The definition of rehabilitation is crucial to distinguish disability and rehabilitation, and make sure it is understood as goal-based and time-limited services.
- Rehabilitation is person-centred care, which is a foundation and contributes to people-centred care. People-centred care is a model of care that provides the continuum of services to the community, while person-centred care is a personal interaction.
- Health outcomes could measure individuals’ function, not only disease outcomes.
- Rehabilitation has a social component and is not limited to health settings.
- Rehabilitation for children in their schools and home is missing in the Regional Action Plan.
- “No provision of assistive products without rehabilitation professionals” should be widely understood.
- There should be a distinction between environmental modifications and assistive products delivered in the communities and individuals.
- Investment into the rehabilitation workforce contributes to the economic development of the countries, given evidence suggests a shortage. Issues are not just about numbers, but about the competencies that are needed to provide interventions, and how health systems organize the rehabilitation workforce and make them available. That is, it is about the distribution of quality and gaps in productivity.

Dr Cieza introduced WHO’s tool to guide integration of rehabilitation services to strengthen health systems. It lays out services at the community, primary, secondary and tertiary level and the competencies to provide rehabilitation interventions, including equipment, assistive products and infrastructure. She explained that WHO defines rehabilitation as “a set of interventions designed to reduce disability and optimize functioning in individuals with health conditions in interaction with their environment”. While disease management targets a disease process, the primary target of rehabilitation is optimizing functioning in light of health conditions.

The experts argued that functional capacity can be restored with treatment, assistive products and environmental modifications in rehabilitation, even though intrinsic capacity declines over a person’s life course. There also is a need to differentiate rehabilitation and inclusion of people with disability. Rehabilitation and inclusion are different strategies: rehabilitation is for individuals and inclusion is for the community of people with disability. Both are fundamental to address people’s needs and should be implemented simultaneously.

The experts agreed that rehabilitation is based on an individual’s goals in the rehabilitation cycle in terms of functioning. Rehabilitation is a need-based service, which can be sought when people change or expand their goals. Disability remains, but people may be no longer dependent on health care or rehabilitation for life. Partnership and collaboration are needed to achieve the goals together.

2.6 Strengthening rehabilitation within systems

Ms Pauline Kleinitz, Technical Adviser, Blindness and Deafness Prevention, Disability and Rehabilitation, WHO headquarters, gave a presentation on strategic planning before discussing the actions in the Regional Action Plan. WHO’s support package for rehabilitation reinforces countries’ efforts for strengthening rehabilitation by assessment, strategic planning, a monitoring and evaluation framework, and implementation. The maturity model helps countries measure their progress against high-performing and matured rehabilitation in relation to governance, information, financing, workforce, service quality and performance outcomes. As well as measuring progress, the tool identifies 36 building blocks for robust rehabilitation services. Indicators of the maturity model may be applicable for monitoring the Regional Action Plan.
2.7 Actions for countries in the Regional Action Plan

The experts divided into three groups and discussed the following actions/suggestions under four objectives and other issues to be considered in the Regional Action Plan.

Objective 1: Leadership

- Formulate five-year or time-bound plans for each country and make them concrete, operational and focused, along with a strategy or a policy. It was also suggested to review the national plans according to their planning cycles.
- Capacity-building for leaders and champions, not only focal persons, for strengthening leadership roles and internal management to lead rehabilitation in the long term.
- For allocation of resources, clarify what adequate, effective expenditure and allocation mean.
- Discussion about developing health insurance schemes and other social protection mechanisms since not all the countries in the Region have a financing mechanism for rehabilitation.
- Partnerships with individual countries and at subregional levels may maximize governance.
- Revise terminology such as “priority” or “essential” to articulate and encompass what the terms mean to the systems.

Objective 2: Service expansion

- Mention the population benefit from accessing rehabilitation, and specific interventions as examples.
- Explain person-centred service for multidisciplinary teams when a patient may need one or more rehabilitation professionals or non-rehabilitation professionals.
- Need for rehabilitation professionals to make interventions known or available.
- Consider referral pathways in primary, secondary, and tertiary services, not infrastructure. Doctors should be knowledgeable about what and how to refer. There is also a need to reorder the actions to reflect hierarchy.
- Consider taking a Regional approach on rehabilitation standards so that countries do not need to develop their own. In fact, standards and the model of care are to be developed depending on the countries’ plans and their systems.
- Rehabilitation users are not passive recipients of care and shall be involved in goal setting. In addition, the role of traditional medicine and carers should be emphasized to maximize sources of knowledge that are outside the health systems.
- Consider measuring the quality of outcomes. Having a glossary (e.g. standards) and scope in terms of the Regional Action Plan is also important.

Objective 3: Workforce

- Use of international standards is recommended to support step-by-step implementation of the recommended actions in the Regional Action Plan for each country if required.
- Sharing experiences among relatively similar countries such as the Mekong countries is beneficial, as is the involvement of high-income countries that support other countries in the Region. Furthermore, supportive partnerships among countries and areas with similar levels of rehabilitation services are helpful.
- Think about including the concepts discussed in the Regional Action Plan in academic curriculum.
- Training for non-health rehabilitation personnel such as teachers and other relevant sectors. In addition, consider accreditation programmes in addition to regulatory and quality mechanisms for the workforce.
Objective 4: Data, research and partnership

- Importance of obtaining Regional data as well as national and international data.
- Functioning and rehabilitation are the focus of the Regional Action Plan.
- Use information on outcomes, in addition to previously determined measures, to improve understanding of the quality and efficiency of the system.
- Where focal points, designated personnel or units for rehabilitation are under different ministries, data collection and data collection activities remain challenging. The experts agreed that methodologies of research will not be included in the Regional Action Plan.
- Recognize that some countries have limited research capacity and encourage them to find international funding. Also, consider collaboration across countries in building capacity.
- Emphasize accountability of researchers in disseminating and ensuring the application of research results.

Other actions to consider

- Encourage the rehabilitation users to know about the existence and the purpose of rehabilitation services where these services exist, so that people can take care of themselves in the process.
- Promote peer support among users of rehabilitation to help each other to move forward and become advocates. While it is important to mention that patients are able to take care of themselves, the Regional Action Plan emphasizes there is still need for creating a workforce.
- Include monitoring and evaluation in the indicators as a part of the Plan.

2.8 Measuring the progress of the Regional Action Plan

Ms Kleinitz introduced the roles of indicators for tracking progress and changes reflecting the objectives of the Regional Action Plan on Rehabilitation. Selected indicators discussed in the expert meeting will be presented during the Member State consultations in May and June 2018. Member States will be requested to submit the information for these indicators in 2019 as a baseline and in 2022 for the evaluation.

The experts agreed that the indicators for the Regional level will have value for Member States to adopt for the country level in their national strategic plans. The countries in the Region are encouraged to adopt the indicators according to their respective structures and systems for monitoring progress. It was agreed that the detailed monitoring framework, including the internationally compatible indicators, will be developed in 2019. Some of the indicators are suitable for monitoring national strategic plans for Member States to track progress. Though challenging for some indicators, monitoring and evaluation have value for further development of rehabilitation services. Existing data sources such as administrative, facility assessments, facilities reporting system, population-based surveys and vital registration will inform the indicators.

2.9 Review and presentation of the draft Regional Action Plan

At the final session of the expert meeting, experts reviewed issues to be incorporated into the narrative of the Regional Action Plan. It was agreed that the Plan should refer to the WHO definition of health and describe rehabilitation to highlight who is missing rehabilitation opportunities and who benefits from rehabilitation, such as people who are frail, have been involved in accidents, or need short-term rehabilitation to recover fully.
The Regional Action Plan on Rehabilitation is likely to face three challenges: lack of understanding of rehabilitation; leadership; and definition of rehabilitation associated with disability. It was suggested that issues of disability could be mentioned as social determinants in the context of health.

The message of the Plan should nurture inspiration. It should encourage people to engage in opportunities for rehabilitation and provide a strategic direction for strengthening rehabilitation. By telling a life story, for instance, the Plan could describe the benefits of rehabilitation for the individuals – of participating in society, systems and the economy of the countries – and reinforce the message that rehabilitation improves health for everyone with a whole range of diseases and health conditions. Rehabilitation demands individuals to improve their functions and to keep them active in the community supported by well trained professionals and resources. Another issue is to identify the current trends at the population level, such as the unmet need for rehabilitation among the increasing ageing population with illness or disease and among children. It is also important to mention everyone could be carers. These arguments, therefore, reinforce the message to increase financing for rehabilitation. Furthermore, using plain language will ease translation to explain the complexity of rehabilitation in different languages in each country.

Other recommendations were discussed as follows.

**Governance and financing**

- Acknowledge responsibility of different ministries for rehabilitation.
- Add Regional cooperation to exchange skills and experience as a mechanism.
- Involve disabled people’s organizations (DPOs) in consultations and improve access to health through physical and environmental aspects.
- Encourage high-income countries to support middle-income countries in the Region.
- Consider the roles of other development partners such as the Asian Development Bank and other donors and highlight how to engage them.

**Service availability and quality**

- Encourage intersectoral coordination for addressing early intervention for children through education, but not medicalization of children.
- Promote and plan combining acute care and rehabilitation for an increasing number of people surviving who need improvement of functioning.
- Refer to issues of accessibility and barriers to health, and consider inclusiveness and the status of each country. Involve other ministries through community-based rehabilitation, especially to address financial barriers.

**Rehabilitation data and research**

- Advance information technology for online surveys for assistive technologies to exchange and transfer knowledge and emerging technologies for rehabilitation.

**3.0 Closing**

Mr Barrett thanked the experts for their participation, particularly their contributions about strengthening health systems. The meeting provided rich opportunities to explore balanced and practical actions for Member States, and that are meaningful for Regional and global health.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The expert discussions concluded the following:

(1) The draft Regional Action Plan on Rehabilitation for the Western Pacific was welcomed and perceived as the foundation of strengthening rehabilitation services in the Region.

(2) Rehabilitation is a part of UHC and essential if everyone is to receive quality health services without financial hardship. Rehabilitation requires regular monitoring through national health information systems rather than separate monitoring systems.

(3) Rehabilitation is not a programme, but rather part of the continuum of care and needs to be considered for people with health conditions that affect their ability to function. The focus of rehabilitation is not disease but improvement of function; thus, it can contribute to personal, family and society’s cost savings.

(4) Rehabilitation services need to be planned together with acute health service planning to promote health and well-being along the life-course.

(5) The role of non-health sector stakeholders needs to be addressed, including specifically the contribution of nongovernmental rehabilitation service providers and the support of carers.

(6) Countries are at various levels of service quality and coverage, and actions to meet country needs will need to develop along a continuum of service maturity.

(7) The need for rehabilitation services has been growing due to epidemiological changes and in relation to the successful treatment of certain diseases (e.g. diabetes and cardiovascular disease). There is a serious shortage of rehabilitation workers in many countries in the Region, and a profound shortage in some.

3.2 Recommendations

The experts recommended that WHO consider the following:

(1) Revise the Regional Action Plan on Rehabilitation in the following direction by:
   a. focusing on functioning as health outcome rather than disease;
   b. clearly identifying who needs rehabilitation;
   c. ensuring that rehabilitation is understood as an essential health intervention to improve health, in the context of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”;
   d. developing indicators that are variable and useful for countries in monitoring their progress; and
   e. considering a non-time-bound framework for rehabilitation, rather than a plan.

(2) Conduct virtual consultations with Member States to review and provide inputs to the Regional Action Plan (May–June 2018).
ANNEXES

Annex 1. Programme of activities

**Day 1: Tuesday, 6 March 2018**

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<thead>
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<th>Time</th>
<th>Activity</th>
<th>Presenter/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
<td>Mr Darryl Barrett technical lead disable and rehabilitation division of NCD and health through the life-course WHO WPRO</td>
</tr>
<tr>
<td>09:00 – 09:05</td>
<td>Welcome remarks</td>
<td>Mr Darryl Barrett Technical Lead Disabilities and Rehabilitation Division of NCD and Health through the Life-Course WHO WPRO</td>
</tr>
<tr>
<td>09:05 – 09:10</td>
<td>(1) Setting the scene</td>
<td>Dr Takeshi Kasai Director Programme Management WHO WPRO</td>
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<tr>
<td>09:10 – 09:25</td>
<td>Introduction: Rehabilitation 2030</td>
<td>Dr Alarcos Cieza Coordinator Blindness and Deafness Prevention Disability and Rehabilitation WHO HQ</td>
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<tr>
<td>09:25 – 09:45</td>
<td>Meeting objectives and introduction of participants</td>
<td>Mr Darryl Barrett Participants</td>
</tr>
<tr>
<td>09:45 – 09:50</td>
<td>Administrative announcements</td>
<td>Mr Darryl Barrett</td>
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<tr>
<td>09:50 – 10:00</td>
<td>Group photo (lawn)</td>
<td>Mr Darryl Barrett</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Coffee/Tea break</td>
<td></td>
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<tr>
<td>10:30 – 10:45</td>
<td>(2) Introduction to the Regional Action Plan on Rehabilitation for the Western Pacific: Why do we need a regional action plan?</td>
<td>Mr Darryl Barrett</td>
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<td>11:15 – 12:00</td>
<td>(3) Health systems issues in the WHO Western Pacific Region</td>
<td>Mr Darryl Barrett</td>
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<td>12:00 – 12:30</td>
<td>Discussion</td>
<td>Mr Luke Elich Technical Officer</td>
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<td>12:30 – 13:30</td>
<td>Lunch break</td>
<td>Dr Alarcos Cieza</td>
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<td>13:30 – 14:30</td>
<td>Panel 2: Health systems issues in the Region</td>
<td>Dr Peter Cowley Coordinator</td>
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<td>Ms Kaori Dezaki Consultant</td>
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<td>Dr Indrajit Hazarika Technical Officer</td>
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<td>Dr Heather Papowitz Programme Area Manager Emergency Operations</td>
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14:30 – 15:00  Discussion
15:00 – 15:30  Coffee/Tea break
15:30 – 16:30  (4) Review of the challenges for rehabilitation across the Region  
               Mr Darryl Barrett
               Small group activity
16:30 – 17:00  Discussion
17:30 – 19:00  Reception (Al Fresco, WHO WPRO)

Day 2: Wednesday, 7 March 2018

09:00 – 09:15  Review of key issues from Day 1  
               Mr Darryl Barrett
               (5) Actions on rehabilitation at Regional and country levels
               Discussion:
               What can be achieved through a regional action plan?
09:15 – 10:00  Small group activity: Actions for countries
               Review, design and choose country activities
10:00 – 10:30  Coffee/Tea break
10:30 – 12:30  Small group activity (continued)
12:30 – 13:30  Lunch break
13:30 – 15:00  Small group activity: Country indicators - What can countries measure?  
               Dr Alarcos Cieza
15:00 – 15:30  Coffee/Tea break

(6) Regional objectives
15:30 – 17:00  Discussion: Review, design and choose the Regional objectives for the action plan  
               Ms Pauline Kleinitz
               Technical Adviser
               Blindness and Deafness Prevention
               Disability and Rehabilitation
               WHO HQ
Day 3: Thursday, 8 March 2018

09:00 – 09:15 Review of key issues from Day 2
Mr Darryl Barrett

09:15 – 10:00 (7) WHO actions to support the Regional Action Plan
Small group activity: WHO actions to support the action plan
Ms Kaori Dezaki

10:00 – 10:30 Coffee/tea break

10:30 – 11:00 Small group activity (continued)
Ms Kaori Dezaki

11:00 – 11:30 Discussion: Measuring progress of the action plan - what’s needed
Dr Alarcos Cieza

11:30 – 12:30 Discussion: What’s missing and what needs changing in the narrative and guiding principles
Dr Alarcos Cieza

12:30 – 14:00 Lunch break

(8) Review and presentation of the draft Regional Action Plan

14:00 – 15:00 Reflection activity: Presentation of the action plan to key WPRO staff (key programme areas) for feedback, revisions and decisions
Mr Darryl Barrett

15:00 – 15:30 Coffee/Tea break

15:30 – 16:00 Discussion: Communicating with key stakeholders
Mr Darryl Barrett

16:00 – 16:15 (9) Closing remarks
Dr Hai-Rim Shin
Acting Director
Division of NCD and Health through the Life-Course
WHO WPRO
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