

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 9**Regional strategy to strengthen rehabilitation in health systems 2025–2035****Executive summary**

1. Rehabilitation is an essential health strategy for achieving universal health coverage (UHC), and a priority intervention for population health in the 21st century, along with promotion, prevention, treatment and palliation. Rehabilitation is required across the continuum of care, all levels of care, and disease areas including trauma and emergencies.
2. Over 210 million Africans require rehabilitation, and the numbers will likely rise with changes in demography and lifestyle. At least 63% of people who need rehabilitation do not have access to the required care. Where available, the services are inadequate and characterized by scarcity of qualified professionals and insufficient coverage, particularly at the primary health care and community levels.
3. The regional rehabilitation strategy is aligned with the WHO Rehabilitation 2030 Initiative and resolution WHA76.6 (2023) on strengthening rehabilitation in health systems, and aims to enhance access to quality and affordable rehabilitation, including rehabilitation-related assistive products for all the population in need in the African Region. The strategy is intended to guide countries and partners in integrating rehabilitation into all health system components.
4. The priority actions focus on integrating rehabilitation into national health plans and policies; improving financing by incorporating rehabilitation into packages of essential care; expanding rehabilitation to all levels of care; developing strong multidisciplinary rehabilitation skills; enhancing the generation and use of rehabilitation information; promoting high-quality rehabilitation research; and integrating rehabilitation into emergency preparedness and response.
5. The Regional Committee is invited to review and adopt the strategy.

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Introduction

1. Rehabilitation is defined as “a set of interventions designed to optimize functioning in individuals with health conditions in interaction with their environment”.¹ Rehabilitation strives to ensure individuals live longer, healthier lives, and as such, contributes to healthy life expectancy and the attainment of Sustainable Development Goal 3 (SDG 3).²

2. Rehabilitation (including audiology, occupational therapy, physiotherapy, psychology, speech and language therapy, prosthetics and orthotics, physical and rehabilitation medicine and rehabilitation-related assistive products) is core to population health, along with promotion, prevention, treatment and palliation. Rehabilitation is required across the continuum of care, from acute to long-term care. It serves to facilitate recovery, prevent complications, reduce hospital readmissions, and optimize surgical, medical and trauma outcomes so that people can return to education, employment and community life.²

3. Rehabilitation benefits people with various conditions throughout the lifespan, including developmental disorders, musculoskeletal conditions, communicable and noncommunicable diseases (NCDs), mental health issues, road traffic and unintentional injuries, and decline in health or functional limitations associated with ageing. As such, rehabilitation is essential to achieving the strategic outcomes of the Fourteenth General Programme of Work (GPW 14). Rehabilitation is also beneficial to people with disabilities, be they physical, sensory (vision and hearing), mental or communication-related (speech, language and hearing impairments) and functioning limitations.

4. Rehabilitation should therefore be available along the continuum of care (acute, sub-acute, long-term), at all levels of health care (community, primary, secondary, tertiary), in life course programmes (early childhood to the elderly),³ and in all phases of emergencies, from preparedness to readiness,³ response and resilience (conflict, disasters, blasts, mass casualties).⁴

5. The provision of assistive products,⁵ such as prosthetics and orthotics, hearing aids and wheelchairs, among others, is part of rehabilitation interventions. This strategy provides an opportunity to highlight the intersections between rehabilitation and assistive technology, recognizing areas of synergy and guidance for key stakeholders to ensure that approaches in countries are efficient, effective and supportive of integrated service provision.

Situation analysis and justification

Situation analysis

6. By 2020, over 210 million Africans (1 in 5) needed rehabilitation due to various conditions, and this number is rising due to population ageing and lifestyle changes.⁶ The number of years lived with functional limitations increased by 125% between 1990 and 2019.

¹ Negrini S, Selb M, Kiekens C, Todhunter-Brown A, Arienti C, Stucki G. et al, 2022. Rehabilitation definition for research purposes. a global stakeholders' initiative by cochrane rehabilitation.

² World Health Organization. Rehabilitation in health systems: guide for action.

³ World Health Organisation. Fact Sheet. ([http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(UHC\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(UHC)))

⁴ World Health Organization. (2023). Strengthening rehabilitation in health emergency preparedness, readiness, response and resilience: policy brief: policy brief. World Health Organization

⁵ World Health Organization (2018). (<https://www.who.int/en/news-room/fact-sheets/detail/assistive-technology>).

⁶ Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T, 2020. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet. 2017. The Lancet Global Health.

7. Africa has also recorded a 67% surge in disability-adjusted life years (DALYs) due to NCDs. Similarly, the lingering effects of intentional injuries due to conflicts and violence create huge unmet rehabilitation needs.⁷

8. Unintentional injuries due to road traffic crashes⁸ and burns⁹ leave lasting impacts on individuals, creating a continuous demand for rehabilitation services. Road traffic crashes are the leading cause of morbidity and mortality for people aged 5–29 years in Africa. Poor post-crash responses and lack of provision of early rehabilitation are among the contributors to fatality and disability.¹⁰

9. Africa has the highest burden of communicable diseases.¹¹ Rehabilitation and assistive products are needed to address functioning limitations due to communicable diseases such as HIV/AIDS, tuberculosis, polio and neglected tropical diseases. New high-threat infectious hazards result in surges in both acute and long-term rehabilitation needs, as shown among survivors of Ebola and COVID-19 outbreaks, who need rehabilitation to manage respiratory and musculoskeletal complications.¹²

10. Despite rising demands for rehabilitation, more than 63% of people who need rehabilitation services do not have access to them.⁵ The poor integration of rehabilitation into health sector planning and funding¹³ is largely due to limited availability of health system data to inform policies and poor understanding of the benefits of rehabilitation as a public health approach. Health sector expenditure for rehabilitation among countries is very low, fragmented and dependent on out-of-pocket payments and external funding.¹⁴

11. There is a significant shortage of skilled rehabilitation professionals in Africa, where no country has the required number of rehabilitation personnel, as a ratio of its population. For physiotherapy, only one country has 1.3 professionals per 10 000 population density, while the rest record less than 0.1.¹⁵ Where available, services are often inadequate and characterized by insufficient coverage, particularly at the primary care and community levels.

Justification

12. The regional strategy is aligned with the WHO global Rehabilitation 2030 Initiative,¹⁶ which rallies countries to make concerted efforts towards integrating rehabilitation into public health systems. The Seventy-sixth World Health Assembly endorsed resolution WHA76.6 on strengthening rehabilitation in health systems.¹⁷ The resolution emphasizes the importance of rehabilitation in primary health care and as part of emergency preparedness and response.

⁷ Kamenov K, Mills JA, Chatterji S, Cieza A. Needs and unmet needs for rehabilitation services: a scoping review. *Disability and rehabilitation*. 2019 May 8; 41(10):1227-37.

⁸ Sako B, Chiara R, Chomi EN, Olu OO, Okeibunor JC, Onyango AW. Major Challenges in Post-Crash Response and Care Policies in Africa: Findings from a Cross-Sectional Descriptive Study. WHO Regional Office for Africa, Brazzaville, Congo (unpublished)

⁹ Jagnoor J, Lukaszyc C, Fraser S, Chamanian S, Harvey LA, Potokar T et al. 2018. Rehabilitation practices for burn survivors in low and middle income countries: a literature review. *Burns*, 44(5), pp.1052-1064

¹⁰ Disability and Road Traffic Accidents. Assessing the Costs and Consequences of Rehabilitation and Living with a Disability Following a Road Traffic Injury. World Bank, 2024.

¹¹ Bigna JJ and Noubiap JJ, 2019. The rising burden of noncommunicable diseases in sub-Saharan Africa. *The Lancet Global Health*, 7(10), pp.e1295-e1296.

¹² Interim Guidance Clinical care for survivors of Ebola virus diseases. World Health Organization 2016.

¹³ WHO Rehabilitation in health financing. Opportunities on the way to universal health coverage. 2023.

¹⁴ WHO Global health observatory. (<https://www.who.int/data/gho>)

¹⁵ A situation assessment of rehabilitation in Republic of Rwanda. Ministry of Health. 2021

¹⁶ Rehabilitation 2030 Call for Action. February 2017, WHO, Geneva, Switzerland

¹⁷ Landmark resolution on strengthening rehabilitation in health systems. World Health Organization. (<https://www.who.int/news/item/27-05-2017-landmark-resolution-on-strengthening-rehabilitation-in-health>)

13. To date, efforts have been undertaken to bridge the gaps towards universal access to rehabilitation through the provision of technical assistance to countries¹⁸ by WHO and its partners. However, urgent action is required to rapidly increase the capacity of countries to develop and implement strategies that fully integrate rehabilitation into all health system building blocks. Improving access to quality and affordable rehabilitation at all levels of care will significantly contribute to addressing the burden of disease and improving health outcomes for the population in the Region.

14. This strategy ensures that rehabilitation is prioritized as an essential health service across the continuum of care. Rehabilitation services address the impact of a health condition on a person's life by enhancing their daily functioning and ultimately, their active participation in society.¹⁹ Rehabilitation can significantly contribute to cost savings across the health sector by supporting timely discharge from inpatient care, lowering the risk and severity of secondary complications, and reducing the use of expensive treatments, with benefits for individuals, communities and the health care system.

Regional strategy

15. **Aim:** Rehabilitation services are fully integrated into public health systems in a manner that contributes to the attainment of universal health coverage in the WHO African Region.

16. Objectives

- (a) Strengthen governance, leadership, political support and financing for rehabilitation within public health systems.
- (b) Integrate rehabilitation data within the health information system for evidence-based policy and planning.
- (c) Harness capacity for the rehabilitation workforce and infrastructure within public health systems.
- (d) Support the expansion of and access to quality and affordable rehabilitation services and assistive products with a focus on primary care and emergencies.
- (e) Strengthen mechanisms of knowledge generation and sharing on rehabilitation in health policy and systems.

17. Targets

(a) By 2035:

- (i) 60% of countries have a national rehabilitation strategic plan and a dedicated budget for rehabilitation within national health expenditure.
- (ii) 60% of primary care-level facilities in the master facility list of countries integrate rehabilitation interventions as part of essential health services.

(b) Milestones by 2028

- (i) At least 25 countries have enacted national rehabilitation governing mechanisms.
- (ii) At least 25 countries have an up-to-date national rehabilitation strategic plan, inclusive of a monitoring framework.

¹⁸ Benin, Botswana, Burkina Faso, Burundi, Côte d'Ivoire, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Seychelles, South Africa, United Republic of Tanzania, Togo, Uganda.

¹⁹ World Health Organization. (2024). Rehabilitation in health financing: opportunities on the way to universal health coverage. World Health Organization.

- (iii) At least six countries have integrated rehabilitation indicators into their national health management information systems.
- (iv) At least eight countries have expanded the availability of rehabilitation services and essential assistive products by integrating them into their national essential health packages.
- (v) At least six countries have integrated rehabilitation into pre-service training of other health professionals, including primary health care workers.
- (vi) At least 14 countries have increased public health expenditure on rehabilitation, as part of domestic resource mobilization.
- (vii) At least six countries have integrated rehabilitation into social and private health insurance schemes.
- (viii) At least six countries have integrated rehabilitation services and essential assistive products into their national health emergency preparedness and response plans.

(c) **Milestones by 2031**

- (i) At least 35 countries have enacted national rehabilitation governing mechanisms.
- (ii) At least 35 countries have an up-to-date national rehabilitation strategic plan, including a monitoring framework.
- (iii) At least 12 countries have integrated rehabilitation indicators into their national health management information systems.
- (iv) At least 18 countries have expanded the availability of rehabilitation services and essential assistive products by integrating them into their national essential health packages.
- (v) At least 14 countries have integrated rehabilitation into the training of other health professionals, including primary health care workers.
- (vi) At least 22 countries have increased public health expenditure on rehabilitation as part of domestic resource mobilization.
- (vii) At least 12 countries have integrated rehabilitation into social and private health insurance schemes.
- (viii) At least 14 countries have integrated rehabilitation services and essential assistive products into their national health emergency preparedness and response plans.
- (ix) At least 15 countries have increased the density of their national multidisciplinary rehabilitation workforce and improved rehabilitation infrastructure.

18. Guiding principles

- (a) **Person-centred approach.** The design and delivery of rehabilitation services should take into consideration the needs and expectations of service users and their families, with interventions aiming to optimize functioning.
- (b) **Equity.** Rehabilitation should be accessible to all individuals in need and align with the principle of leaving no one behind, particularly for people with disabilities, those from marginalized communities, and people living in rural areas.
- (c) **Integration.** Rehabilitation should be integrated into all levels of care, particularly at the primary care level and the management of NCDs, mental health, surgical and medical conditions, reproductive, maternal, neonatal and child health, emergency, as well as trauma care, in keeping with the socioeconomic and cultural context.
- (d) **Continuum of care.** Rehabilitation should be available at all stages of the health conditions of all age groups across the lifespan and provided with appropriate referral pathways.

- (e) **Multisectoral coordination.** Rehabilitation should be strengthened by both the public health and social services and in collaboration with the private sector.

Priority interventions

19. **Harness capacity for rehabilitation leadership, planning and governance.** Ministries of health should lead priority sector reforms in partnership with other government agencies, development partners and civil society organizations, including people with lived experience, by championing the development, implementation and monitoring of national rehabilitation strategic plans. Indicators and benchmarks for monitoring the progress of rehabilitation initiatives should be established and mechanisms for regular reporting and evaluation implemented, with inputs from service users.

20. **Enhance political prioritization of rehabilitation.** Ministries of health should develop and implement targeted multisectoral initiatives to prioritize rehabilitation in the mobilization and allocation of domestic resources and secure adequate funding for personnel and infrastructure, through joint action with other government actors, the private sector, academia and civil society organizations. Multisectoral advocacy efforts may focus on pooling resources from both health and non-health funding mechanisms when needed and ensure synergies with other sectors to improve accessibility and create an enabling environment.

21. **Build capacity for a multidisciplinary rehabilitation workforce.** Ministries of health should undertake rehabilitation workforce development initiatives with the support of the education sector and academia at the national and subregional levels where relevant. Furthermore, institute mechanisms to develop multidisciplinary competencies based on needs, design and update curricula accordingly, and ensure that rehabilitation and non-rehabilitation professionals, including primary health care workers, are trained to work collaboratively. Efforts should be made to increase rehabilitation personnel density and distribution at all levels of care, including the development of strategies to attract and retain the workforce.

22. **Integrate rehabilitation data into national health information systems.** Ministries of health should improve rehabilitation reporting and completeness by integrating considerations for rehabilitation data into population-based surveys and in health service data. Develop and integrate rehabilitation indicators into the national health management information systems and ensure complete reporting thereon by all facilities in countries' master facility lists that are designated to report on rehabilitation.

23. **Integrate rehabilitation into health financing.** Countries will be supported to review existing financing models for rehabilitation and inform multi-agency planning and coordination. Efforts should be made to develop integrated strategies that align rehabilitation financing with broader health system goals and policies and include essential health services and benefit packages. Countries should perform costing exercises to determine the financial requirements for delivering quality rehabilitation through cost-effective models and integrate rehabilitation into health insurance schemes to ensure financial protection.

24. **Expand access to evidence-based rehabilitation services.** Develop country-relevant packages of interventions for rehabilitation and integrate them into national essential health benefit packages, including at the primary health care level, to allow timely detection and early intervention as part of the continuum of care. Rehabilitation should be integrated into existing packages for maternal and child health, early childhood development, noncommunicable diseases,²⁰ and other relevant disease areas.

²⁰ WHO, 2020. WHO package of essential noncommunicable (PEN) disease interventions for primary health care. World Health Organization, Geneva, Switzerland.

25. Integrate rehabilitation and assistive products in emergencies. Integrate rehabilitation into national and local emergency preparedness and response. Implement training programmes for health care professionals on the multidisciplinary management of injuries and outbreaks, emphasizing the role of early rehabilitation interventions and follow-up. Countries should establish standardized clinical protocols for the management of common injuries and conditions during emergencies, identify and stockpile essential rehabilitation equipment and assistive products, and develop logistics for distribution. Implement standardized systems to collect and report data on injuries during emergency responses.

26. Develop capacity for rehabilitation research. Ministries of health should partner with academic and research institutions and encourage joint research, focusing on country-relevant innovative rehabilitation methods and technologies and foster the development and dissemination of evidence-based practices to improve rehabilitation outcomes. Furthermore, promote participation in platforms and networks for knowledge sharing and best practices, and multidisciplinary collaboration across health care, engineering and social sciences.

27. Leverage technology to enhance quality, accessibility and efficiency of rehabilitation services. Integrate digital technologies and innovations into existing rehabilitation models of care and appropriate technology principles by utilizing artificial intelligence (AI), digital rehabilitation platforms, robotics, and other cutting-edge technologies. By integrating digital and traditional rehabilitation models, a human-centred, personalized and accessible approach to multidisciplinary care can be achieved.

28. Roles and responsibilities

(a) Member States

- (i) Strengthen national planning and political commitment for rehabilitation, including integration into national health plans and policies, ensuring stakeholder engagement
- (ii) Identify financial mechanisms to integrate rehabilitation into essential health benefit packages.
- (iii) Expand rehabilitation services and build capacity for a multidisciplinary workforce.
- (iv) Enhance the health information system to collect rehabilitation data, including system-level rehabilitation data and functioning profiles.
- (v) Promote quality rehabilitation research, including health policy and system research.

(b) WHO and partners

- (i) WHO should ensure coordination among national and international partners to strengthen rehabilitation efforts at the regional level.
- (ii) WHO should develop and update technical and strategic guidance to support Member States in building capacity and advocacy towards the integration of rehabilitation into health systems.
- (iii) WHO should engage with global, regional and national partners, including civil society organizations, the private sector and WHO collaborating centres, to establish capacity building networks for training, research and innovation.
- (iv) National and international civil society organizations should raise awareness about rehabilitation needs, advocate for policy change, engage communities, offer technical support to local organizations and governments, and contribute to the monitoring of national strategies.
- (v) Academia should contribute to evidence-based policy reforms, and support rehabilitation workforce development, research and innovation.

29. **Resource implications.** On the basis of the principle of health equity, Member States, WHO and development partners should jointly consider developing and implementing sustainable funding mechanisms for strengthening and integrating rehabilitation within public health systems by leveraging existing sources of funding, including government, the private sector and donor organizations.

30. **Monitoring and evaluation.** The regional rehabilitation strategy will be monitored, evaluated and reviewed to track progress towards the intended objectives and desired goals. A baseline for each indicator will be set in 2026, and progress will be reported to the Regional Committee by the Regional Director in 2028 and 2031. A final report on the overall achievement of interventions will be presented to the Regional Committee in 2035.

Conclusion

31. Rehabilitation needs are substantial and growing in the African Region, while services are often underdeveloped and underprioritized in public health systems within countries. Rehabilitation is integral to UHC and essential to improving health outcomes for the population in the Region.

32. In the spirit of leaving no one behind, the regional rehabilitation strategy provides a road map for countries to undertake priority reforms towards strengthening the integration of rehabilitation into health systems, in line with the aspirations of the WHO Rehabilitation 2030 Initiative and resolution WHA76.6 on strengthening rehabilitation in health systems.

33. The Regional Committee is invited to review and adopt the strategy.