

**Statement of the International Society of Physical and Rehabilitation Medicine (ISPRM)
to the Agenda item 12 of
the 69th Session Regional Committee Meeting WHO Western Pacific 2018**

The International Society of Physical and Rehabilitation Medicine (ISPRM) strongly supports the sustainable development goals (SDG) of the United Nations (UN). ISPRM welcomes the 13th Global Programme of Work and the accent on Universal Health Coverage (UHC) and the emphasis on rehabilitation and assistive technology as part of UHC.

Rehabilitation is an essential health strategy to enhance recovery, optimize functioning, and reduce disability in individuals with health conditions in interaction with their environment. It supports independent living and active participation in society and has shown to be cost-effective. Therefore, **access to high quality rehabilitation services is crucial to achieve Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.**

In line with the WHO Initiative “Rehabilitation 2030 – a call for action” (2017) we see rehabilitation as a key health strategy, and an important factor for economic development and societal justice.

Due to the ageing population, increasing chronic health conditions, environmental factors and an increase in non-communicable diseases, even countries with well-developed health systems need to strengthen their rehabilitation services. Rehabilitation services should be available at all levels of health care: tertiary, secondary as well as in primary care. Therefore, **we agree with the three principles of the Western Pacific Regional Framework on Rehabilitation.**

- **Access** to rehabilitation services, in accordance with art. 26 of the Convention on the Rights of Persons with a Disabilities (CRPD)
- Rehabilitation needs to be provided across the **life course**, over the **continuum of care** and as part of **UHC**
- Rehabilitation is **person centred**, focusing on **functioning**

ISPRM supports the four pillars of action of the Framework and proposes to collaborate on these:

- **Upscale rehabilitation services** (availability and quality) in the acute, post-acute and long-term phase of a health condition, including habilitation and prehabilitation, using WHO Rehabilitation Support Packages. Development of priority intervention packages.
- **Improve governance and leadership**, in which PRM physicians have a pivotal role, in relationship with other stakeholders, in all countries of the region.
- To build **capacity of a qualified rehabilitation workforce**, including physical and rehabilitation medicine (PRM) physicians who also have a role in training of and advocating for other rehabilitation professionals.
- Improve **standardized data reporting** in the health information system, including **information on functioning**, using the ICF framework. Collect data on rehabilitation services. Strengthen **rehabilitation research and the use of evidence** in rehabilitation practice.

ISPRM together with other rehabilitation organizations will support WHO in whatever needed to move the agenda forward for implementing rehabilitation as part of UHC. ISPRM offers its full collaboration in the implementation of the proposed priorities and country actions.

Manila, Philippines, 8-12 October 2018

On behalf of ISPRM

Walter Frontera, Carlotte Kiekens, Reynaldo Reyes Rey-Matias, Peter Lim

ISPRM Office

Rue François Veronnex 7
1207 Geneva, Switzerland

Tel: +41 22 906 91 71
Fax: +41 22 732 26 07

Email: isprmoffice@kenes.com
Website: www.isprm.org