



Statement to the agenda items 8, 11 and 14 on the COVID-19 pandemic of the 71st Session of the WHO Western Pacific Region General Assembly

By the International Society of Physical and Rehabilitation Medicine (ISPRM)

The COVID-19 outbreak shows the need to upscale rehabilitation in health systems in the Western Pacific region, consistent with the WHO Rehabilitation 2030 initiative. Rehabilitation is an important health strategy for persons affected by COVID-19, as well as for a lot of persons experiencing problems in functioning and suffering from disability due to other health conditions (1).

Rehabilitation is crucial to address the needs of people with COVID-19 during the acute, post-acute and long-term phases of care to optimize physical, emotional, cognitive and social functioning. Rehabilitation shortens the duration of hospitalization, optimizes health outcomes, and reduces healthcare and social costs. Six months after the start of the pandemic, knowledge about mid- and long-term consequences of the disease is growing (2).

Therefore, a WHO Technical Working Group is preparing Module 4 of the WHO Global COVID-19 Clinical Case Record Form for follow-up of patients with COVID-19.

The COVID-19 outbreak forces decisions about which essential services should remain operating. The International Society of Prosthetics and Orthotics released a guideline on the operations of Prosthetics and Orthotics services that should be open even during the pandemic.(3) Disruption in the delivery of health services leads to reduced capacity or complete unavailability of rehabilitation services.

In the Western Pacific Region, 19 countries or areas have reported COVID-19 cases since December 2019. As of September 2nd 2020 there has been 501 959 cases with 10 854 deaths (proportion of fatal cases (PFC) 2.2%). The Philippines also has the highest number of cases in the Western Pacific with Capital Metro Manila as epicenter. (4)

The International Society of Physical and Rehabilitation Medicine supported by Global Rehabilitation Alliance (GRA), urges the member states to:

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1. Incorporate rehabilitation in health planning in relation to both the rehabilitation needs of people affected by COVID-19 and the other groups requiring access to rehabilitation; adjust health financing to respond to increased demand for rehabilitation services associated with COVID-19. Maintain, at the hospital level, early rehabilitation care for injured people or with newly acquired impairments, in strict compliance with prevention measures in place, including provision of personal protective equipment.

2. Provide equitable access to rehabilitation services through tele-rehabilitation (4), as a critical modality to continue providing an essential health service to those in need. With poor or absence of connectivity, materials in universally accessible forms (Braille, Audio) on guidelines and pathways should be made available to rehabilitation service providers and end-users

3. Document consequences of COVID-19 using the WHO Global COVID-19 Clinical Case Record Form

4. Ensure the inclusion of rehabilitation as component within the health systems' 6 building blocks from primary to tertiary levels of care

Table 2: Health System Building Blocks and Rehabilitation

THE SIX BUILDING BLOCKS OF THE HEALTH SYSTEM	REHABILITATION COMPONENT
 LEADERSHIP AND GOVERNANCE	<ul style="list-style-type: none">• Laws, policies, plans and strategies that address rehabilitation.• Governance structures, regulatory mechanisms and accountability processes that address rehabilitation.• Planning, collaboration and coordination processes for rehabilitation.
 FINANCING	<ul style="list-style-type: none">• Health expenditure for rehabilitation.• Health financing and payment structures that include rehabilitation.
 HEALTH WORKFORCE	<ul style="list-style-type: none">• Health workforce that can deliver rehabilitation interventions – including rehabilitation medicine, rehabilitation-therapy personnel, and rehabilitation nursing.
 SERVICE DELIVERY	<ul style="list-style-type: none">• Health services that deliver rehabilitation interventions, including in specialized rehabilitation hospitals, centres, wards and units; in tertiary and secondary hospitals and clinics; in primary health care facilities and in community settings.
 MEDICINES AND TECHNOLOGY	<ul style="list-style-type: none">• Medicines and technology commonly used by people accessing rehabilitation, particularly assistive products.
 HEALTH INFORMATION SYSTEMS	<ul style="list-style-type: none">• Data relevant to rehabilitation in the health information systems, such as population functioning data, rehabilitation availability and use data, and rehabilitation outcomes data.• Research relevant to rehabilitation policy and programmes.

<https://www.who.int/rehabilitation/rehabilitation-guide-for-action/en/>

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3. International Society for Prosthetics and Orthotics (ISPO) Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic April 6, 2020 Website: www.ispoint.org
4. Coronavirus Disease 2019 (COVID-19) External Situation Report #18 2 September 2020 Period of Report: 26 August 2020 to 1 September 2020 as of 2 September 2020, 10:00 (GMT+8) : World Health Organization , Western Pacific Region
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