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## WHO global rehabilitation indicators meet rising health needs

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At its 158th Executive Board, the Director-General of WHO presented a report outlining the need to monitor the integration of rehabilitation into health systems.<sup>1</sup> The indicators were developed through a member states consultation between November, 2024, and March, 2025. This milestone follows the 2023 World Health Assembly (WHA) 76.6 Resolution for strengthening rehabilitation in health systems, which calls for developing rehabilitation services at all levels of the health system to address huge unmet population needs.<sup>2</sup>

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Demographic shifts, a rising prevalence of non-communicable diseases, and a new era of conflict pressure modern health systems with increasing demands for rehabilitation. The Global Burden of Diseases, Injuries, and Risk Factors Study 2021 estimated that **2.6 billion people** could benefit from rehabilitation.<sup>3</sup> Historically, health systems were built to treat disease and prevent death. Rehabilitation emerged later, often in response to those affected by war and infectious disease with permanent disability. Today, rehabilitation is recognised as a core health strategy to achieve optimal functioning, improve the outcome of other health interventions, and enhance wellbeing as well as reducing societal costs in chronic conditions.<sup>4</sup> Unfortunately, current health system monitoring remains focused on morbidity and mortality and fails to capture these effects adequately.



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The WHO global rehabilitation indicator set aims to fill this gap by enabling assessment of a country's capacity to meet population rehabilitation needs. The framework allows tracking of countries' governance (including preparedness for health emergencies), financing, workforce, health information systems, and service delivery. Within this set, a service use indicator measures access to rehabilitation services that can be disaggregated by major condition groups requiring rehabilitation (ie, musculoskeletal, neurological, mental health, respiratory, cardiovascular conditions, sensory impairments, and cancer). This disaggregation helps member states identify priorities and contextually relevant conditions, and begin systematically tracking rehabilitation service coverage across clinical populations.

In response to the WHA Resolution's request, an additional effective coverage indicator was developed, methodologically requiring the selection of a tracer health condition, to serve as a tracer indicator for health system performance assessment.<sup>5</sup> The WHO global rehabilitation indicators are intended to shift the focus of global health assessment from mortality and morbidity to include functioning as a third fundamental health outcome.<sup>6</sup> The [appendix](#) shows an overview of the indicators.

The WHA Resolution requests the WHO Director-General to publish the first global status report on rehabilitation and the global indicators could serve as a baseline. These metrics must be integrated into national health information systems with the support of WHO, non-state actors, development partners, and academic institutions. By adopting and funding data collection for these indicators, countries can make rehabilitation visible, ensuring that every person affected by disease or injury, every ageing person, and everyone experiencing disability has a measurable path to a life of independence and participation.

## Competing Interests

This Correspondence is co-signed by non-state actors in official relations with the WHO Rehabilitation Programme: Associazione Italiana Amici di Raoul Follereau, Fédération Handicap International, Humanity and Inclusion, International Association of Communication Sciences and Disorders, International Committee of the Red Cross, International Society for Prosthetics and Orthotics, International Society of Physical and Rehabilitation Medicine, International Spinal Cord Society, World Federation of Occupational Therapists, and World Physiotherapy. We declare no competing interests.

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## Supplementary Material (1)

 [PDF \(128.10 KB\)](#)

**Supplementary appendix**

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