

Virtual side-event at the 2025 High Level Political Forum



**The missing health link
for 1/3 of the world's population
Better access to rehabilitation services**

Online, on 16 July 2025

at 12:00 GMT, 14:00 CET, 08:00 EST

Captioning and interpretation in English and French will be provided

- This webinar is being recorded. Participants are invited to keep their cameras and microphones off.
- French interpretation is available. To access the French interpretation space, please click on 'More' and then on the interpretation icon.
- Closed captions can be viewed on the streaming platform via the hyperlink provided in the chat.
- Participants are invited to type any questions or comments in the chat box. These will be addressed during the Q&A session or answered in writing.

Why are we here?

- Health is not just about surviving disease — it is about functioning, participation, and quality of life.
- Rehabilitation is an essential health service that helps people recover, maintain independence, and participate fully in society.
- Rehabilitation is a **core part of Universal Health Coverage (UHC)** — not a luxury or specialized service.
- With only five years left to achieve the **Sustainable Development Goals (SDGs)**, it is urgent to prioritize rehabilitation in UHC plans, national budgets, and global health monitoring.

Gaps we must address

- **1 in 3 people** worldwide could benefit from rehabilitation
- Only **50%** get the services they need
- Groups most affected include people living with noncommunicable diseases, mental health conditions, disabilities, injuries, or the impacts of conflict or ageing.
- Without rehabilitation, people face avoidable disability, mental distress, poverty, and social exclusion.
- Access to rehabilitation is an investment in individual well-being, family stability, workforce participation, and resilient, inclusive communities.

Global Commitments Supporting this Agenda

- **WHO Constitution (1946):** Health is not just the absence of disease, it is complete physical, mental, and social well-being – the foundation of services supporting functioning.
- **Declaration's of Alma-Ata (1978) & Astana (2018):** Health is a human right; rehabilitation is part of essential primary health care.
- **UN Political Declaration on UHC (2019):** Commitments to the full range of health services, including rehabilitation, across the life course.
- **UN Convention on the Rights of Persons with Disabilities (2006):** Right to health and rehabilitation without discrimination.
- **WHO People-Centered Health Strategy (2016) & Global Action Plan for Healthy Lives (2019):** Includes rehabilitation as part of improved functioning, quality of life, and inclusion.
- **WHO Resolution on Rehabilitation (WHA76.6, 2023):** Calls on countries to integrate rehabilitation into health systems, invest in workforce and data, and ensure access for all.
- **Achieving SDG 3 requires rehabilitation to be recognized across all targets,** including maternal & child health, NCDs, mental health, injuries, reproductive health, and emergencies.

What this session will explore

- How rehabilitation is essential to achieving SDG 3 and supports other SDGs, including quality education, decent work, reduced inequalities, and inclusive communities.
- Why functioning matters across the life course, from childhood through older age.
- What perspectives, examples, and lived experiences can help us understand the urgent need to improve access to rehabilitation and ensure no one is left behind.

Our shared goal:

To move beyond survival and build health systems that promote dignity, resilience, and well-being for all.

Our panelist

Valentina Pomatto

Inclusive Development Advocacy Manager

Humanity & Inclusion

“Spotlight on a new report”

New report by Humanity & Inclusion Rehabilitation for all: essential throughout life and for many health conditions



Rehabilitation: Underfunded Yet Essential

- Government **health spending** below the 15% Abuja target (2022)
 - Benin: 2.6% | Haiti: 4.1% | Uganda: 4.9%
- In many LMICs, **individuals bear the cost**, with high inequities:
 - Haiti: Out-of-Pocket spending represents 48.2% of all health expenditure.
 - Benin: social protection covers only 8.4% of the population.
 - Women and persons with disabilities face disproportionate financial barriers to care.
- Financing for rehabilitation is often **fragmented across ministries and donors**
- **Heavy Dependence on External Aid**
 - Uganda: 27.2% of assistive products from NGOs; 24.5% are self-made.
 - Haiti: 28% of rehab centres are NGO-run; all centers rely on aid.
 - Donor cuts in 2024–25 (over \$17B) threaten ongoing services and progress.

Bridging the gap in emergency response

- Conflicts and disasters, lead to increased injuries, trauma, and damage to assistive devices.
- Health infrastructure is often compromised; rehabilitation professionals may be displaced.
- Rehabilitation is often excluded from emergency preparedness and response plans.

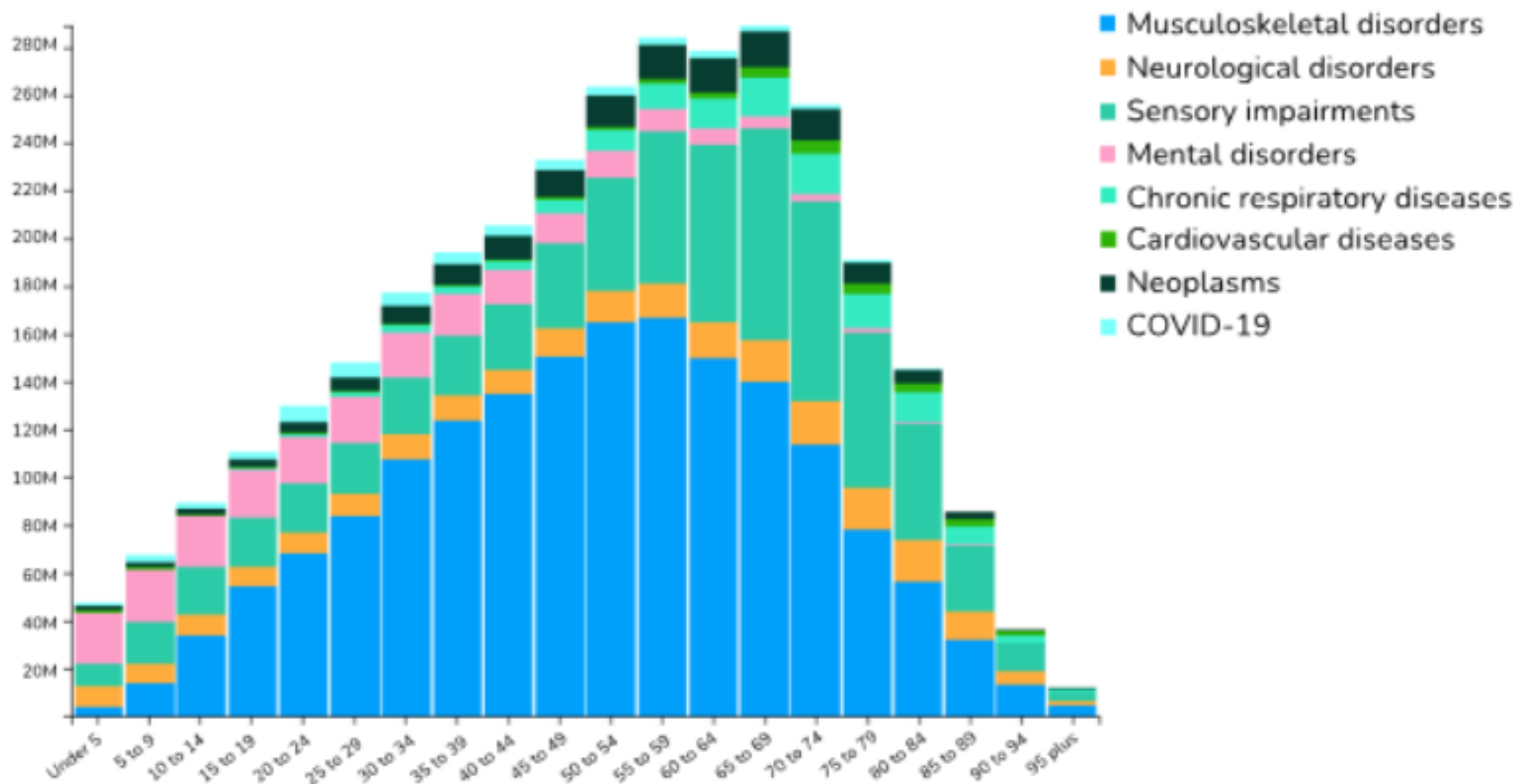


40%

The infographic features a large '40%' in a dark blue font. To its left is a vertical blue bar with three circles above it. To its right is a horizontal blue bar with a vertical bar extending downwards. The background is light gray with red diagonal hatching in the top right and bottom right corners.

**of Haiti's health facilities
closed in 2024, due to
instability.
Rehabilitation services
are disappearing when
they're most needed.**

Number of people with rehabilitation needs throughout their lives (in millions), per health condition group



What health conditions can benefit from rehabilitation?



“People tend to think rehabilitation is a disability-specific service, but it is not. It is a health service that is required for everybody.”

Smitha Sadisvan, Senior Advisor, Inclusive Health Policy, Disability Rights India Foundation

- Needed for anyone with temporary or long-term limitations in functioning
- Common conditions requiring rehabilitation: low back pain, fractures, arthritis, amputation, dementia, stroke, cerebral palsy, traumatic brain injury, developmental intellectual disability, vision impairment, hearing loss, cancer...



Temia's experience as a mother of two children in need of rehabilitation, Uganda

“The project has transformed the way I approach caregiving and given me the emotional strength to continue supporting my children”



Jesulène's experience: Recovering after a stroke, Haiti

“When I had my stroke, we didn’t hesitate to seek care, despite our finances not being in the best shape. My husband rides a motorbike, so he takes me to therapy, and fortunately, I don’t live too far from the centre.”



Souleyman's experience: regaining mobility after a road crash, Benin

“Having a leg prosthesis is a luxury in Benin, while many poor people need one. I urge the government to subsidize the production of prostheses and to build more rehabilitation centres.”

Our panelist

Vincent Tihon

Strategic Leadership Expert
at Enabel (Belgian agency for international cooperation)

“Partnerships for rehabilitation”



The role of international partnerships in supporting national efforts to strengthen rehabilitation, particularly in crisis affected areas - the experience of Belgium

Unlocking the Missing Health Link – Rehabilitation for 1 in 3 Globally
Side event 2025 HLPF


Dr Vincent Tihon - Enabel

enabel.be


1

Enabel - Belgian agency for international cooperation


Focus on 4 urgent global challenges:




Social & economic empowerment



Climate and Environment





Peace, security & democracy




Demographic transitions

Our DNA







Partnerships
We foster partnerships that are based on trust and involvement for better public governance.



Co-creation
We aim to co-create customised flexible solutions that are adapted to the local context.

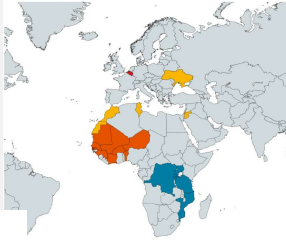


Proximity
We are present at central, intermediary and operational level in complex and fragile environments.




Expertise
We source the most appropriate expertise, building alliances with Belgian public institutions.


Enabel operates in 3 regions




Belgium
Middle East, North Africa + Ukraine • Morocco - Tunisia - Palestine - Jordan - Ukraine
West Africa • Mauritania - Senegal - Gambia - Guinea - Côte d'Ivoire - Mali - Burkina Faso - Niger - Benin
Great Lakes • DR Congo - Burundi - Rwanda - Uganda - Tanzania - Mozambique




200
Projects



20
countries



+357
Million €



72%
'fragile' contexts

enabel.be

2



Rehabilitation strengthening: why



Rising Global Need

- **2.4 billion people** globally need rehabilitation (WHO, 2022).
- In crises (e.g. Ukraine), demand surges for trauma rehab, prosthetics, and long-term care.



Essential for Universal Health Coverage

- **Rehabilitation is a core health service**, alongside prevention, treatment, and palliative care..



Improves Functioning and Productivity

- Reduces long-term care costs and dependency.



Equity and Rights-Based Imperative

- Ensures equal opportunities for people with disabilities, chronic illness, or injury.

enabel.be

3



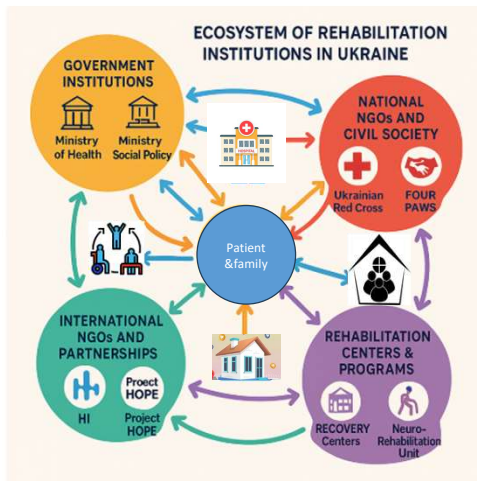
International partnership principles

- **Country ownership** and sovereignty
- **Partners alignment** with national strategies, policies and priorities
- **System strengthening** and pooling of resources
- **Mutual accountability** and **Results-Based approach**, focusing on outcomes, not inputs
- **Mutual learning** and knowledge exchange
- **Harmonization** and **coordination**
- **Inclusiveness** and **participation**
- **Equity** and **human rights**
- **Solidarity, shared responsibility** and **long-term commitment**

enabel.be

4

Rehabilitation strengthening in Ukraine: who



- Leadership and coordination: MOH
- Min Soc Policy, Min Veterans Affairs, Min Int Affairs, Min Region, Min Education
- NHSU
- Intl partners:
 - WHO and rehabilitation working group
 - Includes Multilaterals (ie WHO, UNDP, UNHCR, UNICEF, ILO, etc), ICRC, bilaterals (USAID, GIZ, Swiss cooperation, AFD, EF, Enabel, Korea, Japan, etc.) international NGOs and charitable organizations (HI, IRC, Care, Mercy C, Save the children, world vision, MSF, Hope, etc.), national NGOs (Red Cross, National Assembly of Persons with Disabilities, etc.)

enabel.be

5

Rehabilitation strengthening: what

Patient-centered health and social service system

Develop a "Patient Pathway to Rehabilitation", from acute in-patient rehab to long-term community support

Improved access to services

Support reconstruction, rehabilitation and modernisation of facilities following Build Back Better principles

Skills development for healthcare professionals

Improve in-service and pre-service training for doctors and nurses with a focus on war trauma rehabilitation

Piloting innovations

Introduce Ukrainian doctors to medical innovations for improved quality of care jointly with Belgian private & public sector



6



7

Hospital reconstruction & modernisation

Pryluky hospital, Chernihiv region
 major renovation of two floors +
 replacement of three elevators



Koriukivka hospital, Chernihiv region
 reconstruction of the neurology and
 rehabilitation department



enabel.be

8



Human Capital development

Centres of Excellence



Support to curriculum upgrade and/or development
 Teaching methodologies
 Practice training +++
 Hands on training

New technology



Speech therapy
 Wound and burns care
 Prothesis and Othotics
 CMF,
 Occupational health
 Nursing care
 Etc.

enabel.be

9

Piloting innovations

Collaboration with the Belgian medtech startup Ceriter
 to provide smart insoles for gait rehabilitation to four hospitals



Cranio maxilla facial reconstruction

Collaboration with Bogolomets and Lviv Universities, Superhumans, Doctors for heroes, Private sector Materialize, 3D prothesis, under MOH coordination.

Aim: to develop effective patient pathway model from incident management to social rehabilitation

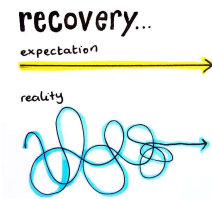


10



Take home messages

- **Rehabilitation is a core health service**
- **Alignment** to leadership is key
- **System strengthening** for durability and efficiency
- Donor **coordination** and harmonization essential for effective support
- **People centered approach**: Patient (and family) must stay at the centre
- **Multidiscipline coordinated and comprehensive approach**: medical, nursing, psychological, physio, speech, occupational, social, logistical

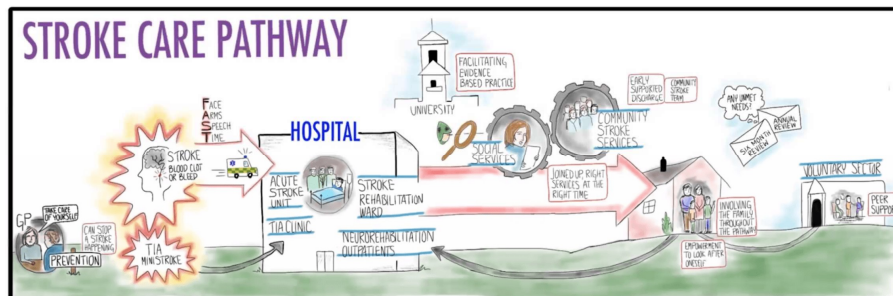


enabel.be

11



Patient Pathway example - stroke



enabel.be

12

Our panelist

Nonyelum Nweke

Chair of the International Cerebral Palsy Executive Board
and founder and executive director of the Cerebral Palsy
Center in Nigeria

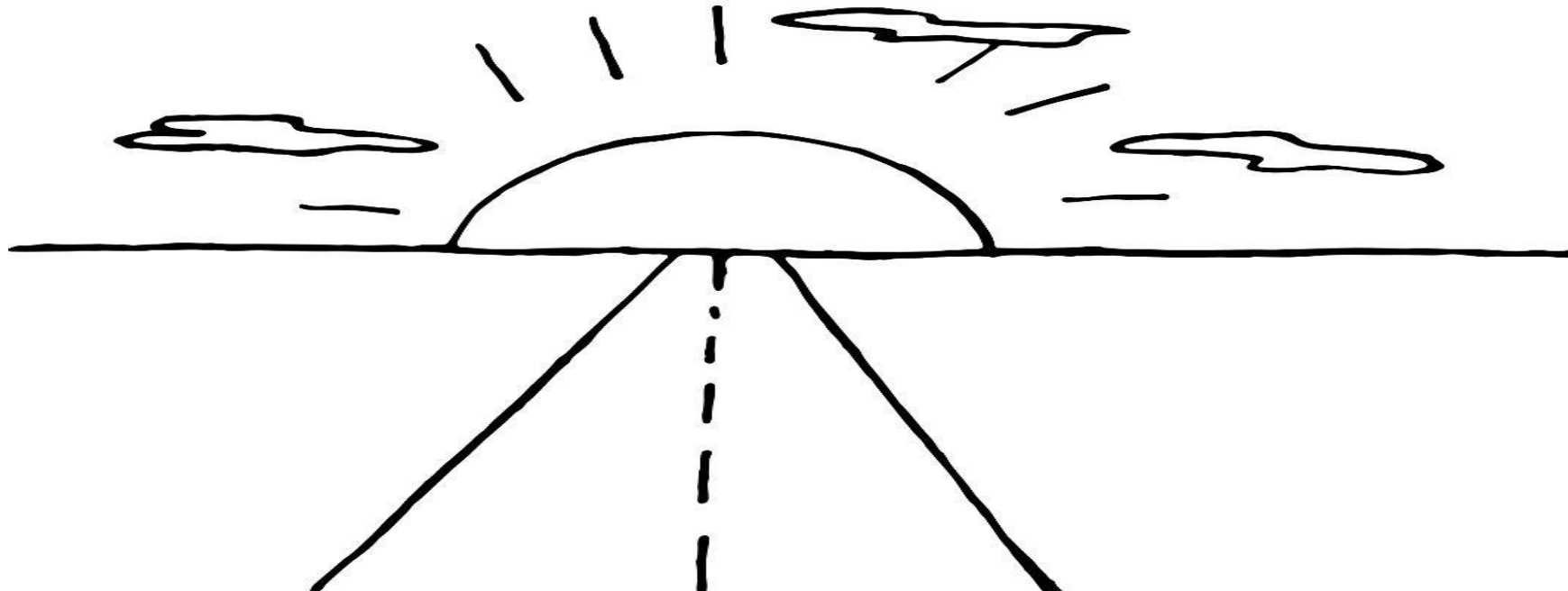
“Addressing barriers to rehabilitation ”



Right to Rehabilitation Across the Life Path: Addressing barriers to equity, dignity & inclusion.

**Nonyelum Nweke
Chair ICPS/Founder CpCenterNigeria.**

'We all hope that when illness strikes or disability becomes part of our lives, we won't simply be left to "cope." That is the promise of rehabilitation.'



Why Rehabilitation Matters

- Preserves dignity & independence
- Enables participation at all life stages
- Supports education, work, inclusion
- A human right & cornerstone of palliative care



Tope's Story

(A single mother)

- Stigmatised & abandoned
- Slept in a market, with her child
- Travelled a long distance to find help



STORIES OF CHANGE

Before



AMINA: From being secluded to being educated and included.

After



STORIES OF CHANGE



Testimony: From malnourished & isolated to thriving, happy & healthier.

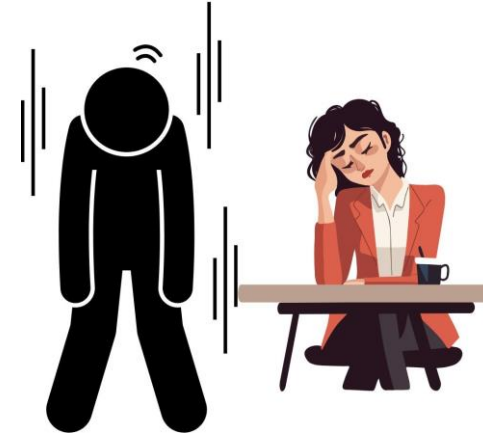
Barriers to Access that We Must Confront

Distance - Services too far

Costs - Often unaffordable

Stigma - Families hide children

Poor Continuity- Unrealistic expectations & lack of support



End **THE** **STIGMA**

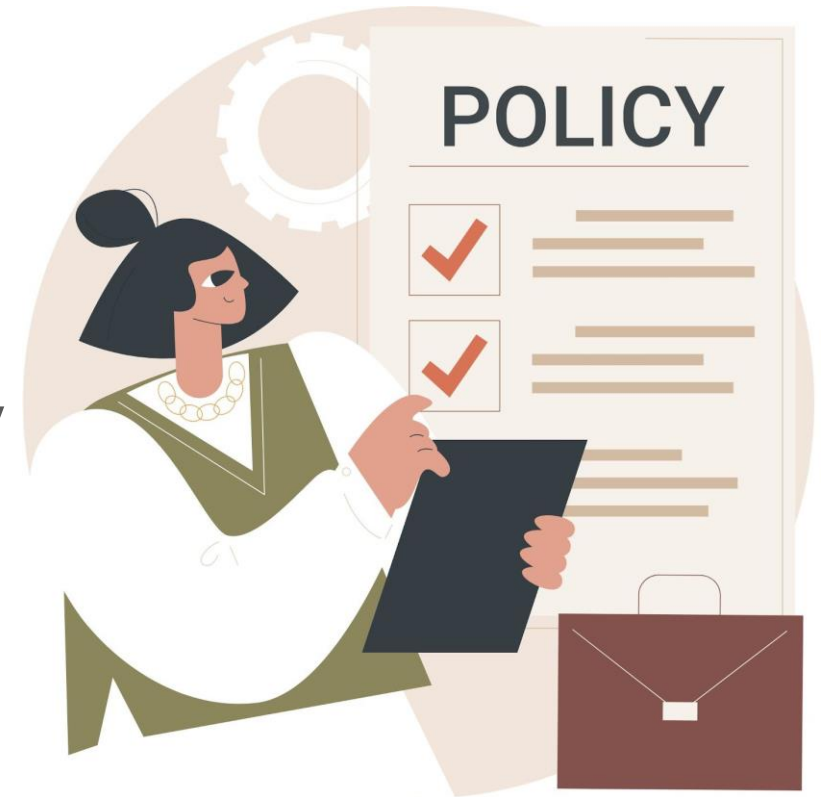
Benefits of Rehabilitation

- Improves school attendance & learning
- Supports employment & inclusion
- Reduces burden on families.
- Upholds dignity
- Supports health and improves developmental outcome.



What Needs To Change - Policies & Systems

- Include rehab in national health & education plans
- Integrate rehab into primary health care
- Fund community-based services often led by like CpCenter
- Educate to combat stigma



Closing Message

“Rehabilitation is not a luxury — it is a right. When we invest in it, we invest in everyone’s future.”



Thank
you.

nonyelum@cpcenter.com.ng



Our panelist

Masumi Ono

Chief of Social Inclusion and Participation Branch in the
UN Department for Economic and Social Affairs

“Rehabilitation as a lever for inclusion”



United Nations Department of Economic and Social Affairs
Division for Inclusive Social Development

Rehabilitation as a lever for inclusion

Findings from the UN Disability and Development Report





Convention on the Rights of Persons with Disabilities

- Adopted in 2006
- **Articles 25 & 26: Health & Rehabilitation**
 - States Parties shall take all appropriate measures to ensure access for persons with disabilities to health-related rehabilitation
 - States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services





2030 Agenda for Sustainable Development

- Adopted in 2015
- **No direct reference to rehabilitation, but**
 - **Target 3.8 Achieve universal health coverage: universal health coverage means all people have access to the full range of rehabilitation services they need**
- **Persons with disabilities are being left behind in all Goals**
- **Lack of access to rehabilitation is a main barrier to inclusion**
- **Improving access to rehabilitation is crucial to achieve the Goals**





UN Disability and Development Report 2024



- Requested by the UN General Assembly
- Focus on progress towards implementation of the Convention on the Rights of Persons with Disabilities and the SDGs
- Update of the Disability and Development Report 2018





Disability and Development Report 2024

- Issued by the United Nations Department of Economic and Social Affairs (UN DESA)
- Result of a collective effort of more than 200 experts worldwide

Other (government agencies, research institutes, etc.), 25%

Non-governmental organizations, 13%

United Nations and other intergovernmental organizations, 62%





- Global analysis based on data, legislation and policies from over 100 countries
- To understand:
 - Socio-economic circumstances of persons with disabilities
 - Barriers they face in their daily lives
 - Impact of the COVID-19 crisis
 - Progress for each SDG





Disability and Development Report 2024

- Analysed 118 indicators related to 63 SDG targets
- Indicators:
 - Some are SDG indicators
 - Proxy of SDG indicators
 - Indicators that can contextualize the SDGs for persons with disabilities (e.g. accessibility, unmet need for assistive technology)
 - Crowdsourced data (accessibility of physical spaces)





Assessment of the 63 targets

6% of targets: some indicators on track

30% of targets: progress insufficient

14% of targets: target missed or progress stalled or deteriorated

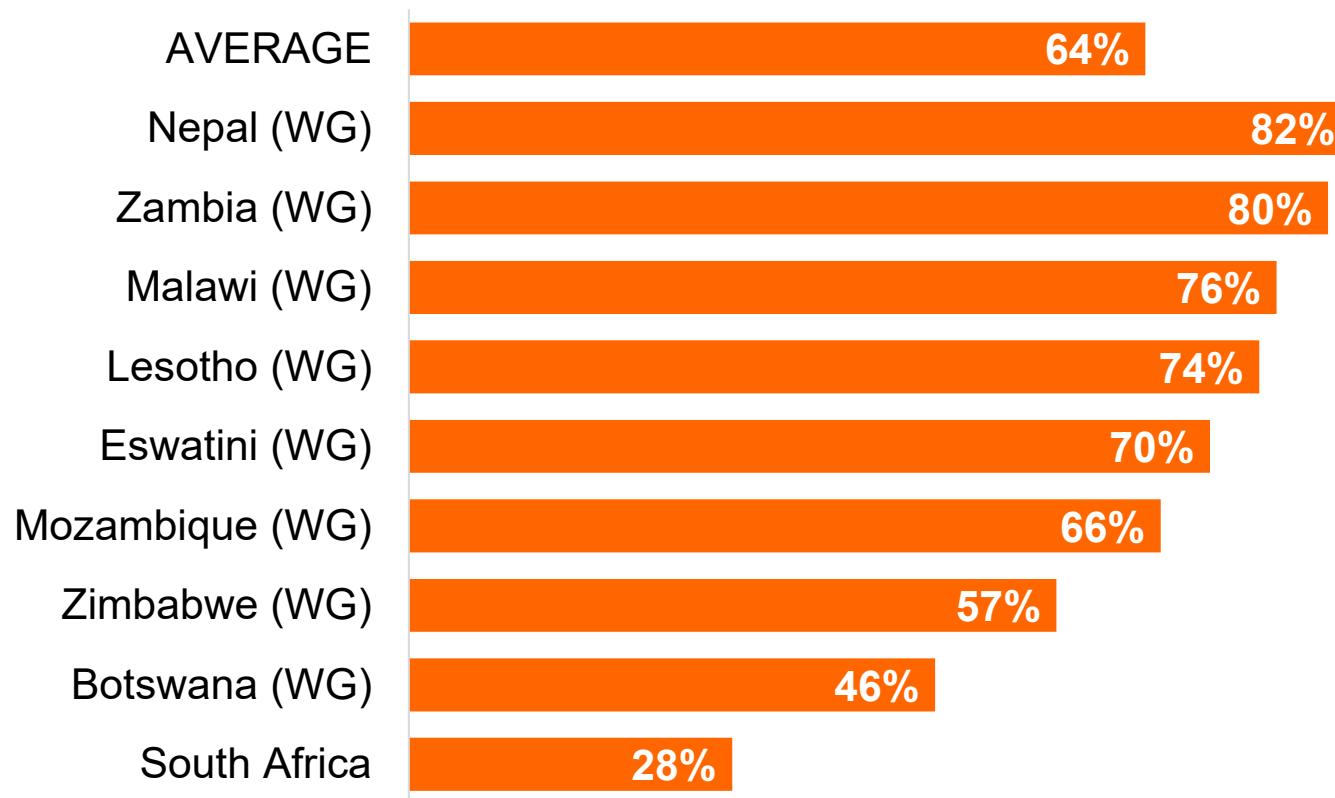
40% of targets: not enough data to assess progress, only data to provide a one point in time snapshot

10% of targets: no data to provide a one point in time snapshot





Many persons with disabilities in developing countries need but do not have access to rehabilitation services



(WG) indicates data collected with the Washington group questions.





Barriers to access rehabilitation

- Lack of financial resources
 - Persons with disabilities earn lower wages, face additional costs related to their disability and are at higher risk of poverty
- Lack of access to accessible transport to rehabilitation services
 - 43% of persons with disabilities indicate that transportation is not accessible to them
- Unavailability of adequate rehabilitation services





Barriers to access rehabilitation

- Social welfare services at times fail to provide coverage for rehabilitation; or the coverage is only provided if the person is employed or if the family pays the premium
- Sometimes the services are only available to persons who have been legally recognized as having a 'disability', preventing the universal availability of rehabilitation for all who need them.





Goal 3: Good health and well-being



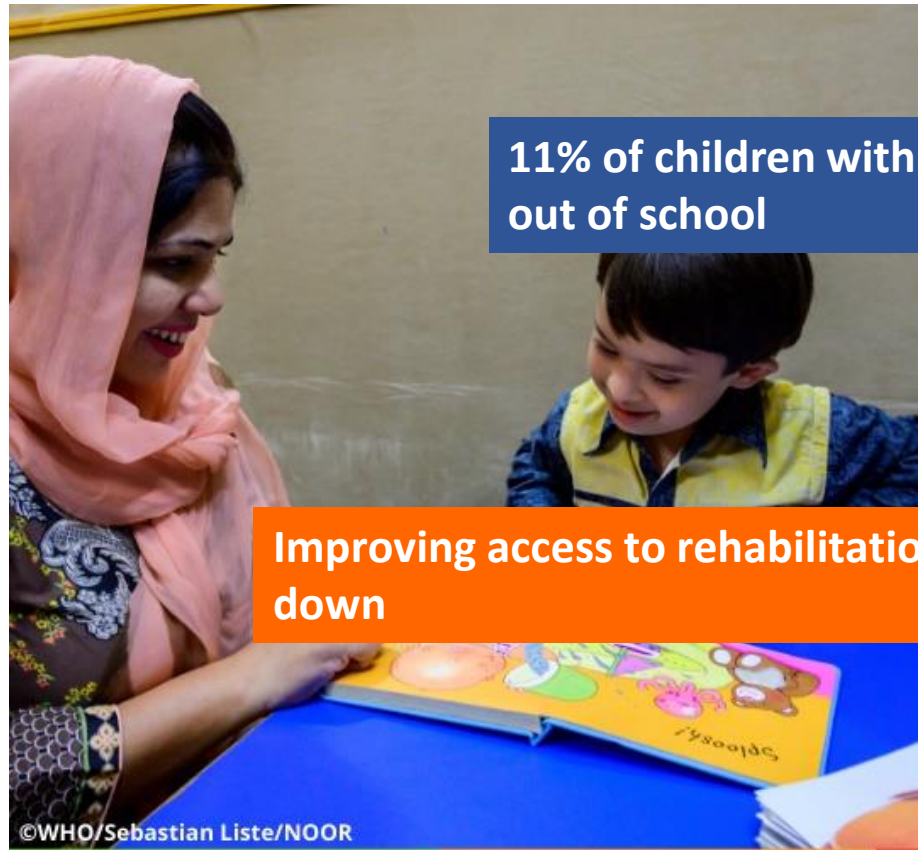
Andi Weiland, Germany

42% of persons with disabilities versus 6% of persons without disabilities perceive their health as poor

Rehabilitation can help close this gap



Goal 4: Quality education



11% of children with disabilities of primary school age remain out of school

Improving access to rehabilitation is fundamental to bring this percentage down



Goal 5: Gender equality



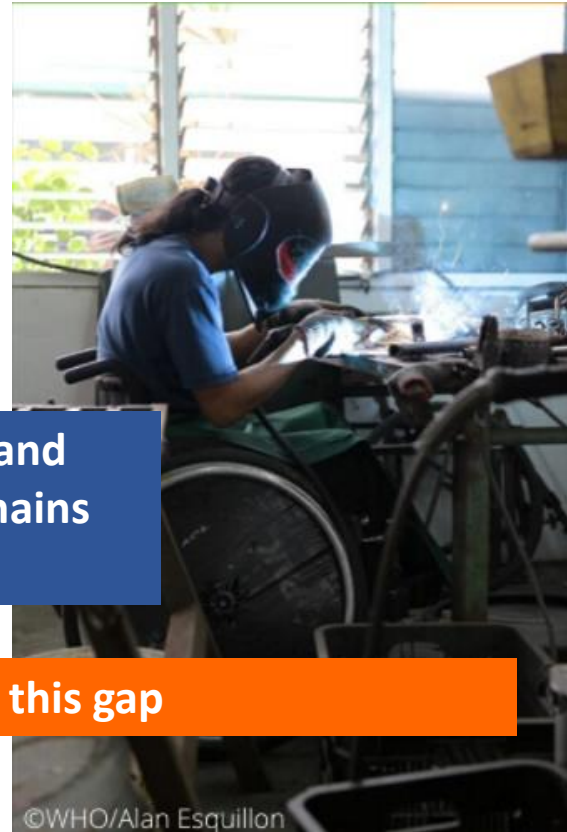
Women and girls with disabilities face more barriers and are at higher risk of poverty

Ensuring that women and girls with disabilities have access to rehabilitation can provide them equal opportunities and empower them





Goal 8: Decent work



The gap in employment between persons with and without disabilities is nearly 30% -- this gap remains unchanged since 2018

Improving access to rehabilitation is crucial to close this gap

©WHO/Alan Esquillon



Goal 13: Resilience to disasters and impacts of climate change



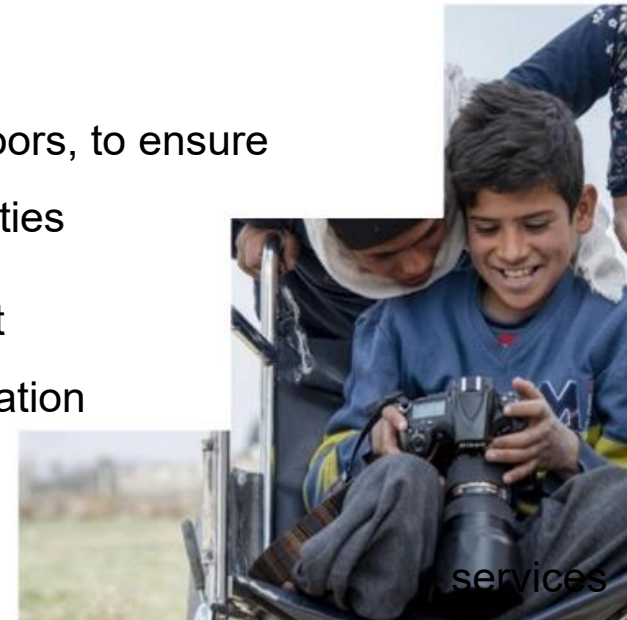
Currently, 39% of persons with disabilities have difficulty or cannot evacuate during a disaster or emergency – a rate unchanged since 2013

Improving access to rehabilitation can help bring this percentage down



Priority actions to ensure equitable access to rehabilitation

- Promote health insurance coverage for rehabilitation services
- Implement disability-specific social protection schemes that effectively address the costs of rehabilitation. Engage persons with disabilities and their representative organizations in designing these programmes.
- Implement social protection schemes, including floors, to ensure adequate income security for persons with disabilities
- Support developing countries, and especially least developed countries, through international cooperation activities promoting access to rehabilitation
- Build country capacity to provide rehabilitation





United Nations Department of Economic and Social Affairs
Division for Inclusive Social Development

THANK YOU

social.un.org
unsdn.org

<http://bit.ly/ddr2024>

