

Limitations in Functioning due to Health and the Need for Rehabilitation

FUNCTIONAL LIMITATIONS IN DAILY LIFE:

**4-20
MORE**



Report **limitations** in **daily life** due to **poor health** in the **lowest income** quintile compared to the **highest income** quintile



Limiting illness is defined as **restrictions** individuals experience in **everyday activities** for a period of at least **6 months**, due to a **health condition**

**4-22
MORE**



Report **limitations** in **daily life** due to **poor health** in the **lowest income** quintile compared to the **highest income** quintile



Wealth status and the **number of people** reporting **limitation** in **daily activities** due to **poor health** are **strongly associated**

75%

of the **total number** of **years lived with disability** are **associated** with **health conditions** where **rehabilitation** is **beneficial**



10 per 1 MILLION

15%

of all **years lived with disability** include **severe levels** of **disability** due to a **health condition** for which **rehabilitation** is a **fundamental** intervention

There are **less than 10** skilled **practitioners** who provide **rehabilitation services** per **1 million** population in many **low** and **middle income** countries

Limitations in functioning create **difficulties** in:



Thinking



Moving



Seeing & Hearing



Having Relationships



Communicating



Remaining Employed

Investment in rehabilitation benefits both the **individual** and **society**



Rehabilitation not only **enables** individuals to participate in **education** and **employment** but also to **remain independent** and **reduce** the need for **financial** and **caregiver** support



Further, **rehabilitation** can help **avoid hospitalization** and **prevent re-admission** as well as **reduce** the **length** of **hospital stays**



10 **REDUCED INEQUALITIES**



**SUSTAINABLE
DEVELOPMENT
GOALS**

3 **GOOD HEALTH AND WELL-BEING**



Rehabilitation is **not** a **luxury**, **optional** service, or a **fallback strategy** if preventative or curative interventions fail but rather is a **central pillar** of **effective health care**

Everyone should have **access** to **timely** and **affordable** **rehabilitation** interventions. This entails **starting** **rehabilitation** on **diagnosis** of a **health condition** and **continuing** **rehabilitation** alongside other interventions

TAKE ACTION:



1. **Integrate** **rehabilitation** services into **health systems** and between **primary**, **secondary** and **tertiary** levels



2. Create a **multi-disciplinary** **rehabilitation** **workforce**



3. Have **community** and **hospital** **rehabilitation** services available



4. Form **specialized** **rehabilitation** units for individuals with **complex** needs



5. Allocate **specific** **budgets** and ensure **health insurance** covers **rehabilitation** service



6. **Increase** **access** and **affordability** of **assistive products** and **train** individuals in the use of these products

Sources:

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3. WHO website on rehabilitation: <https://www.who.int/rehabilitation/en/>
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5. Functional and activity limitations statistics: https://ec.europa.eu/eurostat/statistics-explained/index.php/Functional_and_activity_limitations_statistics
6. WHO European Health Equity Status Report Initiative (HESRI): https://whoeurope.shinyapps.io/health_equity_dataset/