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Brief Report

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Strengthening Rehabilitation Globally: International Society of Physical and Rehabilitation Medicine (ISPRM) Strategy to Action *Synopsis of the ISPRM President's Cabinet Strategy Planning Workshop*

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Abstract

The President's Cabinet and panel of Past Presidents of the International Society of Physical and Rehabilitation Medicine (ISPRM) convened a strategy session following the World Congress 2026 in Vancouver, Canada. Participants examined challenges and future strategic directions across the four ISPRM pillars: *Advocacy, Communication, Education and Research, and Operations and Fiscal Health*, using participatory *Problem and Objective Tree Analysis* methodology. This article provides an analysis of the strategy session and highlights the future trajectory of ISPRM and its role within the broader rehabilitation landscape.

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Participants identified a common strategic priority: strengthening regional and national society capacity whilst maintaining a coherent global framework, across all four pillars. For *'Advocacy'*, the emphasis was on demonstration of economic and societal value of rehabilitation; *'Communication'* emphasized multilingual engagement and stronger relationship with regional and national societies; *'Education and Research'* highlight the need for globally accessible evidence-generation and knowledge-sharing platforms; and *'Operations and Fiscal health'* concentrated on creating sustainable governance and finance mechanisms.

The discussion aligns closely with contemporary global rehabilitation initiatives, including World Health Organization (WHO) Rehabilitation 2030, the World Health Assembly resolution (WHA76.6) on 'Strengthening Rehabilitation in Health Systems', and the World Rehabilitation Alliance (WRA). The strategy session represents an important transition from aspirational goals toward measurable organizational transformation and provides a roadmap for positioning ISPRM as a leading global advocate, knowledge-broker, and catalyst for rehabilitation medicine development worldwide. Successful implementation of the strategies will depend on leadership accountability, prioritization of foundational activities, sustainable finance, and meaningful regional and national empowerment.

Keywords: Advocacy, communication, education, leadership, Physical and rehabilitation medicine, research.

Physical and Rehabilitation Medicine (PRM) is increasingly recognized as an essential health strategy for improving functioning, participation, and population health outcomes.[1] According to the WHO, more than 2.6 billion people worldwide could benefit from rehabilitation services.[1] This figure is expected to rise due to population ageing, increasing prevalence of non-communicable diseases, injuries, cancer survivorship, and the long-term consequences of escalating emergencies and humanitarian crises. Despite this growing need, rehabilitation remains underfunded and under-prioritized in many health systems.[2] The *WHO Rehabilitation 2030 initiative* marked a major turning point in global rehabilitation policy by highlighting PRM as a key health strategy rather than a specialized service.[3, 4] This momentum was strengthened by the 2023 World Health Assembly Resolution on Strengthening Rehabilitation in Health Systems (WHA76.6), which called upon member states to integrate rehabilitation into all levels of care and improve workforce, financing, and data systems.[5] The International Society of Physical and Rehabilitation Medicine (ISPRM), has an important role in assessing and translating these international commitments into practical actions.[6,7]

The ISPRM was established in November 1999 as a unified global body for the specialty of PRM.[8] As an international not-for-profit non-governmental organization (NGO), it serves as the principal global umbrella organization for PRM physicians, integrating humanitarian, professional, and scientific mandates. Its overarching mission is to advance PRM practice internationally and strengthen rehabilitation's contribution within global health systems, with the aim of optimizing functioning, participation, and quality of life for people experiencing disability.

The ISPRM has progressively strengthened its leadership role within the global rehabilitation community since its inception, through scientific collaboration, education, policy engagement, and strategic partnerships with WHO, the United Nations (UN) and others. It has emerged as the leading international PRM scientific and educational society, currently representing over 61 national societies and a broader constituency of PRM professionals across all WHO regions.[8] In January 2025, it launched the first ISPRM Strategic Plan to consolidate and expand its impact, structured around four core pillars: *advocacy, communication, education and research* and *operations and fiscal health* (Figure 1).[9] This strategic framework provides a roadmap to strengthen ISPRM's global influence, enhance member engagement, ensure organizational sustainability, and foster innovation in rehabilitation education and research.

The President's Cabinet (PC) of the ISPRM convened a strategy planning workshop following its 20th World Congress in Vancouver 2026, specifically to discuss these objectives. This article examines the outcomes of the session and discusses relevance within the broader rehabilitation landscape and explores

Figure 1. ISPRM Strategic Pillars[9]
ISPRM, International Society of Physical and Rehabilitation Medicine

implications for the future development of ISPRM and rehabilitation globally.

MATERIALS AND METHODS

The ISPRM PC strategy planning workshop was held in May 21-22, 2026, immediately following the 20th ISPRM World Congress in Vancouver, Canada. The workshop brought together members of the PC, past Presidents, invited facilitators (BA, GJ), and ISPRM representatives to review Society's strategic priorities and identify actionable directions for future development.

A participatory and interactive strategic planning approach was adopted using *Problem and Objective Tree Analysis* (Figure 2), methods commonly employed in organizational development, health systems planning, and international development.[10,11] These approaches facilitate structured stakeholder engagement and help identify causal relationships between challenges, desired outcomes, and implementation strategies. The workshop was conducted in two sessions (n = 14 participants), with representation from all regions of WHO.

During the first session, participants examined four predefined ISPRM strategic pillars: *Advocacy, Communication, Education and Research, and Operations and Fiscal Health* (Figure 1)[9] using *Problem and Objective Tree Analysis*, and identified key challenges, barriers, and opportunities within each pillar through facilitated interactive discussions. There was robust debate about the problem statements,

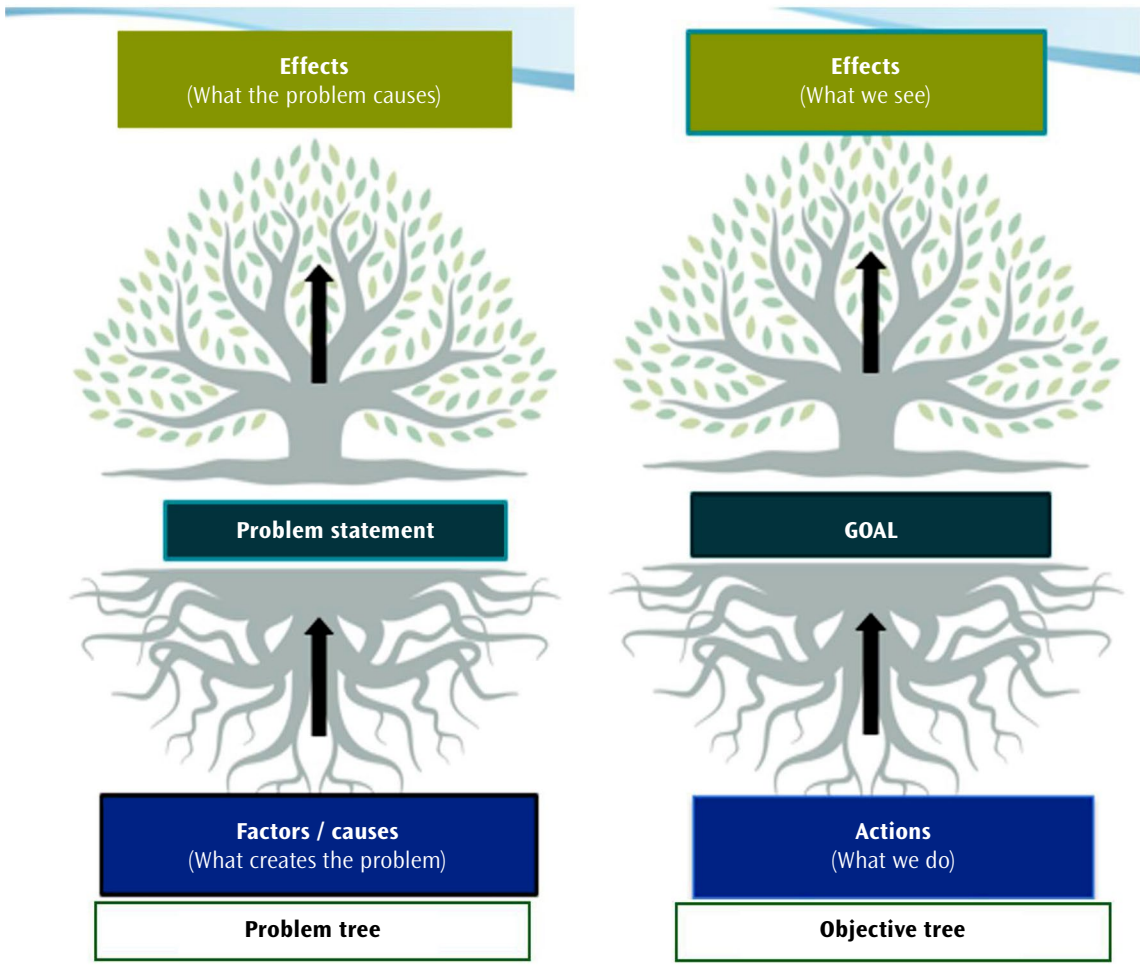

Figure 2. Problem and objective tree analysis.[10,11]

so that they accurately reflected the history of ISPRM and future aspirations. These were synthesized into problem statements representing the central organizational issues requiring strategic attention.

During the second session, problem statements were further converted into corresponding strategic goals again using *Problem and Objective Tree Analysis*. Participants subsequently identified the intended effects of achieving each goal and proposed practical actions required to facilitate implementation. Key performance indicators (KPIs) were also proposed to provide a framework for monitoring progress over short-, medium- and long-term horizons.

This article interprets the workshop outcomes in relation to current global rehabilitation policy and organizational leadership frameworks. The findings presented reflect a synthesis and interpretation of the strategic planning discussions rather than formal research findings.

Pillar 1: Advocacy-demonstrating the value of rehabilitation

The advocacy discussions identified a fundamental challenge confronting rehabilitation worldwide. The participants all agreed that, despite growing evidence of effectiveness, rehabilitation remains under-recognized and under-resourced. Traditionally, advocacy efforts have focused on increasing awareness of disability and rehabilitation needs; however, contemporary health policy increasingly requires economic justification. Governments and health systems seek evidence demonstrating value, return on investment, and contribution to broader societal goals.

There is growing body of evidence supporting rehabilitation as a high-value health intervention demonstrating improvement in functioning and participation, improved quality of life, alongside potential reduction in healthcare utilization, length of stay and readmission, with cost effective outcomes demonstrated across a range of conditions and service models.[1,12-14] However, these benefits are often poorly communicated to policymakers. Participants, therefore, proposed developing a stronger economic and evidence-base for rehabilitation, supported by partnerships, media engagement, and leadership development initiatives.

Notably, advocacy was viewed not merely as external communication, but as a mechanism for strengthening professional identity. The ISPRM can foster greater pride among practitioners and inspire future generations of rehabilitation professionals, by articulating the value of rehabilitation more noticeably. The challenge for implementation will be to ensure that advocacy activities are evidence-driven and adapted to diverse national and regional contexts, as a standardized global message may not resonate equally across different health systems. Consequently, regional and national societies must become active partners rather than passive recipients of advocacy resources.

Pillar 2: Communication-building trust across cultures and languages

Effective communication emerged as a prerequisite for success across all other strategic pillars. Participants recognize that fragmented communication contributes to organizational inefficiencies, reduces member engagement, and limits visibility of ISPRM activities. Similar challenges were identified in many international professional organizations, particularly those operating across multiple languages and cultural settings.

The proposed goal was to enhance communication that builds trust and coordination across cultures and languages, which reflects an understanding that communication is not merely about disseminating information but about creating meaningful engagement. A proposal was agreed to expand multilingual communication which aligns with WHO principles of inclusivity and equity. However, achieving communication across the six WHO official languages represent a substantial task. Hence, the participants advised advances in artificial intelligence (AI)-assisted translation may make this objective more achievable, but quality assurance and cultural adaptation remain essential.

Equally important was the recommendation to strengthen engagement with regional and national societies, which need to move beyond one-way information-sharing toward genuine

channel of communication. Regional meetings, ambassador programs, membership surveys, and structured feedback mechanisms could strengthen relationships between ISPRM leadership and its members. The participants accentuated that communication should, therefore, be viewed as organizational infrastructure that supports advocacy, education, research, and governance.

Pillar 3: Education and research-building a global knowledge ecosystem

A key concern raised by all participants was that education and research capacity remains uneven across regions. While some countries possess advanced rehabilitation education and research infrastructure, others face significant barriers related to research workforce shortages, limited funding, and inadequate academic capacity. The strategy session recognized that addressing these disparities requires increasing educational and research output, which requires creating a global ecosystem capable of generating, disseminating, and applying knowledge. The participants highlight education as a practical and scalable strategy for advancing PRM globally, particularly in low-resource settings. Priorities include accessible competency-based education, continuing educational activities (lectures, workshops, etc.) and professional development, faculty and leadership development, mentorship, regional training networks, and multilingual digital learning platforms. Education and research are complementary, with strengthened education and clinical competencies providing the foundation for future research capacity and academic development. This approach is consistent with WHO Rehabilitation 2030, which specifically prioritizes development of a strong rehabilitation workforce and integration of rehabilitation concepts into health-professional educational core curriculum.

The proposed actions reflect several contemporary trends in international research capacity building, including mentorship networks, collaborative platforms, open-access knowledge sharing, and prioritization of low-resource settings. The participants emphasized a 'bottom-up' approach, as historically, global research agendas have often been dominated by high-income countries. The collective discussion agreed that sustainable development requires local ownership and responsiveness to regional priorities. Global disparities in research funding, infrastructure, expertise, and institutional capacity were recognized. A tiered, network-based model is suggested, in which established research centers within the ISPRM network provide methodological and collaborative infrastructure while regional and national partners contribute to priority setting, multicenter data collection, implementation research, contextual adaptation, and knowledge translation. Value may be derived from pragmatic implementation and health-services research in low-resources settings, addressing relevant rehabilitation needs and determining how existing evidence can be effectively adapted to local health systems and sociocultural contexts. The ISPRM can facilitate this process by connecting existing centers of research excellence with emerging research communities.

A mentor registry was proposed, which all agreed that it represents a potentially high-impact intervention. Mentorship has consistently been identified as one of the strongest predictors of academic productivity and career development. The participants highlighted that structured mentorship programs could help reduce disparities in research capacity while fostering stronger international collaboration. Furthermore, development of a shared research platform was suggested that could facilitate multi-center studies, harmonization of outcome measures, and greater participation by low-resource settings. Such initiatives align closely with the growing emphasis on implementation science, real-world evidence, and collaborative networks.

Critically, education and research were recognized as highly dependent on the success of the other pillars. Without effective educational and research initiatives; communication, advocacy, and sustainable organizational governance, are unlikely to achieve long-term impact.

Pillar 4: Operations and fiscal health-the foundation for sustainability

All participants agreed that financial sustainability remains a challenge for many

international professional societies, including ISPRM. Reliance on congress revenues, fluctuating membership numbers, and limited diversification of income streams for non-profit organizations create vulnerabilities that can compromise organizational stability. Participants, therefore, acknowledged the absence of a sustainable financial model as a major strategic concern.

The proposed actions include diversified revenue streams which reflect established principles of NGO management, such as gross domestic product-adjusted society fees, member-exclusive educational resources, philanthropy, sponsorship, and long-term financial planning. Transparency emerged as another key theme to enhance trust, improve member engagement, and strengthen relationships with external stakeholders. The participants highlighted that members increasingly expect accountability regarding governance, decision-making, and financial stewardship.

The proposal to increase regional representation in leadership structures was highlighted as an important governance implication. Inclusive governance not only improves equity, but enhances organizational effectiveness by incorporating diverse perspectives and experiences. However, participants also indicated that concerns may arise between financial oversight and regional empowerment. Managing these issues will require clear governance frameworks, shared accountability mechanisms, and ongoing dialogue. Table 1 summarizes the emerging issues and desired goals.

The merging theme

Across all four pillars, participants emphasized strengthening capacity, leadership, and sovereignty of regional and national societies. The proposed actions collectively support a transition toward a more inclusive, decentralized, and sustainable organizational model in which ISPRM serves as a global coordinating body while enabling regional innovation, leadership, and implementation.

A notable finding from the strategy session was the consistent emphasis on collaboration with *regional and national societies for their empowerment* across all strategic pillars. While the specific priorities differed within the four ISPRM strategic pillars, participants highlighted the need to strengthen local capacity, leadership, and ownership. This theme was evident across all pillars:

- Advocacy through national advocacy initiatives.
- Communication through regional and national engagement and ambassador networks.
- Education and research through mentorship; and locally relevant research priorities.
- Operations through increased regional participation in governance and resource allocation.

This reflects a coordinated and networked model of governance in which ISPRM provides strategic direction, coordination, and support while enabling regions to lead implementation according to local needs and priorities. The concept aligns with contemporary theories of dispersed leadership and network governance. The participants emphasized that successful international organizations should increasingly function as networks that enable local innovation while maintaining strategic coherence, rather than concentrating authority centrally. This may represent a transition from a traditional membership organization toward a global rehabilitation ecosystem for ISPRM.

From strategy to implementation

The strategy session generated a comprehensive set of goals and actions; however, implementation and impact remain the critical determinant of success. The following three priorities are important:

1. Development of a compelling economic case for rehabilitation and establishment of sustainable financial structures for ISPRM should precede many other activities.
2. Accountability mechanisms including clear ownership, timelines, and performance indicators will be necessary to translate aspirations into measurable outcomes.

Table 1. ISPRM strategic framework pillars: Priorities, desired goals and actions

ISPRM Pillar	Problem statement	Strategic priorities	Strategic goal	Expected outcomes	Proposed actions
Advocacy	PRM is under-recognized, under-prioritized & under-resourced globally due to insufficient awareness of its health, social, and economic value.	• Strengthen economic & scientific evidence demonstrating the value of PRM • Reframe identity & language of PRM across policymakers, other professions, government, & public • Develop & strengthen sustainable advocacy pathways through education, leadership development, & national society engagement	• ISPRM is recognized & appropriately resourced because its value is clearly demonstrated	• Enhanced visibility & influence of ISPRM within global health policy • Stronger professional identity & engagement among members • Increased participation & leadership of future generations • Greater recognition of PRM as a health system priority	• Establish strategic partnerships & advocacy coalitions with global health stakeholders • Utilize traditional & digital media platforms to communicate PRM impact • Develop leadership pathways & advocacy programs for students and early-career professionals • Promote equitable representation of both high- and low-resource settings • Establish monitoring & evaluation mechanisms for advocacy initiatives • Commission health economists & academic experts to develop economic case for PRM
Communication	Inadequate communication across regions, cultures, languages, and organizational levels undermines trust, engagement, & coordination	• Strengthen internal communication & transparency • Expand engagement with regional and national societies • Address linguistic & cultural barriers using technology-enabled solutions • Enhance dissemination of information & member engagement (consider external support if required)	• Communication across cultures & languages strengthens trust, collaboration, & organizational cohesion	• Improved mutual understanding between ISPRM & its members • Greater accessibility of information and educational resources • Enhanced member satisfaction & engagement • Sustainable growth in membership & perceived value of membership	• Upgrade digital communication infrastructure & support official WHO languages • Establish formal engagement mechanisms with regional/national society annual meetings/congresses • Develop ambassador program to strengthen member representation & outreach • Conduct periodic member surveys to guide communication strategies • Expand educational, scientific, & knowledge dissemination platforms
Education & Research	Global PRM education & research capacity remains fragmented, limiting the generation, dissemination, implementation, & translation of evidence into practice	• Develop & disseminate evidence-based CPGs/standards • Create a visible & accessible global education & research platform • Promote harmonized data collection & international collaboration • Strengthen academic capacity in low-resource settings • Advocate for integration of PRM into health-professional educational core curriculum	• ISPRM provides a common global platform to generate, disseminate, & apply PRM evidence into routine practice	• Increased availability of evidence-based CPGs • Enhanced education & research capacity & academic development globally • Greater international collaboration & multicenter educational initiatives & research • Increased value & relevance of ISPRM membership	• Establish a centralized education & research hub incorporating tools, resources, registries, CPGs, etc. • Adopt a bottom-up approach to identify regional/national educational and research priorities • Establish a tiered, network-based education and research collaboration model • Develop an international mentor registry & mentorship network • Leverage established platforms such as Cochrane Rehabilitation, WRA, etc. for knowledge translation • Strengthen cross-committee communication & reporting structures • Promote development of common datasets & collaborative education & research initiatives • Improve horizontal communication so committees report to the PC/EC

3. Implementation should accompany continuous evaluation.

The proposed short- (1 year), medium- (2 years), and long-(4 years) KPIs provide an important starting point. Participants agreed that the KPIs can be refined based on need and ongoing consultation.

Table 2 details the key recommended implementation priorities and KPIs across all ISPRM strategic pillars.

DISCUSSION

Overall, the strategy planning sessions emphasized building regional capacity, promoting equity, strengthening partnerships, ensuring financial sustainability, improving accountability, and advancing digital systems. In the short term, priorities focus on establishing foundations, such as assessing regional needs, increasing inclusion, initiating collaboration networks, developing financial strategies, and creating monitoring frameworks. In the medium term, the focus was to expand impact by enabling regions to lead initiatives, increasing participation from underrepresented groups, formalizing partnerships, diversifying revenue streams, and strengthening reporting systems. In the long term, the vision is to achieve a mature, sustainable, and equitable global organization, operating within a coordinated framework, with established partnerships with key stakeholders, stable financial models, and fully integrated digital systems to support global engagement. Table 3 summarizes the key priorities across all ISPRM strategic pillars.

The key priorities identified during the strategy sessions are consistent with recent developments in global rehabilitation policy. Over the past decade, rehabilitation has evolved from being viewed primarily as a specialized clinical service to being recognized as an essential component of health systems and universal health coverage. The *WHO Rehabilitation 2030 Initiative* highlighted the growing unmet need for rehabilitation and called for coordinated action to strengthen governance, financing, workforce capacity, information systems, and service delivery.[4] The Vancouver discussion strongly

Table 1. Continued

ISPRM Pillar	Problem statement	Strategic priorities	Strategic goal	Expected outcomes	Proposed actions
Operations & Fiscal Health	Current unsustainable operational & financial model challenges ISPRM's organizational growth, innovation, mission delivery	• Diversify & stabilize revenue streams • Improve operational efficiency & accountability • Strengthen long-term financial planning • Promote inclusive & regionally representative governance	• ISPRM operates within a sustainable fiscal & governance framework that secures & advances its mission	• Improved financial sustainability and resilience • Enhanced transparency & accountability • Increased attractiveness to sponsors, partners, & donors • Stronger regional/national representation & participation in governance	• Develop long-term financial strategy aligned with organizational priorities • Diversify revenue through GDP-adjusted society fees, educational resources, sponsorship, philanthropy, and strategic partnerships • Strengthen financial oversight & transparent reporting mechanisms • Expand regional/national representation within leadership structures • Develop innovative revenue-generating programs to support future growth & strategic initiatives

ISPRM, International Society of Physical and Rehabilitation Medicine; PRM, Physical and Rehabilitation Medicine; WHO, World Health Organization; CPGs, Clinical Practice Guidelines; WRA, World Rehabilitation Alliance; PC, president's cabinet; EC, executive committee; GDP, gross domestic product.

Table 2. Recommended Implementation Priorities and Key Performance Indicators for the ISPRM Strategic Framework

		Short-term (1 year)		Medium-term (2 years)		Long-term (4 years)	
ISPRM Strategic Pillars	Implemetation Priority	Priorities	KPIs	Priorities	KPIs	Priorities	KPIs
Advocacy	• Establish PRM as essential component of Global Health Systems	• Develop robust economic & policy case for PRM • Establish baseline advocacy activities • Initiate partnerships with stakeholders	• Baseline mapping of national advocacy activities completed • At least one joint advocacy initiative conducted with external partners • Advocacy framework approved by ISPRM	• Expand advocacy capacity within regions & national societies • Support country-led advocacy initiatives	• Increase in number of countries implementing advocacy activities • Regional/national advocacy champions identified • Increased participation in global health forums & policies	• Position ISPRM as a recognized global PRM leader	• Majority of national societies conduct advocacy independently • Formal ISPRM representation within major Global Health Initiatives • Demonstrable policy influence at international & national levels
	• Develop future leaders & advocates	• Establish leadership development pathway & trainee engagement mechanisms	• Leadership pathway established • Student/early-career interest groups operational • Mentorship opportunities available for trainees	• Expand leadership programs across regions	• Representation from all regions in leadership programs • Increased participation of early-career professionals in ISPRM activities	• Sustain future leadership pipeline	• Proportion of leadership positions occupied by graduates of ISPRM leadership programs
Communication	• Strengthen internal & external communication	• Conduct communication 'needs' assessment • Improve digital communication infrastructure	• Membership communication survey completed • Baseline communication satisfaction score established • Website upgrade initiated	• Expand multilingual communication & Regional engagement	• Core content available in multiple WHO languages • Communication satisfaction improves from baseline • Regular regional communication forums established	• Create a globally connected communication ecosystem	• Information accessible across all six WHO languages • Regions generating & disseminating content independently within ISPRM framework
	• Improve member engagement	• Establish ambassador network & feedback mechanisms	• Structured feedback mechanisms implemented	• Strengthen engagement with regional & national societies	• Active ambassadors in most countries/ regions • Increased member retention & satisfaction	• Sustain member-driven communication model	• Demonstrable increase in membership growth & engagement metrics

Table 2. Continued

		Short-term (1 year)		Medium-term (2 years)		Long-term (4 years)	
ISPRM Strategic Pillars	Implemetation Priority	Priorities	KPIs	Priorities	KPIs	Priorities	KPIs
Education & Research	• Build a global PRM knowledge platform	• Develop education & research infrastructure & mentorship mechanisms • Initiate partnerships with regional/national stakeholders	• International mentor registry established • Education & research platform/business case developed • Education and research priorities identified through regional/national consultation	• Expand collaborative education/ research & guideline development	• Establish ISPRM educational academy • CPGs developed or endorsed • Increase in multicenter & cross-regional studies • Increase in education & research participation from low-resource settings	• Establish sustainable global education & research ecosystem	• Self-sustaining education & research platform operational • Regionally led collaborative education & research programs established • Increased publication output & citation impact
	• Strengthen academic capacity	• Launch educational & mentorship initiatives	• Online educational resources available • Mentorship program initiated • Research capacity-building workshops conducted	• Build regional academic networks	• Active regional academic hubs established • Increased trainee & early-career researcher participation	• Create globally connected academic communities	• Regional/national mentorship & academic exchange programs functioning independently
	• Promote evidence implementation	• Disseminate research findings through established platforms	• Partnership with Cochrane Rehabilitation & other relevant organizations strengthened	• Expand implementation of research activities	• Increased adoption of guidelines & evidence-based practice initiatives	• Improve global knowledge translation	• Demonstrable impact of ISPRM initiatives on clinical practice & policy
Operations & Fiscal Health	• Achievement long-term financial sustainability	• Develop comprehensive financial strategy & baseline assessment	• Longitudinal financial strategic plan approved • Baseline assessment of revenue sources completed • Financial risk assessment conducted	• Diversify & strengthen revenue streams	• Increase in non-congress revenue • Sponsorship & philanthropic income expanded • GDP-adjusted membership fee model implemented	• Establish resilient & sustainable financial model	• Sustainable revenue portfolio established • Reduced dependence on congress registration income
	• Strengthen governance & accountability	• Improve transparency & reporting	• Governance review & biannual audit completed • Transparent financial reporting framework implemented	• Expand participation in governance	• Increased regional/national representation within committees & leadership structures	• Create a diversified governance model	• ISPRM operating with substantial strategic & financial autonomy under an agreed global framework
	• Improve operational efficiency	• Review operational systems & processes	• Operational performance indicators established • Efficiency improvement opportunities identified	• Implement process improvements	• Measurable improvements in operational performance • Increased member value & satisfaction	• Sustain organizational excellence	• ISPRM is recognized as a high-performing, transparent, & member-focused international organization

ISPRM, International Society of Physical and Rehabilitation Medicine; PRM, Physical and Rehabilitation Medicine; WHO, World Health Organization; CPGs, clinical practice guidelines; KPIs, key performance indicators,

Table 3. Key priorities across ISPRM four strategic pillars

Priority area	Short-term	Medium-term	Long-term
Regional empowerment	Establish baseline assessment of regional capacities & needs	Regions lead selected initiatives with ISPRM support	Regions operate as self-sustaining partners within a coordinated global framework
Equity & inclusion	Increase representation of low-resource settings in strategic initiatives	Increase participation of underrepresented countries in leadership, research, & education	Equitable participation across all ISPRM regions
Partnerships	Strengthen collaboration with WHO, WRA, Cochrane Rehabilitation, & Regional organizations	Develop formal strategic partnerships & joint initiatives	Establish ISPRM as the preferred global PRM partner
Fiscal health	Develop comprehensive financial strategy	Diversify & strengthen revenue streams	Establish sustainable financial model
Monitoring & evaluation	Develop KPI dashboard & reporting mechanisms	Annual reporting against strategic goals	Demonstrated achievement of strategic outcomes & measurable organizational impact
Digital transformation	Upgrade website & digital infrastructure	Expand digital education, communication, & collaboration platforms	Fully integrated digital ecosystem supporting global engagement

ISPRM, International Society of Physical and Rehabilitation Medicine; WHO, World Health Organization; WRA, World Rehabilitation Alliance; PRM, Physical and Rehabilitation Medicine; KPI: Key performance indicatos .

reflects the principles of the *WHO Rehabilitation 2030 Initiative* and emphasis on demonstrating the value of rehabilitation aligns with the initiative's call for stronger health policy engagement and investment. Correspondingly, the focus on workforce development, education, research capacity building, and Regional leadership directly supports the *WHO Rehabilitation 2030 Initiative* objectives[4] of strengthening rehabilitation systems and expanding access to high-quality services. Furthermore, the ISPRM strategy supports the vision of the *WHO Rehabilitation 2030 Initiative* that rehabilitation should be integrated throughout the continuum of care and embedded within national health systems rather than functioning as a stand-alone specialty. It emphasizes by positioning rehabilitation as a contributor to broader health and societal outcomes rather than solely clinical outcomes.

The Vancouver minutes also address many priorities of the World Health Assembly Resolution (WHA76.6) on *Strengthening Rehabilitation in Health Systems* directly.[5] The 'Advocacy' pillar seeks to integrate rehabilitation into all levels of health care by improving political recognition and resource allocation, while the 'Education and Research' pillar aims to strengthen evidence generation and knowledge dissemination. The 'Operations and Fiscal Health' pillar, on the other hand, recognizes the importance of sustainable financing and governance structures. These actions position ISPRM as a key partner in supporting implementation of the WHA resolution at global, regional, and national levels.

Furthermore, strategic priorities identified during the Vancouver workshop align closely with the objectives of the World Rehabilitation Alliance (WRA).[15] The proposed priorities on advocacy, coalition building, evidence generation, and stakeholder engagement imitate the WRA's two pillars of accelerating rehabilitation's integration into health systems and establishing functioning in the global health architecture through several workstreams, including workforce, primary care, emergencies, and research.[15] Therefore, ISPRM is uniquely positioned to contribute to WRA activities through its global network of clinicians, educators, researchers, and professional societies.

Implementation of the ISPRM strategic framework

A recurring theme throughout the strategy discussion was the need to balance central coordination with increasing regional and national coordination and collaboration.

While each pillar identified specific actions, a unifying conceptual framework is necessary to explain how these activities collectively contribute to long-term organizational impact. Proposed structure for the implementation of the ISPRM Strategic Framework is summarized in Figure 3. This structural framework describes how and why specific interventions are expected to achieve desired outcomes by explicitly linking activities, outputs, intermediate, long-term, and global impacts. Activities undertaken within the four strategic pillars are expected to strengthen

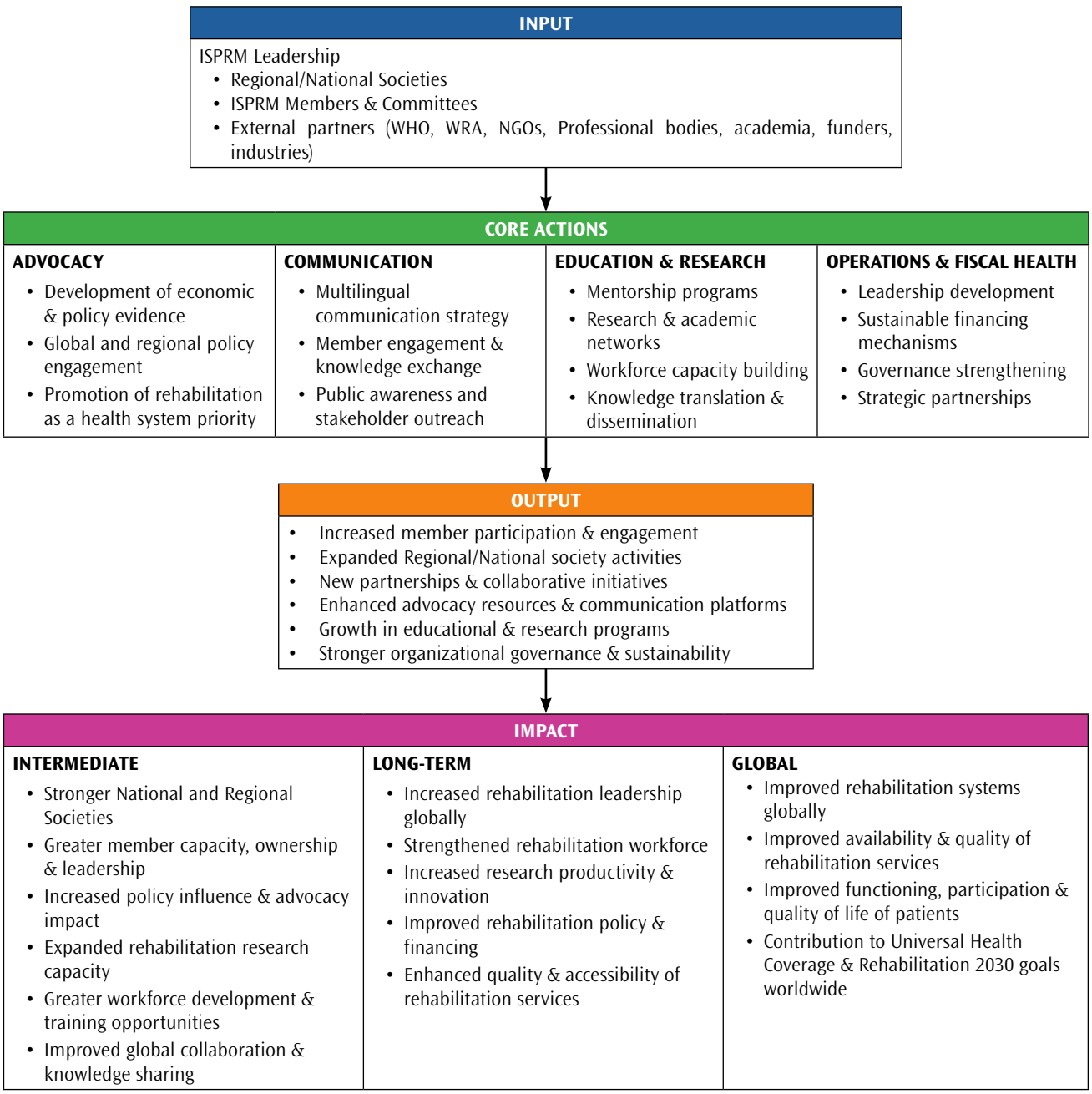

Figure 3. Implementation of the ISPRM Strategic Framework Structure.
ISPRM, International Society of Physical and Rehabilitation Medicine; WHO, World Health Organization; WRA, World Rehabilitation Alliance; NGO, non-governmental organization.

regional and national society capacity, leading to enhanced advocacy, research, education, and organizational sustainability. These intermediate outcomes ultimately contribute to stronger rehabilitation systems and improved functioning outcomes globally.

This framework highlights that the ultimate beneficiaries of ISPRM's strategy are not only its members but also individuals, families, and communities requiring rehabilitation services. Notably, the framework also clarifies the relationship between central leadership and regional and national empowerment. The goal is to provide the enabling environment, resources, partnerships, and governance structures necessary for innovation and leadership for all. The Vancouver strategy session represents the initial phase of an ongoing process, with subsequent implementation and evaluation required to translate the identified priorities into tangible outcomes.

In conclusion, the 2026 PC strategy planning sessions in Vancouver represent an important milestone in the advancement of ISPRM. The discussions moved beyond broad aspirations and generated a coherent framework for organizational development across all ISPRM strategic pillars: advocacy, communication, education and research, operations, and fiscal health. The emphasis on evidence-informed advocacy, multilingual engagement, research capacity-building, sustainable financing, and regional/member empowerment aligns closely with contemporary global rehabilitation priorities. Furthermore, the future strategy recognizes that organizational sustainability and global influence depend upon empowering its members and regional/national societies to become active partners in achieving shared goals.

Sustained leadership commitment, adequate resources, and ongoing evaluation will be required for the implementation process. The PC envisaged that the framework developed has the potential to strengthen ISPRM's position as the leading global voice for Rehabilitation and contribute meaningfully to achieving the vision of Rehabilitation 2030. Therefore, implementation of the Vancouver meeting strategies should be viewed not only as an internal organizational initiative, but also as a mechanism for advancing the global Rehabilitation agenda.

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Author Contributions

B.A., F.K.: Conceptualization, methodology, data acquisition, analysis, and interpretation, drafting the article, review and editing, and project administration; G.P.: Conceptualization, methodology, data acquisition, analysis, interpretation, draft review, and editing. All other authors contributed equally to critically reviewing the article for important intellectual content.

Data Availability

The dataset was not applicable for the current study. However, workshop transcript and notes are available from the corresponding author on reasonable request.

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AI Disclosure

The authors declare that artificial intelligence (AI) tools were not used, or were used solely for language editing, and had no role in data analysis, interpretation, or the formulation of conclusions. All scientific content, data interpretation, and conclusions are the sole responsibility of the authors. The authors further confirm that AI tools were not used to generate, fabricate, or 'hallucinate' references, and that all references have been carefully verified for accuracy.

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