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Editorial

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Rehabilitation is at risk: While the WHO's work must be safeguarded, policymakers need to commit to building local rehabilitation capacity

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The Trump administration's decision to withdraw the United States (U.S.) from the World Health Organization (WHO)[1] and freeze funding from the United States Agency for International Development (USAID)[2] threatens the progress of rehabilitation within health systems. As a major financial and technical contributor to the WHO, the U.S. has played a significant role in advancing rehabilitation as an essential health service for universal health coverage (UHC). Its withdrawal undermines this progress, endangering millions, particularly in low- and middle-income countries (LMICs), who risk losing access to rehabilitation services and assistive technology (AT). The authors of this publication are leaders of the International Society of Physical and Rehabilitation Medicine (ISPRM). For 25 years, ISPRM has served as a non-State actor in official relations with the WHO. The ISPRM members work daily to strengthen rehabilitation within health systems across

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countries of all income levels. We have witnessed firsthand and supported the transformative work of the WHO in rehabilitation, shifting its perception from a highly specialized service required by a select few to recognition as an essential health service needed by one in three people worldwide.[3] Although the WHO's work must be safeguarded, the U.S. withdrawal from global health initiatives should serve as a wake-up call for policymakers worldwide to commit, once and for all, to building local capacity for rehabilitation.

The global demand for rehabilitation is substantial, but remains largely unmet. In 2021, 2.6 billion individuals could benefit from rehabilitation; however, in LMICs, up to 50% lack access.[4,5] The insufficient integration of rehabilitation into global health systems contributes to these significant unmet needs. The World Health Assembly (WHA) resolution on strengthening rehabilitation in health systems, which was adopted unanimously in 2023, marked a historic milestone in recognizing rehabilitation as an essential health service.[6] This resolution emphasizes rehabilitation's role in addressing pressing global health challenges. Including the urgent needs posed by aging populations, the increasing burden of non-communicable diseases (NCDs), and the long-term health effects of infectious diseases and injuries.[6] The resolution establishes overarching goals for Member States, WHO leadership, and rehabilitation stakeholders worldwide to work toward scaling up and integrating rehabilitation into health systems. The WHO has provided necessary conceptual clarity, technical guidance, and stakeholder cohesion to enable health policymakers to recognize the increasing unmet rehabilitation needs and the necessity to strengthen rehabilitation within health systems.[7]

Over the last decade, the WHO has focused on ensuring that rehabilitation is not treated as an afterthought, but recognized as an integral component of health systems. The Rehabilitation 2030 Initiative, launched in 2017, laid the groundwork for strengthening rehabilitation services worldwide.[8] Under this initiative, the WHO has developed technical products to support countries in areas such as building their health systems for rehabilitation,[9] training the rehabilitation workforce,[10] financing evidence-based rehabilitation interventions,[11] strengthening primary care for rehabilitation,[12,13] and supporting the strengthening of rehabilitation in health emergency preparedness, readiness, and response.[14]

The WHO, in collaboration with partner rehabilitation stakeholders, has supported over 70 countries in strengthening their national health systems for rehabilitation, with 50 currently actively implementing reforms to their rehabilitation systems. Additionally, the WHO leads the World Rehabilitation Alliance (WRA), the largest network of rehabilitation stakeholders[15] primarily funded by USAID. The WRA's mission is to promote the implementation of the Rehabilitation 2030 Initiative through advocacy efforts. It highlights the significance of rehabilitation as an essential health service, integral to UHC and to achieving Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.[16] The withdrawal of the U.S. from WHO and cuts to USAID funding jeopardize these initiatives, particularly in countries which rely on WHO expertise and funding to develop their national rehabilitation systems.

Another pillar of WHO's rehabilitation strategy is its commitment to expanding access to AT. The WHO's Global Cooperation on AT (GATE) initiative has transformed the landscape by improving the global availability, affordability, and service delivery of AT.[17] These technologies, such as wheelchairs, prosthetics, hearing aids, and digital communication devices, are vital for millions of people to maintain their independence and optimal functioning in daily life. More than 2.5 billion individuals worldwide require at least one form of AT; however, access still remains inequitable. In some low-income countries, only about 3% of individuals have access to the necessary AT, compared to 90% in some high-income countries (HICs).[18] The GATE community consists of over 2,500 members from 135 countries, working tirelessly for a world where AT is universally accessible to everyone, everywhere.[17] The withdrawal of the U.S. jeopardizes WHO's ability to sustain these programs, further exacerbating inequalities in

access to AT and hindering the ability of persons with disabilities (PWDs) to fully participate in and contribute to society.

Beyond rehabilitation and AT, the WHO has played a crucial role in promoting disability inclusion in health systems. The WHO Global Report on Health Equity for PWDs shows that many PWD continue to die prematurely, experience poorer health, and face significant limitations in daily functioning.[19] These adverse health outcomes arise from unjust conditions encountered by PWD across all areas of life, including within the health system itself. The WHO is committed to ensuring that PWD have equal access to health services, are included in emergency preparedness, and can fully access public health interventions to attain the highest possible standard of health.[20] By withdrawing from the WHO, the U.S. undermines global efforts to integrate disability inclusion into public health policies, leaving millions without the care to which they are entitled.

Although the WHO's work must be safeguarded, the prioritization of rehabilitation within health systems needs to change now. The world faces increasing demand for rehabilitation services; however, in many countries, these services are still inaccessible, underfunded, or nonexistent. Some nations have relied for too long solely on aid from other countries or humanitarian non-governmental organizations (NGOs) to address the rehabilitation needs of their populations. Nevertheless, many countries, including HICs, continue to need the WHO's technical support to develop and improve their rehabilitation systems to better serve their populations. By withdrawing from WHO-led initiatives, the U.S. not only reduces its influence in global health governance, but also risks undoing the fragile progress made by countries to strengthen their health systems for rehabilitation and, ultimately, becoming less reliant on international financial aid.

Currently, the international rehabilitation and health policy community must take decisive and coordinated action to mitigate the negative consequences of the U.S. withdrawal announcement and USAID financial support cuts. The WHA resolution on rehabilitation needs to be upheld, and its implementation must continue with full political and financial support from the international community. Governments must prioritize rehabilitation in their national health agendas, ensuring the adoption of WHO's guidance and frameworks. International organizations, professional associations, and philanthropic groups must mobilize alternative funding sources to fill the gap left by the U.S., ensuring that vital rehabilitation and AT initiatives remain operational. Research efforts must be sustained to enable the development and implementation of data-driven policies and innovative solutions aimed at expanding equitable access to rehabilitation services for all. Health policymakers and rehabilitation stakeholders must convene to maintain the momentum the WHO has helped establish and safeguard the fragile advances made in rehabilitation. The future of rehabilitation within health systems relies on our shared commitment to ensuring that no one in need of rehabilitation is left behind.

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Data Availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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