

Rehabilitering i globalt perspektiv

Rehabilitation2030 Call for action

Hva betyr det for Norge?

- Hva er Rehabilitation2030
- Behov for rehabilitering
- Verktøy:
 - guide for å lage en nasjonal plan
 - Arbeidskraft: Rammeverk for rehabiliteringskompetanse
 - Kunne mål: Rehabilitation Indicator Menu
 - Package of rehabilitation
 - Finansiering av rehabilitering
- Vedtak i World Essembly mai 2023:
 - Rehabilitering skal styrkes i medlemslandene!
- WRA, globalt ønske om å påvirke utvikling rehabilitering
 - Primærhelsetjenste, emergency, workforce, forskning
- Diskusjoner i Norge; skille hab/rehab, andre pasientgrupper enn vi tradisjonelt har inkludert i rehabilitering, har vi en planverk med rehab kompetanse i store krisehendelser?
- Hvordan kan vi bruke den kunnskapen som vi har fått i package of intervention?

Hva er Rehabilitation2030



- WHO vedtok i 2017 ble Rehabilitation2030 Call for action
- WHO ser Rehabilitering som avgjørende for helsetjenestene i det 21. århundre
- Programmet har laget flere verktøy for medlemsland for å etablere nasjonal strategi for rehabilitering,

REHABILITATION
— 2030 —

WHO hovedpunkter

- *Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.*
- 1 av 3 har en helsetilstand som kan ha nytte av rehabilitering, 2,4 milliarder
- Behovet har økt med 69% fra 1990 til 2019
- 50 % i lav-og middle inntektsland får ikke Rehabilitering
- Rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal 3 – “Ensure healthy lives and promote well-being for all at all ages”.
- [VizHub - WHO Rehabilitation Need Estimator \(healthdata.org\)](https://vizhub.healthdata.org/who-rehabilitation-need-estimator)

Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019

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Open Access • Published: December 01, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)32340-0](https://doi.org/10.1016/S0140-6736(20)32340-0) •



Styrke lederskap og politisk støtte

- Regionalt, nasjonalt og globalt



Rehabilitering i nasjonale, regionale planer

- Inkludert i kriseberedskap



Rehabilitering integrert i helse og andre sektorer

- Effektivt og nyttig



Rehabilitering inkludert i helsetilbudet

- Universal Health Coverage



Helhetlig rehabiliteringstilbud

- Tilgjengelig hjelpemidler for alle



Sterke tverrfaglig team

- Rehabilitering inn i utdanningene



Finansiering av rehabilitering

- Finne gode intensiver som sikrer rehabilitering



Samle data basert på ICF

- Data som gir grunnlag for hvordan styrke rehabilitering



Robust kunnskapsgrunnlag

- Bygge forskningskapasitet



Nettverk mellom land

- Lav/middel og høyinntektsland

REHABILITATION IN HEALTH SYSTEMS: GUIDE FOR ACTION

Phase 1. STARS

ASSESS THE SITUATION

- Follow the four steps of the **Systematic Assessment of Rehabilitation Situation (STARS)** to undertake a comprehensive situation assessment
- Use the **Template for Rehabilitation Information Collection (TRIC)** within STARS to direct collection of data and information
- Use the **Rehabilitation Maturity Model (RMM)** within STARS to structure the assessment and its findings
- Produce a high-quality situation assessment report

Phase 2. GRASP

DEVELOP A REHABILITATION STRATEGIC PLAN

- Follow the four steps of the **Guidance for Rehabilitation Strategic Planning (GRASP)** to undertake a strategic planning process
- Produce a high-quality strategic plan

Phase 3. FRAME

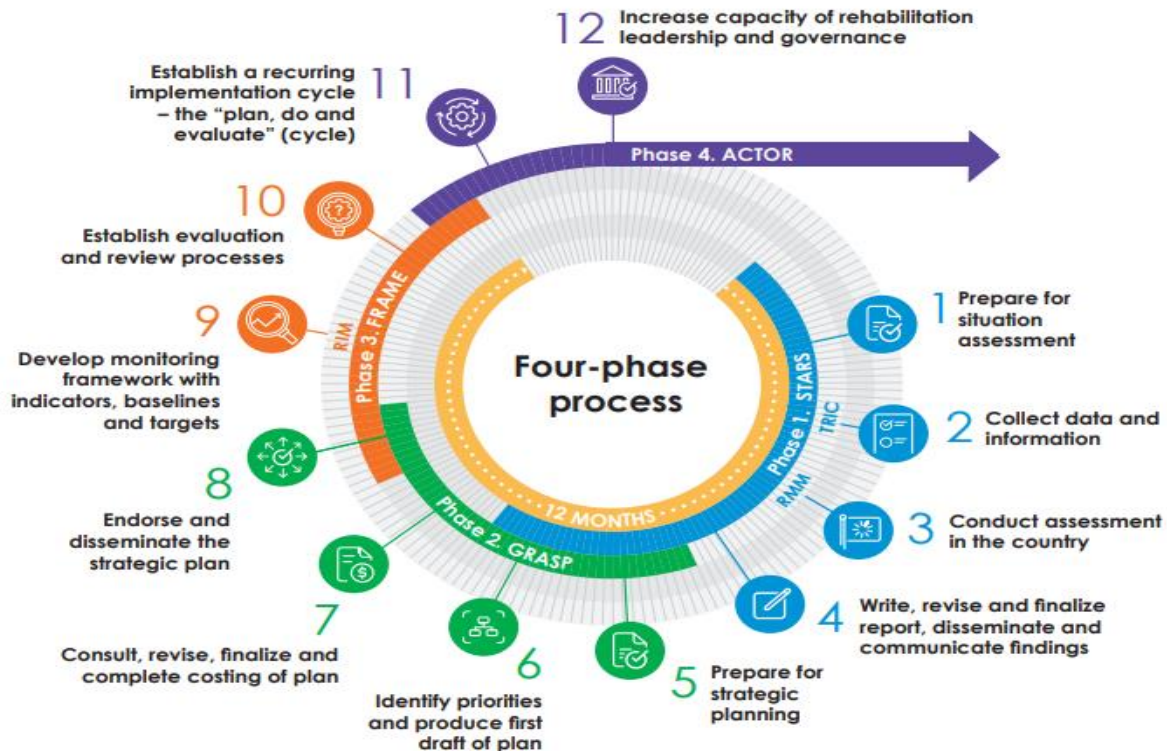
ESTABLISH MONITORING, EVALUATION, AND REVIEW PROCESSES

- Follow the two steps of the **Framework for Rehabilitation Monitoring and Evaluation (FRAME)** to establish a monitoring framework for the strategic plan and an evaluation and review process
- Use the **Rehabilitation Indicator Menu (RIM)** to guide selection of indicators, then identify baselines and targets

Phase 4. ACTOR

IMPLEMENT THE STRATEGIC PLAN

- Follow the two steps of the **Action on Rehabilitation (ACTOR)** guidance to establish the recurring implementation cycle
- Build capacity of rehabilitation governance and leadership to improve implementation of the rehabilitation strategic plan over time



Behovet for arbeidskraft

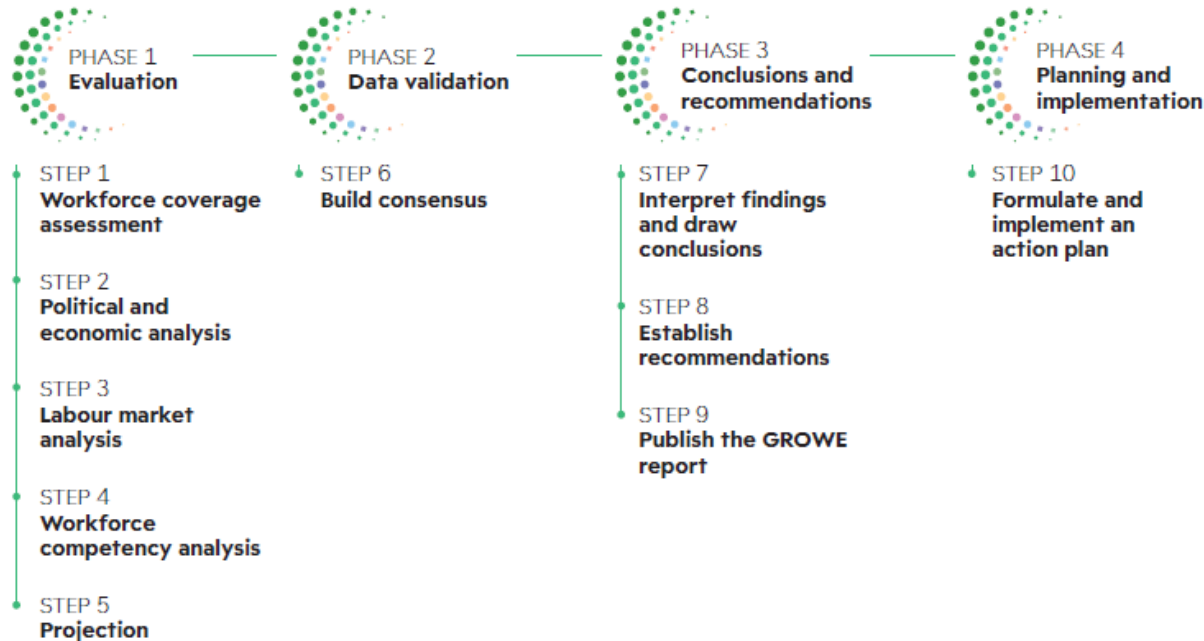


Guide for rehabilitation workforce evaluation

WHO / NOOR / Sebastian Liste
Credits

The Guide for Rehabilitation Workforce Evaluation

Fig. 1. Overview of the GROWE process



Rammeverk for Rehabiliteringskompetanse

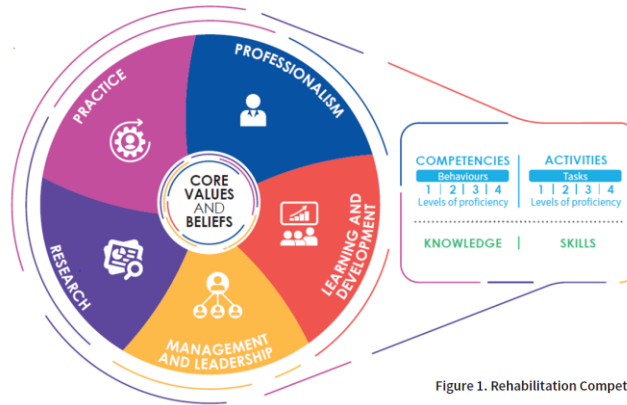
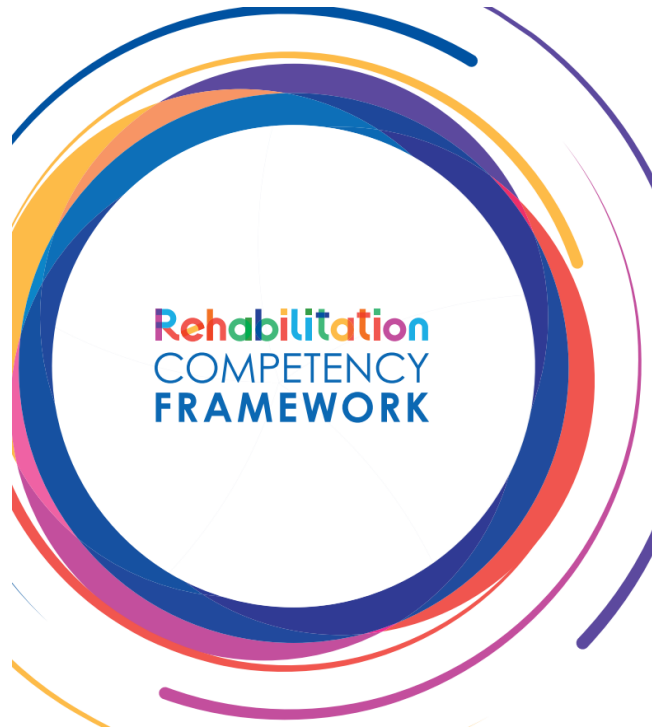
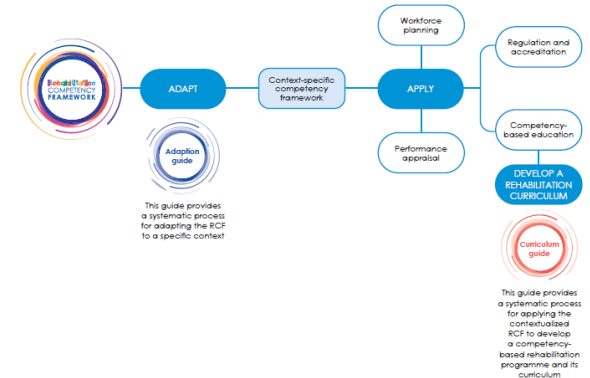


Figure 1. Rehabilitation Competency Framework resources and their application



Rehabilitation Indicator Menu.

Tool accompanying the Framework
for Rehabilitation Monitoring and
Evaluation (FRAME)

2. Core rehabilitation indicators

- Core indicator 1: Rehabilitation in national health monitoring framework
- Core indicator 2: Rehabilitation bed density
- Core indicator 3: Rehabilitation expenditure
- Core indicator 4: Rehabilitation personnel density and distribution
- Core indicator 5: Rehabilitation reporting completeness
- Core indicator 6: Basic rehabilitation service availability at primary health care level
- Core indicator 7: Rehabilitation service utilization
- Core indicator 8: Assistive products uptake
- Core indicator 9: Rehabilitation coverage for people with acute onset and complex needs
- Core indicator 10: Effective coverage of rehabilitation for chronic low back pain
- Core indicator 11: Functioning change
- Core indicator 12: Population functioning

3. Expanded rehabilitation indicators

- Expanded indicator 1: Rehabilitation integrated into health plans
- Expanded indicator 2: Rehabilitation status report
- Expanded indicator 3: Rehabilitation governance
- Expanded indicator 4: User engagement in rehabilitation governance
- Expanded indicator 5: Assistive Products Priority List
- Expanded indicator 6: Assistive technology regulation
- Expanded indicator 7: Health emergency preparedness for rehabilitation
- Expanded indicator 8: Assistive products expenditure
- Expanded indicator 9: Rehabilitation workforce expenditure
- Expanded indicator 10: Rehabilitation workforce graduation rate
- Expanded indicator 11: Rehabilitation occupational group regulation
- Expanded indicator 12: Rehabilitation unemployment rate
- Expanded indicator 13: Rehabilitation integrated into the training of medical doctors and nurses
- Expanded indicator 14: Rehabilitation research
- Expanded indicator 15: Rehabilitation day programme availability
- Expanded indicator 16: Rehabilitation integrated into acute care
- Expanded indicator 17: Rehabilitation integrated into primary health care
- Expanded indicator 18: Rehabilitation integrated into secondary health care
- Expanded indicator 19: Rehabilitation integrated into tertiary health care
- Expanded indicator 20: Assistive products availability
- Expanded indicator 21: Rehabilitation outreach uptake
- Expanded indicator 22: Accessibility for people with acute onset and complex needs
- Expanded indicator 23: Clinical guidelines for rehabilitation

4. Expanded rehabilitation indicators

- Expanded indicator 24: Rehabilitation service standards
- Expanded indicator 25: Length of stay
- Expanded indicator 26: Individualized rehabilitation plans
- Expanded indicator 27: Client experience of rehabilitation care
- Expanded indicator 28: Professional development for rehabilitation workers
- Expanded indicator 29: Population access to assistive technology
- Expanded indicator 30: Rehabilitation referral
- Expanded indicator 31: Rehabilitation waiting time
- Expanded indicator 32: Assistive products waiting time

1.8 Rehabilitation Indicator Menu at a glance

Input	Output	Outcome	Impact	Health system attributes
Rehabilitation governance - Rehabilitation in health monitoring framework - Rehabilitation integrated into health plans - Rehabilitation status report - Rehabilitation governance - User engagement in rehabilitation governance - Priority Assistive Products List (APL) - Assistive technology regulation - Health emergency preparedness for rehabilitation Rehabilitation financing - Rehabilitation expenditure - Assistive products expenditure - Rehabilitation workforce expenditure Rehabilitation workforce - Rehabilitation personnel density and distribution - Rehabilitation workforce graduation rate	Rehabilitation services - Basic rehabilitation service availability at primary health care - Rehabilitation service utilization - Assistive products uptake - Rehabilitation day programme availability - Rehabilitation integrated into acute care - Rehabilitation integrated into primary health care - Rehabilitation integrated into secondary health care - Rehabilitation integrated into tertiary health care - Assistive products availability - Rehabilitation outreach uptake - Accessibility for people with acute onset and complex needs	Rehabilitation coverage - Rehabilitation coverage for people with acute onset and complex needs - Effective coverage of rehabilitation for chronic low back pain - Population access to assistive technology Rehabilitation effectiveness - Functioning change	Rehabilitation Impact - Population functioning	Rehabilitation efficiency - Rehabilitation referral - Rehabilitation waiting time - Waiting time for assistive product provision

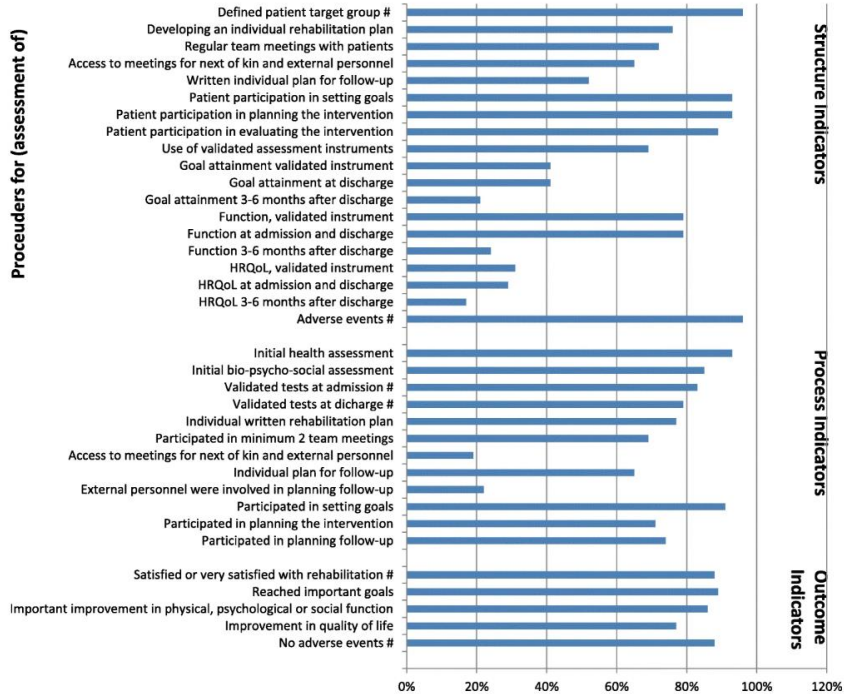
Input	Output	Outcome	Impact	Health system attributes
- Rehabilitation occupational group regulation - Rehabilitation unemployment rate - Rehabilitation integrated into the training of medical doctors and nurses Rehabilitation Infrastructure - Rehabilitation bed density Rehabilitation Information - Rehabilitation reporting completeness - Rehabilitation research	- Clinical guidelines for rehabilitation - Rehabilitation service standards - Length of stay - Individualized rehabilitation plan - Client experience of rehabilitation care - Professional development for rehabilitation workers			

Note: Core indicators are highlighted in dark orange.

Revmatologiske og muskelskjelett Indikatorer

Fig. 2

From: [A quality indicator set for use in rehabilitation team care of people with rheumatic and musculoskeletal diseases: development and pilot testing](#)



The QIs and corresponding PRs. The QIs rejected in round 3 are marked with #

Research article | [Open access](#) | Published: 29 April 2019

A quality indicator set for use in rehabilitation team care of people with rheumatic and musculoskeletal diseases; development and pilot testing

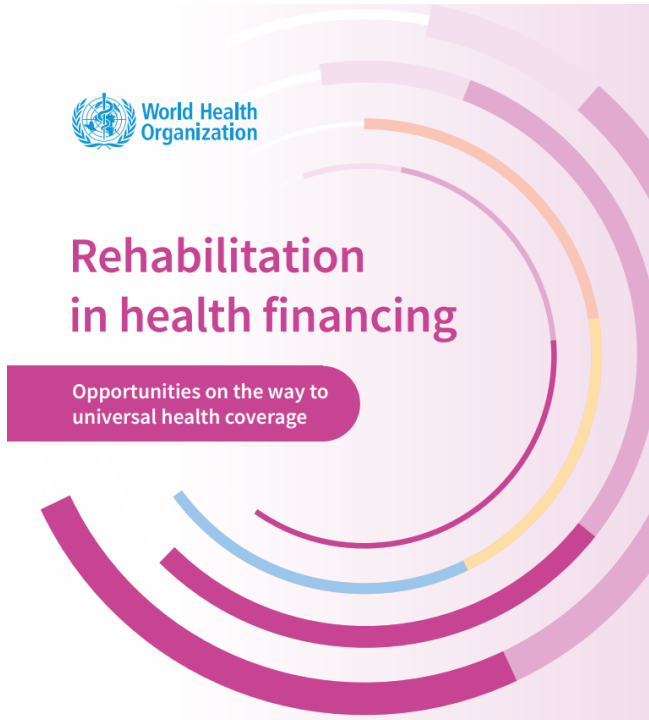
[Inger Johansen](#)  [Mari Klokkerud](#) [Audny Anke](#) [Janne-Birgitte Børke](#) [Thomas Glott](#) [Uno Hauglie](#) [Aughild Høyem](#) [Atle Klovning](#) [Karin Anna Lande](#) [Mona Larsen](#) [Jan Egil Nordvik](#) [Sigrid H. Wiggers](#) [Irene Øyeflaten](#) [Kaare Birger Hagen](#) & [Ingvild Kjekken](#)

BMC Health Services Research **19**, Article number: 265 (2019) | [Cite this article](#)

3879 Accesses | 14 Citations | 10 Altmetric | [Metrics](#)

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4091-4#Fig2>

Finansiering av rehabilitering



Heftet vurderer

- gjeldende praksis for finansiering av rehabiliteringstjenester,
- rammer store utfordringer og muligheter, og gir
- veiledning til beslutningstakere som er engasjert i å styrke rehabilitering innenfor helsesystemer.

WHO Package of interventions for rehabilitation

7 rapporter med oppsummert rehabiliteringsevidens

«**Packages of interventions for rehabilitation**» inneholder kunnskapsbaserte anbefalinger hentet fra internasjonale faglige retningslinjer for 20 tilstander og sykdommer, som ble selektert av en internasjonal konsensusgruppe som prioriterte områder innen rehabilitering



Muskel og skjelett; ryggsmerte, artrose, RA, sarcopeni (muskelatrofi), frakturer og amputasjoner



Nevrologi: slag og TBI, spinalskade, Parkinson, CP, demens



Hjertesykdom og kols



Autisme og utviklingshemming



Sansetap: syn og hørsel



Kreft



Psykisk helse

Interessert i å vite mer?
Snakk med Kirsten Sæther eller Stein Arne Rimehaug, Sunnaas sykehus
Send epost til rkr@sunnaas.no



For hver av disse prioriterte områdene har WHO nå utgitt en «package» som beskriver

- Hvilke livs- og funksjonsområder som bør kartlegges for hver pasient
- Anbefalte behandlingsmetoder for hver av de kartlagte områdene
- Krav til utstyr, kompetanse og tidsbruk for hver behandlingsmetode



SCAN ME

QR til WHO nettside



SUNNAAS SYKEHUS



Rehabilitation
2030



- lansert sommeren 2023

WHO Package of interventions for rehabilitation

For hver «package» er det på WHO-nettsiden to ulike dokumenter: en hovedrapport og et vedlegg: «annex»

Hovedrapport
Med anbefalinger og forklaring

Eksempler på innhold i Intervention Package hovedrapportene:

Intervensjoner: Behov for tid, utstyr og fagkompetanse

Work force

Overview of rehabilitation specialists qualified to deliver interventions for rehabilitation for stroke (in alphabetical order):

- Dietitians and nutritionists
- Nursing professionals
- Occupational therapists
- Physiotherapists
- Psychologists
- Social work and counselling professionals
- Specialist medical practitioners (the physicians)
- Speech and language therapists/therapists

WHO official site/rehabilitation-package

Annex
Med søkestrategi/søkestreng og evidensstabeller

Eksempler på innholdet i et WHO Intervention Package «annex»

Søkestrategi:

1. Package of interventions for rehabilitation for stroke

1.1 Literature search for clinical practice guidelines for rehabilitation in stroke

Table 81.1. Search-based evidence, databases and search terms

Database	Search terms
PubMed	#1 Search stroke (not by gender) [D] #2 Search rehabilitation [D] #3 Search language [D] #4 Search guidelines [D] #5 Search systematic review [D] #6 Search meta-analysis [D] #7 Search evidence-based practice [D] #8 Search evidence-based practice [D] #9 Search evidence-based practice [D] #10 Search evidence-based practice [D] #11 Search evidence-based practice [D] #12 Search evidence-based practice [D] #13 Search evidence-based practice [D] #14 Search evidence-based practice [D] #15 Search evidence-based practice [D] #16 Search evidence-based practice [D] #17 Search evidence-based practice [D] #18 Search evidence-based practice [D] #19 Search evidence-based practice [D] #20 Search evidence-based practice [D] #21 Search evidence-based practice [D] #22 Search evidence-based practice [D] #23 Search evidence-based practice [D] #24 Search evidence-based practice [D] #25 Search evidence-based practice [D] #26 Search evidence-based practice [D] #27 Search evidence-based practice [D] #28 Search evidence-based practice [D] #29 Search evidence-based practice [D] #30 Search evidence-based practice [D] #31 Search evidence-based practice [D] #32 Search evidence-based practice [D] #33 Search evidence-based practice [D] #34 Search evidence-based practice [D] #35 Search evidence-based practice [D] #36 Search evidence-based practice [D] #37 Search evidence-based practice [D] #38 Search evidence-based practice [D] #39 Search evidence-based practice [D] #40 Search evidence-based practice [D] #41 Search evidence-based practice [D] #42 Search evidence-based practice [D] #43 Search evidence-based practice [D] #44 Search evidence-based practice [D] #45 Search evidence-based practice [D] #46 Search evidence-based practice [D] #47 Search evidence-based practice [D] #48 Search evidence-based practice [D] #49 Search evidence-based practice [D] #50 Search evidence-based practice [D] #51 Search evidence-based practice [D] #52 Search evidence-based practice [D] #53 Search evidence-based practice [D] #54 Search evidence-based practice [D] #55 Search evidence-based practice [D] #56 Search evidence-based practice [D] #57 Search evidence-based practice [D] #58 Search evidence-based practice [D] #59 Search evidence-based practice [D] #60 Search evidence-based practice [D] #61 Search evidence-based practice [D] #62 Search evidence-based practice [D] #63 Search evidence-based practice [D] #64 Search evidence-based practice [D] #65 Search evidence-based practice [D] #66 Search evidence-based practice [D] #67 Search evidence-based practice [D] #68 Search evidence-based practice [D] #69 Search evidence-based practice [D] #70 Search evidence-based practice [D] #71 Search evidence-based practice [D] #72 Search evidence-based practice [D] #73 Search evidence-based practice [D] #74 Search evidence-based practice [D] #75 Search evidence-based practice [D] #76 Search evidence-based practice [D] #77 Search evidence-based practice [D] #78 Search evidence-based practice [D] #79 Search evidence-based practice [D] #80 Search evidence-based practice [D] #81 Search evidence-based practice [D] #82 Search evidence-based practice [D] #83 Search evidence-based practice [D] #84 Search evidence-based practice [D] #85 Search evidence-based practice [D] #86 Search evidence-based practice [D] #87 Search evidence-based practice [D] #88 Search evidence-based practice [D] #89 Search evidence-based practice [D] #90 Search evidence-based practice [D] #91 Search evidence-based practice [D] #92 Search evidence-based practice [D] #93 Search evidence-based practice [D] #94 Search evidence-based practice [D] #95 Search evidence-based practice [D] #96 Search evidence-based practice [D] #97 Search evidence-based practice [D] #98 Search evidence-based practice [D] #99 Search evidence-based practice [D] #100 Search evidence-based practice [D]

Evidensstabeller for

Table 81.2. Evidence table for assessments and interventions included in the Package of interventions for rehabilitation for stroke

Assessments and interventions	Original recommendation from clinical practice guidelines/development group members' rationale	Strength of recommendation	Quality of the evidence
Cognitive functions (not attention, memory, visuospatial perceptual)	Stroke patients should have a full assessment of their cognitive strengths and weaknesses when undergoing rehabilitation or when starting cognitively demanding activities such as driving at work.	Good practice	A (SOB 0.0, 0.0-0.0)
Measurement of cognitive functions	For stroke survivors with intellectual impairment or those who appear unable to understand or complete a test of cognitive function, use an alternative assessment that fits the patient.	Practice statement	A (SOB 0.0, 0.0)
Memory	Adults with attention and cognitive functions in people after stroke using standardized assessment, use behavioral strategies to improve the quality of engagement in functional goals.	Strong	Very low to low (SOB 0.0, 0.0)
Attention	Any stroke survivor benefits from memory impairment causing difficulties in rehabilitation or adaptive functioning should be referred to stroke specialist healthcare professionals for a more comprehensive assessment of their memory deficit.	Practice statement	A (SOB 0.0, 0.0)
Executive functions	Any stroke survivor benefits from memory impairment causing difficulties in rehabilitation or adaptive functioning should be referred to stroke specialist healthcare professionals to receive their medication, use an electronic diary, and other memory aids.	Practice statement	A (SOB 0.0, 0.0)
Communication	Stroke survivors with attention and concentration deficits, together rehabilitation may be used.	Weak	Moderate (SOB 0.0, 0.0)
Consider attention training for people with attention deficits after stroke	Consider attention training for people with attention deficits after stroke.	Conditional	Very low to low (SOB 0.0, 0.0)
Use interventions for attention and cognitive functions after stroke that focus on the relevant functional goals, not research, and general techniques such as managing the environment and providing prompts relevant to the functional goal	Use interventions for memory and cognitive functions after stroke that focus on the relevant functional goals, taking into account the underlying impairment. Interventions could include external learning using written learning and external techniques (writing, using lists, use of reminders, external storage) related to memory, information and attention (e.g., notes, lists, etc.).	Strong	Very low to high (SOB 0.0, 0.0)
Use interventions for memory and cognitive functions after stroke that focus on the relevant functional goals, taking into account the underlying impairment. Interventions could include external learning using written learning and external techniques (writing, using lists, use of reminders, external storage) related to memory, information and attention (e.g., notes, lists, etc.).	Use interventions for memory and cognitive functions after stroke that focus on the relevant functional goals, taking into account the underlying impairment. Interventions could include external learning using written learning and external techniques (writing, using lists, use of reminders, external storage) related to memory, information and attention (e.g., notes, lists, etc.).	Strong	Very low to high (SOB 0.0, 0.0)
Any stroke survivor benefits from memory impairment causing difficulties in rehabilitation or adaptive functioning should be referred to stroke specialist healthcare professionals for a more comprehensive assessment of their memory, and other memory aids.	Any stroke survivor benefits from memory impairment causing difficulties in rehabilitation or adaptive functioning should be referred to stroke specialist healthcare professionals for a more comprehensive assessment of their memory, and other memory aids.	Practice statement	A (SOB 0.0, 0.0)





Landmark resolution on strengthening rehabilitation in health systems

27 May 2023 | Departmental news | Geneva, Switzerland | Reading time: 2 min (617 words)

Related

[Strengthening rehabilitation in health systems \(who.int\)](https://www.who.int/news/2023/05/27/landmark-resolution-on-strengthening-rehabilitation-in-health-systems)



- **Mål for WRA**
- Gjennomføre evidensbaserte påvirkningsaktiviteter som øker støtten og øker bevisstheten om rehabilitering
- Styrke nettverksbygging og kunnskapsdeling innen rehabiliteringssektoren



Rehabilitation2030



- Diskusjoner vi burde hatt med oss
 - Skille fokus i rehabilitering og habilitering (disability)
 - Rehabilitering: sett av intervensjoner for å øke funksjon
 - Ikke avhengig av hvor mange yrkes grupper som deltar rundt den enkelte
 - Medisinsk tilstand; inkluderer demens, graviditet, psykisk helse
- Hvordan bruke «packages of intervention»
- Behovet for å tydeliggjøre rehabilitering i helsetjenesten