HEALTH SYSTEMS STRENGTHENING ACCELERATOR

World Health Organization

Rehabilitation 2030

# Rehabilitation in Health Financing: Regional Webinar Series

## Final Webinar Report

March 2022

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# Executive Summary

In light of the growing need for rehabilitation worldwide, the World Health Organization's (WHO's) Rehabilitation 2030 initiative has called for global action by all stakeholders to elevate rehabilitation on the global and country-level agendas for Universal Health Coverage. In line with this goal, the WHO and the Health Systems Strengthening Accelerator (Accelerator[1]) are developing a global technical report to identify how health financing can respond to rehabilitation needs and increase rehabilitation coverage at the country level. As part of this report's development, the WHO and Accelerator facilitated a three-part webinar series on health financing for rehabilitation for policymakers to share country experiences and build capacity to leverage health financing for rehabilitation. Through country presentations and small group discussions, country leaders identified common challenges to financing rehabilitation, four key policy priorities for strengthening health financing for rehabilitation in their countries, and corresponding strategic approaches to implement these policy priorities.

# Background

At any time, one-third of the world's population have health conditions that could benefit from rehabilitation.[2] These substantial rehabilitation needs come from people of all ages and stages of life. Aging populations, a steep rise in the burden of noncommunicable diseases, and conflict-induced injuries continue to increase the unmet need for affordable rehabilitation services. The WHO's Rehabilitation 2030 initiative has called for global action by all stakeholders to elevate the coverage of rehabilitation care on the global and country-level agendas for Universal Health Coverage. In this context, there is a need to address significant gaps in evidence on financing rehabilitation and to equip policymakers with practical solutions to common challenges associated with designing and operationalizing health financing policies that include rehabilitation.

The WHO and the Accelerator are developing a global technical report to (1) outline how existing health financing practices respond to rehabilitation needs in countries, (2) identify common challenges and promising practices to tackling these needs, and (3) define policy priorities and strategic approaches that can improve rehabilitation coverage. As part of the development of this knowledge product, the WHO and the Accelerator engaged policymakers and managers from 40 countries in a three-part webinar series. All WHO regional groups participated, providing a regional lens to a global issue. The webinars provided opportunities to share real-life experiences that will ground the technical report in actual policy scenarios and practical solutions, as well as build country participants' capacity to leverage health financing for

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[1] The Accelerator is a five-year global initiative funded by the United States Agency for International Development Bureau for Global Health's Office of Health Systems and implemented by Results for Development. The Accelerator provides catalytic support to countries as they tackle vexing health systems challenges and accelerate progress toward self-sustaining health systems. For more information on the Accelerator, visit the Accelerator page on the R4D website.

[2] Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. 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. *Lancet*. 2021;396(10267):2006–2017. doi: 10.1016/S0140-6736(20)32340-0.

rehabilitation. The events also brought together representatives from both rehabilitation and health financing specialties at the country and global levels. This promoted alignment among experts on the unique characteristics of rehabilitation as a health service and on ways for health financing policies to respond to those.

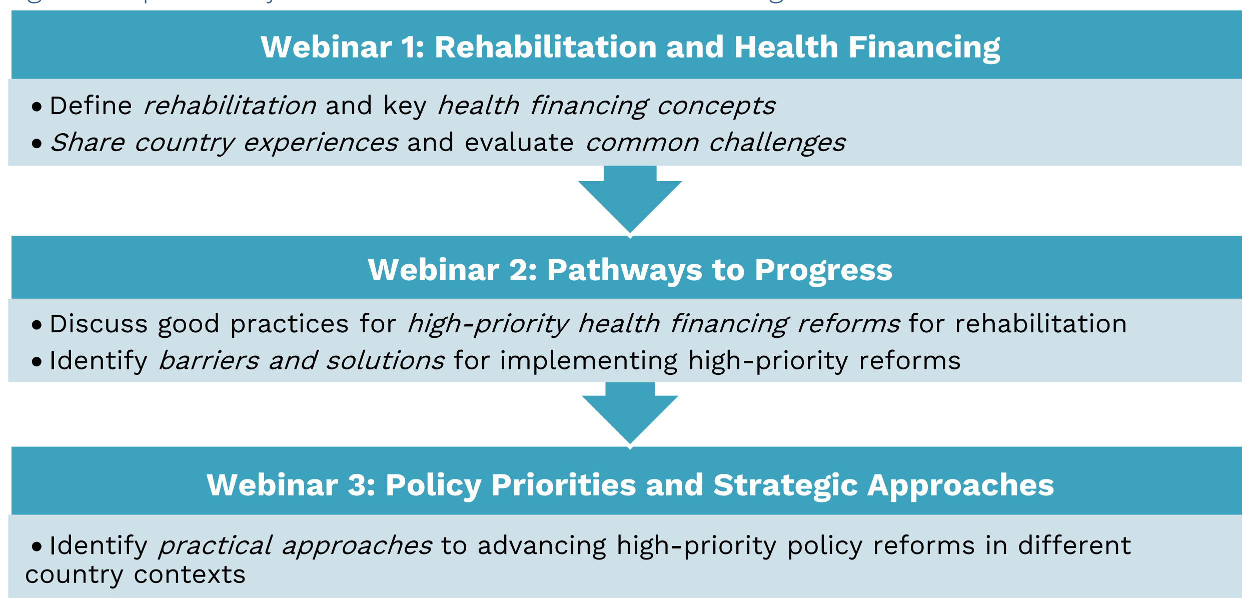
## Objectives

The overall objectives of the webinar series were as follows:

- To build knowledge of health financing for rehabilitation in different country contexts through the sharing of country experiences
- To identify high-priority health financing reforms for rehabilitation and practical considerations for their successful implementation

Webinars used a combination of presentations from global experts, country presentations, and group discussions to achieve a set of objectives. See Figure 1 for each webinar's objectives.

Figure 1: Specific objectives of webinars on health financing for rehabilitation




## Participation

Webinar participants primarily included those responsible for rehabilitation service and health financing issues at country ministries of health, with some additional representation from global health and academic institutions. From the six WHO regions, there were 157 participants from 40 countries. Table A1 in the Appendix shows an overview of each region's participation.

## Rehabilitation and Health Financing

The webinar series opened with framing presentations that defined rehabilitation, emphasized the widespread and largely unmet need for rehabilitation in low- and middle-income countries, and explained the health financing characteristics that can promote coverage to meet this need. Participants also reviewed how the health financing functions of resource mobilization, pooling, purchasing, and governance relate to rehabilitation as a health service. Personal testimonies helped to illustrate the personal toll that lack of access to rehabilitation can have on individuals in need of care.

> *"If I had stopped rehabilitation after one year, I probably would still move like a robot and be uncomfortable in a crowd and not come back to work. . . Rehabilitation gave me a second life, a second life definitely worth living."*
>
> –Dr. Ritu Sadana,
> Head of the Aging and Health Unit, WHO

After opening remarks by WHO regional representatives, Joe Kutzin, Acting Director for Health Systems Governance and Financing at the WHO headquarters, spoke about facilitating effective rehabilitation services from a health financing perspective. Kutzin emphasized the importance of strengthening interaction between health financing and rehabilitation stakeholders in order to design smarter health financing policies that support effective rehabilitation services within the continuum of care.

Presentations from WHO provided an overview of rehabilitation and the current state of services worldwide: Rehabilitation is important as it addresses the impact of a health condition on a person's life with a primary focus on improving and maintaining their functioning. Approximately 2.4 billion people worldwide have a health condition that benefits from rehabilitation, an estimated 80 percent of whom live in low- and middle-income countries. Additionally, 50 percent are not receiving any care, and some are socioeconomically disadvantaged and have disabilities with significant, long-term care requirements.

To set the foundation for technical discussions, health systems and financing experts from the Accelerator presented findings from their desk review of existing health financing approaches for rehabilitation, which included a scoping review of literature and in-depth review of rehabilitation financing practices in 30 countries. Key findings from the desk review are outlined in Figure 2.

Figure 2: Findings from desk review of existing health financing approaches for rehabilitation

These presentations laid the foundation for countries to present and discuss their own experiences with financing functions for rehabilitation services. Countries shared examples of their successful financing practices, including the following:

- Malaysia has multiple financing mechanisms that cover rehabilitation, including assistive products and the Social Security Fund supporting community reintegration and return to work.
- Malaysia, Nepal, Pakistan, Sri Lanka, and Ukraine have adopted national plans, laws, and/or guidelines that focus on strengthening and integrating rehabilitation services into the broader health care systems, which has contributed to the inclusion of rehabilitation in national health financing.
- For national planning of rehabilitation, Nepal, Sri Lanka, and Ukraine have utilized multistakeholder working groups, which have contributed to the coordination of rehabilitation financing.
- Azerbaijan has explored financing virtual rehabilitation care during the COVID-19 pandemic.
- Nepal has initiated the integration of rehabilitation data collection within broader health information systems, which will contribute to better understanding of rehabilitation needs and service provision and inform decisions about financing.

In the small group discussions that followed, participants compared their own country experiences to those presented and identified shared challenges. The following key themes emerged:

- There is a lack of clear and robust public funding and political commitment for addressing rehabilitation, which demonstrates how rehabilitation is underprioritized by many governments.

- The increasing need for rehabilitation (both the expected need due to aging populations, for example, and the unexpected need due to emergency events) will intensify the urgency to improve health financing for rehabilitation.
- Many countries lack clear and consistent data regarding rehabilitation expenditures, service availability, and the overall costs of rehabilitation services.
- The capacities of the rehabilitation workforce are either limited due to lack of training or unknown due to insufficient data collection.

Group discussions during the first webinar and a post-webinar survey helped shape topics for a reform agenda that was further discussed in the second webinar of the series.

## Pathways to Progress

The second phase of the webinar series focused on pathways to progress in health financing for rehabilitation, building on the presented contextual challenges and areas for improvement in participant countries' existing rehabilitation strategies. Countries presented on their own experiences and approaches in specific financing priorities for rehabilitation: resource mobilization and pooling, benefits packages design, and contracting and provider payment mechanisms; these priorities were featured based on survey feedback from the first webinar. Key highlights from these presentations are outlined in Figure 3.

Figure 3: Select country experiences and approaches in financing for rehabilitation

| Resource Mobilization and Pooling | Benefits Packages Design | Contracting and Provider Payment Mechanisms |
|---|---|---|
| •Australia uses a mix of compulsory insurance schemes that cover all citizens and schemes that only some groups pay into, such as a workers' compensation scheme financed by employers.<br>•South Africa's public and private sectors along with other funds finance rehabilitation, although the overall rehabilitation system is fragmented and underfunded. | •The Philippines implemented Z Benefits, a package meant for catastrophic care at the tertiary level.<br>•Through a Technical Working Group for Rehabilitation, Tanzania is revising its national benefits package to include rehabilitation services at all levels of care.<br>•Chile conducted multiple nationwide surveys to understand the need for high-priority rehabilitation services. | •South Korea uses e-vouchers, similar to virtual cash, as government subsidies for mainly low-income households.<br>•Provincial governments in Canada use noncompetitive contracts and structured global budgets with mupltiple regional programs that sometimes use subcontracted agencies. |

An overarching high-priority topic that emerged from the webinars was the importance of high-quality data for all aspects of health financing. The facilitation team included a presentation on this topic, which summarized how data can support financing for rehabilitation in the following ways:

- Quantifying population need can help advocate for increased resource mobilization.
- Identifying high-priority services and beneficiaries can inform the development of benefit packages.
- Monitoring the quality, quantity, coverage, and utilization of services delivered can facilitate more efficient contracting practices and provider payment mechanisms.
- Data on rehabilitation expenditure are essential for tracking the rehabilitation system's cost-effectiveness and affordability.

After each country presentation, participants discussed prospective reforms that could benefit their respective countries, and barriers and solutions to implementing them (see Table A4 in the Appendix for a summary). Discussion of these reform actions and their feasibility in various country contexts highlighted common structural, social, and policy-related challenges faced in establishing an effective health financing strategy for rehabilitation. Participants noted that many identified barriers affected multiple financing functions, thus inhibiting multiple potential reform actions. Similarly, many identified solutions could address more than one barrier also across multiple financing functions. This trend in interrelatedness speaks to the potential for simple reforms to have far-reaching impacts on health financing for rehabilitation. For example, by clearly defining rehabilitation services (a frequently cited priority across multiple regions), stakeholders can better estimate resource needs, identify high-priority populations for coverage, establish rehabilitation benefits packages, enter contracts with service providers that incorporate clinical standards of care, and identify crucial indicators for data collection for rehabilitation. These overarching technical topics formed the basis for the third and final webinar, which explored *how* to implement reform actions and advance policy priorities for rehabilitation in health financing.

## Policy Priorities and Strategic Approaches

The third webinar addressed the question of "how" by exploring the following technical topics:

- Coordinating financing mechanisms, especially from health and non-health sectors, to achieve equitable population coverage for rehabilitation services
- Defining and paying for rehabilitation services to achieve quality and efficiency
- Developing evidence-based rehabilitation service benefits packages
- Prioritizing rehabilitation within health financing mechanisms

These policy priorities represent overarching strategies for pursuing health financing reform. Countries presented their experiences with these topics, the successes and pitfalls of the different approaches they took, and lessons learned that can guide future action. Country presentation highlights are shown in Figure 4.

Figure 4: Select country approaches to achieving policy priorities in health financing reform

**Kenya**

- In terms of coordination, rehabilitation reforms are spearheaded by the rehabilitation services unit in the Ministry of Health.

**Finland**

- In response to the COVID-19 pandemic, Finland increased the use of telehealth for rehabilitation.

**Estonia**

- All providers are paid the same maximum rates for services, although lower prices can be agreed upon in contracts. Prices are determined through activity-based costing.

**El Salvador**

- With stewardship from the Ministry of Health and the newly created office for rehabilitation, El Salvador is working with the World Health Organization to create a national plan for rehabilitation.

**India**

- Health care is largely managed at the state level in India. The limited number of rehabilitation facilities are commonly underfunded and underutilized.

After the country presentations, participants were introduced to a refined set of strategic approaches to achieving policy priorities. They then convened in small groups to discuss. Participants reflected on how the provided strategic approaches could be implemented their country contexts. The resulting list of participant-validated strategic approaches is shown in Table 1 below.

Table 1: Policy priorities and strategic approaches to health financing reform

### 1. Coordinating health financing mechanisms for rehabilitation services

a. Create national policies, guiding documents, and legal frameworks that put rehabilitation on the health sector policy agenda and define roles and responsibilities across ministries, sectors, and levels of government and care.

b. To reduce fragmentation, develop centralized ministry of health-led platforms and mechanisms through policy documents that support coordination of rehabilitation and its financing; ensure that the platforms and/or mechanisms allow for representation from mixed stakeholders, including purchasers, providers, and consumers; and create a framework for accountability.

c. Establish guidelines that clearly articulate standardized service packages across different levels and types of financing mechanisms. Outline responsibilities of service providers to clarify roles and avoid redundancies in coverage (especially ensuring availability in rural areas).

d. Utilize coordination mechanisms to promote standardized generation and sharing of data among actors who finance and deliver rehabilitation services and products across the health system and other sectors.

### 2. Defining and paying for high-quality and efficient rehabilitation services

a. Establish a legal foundation for consistent, standardized contracting/provider payment mechanisms for rehabilitation across providers **and** ensure coordination of different purchasers' actions.

b. Measure the range, required dosage, and cost of services better to calibrate payment practices.
c. Define the quality or desired outcomes of services while developing benefits packages.
d. Institutionalize the use of evaluation tools, using data and analytics to capture details of service provision (e.g., patient outcome measures, patient experiences), which can also be used to forecast need for future services.
e. Link payment to the quality of services delivered through performance-driven payment mechanisms.
f. Ensure transparency in prioritization processes when deciding payment mechanisms for services.
g. Use alternative service modalities (e.g., task sharing, mobile clinics) to strengthen rehabilitation at the primary health care level.
h. Educate rehabilitation professionals on the array of rehab services that could and should be available to their patients.

## 3. Developing evidence-based rehabilitation service benefits packages

a. Increase investment in capacity-building for rehabilitation services and workers (training, salaries, strengthening capacities in outreach and service delivery), with an eye to equity in service distribution.
b. Ensure that, for all high-priority health conditions, rehabilitation is included in health benefits packages for all individuals, not just people with disabilities, and funded to ensure a continuum of care over the course of a condition.
c. Consider that rehabilitation needs can vary for the same health conditions and that benefit packages need to consider the range of functional impairments that people experience.
d. Consider the financing implications and keep out-of-pocket costs negligible for people with complex, extensive, and long-term rehabilitation needs.
e. Collect more data to inform services prioritization in benefits packages and beneficiaries of these packages.
f. Consider tele-rehabilitation as an option to improve access to services, particularly for hard-to-reach areas and during the COVID-19 pandemic.

## 4. Prioritizing rehabilitation services within health financing mechanisms

a. Raise awareness and advocate for rehabilitation, address misconceptions about rehabilitation, and make the economic case to external development partners and policymakers for rehabilitation's return on investment (especially for basic services that are less expensive).
b. Convene community advocacy groups to develop a common communication platform and advocate in one voice for rehabilitation, targeting decision-makers who influence resource allocation.
c. Use data to elevate awareness about rehabilitation, advocate for additional resource allocation, and link covered conditions with actual population need.
d. Incorporate service user groups in prioritization platforms, including people with disabilities as champions for rehabilitation at the core of prioritization platforms and processes.

e. Ministries of health should engage stakeholders from all sectors to help integrate rehabilitation within the health planning process (e.g., annual operating plans, medium-term sector strategies, and five-year strategic plans).

## Conclusion and Next Steps

This three-part webinar series enabled the Accelerator and WHO teams to engage country stakeholders from both the rehabilitation and health financing sectors, uniting two often-disjointed areas of programming. This collaboration produced multiple overarching strategies and concrete action steps to advance policy priorities for financing rehabilitation as an integrated component of countries' health systems. Throughout the series, participants emphasized the importance of multisectoral coordination and community involvement in all phases of the health planning process; establishment of official policies, guidelines, and regulations that dictate standard rehabilitation benefits and quality of care; strategic purchasing to promote efficient and equitable coverage of high-quality rehabilitation services; and high-quality data and associated data collection tools and information systems to support all health financing functions and the aforementioned priorities. These imperatives are underpinned by the increasing demand for rehabilitation services worldwide. Health financing is one of the key levers for meeting this demand in an efficient and equitable manner.

The invaluable input and contributions of webinar participants and presenters will be synthesized into the WHO and Accelerator's forthcoming global technical report, which will be published in 2022.

# Appendix

Table A1: Regional participation

| Region | Countries | # of Participants |
|---|---|---|
| **Africa** | Benin, Botswana, Burkina Faso, Burundi, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Tanzania, Togo, Rwanda, South Africa, Zambia | 54 |
| **Europe & Eastern Mediterranean** | Armenia, Azerbaijan, Georgia, Jordan, Iran, Iraq, Oman, Pakistan, Palestine, Tajikistan, Turkmenistan, Ukraine | 50 |
| **The Americas** | Bolivia, Brazil, Chile, Cuba, Dominican Republic, El Salvador, Guyana | 22 |
| **Southeast Asia & Western Pacific** | Bangladesh, Malaysia, Mongolia, Myanmar, Nepal, Republic of Korea, Solomon Islands, Sri Lanka | 31 |

Table A2: Country presentations

| Region | Country | Presentation Title | Presenter |
|---|---|---|---|
| **Africa** | South Africa | Resource Mobilization and Pooling: Enhancing Funding and Population Coverage in South Africa | **Ms. Maryke Bezuidenhout** Chairperson, Rural Rehab South Africa, South Africa |
| | Tanzania | Service Packages for Strategic Purchasing of Rehabilitation Services | **Dr. Vivian Wonanji** Acting Director of Curative Services, Ministry of Health, Tanzania |
| | Rwanda | Contracting and Provider Payment Mechanisms for Strategic Purchasing of Quality Rehabilitation Care in Rwanda | **Dr. Pascal Kayobotsi** Health Finance Specialist, Ministry of Health, Rwanda |
| | Philippines | How to Prioritize Rehabilitation Services/Packages in Health Financing Mechanisms? Strategic Purchasing—Benefits Package Design in the Context of Republic Act No. 11223—the UHC Act | **Dr. Albert Domingo** Health Systems Expert, Provincial Government of Pampanga, Central Luzon, Philippines<br>Consultant, Department of Health Systems Governance and Financing, World Health Organization Headquarters |

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|---|---|---|---|
| | Kenya | Coordinating Health Financing Mechanisms | **Dr. Nassib Tawa**<br>Consultant, Rehabilitation Program Universal Health Coverage/Healthier Populations, World Health Organization Regional Office for Africa |
| Europe & Eastern Mediterranean | Azerbaijan | Strategic Purchasing: Benefit Package Design and Contracting | **Dr. Zarifa Kamilova**<br>Deputy Head of the Rehabilitation Department, State Medico-Social Expertise and Rehabilitation Agency, Ministry of Labour and Social Protection of Population, Azerbaijan |
| | Pakistan | Strategic Purchasing: Benefit Package Design and Contracting | **Dr. Shabana Saleem**<br>Executive Director, National Institute of Rehabilitation Medicine/Focal Point for Assistive Technology, Pakistan |
| | Ukraine | Strategic Purchasing: Benefit Package Design, Contracting, and Provider Payment Mechanisms | **Mr. Volodymyr Golyk**<br>Docent of Department of Physical and Rehabilitation and Sport Medicine, Shupyk National University of Health Care of Ukraine |
| | Jordan | Resource Mobilization and Pooling | **Dr. Marwan Al Taher**<br>Acting Head of Specialty of Physical Medicine and Rehabilitation, Ministry of Health, Jordan |
| | Philippines | Strategic Purchasing: Benefit Package Design | **Dr. Albert Domingo**<br>Health Systems Expert, Provincial Government of Pampanga, Central Luzon, Philippines<br>Consultant, Department of Health Systems Governance and Financing, World Health Organization Headquarters |
| | Pakistan | Strategic Purchasing: Contracting and Provider Payment Mechanisms | **Dr. Sabeen Afzal**<br>Deputy Director Programs – IV, Ministry of National Health Services, Regulations and Coordination, Pakistan |
| | Estonia | Defining and Paying for Rehabilitation Services | **Ms. Malle Avarsoo**<br>Chief Specialist, Specialized Health Services Department, Estonian Health Insurance Fund, Estonia |

| Region | Country | Topic | Speaker |
|---|---|---|---|
| | Finland | Developing Evidence-Based Rehabilitation Service Benefits Packages | **Mr. Kari-Pekka Murtonen** Head of Global Action, Rehabilitation and Social Studies, School of Health and Social Studies, JAMK University of Applied Sciences, Finland |
| The Americas | El Salvador | Resource Mobilization and Pooling: Enhancing Funding and Population Coverage | **Dr. Fredy Alvarenga Paz** Head of the Rehabilitation Office, Ministry of Health, El Salvador |
| | Guyana | Resource Mobilization and Pooling: Enhancing Funding and Population Coverage | **Dr. Ariane Mangar** Director, Rehabilitation Services, Ministry of Health, Guyana |
| | Chile | Strategic Purchasing: Benefit Package Design | **Ms. Ximena Neculhueque** Head of the Department Rehabilitation and Disability, Ministry of Health, Chile |
| | Canada | Contracting and Provider Payment Mechanisms for Strategic Purchasing of Quality Rehab Care | **Ms. Anna Rupert** Speech and Language Pathologist and Health Economist, Canada |
| | El Salvador | Coordinating Health Financing Mechanisms | **Dr. Fredy Alvarenga Paz** Head of the Rehabilitation Office, Ministry of Health, El Salvador |
| | United States | Defining and Paying for Rehabilitation Services | **Dr. Anne Deutsch** Senior Research Public Health Analyst, RTI International, United States |
| Southeast Asia & Western Pacific | Malaysia | Governance | **Dr. Yusniza Mohd Yusof** Rehabilitation Medicine Physician, Hospital Rehabilitasi Cheras, Ministry of Health, Malaysia |
| | Nepal | Governance | **Dr. Krishna Prasad Paudel** Director, Epidemiology and Disease Control Division, Department of Health Services, Ministry of Health and Population, Nepal |
| | Sri Lanka | Governance | **Dr. Shiromi Maduwage** Consultant and Community Physician, Youth, Elderly and Disability Unit, Ministry of Health, Sri Lanka |

| | Australia | Resource Mobilization and Pooling | **Dr. Gwynnyth Llewellyn**<br>Head, World Health Organization Collaborating Centre for Strengthening Rehabilitation Capacity in Health Systems, The University of Sydney, Australia |
|---|---|---|---|
| | Philippines | Strategic Purchasing: Benefit Package Design | **Dr. Albert Domingo**<br>Health Systems Expert, Provincial Government of Pampanga, Central Luzon, Philippines<br>Consultant, Department of Health Systems Governance and Financing, World Health Organization Headquarters |
| | Republic of Korea | Strategic Purchasing: Contracting and Provider Payment Mechanisms | **Dr. Kim Unjoo**<br>Director of the Department of Community Reintegration Service, National Rehabilitation Centre, Ministry of Health and Welfare, Republic of Korea |
| | New Zealand | Coordinating Health Financing Mechanisms | **Dr. Richard Seemann**<br>Specialist in Rehabilitation Medicine and Medical Director—Community Services, ABI Rehabilitation New Zealand. |
| | India | Prioritizing Rehabilitation | **Dr. Grace Kabaniha**<br>Technical Officer for Health Financing, World Health Organization Country Office, India |

Table A3: Reform actions by health financing function

## Resource Mobilization and Pooling: Coordination for Population Coverage

- Develop plans to integrate and subsidize rehabilitation in health financing mechanisms.
- Include rehabilitation in urgent/essential health priorities.
- Coordinate rehabilitation financing mechanisms to enhance consistency and minimize overlap.
- Focus on marginalized groups.
- Collect information on population need and coverage for better advocacy and policymaking.
- Conduct prioritization process and targeted planning for what can be funded.
- Review and modify policies and legal frameworks.
- Adopt and implement a national rehabilitation strategy.
- Ensure equitable geographic distribution of rehabilitation service availability.

### Strategic Purchasing: Developing Consistent and Evidence-Based Rehabilitation Benefits

- Conduct a multistakeholder prioritization process that defines the objectives and criteria for a benefits package with high-priority services, such as health technology assessments.
- Collect data on spending, service utilization, service availability, and costs.
- Design benefits packages based on need/disease burden, cost-effectiveness of interventions, and available resources.
- Integrate rehabilitation in existing health service delivery structures, especially at the primary health care level and across the life cycle and continuum of care.
- Include and promote services that can be delivered remotely.

### Strategic Purchasing: Using Contracting and Provider Payment Mechanisms to Obtain Results

- Ensure contracts define the volume, type, and quality of rehabilitation services.
- Design provider payment mechanisms that incentivize quality and efficiency and are performance driven.
- Routinely use data for purchasing (for example, about services provided and outcomes).
- Regularly reevaluate contracts as population needs evolve.

### Data Use for Better Health Financing Decision-Making

- Develop/include/routinize rehabilitation indicators in health information systems.
- Consolidate and standardize data across fragmented financing sources and service delivery sectors.
- Consistently report rehabilitation data in national health accounts.
- Collect data on the availability, coverage, utilization, and costs of services/technologies.
- Develop and monitor appropriate and viable quality indicators.
- Share data across sectors and levels of care.

Table A4: Barriers and solutions to reform

| | Barriers | Proposed Solutions |
|---|---|---|
| **Resource Mobilization and Pooling** | Lack of funding for and under-prioritization of rehabilitation<br><br>Fragmentation of existing funding and pooling mechanisms<br><br>Lack of leadership structures and coordination platforms<br><br>Lack of awareness by health officials and policymakers of the benefits of rehabilitation, as well as misperceptions about rehabilitation | Use research and data to quantify the widespread need for rehabilitation and advocate for more population coverage<br><br>Conduct advocacy that emphasizes the return on investment for rehabilitation services and uses a common, consistent language in its messaging<br><br>Integrate pooling mechanisms<br><br>Create legal frameworks to define roles of each sector and increase coordination |

| | | |
|---|---|---|
| | as a service reserved for people with disabilities | Strengthen stewardship of rehabilitation planning by ministries of health<br><br>Better educate policymakers about the benefits of and widespread need for rehabilitation<br><br>Ensure representation of rehabilitation stakeholders during policy and program decision-making |
| **Strategic Purchasing: Developing Rehabilitation Benefits** | Fragmentation of rehabilitation benefits, particularly among assistive technology and disease-specific programs<br><br>Inequities in geographic distribution of services, especially urban versus rural areas<br><br>Poorly defined rehabilitation benefits packages at each level of care<br><br>Lack of transparency around prioritization processes for rehabilitation services | Integrate rehabilitation services into existing service delivery structures and benefit packages at all levels, especially in primary care<br><br>Conduct routine training of rehabilitation personnel in all regions<br><br>Clearly define rehabilitation services within benefits packages, which should be evidence-based |
| **Strategic Purchasing: Contracting and Provider Payment Mechanisms** | Difficulty identifying the specific rehabilitation services provided<br><br>Lack of provider capacity to implement contracts with satisfactory quality<br><br>Overlap and inefficiencies in contracts<br><br>Lack of provider accountability for service quality | Standardize definitions and clinical standards for rehabilitation care, and disseminate these standards to providers<br><br>Train and invest in rehabilitation workforce personnel<br><br>Foster coordination among all sectors and between purchasers<br><br>Conduct stronger advocacy to promote a shift to performance-based financing<br><br>Design provider payment approaches that incentivize the provision of evidence-based services |
| **Data for Better Health Financing Decisions** | General lack of reliable data<br><br>Rehabilitation data are not disaggregated from other health expenditure categories, if included at all<br><br>Data are not always disseminated to decision-makers involved in rehabilitation planning and service delivery | Collect rehabilitation expenditure data through national health accounts<br><br>Invest in research through universities to help identify high-priority health conditions and associated costs, calculate resource needs, target beneficiaries, define benefits packages, and understand service quality<br><br>Learn from the private sector's information systems, which could be integrated with government initiatives for rehabilitation<br><br>Define high-priority indicators for data collection, train providers to use these |

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|---|---|---|
| | | data, and communicate data for advocacy purposes<br><br>Utilize health technology assessments<br><br>Implement a centralized data collection system, such as the World Health Organization's Rehabilitation Module for the DHIS2 platform<br><br>Strengthen data recording by providers through improved registration systems in service delivery settings<br><br>Ensure that decision-making processes are evidence-based using the best data available |

## Disclaimer

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