

REHABILITATION IN HEALTH ACCOUNTS

What is rehabilitation?

Rehabilitation needs arise from diseases, disorders, injury, trauma, or due to a decline in functioning in advanced age. Interventions for rehabilitation target specific aspects of functioning, as well as environmental and personal factors. For example, rehabilitation interventions may includeⁱⁱ:



Muscle-strengthening exercises



Speech and language training



Social skills training



Provision of assistive products

Who benefits from rehabilitation?

Rehabilitation benefits people with a wide range of health conditions, through all stages of life and during all phases of acute, subacute, and long-term care. In addition to improving the health outcomes for patients receiving care, rehabilitation presents far-reaching benefits for the health sector and beyond, including:



Reduced health care costs from timely discharge from inpatient careⁱⁱⁱ, lower risk and severity of secondary complications, and lower re-admission rates.



Better education, employment, economic and social outcomes, by enabling people to return to work, undertake education and training, earn a livelihood, and participate in home and community life.



Protection of human rights through a high standard of health, particularly for people with disabilities, and older people with long-term difficulties in functioning.

Why focus on rehabilitation in health systems?

2.4 BILLION

Today, 2.4 billion people, one-third of the world's population, are living with a health condition that can benefit from rehabilitation^v.



In lower- and middle-income countries, over 50% of people with disabilities do not have access to the rehabilitation care they need^{vi}.



Financial coverage for rehabilitation is essential to achieve Universal Health Coverage and Sustainable Development Goal 3: Good health and well-being for all, at all ages.

Why should we track rehabilitation expenditure in health accounts?

Health accounts capture how health systems, other sectors, and service users spend funds for rehabilitation. They can provide invaluable evidence for strategic policy decisions by helping to:



Understand if and how financing policies can be more efficient, by better aligning with population need and health system priorities.

Quantify the gap between available financial coverage for rehabilitation and population needs.



Guide resource allocation to maximize value-for-money and minimize out-of-pocket expenditure.

Map available resources and improve strategic planning for rehabilitation in health systems.



What do we know about rehabilitation expenditure?

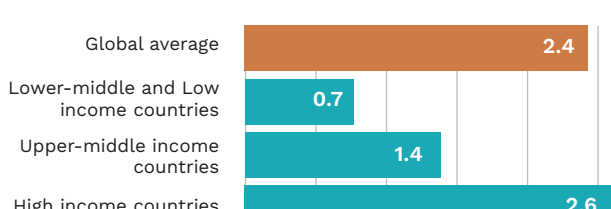
2.4%

Around the world, rehabilitative care accounts for an average of just 2.4% of total health expenditures.ⁱⁱⁱ

Rehabilitation expenditure data is often unavailable or of low quality due to^{iv}:

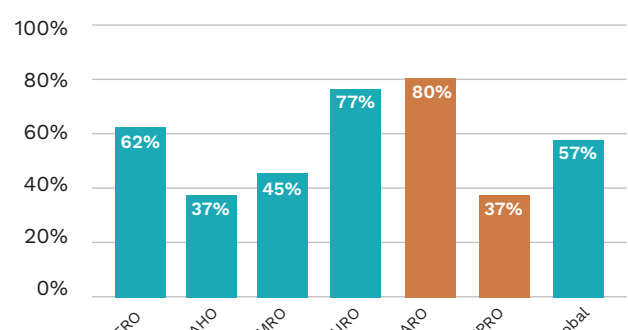
- Limited integration of rehabilitation into routine health information systems^v
- Inconsistent or undefined standards for expenditure data validity, integrity, and precision
- Limited data collection or sharing across all relevant rehabilitation funders
- Collection of rehabilitation expenditure data is not prioritized
- Misalignment between guidance for rehabilitation expenditure data classification at the global level and health accounting practices in countries
- Incomplete and/or highly aggregated rehabilitation data

Rehabilitation as a Percentage of Total Health Expenditure by Income Level



Source: Schneider MT et al (2021)

Percentage of Countries Tracking Rehabilitation (HC.2) by Region



Source: World Health Organization (2022) Global Health Expenditure Database

Our response

The Health Systems Strengthening Accelerator is working with the World Health Organization and other partners to improve rehabilitation expenditure tracking by:



Analyzing existing challenges and opportunities



Testing solutions



Sharing guidance

Our response will culminate in a Technical Note to supplement the System of Health Accounts 2011 methodology, demonstrating the importance of ensuring access to reliable rehabilitation expenditure data and offering practical guidance to country health accounts teams on how to do so.

References

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