



**Statement to the agenda item 5(j) “Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (resolution EUR/RC67/R3)” of the 69th World Health Organization Regional Committee for Europe from 16–19 September 2019**

The International Society of Physical and Rehabilitation Medicine (ISPRM), WCPT, IAPO, Studiorum, IUTOX, WHPCA, COTEC, WFOT, EFAD and AGE celebrates the effort of the European regional committee in the development of the Roadmap to implement the 2030 Agenda for Sustainable Development, and suggests taking into account the growing burden of disease that disabling health conditions may represent for the region and the number of people who can benefit from rehabilitation.

In the world, greater efforts have been made to reduce mortality than to reduce disability. At the Second Global Rehabilitation 2030 Meeting at WHO last July, it was stated that, based on the Global Burden of Disease (GBD) data of 2017, 2.4 billion people worldwide may benefit from rehabilitation. The GBD Study of 2015 (GBD 2015) estimated “a modest 2.1% reduction in the age standardised rate of years lived with disability (YLDs) for all causes compared with a 22.7% reduction in age standardised rates of years of life lost (YLLs) for all causes between 2005 and 2015”<sup>1</sup>, and the Global Burden of Disease Study of 2016, found a decrease of only 2.7% of the age-standardized rates of YLDs for all causes combined between 1990 and 2016. It was also found that the number of YLDs from non-communicable diseases has been growing rapidly across all socio-demographic Index quintiles. The largest absolute increases in YLDs globally were between the ages of 40 and 69 years. Age-standardised YLD rates for all conditions combined were 10.4% (95% UI 9.0–11.8) being higher in women than in men. In Europe the Leading ten causes of YLDs were back pain, falls, migraine, hearing loss, major depressive disorder, neck pain, stroke, diabetes, musculoskeletal problems, and alcohol abuse<sup>2</sup>.

We strongly supports the WHO Rehabilitation 2030 initiative and its statement that “there is still a substantial and ever-increasing unmet need for rehabilitation worldwide. The availability of accessible and affordable rehabilitation is necessary for many people

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<sup>1</sup> Lim SS, Allen K, Bhutta ZA, et al. Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015. *Lancet* 2016; 388: 1813–50.

<sup>2</sup> VOS, Theo, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 2017, vol. 390, no 10100, p. 1211-1259.

with health conditions to remain as independent as possible, participate, get education, be economically productive, and fulfil meaningful life roles. The magnitude and scope of unmet rehabilitation needs signal an urgent demand for concerted and coordinated global action by all stakeholders”<sup>3</sup>. There is also an urgent need to know and understand the role that different professionals in the area of rehabilitation have in achieving these goals as well as the development of programs proven cost effective.

For this to work, the WHO European regional committee and its member states, must understand rehabilitation as the most important health strategy to reduce the YLD and to improve the health and well-being of its population.

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<sup>3</sup> WHO Rehabilitation 2030 a call for action.