

Unify actors around the concepts of “functioning” and “habilitation” to ensure full participation and Inclusion for all.

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ABSTRACT

Developing scientific and political context: Health Services are changing all over the world, regarding epidemiological, economical, socio-political aspects correlated and stimulated by scientific and technological advances and tools. For our point of view cornerstones are: - Disability is part of the human experience. - WHO recognizes that a world where all people attain the highest possible standard of health and well-being is only possible if health systems are inclusive of people with disability. - Countries need to shift towards a service delivery system rooted in the communities, reaching out and empowering people with disability. As embedded in WHO framework, Rehabilitation is one of the core health services, along with promotion, prevention, treatment, and palliative care. By optimizing functioning, rehabilitation significantly contributes to the realization of SDG3 on health and well-being. An individual who can enjoy good standard of health is more able and confident to fully participate economically, culturally, politically on equal basis with others, thus contributing to the realization of several other SDGs and of the overarching “leave no one behind” principle. Therefore, increasing access to quality rehabilitation services can significantly improve population’s health outcomes and foster inclusive, sustainable development. Number of people in need of rehabilitation had increased by 63% from 1990 to 2019. This is a clear indication of current health trends: we live longer, but with more limitations in functioning. Rehabilitation is crucial to respond to the health challenges of the 21st century, but its political relevance is not fully established yet. The global health agenda needs to further integrate the concept of functioning, alongside mortality and morbidity. This is why we need a consensual political narrative that places functioning at the core, across the spectrum of health interventions delivered at the community-level and through health services. And we need a strongest cooperation with Disabled people Associations all over the World. Habilitation as a focus for all: While the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) marks a shift from a medical to a rights-based approach to disability, this legally-binding instrument gives space to rehabilitation as a key element that enables persons with disabilities to attain and maintain maximum independence and full inclusion and participation in all aspects of life. In particular, article 26 of the UNCRPD requires Member States to organize, strengthen and extend comprehensive Rehabilitation services and programmes up to habilitation. Habilitation, strongly supported from all disabled people associations and federations in the world, means quality of life freely chosen by the person with disability, as a result of rehabilitation activities, commitment and free choice of the subject, potential of the family, educational, work and socio-economic context, of the community’s welfare and social security offers. It is therefore the context in which the objective of the Rehabilitation Project must be

framed. We all must have the ability to integrate specific clinical and prognostic assessments, interventions and times of the rehabilitation process into all this. And obviously not only in the acute and intensive phases but also in a vision of continuity to support possible variations (for medical problems but also social and personal variations). Skills that make the central and essential role of all rehabilitation professionals in personal qualification even more evident, together with other non-healthcare subjects, but which very often are not yet part of their educational training. However, they are necessary to be able to carry out these tasks in the evolution of health protection systems and in the interest of people with disabilities. Functioning (ICF) is the cornerstone for Habilitation: Then rehabilitation as an organic system of services and structures must take responsibility for proposing and promoting this enrichment of the health conditions of populations with its own scientific culture. And PRM specialists and all other professionals must understand the importance of this commitment and at the same time they must all acquire the ability to integrate Habilitation in the ICF methodology in every clinical context : working and offering solutions for the habilitation to the person in care, and also for example collecting data regarding efficacy and effectiveness. It is certainly not an easy objective to achieve but it is fundamental so that the indications of Rehabilitation 20-30 6 and the recent WHA Recommendation on Rehabilitation can find concrete application. There are evident needs for training enrichment around these topics by connecting the clinical skills of the rehabilitation doctors and professionals with the objectives . First tasks are on our hands and we could work all together.

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