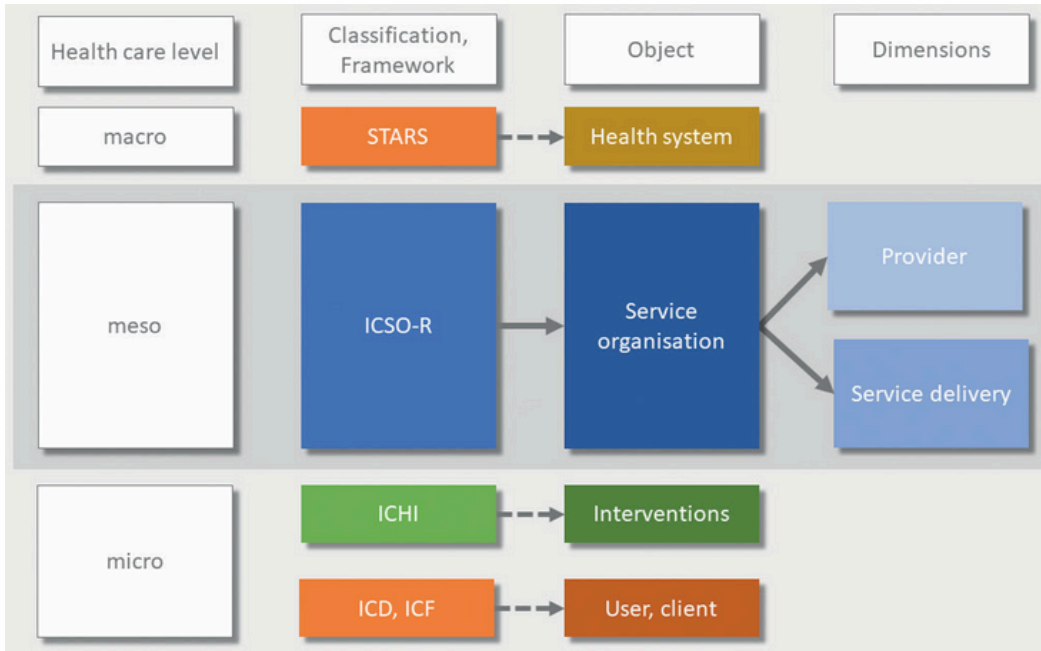




A GLOBAL ADVOCATE FOR REHABILITATION, INCLUSION AND HUMAN RIGHTS



Overview the interrelation of classifications relevant to rehabilitation at the macro-, meso- and micro- level of health systems and the contents of the International Classification of Service Organization in Rehabilitation version 2.0 (ICSO-R 2.0) dimensions.
 Gutenbrunner C, Nugraha B, Gimigliano F, Meyer T, Kiekens C. J Rehabil Med 2020; 52:jrm00004

Editorial

**Dear Members of Rehabilitation International,
 Friends and Partners of Rehabilitation International,
 And All Interested Readers,**

Welcome to the March 2025 edition of the Rehabilitation International Newsletter!

In this issue, we bring you key highlights, including:

- **International Women’s Day** – A closer look at the challenges of women with disabilities.
- **Scaling Up Rehabilitation in Gaza** – WHO prioritizes integrating rehabilitation into health system.
- **Disability and the SDGs** – Insights from the latest UNDESA report on disability within the Sustainable Development Goals.
- **Science Corner** – The importance of a standardized framework for rehabilitation services and the need for a unified reporting system for clinical trials.

We also invite you to contribute to the RI Newsletter—your insights and experiences help drive our shared mission forward.

A heartfelt thank you to all our contributors for making this issue possible, and to our readers for their continued support and engagement. Together, let’s advance Rehabilitation International’s mission and build a more inclusive world with greater opportunities for all.

Warm regards,
 Hannover, March 2025

RI President & RI Media

In this RI News!

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Science Corner p.11
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International Women's Day & Facts about Women with Disability - 1

International Women's Day (IWD), celebrated annually on March 8, stands as a testament to the ongoing global efforts to recognize and advance women's rights. The theme for IWD 2025, "Accelerate Action," underscores the urgency of advancing gender equality and taking proactive measures to dismantle systemic barriers hindering women's progress. This call to action resonates across various sectors, urging individuals, organizations, and governments to implement policies and initiatives that empower women globally.

Highlighting Women and Girls with Disabilities

Integral to this year's theme is the focus on inclusivity, which should include women and girls with disabilities. Globally, over one billion people experience some form of disability, with women comprising a significant portion. The prevalence of disability is higher among women (19%) compared to men (12%). In low and middle-income countries, women are estimated to constitute up to three-quarters of persons with disabilities. Why is this crucial to be addressed? Here are some facts about Women with Disabilities:

Political and Leadership Exclusion

Both women and men with disabilities are critically underrepresented in leadership and decision-making roles, meanwhile women with disabilities face a double burden of discrimination based on gender and disability. A 2017 study across 19 countries found that only 2.3% of women with disabilities held positions as legislators, senior officials, or managers—compared to 2.8% of men with disabilities.

The gap is even more pronounced in national parliaments. In 14 out of 18 countries in the Asia-Pacific region, there was not a single female parliamentarian with disabilities. Among the four countries where women were represented, their share ranged from 0.3% to 6.3%.

Exclusion extends beyond government institutions. National coordination mechanisms for disability matters also reflect a stark gender imbalance. Across 17 countries in the Asia-Pacific region, men made up 21% of disability organizations, nearly double the 12% of women. In broader organizations, the disparity was even wider, with 43% male members compared to 24% female members.

Topic	Data
Global Disability Statistics	Over 1 billion people experience disability globally, with women making up a significant portion.
Prevalence of Disability by Gender	Women: 19% vs. Men: 12%
Disability in Low & Middle-Income Countries	Women constitute up to 75% of persons with disabilities.
Underrepresentation in Leadership	Both men and women with disabilities are underrepresented, but women face double discrimination (gender + disability).
Women with Disabilities in Leadership (2017 Study, 19 Countries)	Only 2.3% held positions as legislators, senior officials, or managers vs. 2.8% of men.
Women with Disabilities in National Parliaments (Asia-Pacific, 18 Countries)	14 out of 18 countries had zero female parliamentarians with disabilities. In the remaining 4, representation ranged from 0.3% to 6.3%.
Gender Imbalance in Disability Organizations (Asia-Pacific, 17 Countries)	Men: 21% representation vs. Women: 12%. In broader organizations, men: 43% vs. women: 24%.
Exclusion from Gender Equality Institutions (Asia-Pacific, 17 Countries)	In 7 countries, no women with disabilities were part of national gender equality organizations. In the remaining 10, they made up only 9% of members.
Women's Leadership in Disability Organizations (Spanish-Speaking Data)	Women held 42% of leadership roles, while men held 58%.
The Healthcare Gap	Women with disabilities are 3 times more likely than men without disabilities to have unmet healthcare needs. Barriers include discrimination, lack of accessible facilities, and high costs, leading to higher mortality rates and lower quality of life.

International Women's Day & Facts about Women with Disability - 2



Even gender equality institutions fail to be inclusive. In seven of the 17 surveyed countries, no women with disabilities were part of national gender equality organizations. In the remaining 10, they accounted for just 9% of members.

Women with disabilities are also less likely to hold leadership roles in disability-focused organizations. A 2017 analysis of social media data from Spanish-speaking disability organizations found that only 42% of leadership positions were occupied by women, compared to 58% by men.

Heightened Risk of Violence

Women with disabilities face disproportionately high levels of gender-based violence. Studies show they are two to three times more likely to experience physical, sexual, and emotional abuse compared to non-disabled women. The risk is heightened due to their reliance on caregivers, institutional settings, and social isolation, making it difficult for them to report abuse or seek justice.

Without employment opportunities, women with disabilities are more likely to experience financial instability, further limiting their access to healthcare, education, and independence

Limited Access to Education

Education is a key driver of economic and social empowerment, yet women with disabilities are often excluded from learning opportunities. Compared to men without disabilities, they are three times more likely to be illiterate. The lack of accessible learning environments, assistive technology, and inclusive policies continues to hinder their educational progress.

Employment Barriers

Economic independence remains elusive for many women with disabilities. They are twice as likely to be unemployed compared to men without disabilities, facing discrimination, inaccessible workplaces, and a lack of job opportunities. Many employers assume that hiring people with disabilities requires costly accommodations, despite evidence showing that most workplace adjustments are minimal and beneficial to all employees.

Without employment opportunities, women with disabilities are more likely to experience financial instability, further limiting their access to healthcare, education, and independence.

The Healthcare Gap

Access to healthcare is another major challenge for women with disabilities. Compared to men without disabilities, they are three times more likely to have unmet healthcare needs. Many face discrimination from healthcare providers, lack accessible medical facilities, or cannot afford necessary treatment. This lack of access leads to worsening health outcomes, increased mortality rates, and a lower quality of life.

thinking outside of
THE BOX

Imagine...

...persons with disabilities were included in the design of public transport design development from the beginning...

Christoph Gutenbrunner

International Women's Day & Facts about Women with Disability - 3

Breaking the Cycle of Exclusion

Addressing these disparities requires urgent and comprehensive action:

- Political and Leadership Inclusion: Governments must adopt policies that promote the participation of women with disabilities in decision-making roles.
- Stronger Protections Against Violence: Legal frameworks should ensure that women with disabilities have access to justice and support systems.
- Accessible Education: Schools must implement inclusive learning environments and technologies to bridge the literacy gap.
- Employment Opportunities: Companies should actively recruit and support women with disabilities, ensuring accessible workplaces and equal pay.
- Improved Healthcare Access: Healthcare systems must eliminate barriers that prevent women with disabilities from receiving essential care.

Without these measures, the cycle of exclusion will persist. Recognizing and addressing the unique challenges faced by women and girls with disabilities is not just about equity—it is a crucial step toward building more inclusive and just societies.

Reference:

<https://www.unwomen.org/en/what-we-do/women-and-girls-with-disabilities/facts-and-figures>

This article was prepared by:

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Consultant & Researcher in Rehabilitation within Health System

Global Disability Summit 2025 2nd – 3rd April, 2025 / Berlin



“The International Disability Alliance (IDA), the Government of Germany, and the Government of Jordan will host the third Global Disability Summit (GDS).

The Global Disability Summit aims to galvanize global efforts to realize disability inclusion around the world. It is a mechanism bringing together a wide variety of high-level stakeholders, engaging and discussing the progress in disability inclusion: governments, multilateral agencies, the private sector, academia and civil society organizations, organizations of persons with disabilities, and foundations.”(<https://www.globaldisabilitysummit.org/>)

Gaza Faces an Urgent Rehabilitation Crisis Amid War-Torn Devastation - 1

The war in Gaza has left tens of thousands of civilians with severe injuries, requiring urgent and long-term rehabilitation services that are currently in crisis. According to a report by the World Health Organization (WHO), an estimated 22,500 people in Gaza need immediate rehabilitation, but healthcare facilities remain overwhelmed or non-functional due to the ongoing conflict.

Despite the urgent need for rehabilitation, Gaza's healthcare infrastructure has been devastated. According to WHO, all three of Gaza's dedicated inpatient rehabilitation centers have been damaged or destroyed.

A Surge in Injuries and the Growing Demand for Care

The WHO report, based on data from Emergency Medical Teams (EMTs) operating in Gaza, estimates that about 25% of all war-related injuries require sustained rehabilitation. Out of the approximately 90,000 people injured as of July 2024, many are dealing with major trauma, including amputations, spinal cord injuries, and severe burns.

Estimated Injury Breakdown in Gaza

Injury Type	Estimated Cases
Major extremity injuries	13,455 - 17,550
Limb amputations	3,105 - 4,050
Major head, neck, and spinal cord injuries	~2,000
Severe burns	~2,000
Other major injuries	4,500 - 6,750
Minor injuries	67,500 - 101,250

Extremity injuries, accounting for the largest share, often result in long-term disabilities if not treated with proper rehabilitation. Many patients require prosthetic limbs, physiotherapy, and other supportive care, none of which are widely available in the current conditions.



Healthcare System on the Brink

Despite the urgent need for rehabilitation, Gaza's healthcare infrastructure has been devastated. According to WHO, all three of Gaza's dedicated inpatient rehabilitation centers have been damaged or destroyed. The conflict has also severely impacted rehabilitation staff, with at least 39 physiotherapists reported killed as of May 2024.

Complicating matters further, essential medical supplies are running out. Wheelchairs, crutches, and prosthetic limbs are in critically short supply. Many patients cannot access even basic care, let alone the specialized rehabilitation they need to regain mobility and function.

The Human Cost of Rehabilitation Gaps

For individuals who have suffered major injuries, rehabilitation is not just a medical requirement but a means of survival. Without proper treatment, spinal cord injury patients are at increased risk of life-threatening complications, and amputees are left without the ability to move independently.

One of the major concerns is the number of traumatic amputations, with reports indicating that over 3,000 people have lost limbs. Gaza currently has no operational prosthetic and orthotic services, meaning amputees must rely on foreign aid or struggle without assistance.

Gaza Faces an Urgent Rehabilitation Crisis Amid War-Torn Devastation - 2

The war has also increased the risk of secondary injuries and complications. Burn victims, for instance, require specialized care to prevent infections, contractures, and disability. However, in overcrowded and unsanitary displacement camps, these conditions are exacerbated, leading to prolonged suffering.

Urgent Call for International Support

Health experts warn that without immediate intervention, thousands of survivors may face preventable complications and even death. The WHO report urges international donors and humanitarian agencies to scale up rehabilitation services alongside emergency medical care.

Key Recommendations from WHO:

- *Expand Rehabilitation Services:* Establish new rehabilitation centers and restore damaged facilities.
- *Deploy Emergency Rehabilitation Teams:* Bring in specialized teams to provide post-trauma care and therapy.
- *Supply Assistive Devices:* Increase shipments of wheelchairs, prosthetics, and walking aids.
- *Support Healthcare Workers:* Provide training, resources, and mental health support to Gaza's overburdened medical personnel.
- *Ensure Safe Access to Healthcare:* Secure humanitarian corridors to allow injured civilians to reach medical centers.

Reference

<https://www.who.int/news/item/12-09-2024-who-analysis-highlights-vast-unmet-rehabilitation-needs-in-gaza>

This article was suggested by RI President and prepared by:
Dr. rer. biol. hum. Boya Nugraha, MS
Consultant & Researcher in Rehabilitation within Health System

Info from other Organization (Humanity & Inclusion - Canada) to support Gaza

"Urgent Appeal for Gaza: Stand for Humanity"

Following almost two months of an already fragile ceasefire, Israeli forces launched attacks in several areas of Gaza in the early hours of March 18. We express our deep concern at this violation of the agreement and the disastrous consequences for the civilian population.

After 16 days of Israel denying the entry of any sort of humanitarian aid into the Gaza Strip in violation of international humanitarian law, it is unconscionable to see hostilities resume, with over 400 people killed so far. We urge parties to the conflict to agree to an immediate and permanent ceasefire, uphold international humanitarian law, ensure the unconditional flow of humanitarian aid and the immediate release of hostages.

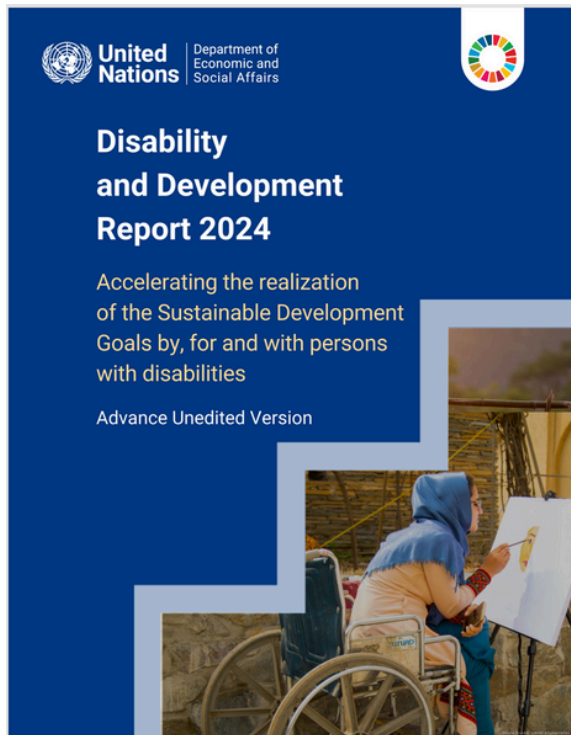
Your donation today can make a difference. Every contribution helps us advocate for peace, deliver essential supplies, and support those affected by this crisis. Together, we can amplify calls for an immediate ceasefire and the protection of civilian lives"

To support: scan QR code or copy and paste the link



<https://www.canadahelps.org/en/charities/hi-canada/campaign/humanitarian-emergency-gaza/?version=2>

Disability and Development Report 2024: The Reality of Disability and the SDGs - 1



The **2024 Disability and Development Report (DDR)** highlights the ongoing challenges faced by persons with disabilities across various Sustainable Development Goals (SDGs). The report emphasizes the need for accelerated action to ensure inclusion and equality across different sectors. As the 2030 deadline for the SDGs approaches, decisive action is needed to address inequalities and foster a more accessible and equitable world. Below is an overview of the key findings categorized by SDG.

SDG 1: Ending Poverty

Poverty remains a pressing issue for persons with disabilities. The report indicates that in almost all countries, persons with disabilities experience multidimensional poverty at significantly higher rates than their non-disabled counterparts. While income-based poverty measures show a small gap, they fail to account for the additional costs of disability, such as healthcare and assistive technologies. In 2020, only 17% of countries provided universal disability benefits, and progress in expanding these benefits has been slow. The report calls for disability-inclusive social protection systems and better financial accessibility to address these disparities.

SDG 2: Ending Hunger and Improving Food Security

Food insecurity remains a critical issue, with 55% of persons with disabilities in developing countries, including Kenya, Bangladesh, and the Philippines, experiencing hunger compared to 44% of those without disabilities. In 34 countries, persons with disabilities were 1.5 times more likely to be unable to afford a meal with meat, chicken, fish, or a vegetarian equivalent every second day. Limited access to food banks, supermarkets, and restaurants due to physical barriers exacerbates the problem. The report calls for disability-inclusive agricultural programs and improved accessibility to food resources.

SDG 3: Ensuring Healthy Lives and Well-being

Persons with disabilities continue to face significant health inequities. They are 15 times more likely to perceive their health as poor and 7 times more likely to lack access to healthcare when needed. The COVID-19 pandemic exposed vulnerabilities in healthcare systems, particularly in ensuring access to essential health services for persons with disabilities. The report calls for universal health coverage that includes disability considerations, improved accessibility of health facilities, and better integration of disability-inclusive policies in health emergencies.

SDG 4: Inclusive and Equitable Quality Education

Education remains a challenge for children with disabilities, with many never attending school. Despite international commitments, many children with disabilities remain out of school. In some countries, such as Pakistan, Ethiopia, and Peru, up to 48% of children with disabilities have never attended school. In 40 countries, the percentage of children with disabilities out of primary school ranged from 10% to 60%, compared to 2% to 30% for those without disabilities. Limited access to inclusive learning materials, trained teachers, and assistive technology continues to hinder educational progress.

Disability and Development Report 2024: The Reality of Disability and the SDGs - 2



Gender Equality and Women's Empowerment (Goal 5)

Women and girls with disabilities face multiple forms of discrimination, including economic exclusion, gender-based violence, and lack of political representation. The report highlights that women with disabilities are underrepresented in leadership roles and face barriers in accessing financial services and technology. Legal protections remain inadequate, with only 27% of countries addressing the specific needs of women with disabilities in domestic violence laws. The report calls for stronger legal frameworks, increased leadership opportunities, and targeted interventions to protect and empower women with disabilities.

Water, Sanitation, and Hygiene (Goal 6)

Persons with disabilities are less likely to have access to safe drinking water, sanitation, and hygiene (WASH) facilities. In developing countries, 42% of public water sources and 33% of public toilets remain inaccessible. This lack of access increases health risks and social exclusion, particularly for women with disabilities. The report calls for disability-inclusive WASH policies, financial investments in accessible infrastructure, and better data collection to monitor progress.

Access to Energy (Goal 7)

Energy access is crucial for persons with disabilities, especially those relying on assistive technologies. Despite this, households with persons with disabilities are less likely to have electricity, particularly in

rural areas. The report emphasizes the need for targeted measures such as social tariffs, subsidies, and inclusion in energy policy frameworks to ensure equitable energy access.

Employment and Decent Work (Goal 8)

Persons with disabilities face significant barriers to employment, with only 27% being employed compared to 56% of those without disabilities. Many workplaces remain inaccessible, and informal employment is common among persons with disabilities. The report calls for stronger legal protections, inclusive hiring practices, and targeted training programs to bridge the employment gap.

Access to Information and Communications Technology (Goal 9)

Internet and digital access remain limited for persons with disabilities, with a significant gap in computer and mobile phone affordability. The report highlights that 98% of the top one million websites do not comply with accessibility standards. Recommendations include stronger ICT accessibility policies, digital skills training, and affordable internet access programs for persons with disabilities.

Reducing Inequalities (Goal 10)

Community support systems are essential for the inclusion of persons with disabilities, yet many remain underdeveloped. Persons with disabilities are more likely to face exclusion from social and economic opportunities. The report calls for investments in community-based support,

Disability and Development Report 2024: Progress and Challenges Across Key SDGs - 3



financial assistance, and legislation to promote disability-inclusive policies.

Inclusive and Sustainable Cities (Goal 11)

Urban infrastructure and public transportation remain largely inaccessible for persons with disabilities. Inadequate housing, lack of mobility options, and social exclusion continue to pose challenges. The report recommends stronger urban planning policies that prioritize accessibility and inclusion.

Climate Resilience and Disaster Risk Reduction (Goal 13)

Persons with disabilities are disproportionately affected by climate-related disasters due to inaccessible evacuation routes and emergency services. The report urges governments to incorporate disability-inclusive disaster preparedness strategies and ensure that emergency communication systems are accessible.

Reducing Violence and Ensuring Justice (Goal 16)

Persons with disabilities face higher risks of violence, abuse, and exploitation. Legal protections are often inadequate, and access to justice remains a challenge. The report calls for stronger legal frameworks, accessible legal services, and increased awareness to prevent violence and discrimination against persons with disabilities.

Conclusion and Call to Action

The 2024 DDR underscores the urgent need for disability-inclusive policies across all SDGs. With less than a decade to 2030, global leaders and stakeholders must intensify efforts to bridge the gaps and ensure that persons with disabilities are not left behind. By mainstreaming disability inclusion in poverty alleviation, food security, health, education, employment, and climate resilience initiatives, the world can take significant strides toward a more equitable and inclusive future.

Reference

<https://social.desa.un.org/publications/un-flagship-report-on-disability-and-development-2024>

This article was suggested by RI President and prepared by:

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Capacity Building and AD distribution program in Nepal

The National Rehabilitation Centre for the Disabled Nepal (NRCN Nepal), also known as the RI Nepal National Secretariat, organized a disability rights advocacy campaign and capacity-building training on January 9 and 12, 2025, in Tokha and Nagarjun municipalities of Kathmandu district. The initiative, guided by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), convened persons with disabilities (PWDs), policymakers, development professionals, civil society stakeholders, parents of PWDs, and municipal authorities to strengthen disability-inclusive policies.

Local Leaders Commit to Disability-Inclusive Policies

During the program, Tokha Municipality Mayor Prakash Adhikari reaffirmed his commitment to amending local policies with the active involvement of PWDs, their families, and disability rights activists. In a further commitment to inclusivity, Ward Chairpersons Rambhakta Ghimire, J.P. Nepal, Ghanshyam Khadka, Lila Adhikari, and Shobha Pandey—representing Wards 8, 9, 10, and 11 of Tokha Municipality—jointly pledged to introduce and implement disability rights acts and policies. They acknowledged that the program enhanced their understanding of disability rights and the importance of mainstreaming PWDs at all levels of governance.

The event was chaired and facilitated by NRCN Nepal President Ram Prasad Dhungana, who emphasized the responsibilities of local, provincial, and federal governments in ensuring the full realization of disability rights.

As part of these efforts, Mayor Adhikari committed municipal funding to vocational training and income-generation programs aimed at empowering PWDs economically.

Provincial-Level Advocacy: A Push for Rights-Based Policies

A similar session was held in Kathmandu Metropolitan City Ward 16, Nayabazar, where Hon'ble Basanta Manandhar, Member of Parliament for Bagmati Province, pledged



to influence disability policies at the provincial level. He vowed to push for the transition from outdated, charity-based policies to a rights-based framework, ensuring full inclusion and protection of disability rights in line with UNCRPD principles.

Addressing the persistent challenges faced by PWDs, NRCN Nepal President Dhungana underscored the critical shortage of assistive devices, which significantly limits mobility, access to vocational training, and overall social participation. Recognizing this urgent need, NRCN Nepal distributed 365 assistive devices, tailored to individuals' specific requirements, to facilitate mobility and social reintegration.

Advancing Inclusion Through Policy and Action

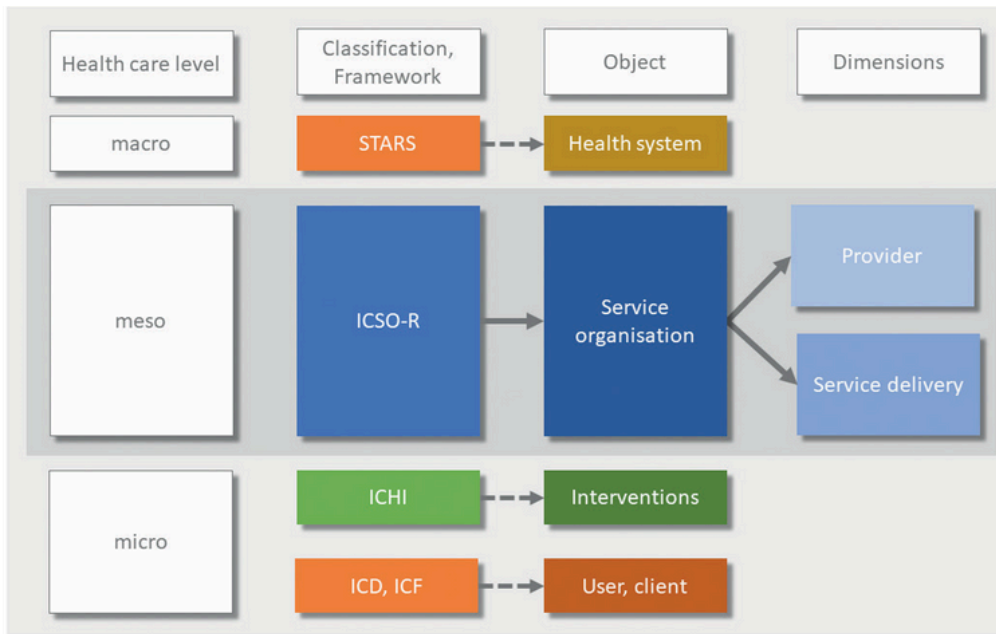
These advocacy efforts mark a significant step forward in Nepal's push for disability rights and inclusive development, reinforcing the need for policy reforms, economic empowerment, and accessibility measures that ensure dignity and equal opportunities for all.

This article is based on the report provided by:



Mr. Ram Prasad Dhungana
President, NRCN Nepal

Standardizing Rehabilitation Services - 1



Overview of the interrelation of classifications relevant to rehabilitation at the macro-, meso- and micro-level of health systems and the contents of the International Classification of Service Organization in Rehabilitation version 2.0 (ICSO-R 2.0) dimensions. Gutenbrunner C, Nugraha B, Gimigliano F, Meyer T, Kiekens C. *J Rehabil Med* 2020; 52: jrm00004

Rehabilitation is recognized as one of the five core health strategies. Considering historical developments, demographic shifts, and evolving epidemiological trends, it is increasingly regarded as the defining health strategy of the 21st century. This highlights the growing need for rehabilitation among individuals with disabling health conditions resulting from severe illness, trauma, surgery, chronic progressive diseases, or the natural effects of aging.

there remains no universally accepted definition of what constitutes a qualified rehabilitation service or a standardized framework for describing rehabilitation at an organizational level. Establishing such a framework is critical for several key purposes

From a healthcare system perspective, rehabilitation must be an essential and integrated component of medical services worldwide. It must be accessible to all individuals who require it and is a fundamental part of Universal Health Coverage. The World Health Organization (WHO), in its recommendations on "Rehabilitation in Health Systems," emphasizes the necessity of implementing rehabilitation services both in hospitals and community settings. Moreover, there is a shared understanding that rehabilitation

should span all phases of care—acute, post-acute, and long-term—and be incorporated across primary, secondary, and tertiary healthcare levels.

Despite this consensus, there remains no universally accepted definition of what constitutes a qualified rehabilitation service or a standardized framework for describing rehabilitation at an organizational level. Establishing such a framework is critical for several key purposes, including:

- Assessing and comparing rehabilitation service availability across different healthcare systems at national and regional levels, as well as guiding their development, implementation, and evaluation.
- Enhancing quality management to improve rehabilitation outcomes and service effectiveness.
- Defining care settings in clinical trials and health services research, as these settings can significantly influence patient recovery and rehabilitation success.
- Developing prototype rehabilitation models, which serve as a foundation for establishing benchmarks and best practices for effective service delivery.

A standardized, structured approach to rehabilitation services is essential to ensure equitable access, improve outcomes, and support ongoing advancements in healthcare.

Standardizing Rehabilitation Services - 2

Therefore, the International Classification of Service Organizations in Rehabilitation (ICSO-R) was developed to provide a standardized framework for describing and improving rehabilitation services. By categorizing services based on dimensions and categories, ICSO-R ensures a systematic approach to structuring rehabilitation, enhancing accessibility, and optimizing patient outcomes.

ICSO-R: Levels and Categories in Rehabilitation Services

The most recent version of ICSO-R framework (ICSO-R 2.0) classifies rehabilitation services into two dimensions. Each level consists of specific categories that define key aspects of rehabilitation services.

1. Service Provider

Provider within ICSO-R 2.0 is defined as “organizational units with the primary goal to provide rehabilitation services”. Provider consisted of 9 categories, which include context, ownership, location of provide, governance/leadership, quality assurance and management, human resources, funding of provider and other categories of provider.

2. Service Delivery

Service Delivery in ICSO-R is defined as “offer of set of products (interventions, procedures, devices, pharmaceuticals and other goods, etc.) to a specified group of persons (patients, informal caregivers and/or other users or clients) aiming at achieving or maintaining optimal functioning (rehabilitation) within an organizational context (provider).” There are 14 categories within ICSO-R 2.0: health strategies, service goals, target groups, modes of referral, location of service delivery, facility, setting, integration of care, patient-centredness, aspect of time and intensity, rehabilitation team, reporting and documentations, funding of service delivery, and other categories of service delivery.

Conclusion

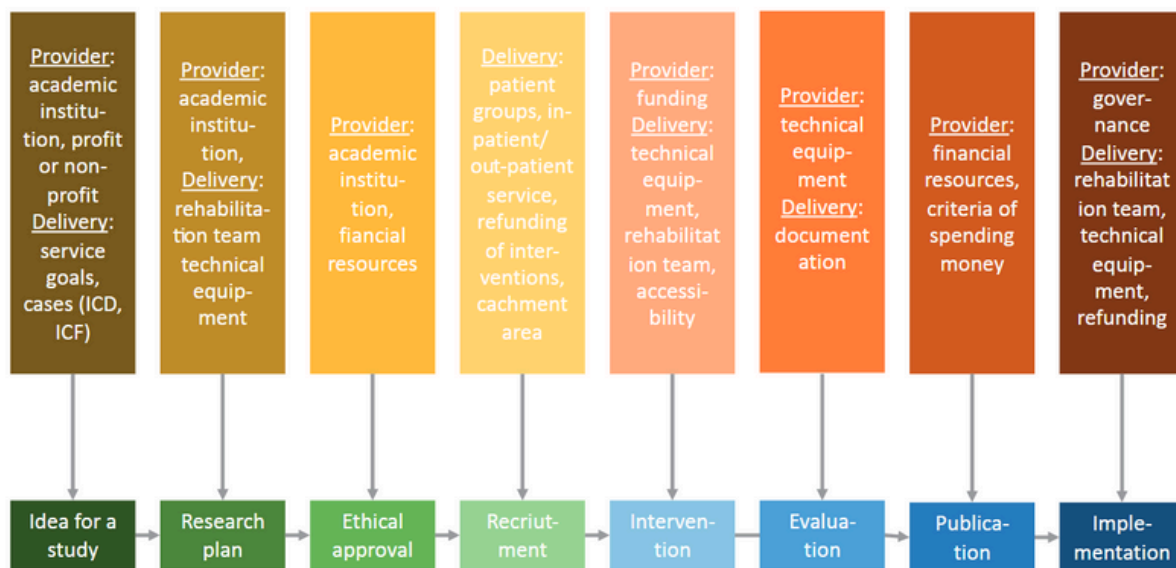
ICSO-R 2.0 was developed for multiple purposes, including the assessment of rehabilitation services, the implementation of rehabilitation projects, and the reporting of contextual influences in clinical trials.

Reference

Gutenbrunner, C., Nugraha, B., Gimigliano, F., Meyer, T., & Kiekens, C. (2020). International Classification of Service Organization in Rehabilitation: An updated set of categories (ICSO-R 2.0). *Journal of Rehabilitation Medicine*, 52(1).

This article was suggested by RI President and prepared by:
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Bridging the Gap in Rehabilitation: A Call for Standardized Reporting in Rehabilitation Research - 1



Phases of a clinical trial and examples for influence of service organization. Nugraha, B., Andelic, N., Søberg, H. L., Engen, G., Kirkevold, M., Røe, C., & Gutenbrunner, C. (2021). Towards standardized reporting of service organization in rehabilitation for clinical trials. *Journal of Rehabilitation Medicine*, 53(6), 2799.

In the evolving landscape of healthcare, rehabilitation plays a pivotal role in restoring quality of life for millions worldwide. However, despite its significance, the effectiveness of rehabilitation services remains difficult to measure due to inconsistent reporting in clinical trials. A study published in the *European Journal of Physical and Rehabilitation Medicine* aims to address this issue by proposing a standardized reporting framework for rehabilitation service organization in clinical trials.

Why Standardized Reporting Matters

Rehabilitation services are essential for individuals recovering from illnesses and injuries, yet research in this field has been hindered by inconsistent reporting. Clinical trials often lack crucial details about the service organization, making it challenging to compare results and draw reliable conclusions. Without standardized reporting, policymakers and healthcare providers struggle to implement evidence-based improvements in rehabilitation care.

The newly proposed framework, based on the International Classification of Service Organization in Rehabilitation (ICSO-R) 2.0, seeks to bridge this gap by ensuring that organizational factors influencing patient outcomes are systematically documented.

Key Findings of the Study

A team of international researchers conducted a two-step process to identify the most critical categories for reporting rehabilitation services in clinical trials.

This involved analyzing prior studies, conducting expert surveys, and holding focus groups with patients across Germany, Indonesia, and Norway.

Inconsistent reporting has limited the effectiveness of rehabilitation programs. By adopting the new framework, hopefully it will encourage the implementation of evidence-based rehabilitation models that improve patient outcomes across diverse populations.

The findings highlight two major areas that require consistent reporting:

- 1. Context and Setting:** This category includes information on where the rehabilitation service is delivered (hospital, community, or other), the mode of delivery (inpatient, outpatient, in-home, or tele-rehabilitation), and the level of specialization (primary, secondary, or tertiary care). Additionally, the phase of healthcare—acute, subacute, or long-term rehabilitation—should be specified.

Bridging the Gap in Rehabilitation: A Call for Standardized Reporting in Rehabilitation Research - 2

2. Quality Assurance and Management: Clinical trials should report whether quality assurance measures are in place, ensuring that services meet standardized care levels. If reported as "yes," researchers must detail the measures applied.

By integrating these elements into clinical trial methodologies, researchers believe they can enhance the quality and comparability of rehabilitation studies.

The introduction of a standardized reporting framework has far-reaching implications. First, it allows for better comparison of rehabilitation interventions, leading to improved best practices across different healthcare systems. Second, it aids in meta-analyses by reducing variability and ensuring that studies adhere to consistent reporting standards. Third, it provides policymakers with the data necessary to enhance rehabilitation service delivery worldwide. Inconsistent reporting has limited the effectiveness of rehabilitation programs. By adopting the new framework, hopefully it will encourage the implementation of evidence-based rehabilitation models that improve patient outcomes across diverse populations.

For patients, practitioners, and policymakers, the message is clear: rehabilitation services must be evidence-based, standardized, and continuously improved. Only then can we truly ensure the best possible outcomes for those in need of rehabilitative care.

Challenges and Future Directions

While the proposed reporting system represents a significant advancement, challenges remain. Notably, different countries have varying healthcare infrastructures, making uniform adoption complex.

The study encourages researchers worldwide to test and critique the proposed reporting standards, ensuring they evolve to meet the needs of diverse healthcare environments.

Conclusion

The push for standardized reporting in rehabilitation research marks a crucial step toward improving patient care. By ensuring that clinical trials include essential details about service organization and quality assurance, healthcare providers and researchers can make informed decisions that enhance rehabilitation services globally. As rehabilitation continues to gain recognition as a fundamental aspect of healthcare, embracing consistent reporting standards will be key to driving progress in the field.

For patients, practitioners, and policymakers, the message is clear: rehabilitation services must be evidence-based, standardized, and continuously improved. Only then can we truly ensure the best possible outcomes for those in need of rehabilitative care.

Reference

Cecilie, Roe., Christoph Gutenbrunner, Andrea Bökel, Marit Kirkevold, Boya Nugraha, Nada Andelic, Juan Lu et al. Proposed categories for reporting of service organization in rehabilitation in clinical trials: a discussion paper. *European Journal of physical and Rehabilitation Medicine* 60, no. 6 (2024): 1070.

This article was suggested by RI President and prepared by:

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Call for contribution

A heartfelt thank you to all our contributors for your invaluable support, dedication, and engagement! Your efforts continue to inspire and drive our shared mission of creating a more inclusive world for everyone.

We are excited to invite:

- **Member Organizations:** Showcase your impactful programs, innovative projects, and success stories that advance rehabilitation and inclusion.
- **RI President & Vice Presidents:** Share your strategic insights, regional updates, and experiences from the frontlines of advocacy.
- **RI Commissions:** Contribute research findings, policy recommendations, or groundbreaking initiatives that shape the future of accessibility and empowerment.
- **RI Regions:** Highlight local achievements, unique cultural approaches to rehabilitation, and stories of resilience within your communities.

Whether it's a breakthrough initiative or an inspiring individual, we encourage you to share your activities, achievements, thoughts, or ideas with us. Your contributions provide valuable insights and help amplify the incredible work being carried out worldwide.

Why Contribute?

Your stories not only foster collaboration and learning but also inspire others within the Rehabilitation International community to take meaningful action. Together, we can create a powerful platform for change and advocacy.

How to Submit?

Please send your submissions to: **RI Media** (rimedia@riglobal.org)

We welcome articles, photos, videos, and any other materials that best showcase your work and its impact.

Let's continue to work together to shine a light on the exceptional efforts that make a difference in the lives of individuals and communities around the world.

We look forward to hearing from you soon!

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