Using the World Health Assembly Resolution as a tool to strengthen local and national advocacy for rehabilitation

Guidance Note for in-country advocates
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Methodology and acknowledgments

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Glossary of key terms and acronyms

**Advocacy:** A set of coordinated actions aimed to change public policies and other frames (e.g., budget, institutional mechanisms) by influencing those who make decisions, with the ultimate goal of addressing issues that are relevant for a certain group or population at large.

**Assistive Technology (AT):** An umbrella term covering the systems and services related to the delivery of assistive products and services. Assistive products maintain or improve an individual’s functioning and independence, thereby promoting their well-being.¹

**CRPD:** See UNCRPD below.

**Civil Society Organizations (CSOs):** Non-profit, voluntary citizens’ groups that are organized on a local, national, or international level (and are separate from the state and the market).

**Functioning:** The third proposed health indicator complementing the established indicators, mortality and morbidity. Together, these three provide a complete set of indicators for monitoring the performance of health strategies in health systems.² Human functioning integrates biological health (the bodily functions and structures that constitute a person’s intrinsic health capacity) and lived health (a person’s actual performance of activities in interaction with their environment).³ The *International Classification of Functioning, Disability and Health*, known more commonly as ICF, is the WHO framework for measuring health and disability at both individual and population levels.

**Global Rehabilitation Alliance (GRA):** A network of 18 civil society organizations, active between 2018 and 2022, united to foster the development of rehabilitation worldwide, mainly via advocacy.

**Nongovernmental Organizations (NGOs):** First called such in Article 71 in the Charter of the newly formed United Nations in 1945, NGOs have no fixed or formal definition; they are generally defined as nonprofit entities independent of governmental influence (although they may receive government funding).⁴

**Rehabilitation:** A set of interventions designed to optimize the physical, social, and mental functioning of individuals in interaction with their environment. Rehabilitation is person-centered and encompasses a broad range of therapeutic measures. These include provision of assistive technologies and devices, plus exercise, training, education, support and counseling, and adaptation of the environment to eliminate barriers.

**Rehabilitation 2030:** Launched by the WHO in 2017 and accompanied by a “Call for action,” the Rehabilitation 2030 initiative has rallied stakeholders towards concerted and coordinated global action to scale up rehabilitation.⁵

**Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS):** A USAID-funded activity, aiming to drive significant change in the physical rehabilitation sector, maximizing opportunities for integrating rehabilitation in health systems, and responding to the growing need for assistive technology.

**Systematic Assessment of Rehabilitation Situation (STARS):** A tool developed by the WHO to facilitate effective prioritization and strategic planning for rehabilitation in countries.
Sustainable Development Goal (SDG): The 17 Sustainable Development Goals (SDGs) are at the heart of the 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015. The 2030 Agenda provides a shared blueprint for peace and prosperity for people and the planet, and the SDGs represent a call for action by all countries in a global partnership. 

United Nations (UN): An international organization founded in 1945. Currently made up of 193 Member States, the UN is guided by the purposes and principles contained in its founding Charter.


Universal Health Coverage (UHC): The ideal that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

United States Agency for International Development (USAID): An independent international development agency of the United States government that administers development assistance.

World Health Assembly (WHA): The decision-making body of the World Health Organization (WHO). It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by its Executive Board. The main functions of the WHA are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland.

World Health Organization (WHO): The United Nations agency that connects nations, partners, and people to promote health, keep the world safe, and serve the vulnerable—with the objective to ensure that everyone, everywhere can attain the highest level of health.

World Rehabilitation Alliance (WRA): The World Health Organization’s global network of stakeholders whose mission is to support the implementation of the Rehabilitation 2030 initiative through advocacy activities. It focuses on promoting rehabilitation as an essential health service that is integral to UHC and to the realization of Sustainable Development Goal 3.

Advocating for Rehabilitation Now: Why and How

Why this Guidance Note, and how to use it

A landmark resolution, “Strengthening rehabilitation in health systems” (WHA 76.6), was adopted by World Health Organization (WHO) Member States at the World Health Assembly (WHA) in May 2023.
As the first international instrument specifically dedicated to rehabilitation, this represents a major achievement. The Resolution outlines a set of commitments for Member States, the WHO, and other stakeholders to take their part in improving access to rehabilitation. It is a promise to catalyze resources, increase support, leverage impact, and potentially change the lives of billions of people.

The adoption of this Resolution marks a new phase in efforts to mainstream rehabilitation services within health systems. It provides a framework for action and accountability, and renewed momentum for bi-directional (ground-up and top-down) efforts to realize this goal.

**Who is this Guidance Note for?**

This Guidance Note has been developed to support the translation of the WHA Resolution into action, via advocacy at the local and national levels.

Without being exhaustive, we hope that this Guidance Note will be useful to rehabilitation users (i.e., people with noncommunicable diseases like diabetes; people with communicable diseases like HIV/AIDS, COVID-19, and long-COVID symptoms; and people with injuries resulting from road crashes, sports, and other events), and their representative organizations; nongovernmental organizations (NGOs); local associations; disability rights organizations; professional associations; and other groups with an interest in health and development issues, rehabilitation and assistive technology, access to services, and human rights.

The objectives of the Guidance Note are to provide:

- **An understanding** of the potential for the WHA Resolution to influence local and national policies.
- **A guide and inspiration** for using the WHA Resolution to call for and stimulate policy and programmatic changes at the local and national levels.

**What is this Guidance Note NOT?**

- NOT a tool for governments, donors, international stakeholders, or the WHO on how they should implement the WHA Resolution.
- NOT a guide on how to build an advocacy strategy, an action plan, or a campaign.
- NOT a ready-to-use tool to set up advocacy actions.
How this works and how you can do it

Advocacy must be contextualized. Depending on the political landscape, organizational capacity, local needs, partnerships, and ambitions, advocates in a given context can decide to use an international instrument (like the WHA Resolution) to advance their cause in different ways.

Part 1 of this Guidance Note provides an overview of the WHA Resolution “Strengthening rehabilitation in health systems,” the commitments it sets, and how it fits in the global policy scenario.

Part 2 of this Guidance Note provides four avenues for advocacy efforts: raising awareness about the Resolution and/or broader rehabilitation issues; using the Resolution as a “hook” to establish or pursue dialogue with relevant decision-makers; stimulating public authorities’ actions in this field in alignment with the Resolution; and holding decision-makers accountable vis-à-vis the commitments made.

In this section, we also highlight the experience of other networks and organizations that have undertaken advocacy actions to spur local or national policy change following the adoption of international instruments.

The toolkit contains some tools that can practically support your advocacy efforts: a template letter, Frequently Asked Questions (FAQs), some tips and tricks for effective advocacy, and a PowerPoint presentation with key messages to convey.
Part 1: Understanding the Resolution

1.1 Which existing policy frameworks does the Resolution build upon?

The Resolution refers to the following policy frameworks as those that inform, precede, and may complement the Resolution:

<table>
<thead>
<tr>
<th>Policy frameworks</th>
<th>Scope and type of commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable Development Goal (SDG) 3 and its target 3.8 on achieving universal health coverage</td>
<td>Universal scope, adopted by the United Nations (UN) General Assembly Political commitment</td>
</tr>
<tr>
<td>The United Nations Convention on the Rights of Persons with Disabilities, which refers to rehabilitation in its article 26</td>
<td>International Human Rights Treaty ratified by 185 States and the European Union Binding obligations for the ratifying parties</td>
</tr>
<tr>
<td>The Declaration of Astana of 2018, which emphasizes rehabilitation as part of universal health coverage</td>
<td>Endorsed by 2,000 delegates from more than 120 countries Political commitment</td>
</tr>
<tr>
<td>The Political Declaration on Universal Health Coverage of 2019, which recognizes rehabilitation as part of universal health coverage</td>
<td>Universal scope, adopted by the UN General Assembly Political commitment</td>
</tr>
<tr>
<td>The Rehabilitation 2030 call for action, which acknowledges the high unmet needs for rehabilitation and identifies actions to strengthen rehabilitation in health systems</td>
<td>WHO level – endorsed by the participants in the Rehabilitation 2030 meeting in 2017</td>
</tr>
<tr>
<td>Previous WHA Resolutions, including:</td>
<td>Universal scope, adopted by the 194 Member States of WHO Political commitment</td>
</tr>
<tr>
<td>• WHA54.21 on the International Classification of Functioning</td>
<td></td>
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<tr>
<td>• WHA66.10 establishing a global action plan for noncommunicable diseases</td>
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<tr>
<td>• WHA69.3 setting a global strategy and action plan for aging and health</td>
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<td>• WHA71.8 on assistive technology</td>
<td></td>
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<tr>
<td>• WHA74.7 on health emergencies preparedness and response</td>
<td></td>
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<tr>
<td>• WHA74.8 on the highest attainable standards of health for persons with disabilities</td>
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1.2 On which issues does the Resolution base its commitments?

The Resolution defines “rehabilitation as a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment.”

It recognizes that rehabilitation is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care, and empowering persons to achieve their full potential and participate in society.

Rehabilitation needs are increasing and remain largely unmet, particularly for the most marginalized groups. The reasons for unmet needs include:

- Countries being inadequately equipped to respond in emergencies
- High out-of-pocket costs to access rehabilitation
- An insufficient workforce
- The fragmentation of rehabilitation governance
- Lack of awareness of rehabilitation among health care providers

Concerted action is needed, including via international cooperation and coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services, and community development.

The Resolution expresses concern about the limited availability and affordability of assistive technology (also recalling the WHA Resolution on “Improving access to assistive technology” from 2018) and highlights the connections between rehabilitation services and the provision of assistive technology. It also recognizes the potential of telerehabilitation as an effective modality to provide services under certain circumstances.

1.3 Which commitments does the Resolution set?

Commitments for Member States

The Resolution specifies various actions for Member States to take, which are detailed below.

1. **Raise awareness and build national commitment for rehabilitation and assistive technology**
   
   This includes the integration of rehabilitation and assistive technology in health plans and policies, the promotion of interministerial and intersectoral work, as well as the meaningful engagement of rehabilitation users, communities, and civil society organizations.

2. **Strengthen financial mechanisms for rehabilitation services, in appropriate ways**
   
   While this action does not explicitly call for increased financial resources, it requires Member States to reinforce financing for rehabilitation, leaving it for Member States to decide on the kind of mechanisms and ways to attain this goal. However, this action suggests the integration of rehabilitation into essential health care packages as a crucial action.

3. **To expand rehabilitation into all levels of health, ensure the availability and affordability of timely rehabilitation services, and develop a community-based rehabilitation strategy**
The Resolution calls for ensuring appropriate rehabilitation services are available at every level of care within the health system: from community and primary health care, to hospitals, to specialized and long-term care centers.

This action also calls for the implementation of a person-centered strategy. This refers to the delivery of services that focus on meeting the person’s needs, values, or preferences, and involving their perspectives in the care decision-making process. Overall, employing a person-centered approach is vital to improve access to rehabilitation services; it emphasizes autonomy and acknowledges individuals as important aspects of the rehabilitation process.

Rehabilitation services should be available (i.e., sufficient in terms of quantity and type) and affordable (i.e., having a cost that is reasonable for the user to pay). The timing of their delivery is important to ensure the best health outcomes.

Community-based rehabilitation (CBR) can be defined as a “community development strategy that aims to enhance the quality of life for people with disabilities and their families.” CBR reaches persons in their communities, and therefore provides rehabilitation services in rural or hard-to-reach areas. The Resolution calls for the development of CBR strategies that have the potential to increase access for people at higher risk of marginalization. While historically CBR was developed as an inclusive approach for persons with disabilities, it has the potential to help address the rehabilitation needs of all individuals with limited functioning in their communities, including persons with disabilities.

4. **To ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender-sensitive, appropriate, and evidence-based interventions for rehabilitation along the continuum of care**

All these terms (high-quality, affordable, accessible, gender-sensitive, appropriate, and evidence-based interventions) that are used in the Resolution have specific meaning.

The integrated and coordinated provision of rehabilitation services implies that States must organize the collaboration/coordination among health services, other connected services, multidisciplinary professionals, and different kinds of interventions.

This action calls for rehabilitation interventions to be:

- **High-quality**: Facilities, goods, and services should be of good quality and based on scientific evidence.
- **Affordable**: No rehabilitation and assistive technology user should experience financial hardship in accessing the services they need.
- **Accessible**: Rehabilitation information and services should be open to all without discrimination, regardless of physical or economic constraints. (In this action, the Resolution promotes an inclusive, barrier-free environment).
- **Gender-sensitive**: Take into account the particularities pertaining to gender identities, while aiming to eliminate inequalities in policies and programs (for instance, allowing women to seek provision from a female rehabilitation specialist).
- **Appropriate**: Consider religious or cultural aspects and medical ethics so that services are acceptable.
- **Evidence-based**: Interventions should be informed by practices demonstrated through scientific research to be beneficial and safe to individuals.
Along the continuum of care: Interventions should support integration of rehabilitation from prevention, promotion, treatment, and rehabilitation to palliative care, and across the life cycle.

This action also addresses the strengthening of the referral system to enable practitioners to identify and refer patients to appropriate rehabilitation specialists and services. In addition, it calls for providing assistive technology related to rehabilitation.

5. To strengthen skills and workforce capacity, integrating rehabilitation into the training of health professionals

The Resolution recognizes the importance of strengthening the health workforce, in quantity and quality. It calls for strengthening multidisciplinary rehabilitation skills suitable to the country context, among not only rehabilitation professionals but also other relevant health professionals who should receive training in rehabilitation early in their studies.

To address rehabilitation workforce shortages, the approach is two-fold: first, increasing health systems’ capacity to identify and address such shortages; and second, promoting initial and continuous training of health professionals.

6. To collect and disaggregate data on rehabilitation

The collection, disaggregation, and analysis of data is necessary to understand and address rehabilitation needs. The Resolution calls for two key actions: first, to enhance health information systems in order to have better data on rehabilitation and functioning; and second, to ensure disaggregation and timely analysis by at least sex, age, disability, and other context-relevant factors.

7. To promote high-quality rehabilitation research, including health policy and systems research

Research on rehabilitation is necessary to improve its quality, efficiency, and accessibility. This action calls specifically for health policy and systems research (in addition to the medical research on rehabilitation interventions), which is key to identifying approaches for strengthening health systems to include rehabilitation and translating evidence-based interventions into scalable programs.

8. To ensure timely integration of rehabilitation in emergency preparedness and response, including emergency medical teams

Emergency situations often cause an increase in rehabilitation needs, particularly when they cause injuries or illness. However, the countries most vulnerable to emergencies are often those with poorly developed health systems, lacking the capacity to adequately respond. For this, it is necessary to ensure that rehabilitation and assistive technology are part of emergency preparedness and response plans.

9. To urge public and private investment in the development of available, affordable, and usable assistive technology

Investing in assistive technology can contribute to rendering it more accessible and available. Research and innovation are key to improving access, delivery, and cost-effectiveness.

Commitments for other stakeholders

Stakeholders include entities that are not Members of the WHO, i.e., intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies, and academia.
These stakeholders are also called to take on a role in the implementation of the Resolution, in particular:

1. **Support Member States in the implementation of the Rehabilitation 2030 initiative and strengthen advocacy**

   With this action, the Resolution specifically refers to supporting the work of the [World Rehabilitation Alliance](https://www.wra.who.int), officially launched in July 2023. The World Rehabilitation Alliance (WRA) is a WHO global network of stakeholders whose mission is to support the implementation of the Rehabilitation 2030 initiative through advocacy activities.

2. **Invest in research on rehabilitation and assistive technology and support data collection**

   Other stakeholders, such as private sector companies or academia, can serve as key actors in research on rehabilitation and assistive technology. The Resolution invites them to invest in such research, which has the potential to improve the availability, affordability, accessibility, and efficiency of rehabilitation services and assistive technology.

   Similarly, some stakeholders may support data collection for research or other purposes (for instance, an NGO that implements projects on rehabilitation may collect data on beneficiaries). The collection and disaggregation of such data can play a role in informing policies.

### Commitments for the WHO

The Director-General of the WHO, and more largely the WHO, has a strong role to play in supporting the implementation of the Resolution by putting in place a monitoring and accountability system for Member States. The Resolution requests the Director-General of the WHO, on behalf of the WHO, to deliver on the following actions.

1. **To publish a WHO baseline report on rehabilitation before the end of 2026**

   Similar reports were published upon the requests contained in other WHA Resolutions, on topics such as assistive technology and disability-inclusive health. These are key to serving as a call to action, providing an understanding of the current situation on the topic and identifying global needs and gaps.

2. **To develop rehabilitation targets and indicators for 2030**

   Establishing rehabilitation targets and indicators will enable stakeholders to assess the implementation of the Resolution and gather data on its progress. This set of rehabilitation targets and indicators, to be developed by the WHO Secretariat, will be examined by the 79th World Health Assembly in 2026.

3. **To develop and support the implementation of the Rehabilitation 2030 initiative by Member States**

   Since the initial Rehabilitation 2030 call for action, the WHO has undertaken a series of activities to accelerate action and support progress in over 35 countries towards achieving the goals of the Rehabilitation 2030 initiative. As the number of countries requesting technical support from WHO is ever increasing, WHO is expected to step up efforts in delivering this important initiative.

4. **To ensure that there are appropriate resources at the WHO (at headquarters, regional, and local levels) to support Member States in strengthening rehabilitation and assistive technology**
The WHO plays a key role in the provision of technical assistance for the development of rehabilitation services. However, the resources allocated do not match the level of ambition and volume of requests for support coming from Member States. Therefore, strengthening WHO capacity is a significant step.

5. **To support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response**
   As explained above, including rehabilitation and assistive technology in emergency preparedness and response is necessary to better respond to increasing rehabilitation needs and ensure continuity of services during emergencies. This also includes tackling long-term effects on health (for instance, the impact of “long COVID”).

6. **To report progress on implementation to the World Health Assembly in 2026, 2028, and 2030**
   This reporting mechanism will be facilitated using targets and indicators, as mentioned in action 2 of this section.
Part 2: Integrating the Resolution in your in-country advocacy

In this section, we provide guidance for advocates interested in promoting the Resolution at the national level.

There is no single path, and there is no one-size-fits-all solution because context is what matters in successful advocacy work. Each advocacy plan requires its own unique set of expertise and resources, as different contexts present their own unique constraints and opportunities. Therefore, as an advocate who is reading this guidance, you should pick and choose the steps, approaches, or strategies based on your own context.

Sufficient time should be spent analyzing the context in preparation of the advocacy campaign, and throughout implementation in order to adjust as needed. It is pivotal to identify others carrying out advocacy on this topic, as well as those who might be interested in joining efforts, and assess opportunities to join forces and forge advocacy partnerships. (Refer to the sub-section “Who are the allies/partners that could be engaged in this dialogue?” under section 2.2.). It is also crucial to anticipate challenges and identify groups who might work against your cause. (Refer to the sub-section “How to deal with forces against your cause?” under section 2.2).

Four distinct elements of an advocacy campaign are described below in Figure 1. Depending on the needs within a specific context, actions across some or all of the elements should be carried out.

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**Figure 1. Elements of an advocacy campaign**

**01** Raising awareness
- To create understanding and support for rehabilitation
- Verify cost-effectiveness vis-à-vis targets

**02** Building dialogue with decision-makers
- To share mutual perspectives on the resolution
- Opportunity to connect with other policy processes

**03** Pressing for a specific policy change
- To stimulate changes in local, national, or regional policies
- Be propositional

**04** Monitoring and holding public authorities accountable
- To ensure that appropriate mechanisms are in place
- A crucial role for civil society
2.1 Raising awareness

At a glance

In the context of leveraging the WHA Resolution on rehabilitation, you may consider raising awareness on the Resolution itself, or around specific aspects of the Resolution or for implementation. You may instead/also integrate messages on the Resolution with your existing awareness-raising activities.

Awareness raising aims to change the perspective that a targeted audience has on an issue. It can be a useful step in your advocacy work, to create a strong foundation and gather support for implementing the WHA Resolution.

You should carefully consider the cost-efficiency of this approach in relation to your ultimate policy change objective specific to the WHA Resolution implementation.

Potential actions

• Organize public events (online or in person), such as webinars, conferences, roundtables discussions.
• Disseminate information via informational pamphlets, videos, podcasts, posters…
• Bring your messages to the media (radio, TV shows, and articles in newspapers/magazines).
• Speak out on social media.
• Mobilize the public via demonstrations, marches, and petitions.
• Create public outreach campaigns.
• Engage community leaders and religious leaders in contexts where they have a critical role to play in raising awareness.

Awareness raising aims to inform and change the opinion and interests of the media, policymakers, citizens, companies, governments, etc.

Awareness raising can serve your advocacy objective by mobilizing supporters who engage for rehabilitation and create a good understanding of the rehabilitation among your advocacy targets. This is especially relevant in contexts where rehabilitation, and the WHA Resolution, may not be well known among your targets.

When conducting awareness raising for advocacy, you need to ask yourself the following questions:

• Who needs to be informed so that you can achieve your advocacy objective?
• What does this person need to know?
• What is the best way to inform them?

Identify and understand your audience

Your audience for awareness-raising purposes may be different and/or broader than your advocacy targets. (See the section, “Building dialogue with decision-makers,” outlining how to identify your targets for advocacy initiatives.)

For awareness raising, it is important to have a good grasp on who may lack understanding of the issue and who may resist or oppose your cause. You should also consider whether you have the ability and resources to tackle multiple audiences or if you should focus on specific groups that are more relevant to your work.
For your awareness-raising purposes, your audience may include:
Communicate to raise awareness

1. **First, assess their level of understanding of rehabilitation.**
   How familiar is your audience with rehabilitation as a health strategy and as an essential component in health systems? And with rehabilitation needs, challenges, and benefits? Does your audience know about the adoption of the WHA Resolution on rehabilitation? Does your audience know about the specific considerations and commitments contained in this Resolution?

2. **Then, determine the type of information you should present to this audience.**
   While decision-makers may respond better to factual information, the broader public may be more responsive to rehabilitation users’ stories and powerful evidence. You may need to simplify or vulgarize your messages according to your audience and their level of knowledge. Ensure that your information is always correct and reliable.

3. **Afterwards, reflect on the messages you want to convey based on the objectives you have set.**
   If you want to raise awareness about the WHA Resolution itself, you can present the main points and what changes the Resolution can stimulate. You may instead want to raise awareness more broadly on the unmet needs of rehabilitation in your country, or on the right for everyone to access rehabilitation services. In that case, you may consider integrating references to the WHA Resolution to strengthen your arguments. Either way, you can try to respond to questions your audience may have, such as: Why is rehabilitation a public concern? What are the rehabilitation needs and the barriers to meet them? What is the Resolution and what can it change?

   (Refer to “Prepare and convey impactful messages” under section 3.3 Tips for effective advocacy.)

Choose the right channel and tools

Depending on whom you have chosen as your audience, your communication channel and tools will differ.

Some of the channels you may use include public events (like informative sessions, roundtables, conferences, and webinars); social media; traditional media (like radio, television, and press); marches and demonstrations…
You are encouraged to develop or adapt existing materials and resources\textsuperscript{18} to support your awareness-raising activities, such as visuals and infographics, leaflets, video-interviews and documentaries, articles, case studies, podcasts, petitions, exhibitions…

You may combine different activities and products. To help you choose among many potential channels and tools, consider:

- the perceived appropriateness by the audience you are targeting;
- the effectiveness for your outreach purpose;
- the associated costs;
- the capacity needed to deploy them; and
- the risks of the different options.

The frequency of your awareness-raising activities may vary depending on the opportunities and the needs of your audience.

Ensure that your communication (event, digital, print) is consistently accessible!

**CASE STUDY:**

Handover events to raise awareness among decision-makers (from the Global Alliance of NGOs for Road Safety)

Shortly after the Global Plan for the Decade of Action for Road Safety 2021-2030 (Global Plan) was adopted, the Global Alliance of NGOs for Road Safety mobilized member NGOs to arrange handover events to give the Global Plan to officials, thus shedding the spotlight on this global framework and international commitment.

These handover events were organized in 39 countries, and took the form of a ceremony, a gathering, or a bilateral meeting. In each case, the event was documented by a photograph of the NGO representative handing the Global Plan to an official at national or local levels accountable for road safety implementation, including road safety agency leads, mayors, commissioners, and transport ministers.

The handover events contributed to broader advocacy processes. In some countries, the decision-makers were unaware that the Global Plan had been published until the NGO approached them. For some NGOs, the event was a conversation starter with authorities on top line issues relating to the need to reduce road deaths and injuries. For others, the event was a moment where they could reinforce existing advocacy asks for specific interventions. Some decision-makers embraced the handover with vigor, following up by organizing public events where they discussed how it would be implemented (for example, in Uganda).
2.2 Building dialogue with decision-makers

At a glance

Seizing and/or creating opportunities for dialogue with decision-makers, when contextual factors allow, is the best way to pave the road for their engagement in rehabilitation.

The WHA Resolution on rehabilitation can be a “hook” to establish or pursue dialogue with relevant decision-makers.

Decision-makers might be interested in knowing more about the Resolution, sharing their perspectives on its implementation, and hearing your views in this regard.

The WHA Resolution on rehabilitation can be an entry point to expand the conversation on other connected policy processes that you are interested in addressing (for example, the government’s plan to reinforce rehabilitation services in rural areas, the upcoming budgetary revision, new funding available for training rehabilitation professionals, etc.).

Potential actions

- Reach out to decision-makers via email/letter and invite them to meet.
- Hold online or in-person meetings with decision-makers.
- Hold follow-up meetings with decision-makers with whom you already had dialogue.
- Organize roundtables, events, or policy dialogues or other formats that facilitate dialogue among many stakeholders.
- Participate and take the floor in already planned events and dialogue opportunities, convened by public authorities and/or other partners (e.g., parliamentary hearings, public events, open consultations organized by decision-makers).

With whom should you speak?

The key is to identify the person(s) who has power to do something about advancing the rehabilitation agenda in the country—or has some influence over those who have such power.

Ask yourself:

- Who has the power to make the needed change(s) in the field of rehabilitation? And who has the influence to make it happen?
  
  (For example, the Director of Noncommunicable Diseases within the Ministry of Health, the WHO Regional Office…)
- Would they be ready to listen to you? Are they approachable?
- Are there risks and specific constraints in terms of ethics and safety?

You probably have already established relations with governmental officials in the Ministry of Health, WHO or other UN representatives, and international donors present in your country that invest in health and/or rehabilitation. You might want to reach out to them to continue a dialogue that was already initiated.

You might also want to reach out to other decision-makers with whom you have not been in contact before but who appear to be important players in the decision-making scenario. The WHA Resolution on rehabilitation can be an interesting entry point to relaunching or initiating dialogue.
Sometimes it might be very difficult to establish dialogue with high-level decision-makers (for example, the Minister of Health). However, you can pursue and strengthen the dialogue with officials in more operational/technical positions who could become your allies and open ways within their organizations/institutions to reach higher levels of decision-making.

Who are the allies/partners that could be engaged in this dialogue?

Engaging other partners in this dialogue with decision-makers can demonstrate that the cause is broadly supported and bring in additional technical or lived experience that is highly valued by decision-makers.

Therefore, reach out to existing and potential partners, such as organizations of rehabilitation users, patients, medical professionals, persons with disabilities, women’s rights advocates, and NGOs. The WHO Secretariat, regional and/or country offices can also be very relevant allies, as they provide technical support to Member States.

(Refer to “Advocate in partnerships with other actors,” under section 3.3 Tips for effective advocacy.)

How to deal with forces against your cause?

Although rehabilitation is usually not a sensitive or controversial issue, some stakeholders might be reluctant to take action in this regard. They might have other priorities on their agendas, diverging economic interests, or they are likely to be adversely impacted by the change you propose. Focus your efforts to deal with opponents who have strong influencing power, as they can significantly hinder your advocacy. You can adopt different approaches:

- Understand their arguments and have counter-arguments ready.\(^{19}\)
- Identify new evidence that might be needed to convince the unconvinced.\(^{20}\)
- Discuss your differences, to assess if the opposition is caused by miscommunication or a lack of understanding about the issue.
- Pay attention to a solution that might satisfy your mutual interests.
- Set the terms of the debate, by conveying your messages and recommendations, rather than merely responding to your opponent’s arguments.

What does your interlocutor need to know?

Do some background research on the state of affairs, in relation to rehabilitation, of the institution/organization that your interlocutor represents (for example, their involvement in the WHA Resolution’s process and/or in global rehabilitation initiatives, specific commitments, policies or strategies, dedicated funding for rehabilitation, etc.).

Also, do some background research on the person with whom you are meeting (e.g., professional background, specific working focus, areas of interests in health, level of knowledge of and commitment to rehabilitation, etc.). This preparation work will allow you to anticipate the potential “difficult” questions and the elements of controversy or reluctance that your interlocutor may bring up. Importantly, advocacy messages must be tailored to the individuals or organizations you are trying to convince, taking into consideration what they need to hear, and what they can realistically act on. Therefore, you must define the content and tone of your messages and determine if your targeted audiences will be more sensitive to legal, rational, political, ethical, emotional, or financial information. Your audience may be most interested in knowing about the
global impact, or in the other, more specific impacts on a particular group of people or a specific geographic area, or how their country compares to others.

What messages should you bring forward?

The WHA Resolution on rehabilitation can be at the core of your dialogue: presenting it, illustrating why it is important, calling for consistent implementation, pointing to some commitments that are particularly relevant in the country context. For this, refer to Part 1 of this Note.

Alternatively, the WHA Resolution can be the “hook” that initially engages your audience, providing a natural segue into other rehabilitation-related topics (e.g., a new governmental strategy on rehabilitation, the need to increase the rehabilitation workforce across the country, the unmet rehabilitation needs among certain groups or populations).

Many times, in advocacy work, we expose bad news and complain about unsatisfactory situations. Advocacy is also about inspiring positive change and proposing constructive solutions. If you focus on the negative only, you may not get the attention you are seeking from your targeted audiences. So, focus on the positive changes you want and how they can be enhanced/promoted by the WHA Resolution on rehabilitation.

Prepare in advance some key questions that you want to address to decision-makers. For example: How do you plan to implement the WHA Resolution? What will you prioritize in the implementation? What are the main challenges from your perspective? How can civil society accompany and contribute to policy planning and/or implementation? Also be prepared to respond to your interlocutors’ questions. (Refer to section 3.2 “FAQs for public, institutional, and media interactions.”)

Which are the best modalities for this dialogue to happen?

Dialogue can be initiated in a formal way (for example, via an official letter or following the ministerial protocol) or in an informal way (for example, meeting on the side of a public event), either by the civil society representatives or by the decision-makers.

Dialogue can happen in different formats, for example, through one-to-one meetings, group meetings, public events, or consultations. The frequency of the dialogue may vary according to cultural contexts and opportunities.

Ensure to choose what works best in your specific context, as cultural acceptance is key to being heard. The accessibility needs of people participating in the dialogue have to be fulfilled.
CASE STUDY:
Policy Dialogues for disability-inclusion (Humanity & Inclusion, Laos)

In 2022 and 2023, Humanity & Inclusion, along with the National Committee for Persons with Disabilities, the Ministry of Labour and Social Welfare, and organizations of persons with disabilities hosted the Annual Disability Policy Dialogue in Laos.

The Dialogue allows key development partners to explore opportunities for promoting disability inclusion within their respective development policies and programs, under the overarching National Socio-Economic Development Plan and in alignment with the Convention on the Rights of Persons with Disabilities.

While the implementation of the National Socio-Economic Development Plan is the primary responsibility of the government, the Disability Policy Dialogue intends to strengthen partnership between the government and development partners. During the one-day meeting, the Disability Policy Dialogue brings together organizations of persons with disabilities, NGOs, donors, and UN agencies present in Laos.

Financed by the Luxembourg Development Cooperation in 2021, the Disability Policy Dialogue was also supported by USAID and the European Union in 2022.

2.3 Pressing for a specific policy change

At a glance

The WHA Resolution on rehabilitation, as an international policy framework, can support your advocacy efforts towards the specific policy change(s) that you want to promote in your country, and it can stimulate public authorities' actions.

Be specific about the policy changes you want to achieve that can make a difference for the people who need rehabilitation in your country.

This policy change can be tied to the proper implementation of the WHA Resolution (e.g., the adoption of a national rehabilitation strategy, the allocation of an increased amount of resources for rehabilitation services in a certain district, the systematic integration of rehabilitation in emergency response by humanitarian actors in a given country).

Potential actions

- Lobby meetings with decision-makers
- Written or oral contributions to consultation on decision-making processes
- Launch and promotion of a petition, to then be brought to the attention of decision-makers
- Media activities with a specific call to action (press releases, press conferences, social media campaign)
- Organization and/or participation in public events fora, where the advocates' voices and stands can be heard by decision-makers
- Use of policy papers and civil society statements, making the case for the change you are calling for
About the policy change (your specific advocacy objective)
A policy change may affect:

- the content of policy documents, such as strategy documents, laws, regulations (which have an impact on the way rehabilitation is provided and accessed);
- the practice of implementation/enforcement of the policy (for example, a Guidance Note for ministry staff or the establishment of an inter-ministerial coordination cell or multi-stakeholder platform);
- the allocation of budget spending and resources (which have an impact on the way rehabilitation is provided and accessed);
- the endorsement of international treaties, policy frameworks, or standards, etc. (which relate, directly or indirectly, to the access and provision of rehabilitation).

Here are examples of policy changes:

“By 2023, at least two regions have adopted an action plan to increase rehabilitation services, including community-based rehabilitation and telerehabilitation where needed, reaching at least 40% of persons with disabilities in need of rehabilitation.”

“By 2023, a National Strategic Plan for Rehabilitation is adopted, informed by the Systematic Assessment of Rehabilitation Situation (STARS) and integrating ReLAB-HS key demands to integrate lifelong needs and a multi-sectoral approach.” (Learning, Acting, and Building for Rehabilitation in Health Systems [ReLAB-HS] Uganda country team)

(Refer to “Be clear about your specific advocacy objective (i.e., policy change)” under section 3.3 Tips for effective advocacy.)

In which ways can the Resolution support your advocacy towards the policy change?

You can use the WHA Resolution to:

- Back up your arguments and demands. You can make references to what is stated in the Resolution to give further credibility to your messages. For example:
“As recognized in the WHA Resolution, the affordability of rehabilitation services, the related health products, and assistive technology, as well as the financial hardships associated with high prices, are matters of concern.”

“There is a need to develop strong multidisciplinary rehabilitation skills suitable to the country’s context, and the WHA Resolution sets a specific commitment to Member States to progress in this regard.”

- Enhance/call for policy coherence. You may emphasize the need for consistency between the policy commitment that your government made at the international level by supporting the WHA Resolution and the gaps at the local/national level.

For example, it would be inconsistent for a WHO Member State to adopt a siloed approach in policymaking for rehabilitation (for instance, by solely involving the Ministry of Health), when the WHA Resolution instead promotes interministerial and intersectoral work.

Advocates can refer to the provisions contained in the WHA Resolution to inquire about and check the consistency of policy actions and point out the inconsistencies that might hinder the achievement of the policy change(s) they demand.

- Remind public authorities about their commitments. The policy change that you have defined is likely to relate to one or more provisions contained in the WHA Resolution.

You can press decision-makers to take action towards the policy change you demand by recalling that they have already committed to make improvements when they adopted the WHA Resolution on rehabilitation. This can be particularly true for Member States that co-sponsored the Resolution (i.e. Argentina, Australia, Brazil, China, Croatia, Ecuador, Eswatini, Hungary, Ireland, Japan, Morocco, Paraguay, Peru, Romania, Slovakia, and the USA), as their co-sponsorship demonstrates a high level of commitment and political will.

Decision-makers might be reassured that they are not asked to work on something new, but to advance an initiative in alignment with commitments they made at the international level.

- Provide relevant policy processes with content. The WHA Resolution is a great source of content for policy frameworks on rehabilitation that might be developed at the local, national, and regional levels.

Your policy change may relate to influencing the content of policy documents, such as strategy documents, laws, or regulations.

For example, you might aim to influence the drafting of the upcoming national plan on rehabilitation, which will be developed and adopted by the Ministry of Health. The Member States’ commitments in the WHA Resolution represent a checklist of the essential elements that could be reflected in the national plan and adapted to the specific context (i.e., strengthening financing mechanisms; expanding rehabilitation to all levels of health; promoting inclusive, barrier-free environments; developing strong multidisciplinary rehabilitation skills in all relevant
Influencing international donors’ strategies and practices

The WHA Resolution stresses that without concerted action, including through international cooperation, rehabilitation needs will continue to go unmet. Depending on the country, international donors play an important role in supporting the government’s efforts, as well as the alternative provision of services by NGOs or other partners.

Therefore, international donors can be considered as potential advocacy targets at the country level, too. For example, you might aim at increasing their funding levels for rehabilitation, or at a more prominent consideration of rehabilitation programs in their aid strategies and programming.

Advocacy towards international donors should not be confused with fundraising. Your objective should not be to secure funding for your organization or project, but to increase the political and financial engagement of a specific donor (or group of donors) in relation to rehabilitation and assistive technology in your country.

In which ways can the Resolution inspire new/other policy change(s)?

If you have not yet defined the specific policy change you want to achieve, or you are open to expanding your advocacy efforts, the WHA Resolution can help identify areas where policy actions might be needed.

The initial part of the WHA Resolution can be interpreted as a “menu of commitments.” Of course, the level of relevance and priority of these commitments varies from one context to another. It is crucial to look at these commitments in combination with your analysis of the issues, their underlying causes, and the effects these issues produce on people—in the context where you operate.

For example, your country might already have a very good system to train and retain the rehabilitation workforce, so no further policy action would be needed in this regard. However, you might identify that a key problem is the poor financial coverage of rehabilitation services. In this regard, the WHA Resolution urges Member States “to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary.”
CASE STUDY:
Translating global eye health resolutions to national level (International Agency for the Prevention of Blindness)

Following the adoption of resolutions on eye health by the WHA and the UN General Assembly, the International Agency for the Prevention of Blindness (IAPB) Secretariat supported its member organizations to carry advocacy at regional and national levels, notably by providing them with a toolkit on “Advocating for implementation of Integrated people-centered eye care.”

The range of activities at national and regional levels included workshops on national eye health, country launches of the WHO World Report on Vision, regional meetings with stakeholders, update sessions on progress made at the regional levels, awareness-raising activities on World Sight Day, and lobbying for the integration of eye health in the mainstream health system of the country.

The broad members' mobilization, supported by the IAPB Secretariat and cultivated by cross-sectoral partnerships, led to significant results. For example, eye health was included in the national health policy in Nepal; the first ever Eye Care Situation Assessment was conducted in Papua New Guinea; and the regional Health Ministers' Conference adopted the Resolution, “Equity and Access to Eye Health in the East, Central and Southern Africa region.”

2.4 Monitoring and holding public authorities accountable

At a glance

The WHA Resolution provides that the WHO should set up and deliver upon a monitoring and accountability system.

The right mechanisms should be in place for monitoring progress and gaps in the implementation of the Resolution.

Civil society organizations, advisory bodies, and research groups can monitor and assess how official commitments are being followed, contribute to the existing accountability mechanisms, or even run alternative accountability mechanisms themselves (e.g., shadow reports).

Not only national governments, but also donors and multilateral agencies must be accountable for their commitments, as they play an essential role to advance rehabilitation, especially in fragile settings.

Potential actions
- Contribute to the development of baseline and progress reports by the WHO.
- Provide your input as an expert in the development of targets and indicators by national authorities and/or by the WHO at international and/or regional level.
- Demand and support public authorities to adopt monitoring systems and enhance rehabilitation data.
- Collect and disseminate your own evidence about rehabilitation planning, budgeting, and delivery, and the impact of people in need.
- Empower rehabilitation users and community members to assess service delivery and voice their concerns.
Entry points for monitoring and accountability as set in the WHA Resolution

The Resolution sets out to:

- Develop and publish by the end of 2026 a WHO baseline report with information on the capacity of Member States to respond to rehabilitation needs.
  - Based on the experience from previous reports, we expect the contributions from civil society organizations (evidence, case studies, good practices, etc.) to be requested and welcomed.

- Develop global rehabilitation targets and indicators of effective coverage of rehabilitation services for 2030.
  - While the WHO Secretariat will be tasked to develop this set of targets and indicators, we expect rehabilitation experts from different countries and regions to be consulted in this process.

- Report on progress in the implementation of this Resolution to the World Health Assembly in 2026, 2028, and 2030. These reports, presented by the WHO Director-General to the World Health Assembly, provide global evidence and information on WHO’s work on the issue.
  - These reports can be used to update your advocacy messages and get the attention of your advocacy stakeholders and targets on global progress.

In addition, the Resolution requests Member States to collect information relevant to rehabilitation and ensure data disaggregation by sex, age, disability, and any other context-relevant factor, for a robust monitoring of rehabilitation outcomes and coverage. You can question your country’s monitoring mechanism(s):

- Is the health information system producing sufficient, reliable, and publicly available data on rehabilitation?
- Is this data disaggregated?
- Is the International Classification of Functioning, Disability and Health used systematically?

You can also provide support to the public authorities, if your expertise and mandate allow, enhancing the incorporation of rehabilitation data in their health information systems.

The importance of collecting, using, and disseminating evidence

Reports from public authorities are often based on macro data, which may not represent the reality at the local level and of those with unmet rehabilitation needs. Civil society organizations can go deeper by conducting their investigations, speaking with community members and other stakeholders, and contrast their findings with what public authorities report.21

If you plan to collect evidence, you should determine how the data will be used for your advocacy objective. In any case, you will have to analyze and interpret the evidence so that it supports your advocacy. The data that you will collect, analyze, and interpret can contribute to mobilizing other rehabilitation stakeholders, hold public authorities to account, and inform the decision-making. This is why the evidence needs to highlight the issue, the causes of the issue, and the solutions to the issue.
Depending on the context you operate in, you might choose to share your findings only with some selected stakeholders during closed-door/private briefings (for example, when security concerns are significant). Or you might choose to go public and disseminate your findings openly to a large number of stakeholders, including via media actions.

**Empowering individuals/groups directly concerned by rehabilitation to monitor and hold decision-makers accountable**

You should always seek to collaborate with relevant self-representative groups when advocating on topics that concern them. Rehabilitation users and community members can also monitor the delivery of services and the implementation of policies. They can either be involved or drive the monitoring for accountability, a process that empowers and engages the affected people to report on the barriers they face. The information from rehabilitation users and community members can be used by themselves as self-advocates and/or by other civil society groups to call for the needed changes.

An example is the specific methodology developed by the Humanity & Inclusion project, "Making it Work." The methodology consists of documenting and promoting good practices in relation to the Convention on the Rights of Persons with Disabilities. At the heart of this process, people with disabilities validate what works and use evidence-based good practices to strengthen their advocacy to influence social change.

**CASE STUDY:**

Encouraging and monitoring the implementation of the Safe Schools Declaration (Global Coalition to Protect Education from Attack)

At its core, Global Coalition to Protect Education from Attack (GCPEA) works to implement the Safe School Declaration (endorsed so far by 118 States) and its related Guidelines.

After countries endorse the Safe School Declaration, GCPEA and its members encourage countries profiled in the Education under Attack series for experiencing systematic patterns of attacks to take action to protect against these attacks by implementing the Declaration’s commitments.

GCPEA encourages States to ensure that all ministries responsible for implementing the Declaration, particularly the Ministries of Education, Defense, and Foreign Affairs, meet and discuss what endorsement means and what implementation will require in their context. For some countries—for instance, Nigeria, Mali, and Ukraine—this process of consultation resulted in drafting a national action plan for implementing the Declaration, overseen by interministerial committees, including observers from some GCPEA members operating in the country.22

In addition, the international conferences on the Safe Schools Declaration, held every two to three years, mobilize States to act and report on progress made in implementing the Declaration.
Dear … ,

His/ Her excellency … ,

I am writing on behalf of …, welcoming the recent adoption of the World Health Assembly (WHA) Resolution, “Strengthening rehabilitation in health systems.”

This is the first-ever Resolution on rehabilitation, which demonstrates the increased political attention on a topic that has been sidelined for too long in the global health agenda and in health systems worldwide.

The WHA Resolution recognizes the growing global need (2.4 billion people globally would benefit from rehabilitation services), which is largely unmet, in particular among communities in vulnerable situations and in low- and middle-income countries. It also recognizes that rehabilitation improves health outcomes, well-being, and participation in society.

The WHA Resolution demands the World Health Organization (WHO) Member States, the WHO Director-General, and other stakeholders (international organizations, intergovernmental and nongovernmental organizations, organizations of persons with disabilities, private sector companies and academia) to implement a number of actions toward strengthening rehabilitation services and the provision of assistive technologies in health systems. It also defines some accountability measures, including regular reporting on progress and the development of targets and indicators.

This WHA Resolution was strongly called for by diverse civil society organizations over the past years, and it was brought forward by a group of co-sponsoring Member States, with the support of the WHO Secretariat. We recognize that the Government of [INDICATE THE COUNTRY NAME] supported the Resolution and was listed as a co-sponsor / (OR) even though not being listed among the co-sponsors.23

Framing political commitment in a WHA Resolution is a very important step, which has to be followed by concrete efforts for its implementation. Member States, the WHO Secretariat and its offices, as well as other stakeholders have a crucial role to play to ensure that the commitments set in the Resolution become actions that ultimately improve the lives of people in need, including in our country.

We would appreciate the opportunity to meet with you and discuss the potential for this Resolution to drive further action in our country, in particular regarding XXX*. Indeed, we think that important synergies could be created between this national-level policy process and the international framework set in the Resolution.

In our capacity as … [e.g., civil society organizations], we remain committed to support and accompany your efforts and to join forces for the implementation of this Resolution via collaborative actions.

Hoping there will be the opportunity to arrange a meeting at your convenience, we thank you in advance for your attention.

Sincerely,

……
3.2 FAQs for public, institutional, and media interactions

1. What is rehabilitation?

The World Health Assembly Resolution, “Strengthening rehabilitation in health systems,” defines rehabilitation as a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment.

Rehabilitation is person-centered and encompasses a broad range of therapeutic measures. These include provision of assistive technologies and products, but also exercise, training, education, support and counseling, and adaptation of the environment to eliminate barriers.

Rehabilitation services involve diverse professionals working together as part of multidisciplinary teams, such as physicians, physiotherapists, occupational therapists, prosthetists, psychologists, nurses, and others. Assistive technology provision, such as wheelchairs and hearing aids, is integrated with other rehabilitation activities for better outcomes.

These services are available in various health care settings, from community-based care to hospitals and clinics.

2. How does rehabilitation not relate to disability?

Everyone might need rehabilitation at some point in their lives due to various health conditions, including congenital disorders, chronic diseases, injuries, and other conditions like pregnancy and aging.

Most individuals who experience difficulties in one or more domains of functioning do not identify as persons with disabilities. Their functional limitations can be temporary and/or their interaction...
with the environment might not result in restricted participation in society on an equal basis with others.

3. How does rehabilitation relate to disability?

Persons with disabilities may also need rehabilitation based on their functional limitations and individual needs. However, they face significant barriers to accessing rehabilitation services, including stigma, discrimination, limited information, and inaccessible infrastructure, often exacerbated by poverty.

Previously, rehabilitation was associated with a medical model aiming to normalize disabilities.\(^{24}\) However, the practice has shifted towards a person-centered approach in recent years.

4. Why is the World Health Assembly Resolution on rehabilitation important?

Globally, 2.4 billion people need rehabilitation, but more than 50 percent of them cannot access the rehabilitation they need.\(^{25}\) While unmet needs for rehabilitation are extremely high and keep growing, until now, its political relevance has not been fully established on the global health agenda.

This Resolution is the first-ever World Health Assembly Resolution to focus on rehabilitation. This shows a better recognition of rehabilitation as a crucial global health matter and an increased political will to take action on a topic that has been long neglected.

Even if not binding, World Health Assembly Resolutions represent the highest form of political commitment on health at the international level. This Resolution sets a policy framework that was absent until now and has great potential to stimulate change. It defines commitments and indicates actions for Member States, for other stakeholders (international organizations, academia, NGOs, and the private sector), and the World Health Organization. In addition, the WHA Resolution establishes a reporting and monitoring system, which strengthens accountability.

5. Who is behind the World Health Assembly Resolution on rehabilitation?

The request to have rehabilitation on the agenda of the World Health Organization Executive Board Meeting was presented by Colombia, Israel, Kenya, and Rwanda.

As the Resolution was put on the agenda, other Member States joined as co-sponsors: Argentina, Australia, Brazil, China, Croatia, Ecuador, Eswatini, Hungary, Ireland, Japan, Morocco, Paraguay, Peru, Romania, Slovakia, and the United States. Many more Member States were supportive of this Resolution, with active involvement in the negotiations of its text.

While Member States are responsible for initiating, negotiating, and adopting World Health Assembly Resolutions, civil society held a very active role from the very beginning. Civil society organizations, in particular the members of the former Global Rehabilitation Alliance, promoted the need for a resolution on this topic, stimulated broad consensus, and informed the content of the text.
6. What kind of instrument is a World Health Assembly Resolution?

World Health Assembly (WHA) Resolutions are international instruments adopted by the Member States of the World Health Organization (WHO). They are adopted by consensus at the WHA, which is the decision-making body of the WHO, attended by delegations of all Member States of the WHO.

WHA Resolutions, like most United Nations Resolutions and other international instruments (like the Universal Declaration of Human Rights or the 2030 Agenda), are not binding, meaning that they do not create obligations for States.

However, this does not mean that they do not have any legal effects or potential for change, as they demonstrate the political will of WHO Member States, set commitments towards action, and can be used as instruments to hold governments accountable.

7. What changes can this Resolution bring?

These are the key changes that we expect the Resolution will stimulate:

- Increased governmental efforts to integrate rehabilitation in health systems planning at all levels of health, including through the strengthening of financing mechanisms.
- Further impetus to the Rehabilitation 2030 initiative, whose “call for action” rallied stakeholders towards concerted and coordinated global action to scale up rehabilitation and gave mandate to the World Health Organization (WHO) to accelerate action and support progress in countries.
- Support for civil society’s advocacy efforts at the local, national, and regional levels.
- Increased capacity of the WHO at all levels (including headquarters and regional and national offices) to continue to strengthen the provision of technical support to Member States with regard to rehabilitation services.
- The mobilization of new international and domestic investments in the rehabilitation sector, including research and innovation.
- The definition of indicators and benchmarks to assess progress towards rehabilitation goals and increased monitoring for accountability.

8. What about community-based rehabilitation in the World Health Assembly Resolution?

While the WHA Resolution has a broad scope of strengthening rehabilitation at all levels of health systems, it also calls to develop community-based rehabilitation (CBR) strategies. CBR advocates strongly called for integration of CBR in the language of the Resolution. Indeed, as a complementary strategy to rehabilitation provided by professionals in health settings, CBR is crucial to reach people who are vulnerable and marginalized, in particular in underserved rural, remote, and hard-to-reach areas.

While the provision of rehabilitation at a community level as close as possible to where people live remains of utmost importance, the CBR approach has shifted over time to the community-based inclusive development approach (CBID). Moving away from rehabilitation per se, CBID addresses challenges experienced by persons with disabilities, their families, and communities via programs that can include health, education, livelihood, social, and empowerment activities.
9. Why do we need to prioritize rehabilitation when there are other pressing issues to tackle?

One in three people globally need rehabilitation. The number of people in need of rehabilitation increased by 63%, from 1990 to 2019. This is a clear indication of current health trends, marked by changes in demographics and in the increasing prevalence of health conditions: we live longer, but with more limitations in functioning.

Fulfilling the right to health and improving the health status of a population not only means reducing the number of deaths and of people affected by diseases, but also ensuring that people live, function, and participate at their best potential. Therefore, health systems should not only provide life-saving interventions, but also services that improve autonomy and quality of life, like rehabilitation services.

Unmet rehabilitation needs have a significant impact on individuals, families, communities, and on the society and economy at large. When functioning limitations are not addressed, further deterioration of health conditions and/or other complications can arise. In addition, limitations in functioning reduce the individual’s autonomy and participation in society. Indeed, rehabilitation often enables the access to education, social engagement, and work activities, greatly contributing to an individuals’ ability to participate in multiple spheres of life.

Increased access and participation also have an impact on caregivers, on households, as well as on individuals’ productivity, and therefore, the economy.

Will the implementation of the World Health Assembly Resolution on rehabilitation require mobilizing a large amount of financial resources?

In order to provide available, accessible, affordable, and quality rehabilitation services for the people who need them, resources need to be mobilized, especially in countries where rehabilitation services are currently under-developed and under-resourced.

The mobilization of domestic and international resources should be understood as an investment, not a cost. Rehabilitation is an impactful health investment: by improving or slowing deterioration in functioning, it may prevent long-term disabilities and death, shorten hospital stays, reduce hospital readmissions and secondary health problems, facilitate a person’s return to work or education after an injury, and contribute to people reaching their full potential and participating in society. This implies an increase in productivity and human capacity, a decrease in health expenses in the long-term, and an improvement in quality of life. Furthermore, the return on investment is significant: for every dollar invested in assistive technology, there is a return of nine dollars.

When international commitments represent a mobilization of resources, their implementation is meant to be progressive. For example, recognizing that many countries are operating under fiscal restraints, the coverage of rehabilitation services and products should start by providing essential rehabilitation interventions that target the needs of the populations within specific contexts and expand over time as resources become available.
3.3 Tips for effective advocacy

Be clear about your specific advocacy objective (i.e., policy change)

The policy change should be defined based on the issues/problems that need to be tackled, as well as on the political, institutional, social, economic, and cultural factors in a given context. Therefore, the policy change should be defined by the people who have solid understanding and experience of the issue and who are knowledgeable enough about the context where these issues occur.

It is crucial to define a policy change that is SMART (specific, measurable, achievable, relevant, and time bound) and to keep it in mind along the way, so that your advocacy efforts remain focused on what you ultimately want to achieve:

- **Specific:** real outcomes, with real deadlines
- **Measurable:** trackable
- **Achievable:** works toward a goal that is challenging but possible
- **Relevant:** aligned with your mandate, mission, and capacity
- **Time-bound:** give yourself a deadline (also adapted to your context requirements)

Use evidence to ground your advocacy

Evidence is central to making a case for change: it provides credibility, legitimacy, and authority to the message and the messenger.

Evidence can come in many different formats and from various sources and include any form of robust data that helps your target audience understand an issue better. It may be quantitative (concerned with counting and measuring) or qualitative (captured from opinions, experiences, and observations). In whatever form it comes, however, good evidence should be credible, reliable, and relevant.

Examples of evidence for advocacy include:

- Data from project operations, early assessment, project evaluation, case studies
- Testimonies from participants in projects
- Cost-benefits analysis
- Statistics and analyses from research institutions, UN agencies, and NGOs
- Expert insights based on empirical evidence

Advocate in partnerships with other actors

The partnerships that you need greatly depend on your advocacy objectives, targets, and contexts. Each advocacy partnership must be carefully evaluated, established, and nurtured. It might be relevant to establish a partnership agreement outlining common objectives, shared values, the roles of each partner, the modalities of the partnership, and the decision-making methods.

Who to partner with?

- Your partners should be selected because they share the same vision in relation to the specific advocacy action you are involved in.
- You must evaluate the opportunities versus the risks that these partners are bringing.
Think of other civil society organizations involved in the issue, such as patient organizations, professional organizations, and universities. UN agencies, like the WHO regional or country offices, can also be great allies. You may explore creating partnerships with nontraditional actors, such as faith leaders, businesses, or corporations. These relationships can often open new avenues and channels for advocacy.

For the parts of your advocacy action that relate to issues pertaining to the direct impact on specific population groups, you must seek to build collaboration with the relevant self-representative groups from the beginning. These individuals and communities are in the best position to assess and communicate about the challenges and discrimination they face and propose possible solutions.

Prepare and convey impactful messages

Whether you plan to deliver your advocacy messages orally or in writing, the “5Cs rule” can help you design impactful messages.

The 5 “Cs” stand for:

- **Clear**: Focus on the main points of the issue; keep it simple; avoid jargon; anticipate misunderstandings.
- **Concise**: Keep it to a short paragraph; do not get lost in details.
- **Credible**: Ensure the call to action in your message can be accomplished and is based on evidence; use data and stories.
- **Compelling**: Tailor the message to your targeted audience; propose a solution and include recommendations or a call to action; use precise, powerful language and active verbs; stand for who you are.
- **Contrasting**: Present something new or innovative; highlight what is unique to your proposal—compared to other proposals being advocated for.

Relate to your audience’s priorities and concerns

- **Cost-effectiveness.** Rehabilitation should be seen as an investment rather than a cost: it shortens hospital stays and reduces readmissions and secondary health problems, thus generating economic benefits for the health system and for households. In addition, being able to function well increases human capacity, strengthens the workforce, reduces the burden of care, enables participation in daily life activities, and enhances economic productivity.

- **Human rights approach including the rights of persons with disabilities.** Ensuring that people receive the rehabilitation services and assistive technology they need is part of fulfilling their human right to health and well-being (Article 12, International Covenant on Economic, Social and Cultural Rights), the right of persons with disabilities to the enjoyment of the highest attainable standard of health (Article 25, United Nations Convention on the Rights of Persons with Disabilities [UNCRPD]), as well as their right to habilitation and rehabilitation (Article 26, UNCRPD).

- **Gender equality.** By improving the functioning of women, girls, and people of all genders, rehabilitation increases access to education, social engagement, and work activities, greatly contributing to participation in multiple spheres of life. Because women bear a disproportionate burden of caregiving responsibilities, women especially benefit from an alleviation of caregiving needs generated by rehabilitation.
• **Sustainable Development Goals.** By optimizing functioning, rehabilitation significantly contributes to the realization of SDG3 on health and well-being. An individual who can enjoy a good standard of health is able and confident to participate economically, culturally, and politically on an equal basis with others, thus contributing to the realization of several other SDGs.

• **Health system strengthening.** Aging and increased prevalence of noncommunicable diseases have generated and will continue generating higher rehabilitation needs. However, health systems have been focusing on reducing mortality and morbidity, and much less on increasing functioning. We need a shift: beyond survival and recovery, we need to ensure that people live, function, and participate at their best potential. Rehabilitation should be an integral part of initiatives to strengthen public health systems, along the continuum of care.

• **Universal Health Coverage.** UHC applies to essential health services covering promotional, preventive, curative, rehabilitative, and palliative care. Rehabilitation is often a “catastrophic health expenditure” in low- and middle-income countries, thus exacerbating poverty and marginalization. SDG target 3.8 on UHC cannot be achieved unless rehabilitation is reinforced and integrated into financial protection mechanisms.

Seize opportunities for advocacy

An advocacy action must be anchored in the specific context where it takes place. A key to successful advocacy is the ability to seize the opportunities emerging from a given context, in a timely manner.

Advocacy opportunities include:

• Planned policy/political events: relevant ongoing or future policymaking or accountability processes (e.g., health system reform), conferences (regional meeting of rehabilitation focal points), special day celebration (e.g., international or national day), etc.

• Opportunities on the international agenda in which your country will be involved (e.g., UN High-Level Meeting on Universal Health Coverage [September 2023], World Health Assembly [in May every year], High-Level Political Forum [in July every year], events or meetings focusing on SDG3)

• High-visibility debates: opportunities that attract the greatest attention, even if they are not exactly in direct connection with your own topic (e.g., adoption of the annual budget, decentralization reform, Climate Change Summit). You should assess the possibilities to tag along and create connections.

Adapt your advocacy to changing circumstances

Your advocacy strategy or plan (see Annex 2 of this Guidance Note) has to be intended as a “living document” that sets the course while also including a certain level of flexibility to best respond to changing circumstances (e.g., new governmental interlocutors, emerging priorities taking over the political agenda, limited capacity within advocacy partners, unexpected crises). Flexibility may also imply quick allocation and reallocation of resources as necessary.

This is why it is important to develop a monitoring and evaluation plan to continuously and systematically assess the progress towards your objectives and the impact of your work with respect to your objectives. This will inform and guide you to revise your activities, your tactic(s), targets, or other elements of your strategy or plan. In the end, these processes should help you learn from the successes and failures.
3.4 PowerPoint with speaking points on the WHA Resolution

Have you been invited to speak about the Resolution during a public event? Do you want to present the Resolution to other civil society organizations that have not been involved in this process? Do you plan to include a focus on a Resolution during a webinar with rehabilitation stakeholders?

This PowerPoint presentation can be used as a starting point to develop your speech and presentation. You can of course adapt it, add or reduce its content, and reformulate as needed depending on your audience and the objective of your presentation. The PowerPoint presentation uses a “blank” format, so that you can adapt it to the most suitable branding style.
Annex 1 - The steps towards a WHA Resolution and the engagement of civil society organizations in the process

Figure 2: Rehabilitation over the decades

The emergence of a WHA Resolution initiative was made possible by a conducive international policy environment around rehabilitation, created by previous landmarks such as the Declarations of Alma Ata (1978) and of Astana (2018), both affirming the role of rehabilitative services in primary health care, and the Convention on the Rights of Persons with Disabilities (2006), which includes an article on “habilitation and rehabilitation.”

Keeping in mind the big picture over the decades, below is a detailed overview of the path that has led to the adoption of the World Health Assembly’s Resolution, focusing on the most recent years. This timeline describes the different decision-making steps directly connected to the WHA Resolution and the engagement of civil society organizations throughout the process.

**February 2017 – Launch of the Rehabilitation 2030 initiative:** In a meeting convened by the WHO, the Rehabilitation 2030 initiative was launched under the WHO initiative and introduced a “call for action,” rallying stakeholders (the WHO, Member States, development partners, and civil society) towards coordinated global action to scale up rehabilitation. Since the initial call for action, the WHO has undertaken a series of activities to accelerate action and support progress.
in countries towards achieving the goals of the Rehabilitation 2030 initiative, with meaningful engagement of civil society organizations.

May 2018 – Adoption of the World Health Assembly’s resolution on “Improving access to assistive technology”: Despite the strong connections, rehabilitation and assistive technology have often been addressed via separate policy processes. Under the initiative of Member States, the resolution on “Improving access to assistive technology” was adopted by the World Health Assembly. While there is no reference to rehabilitation, the text of the resolution calls for the development of minimum standards for priority assistive products and services.

May 2018 – Establishment of the Global Rehabilitation Alliance: In order to serve as a powerful advocacy platform for the implementation of the call for action, the Global Rehabilitation Alliance (GRA) was established, bringing together 18 civil society organizations under a common vision and aim. The GRA’s members included NGOs, rehabilitation professional organizations, and CBR networks. The WHO Secretariat was supportive of this initiative.

July 2019 – Second Rehabilitation 2030 meeting: Two years after the launch of Rehabilitation 2030, the WHO convened the second Rehabilitation 2030 meeting to take stock and reevaluate how stakeholders of rehabilitation were moving the Rehabilitation 2030 commitments forward. The meeting brought together government officials, the WHO and other UN agencies, civil society organizations, and research institutions. The lack of and need for a stronger policy framework emerged during the meeting.

September 2019 – Setting of the GRA objective: After the second Rehabilitation 2030 meeting, the GRA members pursued internal discussions to steer the direction of their advocacy. The GRA advocacy objective was defined as achieving the adoption of a Resolution on rehabilitation by the World Health Assembly. This objective was considered essential to fill the gap in the rehabilitation policy framework, enhance high-level political commitment, give impetus to the Rehabilitation 2030 initiative, and catalyze further resources for this sector.

October and November 2019 – Initial GRA outreach to Permanent Missions in Geneva: Civil society organization representatives, on behalf of the GRA, held in-person meetings in Geneva with diplomats of a number of Permanent Missions who had expressed interest in the topic. The Geneva discussions confirmed the readiness of some States to initiate or support a proposal for a Resolution.

November 2019 - January 2020 – Building of the GRA joint narrative: The GRA members developed a more comprehensive and articulated policy paper to illustrate the reasons behind the call for a WHA Resolution on rehabilitation and what this Resolution should address. This was important, allowing the GRA to create common ground, bring together different voices, and define their joint position. This paper was disseminated to Permanent Missions of Member States in Geneva, interlocutors in health ministries across countries, and the WHO Secretariat's staff.

January 2020 - June 2021 – Raising the call for a resolution and encouraging championship: Over this period, the GRA members brought forward their advocacy, targeting three groups: Permanent Missions of Member States in Geneva, Regional Groups of WHO Member States, and Ministries of Health in countries where the GRA members were present. A set of tools was developed to support the GRA members’ advocacy (e.g., template letters, talking points, PowerPoint presentations). These advocacy efforts aimed to present the call for a resolution on rehabilitation, establish dialogue, and ultimately convince a few Member States to
take a leadership role and set in motion the process towards a WHA Resolution on rehabilitation. Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS), a USAID-supported activity launched in 2020, started engaging in global advocacy, in coordination with and support of Humanity & Inclusion (as a ReLAB-HS partner) and external partners.

**April 2021 – Creation of the GRA Advocacy Group**: The coordination of the GRA members’ advocacy efforts in Geneva and in countries was streamlined with the creation of the GRA Advocacy Group in April 2021. The regular meetings of the GRA Advocacy Group allowed them to share updates, provide support, and adjust advocacy tactics. Two GRA Board members joined the GRA Advocacy Group, ensuring adequate information flow with the Board for smoother decision-making.

**August 2021 – Member States’ submission of a request to put rehabilitation on the agenda**: The written request from Colombia, Israel, Kenya, and Rwanda to include an item on rehabilitation in the agenda of the WHO Executive Board’s meeting represented the first formal step paving the way for a WHA Resolution on rehabilitation. By submitting this request, these four countries officially assumed their leading role in this process.

**October 2021 – Deferral of the request for an agenda item on rehabilitation**: Given an already-full agenda, the WHO Executive Board decided to defer the agenda item on rehabilitation and did not include it in the agenda of the meeting in January 2021.

**January and May 2022 – Assuring the GRA’s voice in WHO governance meetings**: The GRA members presented official statements during the Executive Board meeting in January and the World Health Assembly in May, calling on Member States to include rehabilitation on the agenda and avoid further deferral. These governance meetings also presented the opportunity to pursue bilateral discussions with decision-makers.

**June 2022 – Inclusion of rehabilitation in the provisional agenda of the Executive Board**: The provisional agenda of the next Executive Board meeting of January 2023 included the item “Strengthening rehabilitation in health systems.” This represented the “green light” for the leading Member States to initiate the drafting of the Resolution and the consensus building among other Member States.

**June - September 2022 – Initial drafting by the leading Member States**: The leading Member States worked together to prepare the so-called “zero draft” of the text of the Resolution. This zero draft was circulated limitedly and confidentially among diplomats before it was opened to broader consultations and negotiations.

**July 2022 – Pausing of the GRA**: Following a thorough internal decision-making process, the GRA was frozen as of July 2022 and for an undetermined period. This decision was made in order to avoid overlapping with the World Rehabilitation Alliance (WRA), a multi-stakeholders platform convened by the WHO with a similar advocacy mandate but includes actors beyond the civil society sector. Despite the GRA being paused, the GRA members informally continued their advocacy collaboration towards the objective of a WHA Resolution on rehabilitation.

**September 2022 – Introduction of the World Rehabilitation Alliance to the public**: A pre-launch event, hosted by the WHO, introduced the World Rehabilitation Alliance (WRA), its five workstreams and its Steering Committee.
November - December 2022 – Negotiations and consultations on the Resolution: The Member States leading the process convened negotiations with the other Member States, based on the consolidated zero draft of the Resolution. Many Member States provided their input and contributions. An online webinar was held to consult civil society organizations.

January- February 2023 – WHO Executive Board decision to bring the Resolution to the WHA: The consolidated draft Resolution was presented for discussion at the WHO Executive Board meeting, co-sponsored by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda, Slovakia, and the United States. During the debate at the Executive Board Meeting, many countries delivered official statements in support of the Resolution. The WHO Executive Board, based on the Report by the Director-General, approved the decision to table the Resolution, “Strengthening rehabilitation in health systems,” for adoption at the World Health Assembly in May 2023.

May 2023 – WHA adoption of the first-ever Resolution on rehabilitation: The World Health Assembly endorsed the historic Resolution on strengthening rehabilitation in health systems, which was co-sponsored by 20 countries. During the official proceedings, 36 speakers, including 30 delegates from Member States, five non-State actors, and the WHO Secretariat, took the floor during the discussion. Four of the Member States’ interventions were on behalf of consortiums of countries from the African Region, Eastern Mediterranean Region, European Union, and co-sponsoring countries. An additional six non-State actors provided written statements in support of the Resolution.

The event “Strengthening Rehabilitation in Health Systems – Responding to the new WHA Resolution” was co-organized on the sidelines of the Seventy-sixth World Health Assembly by a group of civil society organizations, Permanent Missions, and WHO Collaborating Centers. The event was held in person in Geneva and live-streamed.
Annex 2 - Methodological overview: advocacy strategy and action plan

This methodology is based on Humanity & Inclusion’s internal eLearning course on advocacy.

1. **IDENTIFY THE ISSUE: SELECT AND ANALYZE** - Conducting an in-depth analysis of the context in which the issues are analyzed, in political and institutional terms, helps put all the challenges on the table and better define the scope of the advocacy action. The "problem tree" methodology, followed by its inversion into a "solution tree" and its extension into a "goal tree" will help you define the policy change you are seeking.

2. **DEFINE THE POLICY CHANGE(S)** - The policy changes you are seeking should be as concrete, realistic, and measurable as possible. To define a policy change, you need to start from an analysis of the problem in a specific context, be selective and prioritize according to key criteria (SWOT [i.e., Strengths, Weaknesses, Opportunities, Threats] analysis and dashboards are tools that can help you).

3. **IDENTIFY THE TARGETS (AND PARTNERS)** - The stakeholder analysis is necessary to define the targets of your advocacy (i.e., to decide on which of these stakeholders you focus your influencing efforts on and who you involve). A power analysis helps to understand the positioning of the various stakeholders according to different criteria (including their adherence to and influence over the change, their interests, and stakes).

4. **DEFINE KEY MESSAGES** - Advocacy messages must be simple, solid, and evidence-based. Beyond exposing the problem, our messages must contain recommendations and a call to action. Advocacy messages must be tailored to each target.

5. **IDENTIFY CHANNELS, TOOLS, and FORMAT** - Great attention must be paid to selecting the most appropriate medium for delivering messages and reaching targets, as well as the messenger.

6. **ASSESS THE RESOURCES YOU NEED** - Advocacy requires a wide range of tangible and intangible resources, including expertise, money, relationships, awareness raising, intelligence, and infrastructure. It is important to assess the resources needed, prioritize them, and develop strategies to mobilize them, starting wisely by using your own organization’s assets.
7. **CHOOSE YOUR TACTICS - WRAP IT ALL UP!** - Your choice of tactics involves prioritizing and sequencing your work over the period of your advocacy campaign. At this stage, you need to choose: your role, your partners, your path and reach of influence, your timetable, and the type of activities you will undertake.

1. **IDENTIFY OPPORTUNITIES FOR ADVOCACY (KEY MOMENTS AND PROCESSES)** - Advocacy is strongly linked to the context in which it takes place. Ongoing or planned political or accountability processes; key events; and celebrations at national, regional, or international levels provide opportunities to approach targeted policymakers and disseminate advocacy messages. Proactive advocacy to bring attention to a new issue outside the political agenda requires thinking outside the box and creating your own events.

2. **COLLECT, ANALYZE, AND PRESENT EVIDENCE FOR ADVOCACY** - Effective advocacy is based on reliable evidence. Disseminating evidence-based messages strengthens your arguments and informs decision-makers. The type of evidence and data you need depends primarily on your targets. From the outset, think of the collection, analysis, and communication of the evidence, considering the constraints (i.e., security and confidentiality) and the resources needed.

3. **USE MEDIA AND SOCIAL MEDIA** - Your objectives and target audiences should guide you in making the best use of media and social media. The how, why, and when of engaging with media and social media should be incorporated into a communication plan.

4. **ORGANIZE ADVOCACY EVENTS** - Advocacy events are key to getting advocacy messages out to targeted stakeholders. Different types of events can be organized; your objectives and target audiences should guide you in selecting the most impactful format and in determining the most strategic timing. Ensuring accessibility and diversity of participants and speakers is crucial.

5. **EMPOWER AND FACILITATE THE PARTICIPATION OF PEOPLE DIRECTLY CONCERNED** - To make their voices heard and their demands known, always seek to collaborate with relevant self-representative groups and facilitate wherever possible their meaningful participation in relevant political processes.

6. **JOIN OR CREATE COALITIONS AND NETWORKS** - The impact of advocacy is often linked to the multiplicity of the voices spreading the same message. Therefore, working in partnership or coalition is often the best option for successful advocacy. Each partnership

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Figure 4: The steps of an advocacy action plan

- Raising fund
- Identifying opportunities
- Collecting & presenting evidence
- Using media/social media
- Organising events
- Empowering participation
- Joining partnerships
- Advocacy Action Plan

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Learning, Acting & Building for Rehabilitation in Health Systems
must be carefully assessed, established, and maintained. It is essential to agree on the role of each partner in the joint strategy/action plan.

7. **RAISE FUNDING FOR ADVOCACY** - Often the best way to fund advocacy work is to include it as a component of a wider program. In that case, it is important to explain how advocacy contributes to maximizing the impact of other actions of the program. Carefully consider the activities you want to include in the proposal and plan sufficient resources to implement them (including human resources, travel, events venue and catering, technical resources and facilities, etc.).
References/Notes


15 The “Washington Group Short Set of Questions” and the “Child Functioning Module” are robust and valuable tools which should be used to collect disability-disaggregated data. More at this link: https://www.washingtongroup-disability.com/.


17 Read more on the Rehabilitation 2030 initiative.


20 The Care International Advocacy Handbook.

21 Shadow reports are a method for civil society organizations to supplement and/or present alternative information to reports that governments are required to submit under human rights treaties. Unlike governments’ reports, which often highlight the progress of the State in meeting its human rights obligations while downplaying violations, shadow reports often provide treaty body committees with crucial information about problems in implementation and areas of government non-compliance (from: https://www.right-to-education.org/monitoring/content/glossary-shadow-reports).

22 More examples of good practice in implementing the Safe Schools Declaration can be found in the Resource Bank on Implementing the Safe Schools Declaration.
The Resolution was co-sponsored by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda, Slovakia, and the United States.

The Medical Model views disability as resulting from an individual person's physical or mental limitations. It is often opposed to the social model, which introduces a very different thinking: disability is recognized as the consequence of the interaction of the individual with an environment that does not accommodate that individual's difference.


Cieza, et al. “Global estimates of the need for rehabilitation.”


The event was co-organized by: the Permanent Mission of Brazil; the Permanent Mission of Colombia; the Permanent Mission of Croatia; the Permanent Mission of Israel; the Permanent Mission of Slovakia; the WHO Collaborating Centre for Rehabilitation and Assistive Technology, at the Physical and Rehabilitation Medicine Institute of the University of Sao Paulo Medical School General Hospital; the WHO Collaborating Centre for Rehabilitation in Global Health Systems at the University of Lucerne; American Speech-Language-Hearing Association; Humanity & Inclusion; International Society for Prosthetics and Orthotics; International Society of Physical and Rehabilitation Medicine; International Spinal Cord Society; World Federation of Chiropractic; World Federation of Occupational Therapists; and World Physiotherapy. It is also supported by Cochrane and ReLAB-HS.