UNIVERSITY OF LUCERNE

FACULTY OF HEALTH SCIENCES AND MEDICINE

CENTER FOR REHABILITATION IN GLOBAL HEALTH SYSTEMS

Policy Considerations and Best Practice Examples to Strengthen Rehabilitation in Switzerland

WHA Resolution Action Area	Original Resolution Call	Policy Considerations	Best Practice Examples
1. Raise awareness and build national commitment	Member states are urged to raise awareness of and build national commitment for rehabilitation, including for assistive technology, and strengthen planning for rehabilitation, including its integration into national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users, particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery.	1) Establish a **National Swiss Rehabilitation Alliance** to unite key stakeholders around the shared goal of advocating for the strengthening of rehabilitation as a core health service within Switzerland's national health priorities. These stakeholders may include policy makers, healthcare professionals, rehabilitation professional associations, health and social insurers, healthcare users, advocacy groups, and academic partners. The Alliance will promote a shared understanding of the definition, scope, and benefits of rehabilitation, emphasising its role not only in recovery but also in enabling participation, improving functioning, and supporting healthy ageing. A key objective of the Alliance should be to launch an inclusive, multilingual national rehabilitation campaign aimed at the general public. 2) Establish a **Coordination Unit for Rehabilitation** within the Swiss national health authorities. The overarching aim of this Coordination Unit is to strengthen rehabilitation in the Swiss health system. It should serve as a central source of information, coordinate efforts, and support the development and implementation of rehabilitation strategies. It should be located within the Federal Office of Public Health (BAG/OFSP) and/or the Swiss Conference of the Cantonal Ministers of Public Health (GDK/CDS). To ensure the integration of rehabilitation policy and financing across health and social systems, authorities such as the Federal Social Insurance Office (BSV/OFAS), the Federal Statistical Office (FSO), the State Secretariat for Economic Affairs (SECO), Cantonal Invalidity Insurance Offices (IV/AI), and the Conference of Invalidity Insurance Offices (IVSK/COAI), should also be considered for involvement. Furthermore, the Coordination Unit for Rehabilitation serves as a contact point to the WHO.	- On a global level, there is a World Rehabilitation Alliance (WRA) as a network of stakeholders committed to supporting the implementation of the Rehabilitation 2030 Call for Action. (1) - Also on a global level, there is the Learning, Acting and building for Rehabilitation in Health Systems (ReLAB-HS) which offers guidance notes and research especially for low and middle-income countries (LMICs). (2) - In Switzerland, neither an alliance nor a coordination unit for rehabilitation exist. - During the COVID-19 pandemic, the Swiss National COVID-19 Science Task Force demonstrated the value of coordinated scientific advice for policy, underscoring the benefit of similar mechanisms for strengthening the Swiss health system. (3)
2. Strengthen financing mechanism	Member states are urged to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and	3) Review **tariff systems and health insurance policies** to ensure fair, accessible and sustainable rehabilitation services that are based on evolving population needs. This includes addressing potential financial barriers for health care users such as out-of-pocket costs, including deductibles and co-payments. Efforts should support comprehensive coverage in inpatient setting, extend it to outpatient settings, and	- The new uniform financing system of outpatient and inpatient services (EFAS) offers a good opportunity to find and address

Maritz R, Weisstanner D, Stucki G, Stoller O, Scheel-Sailer A, Sturzenegger C, Sabariego C, and Center for Rehabilitation in Global Health Systems, Advisory Board of the LIFE Forum Rehabilitation (2026) *Policy brief: how can rehabilitation be strengthened in Switzerland? Evidence- informed policy considerations based on the 2023 World Health Assembly resolution on strengthening rehabilitation in health systems*. Public Health Rev. 47:1609467. Available from: https://www.ssph-journal.org/journals/public-health-reviews/articles/10.3389/phrs.2026.1609467/

	the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary.	strengthen the connection between health and social service financing. Additionally, supportive financing mechanisms throughout the entire patient journey can then be ensured. 4) Promote **rehabilitation as a high-value, cost-effective investment** in the health system. This can be achieved by adopting innovative service models such as tele-rehabilitation, home-based rehabilitation, and coordinated care approaches that emphasise goal setting and case management to improve efficiency. Further return-on-investment (ROI) studies should be conducted to assess the value for money delivered by different rehabilitation models. These evaluations should consider both clinical and societal outcomes, such as improved participation, reduced burden, and return to work, in order to capture the full value generated by rehabilitation services. 5) Align **investments in rehabilitation** with regional and cantonal projections of healthcare needs, taking demographic trends into account. This alignment should be informed by standardised indicators and needs assessments.	gaps in health care financing in Switzerland (4). - Studies on health outcomes of innovative models like hybrid cardiac telerehabilitation as conducted by the Inselspital Bern (5) serve as foundation to assess cost effectiveness and return-on-investment. - To allow for a sustainable financing strategy, detailed needs assessments have to be developed as shown by the canton of Lucerne and the joint health region Basel. (6, 7)
3. Expand to all levels of the health system	Member states are urged to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop community-based rehabilitation strategies, which will allow rehabilitation to reach underserved rural, remote and hard-to reach areas, while implementing person-centred strategies and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs.	6) Ensure **availability of rehabilitation services across all levels of care** by strengthening primary care, including general practitioners, nurses, and allied healthcare professionals and by extending services to the community level (e.g. tele-rehabilitation and mobile teams) and the social service system. Highlight the role of rehabilitation in secondary and tertiary prevention and chronic disease management to improve long-term outcomes and reduce the burden on the health system. This can be supported by integrating rehabilitation into ongoing cantonal initiatives and improving regional alignment. 7) Prioritise **affordable, high-quality and accessible rehabilitation services in all regions**, focusing on addressing existing geographic and social disparities. Pay particular attention to vulnerable groups, such as older adults (aged 65+), people with disabilities or chronic diseases, unemployed individuals or caregivers, those living in rural or remote areas or individuals with a migration background. Ensure equitable access to specialised rehabilitation care regardless of residence, income, insurance status, culture, language, or other potential barriers also by aligning related cantonal and regional initiatives.	- The federal office of public health states primary care as a core pillar of a health system and developed an agenda for primary care to allow access to high quality care for all people in all regions of Switzerland. This agenda also includes areas of prevention, curation, rehabilitation and palliation. (8)
4. Ensure integrated and	Member states are urged to ensure the integrated and coordinated provision of	8) Create **measures and regulations to promote the alignment of inpatient, outpatient, and community-based rehabilitation services across the continuum of care**. These should include quality standards and interoperable digital systems to	- Well established quality measures like ANQ (9) or the quality criteria for rehabilitation of

coordinated interventions	high-quality, affordable, accessible, gender-sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation, including after rehabilitation, and promoting inclusive, barrier-free environments.	facilitate communication and coordination between different levels of care. Furthermore, transitions of care management (e.g. hospital to home, inpatient to outpatient) and vocational integration services should be considered to avoid care gaps. 9) Invest in **strong support mechanisms to ensure high-quality rehabilitation care**, building on the work of the Federal Quality Commission (FQC) and related initiatives, such as the Swiss National Association for Quality Development (ANQ). These mechanisms may include training programmes, audit systems, and patient feedback tools. Quality indicators should be rehabilitation-specific and reflect patient-centred outcomes, including the operationalisation and measurement of participation goals.	Swiss Reha (10) are necessary to ensure a high standard of rehabilitation and health care services. - Projects like ParaWork (11) or ParaWG (12) by the Swiss Paraplegic Center show the importance of considering the continuum of care and also reintegration into work and social environments.
5. Develop multidisciplinary rehabilitation skills	Member states are urged to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; and to recognize and respond to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care.	10) Embed **rehabilitation into the core curriculum of all healthcare professions, from basic to specialised and continuing education**. This should include foundational knowledge for all healthcare professionals, as well as advanced competencies for those working directly in rehabilitation. Emphasise multidisciplinary and interprofessional rehabilitation education, particularly for general practitioners, who often serve as key entry points into the rehabilitation system. Enhance the effectiveness of multidisciplinary rehabilitation teams by strengthening case management and coordination skills to ensure continuity of care and effective collaboration across care settings. These educational components should be structurally embedded through collaboration with academic institutions and professional associations. 11) Address **workforce shortages by ensuring sufficient numbers of trained professionals in all rehabilitation disciplines**, paying particular attention to the needs of an ageing population and the rise in chronic conditions. Support the development of national workforce monitoring and forecasting tools for evidence-based planning, and consider implementing incentive programmes (e.g. scholarships, job placements, and professional development opportunities) to attract and retain rehabilitation professionals, particularly in underserved areas. Additionally, provide support for the accreditation and training of foreign-trained providers to strengthen the rehabilitation workforce. 12) Improve **retention and working conditions in order to maintain a stable, healthy, and skilled rehabilitation workforce**. This includes developing attractive, flexible new working models, including options for professionals returning to the field. Monitoring staff satisfaction and turnover rates can inform ongoing improvements and support sustainable workforce development.	- With the prospected changes in health care towards more integrated care, individualized treatment of multimorbid patients and an ageing population, the canton of Bern and the Bernese University of applied sciences expects the health system to be more interdisciplinary, requiring according education. (13) - The Interprofessional Education Collaborative serves as good example for curricula development to promote interprofessional learning in as preparation for future team-work in patient care. (14) - In Switzerland, there are certificates of advanced studies focusing on interprofessional work in health, for example the CAS in Rehabilitation Management at the University of Lucerne. Universities of applied sciences like ZHAW integrate interprofessional education in the bachelor

			curricula of health professions like nursing, physiotherapy, occupational therapy, midwifery and health prevention and promotion. (15)
6. Enhance information systems and data collection	Member states are urged to enhance health information systems to collect information relevant to rehabilitation, including system-level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health, ensuring data disaggregation by sex, age, disability and any other context-relevant factor, and compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage.	13) Invest in **health information systems to improve the systematic collection, sharing, and use of rehabilitation-related data, including functioning information.** Functioning, as defined by the International Classification of Functioning, Disability and Health (ICF), describes an individual's lived experience of health. It refers to the intrinsic health capacities of an individual and their actual performance in real-life contexts, as operationalised through the domains of body functions and structures, activities, and participation, in interaction with contextual factors. Explore the potential of artificial intelligence to support data collection, analysis, decision-making, and service improvement. This includes ensuring the critical, responsible and ethically grounded use of AI with a strong emphasis on data protection and privacy. 14) Promote the **recognition of functioning as a third core health indicator, alongside morbidity and mortality,** by providing evidence and building consensus among stakeholders**.** As a valuable indicator of population health and an important component for a robust monitoring of rehabilitation outcomes, functioning should be integrated into national health information systems and national statistics. 15) Address **digital infrastructure gaps by ensuring data security and promoting the adoption of the national electronic health record (EHR) system** that reports on a core set of rehabilitation indicators and outcomes in a unified and interoperable way. Affordable solutions, such as open-source platforms or subsidies for small providers, should be supported to facilitate broad adoption.	- The Lucerne Children's Hospital works together with the Center for Child Health Analytics (CCHA) child treatment and child health by analysing routinely collected health care data. Data about adult patients is collected through tools like ANQ (9), the electronic health record eHealth Suisse (16) and governmental employment data (17) and serves as a digital network for health care (16).
7. Promote rehabilitation research	Member states are urged to promote high-quality rehabilitation research, including health policy and systems research.	16) Expand **high-quality rehabilitation research at system, service and clinical levels** to evaluate the effectiveness and cost-effectiveness of interventions. This includes implementation research to bridge the gap between evidence and practice, as well as the development and adoption of standardised, patient-centred instruments to improve case coordination along the continuum of care and to allow for the systematic documentation of rehabilitation outcomes, including individual goals. 17) Establish **rehabilitation science as an academic focus** with designated full professorships for rehabilitation science and for different professional disciplines, such as rehabilitation medicine, physical therapy, occupational therapy, etc. 18) Strengthen the **evidence base for rehabilitation and focus on the translation of research findings into health services and policy,** through national guidelines, expert advisory groups, and structured knowledge translation strategies. Additionally, support health systems and policy research to inform decision-making, including through dedicated research funding mechanisms.	- On a global level, the WHO Alliance for Health Policy and Systems Research promotes the generation and use of evidence to inform health policy and systems strengthening, providing a model for advancing rehabilitation research and knowledge translation. (18)

		19) Promote **national collaboration and establish rehabilitation research networks**, including cantons, universities, insurers, and other stakeholders, to increase their reach and impact. Unite existing rehabilitation science and management initiatives from universities and universities of applied sciences within their multidisciplinary programmes.	
8. Integrate in emergency preparedness and response	Member states are urged to ensure timely integration of rehabilitation into emergency preparedness and response, including emergency medical teams.	20) Fully **integrate rehabilitation into emergency response plans and preparedness strategies**, with a focus on digital tools for real-time coordination during and after crises. To maintain continuity of care during and after public health emergencies, rehabilitation should not be left out in disaster committees. Rehabilitation professionals should be included in training, simulations, and emergency exercises. Furthermore, rehabilitation should be integrated into long-term coping processes following crises, public health emergencies, or other emergencies.	NA
9. Invest in assistive technology	Member states are urged to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and innovation for efficient delivery and equitable access with a view to maximizing impact and cost-effectiveness.	21) Expand **efforts to ensure equitable access to cost-effective assistive devices and technologies, as well as environmental modifications,** to improve functioning in daily life and autonomy. Access should be based on individual needs rather than diagnosis, with a focus on populations at risk of requiring long-term care and individuals with disabilities across all age groups. Assess and strengthen access across insurance schemes and patient groups, removing barriers related to eligibility and cost. This should include a broad range of assistive technologies such as mobility aids, communication tools, and digital solutions, to ensure inclusive and comprehensive support. User training and support must be provided to ensure effective and sustained use. 22) **Educate healthcare providers and users about the availability, use, and benefits of assistive devices and technologies.** Guidance and support should be offered across all care settings, including hospitals, primary care, and long-term care facilities. Ensure that information about assistive devices and technologies is easily accessible to patients and caregivers to support informed use, increase acceptance, and promote self-management and independence.	NA

UNIVERSITY OF
LUCERNE

References Best Practice Examples

1. World Health Organization. World Rehabilitation Alliance: What is the World Rehabilitation Alliance? Geneva: WHO; 2025 [cited 2026 August 28]. Available from: https://www.who.int/initiatives/world-rehabilitation-alliance
2. RelabHS. Who we are. Geneva: World Health Organization; 2025 [cited 2026 August 28]. Available from: https://relabhs.org/who-we-are/
3. Swiss National COVID-19 Science Task Force (ncs-tf). Abschlussbericht der Swiss National COVID-19 Science Task Force (ncs-tf). Bern: ncs-tf; 2022 Mar 29 [cited 2026 August 28]. Available from: https://sciencetaskforce.ch/wp-content/uploads/2022/04/AbschlussberichtSTF29Mar2022-DE.pdf
4. Strehle O, Müller A. EFAS und die Integrierte Versorgung – zukunft beginnt. Bern: Forum Für Integrierte Versorgung. Competence; 2024 [cited 2026 August 28]. Available from: https://fmc.ch/wp-content/uploads/2024/04/Artikel-und-Studien_Artikel-Competence-EFAS- und-IntV.pdf.
5. Eser P, Pini M, Vetsch T, Marcin T, Berni S, Burri R, et al. Comparison of patient characteristics and health outcomes between self-selected centre-based cardiac rehabilitation and hybrid cardiac telerehabilitation: a prospective cohort study. Eur J Prev Cardiol. 2025;32(3):303–14. doi:10.1093/eurjpc/zwae061.
6. Kanton Luzern. Planungsbericht über die Gesundheitsversorgung im Kanton Luzern 2024. Luzern: Gesundheits- und Sozialdepartement; 2024 Aug 19. Report No. B36 [cited 2026 August 28]. Available from: https://gesundheit.lu.ch/-/media/Gesundheit/Dokumente/Gesundheitsversorgung/Planungsbericht/Planungsbericht_ber_die_Gesundheitsversorgung_im_Kanton_Luzern_2024.pdf?rev=3b8ae302f1a44cb2adc4e55fd46cfefa
7. Gesundheitsdepartement Basel-Stadt & Gesundheitsdirektion Basel-Landschaft. Versorgungsplanungsbericht 2023: Gemeinsame Gesundheitsregion – Rehabilitation. Basel: Gesundheitsdepartement Basel-Stadt und Basel-Landschaft; 2023 Sep 6 [cited 2026 August 28]. Available from: https://media.bs.ch/original_file/bf31b5e8ecfa0e90ebbae1a50e68fa4001e643dd/versorgungsplanungsbericht-rehabilitation-ggr-2023-0.pdf
8. Bundesamt für Gesundheit (BAG). Agenda Grundversorgung. Bern: BAG; 2025 [cited 2026 August 28]. Available from: https://www.bag.admin.ch/de/agenda-grundversorgung
9. ANQ – Nationaler Verein für Qualitätsentwicklung in Spitälern und Kliniken. ANQ – das Kompetenzzentrum für Qualitätsmessungen in Spitälern und Kliniken. Bern: ANQ; 2025 [cited 2026 August 28]. Available from: https://www.anq.ch/de/
10. Swiss Reha. Qualitäts- und Leistungskriterien für die ambulante und teilstationäre Rehabilitation. Aarau: Swiss Reha; 2016 [cited 2026 August 28]. Available from: https://www.swiss-reha.com/api/rm/U573455FY3C2X3D/swiss-reha-d-qualitaets-leistungskr-a5-dt.pdf
11. Schweizer Paraplegiker-Zentrum (SPZ). ParaWork. Nottwil: SPZ; 2025 [cited 2026 August 28]. Available from: https://www.paraplegie.ch/spz/de/ueber-uns/partizipation/parawork/
12. Schweizer Paraplegiker-Zentrum (SPZ). ParaWG Wohntraining – die Erfolgsstory. Nottwil: SPZ; 2025 [cited 2026 August 28]. Available from: https://www.paraplegie.ch/spz/de/ueber-uns/soziale-und-berufliche-integration/parawg-wohntraining-die-erfolgsstory/
13. Berner Fachhochschule (BFH). Forschungsprojekt «Panorama Gesundheitsberufe 2030»: Kompetenzen – Personal – Aus- und Weiterbildung. Bern: BFH; 2013 [cited 2026 August 28]. Available from: https://www.bfh.ch/dam/jcr:01c59dc4-927d-4289-b317-64e6891f2504/Flyer_D_Forschungsprojekt_Panorama_Gesundheitsberufe_2030.pdf
14. Interprofessional Education Collaborative (IPEC). About us. Washington, DC: IPEC; 2025 [cited 2026 August 28]. Available from: https://www.ipecollaborative.org/about-us
15. Zürcher Hochschule für Angewandte Wissenschaften (ZHAW). Bachelorstudiengänge Gesundheit. Winterthur: ZHAW; 2022 [cited 2025 Jul 31]. Available from: https://www.zhaw.ch/storage/gesundheit/ueber-uns/info-broschueren/BSc/broschuere-bsc-studiengaenge-zhaw-gesundheit.pdf
16. E-Health Suisse. Digital Health Data – standardised, secured, shared. Bern: E-Health Suisse; 2025 [cited 2026 August 28]. Available from: https://www.e-health-suisse.ch/
17. Bundesamt für Sozialversicherungen (BSV). Bundesamt für Sozialversicherungen BSV. Bern: BSV; 2025 [cited 2026 August 28]. Available from: https://www.bsv.admin.ch/bsv/de/home.html
18. Alliance for Health Policy and Systems Research. Aiming for impact: 2024–2028 strategy of the Alliance for Health Policy and Systems Research. Geneva: World Health Organization; 2024 [cited 2026 August 28]. Available from: https://ahpsr.who.int/publications/i/item/aiming-for-impact

Maritz R, Weisstanner D, Stucki G, Stoller O, Scheel-Sailer A, Sturzenegger C, Sabariego C, and Center for Rehabilitation in Global Health Systems, Advisory Board of the LIFE Forum Rehabilitation (2026) *Policy brief: how can rehabilitation be strengthened in Switzerland? Evidence- informed policy considerations based on the 2023 World Health Assembly resolution on strengthening rehabilitation in health systems*. Public Health Rev. 47:1609467. Available from: https://www.ssph-journal.org/journals/public-health-reviews/articles/10.3389/phrs.2026.1609467/