Global Status Report on Rehabilitation (2028) Questionnaire

English version: Original
June 16, 2026

Thank you for contributing to the first World Health Organization (WHO) *Global status report on Rehabilitation* and monitoring of the implementation of World Health Assembly Resolution 76.6 '*Strengthening rehabilitation in health systems*'. Your responses will be reviewed for completeness and coherence, and any changes made will be shared with you, thus becoming the official response from the country[1]. Responses should relate to the **situation in the country in 2026[2] or the most recent year for which data are available**, except as otherwise noted.

The questionnaire below has been developed to populate a set of eight WHO Global Rehabilitation Indicators. In addition, there are a small number of questions to support regional reporting requirements and deepen WHO's insights for the global status report. Information blurbs are provided throughout the questionnaire to support the response process. Most questions are derived from existing WHO documents, including the Rehabilitation Indicator Menu (RIM, second edition[3]), the Rehabilitation in health systems: Guide for Action (RGA, 2019[4]), and the Guidance on the analysis and use of routine health information systems: rehabilitation module (RHIS-Rehabilitation, 2022[5]).

This questionnaire is available in Dataform in the following languages: Arabic, Chinese, English, French, Portuguese, Russian and Spanish.

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[1] For the purposes of this questionnaire, "country" refers to the responding WHO Member State.
[2] Gregorian calendar years are used in the questionnaire. If the country uses a different calendar, please convert to Gregorian year. For conversion, you can use Calendar Converter.
[3] Rehabilitation indicator menu: a tool accompanying the Framework for Rehabilitation Monitoring and Evaluation (FRAME), second edition. Geneva: World Health Organization; 2023. Available in English, Chinese, Arabic, French and Spanish.
[4] Rehabilitation in health systems: Guide for Action. Geneva: World Health Organization; 2019. Available in English, Spanish and French.
[5] Guidance on the analysis and use of routine health information systems: rehabilitation module. Geneva: World Health Organization; 2022. Available in English, Spanish, Portuguese and French.

WHO sincerely appreciates your contribution, noting that it will be officially acknowledged in the report.

	Sections and questions	Possible answers
A	**Leadership and governance of rehabilitation**	
A1	Does the Ministry of Health have a designated focal person for rehabilitation?	Yes/No/Do not know
A2	Does a national mechanism for National Rehabilitation Coordination exist, including Assistive Technology coordination[6]?	Yes/No/Do not know
A3	Is there a current governmental national health plan (health sector strategic plan)[7]?	Yes/No/Do not know
A3.y	If yes, does it include rehabilitation at the level of an activity[8]?	Yes/No/Do not know
A4	Does the country have a governmental national rehabilitation strategy or action plan (rehabilitation plan)[9]?	Yes/No/Not applicable/Do not know

B	**Health emergency preparedness and response for rehabilitation**	
B1	Is rehabilitation explicitly integrated in a national health emergency management policy or strategy document[10]?	Yes/No/Do not know
	In terms of preparedness planning for health emergencies	
B2	Has a risk assessment been undertaken within the past 5 years that considers the impact of different hazards on key rehabilitation services[11]?	Yes/No/Do not know
B3	Is there a designated role with responsibility for leading rehabilitation emergency preparedness and response[12]?	Yes/No/Do not know
B4	Are rehabilitation consumables and assistive product supply chains evaluated against anticipated surges in emergency needs[13]?	Yes/No/Do not know
B5	Are key rehabilitation spaces included in risk assessments that consider the impacts on infrastructure of major hazards[14]?	Yes/No/Do not know

[6] These may include dedicated steering and advisory committees, coordination and other bodies, and ministry mechanisms (such as technical working groups) and processes that provide coordination, governance, oversight and stewardship of rehabilitation.

[7] National refers to population coverage whereas government refers to ownership. If the national health sector plan is under review or in the process of being updated/renewed, the most recent existing national health sector plan is assessed. This does not include internal operational plans and excludes national plans for dedicated health programs such as mental health, older people, vision, hearing, noncommunicable disease and early childhood/nurturing care.

[8] This means rehabilitation is included in the actions of the current national health sector (strategic) plan – i.e. it is not only mentioned in the background text.

[9] Select "Yes" if a governmental national rehabilitation strategy or action plan exists, regardless of the existence of a national health plan/health sector strategic plan. Select Not Applicable if all aspects of rehabilitation care, including legislation, policies, regulation, services coordination and financing, are integrated within the national health plan. This is more likely to be the case in a more mature/advanced health system. If this is the case, then a specific national plan for rehabilitation may not be required.

[10] A national health emergency preparedness plan is a strategic framework designed to strengthen a country's ability to prevent, detect, and respond to health threats. This is typically developed by the Ministry of Health together with other appropriate government ministries.

[11] This assessment includes considerations of increases in rehabilitation needs due to hazards that create trauma, burns or critical illness, and threats to essential rehabilitation services.

[12] A named rehabilitation focal point (typically within MoH) that has responsibility for integrating rehabilitation into emergency preparedness and leading rehabilitation responses in a dedicated role within a health emergency operations centre (HEOC). This role should be formally recognised in any incident management structure.

[13] This includes an analysis of supply chains to identify any shortfalls in equipment in an emergency. Where shortfalls or barriers exist, mitigations may include stockpiling, increasing stock rotations or reaching pre-agreements with suppliers for rapid stock replenishment.

[14] This means the assessment of rehabilitation facilities for the vulnerability to local hazards with appropriate mitigation measures in place, and includes basic universal safety precautions such as fire safety measures and evacuation plans.

B6	Are key rehabilitation services and capacities mapped out[15]?	Yes/No/Do not know
B7	Is there a plan to mobilise rehabilitation personnel with expertise in responding to the needs of identified high risk hazards[16]?	Yes/No/Do not know
B8	Have essential rehabilitation services developed plans for continuity of services in the event of major disruption services[17]?	Yes/No/Do not know

C	**Financing of rehabilitation**	
C0	What is the name of your country's largest public sector health financing scheme[18]?	Name (free text) ….
C01	What percentage of the population is covered by this health financing scheme?	(free text) percent
	Please indicate which of the following rehabilitation interventions are included in this health financing scheme:	
	-For neurological conditions	
C1	Supervised muscle strengthening exercises	Yes/No/Do not know
C2	Provision of orthotics (splints, braces, casts etc)	Yes/No/Do not know
C3	Botulinum toxin for spasticity management	Yes/No/Do not know
C4	Provision of a motorized wheelchair (also called, electric wheelchair, electric-powered wheelchair, or powerchair)	Yes/No/Do not know
	-Following lower limb amputation	
C5	Residual limb and stump care (including skin care, and education on positioning)	Yes/No/Do not know
C6	Provision and training of lower limb prosthesis	Yes/No/Do not know
C7	Provision of basic mobility devices (e.g. crutches, wheelchair)	Yes/No/Do not know
C8	Rehabilitation programs for amputees with prosthesis to return to sports and/or work	Yes/No/Do not know
	-For older adult with limited mobility	
C9	Multimodal exercise programmes including muscle strengthening exercises, aerobic training, balance training, flexibility training	Yes/No/Do not know
C10	Provision of assistive device	Yes/No/Do not know
C11	Home assessment and environmental adaptations for mobility and safety	Yes/No/Do not know
	-For hearing deficits	
C12	Hearing aid provision	Yes/No/Do not know
C13	Rehabilitative therapy (e.g. auditory-verbal therapy)	Yes/No/Do not know
	-For depression in adults	
C14	Full course of psychotherapy (e.g., CBT, interpersonal therapy) by a psychologist or psychiatrist	Yes/No/Do not know
C15	Multi-disciplinary rehabilitation specialist service	Yes/No/Do not know

[15] This includes mapping of key rehabilitation services potentially involved in caring for patients in an emergency, including details of service capacities.

[16] This means a plan to mobilise additional rehabilitation staff to key services in the event of surge in needs. It can take the form of collaborative agreements between different services, the development of rosters, and the formalisation of rehabilitation as a component of national emergency medical teams.

[17] This means a plan is developed to ensure the availability of key rehabilitation services in the event of major disruption. It may include a variety of methods, including telerehabilitation.

[18] This means the largest public-sector health-financing/insurance scheme. It is often called a Universal Health Coverage (UHC) scheme or package. It is defined as the public-sector health financing scheme that is covering the greatest number of individuals in the country.

D	**Rehabilitation workforce**	
D0	Is data available on the number of rehabilitation workers in your country's health system?	Yes, for all/Yes, for some/No
	If yes, what is the total number of rehabilitation workers (public and private) for the following profession types[19]:	
D1.1	Clinical psychologists[20]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.11	Indicate year of the data[21]	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.12	Can this figure be further broken down by public/private sectors?	Yes/No
D1.13	If yes, how many of them were in the public sector?	Free text
D1.14	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.2	Occupational therapists[22]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.21	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.22	Can this figure be further broken down by public/private sectors?	Yes/No
D1.23	If yes, how many of them were in the public sector?	Free text
D1.24	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.3	Physical and rehabilitation medicine doctors[23]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.31	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.32	Can this figure be further broken down by public/private sectors?	Yes/No
D1.33	If yes, how many of them were in the public sector?	Free text
D1.34	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.4	Physiotherapists[24]	Total number (free text) -Practicing/Professionally active/Licensed to practice

[19] This means the total number of rehabilitation professionals that are practicing rehabilitation in the health system, including rehabilitation staff that now has managerial (non-clinical) roles. If this data is not available, data for personnel working in a clinical role only can be used (professionally active), or otherwise the closest definition, such as 'licensed to practice'. Please write 'o' if no professionals are available in the country. For more information, see the National Health Workforce Accounts: A Handbook. https://www.who.int/publications/i/item/9789240081291

[20] A health professional typically holding a doctoral degree (Ph.D. or Psy.D.) who specializes in assessing, diagnosing, and treating mental, emotional, and behavioural disorders. The focus is primarily on psychological assessments, behavioural interventions, and psychotherapy. In most areas, these professionals do not prescribe medication.

[21] If data come from several years, choose the oldest one.

[22] A health professional with a recognized diploma or degree in occupational therapy who assesses, plans, and implements interventions to improve physical, mental, cognitive, and social functioning, to help people participate in occupations or everyday activities (such as taking care of oneself or others) and engage in productive tasks, while also modifying tasks and adapting environments to enable people of all ages to engage in the occupations they want, need, or are expected to do.

[23] A Physical and Rehabilitation Medicine (PRM) physician is a specialist medical practitioner responsible for the prevention, assessment, diagnosis, treatment, and comprehensive rehabilitation management of individuals of all ages with disabling health conditions and associated comorbidities. PRM physicians specifically address impairments, activity limitations, and participation restrictions to optimize physical, cognitive, and behavioural functioning and enhance social participation.

[24] Physiotherapists/physical therapists are degree-qualified health professionals trained to assess, diagnose, and treat movement-related conditions. They apply clinical reasoning and evidence-informed interventions to optimise mobility, function, and quality of life. Their work spans health promotion, prevention, acute care, rehabilitation, and palliative support.

D1.41	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.42	Can this figure be further broken down by public/private sectors?	Yes/No
D1.43	If yes, how many of them were in the public sector?	Free text
D1.44	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.5	Prosthetists and orthotists[25]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.51	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.52	Can this figure be further broken down by public/private sectors?	Yes/No
D1.53	If yes, how many of them were in the public sector?	Free text
D1.54	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.6	Speech and language therapists[26]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.61	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.62	Can this figure be further broken down by public/private sectors?	Yes/No
D1.63	If yes, how many of them were in the public sector?	Free text
D1.64	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.7	Rehabilitation nurses[27]	Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.71	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.72	Can this figure be further broken down by public/private sectors?	Yes/No
D1.73	If yes, how many of them were in the public sector?	Free text
D1.74	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.8	Other[28]	Specify: (free text) Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.81	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know
D1.82	Can this figure be further broken down by public/private sectors?	Yes/No
D1.83	If yes, how many of them were in the public sector?	Free text
D1.84	If yes, how many of them were in the private sector (exclusively)?	Free text
D1.9	Other	Specify: (free text) Total number (free text) -Practicing/Professionally active/Licensed to practice
D1.91	Indicate year of the data	2020/2021/2022/2023/2024/2025/Before 2020/Do not know

[25] A health professional who uses evidence-based practice to provide clinical assessment, prescription, technical design, and fabrication of prosthetic and/or orthotic devices. They are involved in the training of individuals to use these devices. They set goals and establish rehabilitation plans that include prosthetic/orthotic services and clinical outcome measure to enable service recipients so they have equal opportunities to fully participate in society.

[26] Also Logopedist/Logopaedist, Speech(-Language) Pathologist: a health professional with a recognised degree who specializes in the assessment, diagnosis, prevention and management of communication, feeding, and swallowing disorders across the lifespan (International Association of Communication Sciences and Disorders)

[27] Nurses who obtained an advanced degree or formal qualification in rehabilitation following completion of further studies beyond their initial health qualification. If no further studies for rehabilitation nursing exist in the country, then you may report on the number of nurses working in rehabilitation services, typically in dedicated inpatient rehabilitation settings.

[28] Such as mid-level rehabilitation workers, assistants/technicians, social workers, audiologists, chiropractors, …

D1.92	Can this figure be further broken down by public/private sectors?	Yes/No
D1.93	If yes, how many of them were in the public sector?	Free text
D1.94	If yes, how many of them were in the private sector (exclusively)?	Free text
D2	Are data available for the number of rehabilitation professionals employed in other governmental sectors such as education or social protection?	Yes/No
D2.1	If yes, please, specify	Free text

E	**Rehabilitation data and health information systems**	
E1	Does the national health information system (HIS) routinely collect information on rehabilitation services[29]?	Yes/No/Do not know
	If yes,	
E1.y1	Is data from rehabilitation services provided by the private sector available and shared with government?	Comprehensive reports shared with government/Partial reports shared with government (selected programmes, regions, or voluntary participants)/No reporting/Do not know
E1.y2	What is the total number of health facilities designated to report on rehabilitation services[30]?	(Free text)
E1.y21	What are the health facility types that are designated to report on rehabilitation services (administrative level of care)[31]?	QHC/ THC/ SHC/ PHC/Do not know
E1.y3	Out of the total number of health facilities designated to report on rehabilitation services, what is the number that reported on service utilization data, last reporting period[32]?	(Free text)
E1.y401	What has been the total number of cases accessing rehabilitation services, last year[33]? - If not for last year, please specify the reporting period	(Free text) reporting period
E1.y402	What has been the total population of the catchment area for collecting the information on this number of cases?	(Free text)
E1.y41	Have new and old cases been added up to provide the total number of cases for this reporting period[34]?	Yes/No/Do not know
E1.y412	If yes, can the total number of cases be further broken down by old/new cases?	Yes/No
E1.y413	If yes, how many of them were new cases?	Free text
E1.y414	If yes, how many of them were old cases?	Free text
E1.y42	Can the total number of rehabilitation cases be categorized by health condition group[35]?	Yes/No/Do not know
	If yes,	

[29] This means routine rehabilitation data are available to the Ministry of Health, e.g. in statistical reports, dashboards,..

[30] This means the number of health facilities designated to report on rehabilitation services, e.g. that are on the rehabilitation master facility list (MFL) of the Health Management Information System (HMIS). Typically, these are health facilities with rehabilitation professionals that are in the country's system for reporting on rehabilitation services.

[31] Multiselection is possible.

[32] This means reporting on the number of cases accessing rehabilitation services, last reporting period (month, quarter, year). This may include in- and outpatients and people accessing services through telerehabilitation.

[33] This is the total number of cases reported at national level. If data is not available for last year but for a shorter and/or recent period, please specify.

[34] New cases have received rehabilitation services in the reporting period for a newly identified rehabilitation need. Old cases continue receiving rehabilitation services while they have already received services in a previous reporting period.

[35] This means reporting on the primary health condition requiring rehabilitation, i.e. musculoskeletal, neurological, mental health, cardiovascular and respiratory conditions, sensory impairments, cancer, and other.

E1.y421	how many of them were cases with a musculoskeletal condition?	Free text
E1.y422	how many of them were cases with a neurological condition?	Free text
E1.y423	how many of them were cases with a respiratory condition?	Free text
E1.y424	how many of them were cases with a cardiovascular condition?	Free text
E1.y425	how many of them were cases with a mental health condition?	Free text
E1.y426	how many of them were cases with a sensory impairment (vision and hearing)?	Free text
E1.y427	how many of them were cases with cancer?	Free text
E1.y43	For reporting on the number of rehabilitation cases, have different rehabilitation professional groups been reporting on the same case or have data from different professional groups been added up to provide the total number of cases[36]?	Different rehabilitation professional groups reporting on the same case/ Data from different professional groups have been added up to provide the total number of cases/Do not know
E1.y431	If data from different professional groups have been added up to provide the total number of cases, please specify the type of professional groups involved	Clinical psychologists/Occupational therapists/Physical and rehabilitation medicine doctors/Physiotherapists/Prosthetists and orthotists/Speech and language therapists/Rehabilitation nurses/Other (specify)

F	**Rehabilitation services**	
F1	Are rehabilitation services (delivered by rehabilitation professionals) available at primary care settings (public and private health sector)[37]?	Yes/No/Do not know
F1.y1	If yes, please indicate their availability at primary care settings where Good availability = 1; Moderate availability = 2; Poor availability = 3, Don't know = 4.[38]	1/2/3/4
F1.y2	Whether good, moderate or poor availability, kindly report on the types of services that are available at primary care settings	Physiotherapy/occupational therapy/ prosthetic and orthotic services/psychological services/physical and rehabilitation medicine/ speech and language therapy/rehabilitation nursing/social services/other (specify)
F2	Are rehabilitation services (delivered by rehabilitation professionals) available at acute inpatient settings (public and private health sector)[39]?	Yes/No/Do not know
F2.y1	If yes, please indicate their availability at acute inpatient settings where Good availability = 1; Moderate availability = 2; Poor availability = 3, Don't know = 4[40]	1/2/3/4

[36] e.g. adding the number of cases receiving physiotherapy, number of cases receiving occupational therapy, etc ..
[37] Countries may define their primary care levels differently, typically it includes the service delivery level below the tertiary and secondary hospitals.
[38] This means for the national PHC-level. Good availability: reaches 70% or more of patients in need, Moderate availability: reaches less than 70% but more than 30 % of patients in need, Poor availability: reaches less than 30 % of patients in need.
[39] A level of care in a hospital where patients receive active, short-term, but highly intensive medical or psychiatric treatment for severe injuries, sudden illnesses, or acute episodes of mental distress, e.g. in orthopaedic wards, cardiology wards, paediatric wards, neurology wards, stroke units, intensive care units,..
[40] This means for the national level. Good availability: reaches 70% or more of patients in need, Moderate availability: reaches less than 70% but more than 30 % of patients in need, Poor availability: reaches less than 30 % of patients in need.

F2.y2	Whether good, moderate or poor availability, kindly report on the types of services that are available at acute inpatient settings	Physiotherapy/occupational therapy/ prosthetic and orthotic services/psychological services/physical and rehabilitation medicine/ speech and language therapy/rehabilitation nursing/social services/other (specify)
F3	Do (sub)national rehabilitation service standards exist in your country[41]?	Yes/No/Do not know
F4	What is the total number of rehabilitation facilities in your country[42]?	Free text
F5	Irrespective of the service standard, what is the current number of rehabilitation facilities meeting (sub)nationally endorsed rehabilitation service standards[43]?	Free text

G	**Wrapping up**	
G1	Did you complete the questionnaire on your own?	Yes/No
G1.nd	If no, and assistance of National Data Collaborators was requested, upload consensus form[44]	--
G2.optional	(Optional) Did you seek approval of the submitted answers?	Yes/No
G2.yd	If yes, upload sign off sheet[45]	--
G3.optional	(Optional) Did you seek approval of final answers after validation round?	Yes/No
G3.yd	If yes, upload final sign off sheet[46]	--

Coding principles:

- Majority of questions are single choice ("select one"), except otherwise noted.
- If no answer to a text value, use DNK as marker for "Do not know".
- Decimals to be noted with period "." (e.g., 123.34). No thousand's separators (e.g., 1000).
- The format of this document has no impact on the format of the questionnaire on the data entry platform.

[41] Standards provide guidance that support the provision of quality rehabilitation. These are commonly "rehabilitation service standards" that have been set at the (sub)national level and define personnel, infrastructure, equipment, administration, management and clinical processes required for provision of quality rehabilitation services by health facilities.

[42] These are health facilities providing rehabilitation services with rehabilitation professionals, e.g. standalone rehabilitation centres or health facilities/hospitals providing health services including rehabilitation services.

[43] This means through accreditation or certification. Where (sub)national service standards are not (yet) established, regional or international standard service assessments and accreditation systems can also be considered. Hence, hospitals providing rehabilitation services that have received overall accreditation including rehabilitation are also accepted.

[44] Consensus declaration is a document that states the following " We [NAMES and LASTNAMES] as National Data Focal Point and National Data Collaborators for the Global status report on rehabilitation, 2028, certify that we agree on the data submitted. PLACE AND DATE and signatures of all involved"

[45] Sign off sheet (Optional) is a document that states the following "I, NAME and LASTNAME, certify the submitted data have been reviewed by the authority who designated me as National Data Focal Point for the Global status report on rehabilitation, 2028. PLACE AND DATE OF both NDFP signature and government authority"

[46] Sign off sheet (optional) is a document that states the following "I, NAME and LASTNAME, certify the final WHO-cleared data have been reviewed by the authority who designated me as National Data Focal Point for the Global status report on rehabilitation, 2028. PLACE AND DATE OF both NDFP signature and government authority"