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Health Insurance and Rehabilitation, Bridging the Accessibility Divide

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EDITORIAL

Health systems have become increasingly effective at preventing death, yet far less reliable at preventing long-term loss of function. Rehabilitation is the health strategy that optimizes functioning after injury, illness, or disability; globally, an estimated 2.41 billion people lived with conditions amenable to rehabilitation in 2019 (1). When rehabilitation is absent from financed benefit packages, "survival" too often becomes survival with avoidable dependence, lost productivity, and reduced participation.

This gap is most visible in low- and middle-income countries, where service availability, workforce density, and geographic reach remain limited. In May 2023, Member States endorsed the resolution on strengthening rehabilitation in health systems, explicitly positioning rehabilitation as an essential component of universal health coverage (UHC) and highlighting persistent unmet need, out-of-pocket spending, and workforce shortages, particularly in underserved areas (2). In practice, however, many insurance designs continue to emphasize acute and inpatient episodes while constraining outpatient, community-based, and long-term rehabilitation, creating financial and administrative barriers precisely when continuity of care is clinically essential.

The policy question is no longer whether rehabilitation matters, but how to purchase it effectively. Experiences with national health insurance reforms across low- and lower-middle-income countries show wide variation in benefit-package design, implementation capacity, and equity outcomes, underscoring that inclusion must be explicit, costed, and operationalized (3). Where insurance coverage is expanded for rehabilitation, utilization can rise measurably; evidence from China's inclusion policy suggests increased rehabilitation use and policy-relevant effects on household healthcare expenditure among older adults with disability (4-6).

Operationally, insurance should fund rehabilitation across the continuum of care, with deliberate purchasing of community-based rehabilitation and telerehabilitation to extend reach, and simplified referral and authorization pathways to reduce delays. The WHO African Region's 2025–2035 strategy provides a concrete regional blueprint, emphasizing primary care and community integration, workforce strengthening, and budgeted national planning (4). Ultimately, insuring rehabilitation is not an "add-on"; it is a core mechanism for turning UHC from coverage on paper into recovery in people's lives.

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