



Health, Rehabilitation and Habilitation of Persons with Disabilities

**European Disability Forum Position Paper
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About the European Disability Forum

The European Disability Forum is an independent NGO that advocates for the rights of 100 million Europeans with disabilities. EDF is a unique platform which brings together representative organisation of persons with disabilities from across Europe. EDF is run by persons with disabilities and their families. We are a strong, united voice of persons with disabilities in Europe.

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Executive Summary

The European Disability Forum (EDF) presents this position paper to advocate for improved access to high quality rehabilitation and habilitation services for persons with disabilities. It outlines key international legal frameworks, the current state of access in the European Union (EU), barriers faced, and recommendations for EU and National Authorities.

Key Insights:

- **Definition & Importance:** Rehabilitation aids individuals in recovering lost functions, while habilitation supports those with early-life disabilities in developing skills for independence. Both encompass medical and non-medical interventions, including assistive technologies, and take into account the interaction between impairments and environmental barriers.
- **International Frameworks:** The UN Convention on the Rights of Persons with Disabilities (CRPD) establishes a legal basis for the right to rehabilitation, emphasising early, voluntary, and community-based support. The World Health Organization (WHO) has also underscored rehabilitation's global significance through its *Rehabilitation 2030* initiative.
- **Barriers Identified:** Persons with disabilities face numerous obstacles, including accessibility of facilities and transport, affordability of services and assistive devices, availability of services, informed consent, lack of qualified rehabilitation workforce and substandard quality of services.
- **EU & Member State Actions:** While the EU has no dedicated policies or funding mechanisms for rehabilitation, various social inclusion programs address related issues. Member States have differing levels of access and affordability, with challenges such as workforce shortages, inconsistent funding, and limited service availability.
- **Recommendations:** The EU and Member States should commit to focused actions to improve access to quality habilitation and rehabilitation services for persons with disabilities.

Introduction

Access to rehabilitation and habilitation services is an essential right for persons with disabilities. These services encompass interventions that aim to foster, optimise or recover functioning for persons with disabilities, in relation to environmental barriers, thereby promoting autonomy, independence and full participation in society.

The right to rehabilitation is established in various human rights treaties¹, including in the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The Convention recognises both non-health and health-related habilitation and rehabilitation services in independent articles². This highlights the importance of a cross-sectoral approach to rehabilitation that addresses the direct and indirect determinants of health, wellbeing and inclusion of persons with disabilities.

Rehabilitation and habilitation

Rehabilitation and habilitation both aim to enhance and maintain the functioning of individuals (with or without disability) experiencing temporary or long-term impairments by improving their interaction with attitudinal and environmental barriers. This can be done through medical and non-medical interventions, and with the use of assistive devices, technologies, capacity and skill building as appropriate. Ultimately, they aim to support independent living and full participation in all areas of life.

Habilitation involves interventions aimed at helping individuals with disabilities that are either present from birth or developed early in life, to improve their ability to manage and function with these disabilities, in interaction with their environment and attitudinal barriers. In contrast, rehabilitation focuses on assisting people who have lost some function,

¹ See the International Covenant on Economic, Social and Cultural Rights, the Committee on Economic, Social and Cultural Rights' general comment No. 5, and general comment No. 14, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (art. 14 (1)), and the Convention on the Rights of the Child (art. 23).

² [See Article 25 on Health, Article 26 on Habilitation and Rehabilitation.](#)

helping them to relearn and recover the skills needed to perform daily tasks and achieve their highest possible level of functioning.³

Rehabilitation and habilitation encompass a broad scope of interventions, including health-related interventions (e.g., psychological rehabilitation in the form of counselling or therapy to cope with mental health problems following an injury) and non-health related interventions (e.g., occupational therapy where an individual regains or improves their ability to perform daily tasks; peer support services to empower people to play a more active role in managing independent living).

Rehabilitation and habilitation are person-centred, to work with the needs and skills of persons interacting with their unique environments. As such, the rehabilitation and habilitation workforce are comprised of diverse professions and services may take place in various settings including hospitals, community settings, rehabilitation centres and in other relevant venues such as schools, homes, and workplaces.⁴

International Framework for Rehabilitation and Habilitation

UN Convention on the Rights of Persons with Disabilities

Article 26 of the CRPD emphasises the importance of habilitation and rehabilitation for persons with disabilities. It guarantees access to services for persons with disabilities to achieve and sustain maximum independence and their full potential in physical, mental, social, and vocational aspects, ensuring their full participation in society. Article 26 stresses the need for multidisciplinary services across sectors such as health, employment, education and social services that are:

- Provided at the earliest possible stage and on a voluntary basis.

³ Habilitation and rehabilitation under article 26 of the Convention on the Rights of Persons with Disabilities - Report of the Office of the United Nations High Commissioner for Human Rights (2019).

⁴ World Health Organization (2024). Rehabilitation Fact Sheet. Accessed from: <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>

- Founded on a comprehensive evaluation of an individual's needs and strengths.
- Available to persons with disabilities as near as possible to their own communities and through peer support.

The article also obliges States Parties to promote, organise and strengthen training programs for professionals and staff involved in habilitation and rehabilitation services, particularly in the fields of health, employment, education and social services. Similarly, State Parties must support availability of services, awareness raising, and utilisation of assistive devices and technologies, designed for persons with disabilities.

Complementing Article 26, various other articles of the Convention make specific reference to rehabilitation including:

- **Article 16** which promotes rehabilitation for victims of exploitation, violence and abuse.
- **Article 25** which guarantees access to health-related rehabilitation services, on an equal basis with others.
- **Article 27** which promotes vocational rehabilitation to ensure equal access to work and employment.

Similarly, several other articles refer to measures for persons with disabilities that enable equal access to education (art. 24) and personal mobility (art. 20), which can be understood as rehabilitation services.

World Health Organisation

The World Health Organisation (WHO) is a leading actor in the field of rehabilitation, providing technical support to Member States for the development, implementation and monitoring of services. In 2017, the WHO launched the [Rehabilitation 2030](#) initiative and [Call to Action](#) which highlighted the “profound unmet need for rehabilitation worldwide and...the importance of strengthening health systems to provide rehabilitation”.

The initiative offers [key guidance](#) that has supported roughly 72 countries in improving their health systems and rehabilitation services. In May 2023, the momentum of the initiative resulted in a [World Health Assembly resolution affirming rehabilitation as a global health priority](#).

In a complimentary [Global report on assistive technology](#), the WHO and UNICEF detail availability and recommendations to governments and civil society for improving access to assistive technology for habilitation and rehabilitation.

Despite their leadership in the field, the WHO should ensure the promotion of habilitation services in the rehabilitation framework, to protect human rights and implement participation of persons with disabilities.

Rehabilitation in the European Union

Public health is a competence shared between the EU and its Member States.⁵ While Member States define and deliver their national health services and medical care, the EU seeks to complement national policies by means of its health strategy to:

- prevent illness/disease by promoting healthier lifestyles;
- facilitate access to better and safer healthcare;
- contribute to innovative, efficient and sustainable health systems;
- deal with cross-border threats;
- keep people healthy throughout their lifetimes;
- harness new technologies and practices.

The work related to rehabilitation and habilitation at EU level remains very limited. According to the latest review of EU law and policy related to

⁵ Article 168 of the Treaty on the Functioning of the EU

disability, there are **no specific policies or funding programmes dedicated to the development, implementation and monitoring of rehabilitation and habilitation services**⁶. However, there are several social inclusion, independent living, education, employment and personal mobility instruments which may cover aspects of non-health related rehabilitation. Similarly, the EU is funding a [study through the EU4Health programme to provide guidance to Member States on improving access to healthcare for persons with disabilities](#), including to health-related rehabilitation and habilitation.

At the Member State level, where responsibility lies for organising and delivering health and social services, persons with and without disabilities face various barriers to access including accessibility of facilities and transport, affordability of services and assistive devices, availability of services⁷, informed consent, lack of qualified rehabilitation workforce and substandard quality of services. However, there is variation among and within Member States regarding these various barriers.⁸

Examples from EU Member States

In **Austria** for example, persons with disabilities face availability barriers in inpatient rehabilitation services, both in availability and duration of service provision⁹.

⁶ European Commission (2023). Annotated review of European Union law and policy with reference to disability.

⁷ Bjarnason-Wehrens B, McGee H, Zwisler A-D, Piepoli MF, Benzer W, Schmid J-P et al. Cardiac rehabilitation in Europe: results from the European Cardiac Rehabilitation Inventory survey. *Eur J Cardiovasc Prev Rehabil.* 2010;17(4):410–418.; Hanga K, DiNitto D, Leppik L. Initial assessment of rehabilitation needs using the WHODAS 2.0 in Estonia. *Disabil Rehabil.* 2016;38(3):260–267.; Cremer R, Leclerc F, Lacroix J, Ploin D. Children with chronic conditions in pediatric intensive care units located in predominantly French-speaking regions: prevalence and implications on rehabilitation care need and utilization. *Crit Care Med.* 2009;37(4):1456–1462.; Multiple sclerosis barometer 2015: raising the voice of people with MS. Brussels: European Multiple Sclerosis Platform; 2015.

⁸ World Health Organization Regional Office for Europe. (2019) Rehabilitation: fact sheet on Sustainable Development Goals (SDGs): health targets. Accessed from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2019-2384-42139-58051>.

⁹ World Health Organization 2023 (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies) (2018). Austria Health System Review 2018.

In **Czechia**, there is no reported issue concerning availability of services and both inpatient and outpatient services are reimbursed with some out-of-pocket payments. Some procedures for occupational therapy however are not reimbursed at all. Despite relative availability and affordability, disability expertise is lacking to ensure person-centred services for persons with disabilities, particularly vocational rehabilitation.¹⁰

In **Italy**, policies on rehabilitation face various implementation challenges including lack of financial resources, lack of highly trained staff and an outdated reimbursed list for assistive technology, contributing to poorer outcomes for persons with disabilities¹¹.

In **Finland**, persons with disabilities receive personal assistance for rehabilitation services and enjoy choice in the procurement of assistive technology, whether through direct provision, cash allowance or reimbursement¹². On the other hand, they experience poor coordination in rehabilitation services and long maintenance and repair times for assistive devices with little legal recourse¹³.

¹⁰ European Commission: Directorate-General for Employment, Social Affairs and Inclusion and Priestley, M., European Semester 2020-2021 synthesis report on disability equality, Publications Office of the European Union, 2022, <https://data.europa.eu/doi/10.2767/072404>; World Health Organization 2023 (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies) (2023). Czechia Health System Review 2023.

¹¹ European Commission (2022) European Social Policy Network Thematic Report on Social protection for people with disabilities: Italy.

¹² World Health Organization 2023 (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies) (2022). Finland Health System Review 2022.

¹³ Finnish Disability Forum (2023). Finnish Disability Forum Alternative Initial Report of Finland.

Recommendations

Given existing and varied barriers, the EU and Member States should commit to focused actions to improve access to quality rehabilitation services for persons with disabilities.

The European Disability Forum recommends the EU and National Authorities:

- Collect **data on unmet needs** for rehabilitation, habilitation and assistive devices and technology for persons with disabilities, **availability** and **quality** of service provision, including disaggregated by age and gender.
- Revise the **Patient Mobility Directive** for equal access to cross-border healthcare for patients with disabilities, expanding the scope of coverage to include **rehabilitation and habilitation services**.
- Ensure **availability and affordability of assistive products**, accounting for their maintenance or replacement as needed.
- Ensure the **availability and affordability** of a wide range of rehabilitation and habilitation services with fair geographic distribution. Special focus should be given to addressing gaps in services, particularly recovery-oriented and community-based rehabilitation and habilitation for persons with psychosocial disabilities, for women and girls affected by gender-based violence, and for persons with disabilities.
- Ensure **accessibility** of services including transportation, infrastructure, equipment, information and communication including awareness raising efforts.
- Support universities to **provide appropriate training** on rehabilitation and habilitation to social and healthcare students and professionals.
- **Make use of EU cohesion funding** to boost the availability, affordability and geographic distribution of rehabilitation and habilitation services. Ensure that future EU Regulations for the use

of relevant funds **underline rehabilitation and habilitation services as an investment priority.**

- **Increase the focus of the EU's research budget going towards the development of assistive devices**, with a particular emphasis on rendering them more affordable.
- Ensure **non-discrimination** in access to rehabilitation and habilitation services, including practices that affect how persons with disabilities receive services such as institutionalisation, substitute decision-making and segregated education.
- Ensure that all services are delivered with the **free and informed consent** of individuals, including those with intellectual and psychosocial disabilities, and that individuals maintain full autonomy in making decisions about their care. Services are not considered consent-based if individuals are required to undergo rehabilitation or habilitation to avoid institutionalisation or if access to other social benefits or protections is contingent upon participation in such services.
- Support the availability of **peer support and/or peer counselling** in all rehabilitation and habilitation services, including through training and exchange of good practice.
- Protect the **privacy and security of rehabilitation and habilitation data** of persons with disabilities, particularly with regard to the use of digital technologies.
- **Actively consult and include persons with disabilities**, through their representative organisations, in the development, implementation, and monitoring of legislation, policies and other public measures related to the provision of rehabilitation and habilitation.

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