

Cochrane Rehabilitation collaborates with the World Health Organization to establish a Package of Rehabilitation Interventions based on the best available evidence in stroke

Michele Patrini, Chiara Arienti, Stefano Giuseppe Lazzarini, Francesca Gimigliano, Carlotte Kiekens, Stefano Negrini.

Background. The World Health Organization (WHO) sees Universal Health Coverage (UHC) as a strategic priority to meet the United Nations Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages”. To address UHC in term of rehabilitation, due to the growing ageing population and the increase in chronic and noncommunicable diseases, WHO launched “Rehabilitation 2030”. Following the initiative, WHO Department of Noncommunicable Diseases started developing a Package of Rehabilitation Interventions (PRI) which provides a set of prioritized evidence-based interventions and resource requirements for delivery to inform countries Health Care Planning.

Objective. The aim is to present the methodology developed to answer to the requests of WHO in the development of PRI in stroke rehabilitation.

Methods. The main health condition studied has been stroke. The literature search used was the “tagging process” of Cochrane Rehabilitation as reported by Levack et al (Arch Phys Med Rehabil, 2019). The search was limited to the last 10 years. The reviewers collected for each CSR author, publication year, title, date of search, n° of included studies (n° of participants), population, setting, intervention, control, outcome, corresponding risk (95% CI), relative effect (95% CI), quality of evidence (GRADE), statistical method, heterogeneity, upgrade or downgrade motivation. Where not available in the original CSR, the Table of Findings with GRADE evaluation has been performed.

Results. Of all the tagged CSRs on the 20 health conditions, we selected the 245 published in the past 10 years. Of these, 158 reported GRADE levels of evidence, 87 did not. After the screening, we analyzed 171 CSRs and prepared SoFs with GRADE assessments for 46 of the 62 reviews lacking. The remaining 16 either were empty, gave a descriptive summary, focused on secondary outcomes or were overviews. For each health condition, CSRs evidence was summarized in a single spreadsheet. Table 2 reports the extracted data set. The information from CPGs and CSRs is being summarized according to a codification based on the International Classification of Functioning, Disability and Health (ICF).

Conclusions. This work gives a solid basis to the decisional process of the panels in providing the PRI. Evidence from the CSRs helps defining the strength of the recommendations, ruling over

conflicting recommendations from different CPGs and revealing areas where primary research is missing.

Patient or healthcare consumer involvement. Not applicable.