

Aligning the World Health Organization's (WHO) package of interventions for rehabilitation for cancer with the mission of the International Psycho-Oncology Society's: promoting psychosocial care for all people affected by cancer

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Abstract The number of people living with and beyond cancer continues to increase worldwide, bringing significant attention to their rehabilitation needs. Globally, psychosocial services are largely inadequate, with many cancer survivors experiencing unmet psychosocial needs. The World Health Organization (WHO) recognizes rehabilitation as an essential component of universal health coverage to prevent disease-related conditions, while also improving physical and mental functioning and overall well-being. The Package of Interventions for Rehabilitation (PIR) was developed by the WHO to address the global need for rehabilitation across 20 conditions with high prevalence and high levels of associated disability, including cancer. Many aspects of the WHO PIR align with the mission and focus of the International Psycho-Oncology Society (IPOS). This commentary describes the WHO PIR for Cancer and proposes opportunities to advance cancer rehabilitation research, policy, and practice as they align with recent and ongoing initiatives of IPOS.

Keywords: rehabilitation, world health organization, cancer survivors, psychosocial care, survivorship care, international

The increasing number of people globally who are living with and beyond cancer has brought significant attention to their psychosocial and supportive care needs.¹ Survivorship care ideally focuses on prevention, surveillance for, and management of subsequent cancers; prevention and management of adverse physical and psychosocial cancer and treatment-related toxicities, including acute side effects as well as late and long-term effects; management of chronic conditions and multimorbidity; and provision of health promotion and disease prevention strategies.^{1,2} Importantly, rehabilitation efforts help to support cancer survivors' reintegration to society including occupational, educational, social, and vocational activities.³ In 2017, the World Health Organization (WHO) launched its "Rehabilitation 2030 Initiative" to address the significant global need for effective and accessible rehabilitation service provision across 20 highly prevalent conditions that are associated with high levels of disability and which would benefit from rehabilitation, including cancer.⁴ Their initiative calls for the focused and collaborative effort of international stakeholders to improve access and provision of global high-quality rehabilitation services, toward which it has already made some progress.⁵ The WHO recognizes rehabilitation as an essential health service to prevent disease-related conditions and ultimately improve physical and mental functioning and well-being.⁶

1. The World Health Organization Package of Interventions for Rehabilitation

Psychosocial care is embedded in rehabilitation services. Despite the increasing recognition of psychosocial cancer care (psycho-oncology) as a human right,⁷ many challenges exist globally to providing optimal psychosocial care, resulting in unmet needs in a significant proportion of cancer survivors.⁸ The WHO Package of Interventions for Rehabilitation (PIR) was developed to address the significant unmet need globally for services relating to

rehabilitation, across 20 health conditions embedded across 7 disease areas, including a module on malignant neoplasm (disease area; Module 7) addressing cancer (condition).^{6,9} Overall, the development of the WHO PIR involved a rigorous process, with input from a wide range of international stakeholders and multidisciplinary experts including a global needs assessment to select health conditions, comprehensive review processes establishing the quality and strength of evidence (including clinical practice guidelines and Cochrane reviews), extensive expert consultation and stakeholder engagement to develop the packages, independent peer review, and subsequent publication of an open access web-based resource.¹⁰

The WHO PIR recognizes the growing burden of cancer, structural inequities to accessing cancer rehabilitation services which can mitigate associated disability from cancer and its treatment, and the need to integrate these services into universal health coverage. The PIR also critically acknowledges the need to provide standardized guidance on critical rehabilitation services to facilitate universal implementation, and ideally across varying health care systems worldwide including in low and middle-income countries and communities. The WHO PIR malignant neoplasm module highlights a range of areas for rehabilitation in people affected by cancer, across many functioning domains which include psychosocial components (eg, mental/cognitive functions, pain management, sexual functioning; summarized in Table 1). Table 1 also summarizes essential interventions to improve the health of people with cancer-related psychosocial concerns which are supported by high-quality evidence, able to be widely delivered, and judged by the WHO Development Working Group as accessible to most people affected by cancer. The WHO PIR also importantly provides policymakers, health ministries, and other stakeholders with recommendations regarding minimum equipment, appropriate staffing, and time needed to

complete the assessments and interventions. They have been particularly formulated with consideration of low-resource settings and are accompanied by a guide for action to support implementation efforts.¹¹

The dissemination and promotion of the WHO PIR widely to governments, health ministries of WHO member states, health care and related organizations and leadership, as well as other key stakeholders will strengthen efforts to develop cancer rehabilitation services globally. As WHO highlights, to achieve universal health coverage, people should receive high-quality health services across the spectrum—including health promotion, prevention, treatment, rehabilitation, and palliative care—without financial burden.¹² To support the implementation of the WHO PIR, a WHO-hosted network (World Rehabilitation Alliance [WRA]) was launched in 2023¹³ that includes WHO members, relevant (non-)government organizations, private organizations and businesses, and academic institutions. The aim of the WRA is to drive evidence-informed advocacy activities that promote rehabilitation awareness and strengthen networks within the field, particularly through five current workstreams (ie, research, primary care, workforce, emergencies, and external relations).

2. Alignment with International Psycho-Oncology Society's mission

The International Psycho-Oncology Society (IPOS) has a well-established and longstanding working relationship with WHO and supports the PIR for Cancer and is committed to its global dissemination and implementation to enable change in policy and

practice. IPOS has over 800 professional members across 115 countries representing various disciplines, including psychology, psychiatry, social work, nursing, oncology, and numerous related fields dedicated to advancing research, clinical practice, and education in the field of psycho-oncology. The mission and focus of IPOS is well aligned with the objectives of the WHO and WRA, having already produced significant work in this space and undertaking several ongoing initiatives to further promote activities in cancer rehabilitation worldwide. For example, in 2010 (and revised in 2014), the IPOS developed an International Standard of Quality Cancer Care to advance international efforts to improve psychosocial cancer care.^{14,15} The Standard highlights that psychosocial cancer care should be recognized as a universal human right, should be integrated into routine cancer care, and should be highlighted distress as the 6th vital sign (after temperature, blood pressure, pulse, respiratory rate, and pain).

More recently, the IPOS Extension for Community Health-Care Outcomes (ECHO) program was developed in close partnership with partner organizations in Africa. This is an IPOS Pan-African Capacity-Building in Psycho-Oncology initiative to disseminate evidence-based practices in psycho-oncology in Africa with the goal of improving cancer prevention and care. IPOS members actively lead high-quality research initiatives focused on generating evidence to improve cancer care and rehabilitation. For example, a recent review of survivorship-focused work presented at the IPOS World Congress highlighted strengths in particular topics (eg, relating to distress/anxiety/depression and quality of life) and a relative lack of focus in other areas (eg, pediatric populations, low/middle-income countries, involving

All authors are members of the International Psycho-Oncology Society (IPOS), including the current President (Wendy Lam), and current Chairs of the Survivorship Special Interest Group (Christina Signorelli and Michael Jefford). Melissa Henry and Nicolas Hart served on the WHO Development Working Group for Cancer. Dégi László Csaba served on the WHO Peer Review Working Group for Cancer. IPOS is a current member (July 2024–2026) of the WHO-hosted World Rehabilitation Alliance network.

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Table 1

Summary of content of World Health Organization Package of intervention malignant neoplasm (cancer) module highlighting the psychosocial aspects of rehabilitation, adapted from the original module.⁶

Area	Assessment	Interventions
Mental/cognitive functions	Assessment of fatigue Assessment of sleep functions Assessment of body image Assessment of cognitive functions	Physical exercise training Psychological therapies Cognitive behavioural therapy Psychosocial interventions Cognitive training Physical exercise training
Pain management	Assessment of pain	Pharmacological treatments Transcutaneous electrical stimulation Thermotherapy Soft-tissue techniques Physical exercise training Relaxation training Cognitive behavioural therapy Pelvic floor exercises
Sexual functions and intimate relationships	Assessment of sexual function and intimate relationships	
Cardiovascular and immunological functions	Assessment of edema (including lymphedema)	Range of motion exercises Muscle-strengthening exercises Skin care Retrograde massage Provision and training in use of products for compression therapy Antidepressants Cognitive behavioural therapy
Motor functions and mobility	Assessment of vasomotor symptoms (hot flashes, night sweating) Assessment of joint mobility Assessment of muscle functions Assessment of balance Assessment of gait pattern and walking Assessment of mobility (incl. fall risk)	Range-of-motion exercises Muscle-strengthening exercises Balance training Provision and training in use of assistive products for mobility Mobility training Provision and training in the use of assistive products for mobility
Exercise and fitness	Assessment of exercise capacity	Fitness training
Activities of daily living	Assessment of activities of daily living	Activities of daily living training Provision and training in use of assistive products for self-care Modification of the home environment Psychosocial interventions
Interpersonal interactions and relationships	Assessment of interpersonal interactions and relationships	
Education and vocation	Educational assessment Vocational assessment	Educational counseling, training, and support Vocational counseling, training, and support
Community and social life	Assessment of participation in community and social life	Participation focussed interventions
Lifestyle modification	Assessment of lifestyle risk factors	Education, advice, and support for healthy lifestyle
Self-management	—	Education, advice, support for self-management Education and advice on self-directed exercise
Carer and family support	Assessment of carer and family needs	Carer and family training and support
Mental health (depression, anxiety, emotional distress)	Assessment of mental health	Antidepressants Psychological therapies (including cognitive behavioural therapy) Physical exercise training Stress management training

international collaboration).¹⁶ A recent audit of national cancer control plans (NCCPs) found few references to psycho-oncology in the post-treatment survivorship phase and generally few clear objectives to improve care.¹⁷ Another recent initiative has been a IPOS global survey highlighting that the psychosocial needs of people with cancer are not adequately available and/or provided to cancer survivors even in high-income countries, identifying barriers at patient, provider, and system levels.⁸

3. Advancing psychosocial cancer rehabilitation: a catalyst for global action

IPOS endeavors to contribute to the development of innovative strategies; disseminate best practices; and foster collaborations that will ultimately support WHO's Rehabilitation 2030 Initiative and beyond; and promote cancer rehabilitation as an accessible, effective, and integral component of comprehensive cancer care. A sustained global initiative is now critical to support the implementation of the PIR and to achieve integrated

rehabilitative psychosocial services into standard practice universally. IPOS provides a collaborative network through which we can continue these efforts to achieve equitable psychosocial care for cancer survivors worldwide and address remaining challenges related to health care infrastructure, resources, awareness, and cultural considerations, especially in low and middle-income countries. The IPOS has several initiatives in the pipeline that are led by special interest groups that focus on various target areas (eg, low/middle-income countries, survivorship, pediatrics), many of which are particularly active in advancing rehabilitation efforts. These include opportunities for training and capacity building in the workforce, promoting international uptake of the PIR which includes translation to other languages, and investigating the dissemination and implementation of its recommendations globally.

To help achieve this, it will be critical to collaborate with the WHO and other international organizations to advocate for the inclusion of psychosocial rehabilitation in national cancer control plans and universal health coverage policies. The IPOS is in the process of creating an online compendium that will serve as a critical platform for disseminating relevant psychosocial rehabilitation guidelines, educational and training opportunities, and resources, including the WHO PIR, to facilitate global access and implementation. The IPOS is well placed, as a truly international organization, to foster collaborations, training, and workforce development to support the implementation of the PIR. Furthermore, consideration of addressing barriers related to health care infrastructure, resources, and cultural considerations in different regions are important next steps to maximize the successful implementation of the PIR. The authors invite and encourage collaborative partnerships with individuals and organizations worldwide who are similarly aligned, to pool together efforts and join these ongoing and new initiatives to reshape the landscape of psychosocial care and rehabilitation for people affected by cancer globally. Let this call for collaborative action be a catalyst for change that upholds the fundamental right of cancer survivors across the care continuum to comprehensive psychosocial support.

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