Summary report on the

Consultative meeting on improving access to assistive technology in the Eastern Mediterranean Region

WHO-EM/HMD/538/E

Islamabad, Pakistan
8–10 May 2018

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized a consultative meeting on improving access to assistive technology in the Eastern Mediterranean Region in Islamabad, Pakistan, from 8 to 10 May 2018.

The objectives of the meeting were to:

- update participants on the progress made to improve access to assistive technology, and to operationalize the Global Cooperation on Assistive Technology (GATE), resolution EM/RC63/R.3 and the Islamabad Declaration; and
- finalize the draft strategic action framework on improving access to assistive technology in the Eastern Mediterranean Region to be distributed to all WHO Member States during the Seventy-first World Health Assembly in May 2018.

The meeting brought together representatives of 13 countries in the WHO Eastern Mediterranean Region as well as experts, members of civil society and representatives from national and state-level governments of Pakistan.

The President of Pakistan, His Excellency Mamnoon Hussain, officially opened the meeting by welcoming the participants to Pakistan and stating that the meeting's objective was to enable people with disabilities to realize their full potential in society. The President described the activities of the Government of Pakistan to improve access to assistive devices at the national level, and acknowledged the leadership of the Government and the Minister of National Health Services, Regulation and Coordination in pursuing the initiative and achieving success at the international level. He encouraged the meeting participants in their duties, prompting them to work together

to change the destiny of people with disabilities in the Eastern Mediterranean Region. The President also officially appointed Dr Sana Hafeez as the WHO Global Ambassador of GATE.

In her address, Her Excellency Ms Saira Afzal Tarar, Federal Minister of National Health Services, Regulation and Coordination, Pakistan, stated that while there is collective resolve among countries of the Region to stand up for the rights of those in need of assistive technology, a lack of information, national policies and programmes, and financial and human resources, presented challenges for assistive technology provision.

Dr Zafar Mirza, Director, Health Systems Development, WHO Regional Office for the Eastern Mediterranean, delivered a message from Dr Jaouad Mahjour, Acting WHO Regional Director for the Eastern Mediterranean, in which Dr Mahjour emphasized that access to assistive technology was an essential element of both the continuum of health care and universal health coverage, and that it needed to be integrated into efforts to attain target 3.8 of the Sustainable Development Goals (SDGs). Dr Mahjour stated that the draft regional strategic action framework to improve assistive technology provision had been developed as part of efforts to provide technical support to countries in the Region to implement Regional Committee resolution EM/RC63/R.3 on improving access to assistive technology.

The main focus of the three-day meeting was the review of the strategic action framework. The framework is made up of four strategic objectives relating to policy, products, provision and personnel. Participants were asked to outline the activities that countries, WHO and other partners should undertake to implement the framework and begin improving access to assistive technology. Participants were organized into five working groups, three based on country income levels, with a fourth group made up of Pakistan

government representatives. The fifth group comprised international, regional and local civil society.

2. Summary of discussions

Considerable interest was shown regarding the Norwegian model of assistive technology provision, particularly in relation to the provision of more significant assistive technology items such as cars and the coverage/exclusion of items such as washing machines, cellular telephones, computers and smart home technology. It was noted that the Norwegian model may not be applicable in many low-income countries, which may have little budget for assistive technology programmes. Nevertheless, it was agreed that the Norwegian model may be drawn upon when pursuing national efforts to improve access to assistive technology, taking into account local contexts and resources. As a model of successful cooperation and collaboration between ministries and agencies, Norway's experience indicates that through cooperation and the construction of a national system, countries can bring about cost reductions and enable improved access for those who need assistive devices.

Participants appealed to WHO to develop assistive product specifications. It was pointed out that while the Priority Assistive Products List of 50 products, developed by WHO, does have minimum specifications, WHO cannot impose those specifications on manufacturers or enforce them in countries. WHO can help individual countries develop standards, but cannot impose a set of standards or specifications on countries.

The working group discussions on the strategic action framework resulted in a high degree of consistency in the actions suggested by each group. All groups recognized that it was the responsibility of countries to implement the framework and improve access, with WHO technical

support as needed. WHO could develop standards or models for countries to adapt to their national contexts. Civil society and nongovernmental organizations also have a role to play in funding, awareness-raising and educational initiatives. Manufacturers and private sector providers need to be aware of any minimum standards and specifications regarding products and provisions that were developed or adopted by countries.

The groups identified the potential challenges of implementing the framework in development and emergency contexts. These were divided into three categories: alacrity, resources and capacity.

In terms of alacrity, a lack of political will and poor oversight were noted. A lack of awareness and understanding among the general public, decision-makers and within the health care system itself, has led to a lack of political will. Broad and sustained campaigns are required to educate, inform and inspire relevant audiences. Robust and thorough monitoring and evaluation schemes and practices are needed, as is political ownership. A memorandum of understanding between concerned ministries and leading public figures could be drawn up in each country. There is also a lack of collaboration between relevant stakeholders, including between ministries and other organizations in the provisioning of assistive technology.

The lack of resources is a significant barrier to implementing the framework. Not having appropriate, or even minimal, financial resources to support assistive technology programmes is compounded by the lack of political will to secure national resources for them. Insufficient human resources further impedes implementation.

There is a lack of capacity, including products and production ability to make products to meet identified needs. Inadequate training and education limits implementation. There is a particular dearth of capacity

for providing assistive technology in emergency contexts. Improved data collection and analysis would allow a better understanding of needs and support the monitoring and evaluation of national programmes.

Participants identified a number of cross-cutting issues that affect the access to and provision of assistive technology. These included awareness at different levels (users, general public, health care providers, government), the role of gender, the place of assistive technology within universal health coverage, and the role of assistive technology in achieving the SDGs. Another issue identified was the surrounding environment. For example, there is no point in distributing assistive mobility products if pavements, kerbs and entry and egress points are not conducive to persons using these products. Affordability and financing also need to be considered. The collection and distribution of data allowing for evidence-based decision-making is another cross-cutting feature, as is the necessity for a plan at the national level. Cross-cutting issues such as these will not be found solely in one of the four “Ps” (policy, products, provision, or personnel), but in all of them. Success in any one of the “Ps” will require attention to be paid to these issues as well.

3. The way forward

The draft strategic action framework will be updated based on the input of the participants and distributed at the Seventy-first World Health Assembly in May 2018. It is hoped that a resolution supporting the framework will be adopted by the Health Assembly at that time. The final framework, having been peer-reviewed, will then be presented to the countries of the Region in October 2018, at the Sixty-fifth Session of the Regional Committee for the Eastern Mediterranean. Following this, the framework will be piloted in three countries of the Region, including Pakistan.

Participants asked for the creation of a network to enable the continued growth of the relationships that many of the participants had forged during the three days, and to build on the spirit of collaboration of the meeting. A network would allow for continued discussion, promote the sharing of lessons learnt and best practices, and could become a mutually supportive group.

Participants also expressed their determination to develop a strategy on improving access to assistive technology in emergencies. Given the extensive experience of countries of the Region in attempting to provide assistive technology in the midst of conflicts, natural disasters and complex emergencies, it was recognized that such a strategy should be developed in the Region.

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