

Improving access to assistive technology in the Eastern Mediterranean Region

Citation: Improving access to assistive technology in the Eastern Mediterranean Region. *East Mediterr Health J.* 2018;24(10):1030-1031 <https://doi.org/10.26719/2018.24.10.1030>

Copyright © World Health Organization (WHO) 2018. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (<https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Introduction

Enabling the disabled to participate fully in society and contribute to its economic development is enshrined in the United Nations' Convention of the Rights of Persons with Disabilities (1). To support this commitment to the rights of the disabled, the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) organized a consultative meeting on improving access to assistive technology in the Eastern Mediterranean Region (EMR) in Islamabad, Pakistan, from 8 to 10 May 2018 (2).

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 (3) and the Islamabad Declaration; and
- finalize the draft strategic action framework on improving access to assistive technology in the Eastern Mediterranean Region (distributed to all WHO Member States during the Seventy-first World Health Assembly in May 2018).

The meeting brought together representatives of 13 EMR countries 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 also 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 prompted the meeting's 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.

Her Excellency Saira Afzal Tarar, Federal Minister of National Health Services, Regulation and Coordination, Pakistan, stated in her address that while there is collective resolve among countries of the Region to stand

up for the rights of those in need of assistive technology, lack of information, national policies and programmes, as well as financial and human resources, presented challenges for assistive technology provision.

Dr Zafar Mirza, Director, Health Systems Development, WHO/EMRO, delivered a message from Dr Jaouad Mahjour, then Director, Programme Management, in which Dr Mahjour emphasized that access to assistive technology was an essential element of both the continuum of healthcare and universal health coverage, and that it needed to be integrated into efforts to attain target 3.8 of the Sustainable Development Goals (SDGs) (4).

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 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 (5), developed by WHO, does have minimum specifications, WHO cannot impose those specifications on manufacturers or enforce them in countries. Thus, WHO can help individual countries develop standards, but cannot impose a specific set of standards or specifications.

The working groups' 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's technical

¹ This report is extracted from the Summary report on the consultative meeting on improving access to assistive technology in the Eastern Mediterranean Region, Islamabad, Pakistan, 8–10 May 2018 (http://applications.emro.who.int/docs/EMROPub_2018_EN_20766.pdf?ua=1).

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, lack of political will and poor oversight were noted. Lack of awareness and understanding among the general public, decision-makers and within the healthcare system itself, could lead to lack of political will. Thus, 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 provision 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 also 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.

The way forward

The final framework will be piloted in three countries of the Region and assessed for its efficacy.

References

1. United Nations. Convention on the rights of persons with disabilities. New York: United Nations; (<http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>).
2. World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO). Summary report on the consultative meeting on improving access to assistive technology in the Eastern Mediterranean Region. Cairo: WHO/EMRO; 2018 (http://applications.emro.who.int/docs/EMROPub_2018_EN_20766.pdf?ua=1).
3. World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO). Improving access to assistive technology; Regional Committee for the Eastern Mediterranean, Sixty-third Session Agenda item 5(a). Cairo: WHO/EMRO; 2016 (http://applications.emro.who.int/docs/RC63_Resolutions_2016_R3_19120_EN.pdf?ua=1).
4. World Health Organization. Sustainable development goals (SDGs) : Goal 3. Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Geneva: World Health Organization; 2016 (<http://apps.who.int/iris/handle/10665/208286>).
5. World Health Organization. Priority assistive products list. Geneva: World Health Organization; 2016 (https://www.who.int/phi/implementation/assistive_technology/low_res_english.pdf).