Summary report on the

Regional consultation on the WHO-UNICEF global report on assistive technology (GReAT)

WHO-EM/HLP/131/E

Virtual meeting
4 October 2021

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

Assistive technology (AT) is a part of health technology that "refers to assistive products and related systems and services developed for people to maintain or improve functioning and thereby promote well-being. It empowers people with difficulties in functioning to have healthy, productive, independent and dignified lives, participating in education, the labour market and social life. Assistive products are essential tools: to compensate for an impairment or loss of intrinsic capacity; to reduce the consequences of gradual functional decline; to reduce the need for carers, for primary and secondary prevention; and to help rationalize health and welfare costs."[1] Assistive products are also used to prevent impairments and secondary health conditions. Without AT, people are often excluded, isolated and locked into poverty, thereby increasing the impact of disease and disability on a person, their family and society.

AT is required by a wide range of people, including people with chronic health conditions, people with disabilities and elderly people, as well as the broader population, who may experience temporary or life-long impairment or functional decline across the life course. The increasing need for AT and rehabilitation services is driven by a rise in noncommunicable diseases, injuries (from road traffic crashes, war and natural disasters) and aging populations. To manage these challenges, AT services need to be available along with promotive, preventive, curative, rehabilitative and palliative services.[2]

With the 2030 Sustainable Development Agenda, Member States of the United Nations (UN) are committed to achieving the Sustainable

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[1] Global priority research agenda for improving access to high-quality affordable assistive technology. Geneva: World Health Organization; 2017.

[2] WHO Regional Committee for the Eastern Mediterranean https://apps.who.int/iris/handle/10665/250428. Cairo: WHO Regional Office for the Eastern Mediterranean; 2016.

Development Goals (SDGs) and their related targets. Member States have an obligation under SDG 3 (Ensure healthy lives and promote well-being for all at all ages), target 3.8, to ensure universal health coverage. Without the inclusion of AT as an essential component of universal health coverage and integrated people-centred health services, it will not be possible to achieve this target. AT is also needed to achieve the targets of other SDGs, such as access to public services including education (SDG 4), and employment (SDG 8).[3] AT is a crucial enabling factor and a prerequisite for integration and inclusion.

Against this backdrop, in October 2016, the 63rd session of the WHO Regional Committee for the Eastern Mediterranean endorsed resolution EM/RC63/R.31 on Improving access to assistive technology. This was reinforced in 2018 by World Health Assembly resolution WHA71.82 on the same subject. Resolution WHA71.8 calls upon WHO to prepare a global report on effective access to AT (GReAT) in the context of an integrated approach, based on the best available scientific evidence and international experience. The report aims to:

- showcase the current status of access to AT, with a comprehensive dataset, description and analysis;
- draw attention to governments and civil society of the need for and benefit of AT, especially the return on investment;
- make recommendations for concrete actions to improve access to AT, especially in resource-limited settings, based on the best available scientific information and country experience; and
- support implementation of the UN Convention on the Rights of Persons with Disabilities and make universal health coverage inclusive.

[3] Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1. New York, NY: United Nations; 2015.

The development of the GReAT started in January 2019 under the guidance of a WHO/UNICEF Steering Committee, an Expert Advisory Group (EAG) with 18 global experts, and key AT stakeholders. The draft report is being developed by an Editorial Committee (EC) of five members, under the leadership of the Lead Editor. It is based on the input of the background papers, case studies and user stories from the first global consultation, attended by over 270 AT stakeholders. The EAG, WHO/UNICEF technical units and external AT experts have provided a series of critical reviews of the drafts developed so far. The current draft will be further updated with population survey data on access to AT from approximately 30 countries and includes progress indicators of the implementation status of resolution WHA71.8 from Member States.

To ensure the GReAT will be relevant and contribute to improving access to AT in all six WHO regions, the draft report is receiving input from the Member States of each of the WHO regions through regional consultations. The objectives of the consultations are to:

- inform Member States in the regions about the key findings of the global report;
- validate the draft report based on the regional perspective; and
- discuss the GReAT recommendations and way forward.

Based on the feedback from the regional consultations, the Lead Editor, EAG and WHO/UNICEF Steering Committee will develop a draft for a second global consultation of AT stakeholders. The final report will then be developed following the outcomes of the global consultation.

The regional consultation for the WHO Eastern Mediterranean Region was held virtually on 4 October 2021. It was inaugurated by Dr Maha El-Adawy, Director, Department of Healthier Populations (WHO Regional Office for the Eastern Mediterranean) who described the

ongoing global and regional efforts to improve access to AT based on resolutions EM/RC63/R.3 and WHA71.8, noting that GReAT is being developed as one step towards addressing the serious shortage in information on various aspects of AT, enabling a better understanding of existing needs and informing actions towards addressing them.

2. Summary of discussions

Overview of AT activities in the Eastern Mediterranean Region

Dr Hala Sakr, WHO Regional Advisor for Violence, Injury Prevention, and Disabilities presented an overview of AT activities in the Eastern Mediterranean Region, such as the implementation of a rapid AT assessment (rATA) survey at country level and work on improving access to AT, including the WHO launch of the Global Cooperation on Assistive Technology (GATE) in 2014, the endorsement of Regional Committee resolution EM/RC63/R.3 in 2016, the production of a regional report based on the results of a rapid capacity assessment for AT in 2017 and the subsequent development of an AT regional framework in 2018, which was piloted at country level in 2019 and endorsed by the Regional Committee in 2020. The presentation concluded with a brief overview of the implementation of the rATA survey in Djibouti, Iran (Islamic Republic of), Iraq, Jordan, Pakistan and Qatar.

Why is the GReAT being developed?

The report will provide an overall understanding of AT and an overview of the current situation, challenges and solutions, enabling environments, recommendations and the experiences of users and their families. The primary target audiences of the report are policy-makers, providers, donors and industry leaders, while the secondary target audiences are AT users, potential users and their families, development actors, private sector entities, nongovernmental organizations,

philanthropic foundations, academic institutions, manufacturers, the media and the broader community. The development of the GReAT started with developing the EAG in April 2019 and goes up to the planned official launch at the Seventy-fifth World Health Assembly in 2021. The expected impact of the GReAT includes better data and concrete recommendations, greater political and economic support, more AT programmes, improved access to AT, increased use of assistive products and the realization of human rights and the SDGs.

Key messages from the GReAT

The first section of the global report: describes AT and its human rights background; explains who needs AT; outlines the benefits of AT from individual, community and societal perspectives; illustrates the international policy frameworks; looks at the impact of an emergency on AT; and examines AT accessibility.

The report's second section includes the collected data on AT. The two main sources of data in this section are the progress indicators and the rATA. The progress indicators aim to measure the progress in implementing resolution WHA71.8 on access to AT in Member States. This was done by asking the national AT focal point, nominated by each Member State's Ministry of Health, to answer 10 questions identifying high-level information, including relevant policy and programmes, availability of products, services and workforce, procurement and provision mechanisms, and international collaborations. The rATA was developed by WHO as a household survey to support countries in obtaining data to understand the needs and barriers for access to AT in the population. The presentation provided a brief outcome of the progress indicators and the rATA survey so far.

The third section of the report addresses how to reduce barriers to AT. These barriers can be grouped as relating to availability, accessibility, affordability, adaptability and quality. Measures to tackle these barriers were discussed and categorized under five main headings (the 5Ps): people, products, personnel, provision and policy.

The fourth section is dedicated to illustrating the different factors that help to build an enabling environment for AT. This includes products and technology, the natural environment and human-made changes to it, support, relationships and attitudes, and services, systems and policies.

Countries participating in the rATA survey

Presentations were also delivered by countries in the Eastern Mediterranean Region that have completed the rATA survey data collection.

Dr Alireza Shoghli, national team leader for rATA in the Islamic Republic of Iran, gave an overview of the different steps of its implementation in the country. Some lessons learned were shared while discussing the different challenges encountered during data collection and how the national team was able to resolve them in addition to some of the creative ideas used to facilitate the enumerators' work.

Dr Alaa Alameri, national data coordinator for rATA in Iraq, presented on the implementation of the survey in Iraq and some of the key outcomes extracted from preliminary data analysis. He recommended repeating the rATA survey every four years to compare national data after any measures taken to meet existing needs, and comparing survey data between countries.

Dr Jaber Al Daod and Dr Ali Al Rjoub, national data coordinators in Jordan, presented national efforts to improve access to AT, starting with the adaptation of WHO's Guide for action package to develop a national strategic rehabilitation plan 2020–2024. They also discussed rATA implementation in Jordan, the challenges faced by the national team during data collection and the preliminary results of the survey.

The three presentations were followed by a short video from Pakistan showing user experiences of the impact of AT on their lives.

GReAT recommendations

The fifth and final section of the GReAT includes draft recommendations to improve access to AT based on six action areas: people, products, provision, personnel, policy, and humanitarian crises. Each of the six action areas were discussed separately, highlighting the different actions that need to be done in each of them to improve access to AT.

For *people*, it is recommended to engage users and their families, educate the public, inform people in need about their right to AT and where to get it, develop the capacity of users and their families, and assist people to access AT.

For *products* it is recommended to increase local design and manufacturing capacity, strengthen procurement mechanisms, implement a loan, installment or rebate system, implement the refurbishment and reuse of assistive products, reduce tariffs and taxes, and ensure connectivity.

For *provision* it is recommended to increase the coverage of provision, especially at the primary level, establish or integrate provision facilities, ensure that facilities are accessible and appropriate, develop and

strengthen referral networks and mechanisms, ensure the availability of assistive products and spare parts, ensure delivery of fundamental services, and utilize emerging technologies.

For *personnel*, it is recommended to identify personnel needs, conduct training and education, expand the workforce at all levels, encourage task shifting, and engage users as a key resource.

For *policy*, it is recommended to develop, enforce and implement legislation, policies and regulations, invest in the provision of AT, develop and invest in enabling environments, recognize AT as essential health products and services and as an integral component of universal health coverage, implement effective financing mechanisms, ensure adequate funding, adopt a national assistive products list, establish standards and regulatory systems, strengthen data collection and information management systems, and stimulate collaboration in research and innovation.

For *humanitarian crises*, it is recommended to develop, fund and implement AT provision, establish a multi-stakeholder task force, expand supply catalogues to include assistive products, establish coordination systems, monitor and evaluate AT programmes, undertake research, design and strengthen responsive national systems, and ensure the long-term sustainability of programmes.

3. Summary of group discussions

Discussions on key messages from the GReAT

There was group discussion on four areas for which country representatives and other participants were requested to provide feedback, as outlined below.

A. Does your country collect data on access to AT? Do the figures presented reflect the status of AT access in your country?

- There is variation between countries in data collection on access to AT. Most countries in the Region lack a unified data collection system for AT accessibility. Some countries collect accessibility data and others do not.
- Some countries reported that data is collected from different places and needs to be consolidated to support strategic planning. Other countries that have a system to collect data on access to AT, do not employ the comprehensive approach necessary to make the data fully representative.
- Obtaining data on accessibility from the private sector was reported to be a challenge, despite it representing, in some countries, the majority of AT provision.
- Some countries depend on different insurance schemes to gather data on accessibility.
- National assessments for disabilities in some countries lack the information on needs that could assist in developing related strategies.
- Some countries reported the importance of intergovernmental collaboration in ensuring the accessibility of AT products and capacity-building for staff.
- One of the participating countries, experiencing an emergency situation, lacks data collection on AT coverage and usage, although data is collected on AT devices provided.
- There is a difference between the prices of AT in the public and private sectors.
- No data platforms show the different AT products provided by nongovernmental organizations and governments, which might lead to duplication.
- Developing a survey to collect AT accessibility data is currently being considered by some of the participating countries.

B. Does your country experience similar or other barriers (5Ps) to what has been presented? Do you think the solutions and good practices presented are relevant to your country? Have any other solutions been practiced in your country to address the barriers?

- Many barriers mentioned in the report exist in all countries.
- Barriers included in the report that were highlighted by the groups include the:
  - insufficient workforce working on AT;
  - lack of coverage throughout countries;
  - poorly developed and non-reinforced policies and legislation;
  - challenges in affordability;
  - lack of awareness about AT in general;
  - absent or non-comprehensive national plans and unified AT strategies;
  - high cost and lengthy processes for imported AT; and
  - lack of information on human capacities, maintenance and follow-up.
- Barriers not included in the report but raised by the groups include the:
  - lack of coordination between private and public sectors providers;
  - fear of stigmatizing people using AT;
  - lack of AT governance and fragmentation of efforts;
  - lack of local manufacturing despite some initiatives in some countries to improve it;
  - lack of adaptation of imported AT devices to the local context; and
  - lack of recognition of AT related to communication and cognitive difficulties, especially when compared with AT addressing physical difficulties.
- Most interventions presented are suitable for adoption in most countries and the 5Ps are already an integral part of national strategies to improve AT accessibility in some countries.

- Harmonizing efforts between countries was reported as one solution to addressing gaps. Some countries request more collaboration with WHO.
- Strong frameworks based on the SDGs exist in some countries that emphasize AT usage and provision.
- In some countries, there is national policy to cover or subsidize the cost of AT for persons with disabilities and older people.
- Agencies responsible for AT provision in one country are improving access by opening centres in peripheral districts and regions.

C. Are some of the aspects of the enabling environment presented being addressed by your country? Does your country have any initiatives on enabling the environment other than what has been presented?

- There was variation between countries regarding policies and regulations to create enabling environments. Some countries lack these, while national integrated programmes and other initiatives to empower and enable persons with disabilities in their environments have been adopted in others.
- In some of the latter countries, legal frameworks exist to promote universal design (for buildings, transport, etc.) to enforce enabling environments by law.
- One of the participating nongovernmental organizations noted that the technological environment also has an impact on persons with disabilities using AT, as enabling environments include much more than ramps and building design; poorly-developed technological environments can also be a hindering factor in using some AT.

D. Do you have any other comments on the key contents presented?

- Currently, and in the report, there is no differentiation between digital AT and supportive AT. Differentiation can help increase coverage.
- There was a suggestion from some countries to present the 5Ps in one list of recommendations rather than splitting them into sections as many actions are intersectoral and can be included in more than one domain.
- Regarding local manufacturing, it would be useful to refer to any international standards that countries can use as a guide to ensure the quality and efficacy of AT production.
- Increasing the awareness of people in need (and their families) of their right to – and the benefits of – AT, and where to get it, from the policy level to service level, should be emphasized.
- Digital methods of communication and collecting feedback from users and other beneficiaries should be strengthened.
- No AT usage was reported by countries in the report for the ages 0–4, highlighting the lack of utilization of AT in early intervention strategies. This issue needs addressing.

Discussions on the recommendations section

Groups were also requested to provide feedback on the draft recommendations of the GReAT based on each action area. A summary of the feedback is provided below.

People

- Emphasize the role of early detection of disabilities.
- Educational material should be unified to ensure equal access.

- Mention or address the stigma factor in recommendation 3 on fighting against social stigmas.
- Potential users need to be made aware of the possible AT products and how they could meet their needs.

Products

- Identify and develop an essential AT list for primary care, similar to the essential drug list, instead of having only a priority list.
- Reduce customs and taxes on the importation of AT devices.
- Shorten the regulatory process for registration of AT devices to accelerate access to the market.
- Encourage local manufacturing by sharing and transferring technology to reduce manufacturing costs.
- Ensure the quality of locally-produced products.
- Promote the training of people involved in the process.
- Technology producers should consider accessibility.
- Each country should have a directory of services that provides all AT products divided into different categories, providing an explanation about each one and where to find them.
- Add to recommendation 7 the introduction of laws regulating specifications for locally-manufactured products.
- Assign an entity that works (whether virtually or in person) with those in need to manage cases, referrals and information.
- Add to recommendation 15 a stakeholders committee to inform ministries of the work of each sector; this would make referral systems easier.
- Some countries believe that recommendations 7 and 12 should be further defined and reinforced.
- Collaboration should be emphasized.

Provision

- Establish a national system that records provision to ensure fair provision and limit duplication in service delivery.
- Encourage technology holders by protecting intellectual property.
- One country recommended moving recommendation 18 to *Products*.

Personnel

- Strengthen certification for staff providing services.
- Recommendation 20 needs to include ensuring there are minimum standards regarding qualifications for staff providing services.
- Include plans for training and postgraduate education for personnel working on AT.

Policy

- Address the role of industry in AT, including local manufacturing, the supply chain, fair pricing, etc.
- It should be a right for people in need of AT to access AT free of charge, especially for those who cannot afford the required AT. Determine a "most essential" AT list to help prioritize funding.
- Recommendations 44 and 45 should be added to the Policy section: Monitor and evaluate programmes that include AT; and encourage the selling of AT devices to the public sector to increase accessibility to a larger group of patients.
- Implement national AT surveillance systems that are updated routinely to inform persons in need, AT providers and policy-makers on needs and/or service provision throughout the different levels of health care.
- Further elaboration of recommendations 30 and 31 is needed.

Humanitarian crises

- All countries felt that recommendations were relevant for their context and no modifications were proposed.

4. Next steps

The second global consultation is planned to be held by the end of October 2021, which together with the regional consultations, progress indicators and final rATA outcomes will feed into the development of the final version of the global report. The approval for launching the report will then be obtained by December 2021 and the final launch will take place before April 2022.

WHO encourages Member States to adopt the recommendations from the GReAT once they are finalized and to develop and improve national strategies with the help of the report's key messages and guidance.

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