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WHO events addressing public health priorities

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This report was prepared from the Summary report on the Regional consultation on the WHOUNICEF global report on assistive technology (GReAT) Virtual meeting 4 October 2021. https://applications.emro.who.int/docs/WHOEMHLP131E-eng.pdf?ua=1

Introduction

Assistive technology is an aspect of health technology that helps maintain, improve and promote the well-being of individuals and empower them to live healthy, productive, independent and dignified lives (1). The lack of assistive products can exacerbate exclusion, isolation and poverty, and the impact of disease and disability. There is an increasing need for assistive technology and rehabilitation services in the EMR and globally, driven by an increase in the occurrence of noncommunicable diseases, injuries and aging (2). Assistive technology is very crucial for the achievement of the health-related targets of the Sustainable Development Goals (SDGs) (3).

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 (2), which was reinforced in 2018 by World Health Assembly resolution WHA71.82 (4). In January 2019, WHO and UNICEF began preparing a global report on effective access to assistive technology (GReAT), based on available scientific evidence (5). The report aimed to highlight the status of access to assistive technology, draw attention to its need and benefits, recommend actions to improve access, and facilitate implementation of the UN Convention on the Rights of Persons with Disabilities (6).

In October 2021, WHO/EMRO held a virtual regional consultation to review the GReAT, as part of global consultations to inform WHO and UNICEF Member States about key findings of the report, validate its contents based on regional perspectives, and discuss key recommendations and way forward.

Summary of discussions

As part of the GReAT, WHO/EMRO conducted country-specific rapid assessment of assisted technology in the EMR and published a regional report in 2018 (7), which was endorsed by the Regional Committee in 2020.

The first section of the GReAT describes assistive technology and its human rights, those who need it, its benefits to individuals and communities, the international policy frameworks, the impact of an emergency on assistive technology, and access. The second section presents data on assistive technology, mainly progress indicators and reports of the rapid assistive technology assessment (rATA) conducted. The third section provides recommendation on how to tackle the barriers to assistive technology, including those relating to availability, accessibility, affordability, adaptability, and quality. The fourth section highlights factors that can help build an enabling environment for universal access to assistive technology. The fifth section presents recommendations to improve access to assistive technology based on six action areas: people, products, provision, personnel, policy (5Ps), and humanitarian crises. Participants discussed the different sections and how they apply to the situation in EMR countries.

In the EMR, the Islamic Republic of Iran, Iraq, Jordan, and Pakistan participated in and completed their rATA, and they made presentations on this during the meeting.

Representatives of countries and other participants discussed and answered some key questions: Does your country collect data on access to assistive technology? Do the figures

presented reflect the status of assistive technology access in your country? Does your country experience similar or other barriers in addition 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? 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?

Barriers experienced by countries but not included in the report were: the fear of stigmatizing people using assistive technology, lack of assistive technology governance and fragmentation of efforts, absence of local manufacturing despite initiatives in some countries to improve assistive technology, inability to adapt imported assistive technology devices to local context, and non-recognition of assistive technologies related to communication and cognitive difficulties.

Policies and regulations to create enabling environments for assistive technology vary among the countries. Some countries lack these, while others have national integrated programmes and initiatives to empower and enable persons with disabilities. Some of the countries that have national integrated programmes and initiatives also have legal frameworks to promote universal design for buildings, transport, etc.

Key recommendations

To WHO and UNICEF

Differentiate between digital assistive technology and supportive assistive technology, to increase coverage.

Share international standards to guide local manufacturing of assistive technology.

Increase the awareness of people in need (and their families) on their rights to, and benefits of, assistive technology and where to get it, and unify the educational materials to ensure equal access.

Strengthen digital communication and feedback methods for assistive technology.

Identify and develop an essential list of assistive technology for primary care, such as the essential drug list, instead of having only a priority list.

Encourage local manufacturing by sharing and transferring technology, and ensure that locally manufactured products are of high-quality.

To Member States

Reduce customs duties and taxes on the importation of assistive technology devices and shorten the regulatory process for the registration of assistive technology devices.

Adopt the GReAT recommendations as soon as they are finalized and develop and implement national strategies on assistive technologies.

Develop and implement updated national assistive technology surveillance systems at different levels of healthcare.

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