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**FRAMEWORK FOR IMPROVING ACCESS TO ASSISTIVE TECHNOLOGY IN THE
WHO AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. Assistive technology is a subset 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, such as eyeglasses, hearing aids and wheelchairs”. Assistive products can benefit a wide range of people, including those with disabilities and noncommunicable diseases, as well as older people. It has been recognized that assistive technology is one of the key factors for the success of primary health care.
2. In the WHO African Region, the prevalence of disabilities is estimated at 15.6%. With an estimated population of more than one billion, the number of people in need of at least one assistive product stands at over 200 million, with that figure projected to double by 2050.
3. Although assistive technology has socioeconomic benefits by reducing the poverty line for vulnerable groups, allowing for more productivity and reducing social exclusion, millions of Africans are deprived of their basic rights due to the unmet need for this technology.
4. Currently, only about 15% to 25% of people in need of assistive products have access to them. While there is a large unmet need for all types of assistive products in the WHO African Region, the actual coverage levels of these products are not proportional to the prevalence of impairment types.
5. Access to assistive technology services and products is not effectively implemented by Member States due to several challenges. They are mainly related to weak governance and inadequate domestic funding for assistive technology; weak promotion of public-private partnerships, insufficient regulatory capacity and fragmented supply of assistive products, combined with the shortage of skilled personnel and insufficient service provision.
6. In 2018, the World Health Assembly adopted resolution WHA71.8 on improving access to quality assistive technology at an affordable cost, strengthening national efforts and fostering international cooperation, thereby recalling the United Nations Convention on the Rights of Persons with Disabilities. In 2019, the Declaration of Astana on primary health care and the Decade of Healthy Ageing 2020–2030 underscored the need to model specific measures to improve access to assistive technology in order to “leave no one behind” and to make progress towards achieving universal health coverage and the Sustainable Development Goals.

7. In line with resolution WHA71.8 and the call for action made by ministers of health at the Sixty-ninth session of the WHO Regional Committee for Africa, this regional framework aims to guide Member States in planning and implementing priority interventions to promote access to assistive technology. It provides Member States with effective policy actions to increase availability and affordability of assistive technology according to their specific needs and contexts.

8. Within the framework, various milestones and targets are identified, focusing on five interlinked dimensions: people-centred approach, policy, products, provision and personnel. These targets will be achieved by reinforcing assistive technology as essential health products and services; establishing systems with strong policies and good governance; enabling provision and service delivery; increasing the availability of quality-assured assistive products and strengthening the capacity of the workforce. Member States can adopt and adapt specific actions defined under each priority intervention outlined in this framework.

9. The Regional Committee is invited to examine and adopt the actions proposed.

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ABBREVIATIONS

AP	assistive product
APL	Priority assistive products list
AT	assistive technology
ATA-C	assistive technology capacity assessment tool
CRPD	Convention on the Rights of Persons with Disabilities
GATE	Global Cooperation on Assistive Technology
NCDs	noncommunicable diseases
rATA	rapid assistive technology assessment tool
SDGs	Sustainable Development Goals
UHC	universal health coverage
WHO	World Health Organization

INTRODUCTION

1. Assistive technology, as defined by the World Health Organization, is a subset 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, such as eyeglasses, hearing aids and wheelchairs”. Assistive products maintain or improve an individual’s functioning and independence, thereby promoting their well-being.¹
2. Assistive technology is required by a broad spectrum of the population including people with chronic health conditions, persons with disabilities, the elderly as well as the broader population, who may experience some temporary or lifelong impairment or functional decline across the life cycle. Assistive products need to be of good quality, safe, available and affordable at all levels of the health delivery system.
3. In May 2018, World Health Assembly resolution WHA71.8² urged Member States to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health coverage. The WHO Global disability action plan³, the Declaration of Astana on primary health care⁴, and the Decade of Healthy Ageing 2021–2030⁵ underscore the need to model specific measures to improve access to assistive technology in order to “leave no one behind” and to accelerate progress towards achieving Universal Health Coverage and the Sustainable Development Goals. Assistive technology is therefore recognized as a key factor for the success of rehabilitation and the primary health care approach.⁶
4. In the WHO African Region, millions of people are deprived of their basic rights such as access to education and the right to work, due to the unmet need for assistive technology.⁷ The current coverage of assistive products is not proportional to the prevalence of disability types.
5. The regional framework aims to guide Member States in the planning and implementation of priority interventions to promote access to assistive technology. It provides Member States with effective policy actions to increase availability and affordability of assistive technology according to their specific needs and contexts, and thus progressively realize the measures required by the Convention on the Rights of Persons with Disabilities.⁸

¹ World Health Organization (2018) Assistive technology: (<https://www.who.int/en/news-room/fact-sheets/detail/assistive-technology>, accessed 21 January 2021).

² World Health Organization (2018) World Health Assembly resolution on Improving access to assistive technology, Geneva: WHO

³ World Health Organization. (2015). WHO global disability action plan 2014-2021: better health for all people with disability. World Health Organization. <https://apps.who.int/iris/handle/10665/199544>

⁴ World Health Organization and the United Nations Children’s Fund (UNICEF) (2019) Decade of Healthy Ageing 2020–2030, Geneva: WHO.

⁵ World Health Organization and the United Nations Children’s Fund (UNICEF) (2019) Decade of Healthy Ageing 2020–2030, Geneva: WHO.

⁶ World Health organization (2018) Access to rehabilitation in primary health care: an ongoing challenge , WHO edn., Geneva:

⁷ de AH, Øderud T. Assistive technology in low-income countries. In: MacLachlan M, Swartz L, editors. (2009) Disability & international development: towards inclusive global health. New York: Springer.

⁸ United Nations (2006) Convention on the Rights of Persons with Disabilities, New York: UN.

CURRENT SITUATION

6. In the WHO African Region, the prevalence of moderate and severe disability is estimated at 15.6%.⁹ With an estimated population of more than one billion, the proportion of people who need eyeglasses and low vision aids, wheelchairs, mobility, hearing and cognitive aids, ranges between 0.5% and 15%.¹⁰ This corresponds to over 200 million persons who need at least one assistive product, with that figure projected to reach 400 million by 2050 with ageing populations, a rise in noncommunicable diseases and the growing number of people living with the consequences of injury.¹¹

7. Disability is more common among women, older people, children and adults who are poor, but also among those affected by conflicts and disasters.¹² People with disabilities are more prone to lack of education and deficient living conditions – including insufficient food, poor housing, lack of access to safe water and sanitation.¹³ This exposes them to the highest risks of infectious and non-infectious diseases.¹⁴

8. Most Member States have ratified the Convention on the Rights of Persons with Disabilities (CRPD)¹⁵ and the majority of them in the WHO African Region have a legal framework for its implementation.¹⁶ Despite these legal frameworks, only 37% and 39%¹⁷ respectively have developed a national strategy and a national priority list for assistive technology as a basis for investments to address the needs and rights of persons with disabilities. Moreover, the essential health services packages are yet to incorporate interventions that will make assistive technology services and products available, especially at the primary care level.

9. In the WHO African Region, about 15% to 25% of those in need of assistive products have access to them.¹⁸ The current coverage of these products is not proportional to the large unmet need for all types of assistive products. For example, in Botswana, 60% of people with hearing impairments and 31% of those with mobility impairments do not have access to assistive technology.¹⁹ In parallel, people with disabilities often do not receive the needed health care, and approximately half of them cannot afford it.²⁰ In Malawi, Namibia, Zambia, and Zimbabwe, only 26% to 55% of people receive the medical rehabilitation they need,

⁹ World Health Organization. World Report on Disability. Geneva: World Health Organization; 2011.

¹⁰ World Health Organization (2018) Assistive technology: (<https://www.who.int/en/news-room/fact-sheets/detail/assistive-technology>, accessed 21 January 2021).

¹¹ World Health Organization. Priority Assistive Products List: Improving access to assistive technology for everyone, everywhere. Geneva World Health Organization; 2016

¹² World Health Organization (2011). World Report on Disability. Geneva: World Health Organization;

¹³ World Health Organization (2017) 10 facts on disability: (<https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>, accessed 15th February 2021)

¹⁴ World Health Organization (2018) Disabilities: (<https://www.afro.who.int/health-topics/disabilities>, accessed 20 January 2021).

¹⁵ United Nations Human Rights Office of the High Commissioner (2021) STATUS OF RATIFICATION INTERACTIVE DASHBOARD: (<https://indicators.ohchr.org/>, accessed 15 February 2021).

¹⁶ World Health Organization (2019) Assistive technology in the African region: results of an online rapid assistive technology capacity survey. Regional Office for Africa: WHO

¹⁷ World Health Organization (2020) Assistive technology in the African region: results of an online rapid assistive technology capacity survey. Regional Office for Africa: WHO

¹⁸ Matter, R., Harniss, M., Oderud, T., Borg, J. & Eide, A.H., 2016, 'Assistive technology in resource-limited environments: A scoping review', *Disability and Rehabilitation: Assistive Technology* 12(2), 105–111. <https://doi.org/10.1080/17483107.2016.1188170>

¹⁹ Matter RA, Eide AH. Access to assistive technology in two Southern African countries. *BMC Health Serv Res.* 2018;18(1):792. Published 2018 Oct 19. doi:10.1186/s12913-018-3605-9

²⁰ World Health Organization. World Report on Disability. Geneva: World Health Organization; 2011.

while only 17% to 37% receive the assistive devices they need such as wheelchairs, prostheses and hearing aids.²¹

10. Only 38%¹⁶ of Member States subsidize or have in place a government financing or insurance scheme which provides assistive technology coverage and allocates a budget line to assistive technology services and products. Hence, more than 60% and sometimes up to 90% of assistive technology expenditures are out-of-pocket.¹⁶

11. Most Member States report having less than 50%¹⁶ of the required personnel in place for the safe and effective provision of assistive technology, including for the comprehensive assessment, prescription, and maintenance of assistive products, and they are mostly predominant at the tertiary level.¹⁴ This situation is exacerbated by the limited training opportunities²² available, with less than 38% of Member States offering education programmes¹⁴ on assistive technology.

12. In 2014, WHO and partners established the Global Cooperation on Assistive Technology (GATE) to promote joint efforts. This partnership has the promise to improve access to high-quality and affordable assistive products, focusing on five interlinked areas (5Ps): people, policy, products, provision and personnel²³.

ISSUES AND CHALLENGES

13. **Weak governance:** Despite the existence of legal frameworks in all Member States promoting the rights of people living with disabilities, there are discrepancies in the effective implementation of these frameworks, with little or no national strategy, mechanism or plan in place to advance access to assistive technology. There is lack of prioritization, leading to inadequate allocation of resources, weak intersectoral collaboration, and limited public-private partnerships.

14. **Inadequate domestic funding:** Limited funds are allocated by governments to ensure adequate coverage of assistive technology. Assistive technology is mostly excluded from health financing and insurance schemes, jeopardizing service provision, letting people cater for out-of-pocket payments, and limiting the overall equitable access to services.

15. **Insufficient regulatory capacity:** The regulatory capacity for medical products is yet to be extended to cover assistive products. Most regulatory authorities are not registering these products or inspecting their manufacturing facilities or monitoring their safety, including for donated products. Specifications and catalogues for assistive products are barely implemented in Member States, leading to concerns on their quality and relevance.

16. **Limited procurement system:** Member States rely on international procurement due to limited local production. There is limited availability of assistive products through the public sector, and they are not included in central medical store catalogues. A comprehensive, large-scale or national procurement system for assistive products is lacking in Member States. Procurement occurs primarily in a scattered and ad-hoc manner, and is neither driven by detailed product requirements nor by demand forecasts.

²¹ Southern African Federation of the Disabled, Norwegian Federation of Disabled People, (2007) SINTEF. Living conditions among people with activity limitation in Southern Africa: representative surveys on living conditions among people with activity limitations in Malawi, Namibia, Zambia, Zimbabwe and Mozambique, Oslo, SINTEF.

²² Clinton Health Access Initiative (CHAI) (2020) Final Report: Assistive Technology Country Capacity Assessment in seven African Countries using WHO Assistive Technology Assessment-Capacity Tool, GDI: CHAI.

²³ World Health Organization (2015) Global Cooperation on Assistive Technology: (https://www.who.int/phi/implementation/assistive_technology/phi_gate/en/, accessed 20 January 2021)

17. **Shortage of skilled personnel:** An assistive technology workforce exists in almost all Member States. However, there are insufficient numbers of personnel at all levels of the health system with the required knowledge and skills to provide assistive technology services and products. This situation is aggravated by the limited training opportunities, educational and accreditation programmes available to qualify the workforce on comprehensive assessment, prescription, maintenance and repairs.

18. **Insufficient service provision:** There is little regulation on the prescription and/or provision of assistive technology and a suitable environment for their deployment. The provision of services is fragmented and uncoordinated, with limited involvement of the social sector. The absence of standards and guidelines for assistive technology service delivery to guide prescription creates discrepancies and disparities of service quality. Also, the provision of assistive technology happens mainly at the tertiary health care level with no formal referral system reported. Consequently, most service users must travel a long distance to access assistive technology, thereby experiencing an additional financial burden.

19. **Information and research gaps:** The lack of efficient information management systems impedes decision-making to inform policies and stewardship interventions. It prevents Member States from obtaining data to understand the needs and unmet needs of the population and the barriers they face in accessing assistive technology. Only seven Member States²⁴ in the WHO African Region completed a capacity assessment (ATA-C) as recommended.

20. **Lack of preparedness and response plans to health emergencies:** The COVID-19 pandemic reconfirmed that preparedness and response plans often fail to provide for assistive technology. When there is a surge in demand for assistive technology during health emergencies related to natural disasters or conflict, people with pre-existing needs often lose their assistive products, and the number of affected people requires an increase in the provision of such products. Integrating provision of assistive technology into emergency preparedness and response planning facilitates earlier hospital discharge and prevents excess morbidity.

21. In spite of these challenges, the need to ensure provision of assistive technology is crucial for attainment of universal health coverage and other health-related SDGs.

VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS

22. **Vision:** A healthy, productive and dignified life across the life course for people, families and communities experiencing impairment and functional decline in the African Region.

23. **Goal:** The population requiring assistive technology services have access to appropriate high-quality, demand-driven, affordable assistive services and products in a manner that contributes to the attainment of universal health coverage results in the Member States of the WHO African Region.

24. Objectives

(a) Reinforce governance and strengthen leadership and political support for the provision of assistive technology for all age groups, genders, and functional limitations.

²⁴ Ethiopia, Liberia, Malawi, Nigeria, Rwanda, Sierra Leone and Uganda.

- (b) Increase availability, affordability and technology transfer of high-quality, safe and effective assistive products.
- (c) Improve the availability of qualified personnel at all levels.
- (d) Expand the coverage of services for the provision of assistive products.

25. **Targets and milestones**

(a) **Target by 2030:**

Forty per cent of the population in need of assistive products in the Member States of the WHO African Region have access to them without suffering financial hardship.

(b) **Milestones by 2024:**

- (i) 40% of Member States have conducted an assessment of their assistive technology situation;
- (ii) 40% of Member States have developed a national strategy to improve access to assistive technology;
- (iii) 40% of Member States have established a governance framework to improve inter-sectoral coordination on assistive technology;
- (iv) 35% of the Member States have adopted and adapted technical guidelines and standards for the safe provision of assistive technology.
- (v) 35% of Member States have integrated the supply of quality-assured assistive products into their national procurement plans;

(c) **Milestones by 2027:**

- (i) 80% of Member States have conducted an assessment of their assistive technology situation;
- (ii) 80% of Member States have developed a national strategy to improve access to assistive technology;
- (iii) 75% of Member States have established a governance framework to improve inter-sectoral coordination on assistive technology;
- (iv) 75% of the Member States have adopted and adapted technical guidelines and standards for the safe provision of assistive technology;
- (v) 50% of Member States have integrated the supply of quality-assured assistive products into their national procurement plans;
- (vi) 40% of Member States have implemented training plans for assistive technology health care workers;
- (vii) 35% of Member States have in place a functional national assistive technology programme;
- (viii) At least 15% of assistive product needs are covered by local production.

GUIDING PRINCIPLES

26. **Equity and human rights:** Everyone is entitled to the full and equal enjoyment of all human rights and fundamental freedoms. No one should incur additional costs because of functional limitations. The provision of services should be equitable to avoid discrepancies between genders, age groups, impairment groups, socioeconomic groups and geographical regions.

27. **Government ownership:** Governments should provide leadership, coordination and resources in the planning and implementation of interventions to increase and sustain access to assistive technology. Provision should also be made for the integration of assistive technology in health care monitoring frameworks.

28. **Use of a comprehensive primary health care approach:** This entails: (1) universal access to interventions across the public health functions; (2) equity in opportunities across all age cohorts; (3) real community participation and ownership; (4) intersectoral collaboration; and (5) public financing and appropriate use of resources.

29. **Multisectoral and synergistic partnerships:** Assistive technology should be steered as a whole in an inclusive manner and involve public-private partnerships as outlined in the primary health care approach. Intersectoral cooperation and a collaborative approach will ensure that the outcome is greater than the sum of each part.

30. **Evidence-based policies and interventions:** Interventions should be informed by robust scientific and practice-based evidence. Action should be built on existing knowledge, and results widely disseminated.

31. **Anchoring in the Transformation Agenda of the WHO Secretariat in the African Region:** It seeks to engender a regional health approach that is foresighted, proactive, responsive, results-driven, transparent, accountable, appropriately resourced and equipped to deliver on the WHO mandate.

PRIORITY INTERVENTIONS AND ACTIONS

32. This Regional framework for improving access to assistive technology has identified priority interventions which will fast-track attainment of the objectives of universal health coverage, primary health care and the SDGs. Improving access to assistive technology requires a people-centred assistive technology ecosystem. To achieve this, efforts are required in the four specific areas built around a people-centred approach: policy, products, personnel and provision.

Political and institutional foundations for assistive technology in the UHC agenda

33. **Developing and implementing evidence-based policies and plans:** Member States should develop national assistive technology and rehabilitation programmes, policies and strategic plans to ensure the sustainability of service provision and universal access to assistive products and to increase availability and financial acceptability of assistive technologies and products.

34. **Enabling the governance system:** Member States should strengthen the governance system and institutionalize national policy frameworks for assistive technology through the adoption of standards and the establishment of multisectoral coordination mechanisms. Member States should create the conditions for assistive technology services to flourish in the social, non-profit, private for-profit and public sectors, and bring together the relevant stakeholders by establishing a national committee for coordination of assistive technology services, and strengthening collaboration with the shared goal of ensuring access to assistive technology.

35. **Focusing on population needs and the context:** Member States should develop a National Priority Assistive Product List, based on population needs and available resources.

The list will guide the manufacturing, procurement and use of assistive products. The essential health package should be revised to include assistive products.

36. Strengthening monitoring and evaluation systems: Member States should enhance existing data systems and abilities at the national level to ensure accurate estimation of population needs and demand, while overseeing the delivery of assistive technology. Member States should establish a monitoring and reporting system on policy implementation to ensure accountability and to inform policies and programmes.

37. Developing innovative domestic financing schemes: Member States should develop innovative domestic financing mechanisms to secure sustained implementation of national and subnational policies and actions aimed at increasing availability of assistive products. Assistive technology should be integrated into national health financing and insurance systems, and tariffs and taxes on assistive devices should be reduced and, if possible, eliminated.

38. Advancing research and development: Member States should develop a national assistive technology research agenda and stimulate regional and international collaboration for research and innovation. The development of a national assistive technology research agenda will complement, support and guide the development and provision of assistive technology in a country. Best practices should be recorded and disseminated at local, regional and global levels.

Better availability and affordability of quality-assured assistive products

39. Strengthening regulatory capacity for assistive products: Member States should establish standards and regulatory mechanisms that guarantee the production, supply and provision of quality-assured assistive devices according to the national assistive priority list, while ensuring their financial acceptability. National regulatory authorities should expand the scope of their functions to include assistive products, with the aim of ensuring their registration and market surveillance, as well as monitoring their safety.

40. Improving the procurement and supply system for assistive technology: Member States should improve availability of assistive products at all levels of the health sector by scaling up innovative mechanisms such as pooled procurement, the adoption of strategic procurement and sourcing processes, and by committing to key principles of health technology supply management.

41. Promoting local production: Member States should encourage the local manufacturing of assistive products by creating an investment framework favourable to local production through political and economic incentives and a sound public-private partnership framework. Regional collaborative approaches that yield faster results (risk-sharing, comparative advantages) need to be strengthened. Member States should ensure functional legal and policy frameworks to support public-private partnerships and increase investment in regulatory systems for quality assurance of essential products, including those manufactured locally.

Expanded provision and delivery of services through primary health care

42. Improving service coverage: Member States should extend the geographical coverage and range of assistive technology services, particularly at the primary health care level, to ensure that services are available and closer to communities, thus enabling everyone to benefit from them. Member States should mainstream assistive technology into the primary

health services referral pathways for the provision of assistive products at the different levels of the health system.

43. Prioritizing community-based interventions: Member States should involve communities in the planning and delivery of assistive technology services to improve their reach and effectiveness. The provision of assistive technology services should be organized within the framework of viable local governance systems such as health districts or equivalent structures. Policy coherence should be ensured across sectors, with the implementation of community initiatives that stimulate engagement by all stakeholders to enhance participation and community ownership by involving people who use assistive technology, their family members, and organizations as key resources to take a more people-centred approach.

44. Fostering efficiency and quality of assistive technology service delivery and provision: Member States should include priority assistive products in their essential health services package and develop comprehensive service delivery guidelines and/or standards to guide the provision of assistive technology and ensure their availability in sufficient quantities to meet the needs of users on request.

45. Establishing enabling infrastructures: Member States should develop plans for ensuring that service facilities are physically, cognitively, socially and culturally appropriate by carefully designing assistive technology service facilities and adapting their layout and size to simplify users' access.

46. Include assistive technology in national disaster and conflict preparedness and response plans: Member States should provide assistive technology in disaster and conflict situations. Preparedness and response plans must ensure that pre-existing needs and those emerging because of these situations are adequately addressed.

Surge of well-trained personnel

47. Increase workforce for assistive technology: Member States should build the capacity of their health workforce through priority assistive product pre-service and in-service training programmes and develop strategies to retain them. They should foster competency-based accreditation of assistive technology personnel and train more community-level workers with the aim of expanding the skill set of existing health personnel. Member States should explore possibilities for increasing local and/or regional capacity for specialist training and for continuous professional development.

48. Promoting harmonization and collaboration: Member States should establish networks of experts to strengthen intercountry collaboration and joint efforts on assistive technology through pooling of expertise. Centres of excellence on assistive technology should be established to increase training opportunities and ensure harmonization of curricula on assistive technology. Member States should also establish platforms to share experiences and promote best practices along the assistive technology value chain, including research and development, local manufacturing, procurement and supply management, regulatory capacity and use.

49. Implementation of the priority interventions and actions as defined above will be assessed by Member States, and progress reports will be presented for review by the Regional Committee every three years.

ACTIONS PROPOSED

50. The Regional Committee is invited to examine and adopt the actions proposed.

ANNEX: EXISTING TOOLS TO SUPPORT IMPLEMENTATION OF ASSISTIVE TECHNOLOGY POLICIES AND PLANS²⁵

In 2014, WHO set up a global framework aimed at increasing access to high-quality, affordable assistive technology called Global Cooperation on Assistive Technology (GATE). GATE's long-term goal is to include assistive technology in universal health coverage, ensuring all people have access to quality assistive technology when and where they need it, without facing financial hardship, thus contributing to the realization of the obligations of the Convention on the Rights of Persons with Disabilities.

GATE focuses on the assistive technology sector's five interlinked blocks:



- **People:** pushing all stakeholders to adopt a user-centred approach
- **Policy:** creating tools to support the development of national assistive technology policies and programmes
- **Products:** listing national priority products, thus fostering production, procurement and service provision of those products, as well as guiding reimbursement policies and shaping the markets
- **Provision:** advising on innovative models of service provision
- **Personnel:** making assistive product training packages available for selected assistive products, covering assessment and prescription, fitting and user training, follow-up and servicing.

WHO has also developed:

- **“Policy Brief: Access to Assistive Technology”** for policy-makers in any ministry involved in designing assistive technology policies and programmes (such as ministries of health, finance and social welfare), especially those involved in designing universal health coverage programmes.
- **A Priority Assistive Products List (APL)** as the first stage of implementing a global commitment to improve access to assistive products. The APL includes 50 priority assistive products, selected on the basis of widespread need and impact on a person's life. The aim is to provide Member States with a model from which to develop a national priority assistive products list according to national needs and available resources.
- **Assistive Procurement Specification (APS) and procurement manual** (under development) to support procurement services at the country level in procuring good quality and affordable assistive products and related service.
- **Training on assistive products (TAP):** Online learning to equip personnel at the primary level to recognize needs and provide simple assistive products at the community level.
- The **assistive technology assessment (ATA) toolkit** to support Member States in collecting data on assistive technology. The ATA toolkit consists of three data collection tools that address the following questions:
 - What are the met and unmet population needs in terms of access to assistive technology?
 - What is the country's capacity to meet the identified unmet needs?
 - What is the impact of assistive technology on the people who use it?

²⁵ World Health organization (2019) Global Cooperation on Assistive Technology, Available at: (https://www.who.int/phi/implementation/assistive_technology/phi_gate/en/, accessed 6 April 2021).

The ATA toolkit will help Member States to collect data to inform decisions on policy and programme design, raise awareness on the need and impact of assistive technology, and galvanize political support and resources for assistive technology. The ATA toolkit includes:

- The **assistive technology capacity assessment (ATA-C)**, a system-level tool to evaluate a country's capacity to finance, regulate, procure and provide assistive technology. The implementation process can also serve to bring diverse stakeholders together and build momentum for action.
- The **rapid assistive technology assessment (rATA)**, a population-based household survey that measures the needs, demand and barriers to accessing assistive technology. The tool can be used alone, incorporated into broader household surveys or in national censuses.
- The **assistive technology impact assessment tool (ATA-I)** (under development) is a population-based household survey used to measure the impact of assistive technology on individuals. The tool is designed to collect information on the impact of assistive technology on a person's empowerment, inclusion, participation, quality of life, dignity, and enjoyment of human rights.

In addition, a decline of informal systems of social protection in the form of support from both the extended family and community due to rapid urbanization and migration of young people in the Region poses further challenges.

- (a) To provide guidance and support to Member States to develop policies and build collaborative multisectoral partnerships to combat ageism and promote age-friendly environments.
- (b) To articulate priority actions to deliver and monitor person-centred and integrated services and long-term care that responds to the needs of older people, their families, and communities.