Global Cooperation on Assistive Health Technology

Meeting minutes

Introduction

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) identifies access to mobility aids, assistive devices and technologies as a human rights obligation that every Member State must fulfil and the importance of international cooperation to improve access (article 32).

In September of 2013, the Government of Philippines in partnership with United Nations Department for Economic and Social Affairs and the World Health Organization (WHO) hosted a unique multi-agency side event: “Assistive Technology Opens Doors” — to draw attention of the Member States on this important issue and to get a broad range of stakeholders together. During the side event, WHO was requested by the key stakeholders to develop and provide leadership to a global initiative to realize several articles of the CRPD, article 32 in particular – Global cooperation on Assistive Technology (www.g-a-t-e.org).

While preparing to develop a global initiative, WHO soon realized that there was an urgent need to redefine the whole sector on a broader basis taking into consideration its wider roles and needs, going beyond the common traditional perception that ‘assistive devices are only for people with disabilities’. The current definition of assistive products and technology merely sustains this perception. Considering this, WHO proposed a paradigm shift – redefining assistive technology as Assistive Health Technology (AHT) and assistive products as Assistive Health Products (AHP) based on the International Classification of Functioning, Disability and Health (ICF).

Based on WHO’s expertise and experience, WHO decided to develop a new global initiative – Global Cooperation on Assistive Health Technology (GATE) with following core functions:

1. Engaging in partnerships to promote AHT and providing leadership
2. Stimulating the generation, translation and dissemination of valuable knowledge related to AHT
3. Articulating ethical and evidence-based Policies/Norms/Guidelines/Best practices through an impartial global knowledge hub
4. Setting policy, norms and standards and promoting and monitoring their implementation;
5. Shaping the research agenda and promoting research initiatives
6. Encouraging innovation in developing high-quality affordable AHP
7. Providing technical support, catalyzing change, and building sustainable institutional capacity in the field of AHT.
To realize the mandate and to reach the unreached, WHO decided to host the 1st stakeholders meeting to develop GATE on 3 & 4 July, 2014 at its headquarters. 84 participants coming from the Member States, international organizations, organizations of the service providers, professional organizations, academia and user groups took part in the meeting.

Thursday, July 3

Welcome Address & GATE Background

Kees de Joncheere, Director, Department of Essential Medicines and Health Products, WHO

- WHO envisages GATE to be a merger of expertise, competence and entrepreneurial ingenuity and dynamism aimed at innovation, development, production, distribution and financing solutions designed to meet the crucial and ever-increasing need to secure access to Assistive Health Technology (AHT) for all people in need across the globe.

- Challenges for GATE are significant and include:
  - Limited funding for development and production;
  - Weak or non-existent procurement systems;
  - Absence of safety measures and inadequate servicing and user training;
  - A lack of clear understanding of the need for and benefit of AHT;
  - Lack of needs assessment, inappropriate design and fitting;
  - Failure of a service infrastructure to produce and maintain devices, and;
  - Absence of a properly trained workforce.

- Encouraged open discussion regarding the functions of GATE including key recommendations and a Plan of Action.

Video Message from Marie-Paule Kieny

Marie-Paule Kieny, Assistant Director General, Health Systems and Innovation, WHO

[Video message from Marie-Paule Kieny welcomed participants and pledged WHO’s commitment to GATE and expressed her belief that ‘opening the GATE’ represents a shifting paradigm that will be a key initiative of the Health Systems & Innovation cluster over the coming years.]

Most important take-home points:

- One of the cornerstones of Universal Health Coverage is access to essential medicines and technologies – all health technologies, including AHT.
- Developing and operationalizing GATE is a big challenge that cannot be met alone. GATE represents an opportune moment to guarantee access to high-quality, affordable health products.
- WHO is ready to provide the leadership and impetus to improve access to AHT through the GATE initiative.
- GATE would become a WHO flagship programme.
Key Messages

**Stuti Kacker**, Secretary of Department of Disability Affairs, Ministry of Social Justice & Empowerment, India

- Emphasized the importance of WHO leadership around the concept of AHT, particularly with regard to product development.
- Need to encourage more manufacturers to participate in AHT market.
- WHO should guide the Member States with product specifications, training, transfer of technology and models for AHT service delivery—models that can be applied under a wide range of settings.
- Recommendation for the formation of an AHT knowledge hub to share experiences, expertise and ideas.

**Maryanne Diamond**, Chairperson, International Disability Alliance (IDA)

- IDA recognizes lack of access to quality assistive devices in most of the world for most people with disabilities is a major issue.
- IDA has several concerns regarding AT access and service delivery including:
  - Lack of demand
  - Low quality of affordable devices
  - High price of quality products
  - Lack of adequate training for professionals and users of AT
  - Lack of information about what AT devices are available

**Shuichi Ohno**, Executive Director, The Nippon Foundation

- The Nippon Foundation (NF) belief that every human being—including persons with disabilities—wants to participate and contribute to society and that assistive technology is one of the key agents of achieving this goal.
- NF has observed the enormous benefits and changes in AT delivery brought by a trained workforce and how mobility can transform and empower the individual and the community.
- NF recognizes that a global AHT movement like GATE can create greater awareness and that will attract more investors, academics, entrepreneurs, inventors and innovators in the field of AHT.

**Evert-Jan Hoogerwerf**, President, Association for the Advancement of Assistive Technology in Europe (AAATE)

- Health care systems are fundamental for delivering AT but that alone cannot guarantee successful outcomes—neither for the end-user nor the AT vendors and service providers.
- Social, cultural and environmental factors are equally important and need to be addressed through a coordinated action among different stakeholders.
- UNCRPD principals and GATE efforts should be geared toward making participation, citizenship and equal opportunities meaningful words. There is a clear link between human rights, participation and development.

**Rob Horvath**, Manager, Programs for Vulnerable Populations, USAID

- Recalled early discussions regarding the vision of GATE and at the time, it was really only a pipe dream. Today, global cooperation on AHT is a reality and GATE sets into motion every new and collective AHT commitment to universal access.
USAID's commitment includes a pledge of up to $6 million dollars over the next six years to develop the GATE initiative.

Create a working group to insure that AHT is on the agenda for the 69th World Health Assembly in 2016.

Zafar Mirza, Coordinator, Public Health, Innovation & Intellectual Property, WHO

- WHO brings the much needed added value to develop the GATE initiative to ensure access to AHT for everyone everywhere.
- Universal Health Coverage (UHC) is not possible without reaching out to the people who are in need of AHT.
- GATE will be built upon WHO experience and expertise in the sectors of public health, innovation, disability, ageing, essential medicines and health technologies.

Chapal Khasnabis, Technical Officer, Public Health, Innovation & Intellectual Property, WHO

- As people are living longer with their health conditions and functioning status, Assistive Health Products (AHP) should be considered as fourth dimension/coordinates of the health products – 1) vaccines, 2) medicines, 3) medical devices including diagnostics and 4) assistive health products.
- With the context and momentum created by UNCRPD, UHC, and WHO Plan of Action 2014-21, GATE represents a timely opportunity to improve greater access to AHT and also link AHT and UHC.
- GATE meeting agenda has been developed based on the feedback received from following three questions:
  1. What do you think you or your organization can do?
  2. What do you think WHO should do?
  3. What do you think we can do together?

SESSION 1: Need for Partnership — Developing GATE

Moderator: Alex Ross, Director, WHO Centre for Health Development, Kobe, Japan

Current Met & Unmet Needs: Changing Scenario

Somnath Chatterji, Scientist, Surveys, Measurement and Analysis, WHO

Provided overview of WHO surveys, measurements and analysis of current and unmet needs highlighting the relationship between capacity (i.e. the person) and performance (the person’s functioning in their real life environment with barriers, hindrances and facilitators).

- Review of research demonstrating a significant and growing increase in the rate of disability/functional decrement relative to the percentage of the population over 60.
- What this means essentially is that AHT therefore cannot be focused on just a narrow set of impairments. It cannot be about a particular group of people — it is about all of us.
- Rethinking Assistive Health Technologies:
  - AHT not focused only on a collection of impairments;
AHT intended to improve the outcome of the interaction between a health condition and a person's real life environment;
AHT beneficial across the full spectrum of functioning;
AHT addresses both the features of the person and of the environment to improve functioning.

Population Ageing and Health: Dependency and Disability In Older Age

Islene Araujo De Carvalho, Senior Policy and Strategy Adviser, WHO

Presented an overview on Population Ageing and Health, highlighting dependency and disability in older age.

Why act on ageing?
- Human Rights
- Social Cohesion
- Economics

Need a ‘capabilities approach’ to ageing.

Provide early access to AHT to help maintain independence and avoid dependence.

With women living longer and serving as primary caregivers, gender is another AHT consideration.

What Evidence Exists?

Mark Harniss, Clinical Associate Professor, Rehabilitation Medicine, University of Washington

Made a presentation on the review conducted to support the development of health-related rehabilitation guidelines.

Scoping Review designed to:
- Support implementation of rehabilitation aspects of the CRPD;
- Provide guidance to governments and other stakeholders;
- Provide decision makers with evidence-informed recommendations;
- Existence of high quality empirical evidence is limited in the field of AHT and very little about service delivery/systems/funding.

Results of a Sample Survey

Lloyd Walker, Director, Tech4Life – Empowering lives through technology

Reported on WHO’s recent survey on assistive and medical devices for older people in six Western Pacific countries.

Strategies to improve access to assistive devices:
- More Government commitment and investment;
- Greater community awareness/education on AHT;
- Better and more consistent quality of AHT;
- Availability of appropriate devices — suitable for local need;
- Locally available support services;
- Health professional training;
Partnership with WHO – What It Means?

David Constantine, Founder, Motivation-UK

Made a presentation on partnerships and collaboration on the publication *Guidelines for the Provision of Manual Wheelchairs in Less-resourced Settings and its impact*.

- Motivation approach to enhance the quality of life of people with mobility disabilities:
  1. Survival
  2. Mobility
  3. Inclusion
  4. Empowerment
- WHO published guidelines have tremendous value – ‘Guidelines for Provision of Manual Wheelchairs in Less Resourced Settings’ helped to drive change, create momentum and provide support for better service provision.

Plenary: Need for Partnership — Developing GATE

- AHT should be positioned as a link and support to enable healthy ageing and engagement of older adults in society.
- AHT should be marketed/promoted as being essential to improve the ageing/disability experience.
- Issue of definition and terminology regarding AT and/or AHT/AHP needs further discussion.
- AHT awareness a critical factor.
- Need to consider AHT access and its impact on women who are caregivers and often underserved.
- Maintenance, repair, availability of spare parts and empowering local community to insure AHT meets its ultimate purpose.
- Important to offer education on the use of AHT to ensure success.
- Need further research to understand the best ways to improve access, service delivery, newer technologies and its cost effectiveness. Share/pool knowledge & resources, preferably in one place.

SESSION 2: Need for Partnership — Developing GATE

*Moderator: Stuti Kacker, Secretary of Department of Disability Affairs, Ministry of Social Justice & Empowerment, India*

**Perspectives from Service Providers Organization**

Luk Zelderloo, Secretary General, European Association of Service Providers for Persons with Disabilities (EASPD)

- PCT = Person Centered Technology
Move from cure- and care-technology towards activating and empowering Person Centered Technology
Shift in paradigm from a medical to a human rights approach

What can WHO do?
Facilitate networking among Disabled Persons Organizations (DPO), social service providers and the technology industry
Develop and support implementation of ethical frameworks

Challenges:
Independent information and advice are difficult to get;
Availability and quality of individual needs assessment;
Lack of consumer involvement in selection and purchase process;
Assistive technology is often expensive & difficult to get.

Perspectives from Organization of the Professionals
Alex Mihailidis, President, Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
RESNA is the champion of Assistive Technology Professional (ATP)/professional development programs in North American but now looking beyond and currently has nearly 1,200 members.
GATE concept is aligned with RESNA mission. However, goals of the GATE need to be achieved within the means and standards that have been developed over the last three decades.
Must ensure a safe working environment regardless of where AT service provision is provided.
Must ensure that professional competencies are met by those providing AT services
Need to take careful consideration regarding the de-medicalization of certain types of AT, as well as any consideration to broaden the current definition and categorization of Assistive Technology, as it could undermine existing funding systems.
GATE must not alienate or devalue those professions and professionals that provide AT for those in need.

Perspectives from Manufacturers Association
Soeren Hougaard, Secretary General, European Hearing Instrument Manufacturers Association (EHIMA)
Too many people worldwide suffer because they do not have access to the appropriate health technologies (WHO, 2012)
Successful fitting of a hearing aid is not just delivering an instrument but also ensures correct diagnosis, fitting, and counseling (services/systems).
Common mistake to consider hearing aids in isolation from the general health system. They are inter-linked.
EHIMA goal is to provide a long-term, sustainable appropriate hearing health care system — including awareness, diagnostics, delivery, rehab and service.
Although well developed technology, still stigma and reluctance to prioritise hearing care
How can EHIMA help?
Share experience, knowledge & networks on range of products and services
Provide existing standards that guide AHT provision
Participate in WHO working groups

Perspectives from Academic and Research Institutes

Rory Cooper, Director of Engineering, University of Pittsburgh

- Providing content & support for accredited AT programs – at many levels
- Fostering a knowledge base for credentialing AT providers – education, level, specialization, international/region/local
- Standards for AHT quality and safety – ISO, local/regional standards, LIC relevant, comparisons
- Research & Development knowledge base – methodologies, outcome measures, effectiveness studies, new AHT development, measurement tools
- Educating with a global perspective

Perspectives from International Organizations

Bob Chappell, President, World Council of Optometry

- Focus - world where high quality eye health and vision care is accessible to all people.
- Often low cost AHT (e.g. corrective spectacles) can make a big impact and prevent long term disability (including blindness). Beware of undiagnosed need.
- Global Action Plan - to ensure that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.
- Challenges include getting sufficient, educated practitioners with government action and integration into both health and disability agendas.

Plenary: Need for Partnership — Shared Perspectives

- Assistive technology includes software, readers, scanning, text-to-speech devices, etc. These tools have traditionally *not* been part of the health world. They are often purchased privately, not prescribed, and are not part of a medical model. This leads to additional concerns around the definitions and the language we use in describing and classifying Assistive Technology, Accessible Technology, and Assistive Health Technologies.
- Need to ensure that AHT/P are meaningful to the individual and that he/she should be positioned at the center of the process.
- Occupational therapists often see assistive devices that are being used incorrectly, inappropriately or not at all. Sometimes service providers inadvertently end up ‘de-skilling’ the individual.
- Need to keep in mind assessment and advice when we’re looking at AHT access and therefore, ongoing education and professional development is essential.
- Raised the issue of moving from a medical model to a social model and back again. Do not overlook essentials where AHT can be critical – such as continence.
- Sees dangers and risk of de-medicalization of AT and the subsequent impact on funding — Need to have different approaches for different settings.
- Raised the question of responsibility (i.e. liability).
  - Many manufacturers will not take risk when a need is associated with ‘a particular impairment.’
- Need an independent business model for service delivery agencies.
Model should be neutral and based upon the needs of the individual and not on any one AT device, vendor or company.

Disability is the result of the interaction between an impairment and the inability of society to adjust to it and that GATE partnerships should be considered within this context.

Suggested the term Assistive Health Technology focuses upon the impairment and not on the interaction one has with society.

The term AT is no longer just the name of a category or device. AT now is a discipline and a profession. It is something that defines people and what they do. But also be careful equating professionalism with the professions – a risk of gatekeeping.

SESSION 3: Advocacy—Creating a Sense of Urgency

Moderator: Jan A. Monsbakken, President, Rehabilitation International (RI)

Importance of advocacy by the primary stakeholders

Maryanne Diamond, Chairperson, International Disability Alliance (IDA)

- Most persons with disabilities struggle to access the assistive devices they need. This limits considerably their autonomy, independence and participation on all levels of life.
- They self-fund their AHT needs – when they can find suitable AHP. This links access to AHT a person’s financial status – often locking them in poverty.
- In most countries, access to assistive devices has been ad hoc or only partial at best, yet under UNCRPD, access to assistive devices is a state obligation and thus creates a new framework for AHT advocacy.
- While AHT is crucial for the global south in which most countries have little to no provision of assistive devices, it is no less a priority for richer countries where five-plus years of financial crisis has led to budget restrictions on social services including on assistive devices and support services.
- Need an increasing supply of low-cost and good-quality devices.
- In most countries, persons with disabilities and their families are not aware of the available assistive technologies that can support and enhance the quality of their daily lives (note requirements of Article 4 of UNCRPD).
- Disabled Persons Organizations need to participate in efforts to increase AHT awareness as well as advocating for system change at both the local and national levels. Perhaps spearhead pilot programs of quality AHP to demonstrate their impact.
- Developing systems and ensuring access to assistive devices is long overdue. It is a human right, an obligation. It makes sense economically and it’s feasible technically.

Assistive Technology for Older People

Paul Ong, Health Policy Adviser, HelpAge International

Gave snapshot on the field perspective on assistive technology and ageing.

- HelpAge International is shifting its focus to a perspective that emphasizes ‘meaningful functioning’.
- Arthritis, joint and back pain cited as the number one health problem for ageing population.
"I cannot plant if I cannot work with the pain. If I cannot plant, I do not eat, and my family dies, I die. It’s very, very simple."

Mobility challenges of older people hinder health ageing (meeting & eating).

Inclusive terms - is a mechanical weeder an Assistive Health Device?

Meaningful functioning is the key to healthy, active and quality ageing — “Cannot see, do not connect.”

AHP and AHT play key roles toward maintaining functionality – supporting capabilities.

One Voice, One Message

Bengt Soderberg, President, International Society for Prosthetics and Orthotics (ISPO)

[Overview of International Society for Prosthetics and Orthotics (ISPO) and the central theme: One Voice, One Message, One Platform.]

Finding one voice in a multi-disciplinary organization of 57 national member societies

ISPO believes in “Team approach” where the patient is considered an expert and teacher for professionals.

When multi-disciplinary teams work together, it becomes an interdisciplinary experience: I know a little bit about what you are doing and you know a little bit about what I am doing.

ISPO brought 16 disciplines together for one common goal and that experience could be very useful for developing GATE. In addition the ISPO membership world coverage is extensive.

GATE can draw on the ISPO/WHO experience developing a global standard for education within P/O.

ISPO world congresses (each 2 years) could host face to face meetings for GATE topics.

Asia and Europe Partnership

Xu Ling, Deputy Director, Department of International Affairs, China Disabled Persons' Federation

China Disabled Persons’ Federation (CDPF) founded in 1988 and today, it is a national organization of/for 8.5M persons with disabilities of different categories in China

Currently, facilitating Asian & European Cooperation on Disability-related issues using Asia-Europe Meeting (ASEM) forum and one of the agendas of ASEM is promotion of AHT.

There is a close link between ASEM and GATE initiative, especially in:
  - Exchange of methodologies and sharing of resources
  - Establishing a platform for industrial exchange and trade of AT including country support, pilot projects & an implementation platform.

Partnering to Increase Access to Quality, Affordable AHT In Low-Resource Settings

Shauna Mullally, Technical Specialist, Health Technology Centre, Supply Division, UNICEF

UNICEF Supply Division – in 2013, UNICEF procured over $ 2.8 billion in supplies and services for children in more than 130 countries ($128 million for emergencies)

Conducting analysis of past 2 years procurement of disability items (Supply Division, regional and local)

A key area in coming years will be supply of quality, affordable assistive products
WHO leadership and guidance needed for AHT/P development of standards and practices — especially a supply/procurement manual for AHTs in low-resource settings.

Plenary: Advocacy — Creating a Sense of Urgency

It’s civil society that needs to move the world. World needs inclusive societies. Without inclusive societies, people with disabilities will be marginalized and their ability to access assistive devices will become extremely difficult.

Low-demand for AHT is due, in part, to a lack of public awareness; consequently many persons with disabilities are unable to ask or demand products they need.

Governemnt priorities change quite often and funding resources for AHT are often limited. WHO might consider ‘joint-funding’ models.

Emphasized the importance of recruiting and empowering persons with disabilities in shaping the GATE initiative and process — participation must be meaningful and include decision-making responsibility.

Though the upfront costs of AHT often drive funders, failure to provide the AHT costs more for the individual, his/her family and the Government. For example, irrespective of cost, people who receive prostheses or orthoses actually overall cost less than individuals who do not receive them.

If there is no value placed on the service then there is no money to purchase anything.

Classification is a more than just semantics. Fortunate that P&O are considered medical devices and accordingly are not subject to the same duty and tax as many other products. If we advocate that they should not be considered medical devices, we run the risk of making the device even more expensive.

International Disability Alliance is developing a list of AT devices costing less than $200.

The issue of demand is a fundamental. You do not know what you do not know.

- What is around? What can you buy? Only then can people make informed choices.
- The person is the center of their world and their solutions. They know best what works for them.

GATE represents a disruptive innovation approach — something that will change the way people think and the way people act in provision of AHT.

The needs are out there but somehow AT community have not joined the needs to the demand. They have not created demand from these needs and that’s because AHP is not yet valued even by the person in need.

Promoting AHT awareness and access is not education, wholly, it’s not information, wholly, it’s not marketing, wholly — it’s a bit of them all. It’s about creating a value statement, it’s about creating a range of products that customers value and demand. It’s not about price — it’s about its ultimate value. The creation of value needs to be at the core of any marketing strategy — WHO’s leadership is needed to help ‘dissect this elephant.’

Technology should not drive the GATE agenda. The GATE concept note suggested prioritizing 25 AHT products but that also poses a risk for to those who do not use those technologies.

The challenge is to make AT awareness (beyond wheelchairs and artificial limbs) broader.

Using GATE, WHO needs to define AT, brand it and market it, so everyone is aware of AT.

Whether AT should be considered medical or health product is largely about funding. Many call AT as a medical device because you’re more likely to get it funded than if you do not.
Three recommendations to make GATE functional:
1. Work with countries especially with the UNCRPD signatories and urge support for the GATE approach.
2. Work with countries to engage/employ people with disabilities to enhance their purchasing power.
3. Develop a model curriculum for AT education.

Develop ideas that will create momentum, including:
1. Better communication between the stakeholders: business, funding authorities, DPO/users groups and support providers.
2. Development of a one-stop model driven by the wishes, desires and needs of people with disabilities.
3. Develop a research agenda.

Keep focus on ‘integrated health policy.’ Need to get away from silo-thinking.

Using the UNCRPD framework, WHO can take a leadership role toward helping develop and promote legislative and public policy in support of AHT.

GATE is ideally positioned to develop a policy framework and a research agenda.

Day One: Emerging Themes

Rapporteurs: Martin Sweeney & Lloyd Walker

Pursue obligations under UNCRPD for effective utilisation of AHT.
- Ensuring people with disabilities are aware of AHP and its benefits.
- Proposing model policies and guidelines to achieve obligations through laws and regulation.
- Recognizing the social value of successfully implementing AHT as part of holistic services.

AHT, by addressing both impairment and environmental causes of disability, empowers people with disability and also elderly.
- Person-centered, capabilities approach with focus on meaningful functioning and participation – not just improving health.
- Must deal with the diversity of disability and ageing.
- People with disability active contributors in all aspects of system.

Create and adopt models and guidelines for sound AHT implementation for different settings.
- Assist development of standards and regulatory guidance balancing risks to consumers with innovation and cost to deliver good quality AHT.
- Incorporate flexibility to avoid unintended consequences in different member states and areas (e.g. preventing access to key funding source; isolating AHT from overall health care and related training and employment approaches).

Establish hub for sharing AHT/P ideas, examples, research, and innovation.
- Achieve agreement on scope and terminology within the AHT sector.
- Promote and market to broader public the value of AHT in enhancing function (and thus healthy ageing and participation) for all.
- Acknowledge that some new complicated technologies can also be ‘disruptive’ and ‘disabling’.

Affordable access to comprehensive, person focused AHT.
- Establish and promote minimum standards or competencies for curricula in AHT.
Facilitate training and education at all appropriate qualification levels.
Ensuring availability of suitable personnel in all settings.
Facilitate effective utilization of ICT and networked support systems for delivery of assessment and advice.

Establish and coordinate an international research agenda in AHT.
Review and advance knowledge of all aspects of the AHT 'cycle' (especially systems, funding approaches, support, product maintenance and efficacy of AHT).
Establish the most appropriate 'gold standard' for AHT research and studies (type of trial protocol, involvement of people with disability etc.).
Ensure the pivotal role and influence of AHT is identified in other research and studies (e.g. accounting for AHT use and impact on health trajectory studies similarly to gender or employment status).
Embed strategies and approaches for commercialization (including social businesses) and or integration into mainstream technology.

Friday, July 4

SESSION 4: Need for a Global Knowledge Hub & Collection of Best Practices

Moderator: Maryanne Diamond, Chairperson, International Disability Alliance (IDA)

The European Assistive Technology Information Network (EASTIN)
Renzo Andrich, European Assistive Technology Information Network (EASTIN)

- European Assistive Technology Information Network (EASTIN [www.eastin.eu]) is a comprehensive information system on AHT, available in 32 languages, integrating 8 national databases and another 16 Associate Partner Organizations.
- EASTIN is designed for end-users (who use AHT, their families/primary caregivers), professionals (health, social work, education), industrialists (manufacturers, suppliers and system integrators), researchers (academics, developers), and policy makers.
- Impact of the EASTIN network
  - National information systems are harmonized.
  - Allows simple exchange of information, expertise, strategies and policies.
  - Knowledge of over 80 000 AHP available across Europe is accessible to all.
  - Products can be compared across countries
  - Citizens of countries with no national databases have opportunity to access information
  - Helps to fulfill the UN Convention regarding the right to information on AHT.
- EASTIN network contribution to global collaboration
  - Expertise and experience in a quality multilingual system based on standard structure, accuracy of data and impartiality of presentation.
Norwegian experience

Terje Sund, The Norwegian Labour and Welfare Service

- Assistive Technology in Norway follows a uniform, national system for assistive technology through its 18 Assistive Technology Centres (one in each county), who usually purchase, distribute and repair assistive devices as per individual’s need.
- Over 67% of AT users are 65 years and older.
- Assistive Devices are provided free of charge to persons whose functional capacity is permanently (more than 2 years) impaired due to illness, injury or physical defects (2.5% of Norwegian population @Euro 2350 per user).
- Make a systematic use of second hand devices. In 2013, 29.1% of the distributed devices were second hand ones (Euro 77 million).

Education & Training
- No accredited post graduate education programmes within assistive technology in Norway
- Assistive Technology Centres organise and run courses according to a yearly programme for municipal services and other partners.

Chinese experience

Chen Zhengsheng, Director, China Assistive Devices and Technology Center for Persons with Disabilities

- Statistics on Disabilities in China:
  - 6.34% of Chinese have disabilities—one in 16
  - 85,020,000 have disabilities
  - Physical — 24,720,000
  - Hearing — 20,540,000
  - Visual — 12,630,000
  - Psychiatric — 6,290,000
  - Intellectual — 5,680,000
  - Speech & language — 1,300,000
  - Multiple — 13,860,000
  - Over 60 — 202,430,000
  - Over 65 — 131,610,000
- The trend of aging means increase of AT needs:
  - To prevent injuries
  - To enhance functions
  - To live more independently
  - To ease burdens on families or caregivers, etc.

Policies regarding AT industry

*Guiding Advices on Developing Affairs of Persons with Disabilities* issued by central government (2008) stipulates “different levels of government fund for access to AT services for impoverished persons with disabilities”;
Law on Protection of Persons with Disabilities revised in 2008 stipulates “the rights of access to AT services are ensured. The government organizes and supports research, production, provision and maintenance of AT.”

The UN Convention on the Rights of Persons with Disabilities (CRPD) signed by Chinese government.

A nationwide service network
- 3 regional AT resource centers
- 33 provincial AT service centers
- 300 municipal AT service centers
- 2000 county-level AT service units
- Villages and communities

Professional training and certification
- More than 10,000 professionals have been trained.
- Certification system for AT practitioners has been set up.

Persons with disabilities who get AT services (2012)
- 18.4% in cities and towns
- 12.8% in rural areas
- 91.9% of persons with disabilities in need of AT services

Challenges
- Development of complex AT needs of persons with disabilities
- Capacity building at all levels of service network
- Development of AT professionals
- Standardization in assistive products and services

Brazilian experience
André Tadeu Sugawara, Sao Paulo State Government, Brazil

State of São Paulo
- 43 million inhabitants
- 9.3 million experience some kind of disability
- 2.5 million live with some kind of mobility impairment

Lucy Montoro Rehabilitation Network
- Created in 2008
- 15 operating facilities
- 120,000 therapy sessions a month
- 80 inpatients a month (102 beds)

Lucy Montoro Mobile Rehabilitation Clinic
- To ensure that different and distant regions have access to assistive technology and bridge the gap by discovering the real demand for orthoses, prostheses and other mobility aids.

Mobile Rehabilitation Clinic
- Used to identify the rural location for permanent rehabilitation facilities.
- Around 2,000 users
- Circa 4,000 delivered devices

São Paulo Technology Parks System established for technology dissemination
The Netherlands Experience
Theo Bougie, BRT-ADVIES and ISO 9999 Member, The Netherlands

- The use of a product determines whether it is an assistive product. ISO is now looking at assistive services and building on the *International Classification of Functioning, Disability and Health* (ICF).
- ISO TC173 expanding to include not just products but also services & environmental aspects:
  - Personal Assistance
  - Environment Adaptation
  - Assistive Solutions
  - Product-related Assistive Solutions
  - Assistive Products and Services

ISO Definition: Assistive products (ISO9999; 2011)
- Any product (including devices, equipment, instruments and software) especially produced or generally available, used by or for persons with disability for participation; or to protect, support, train, measure or substitute for body functions and structures and activities; or to prevent impairments, activity limitations or participation restrictions

ISO Definition: Assisted services (ICF; chapter 5)
- Services that provide benefits, structured programmes and operations, in various sectors of society, designed to meet the needs of individuals. (Included in services are the people who provide them.) Services may be public, private or voluntary, and may be established at a local, community, regional, state, provincial, national or international level by individuals, associations, organizations, agencies or governments. The goods provided by these services may be general or adapted and specially designed.

ISO TC173 discussion on candidates for umbrella term re assistive technology:
- Assistive products and services (source ISO);
- Assistive solutions (Source AAATE);
- Product-related assistive solutions (source ISO);
- Assistive technology – products and services (source ISO)

Recommendations
- Reconsider whether the ‘H’ in AHT/P is necessary. Alternatively, use AT but with the formal title Assistive Technology for Functioning & Health (ATF) and the same way, Assistive Product for Functioning & Health (APF). (Example: ICF, usage for International Classification of Functioning, Disability and Health or ICF.)
- Define GATE terminology relative to some of the main groups of ISO9999
- Collaborate with ISO in the ongoing deliberations on definitions for AT and AP

Plenary: Global Knowledge Hub & Best Practices

ISO classification and terminology (ISO 9999) addresses assistive products for persons with disabilities. This raises the issue of an ageing population that does not self-identify as having disabilities and runs the risk of segmenting groups that share common needs.

Who controls the funding/decision making? In Norway? In China? In Brazil? India?
- Norway: Application and approval process managed by State supported AT Centres (94% accepted).
China: Local AT programs are funded at the local level. AT provision and services are determined by both professionals and persons with disabilities.

Brazil: Individuals register and apply for services to their respective State Government. Most applications are approved.

India: Government mostly provides assistive devices especially for the people with low- and middle- income groups at both federal and state levels.

How does China/Brazil support people with intellectual and cognitive disability?

- National programs focus on people with very severe disability and another focuses on special education.
- In Brazil services for people with cognitive disabilities are linked and coordinated through hospitals that assist in management and in-home treatment.
- In São Paulo, a resource network provides services for people with mental health-related disabilities (ACPMD). Brazil has separate networks for the different categories of disability.

AT mobile services need to be carefully managed and coordinated with other services.

SESSION 5: Moving Beyond Business As Usual

*Moderator: James Thurston, Director, International Accessibility Policy, Microsoft*

**Linking with ICT**

Jose María Díaz Batanero, Inter-Sectoral Activities, International Telecommunication Union (ITU)

- International Telecommunication Union (ITU) aims to extend ICT to all but to do that major barriers are cost, accessibility, policy & its implementation
- With a widening Digital Divide and the pace of new technologies, managing expectations and providing ongoing support is critical.
- Governments need to:
  - Establish enabling environments
  - Procurement & legislation
  - Incentivize private sector in R&D, price, training and employment
  - Support civil society groups on raising AT awareness, standards & training
- UN system can help monitor, evaluate and mobilize campaigns including AT activities, promotion, R&D and awareness.

**Linking with Accessible Technology**

David Dikter, Chief Executive Officer, Assistive Technology Industry Association (ATIA)

- For ATIA there is not a ‘business as usual’ — the market is too small. Technology and systems change too quickly.
- Assistive Technology Industry Association (ATIA) represents over 100 manufactures of AT among multiple industry segments—from single-product firms to Microsoft but broadly they could be classified as technology for:
  - Vision impairment (Blind and Low-vision)
  - Computer access (eye gaze, switches, interfaces etc.)
  - Learning, cognition and intellectual disabilities
Responding to need, ATIA is creating International Association of Accessibility Professionals (IAAP). Mission of IAAP is to define, promote and improve the accessibility profession globally through networking, education and certification in order to enable the creation of accessible products, content and services. Emphasis is on education and training of companies/industries, society, and professionals.

A well-established ecosystem is needed to support these diverse technologies particularly especially for the personnel engaged in the service provision, education, training, and support systems.

WHO needs to support an educational framework and knowledge sharing for AT.

Robotics

Takaki Chin, Director, Robot Rehabilitation Center, Hyogo Rehabilitation Center

Robotics is not just anthropomorphized robotic designs and it requires a broader definition.

Robotics represents a promising technology for meeting the needs of a growing and ageing population.

Three types of robotics:
1. Human Aides Robotic Devices (e.g. wearable robotic device)
2. Aids for Daily Living (ADL)
3. Remote Control Robotic devices

More work is needed to promote the sector of robotics and to ensure robotics is considered as an important assistive technology.

Global Alliance on Accessible Technologies and Environments (GAATES)

Alireza Darvishy, Zurich University for Applied Sciences, Global Alliance on Accessible Technologies and Environments (GAATES)

Global Alliance on Accessible Technologies and Environments (GAATES) collaborates within a range of partnership (e.g. UNESCO, UNICEF etc.)

GAATES provides ICT accessibility advice including:
- Knowledge embedded within research programs
- Tools to easily create accessible PDF documents
- Similar tools soon for online accessibility

Have significant experience in driving organizational change for access.

AT, ICT and Environment

Axel Leblois, President & Executive Director, Global Initiative for Inclusive ICTs (G3ict)

Formed in 2006 as a UN advocacy group, Global Initiative for Inclusive ICTs (G3ict) to promote UNCRPD implementation. Major role in ICT field is to support accessibility.

Important issue is the inter-operability between different systems (hearing aids to computer/telephone).

Scale of the mobile technology market is huge — cost is dropping, becoming very pervasive, influencing the development of key components.
Working to achieve consistent, cooperative standards (ISO, IEC)
Experience in guiding the consensus of documents and initiatives to implement UNCRPD.
Critical to include people with disability in the policy formation in order to get the quickest and best outcomes.

Going Beyond Mobility Products
Silvio Paolo Mariotti, Medical Officer, Prevention of Blindness and Deafness, WHO

- For children the impact of vision and hearing impairment is on development and early intervention is critical.
- Complex impacts on older people with visual and/or hearing impairments including mental health and economic and social losses. Solutions include:
  - Early identification
  - Individualized access and provision of assistive technology, maintenance and support
  - Linked devices are creating options for people (e.g., GPS canes).
  - Need careful consideration with some technologies (e.g., 3D TV poses risks for some children with visual impairments, tablets need to be adapted to include tactile enabled operating systems).
- Feedback from users to ensure quality control and effectiveness is essential.
- Quality AT referrals are a significant and ongoing need.
- Need to develop a professional service framework.
- Need to address the stigma of disability and its impact upon AT service delivery.

Plenary: Moving Beyond Business As Usual

- Important that consumers become aware of the technology available.
- Disability organizations can be limited in their focus and knowledge of AT.
- Big factor in the United States was Section 508 — legislation that created an AT market overnight.
- Google picked up the value of access for sales of iOS and put a mandatory paragraph into license agreements for manufacturers who used their software.
- Apps have caused disruptive change to several areas (e.g., AAC) but has not yet lead to innovation at the development level.
- Important to develop a professional service framework including persons with disabilities.
- Big changes in access have been driven from the mainstream (e.g. accessible supermarkets, e-books etc.) Microsoft did market research on the value of accessible technologies and found 57% of ALL users benefitted from such features in their products.
- Current AT assessment processes often intimidate families and end-users. Important to recognize that many use trial and error in their selection and trial of AT products.
SESSION 6: Innovation for Improving Access

Moderator: Wei Mengxin, Head of International Division, China Disabled Persons’ Federation

Public Sector Response

G Narayan Rao, Chairman & Managing Director, Artificial Limbs Manufacturing Corporation of India (ALIMCO)

- ALIMCO annually serves approximately 200,000 persons with disabilities, provided Assistive Devices to 4.2 million persons with disabilities so far.
- ALIMCO product portfolio includes a range of aids and appliances covering all major impairment groups; Locomotor, Visual, Hearing, Intellectual and Development
- Government of India makes CSR mandatory — companies spend 2% of their net profit on CSR activities annually including provision of assistive devices to persons with disabilities.

What can WHO do?
- Assist transfer of technology.
- Promote partnerships for development and innovation.
- Fund research for high quality affordable AHPs.

What can we do together?
- Create Global Knowledge Hub for collection of best practices and free and wide dissemination of technology & information.
- Creation of HUB to facilitate global compilation, documentation, collection of database and development of AHP for free and wide dissemination among the member states.

ALIMCO’s Five Points
1. Identify 25 most essential AHPs
2. Develop procurement manual
3. Provide technical guidance and support to member states, to implement AHT policies, suited to its resource level.
4. Create WHO advisory committee on AHT.
5. Create ‘Champions Forum’ to promote AHT.

Private Sector Response

Saeed Zahedi, Technical Director, Blatchford & Sons Ltd

- Provide rehabilitation care at right cost to enable mobility — right use of technology for elderly and disabled population
- Facilitate design and production of appropriate prosthesis including training and support for provision of local professionals and also transferring its expertise in setting up/running centres
- Developing technological solution for aging population
- What we think WHO should do?
  - Educate public and governments
  - Provide a consistent framework that can be adopted worldwide; particularly in developing countries to support P&O provision
  - Increase capacity and attract a new generation of AT professionals.
  - Identify R&D areas to develop products
Provide adequate funding to demonstrate the GATE concept in selected developing regions.

What we can do together?
- Jointly specify and develop a concept for appropriate lower limb products under GATE project, focusing first on Socket/Interface and Alignment
- Obtain support from Educationalists to train staff locally
- Support the delivery of care into pilot models for research and planning.

**Product Diversification**

Berit Hamer, Manager, International Cooperation, Otto Bock HealthCare GmbH

- Ottobock, founded in 1919 with more than 6,000 employees and 50,000 products with branches in 55 countries.
- Future opportunities — Emerging Markets
  - Private pay, co-pay will increase
  - Patient pull at providers and payers for functionally more complex products
  - Role of the provider in overall therapy process will be strengthened
- Future opportunities — Developed Markets
  - Patient pull via internet and advocacy groups
  - Increasing importance of outcome in the therapy process
  - Growing willingness to spend out-of-pocket for non-medical necessities
  - Innovation and technology that expands the market
- What we can do as an industry?
  - Offer product range with best cost-benefit relation in all relevant segments
  - Cooperation with NGO’s in frugal segment
  - Localization of R&D and manufacturing
- What we can do together?
  - Create awareness for value at payer side
  - Harmonize and standardize requirements for regulatory issues and clinical evidence
  - Promote education as a key success factor

**Making High-Quality Vaccines at an Affordable Price**

Martin Friede, Scientist, Public Health, Innovation & Intellectual Property, WHO

- WHO experience and practice of promoting access to health products through technology transfer. Examples include: Vaccines, Bio-therapeutics, Devices, Diagnostics and medicines.
- Challenges
  - Monopolies and duopolies
  - Low volume, high prices
  - Issues regarding Intellectual Property
- Objectives
  - Encourage competition
  - Increase volume at lower prices
- Tools used in facilitating technology transfer
  - Intellectual Property analysis
Global Development Lab

Rob Horvath, Manager, Programs for Vulnerable Populations, USAID

- USAID’s legacy of developing and implementing innovative breakthroughs are from the seeds of the green revolution, to microfinance, to oral rehydration therapy. All these have saved lives, created economic opportunities, and advanced human development. Used the Collective Impact Approach (Stanford): common agenda; shared measurement; mutually reinforcing activities; continuous communications; provision of backbone support for initiatives.
- Scientific and technological advances and global connectivity put seemingly intractable development goals, like ending extreme poverty, within reach.
- Development is changing:
  - Private resource flows to developing countries dwarf official development assistance.
  - Science, technology, big data, and communications advances are accelerating.
  - Boundaries of ‘development sector’ as we know it are disappearing.
  - All segments of American society—demonstrating desire to engage in global challenges.
- U.S. Global Development Lab will accelerate the application of science, technology, innovation, and partnerships to solve some of the most complex development problems more cost-efficiently and effectively.
- The key approach of the U.S. Global Development Lab is to collaborate with host-country counterparts, entrepreneurs, world-class experts from corporations, NGOs, universities, and science and research institutions to solve development challenges more cost-efficiently and effectively.
- USAID successes and progress include:
  - Open Source development
  - Cost-efficient solutions improving lives
  - Research collaborations around USAID mission priorities
  - Building alliances to expand impact
- U.S. Global Development Lab will work collaboratively with up to 20 USAID missions that demonstrate an impressive record of accomplishment of using science, technology, innovation, and partnerships effectively to improve development impact.
Facilitating Participation and Promoting Social Inclusion – Social Innovation

Malcolm MacLachlan, Centre for Global Health & Director of Research, School of Psychology, Trinity College

Currently involved with UN organizations to promote the rights of persons with disabilities

Knowledge management and systems thinking:

- Create systems at the right place at the right time in a consistent and coherent way.
- Link certain inputs with certain output.
- Identify the most likely influential pathways
- Identify key indicators because what gets measured is what gets done and what gets measured drives inputs as well as outputs.

Plenary: Innovation for Improving Access

Moderator: Zafar Mirza, Coordinator, Public Health, Innovation & Intellectual Property, WHO

WHO has reached a tipping point for organizational backing of GATE.

Soon GATE website will be launched and nested within WHO website.

Need to include consideration of AHT/P ethics as part of professional development.

Call for outreach and inclusion of AT stakeholders in Eastern Europe, South America, Pacific and Africa. AHT must be at an affordable cost – so need to bring the LMIC perspective.

Call for the inclusion of persons with disabilities and women as members of GATE working groups.

Need to think ‘outside the box’ and get out of our ‘silos’ through collaboration and partnership.

Call for clustered meetings (especially WHO regional centres). CBR might provide networking and access to grass level communities persons with disabilities.

Need to make others true believers, particularly governments

Link GATE initiative to other processes (e.g., post 2015 Sustainable Development Goals, Hyogo 2 framework on disaster risk/reduction, etc.) to ensure disability and AHT/P are represented;

Need to advocate the importance of AHT into the other UN bodies/systems.

Significant AHT/P challenge includes scaling and implementation.

Develop ISO standards for AHPs wherever possible.

IDA network will promote GATE and encourage participation of its members.

Need to engage government leaders and officers and motivate them to include AHT into plans.

Reports of member states to UNCRPD Monitoring Committee to insure AT-related compliance.

Need to establish GATE standards regarding creation and distribution of accessible documents.

Need to integrate disability sensitivity, awareness and etiquette standards into all GATE-related activities.

Need to pay careful attention to marketing strategies—particularly when addressing challenges of healthy ageing—and avoid stereotyping groups.

Encourage GATE mentorship opportunities for students, young professionals and community members interested in the field of AT.

Need to include caregivers and families in all aspects of AHT access, provision, support and follow-up.
Primary focus should always be on the person — not the technology. World Federation of Occupational Therapists fully supports the GATE initiative and looks forward to building a collaborative partnership that keeps the person, family, and community central to AT access, provision and support. Recommendation to apply the ‘Collective Impact’ framework — a framework designed to keep the work moving forward — very relevant to the development of GATE Plan of Action.

Three key requirements:
1. Common aim with a champion organization (WHO);
2. Resources;
3. Urgency.

We need to enhance perceptions of AHT (the technology, knowledge, resources).

Need to make people aware, create value and offer hope to customers.

Recruit in new talent to share and participate with the GATE initiative.

Need a better definition of AHT/P before getting too far down the working group path.

Staff Perspectives from WHO

WHO will continue its collective efforts to contribute including:
- Model disability survey
- Guidelines on rehab will include chapter on AHT (2015)
- Disability action plan and others.

GATE meeting has created sense of both energy and expectation to improve access to AHT.

Important to develop the ‘game plan’ and capitalise on the momentum to move GATE forward.

Innovation includes taking ideas from one setting and applying and adapting it to another.

Providing interns and young people leadership in emerging opportunities such as GATE.

GATE will also work towards the success of other WHO health initiatives.

Day Two: Emerging Themes

Rapporteurs: Martin Sweeney & Lloyd Walker

Need to broaden the base of support by involving business and other agencies in promoting the value of AHT
- Commercial world (particularly ICT) already appreciates the strong commercial implications of accessibility and AHT
- ITU and G3ict are both successfully influencing ICT access and availability (often in unexpected places – e.g. Kenya) in meeting UNCRPD expectations and have experience in engaging the key sectors/agencies
- Many businesses are already looking at ways to meet expectations of their customers (including localisation of R&D and manufacture for complex/custom made AHT), and they cooperate across a ‘sector’ (e.g. apps, communication software etc.)
- Utilise the WHO ‘innovation hub’ approach to help break down the silos/barriers between players across the world (and from out of the AHT sector) – adding to existing initiatives (Brazil, ASEM)
- Describe a 'social dividend' from mainstream business for progressing AHT worldwide
- Seek to include AHT provision metrics in UNCRPD reporting requirements

- Clarify terminology and continue to pursue guidance/standards work
  - Ensure the new 'AHT' definition (both for WHO and ISO) is not focused on 'people with disability' but instead 'to maintain or improve functioning.' (More inclusive)
  - Recognition that there are subsections of the AHT domain that may have quite different approaches and contributors (e.g. P&O vs hearing vs accessible ICT apps)
  - Encourage the continued work on international (ISO & WHO), as well as regional standards and guidelines. Support the work of ISO to embed ICF into ISO9999.

- Draw on existing expertise/experience in AHT information and data collection and provision as openly as possible
  - Utilise mechanisms that exist for sharing, searching and filtering multiple databases (EASTIN – including multilingual) to help supplement provision of localised information
  - Provide guidance on developing/maintaining good AHT fleet/purchasing databases (regional/national) to inform policy and help in advocacy for AHT.
  - Appropriate AHT reuse and purchasing aggregation can save resources and minimise waste
  - All documents/materials/resources should aim to be accessible and available widely – GAATES has both experience & partnerships in solutions and educating mainstream sectors in this topic
  - Maintain awareness of the different components of AHT cost (i.e. product, assessment, delivery, maintenance & review etc.)

- Embrace and guide new/innovative approaches to AHT provision
  - Increasing use of internet for product identification and purchase needs to be balanced with increased awareness of levels of risk & the value of independent/specialised advice
  - Support creative ways to address unmet need, including mobile, telehealth and other service models
  - Raise the profile/importance of ethics of practice and access
  - Highlight the need for different approaches to AHT provision (e.g. many low cost devices address much need at low overall cost, but a small percentage will need access to high cost items)
  - Embed AHT provision as part of an individual's holistic therapy/education/ work program

- Broaden and energise stakeholders to deliver GATE
  - Increase breadth of contributors to the proposed working groups and GATE meetings (including gender, location, people with disability, agency/sector)
  - Utilise WHO regional hubs and other organisations' networks to facilitate participation/contributions
  - Invite government officers to GATE events, and encourage members to promote/highlight the work in other forums (e.g. economic, political etc.)
  - Make and promote the connections with emerging clinical and ageing research/practice e.g. trajectories, compensation for muscle/cognitive decline, potential to avoid comorbidity and enhance meaningful function (and thus health)
  - Utilise approaches that may facilitate effective delivery e.g. the Stanford Collective Impact Approach.

- Build on the success of the inaugural GATE meeting within WHO
  - Continue the cross-department partnerships and cooperation
Link with other WHO projects (model disability survey, guidelines on rehab (due out in 2015) with chapter on AHT, disability action plan etc.)
Capitalise on the energy and expectation created amongst the groups (and stakeholders) with a 'game plan' for the months and years ahead
Include and mentor the ideas and contributions from young innovators/interns
Develop a GATE business plan, terms of reference (for working groups) and online presence within a year.

Next Steps
Chapal Khasnabis, Technical Officer, Public Health, Innovation & Intellectual Property, WHO

- Acknowledged strong WHO cross-department support for GATE.
- Regarding consideration and terminology, the conceptualization and categorization of Assistive Health Technology (AHT) and Assistive Health Products (AHP) fundamental to the WHO mission to improve health, particularly among disadvantaged populations. This is NOT at all a shift to a medical model but more an alignment with the WHO mission and its commitment to public health.
- Need to keep looking for new ideas and solutions that will help move GATE forward.
- Work agenda ahead include:
  - Formation of different working groups to push the GATE agenda further
  - Finalizing Terms of Reference in consultation for the different working groups.
  - Hire consultant/agency to develop a business plan to help focus and direct the initiative.
  - Develop and conduct a survey to establish a baseline of met and unmet needs.
  - Identify 25 most essential Assistive Health Products (AHP)
  - Create an advisory group
  - Identify and recruit AHT champions, majority from the disability community.
- Will seek to create a donor forum for additional resource mobilization.

Closing Remarks
Kees de Joncheere, Director, Department of Essential Medicines and Health Products, WHO

- GATE is the right initiative at the right time with many of the right people present
- Need to work together, need to build on existing and other works and we need to welcome other voices and partnerships
- Need to be aware that it is not the meeting but rather what happens after, that is most critical. We need to transfer the work of these two days into effective action and follow-up
- WHO appreciates the contribution, sharing and commitment to make a difference in this important area worldwide
- Thank you to all the contributors for making the meetings a great success.