Global Cooperation on Assistive Health Technology (GATE) • July 3-4, 2014 • Geneva

Executive Summary of the 1st Meeting

Background

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 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 2013, during the side event on “Assistive Technology Opens Doors” at the United Nations, the World Health Organization (WHO) was requested 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).

In preparing for this global initiative, WHO sought to counter the common perception that ‘assistive devices are only for people with disabilities’ through a Concept Note that 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).

To ensure the widest worldwide engagement at the outset, WHO hosted the 1st stakeholders meeting to develop the Global Assistive Health Technology Cooperation (GATE) on 3 & 4 July, 2014 at its headquarters in Geneva. Eighty-four representatives from governments, international organizations, and key organizations of service providers, professionals, users and academia took part in the meeting.

Key messages

Marie-Paule Kieny, Assistant Director General, Health Systems and Innovation (HIS) cluster of WHO set the tone for the meeting stating, “we cannot accept anymore that only 1 in 10 persons who need assistive health products actually gets it.” Dr Kieny also highlighted rapid growth in the need for assistive health technology and called on the global community to act quickly to address both current and emerging need.

Describing GATE as a key initiative of her cluster, Dr Kieny placed access to all relevant health technologies (including AHT) as one of the cornerstones of Universal Health Coverage (UHC). With WHO offering leadership and the point of focus to improve access to AHT, Dr Kieny called all stakeholders to join together to unlock and open the GATE, which will create a new world for millions of people – people with disabilities, older adults and all those in need. She urged for active contribution from the participants to develop and operationalise GATE, transforming it into a WHO flagship programme.

Leaders from governments, consumer groups, industries, philanthropy foundations and AHT interdisciplinary associations welcomed WHO leadership and the establishment of the GATE initiative. There was consensus that worldwide:

- most who need AHT are unable to get access
- there is limited awareness on the need for and benefits of AHT
- adequate training for the providers and users of AHT is lacking
- most countries do not have a national AHT provision system.
The meeting agreed that developing GATE would require a common agenda and shared-understanding such as:

- one goal – improving access to AHT
- multi-sector involvement especially governments, manufacturers and users/consumers
- sharing of experiences, expertise and ideas through a knowledge-hub
- recognition that social, cultural and environmental factors will influence outcomes
- emerging ageing population will create a greater demand of AHT in coming decades
- needs international discussion and commitment in the World Health Assembly, World Economic Forum and other similar high-level events
- greater investment (USAID made $6M commitment to kick-off the work)

Discussion during the Meeting

Need for Partnership

Ten presentations highlighted the basis for partnership across the elements of AHT.

Evidence showed need is on increase and the current gap in access to Assistive Health Products will be magnified in the future by the projected population growth, especially elderly population increasing from 841 million in 2013 to more than 2 billion by 2050. Appropriate AHT use across the lifespan can help to improve functioning and participation, remain healthy and productive, build and maintain capability and should not be limited to a subset of impairments.

A survey of the peer-reviewed literature highlighted the urgent need for high quality empirical research on AHT use and practice, in particular on service delivery, funding and innovation approaches. A small survey of stakeholders in AHT provision to older people from Western Pacific noted the importance of embedding AHT within health services and getting greater government commitment. It also noted the importance of AHT awareness/education amongst communities and health professionals, and this was reinforced by discussion of the positive impact the WHO Guidelines on the provision of Manual Wheelchairs in Less Resourced Settings had brought to that sector worldwide. Most agreed that many of the problems and issues in AHT access were well known and research, education and development work should focus on finding and testing solutions, as well as lifting quality and outcomes.

Person-centered technology development, with WHO helping to bring together disabled person’s organisations (DPO) with others to share AHT insights and establish the ethical basis for the work. Many shared the valuable ground work done in AHT (mostly in high-income countries) recognizing that all facets of provision still need further development. Care will be required to build on this foundation and avoid undermining hard won advances in AHT provision, which has been achieved in some countries over the years.

Agreeing on suitable terminology was seen as critical to build a common agenda. Changing the term assistive technology (AT) to assistive health technology (AHT) may in fact hinder the growing awareness of this technology, at least in high-income countries. All were keen to avoid any suggestion of a medical model of disability, and some suggested that new definitions could be based on the International Classification of Functioning, Disability and Health (ICF) model; for example, Assistive Technology for Functioning and Health (ATF) and Assistive Products for Functioning and Health (APF).
Creating a Sense of Urgency

There remain large areas of unmet need for AHT around the world, even in high-income countries, that affects both the users and their family. It is a loss for everyone, even for the Member States. In future people who could benefit of AHT could constitute more than 25% of its population. Urgent action and greater investment is required to ensure that all persons (people with disabilities, elderly and others in need), irrespective of their age and health condition, enjoy better health, especially in terms of functioning, independence and quality of life. To ensure this, stakeholders need to move beyond business as usual and establish a new paradigm of universal access to AHT.

The AHT industry currently remains limited and specialized, with a handful of private/public-sector actors who more or less monopolistically determine how research and development resources are directed, what products reach the market and what they cost. The industry is seen, and sees itself, as producing “specialized products” that primarily serve high-income markets. There is a common perception that AHP are overpriced, have high service delivery costs, and are not as essential as other health products, since they do not cure diseases or save lives. All of these factors result in low coverage. However, if industry lowers cost and takes advantage of economies of scale—it will be a win-win for all parties concerned.

Delegates stressed the need to build awareness of, and demonstrate the economic and social benefits from, successful AHT delivery (i.e. marketing GATE), to create demand and stimulate innovation for high-quality affordable AHT (production and supply). This would require lateral thinking, with cross-border commitment embedded in an integrated health (wellbeing) system approach.

Sharing knowledge and best practice

Within the last decade, groups around the world have built strategies that facilitated the gathering and sharing of knowledge in AHT that has helped to address geographical, language and contextual barriers. The internet and rapid development of low cost information and communications technology (ICT) had encouraged and accelerated this process, highlighting the need for global collaboration but local application. It was agreed that nearly all areas/groups/sectors associated with AHT could benefit from collaboration and sharing. Reliable exchange of information will depend on work to link technology related standards (e.g. ISO9999) with WHO-ICF frameworks. The emerging areas of AHT in cognitive and intellectual impairments will require funders and providers of traditional services to be open to widening their scope and associated support. There are some good examples of AHT service provision (e.g. Norway), which needs to be disseminated and replicated with necessary adjustments to suit different contexts.

Moving beyond Business as Usual

Speakers from diverse backgrounds set the scene for how other organisations are dealing with the rapid pace of change. The International Telecommunications Union (ITU), the Global Alliance on Accessible Technologies and Environments (GAATES) and the Global Initiative for Inclusive ICTs (G3ict) shared their success in engaging government, industry and other in delivering accessible information & communication technology. The requirements in the UNCRPD have been used to drive policy uptake and industry interoperability. Small software developers have demonstrated their agility and innovation in offering new AHT solutions, along with the challenges of keeping such a diverse group focused on targets and standards (e.g. accessibility). Complex technology development (such as robotic rehabilitation) continues to wrestle
with transitioning the technology from a laboratory into the clinic and home. Delegates affirmed the valuable contribution of market forces (e.g. government procurement requirements, and major vendors on partners) to improve AHT access.

**Innovation for Improving Access**

Government agencies, industries and research groups presented examples of successful innovation in AHT. Coordinated knowledge transfer, partnerships and focused funding were common themes. Innovation linked with good AHT education (including local R&D) was shown to assist governments, agencies and manufacturers offer suitable, high quality solutions for a range of needs and pricing levels world-wide. User’s involvement and active participation was identified as a crucial component for AHT innovation.

**Recommendation**

In drawing the meeting to a close, participants urged WHO to move forward to unlock and open the GATE, which will create a new world for millions of people – people with disabilities, older adults and all those in need. There were several recommendations and discussion points. Some of the key recommendations are:

1. create four working groups: 1) Advocacy 2) Norms and Standards, 3) Research and 4) Innovation
2. develop a business plan – a vision for 2025 with a 10-years strategy and a 5-years action plan
3. conduct a survey to establish a baseline of met and unmet needs
4. identify 25 most essential Assistive Health Products
5. design a comprehensive Assistive Health Technology provision model
6. improve access to high-quality affordable Assistive Health Products
7. develop GATE to be a neutral knowledge hub for Assistive Health technology, especially for dissemination of good practices
8. establish and coordinate an international research and development agenda
9. create an advisory group and a group of Champions to strengthen GATE initiative and
10. develop GATE as a WHO Flagship Programme.

**Next Steps**

Chapal Khasnabis welcomed the contribution of all the participants at the inaugural GATE meeting and thanked all the WHO colleagues from different departments for their ongoing support for the GATE initiative. He assured that WHO would take all the necessary steps in consultation with the stakeholders to implement the key recommendations in coming months. All present were encouraged to keep seeking new ideas and solutions that could advance GATE. Dr Zafar Mirza reiterate WHO’s commitment to develop the GATE initiative as WHO’s flagship programme with the help of the stakeholders. In closing, Dr Kees de Joncheere, Director, Department of Essential Medicines and Health Products at WHO summed up the mood of the gathering: **‘GATE is the right initiative at the right time, with many of the right people present.’**

All were encouraged to join with WHO in building on existing knowledge and experience, and commit to the work required to open the GATE and make the GATE a flagship programme of WHO.