Welcome to Day 2

*Please tweet about us...*  
#GREAT2017  
#AssistiveTechnology  
#APL
Contributions to authorship

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By 11 August
Good Morning GREAT Summiters!
“Transformative”

“to undergo a change in form, appearance, or character”
Question
3 & 4 August 2017, Geneva
• Whats?
• Whys?
• Hows?
• Whens?
AT education and certification – current and future perspectives

Moderator: Jeanne Kagwiza
University of Rwanda
AT education and certification in North America

Roger Smith
AT Education & Certification in North America

Roger O. Smith, Ph.D., OT, FAOTA, RESNA Fellow

RESNA: Rehabilitation Engineering & Assistive Technology Society of North America

$R_2D_2$ Center, University of Wisconsin-Milwaukee
Based on My Experience

- **Longevity**
  - Federal U.S. AT training program support since 1980s
  - Before Cook & Hussey’s first edition textbook
- **Training & Practice** (began writing about AT education 1990s)
  - University and Clinical
- **Interdisciplinary & Inter-professional**
- **Quality Advocate** (organization & research perspectives).
1. Types of Credentialing
2. Stages of Educational Programming
3. Focus of AT Topical Areas
4. Uni-disciplinary vs. Team Orientation.
Types of Credentialing – Quality Assurance

A. Individual Certification for Assistive Technology
   • The ATP - RESNA’s Assistive Technology Professional (~4000)
   • The SMS - Specialist (~180)

B. Service Program Accreditation, e.g. carf.org

C. Educational Program Accreditation (RESNA CoA-RATE)
   • Brand new this year in 2017.
Stages of Educational Programming

• Pre-service:
  • Organization or business in-house
  • University-based

• Inservice (for working professionals)
  • Typically short workshops, webinars, and courses
  • But also sets of courses as a curriculum.
Topical Areas of Focus

• Device category specific training
  • Introductory
  • In depth

• Broad-based AT foundational training or overview
  • Short courses (e.g. RESNA “Foundations” two-day course)
  • Curricula (e.g. RESNA CoA-RATE accreditation standards)
  • Broad-based understanding is required for an ATP.
Interdisciplinary & Team Orientation

• Discipline-specific education

• Interdisciplinary education

• Team Training: Inter-Professional Education (IPE) content.
Education and certification in less resourced settings – mobility example

Ritu Ghosh
Education and Certification in less resource settings - mobility example

Ritu Ghosh
Mobility India (MI)
Training since 1994...
To create different levels of cadre

15 years of Global Presence in Developing Healthcare Professionals from 26 countries

Long-term Training Programmes Conducted at MI
- Bachelor in Prosthetics & Orthotics (BPO)
- ISPO Single Discipline CAT II in Lower Limb Orthotics/Prosthetics (LLOP)
- ISPO Single Discipline CAT II in Lower Limb Orthotics & Lower Limb Prosthetics (Combine)
- Certificate in Rehabilitation Therapy Assistant (CRTA)

Short-term Training Programmes
- Wheelchair Service Training Package (Basic, Intermediate, Manager & TOT Level)
- Community Based Rehabilitation
  *Based on WHO guidelines
99% of total students represent lower middle income countries*

*As per World Bank data

41% of total students are women
Mainly from rural areas

18% are people with disability
56% of women with disability
Key Challenges

- Language
- Diversity and inclusion
- Government support
- Limited resources
- High cost training
- Professional Status
Few approaches as good practice...

- Language support
- Clinical experiences
- Post graduate Visit
- Refresher courses
- Professional status
Recommendations

• Facilitate regional collaboration and networking
• Developing national standards for service delivery and education
• Increase available range of products
• Increase awareness of assistive devices
Education and certification in less resourced settings – vision example

Liz Smith
A New Eye Health Workforce to Dispense Reading Glasses

Liz Smith, Co-founder & President, EYElliance
Scope of the Problem

• 2.5 billion people live with poor vision unnecessarily because they need eyeglasses;

• 624 million require corrective lenses so strong that they are classified as visually impaired or blind;

• 83% of all vision impairment is due to near vision impairment

• Rates of correcting presbyopia, or near vision loss, are as low as 6% in Africa, compared to 96% in Europe
Impact on Livelihoods

- Presbyopia develops when adults are in the prime working years;

- Affecting a vast range of activities and professions:
  - Agriculture & food production, coffee and cocoa bean sorting, and garment and textile work;

- If left untreated, presbyopia causes gradual vision loss that can reduce productivity and lead to premature retirement.
The Solution

• In less than 3.5 hours, an individual with no prior health training can learn to screen and dispense reading glasses;

• Eye care NGOs have been implementing variations of this model since 2002;

• Over 35,000 individuals have been trained, creating a new eye health workforce to reach those without access.
Impact:

• Correcting presbyopia has been shown to yield an immediate increase in productivity of up to 34%
• Over 1M have purchased a pair of $1 reading glasses

Challenges to glasses adoption:

• Lack of awareness about vision problems, misperceptions, and culturally based stigmas
Scale requires the integration of this proven solution into broader systems.

In order to meet the need we must:
• Collaborate with governments
• Integrate into national community health worker initiatives

In collaboration with GATE, EYElliance is creating a training module that will dramatically increase access to eyeglasses.
Non-formal education in Norway

Jytte Jepsen
Price Negotiation

• 30 different categories

• Normally for 4 years
People working at AT center

- Advisers within
  - Sight
  - Hearing
  - Communication
  - Cognition
  - Movement and ergonomic
Education

• New agreement

• Courses

• Testing and assessment
AT education at the community level in Papua New Guinea

Almah Kuambu
AT TRAININGS AT THE COMMUNITY LEVEL IN PNG
ALMAH KUAMBU

Submit to natasha@natashalayton.com.au by 27 July 2017
1. Introduction: NOPS
2. Training in AT at community level in PNG

[Images of people engaging in activities related to training in AT at the community level in PNG.]

World Health Organization

3 & 4 August 2017, Geneva
3. National guidelines on the provision of AT
4. What I have learned providing AT training
Thank you!
AT education at the community level in Argentina

Silvana Contepomi
AT education at the community level in Argentina

Silvana Contepomi
Argentine Assistive Technologies Association
Argentina
Education in community level workforce

Government Programs

- Infrastructure
- Lack of knowledge on AT (low and high)
- Not addressing users needs.
- No training and following

NGO´s Programs
The main problem is the education service in AT rather than the cost of technology.
Impact

Meeting the individual’s needs
Meeting environmental conditions
Providing proper fit
Safe and durable
Available in the country
Affordable cost.
Training

3 & 4 August 2017, Geneva
Conclusions

For most people technology makes things easier. For people with disabilities, however, technology makes things possible.

Mary Pat Radabaugh, 1988
Summary

Chapal Khasnabis
Session 6

AT service provision – country perspectives

Moderator: Linamara Battistella
University of Sao Paulo
Session 6

Malawi

Peter Ngomwa
Malawi Council for the Handicapped (MACOHA)
Ministry of Gender Children, Disability and Social Welfare –
Department of Disability and Elderly Affairs

Challenges on Assistive Technologies and Devices in Malawi

Peter M.G. Ngomwa
Executive Director - MACOHA
The MGDS II sums up the correlation between a health population and development.

• “Only healthy people with the support of a functioning health sector can ensure sustainable development of their societies.”

• “A loss of health is a loss not only to the person but also to the person’s family and society as a whole.”

  CBM. (2002). Disability Inclusion in Health

• The MGDS, therefore, aims at achievement of highest attainable standard of health by persons with disabilities so that they contribute to the socio-economic development of the Malawian nation.
Medium Term Expected outcomes

- Increased Access to health services by persons with disabilities
- Improved Awareness of disability and its implication on health
- Enhanced Participation and active involvement of persons with disabilities in the health the delivery system

Broader Strategies

➢ Developing inclusive health programs.
➢ Developing sectoral policies and legislation on health in line with National policy on Equalization of Opportunities for Persons with disabilities (2006) and the disability Act (2012).
Strategies Cont/d

- Promoting implementation of targeted interventions to increase access to promotive, preventive, medical and rehabilitative services for persons with disabilities.
- Building human capacity to respond to the needs of persons with disabilities at all levels.
- Promoting equality for all including persons with disabilities in the delivery of health services.
- Strengthening networking among public and private service providers in the areas of promotive, preventive, medical and rehabilitative services to ensure more coordinated case management.
- Integrating disability in the Health Information Management system.
- Promoting participation of persons with disabilities during observance of World Health Day, World Mental Health Day and International day of the Disabled.
Achievements

The report on the first MGDS on the delivery of an Essential Health Package (EHP) at the primary level of health care indicated improvement on service delivery to persons with disabilities on

• Disability awareness programs
• Early intervention
• Assessment and referral of persons with disabilities to service providers
• Efforts to produce and distribute mobility appliances through the Community Based Rehabilitation programs in 12 of the 28 districts

This resulted into a corresponding increase in access to some of the health services by persons with disabilities.
Challenges

- Despite improved access to health services by persons with disabilities it remains a challenge to ascertain the level of access and quality of services that persons with disabilities have enjoyed over the reported period.
- This is due to lack of disability specific health indicators in both the first and second MGDS and absence of a national health policy and legislation.
- Limited access to mobility and other assistive devices due to non-decentralization of rehabilitation services within the Ministry of Health delivery structure.
Challenges Cont/d

- Inadequate number of specialists such as orthopedic surgeons, ophthalmologists, physiotherapists and occupational therapists, rehabilitation technicians, medical social workers, community nurses etc.

Conclusion

- Access to Assistive Technologies and devices for persons with disabilities is bound to improve further if the mainstreaming strategy is implemented in order to curb out the challenges that are existing.
Ecuador

Ana Lucia Arellano
AT SERVICE PROVISION

Country Perspectives

Ana Lucia Arellano

Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families- RIADIS
KEY COMMENTS

• Development of public policies is a must – to make National Budgets become inclusive

• Research: captures users real needs

• Accredited Professionals and/or experts must support decision making

• Lower the costs to ensure affordability

• Limited information, limited options and limited right to choose
WHY AT service provision is so important

• Is a Human Right
• It should Satisfy the “Real” needs of users
• Access to quality Inclusive Education services
• Access to Inclusive Employment on equal basis
• Achieving the right to Independent Living
• Reduce gap of exclusion of people with disabilities, specially between women, children, youths and indigenous persons with disabilities
Assistive Technology is a Human Right

• CRPD: Art 9 and 21 - Accessibility and Access to Information

• 2030 Agenda:
  • SDGs : 5, 9 and 17 – Appropriate Provision of communication and information technologies - ensuring Access to Information

• RIADIS, is a member of ALATA (Latin American Alliance for Assistive Technologies)
A Latin American Overview

• Brazil
• Chile
• Colombia
• Perú

• Incorporated in their national laws, regulations to ensure the provision of assistive technology services for people with disabilities
• Specific telecommunications laws regulate the implementation of Assistive Technology
AT Latin American Overview

• Audio description and captioning services in the media for people with visual and hearing impairments
• Accessible Libraries available at schools and universities
• Books in accessible formats available because of the Marrakesh Treaty
• Accessible platforms available on the web
• Free screen readers and/or screen magnifiers for blind and partially sighted people.
AT service provision not a reality in all the LATAM region

- Low income countries: deep gap between capital cities and rural areas
- Public AT provision systems are very limited: It may not be affordable
- Do not fulfill real users' needs
- Lack of access to information about availability of AT service provision
Session 6

China

Xiangyang Hu
Assistive technology for the Persons with Disabilities in China

Xiangyang Hu
Director General
Rehabilitation Department
China Disable Persons’ Federation
Achievements

• 1. Establishing and Strengthen the policy and regulation system
• 2. Establishing and improving the fitting service system
• 3. Actively improve the services on the assistive technology
Future Plan

• Firstly, we will try to fulfill the demand of the person with disabilities on basic assistive technology.

• Secondly, strengthening the security system on assistive technology for persons with disabilities.

• Thirdly, we will continuously improve the fitting network on assistive technology by further investment and etc.
Future Plan

• Fourthly, we will promote the development of the assistive technology industry.

• Fifthly, we will further promote the international cooperation on assistive devices.
GREAT Summit 2017

Qatar and Beyond
David Banes
Mada QATC 2010-2016
David Banes Access and Inclusion 2016-17
Qatar – Escalating Approaches

- **Self Help**
  - Low incidence
  - Low impact

- **Mediated**
  - High incidence
  - High impact

- **Intensive**
  - Low incidence
  - High impact

3 & 4 August 2017, Geneva
Integrating Innovation and Trends

- Specialist Assessment
- Community Assessment with remote Support
- Online self assessment

- Intensive training on specific technologies for specific users
- Online webinars across services for common issues
- On demand elearning platform and social media

- Proprietary and commercial solutions allocated to an individual user
- Free and opensource assistive technologies available on demand
- Accessibility options built into OS
Ireland and the AT Passport

Personal record
Funder Agnostic
Location Agnostic
Supplier Agnostic
Cost effective

AT Passport: Fund features
Clearly defined budget related to the agreed solutions and needs. Such a budget should include:

 Costs of Hardware and software to meet needs on agreed cycle
 Annual budgeted amount for low cost items or consumables
 Initial costs of training
 Annual costs of support, training and warranty
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<tr>
<th>Influences</th>
<th>Trends</th>
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<tbody>
<tr>
<td>• Demographics</td>
<td>• From Gate keeper to Curator</td>
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<tr>
<td>• Economics</td>
<td>• From sale of product to licence of design</td>
</tr>
<tr>
<td>• Geography</td>
<td>• From dedicated aid to customised mainstream device</td>
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<tr>
<td>• User expectations</td>
<td>• From import to local manufacture</td>
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<tr>
<td>• Culture</td>
<td>• From User Centred to User led</td>
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<td>• Business Models</td>
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Dr. Terje Sund
The Norwegian Labour and Welfare Service
AT service provision – country perspectives

Our vision:

• Activity and participation in daily life
• Assistive devices free of charge / rights by law
• To ensure that users are given the same level of services and are met by professionals with the same expertise regardless of where they live in the country
• A unified, national system
The assistive technology system
The Norwegian system on assistive technology

1. User involvement – rights by law
2. One door – one system
3. Assistive Technology centres coordinating activities
4. National procurement agreements with the dealers
5. Repairs and services, included regular servicing/maintenance
6. Refurbishment
7. Courses / educational programs
8. A national ICT system (logistics)
Access the live captioning on your own device at
https://synchshare.de/who

Join the free and open Wi-Fi network

#WHOWIFI
AT service delivery systems

BREAK OUT GROUP SESSIONS: AT Service Delivery & Education

1. What do we need to do?
2. Why do we need to do this?
3. How will it done?
4. Who will do it?
5. What impact will it create?
6. Next steps?
Session Supporters Day 2

Education 1 (Formal qualifications): DIANE

Education 2 (Non-formal pathways): EMMA

Education 3 (Certification): NATASHA

AT Service delivery 1 (Assessment): MARYAM

AT Service delivery 1 (Procurement): SATISH

World Health Organization

3 & 4 August 2017, Geneva
Session 8: Group feedback and next steps

Moderators: Marcia Scherer & Mac MacLachlan
Feedback from the five groups

Rapporteurs
Summary of Innovation Snapshots

Natasha Layton, Caitlin Murphy and Diane Bell
Innovation Snapshots

http://www.who.int/phi/implementation/assistive_technology/great_summit/en/
Innovation Snapshots

Summit Participants n=190

Innovations Snapshots n=90

- Assistive technology policies, systems, service provision models and best practices: 54, 28%
- High-quality and affordable assistive technology: 32, 17%
- Effects, costs and economic impact of assistive technology: 28, 15%
- Human resources for the assistive technology sector: 27, 14%
- Standards and methodologies for the assessment of assistive technology need and unmet need: 27, 14%
- Not submitted: 22, 12%

Summit Delegates = 190
Innovation Snapshots

1. Accessible PowerPoint Template
2. General accessibility instructions
3. Accessibility testing and feedback
4. Accessibility re-testing and focal accessibility advice
5. Demonstration and feedback for learning

We note however that there is no alternative text beneath the diagram, to support readers with visual impairment. A screenshot of the ‘accessibility checker’ view in Powerpoint can be seen below, which also demonstrates the steps to add alternative text. This involves right clicking on the picture and selecting ‘format picture’, then under FORMAT SHAPE you select the paper icon (size and properties) and describe your diagram in the text box provided under the ‘alt text’ tab.
Next Steps

Summit Facilitators

Summary, key messages, conclusion and closing
Summit Facilitators and WHO team
GREAT Summit Proceedings

• Position Papers (Disability and Rehabilitation: AT) 2018
• eProceedings (Snapshots) available online August 2017
• GREAT Summit report available online September 2017