Access to assistive technology during the COVID-19 Pandemic

Introduction

Millions of people around the world affected by illness, disability, or the impact of aging rely on Assistive Technology (AT) to lead healthy, independent, and productive lives\(^1\). Assistive products such as prosthetics, hearing aids, and communication devices require systems and services for their safe and effective provision, use and maintenance. However the onset of COVID-19, declared a global pandemic in 2020, threatened the AT ecosystem as measures to curb transmission of COVID-19 had unintended consequences for people who use AT\(^2,3\).

In 2021 the World Health Organization (WHO), in collaboration with Monash University Australia, Center for Inclusive Policy, HelpAge International, Liliane Foundation, Africa Disability Alliance, Kabul Orthopedic Organization, and Pacific Disability Forum, undertook a global study exploring the experiences of more than 140 people who use or provide AT worldwide; to understand the impacts of COVID-19 and to inform better preparation and responses to future crises. Three peer-reviewed journal articles have recently been published to disseminate this research (links to these can be found at the end of this summary). This document summarizes the study’s key findings and recommendations.

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What did we discover?

People who use assistive products were excluded

People who use AT were often not included in public health responses to COVID-19. This meant that important messages such as how to avoid transmission of the virus were often not understood, particularly by those living with hearing or vision impairment. People who had access to technology such as smartphones and closed captioning systems found it easier to access information.

“What we found was while the government and other resources were very good, they were too technical and not very relevant to our communities [they] did not address the cultural rumors. So, we started our own campaign to bring information... and safety measures to our communities...” (India)

AT services were seen as non-essential

AT was considered a non-essential service by some governments. So, while essential health services were allowed to remain open, AT services had to close. As a result, people lost access to the AT services they need, including assistance with maintenance and repair of their assistive products.

“This really affected G and our life..... We wanted wheelchair but up to now we have not received, we wanted repair/maintenance of CP [cerebral palsy] chair but we did not receive timely service. G needs regular medication in the hospital but we received so little attention from health staff from April-July 2020. We also restricted our movements to hospitals in fear of COVID-19.” (Tanzania)

AT services were not well prepared for a global pandemic

AT services were not well prepared for a global health crisis. AT services are more likely to be available through tertiary level services in cities and are hard to reach by those living outside of major cities. Travel restrictions adopted to reduce the spread of COVID-19 increased the difficulty that people who need or use assistive products had in accessing AT services. Some services responded through providing support using telehealth. However this was not a solution for many who do not have access to a smart phone or the internet.

“The biggest need was: Costs management, delivery of equipment/ supplies, technology to improve telehealth service (apps that are accessible to all, easy to use) and improve the quality of telehealth services.” (Brazil)

“The entire healthcare intervention initiated by the state could have been done in a different approach and could have been much inclusive. The state could always have kept their priorities of the pandemic on the high but not closing down the health and rehab care provision largely.” (Afghanistan)
Conclusions

Evidence from surveys and interviews uncovered gaps in AT service delivery which had significant impacts on the quality of life of people who use assistive products. AT providers were agile in their response, as were civil society organizations who rapidly adapted as policies and procedures changed.

AT provision is essential to the lives of millions of people. When a pandemic or any other crisis strikes, the system of provision can be threatened undermining the health and wellbeing of AT users. AT providers and civil society organizations can at times address these threats, but AT users would be best served by not only strengthening existing services, but ensuring that public health responses are inclusive of people who need AT.

Recommendations

1. Make pandemic public health responses inclusive of people who use AT
   - Consult with civil society including AT users, their families and representative bodies
   - Understand and mitigate against the impact health responses may have on people who use AT
   - Use communication formats that ensure public health messages are accessible to all, including people with hearing or vision loss, or disabilities that impact cognition and/or communication
   - Recognize information and communication technologies including smart phones, as priority assistive products.

2. Recognize AT as essential health products and services and during a pandemic or health emergency
   - Keep AT services open, safe and accessible alongside other essential services
   - Consult with and include AT personnel in health sector wide responses
   - Provide AT personnel with infection control training and personal protective equipment
   - Implement telehealth and other methods that enable services to continue during pandemic response measures such as isolation, social distancing and/or lockdown
   - Prioritise continued procurement and supply of quality-assured assistive products

3. Strengthen AT services to improve preparedness for future pandemic responses
   - Integrate AT services into health care systems and in particular community / primary health care
   - Address access barriers and increase coverage through outreach visits, telehealth and other strategies
   - Train and equip a broader range of health personnel able to provide and/or support AT use
Access the full papers at the links below:


Acknowledgments:
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A volunteer helps a woman fill out her paperwork before her COVID-19 vaccine in Rwanda. Photo credit: WHO/Andre Rugema