

GLOBAL REPORT ON ASSISTIVE TECHNOLOGY (GReAT) REGIONAL CONSULTATION

SOUTH EAST ASIA REGION

Thursday, 23 September, 2021

Time: 12:00- 16:00 IST

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1. Introduction

The GReAT regional consultation for the South East Asia Region (SEAR) was held on Thursday, 23 September, 2021 (12:00 – 16:00 IST), with participants including ministry nominees and country experts from nine member states. (Table 1). The detailed nominee list that was obtained with the support of the WHO country office colleagues is provided in Annex 3: Participant Information. A total of 86 participants attended the regional consultation, including HQ and editorial team members, country office colleagues, and breakout session moderators & rapporteurs.

Table 1 Number of officially nominated participants from SEAR MSs for the GReAT Regional Consultation (23 September 2021)

S.No.	SEAR Member State	MOH Nominees	Experts
1	Bhutan	5	0
2	Bangladesh	2	2
3	India	2	3
4	Indonesia	4	4
5	Maldives	2	1
6	Myanmar	5	1
7	Nepal	2	1
8	Sri Lanka	2	1
9	Thailand	4	1
Total		28	14

The participants were divided into five groups, and each group was assigned a moderator and rapporteur to facilitate the breakout sessions. The moderators included AT experts from the region and the rapporteur role was supported by WHO country office focal points– India, Bangladesh, Indonesia, and Nepal. The consultation supported discussion on all sections and areas as advised by HQ.

2. Relevance of the contents (Guiding question A)

The guiding question that was asked during the session was : “What do you think about the presented materials from the perspective of your country or this region?”

Across all groups there was general consensus in the relevancy of the presented materials with respect to their country context. Common themes discussed included:

- Cross Sectoral collaboration
- Raising awareness across different ministries
- Adopting Public Private Partnership models to fill the gaps and improve Access to AT
- Overall, there is a significant requirement in SEAR in the areas of advocacy and building the awareness on AT and benefits for all, to impact the need- demand- supply triad.

Summarized feedback received during the breakout sessions across the 4 sections can be found in Annex 1: Relevance of the **contents** (Guiding Question A):

Question A: What do you think about the presented materials from the perspective of your country or this region?

Table 2.

3. Relevance of the recommendations (Guiding question C)

The guiding question that was asked during the session was: “What do you think about the relevance of the presented recommendations to improve access to assistive technology in your country or in this region?”

The groups found the recommendation comprehensive and covered all points. Additionally they found the recommendations presented relevant to their country contexts. All 5 P’s were discussed however due to inadequate time the topic of emergencies was not covered by 3 groups.

Some salient points supporting the recommendations include:

- Increasing awareness and overcoming social stigma. Resonance of the group particularly with recommendation 1, 3, and 4 in *People*
- Top three product themes discussed were supporting recommendations on local manufacturing, adoption of the APL and User satisfaction data to be collected.
- Cross sectoral collaboration and strengthening personnel through capacity building and certification. Addressing the retention issue with trained professionals.
- Developing innovative models of service provision.
- Public private partnerships to improve efficiency of AT service provision
- Implementation of policy which is lacking in many SEAR MSs. Incorporation of research in policy and data collection as recommended found a lot of support in the group.

Summarized feedback received during the breakout sessions to discuss the recommendations can be found in Table 3

4. Suggested changes to the contents (Guiding question B)

The guiding question that was asked during the session was: What information do you think needs to be **added, modified or deleted** to better reflect the assistive technology situation in your country or in this region?

- Request WHO to provide summary of demographic values related to different targets (AT indicators) it will be beneficial for countries in the SEA Region.

5. Suggested changes to the recommendations (Guiding question D)

The guiding question that was asked during the session was: What recommendations do you think need to be added, modified or deleted to improve access to assistive technology in your country or in this region?

- Add in the recommendation for standardization and certifications for list of recommended products. but determining cost will really depend on the area
- For the local designing, does it cover the low cost intervention by CBR, where do they stand? – response: the main thing is recognizing local group/community that can locally produce the AT and it is not yet included here.
- Please add “increasing not only local design but also supporting the innovation through R&D infrastructure and financial support”

- List of “recommended products” should be revisited at a set frequency to incorporate any new standard or innovation.

6. Other comments(important comments around GReAT outside the guiding questions)

There were no additional comments made.

Annex 1: Relevance of the contents (Guiding Question A):

Question A: What do you think about the presented materials from the perspective of your country or this region?

Table 2. Breakout Session Notes in response to Guiding Question A: What do you think about the presented materials from the perspective of your country or this region?

Break - out Room	Section 1: Understanding AT	Section 2: Access to AT- Global Indicators- Recognizing the AT situation	Section 3: Reducing barriers to assistive technology	Section: 4 Creating enabling environments
1	Awareness levels in Thailand are quite good and DPOs are significantly involved in the AT sector	Thailand - data is collected every 5 years but its disproportionate to actual need. Bangladesh - curriculum has a good rehab protocol of NCD and SCI population	Requires ministry involvement. PPP structure. Agrees with the recommendations	Requires ministry involvement. PPP structure.
2	Awareness levels are still low. Although Maldives govt has been working in improving access to AT, it is not a national priority. Advocacy efforts are underway to impact the latter. India has excellent avenues to increase awareness and impact access however the prime need is for evidence/data to demand action.	The previous comments support the preliminary analyses presented in the technical document. The comments in this section also reflect consensus with the preliminary analyses.	Supports the barriers presented in the document with positive developments by both govts in improving access.	Small amount of work has been done to address social stigma and discrimination in India. – legislations and programs.
3	The option of alternatives to collect data to measure access to AT must provide guidelines on how to go about it in a pandemic situation.	Dependency on imports could be mentioned more directly (local and regional production has been included) Private Sector Partnership	Agree with the content of the materials and relevance with their country context . Multisectoral co-ordination in provision of AT services	Agree with the content of the materials and relevance with their country context

4	Suggestion: if WHO could provide summary of demographic values related to different target it will be beneficial for countries such as Sri Lanka. Need to raise awareness of to all stakeholders because in Indonesia AT is still limited to health and social sectors, notably to other relevant ministries Not all AT recommended by WHO is already covered by the national insurance in Indonesia, and most of the time the scheme is only provided, although applies to all, to people with disabilities.	All areas of reduced functioning including cognition should be considered	Agree with the content of the materials and relevance with their country context	Inter sectoral collaboration
5	Agrees with the content of the materials and relevance with their country context	Agrees with the content of the materials and relevance with their country context	National Insurance scheme by government should be a strong recommendation to ministries	Agrees with the content of the materials and relevance with their country context

Note: Room 1: Bangladesh + Thailand; Room 2: India + Maldives; Room 3: Nepal + Bhutan; Room 4: Indonesia + Sri Lanka; Room 5: India + Myanmar

Annex 2: Relevance of the recommendations (Guiding question C)

Question C: What do you think about the relevance of the presented recommendations to improve access to assistive technology in your country or in this region?

Table 3 Breakout Session Notes in response to Guiding Question C: What do you think about the relevance of the presented recommendations to improve access to assistive technology in your country or in this region?

Breakout Room	People	Products	Provision	Personnel	Policy	Assistive technology in humanitarian crises (Across sections 1 -4)
1	Resonance particularly with points 1 & 4 i.e. referral pathways and awareness on AT and Development of customized plans - Rehab and AT for users	Supporting the recommendations of strengthening local design and manufacturing of not only low cost AT as is the case in Bangladesh but high tech. Thailand primarily relies on importing products that are usually of low quality and price.	Thailand: Innovative models of provision must be implemented and improving access to remote regions due the lack of finances to support logistics	Improving communication and cross sectoral collaboration.	Implementation of country policies lacking. Require a more comprehensive rehabilitation plan developed for AT users.	Extremely important area that needs work. COVID just highlighted the need for attention more acutely. In Thailand assessments were conducted through video calls when movement restrictions were in place during COVID .

2	Cross sectoral collaboration required. Increasing awareness and using where relevant village councils to educate general population on benefits of AT. Community engagement required.	Required from a regulatory of Quality and standards should incorporate a feedback system on user satisfaction with products and service similar to what is seen in the west. Develop national capacities for producing locally.	Community advocacy-tap to the optimum- use internet-generate awareness Systems to be developed by training local people in community who are advocates for AT access and use- task shifting Maintenance and Repair services: ATs are provided through camps- user does not know where to go back to. Public Private Partnerships to improve and regulation AT service delivery	Retention of trained staff is an issue.	Awareness is key to change policy and ensure implementation	Not Addressed Due to Lack of Time
3	resonated with Point 3 – educating the benefit of AT; Point 4: access to appropriate technology is important. Increase Awareness of AT amongst government agencies and	Adoption of the APL and also ensure periodic revisions are conducted to ensure staying up to date on new technology. Reduce tax tariffs on raw materials and support local manufacturing.	The group found the recommendation comprehensive and covers all aspects of AT service provision Replacement of AT products to be explicitly was appreciated.	Found all points relevant and particularly interested in integrating AT service provision into medical curriculum and increase investment in capacity building initiatives.	Policy to incorporate research and data collection .	Not Addressed Due to Lack of Time

	wider community engagement.					
4	Clarification in caregivers - to refer to both informal and formal caregivers (as seen in Sri Lanka). To empower the AT users to be educated and employed and able to afford the AT products. Hence enabling environments are required to support users.	Innovation to meet the environmental and country specific needs.	Innovative models AT service provision should be looked into. Inclusion of a monitoring and evaluation plan to ensure quality of provision is maintained.	Capacity building should focus on the should also targeting people, government, from different backgrounds/professions relevant to AT. Professional development through continuing education (certification for professional development). Standardizing the training and modules at national level to ensure all levels received the same skill and knowledge	Ensure AT users are at the centre of policy development and discussions. Guiding framework for grievance redressal and updating the policies	Not Addressed Due to Lack of Time
5	Lack of awareness and in social stigma is still a huge challenge. AT/Disability usually undertaken as a charity initiative.	User training on products is extremely important - otherwise the products are abandoned. Financing as a challenge was discussed	Primary health care professionals are going to be relied on to improve services. Identifying it as a career pathway will lead young technicians and professionals into the field.	Sensitization of medical professionals and supporting continuing education through professional development certificates. PHC training on AT service provision ongoing in Myanmar	Policy to support structured AT service provision across Tertiary, Secondary and Primary health care levels is crucial. Financing mechanisms are integral to improving access to AT.	Extremely important area that needs work. COVID just highlighted the need for attention more acutely along with the increase in natural disasters. Development of a manual on emergency care procedures during disaster

						relief would be very helpful. Dr. Rao mentioned that Japan had developed something in that regard. Accessibility of emergency alarms and announcements important to consider.
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Note: **Room 1:** Bangladesh + Thailand; **Room 2:** India + Maldives; **Room 3:** Nepal + Bhutan; **Room 4:** Indonesia + Sri Lanka; **Room 5:** India + Myanmar

Annex 3: Participant Information

SN	Country	TITLE	FIRST NAME	LAST NAME	POSITION	EMAIL
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7	Myanmar	Dr.	Aye Moe	Lwin	NPO, NCDs and MH- WCO	UNABLE TO ATTEND
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