Draft Global road map towards universal access to assistive technology

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Preface

In May 2018, the World Health Assembly adopted resolution WHA71.8 on improving access to assistive technology, calling on Member States to improve access through strengthening policies and programmes, developing a skilled workforce, identifying priority assistive products suited to national contexts, and investing in research, innovation, and inclusive infrastructure *(1)*. The resolution also highlighted the importance of data collection and international cooperation.

The resolution tasked the World Health Organization (WHO) with supporting these efforts, including the development of the *Global report on assistive technology (2)*, which was published jointly by WHO and UNICEF in May 2022. Guided by a Technical Advisory Group, WHO and UNICEF developed the Global report drawing on the best available evidence, international experience, input from and in collaboration with stakeholders from diverse settings, multiple countries and all regions.

The Global report described the range of assistive products used by diverse populations; the policies and financing mechanisms that shape access; as well as the services, systems and personnel needed to support provision. It presented a comprehensive dataset and analysis of global access to assistive technology, drew attention to the need for and benefits of assistive technology, including its return on investment, and identified barriers that prevent many people from accessing safe, effective and affordable assistive products and related services.

The Global report concluded with ten recommendations for collaborative action to improve access to assistive technology. These recommendations support progress towards the achievement of global commitments, including the Sustainable Development Goals (SDGs) *(3)(4)*, Universal Health Coverage (UHC) *(4)*, the United Nations Decade of Healthy Ageing (2021-2030), and the Madrid International Plan of Action on Ageing *(5)*; as well as the realization of human rights under the Convention on the Rights of Persons with Disabilities (CRPD) *(6)*, the Convention on the Rights of the Child (CRC) *(7)* and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) *(8)*. The recommendations also underline the importance of enabling environments, research and innovation, humanitarian preparedness and international cooperation.

Since the Global report was published, WHO Member States and other stakeholders have called for practical guidance on how to implement its recommendations. In response, WHO and UNICEF, joined by the United Nations Department of Economic and Social Affairs (UNDESA), have developed this *Global road map towards universal access to assistive technology.* The Road map provides action-oriented guidance on implementation, in support of collective efforts toward making assistive technology accessible to everyone, everywhere.

Building on the Global report and informed by global consultations, survey evidence and stakeholder review, the Road map translates those broad recommendations into practical guidance. It outlines priority actions, example outputs and expected outcomes that can support implementation at country, regional and global levels. Reflecting a broad range of perspectives from across the assistive technology ecosystem, the Road map is intended to support action across different contexts and sectors, while maintaining a shared direction towards universal access to assistive technology.

Acknowledgements

Abbreviations

AFRO	WHO African Region
APL	Assistive Product List
ATAc	Assistive technology capacity assessment
ATAi	Assistive technology impact assessment
ATAp	Assistive technology progress assessment
BDPA	Beijing Declaration and Platform for Action
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
EMRO	WHO Eastern Mediterranean Region
EURO	WHO European Region
LMICs	Low- and middle-income countries
MIPAA	Madrid International Plan of Action on Ageing
NAPL	National assistive products list
PAHO	Pan American Health Organization
rATA	Rapid assistive technology assessment
SDGs	Sustainable Development Goals
SEARO	WHO South-East Asia Region
UHC	Universal health coverage
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO-GATE	WHO Global Cooperation on Assistive Technology
WPRO	WHO Western Pacific Region

Glossary

Access to assistive technology	The degree to which assistive technology, including products and services, is available to people who need it, without financial hardship. Access emphasizes the removal of barriers and the conditions that enable people to obtain and use assistive technology[1].
Assistive products	Any external product (including devices, equipment, instruments or software) specially produced or generally available, with the primary purpose of which is to maintain or improve an individual's functioning and independence and thereby promote their well-being *(2)*.
Assistive technology	The application of organized knowledge and skills related to assistive products, including systems and services *(2)*.
Assistive technology users	In the context of this Road map, 'user groups', 'assistive technology users' and 'people who use assistive technology' refers to people who use assistive products to support their functioning, including activities of daily life and social participation. User groups refer to the various populations who may benefit from using assistive products, including but not limited to persons with disabilities, children, adults, older people.
Functional ability	Functional ability combines intrinsic capacity of the individual, the environment a person lives in and how people interact with that environment *(9)*. When a person experiences loss of functional ability, either temporary or permanent, they may benefit from using assistive products *(10)*.
Functioning	Functioning refers to all body functions, activities and participation *(2)*.
In-service	The education and training provided to assistive technology personnel during their employment to learn new skills or maintain professional competencies, such as professional development or mentorship programmes.
Open-source solutions	Open-source solutions allow free access, modification, and redistribution of source code and design, enabling collaborative, community-driven development of products and software so anyone can contribute to improving and updating products and solutions *(11)*.
Person-centred	Person-centred approaches involve (i) a holistic (whole-person) focus; (ii) principles such as respect and self-determination through offering flexibility and orienting to a person's comprehensive needs, wishes, and values; (iii) understanding and maintaining personhood and sense of self, through continued social roles, meaningful activities, or personalized environments, and (iv) fostering positive relationships *(12)*.
Policy environment	The contextual conditions that shape policy development, implementation, and evaluation. Generally, policy environments can be described with reference to four dynamic and interrelated factors: context, content, stakeholder, and process (TBC)[2].
Pre-service	The education and training designed to develop core competencies and knowledge of future assistive technology personnel before they enter the workforce and provide services *(13)*.

[1] Adapted from WHO concepts of access to health services and health products for the context of assistive technology; intended to distinguish access from accessibility.
[2] Adapted from WHO policy analysis materials drawing on the Walt–Gilson policy triangle (context, content, process and actors/stakeholders).

Production – global and local	*Global production* refers to high volume manufacturing that produce goods at scale for broad distribution. *Local production* refers to smaller-scale manufacturing models situated within local economies and supply chains, often involving locally available materials, skills, services and infrastructure[3].
Service contexts	Service contexts refer to the different circumstances or conditions in which assistive technology is provided, such as those that may be found in humanitarian contexts, rural and/or remote environments, or resource constrained areas.
Service settings	Service settings refer to the various environments or locations where assistive technology services are provided, such as hospitals, clinics, community centres, homes, or other places where people receive support with assistive products. These settings can vary widely depending on local context, resources and circumstances.
Supply chain solutions	Supply chain solutions aim to optimize efficiency, coordination and collaboration across the entire supply chain from sourcing to delivering assistive products.
Support network(s)	The support network of a user of assistive technology includes family members, guardians, friends, and volunteers. The support network may provide or help organize assistance in accessing and using assistive technology
Task sharing	The rational redistribution of responsibilities among health workforce teams. Specific tasks or roles are transferred, where appropriate, to less specialized health workers to make more efficient use of the available personnel *(14)*.

[3] Adapted from WHO sources on assistive technology supply, procurement, repair, refurbishment and local-level reuse and materials recovery.

Executive summary

The World Health Organization (WHO) estimates 2.5 billion people globally need at least one assistive product, and that this figure is set to rise to 3.5 billion by 2050 *(2)*. Assistive technology plays a pivotal role in enabling individuals with temporary or permanent difficulties in functioning to participate fully in daily life and society. However, significant gaps in access remain, particularly in low- and middle-income countries (LMICs) *(2)*.

In 2018, the World Health Assembly adopted Resolution WHA71.8 on improving access to assistive technology. WHA71.8 urges Member States to develop, implement, and strengthen policies and programmes to improve access through universal health coverage and social services *(1)*. In 2022, WHO and UNICEF together published the first Global report on assistive technology *(2)*, presenting a comprehensive analysis of assistive technology access worldwide. The Global report drew stakeholder attention to the benefits of and need for assistive technology, including its return on investment. The Report also highlighted common barriers to access, and emphasized the importance of developing, strengthening, and implementing assistive technology policies and enabling environments to reduce those gaps. The Report concluded with ten overarching recommendations to improve access to assistive technology worldwide. Progress towards these recommendations would also support broader global commitments, including the Sustainable Development Goals (SDGs) *(1,3)*, Universal Health Coverage (UHC) *(1,4)*, the United Nations Decade of Healthy Ageing (2021-2030) *(10)*, the Madrid International Plan of Action on Ageing (MIPAA) *(5)*, the Convention on the Rights of Persons with Disabilities (CRPD) *(1,6,15–17)* and the Convention on the Rights of the Child (CRC) *(7)*.

Since publication of the Global report, Member States and other stakeholders have called for practical guidance in the priority actions required to implement its ten recommendations. This Global road map towards universal access to assistive technology was jointly developed by WHO, UNICEF and UNDESA in response to these calls. Drawing on the assistive technology (or '5P') framework which places people at the centre and organizes action across people, policy and finance, products, provision and personnel, the Road map offers a range of core strategic actions that national, regional and global stakeholders can take to strengthen assistive technology systems. Most importantly, it is intended to guide and support national efforts to ensure that everyone, regardless of their circumstances, can access the assistive technology they need. Emphasizing inclusion, collaboration, and innovation, the Road map seeks to unify stakeholders globally around a shared vision of ***a world where assistive technology is universally accessible to everyone, everywhere***.

The Road map is guided by **five core principles**: fostering coordinated, multi-sectoral efforts to promote equitable and sustainable access to assistive technology; recognizing the need to balance scale versus complexity; strengthening person-centred service delivery across the assistive technology journey; broadening provision across the full range of living, learning, care and support environments; and developing tailored solutions that respond to local needs and advance equity in every setting.

Overall, this Road map brings together a shared vision, a structured framework for action and an approach to accountability to support faster and more coordinated progress on assistive technology access. It also outlines an approach to measuring progress, drawing on the WHO assistive technology progress indicators to support implementation, accountability, learning and adaptation over time. Organized around the 5P framework, it connects strategic priorities with actions across country, regional and global levels, while also clarifying how implementation can be supported, adapted and

tracked over time. Its central aim is to help countries and partners turn commitment into practical system change that expands equitable access to assistive technology across the life course.

1. Introduction: case for action

What is assistive technology?

Assistive technology is an umbrella term for assistive products and their related systems and services. Assistive products range from physical products, such as walking aids or wheelchairs, spectacles, hearing aids, to digital products, such as software or apps. Assistive products range in complexity and support different aspects of human function including cognition, communication, hearing, mobility, self-care, and vision. While some products are available 'off-the-shelf', others require assembly and individual customization to meet the needs and preferences of the user.

For children, adults and older people with temporary or permanent functional difficulties, including people with disabilities, assistive technology is essential to support daily activities, and equal access to participation and opportunities across all domains of life. Assistive technology is a dynamic, cross-sectoral field which continuously evolves through the advancement of digital technology and product innovations to meet the needs of assistive technology users, in the context of ageing populations and global challenges such as climate change, humanitarian crisis and noncommunicable diseases.

1.1 The breadth of need

It is estimated that 2.5 billion people globally need assistive technology, and this number is expected to rise to 3.5 billion by 2050 *(2)*. This estimate translates to *one in three* people worldwide who are using, or in need of assistive technology. Assistive technology can benefit anyone with a functional difficulty[4], resulting in diverse groups of users of assistive products across all ages, gender identities, cultures and functional ability. Some groups may remain less visible in data and service planning, including people with temporary or fluctuating functional difficulties, people living in institutions, migrants and refugees, people in humanitarian settings, and people whose need for assistive technology is not recognized because of stigma, ageism or limited awareness. ***Understanding the diversity of users is essential to effectively plan and deliver assistive technology services that address the needs of all, ensuring no one is left behind (18).***

[Image to be inserted here]

Everyone may need assistive technology at some point in their lives and may benefit from one or more assistive products on a temporary, occasional or daily basis. Some people may use assistive technology temporarily, for example during recovery from an injury, temporary health condition, or to support end of life. Others with one or more health conditions contributing to functional difficulties may use assistive products occasionally throughout their life. For example, some people with chronic health conditions might only use assistive products as needed during symptomatic periods, such as using a wheelchair for long distances when walking is painful. Other people with permanent functional difficulties, including persons with disabilities, might rely on multiple assistive products every day for their full participation and inclusion.

[4] The Road map uses the term 'functional difficulty', to identify individuals with an impairment impacting their functioning, who may therefore benefit from assistive technology. This recognises that many assistive technology users experience functional difficulties without having a disability [10].

Across the life course, patterns of assistive technology use vary significantly, with particular implications in early life and at older age. In line with an ageing global population, older people are now the largest group of assistive technology users, with *two out of three* older people using at least one assistive product *(2,10)*. This includes experienced assistive technology users living with disability whose needs may change, requiring additional assistive technology and/or modifications as they age; and those using assistive technology for the first time due to declining functional ability *(2)* to enable independent self-care, support cognition and mobility, and promote social engagement, preventing isolation and support safe community living. Timely identification of need and access to appropriate assistive technology is important for all older people, as delays can contribute to preventable declines in functioning, increased dependence, heightened risk of injury, and reduced participation in daily life *(19,20)*.

At the other end of the life course spectrum, early access is equally critical. Many children and adolescents benefit from assistive technology, with products and services that must be tailored to growth, learning and developmental milestones *(15)*. Population-level screening programmes and early intervention across health, education and social sectors are critical for identifying children who could benefit from assistive technology at an early age, enabling timely access and improved developmental, educational and social outcomes *(21)*. As children grow, their assistive technology needs often change, requiring ongoing review and adaptation *(15)*. Equally important is ensuring continuity of support as children and adolescents transition into adulthood, so that access to appropriate assistive technology and related services is sustained across life stages and does not disrupt participation, independence, or inclusion *(15)*.

1.2 Assistive technology as an enabler

Assistive technology enables all aspects of life including early childhood development, education and employment, physical and mental health, social relationships and leisure. It supports people of all ages in their daily activities, play and work roles, enabling personal care or caregiving, learning, working, volunteering, socializing, community navigation, and engagement in sport, faith-based, culture, leisure and civic activities.

At a societal level, the benefits of assistive technology outweigh the initial costs of investing in providing access to it *(2,22)*. Assistive technology supports the overall health and well-being of people, and bolsters health promotion and prevention initiatives. In some cases, timely identification of needs and provision of assistive products can prevent further impairment, such as through falls prevention *(20)* or early childhood hearing interventions *(23)*. Equitable access to assistive technology also ensures all people have equal opportunities to inclusion, education, employment and social participation, all positively impacting communities and economies.

Access to safe, effective and affordable assistive technology is grounded in key international frameworks that emphasise the importance of equal participation and opportunity for all. The CRPD recognizes access to assistive technology as a fundamental enabler of rights *(6)*. Commitments such as the SDGs *(3)*, UHC *(1,2)*, the United Nations Decade of Healthy Ageing (2021-2030) *(10)*, the MIPAA *(5)* and the Beijing Declaration and Platform for Action (BDPA) *(24)* further reinforce the global significance of ensuring everyone can benefit from assistive technology, highlighting its role in promoting health, inclusion, and well-being across diverse communities. For children, UNICEF's framework for building capacity for assistive technology and alternative augmentative communication

highlights the importance of accessible, child-responsive assistive technology services across the life course and across settings *(25)*. There are also important international frameworks and guidance specific to humanitarian contexts, including the Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action *(26)*, UNICEF guidance on the provision of assistive technology in humanitarian settings *(27)*, and the Oslo Action Plan of the Anti-Personnel Mine Ban Convention *(28)*, which together highlight the importance of the inclusion of persons with disabilities, rehabilitation and access to assistive technology in emergency and recovery settings.

Given the wide enabling impact of assistive technology, diversity of users and context in which they use assistive technology – action on improving access requires a multi-sectoral, collaborative approach with equal commitment from all ministries and institutions, including but not limited to care and support services for older people, defence, services for persons with disabilities, education, emergency preparedness, response and recovery, employment services, health care services, housing, mental health care services, social services, sport and transport.

1.3 Access barriers

Despite established need and clear benefits of assistive technology, barriers to universal and equitable access to assistive technology persist worldwide *(2)*. These barriers were comprehensively analysed and reported in the WHO and UNICEF Global report on assistive technology *(2)*, which highlighted interconnected challenges across systems, including gaps in policy and financing, limitations in product quality, affordability *(29)* and availability *(30)*, weaknesses in provision models, and shortages in appropriately trained personnel. Drawing on this evidence base, and subsequent findings from the global survey and consultation series, the sections below summarize the key access barriers that continue to constrain progress towards universal access to assistive technology.

From a person-centred perspective, some individuals may experience more access barriers than others, related to their socioeconomic status, living environment, family or community support, education level, gender, age, ethnicity, type of or severity of impairment, disability status, displacement, language or distance from services *(2,31–34)*. Many lack awareness of what assistive technology is and how it may benefit them or someone in their life, the diverse range of products available, and of available services to access it *(35–37)*. Common misconceptions about who uses assistive technology can contribute to low product uptake and perpetuates social and cultural stigmas that further discourage potential users who could benefit *(38)*. The availability of up-to-date, user-friendly information in accessible formats and educational resources to guide people in accessing, using and maintaining assistive technology, is highly variable across settings and contexts *(39)*. Finally, assistive technology users, despite their lived experience are rarely invited to contribute their perspectives to the design and production of products, or to the policies and provision systems that facilitate access *(35,40)*.

Access barriers at the policy and finance level relate to shortfalls within system preparedness, such as poor integration of assistive technology within existing legislation, disparities in funding and lack of funding mechanisms explicitly covering assistive technology, and fragmentation of governmental sectors and stakeholders *(2,15,36,41–43)*. For example, assistive technology is often poorly integrated within related sectors; and/or sectors operate parallel assistive technology services in isolation, rather than in collaboration. Another common policy related barrier to accessing assistive technology is exclusive funding models which only cover specific user groups defined by criteria such as age,

income, citizenship status, or having a certified disability *(43–45)*. These barriers can leave many people without affordable access to the assistive products and services they require.

Access barriers related to products include low prioritization of essential assistive products, poor safety and quality standards and inefficient supply chains *(43)*. Product distributors often prioritize inventories of low-cost options over quality due to high procurement costs, or carry a limited stock of types and sizes, reducing users' selection of high-quality, affordable products *(2,46)*. Broader market issues—such as fragmented sub-markets, limited supply-demand data, and barriers to entry for new businesses—also affect availability and affordability *(43)*. While increasingly countries are adopting national Priority assistive product lists (APLs) *(47)*, the absence of product specifications and standards make it difficult to assure quality procurement and post-market safety and quality. In specific contexts, donated assistive products can help address urgent needs when they are coordinated, quality-assured and linked to appropriate services; however, unmanaged donations raise concerns about suitability, fit, safety, maintenance, repair and long-term sustainability.

Poor provision systems including fragmented service delivery models further complicate access, leading to inefficiencies and inadequacies such as a lack of screening and referral pathways, high wait times, limited access to the four key service steps (select, fit, use and follow-up), and significant gaps in the scope of services *(2,29,35,42)*. Low availability of services which identify children, adults and older people with unmet assistive technology needs, including screening *(37,48,49)* and early identification programmes *(21)* also limit access, particularly in low-resource settings where service providers are few, unevenly distributed and lack adequate infrastructure and equipment *(50)*. Where assistive products require adaptation or modification to meet more complex needs, the absence of accessible services close to where people live can result in poor fitting, leading to reduced effectiveness, abandonment of products, and poorer functional and participation outcomes *(51)*. In emergency contexts, access to pre-existing services is often impacted as resources are redirected, infrastructure damaged, supply chains disrupted, or personnel flee *(2)*.

In many countries, the shortage of assistive technology personnel noted above stems from recruitment and retention challenges, or limited education and training of the potential workforce *(15,52,53)*. Limited understandings of the diverse generalist and specialist roles involved in the provision of assistive technology also leads to education efforts overlooking the learning needs of those responsible for identification of need, screening and referral, refurbishment and procurement. This is compounded by varying recognition for both personnel and education programmes across contexts, where dedicated pre-service and in-service assistive technology curricula is inconsistent.

Barriers in the physical, digital and service environments can also limit whether people are able to use assistive products safely, effectively and with dignity, even when products are available. Inaccessible buildings, transport systems, schools, workplaces, health facilities, digital platforms and communication channels can reduce the benefit of assistive technology and restrict participation. These environmental barriers reinforce the need to address assistive technology access alongside broader commitments to accessibility, universal design, inclusive infrastructure and enabling environments.

1.4 Towards universal access to assistive technology

Building on the Global report on assistive technology *(2)* and the growing body of national, regional and global efforts to improve access, this Road map sets out a shared direction for accelerating

progress towards universal access to assistive technology. It responds to calls from Member States and stakeholders for practical, action-oriented guidance that supports implementation while remaining adaptable to different contexts and system realities.

Universal access in this Road map means more than product availability. It requires coordinated action so that assistive technology is affordable, appropriate, acceptable, safe, effective and supported by the services, systems and enabling environments needed for sustained use.

Underpinned by a theory of change, the Road map brings together evidence, lived experience and system-level thinking to articulate how coordinated action across people, policy and finance, products, provision and personnel can contribute to more equitable access and improved outcomes across the life course. In doing so, it seeks to support countries and partners in translating shared commitments into sustained, meaningful progress towards a world where assistive technology is accessible to everyone, everywhere.

1.5 How this Road map was developed

This Road map was developed by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Department of Economic and Social Affairs (UNDESA), with input from a broad range of stakeholders across regions, sectors and areas of expertise. Overall coordination was provided by a development group convened by WHO, with contributions from WHO, UNICEF and UNDESA staff and consultants.

The development process built on the WHO and UNICEF Global report on assistive technology *(2)* and its ten recommendations, which provided the primary evidence base and starting point for the Road map. The Road map was also informed by relevant WHO tools, technical resources and policy frameworks, including the 5P framework, as well as evidence and perspectives gathered through surveys, consultations, round tables and expert review.

A global online public survey was conducted between December 2024 and January 2025 to gather views on barriers, priorities and potential solutions for improving access to assistive technology. Survey responses helped to inform the Road map's theory of change and supported the identification of cross-cutting themes, including equity and diversity, context-appropriate strategies and solutions to accelerate access.

The development process also included two in-person round tables: one held in the margins of the World Health Summit in October 2024, and one during the Commission on Population and Development in April 2025. These were followed by a WHO online consultation series in May 2025, which explored priority issues relevant to the Road map, including financing, localized production, older people, assistive technology organizations and other cross-cutting aspects of access. These consultations brought together stakeholders from governments, United Nations agencies, organizations of persons with disabilities, ageing and rehabilitation sectors, academia, civil society, professional bodies, service providers, manufacturers, innovators, donors and development partners. Inputs from the survey, round tables and consultations were synthesized to identify common barriers, enabling conditions, priority actions and implementation considerations. These inputs were used to shape the Road map's practical action framework, including proposed actions at national, regional and global levels, example outputs and expected outcomes. Drafts were reviewed iteratively by the

development group and revised to strengthen technical accuracy, coherence, clarity and alignment with WHO guidance and terminology.

A draft of the Road map was shared with stakeholder agencies and technical experts for review in November 2025. Feedback from this process was considered and incorporated, as appropriate. A final public review process was undertaken in May 2026 to provide an additional opportunity for comment before finalization.

External contributors involved in the development and review of this Road map were requested to disclose any interests relevant to the subject matter. WHO assessed the declarations received and managed any declared interests in accordance with WHO policies and procedures for managing conflicts of interest. No declared interests were assessed as affecting the impartiality of the Road map. Finalization of the Road map included technical editing and review for consistency with WHO publication standards, including alignment of terminology, structure and style across the Road map and its related annexes and supporting documents.

[A final public hearing was conducted from 22 May 2026 to 5 June 2026 to invite feedback on the draft Road map before finalization. The draft was made available through the WHO website, with comments collected through an online questionnaire. The public hearing aimed to assess the clarity, relevance, technical accuracy, feasibility and usefulness of the draft, and to identify any important gaps, risks or unintended consequences. A risk assessment was completed before the public hearing, and the feedback mechanism was piloted before wider dissemination. Feedback received will be reviewed against predefined criteria, coded by section and theme, and considered by the Road map development team. A synthesis of the feedback will document the respondent profile, main themes raised, outcomes of the review and how feedback was used to revise and finalize the Road map.]

[Image to be inserted here]

1.6 Scope

This Road map provides a strategic, action-oriented framework to guide efforts towards universal access to assistive technology. It is intended to support action at national level, while also identifying the regional and global enablers and actions needed to strengthen and accelerate country progress. It therefore addresses action across multiple levels of the system, from national policy, financing, service delivery and workforce development, to regional and global coordination, technical guidance, shared resources, innovation and monitoring.

The Road map covers the broad ecosystem required for equitable access to assistive technology. This includes people who use or may benefit from assistive technology, policy and finance, assistive products, provision systems and services and personnel. In doing so, it addresses the key components of access across the assistive technology life cycle, including awareness, identification of need, referral, product selection, fitting, use, follow-up, maintenance, repair, procurement, supply, financing, data, standards, and workforce capacity.

It is relevant across the life course and for diverse populations, including children, adults and older people experiencing temporary or permanent difficulties in functioning, as well as persons with disabilities. It also recognizes the diversity of users and contexts, and the need for equitable access for populations who may be marginalized, under-served or overlooked. The Road map is applicable across sectors and settings, including health, education, employment, services for persons with disabilities, social welfare, care and support services for older people, community-based settings, homes, humanitarian contexts, and remote and resource-constrained environments.

The Road map is strategic rather than prescriptive. While it describes 21 national level actions, it does not set out a single mandatory pathway for all countries, nor does it attempt to provide a detailed technical manual for every assistive product, service model or workforce role. Instead, it offers a common structure and language to support coordinated action across sectors, settings and levels of the system, while allowing countries to prioritize, sequence and adapt actions according to their needs, capacities and contexts.

It also does not attempt to replace existing technical standards, product specifications, service delivery guidelines, or indicator documents. Rather, it is intended to complement and connect these resources within an overarching framework for implementation. The Road map should also be read alongside Annex 1, the Global survey report, and Annex 2, the Consultation series report, which provide the stakeholder evidence base that informed its development. In this way, the Road map translates the recommendations of the Global report on assistive technology (1) and broader inputs into practical areas for action, while remaining flexible enough to support contextualized implementation and continuous improvement over time.

2. Core principles for equitable assistive technology access

The following core principles provide an interpretive foundation for the Road map and should guide how its vision, framework and actions are understood and applied. Together, they emphasize that improving access to assistive technology requires coordinated action across sectors, responsiveness to different levels of need and complexity, strong service delivery approaches, attention to the settings in which people live and receive support and adaptation to diverse contexts.

2.1 Multi-sectoral

Equitable and sustainable access to assistive technology is rooted in cross-sectoral coordination, requiring collaborative efforts among diverse sectors to meet the needs of all individuals.

Assistive technology is inherently a cross-sectoral issue, requiring coordinated system strengthening action across sectors such as health, education, care and support services for older people, disability, social services, employment, trade, and community development to ensure equitable access and effective provision *(2,54,55)*. People rely on assistive technology to participate in everyday life, including learning, working and engaging in their communities, which means that access cannot be delivered by any single sector acting alone.

While services and product supply are essential, effective access also depends on broader enabling systems such as awareness raising, screening to identify need, referral and support to ensure people can reach services, and accessible environments that allow assistive technology to be used effectively.

While governments hold primary responsibility for advancing universal access to assistive technology, collaboration among government agencies, non-governmental organizations, user-led organizations and private sector partners is critical to align policies, allocate resources, and build capacity across sectors. By recognizing and coordinating these intersecting roles, stakeholders can address access barriers more holistically and promote sustainable solutions that respond to the diverse needs of assistive technology users in their specific contexts *(2,54,55)*.

2.2 Complexity vs scale

Scale in assistive technology should be understood not only as reach, but as the system's capacity to meet diverse needs equitably through a mix of standardized and specialized provision.

Planning assistive technology provision requires balancing the need to reach large numbers of people with the need to respond to individual complexity. Many assistive technology needs can be met at scale through standardized, lower-complexity products and delivery models. For example, walking aids or basic self-care products can be efficiently integrated into community-based and primary-level services. At the same time, a proportion of assistive technology users have more complex, individualized requirements that depend on careful assessment, product adaptation or modification, training, and regular follow-up, and therefore require more specialized services and skilled personnel *(2,55,56)*. Systems that focus only on scale risk overlooking these users, resulting in inappropriate provision, abandonment of products, and poorer functional and participation outcomes. For policy-makers and donors alike, scale should therefore be understood not simply as the volume of products delivered, but as the ability of the system to meet diverse needs equitably, combining wide

coverage for less complex needs with targeted, individualized responses for those requiring more specialized support *(2,55,56)*.

2.3 Services

Access to assistive technology must be realized through a comprehensive service delivery approach to ensure assistive technology users' needs and preferences are effectively met.

The concept of assistive technology services is pivotal in ensuring that individuals who rely on assistive products receive holistic and person-centred support throughout their access journey *(2,55,57)*. A service delivery approach avoids users having to navigate often complex choices alone. Instead, users and appropriately trained personnel make decisions together, drawing on the user's goals, preferences, environment and support needs. Personnel with the appropriate competencies *(56)* can help users select suitable products, ensure correct fitting, provide education for effective use, and offer ongoing support for maintenance, repair, follow-up and timely replacement when needed. This approach both maximizes the functional benefit and safety of assistive technology and empowers users to participate more fully in daily life, reducing the risk of device abandonment and enhancing overall well-being *(55,58)*. By embedding support into every stage, from referral through to initial assessment and access to follow-up, a service delivery approach to assistive technology helps overcome barriers related to lack of awareness, inappropriate product choice, and inadequate maintenance, ultimately promoting equitable access and positive outcomes for all individuals who could benefit *(2,55,57)*. The four core service delivery steps are described in Box X.

2.4 Settings

Assistive technology provision necessarily encompasses diverse settings, to ensure individuals have equitable access regardless of where they live, learn, work or receive care and support.

Assistive technology provision must be planned and services delivered in ways that reflect the settings in which people live, learn, work, and receive care and support, as this is where access is most likely to be timely, appropriate, and sustained *(55,57)*. System strengthening efforts therefore need to move beyond a narrow focus on specialized service locations and embed assistive technology provision across a range of relevant settings, including health care facilities, schools, workplaces, community spaces, disability support services, care and support services for older people, and private homes *(42,55,57)*. A responsive approach to service settings enables assistive technology to be integrated into everyday service pathways, reducing access barriers related to distance, infrastructure, and service fragmentation. By aligning provision with the settings in which people naturally interact with services, systems can better tailor support to individual needs, promote inclusion, and ensure assistive technology is meaningfully integrated into daily life *(42,55)*.

2.5 Context

Assistive technology solutions must be context-specific to effectively address local challenges and promote equitable access in every environment.

Assistive technology solutions need to be tailored to the diverse contexts *(42,59)* in which people live and where services are delivered, as a one-size-fits-all approach often fails to address the unique

challenges faced in different environments. Rural and remote communities, for example, may encounter barriers such as limited infrastructure, scarce trained personnel, and logistical difficulties in product use, supply and maintenance *(42,50)*. Remote contexts, including Small Island Developing States (SIDS), may face additional challenges related to geography, transport, supply chains, maintenance and workforce availability. Emergency or protracted humanitarian contexts require adaptable and robust solutions, as well as continuity planning that links emergency response with longer-term provision and follow-up *(27,60)*. In each of these settings, solutions must remain anchored in the core principles of quality, safety, and user empowerment, ensuring that individuals not only receive appropriate and effective assistive products but are also supported to use them confidently and safely. By designing context-specific approaches that acknowledge local realities, whether cultural expectations, language, available resources, infrastructure, geography or crisis-related disruptions, there is greater assurance of equitable access and positive outcomes for all who need assistive technology *(40,55,57)*.

3. Road map vision, framework and theory of change

3.1 Vision

The vision of this Road map is of a world where assistive technology is universally accessible to everyone, everywhere.

This Road map towards universal access to assistive technology is intended to guide and support national efforts to ensure all children, adults and older people, regardless of their circumstances, can access the assistive technology they need. Highlighting the importance of inclusion, collaboration, and innovation, the Road map seeks to unify stakeholders around this shared vision.

3.2 Guiding framework

The Road map is underpinned by the 5P framework devised through the Global Cooperation on Assistive Technology (GATE) initiative *(61,62)*. Developed through extensive collaboration and discussion among stakeholders to understand the multiple and intersecting factors that shape access to assistive technology, the framework encompasses five interrelated strategic areas for action - people, policy and finance, products, provision, and personnel. When advanced together, these five areas form a comprehensive systems approach to accelerating access to assistive technology *(3)*. Each strategic area is described below:

[Image to be inserted here]

People

Central to all actions towards improving access to assistive technology are the individuals who use assistive technology. Their needs must guide the development and delivery of all other strategic areas,

and solutions need to recognize the diversity of users and the value of their lived experiences, and promote inclusion, empowerment, and meaningful participation in decision-making.

Policy and finance

Inclusive, evidence-based policies and sustainable financing mechanisms are essential to ensuring equitable, rights-based access to assistive technology. Policy and finance in the 5P framework include legislation, regulations, strategies, guidelines, budgeting and financing solutions across all relevant sectors. A key driver of effective policy and finance is the availability of robust data to inform planning, resource allocation, implementation, and monitoring.

Products

Safe, high-quality assistive products must respond to the diverse needs of users. The 'product' element of the 5P framework considers the entire product life cycle, from design and development, manufacturing, through procurement and distribution, use, maintenance, repair, refurbishment, reuse, recycling, and environmentally sustainable disposal. Procurement also links to provision, as it shapes whether appropriate products reach services in a timely, equitable and quality-assured way. Action in this area requires collaboration across the value chain, involving assistive technology users, designers, manufacturers, suppliers, and service providers including service managers, procurement personnel, clinical and technical staff[5].

Provision

Provision in the 5P framework refers to the overall systems and arrangements required to ensure assistive technology can be accessed effectively across relevant sectors and across the life course. It includes, but is not limited to, service delivery, and encompasses the structures, pathways, information, infrastructure, resources, procurement and coordination mechanisms that support identification of need, access, referral, continuity and use across different settings. Provision concerns not only how services function, but also how people are able to access timely, equitable and appropriate assistive technology support within the contexts of daily life.

Personnel

A diverse, cross-sectoral workforce is vital for effective, quality assistive technology access. This includes building and retaining personnel with the necessary competencies, facilities and resources needed to effectively fulfil the diverse roles required across assistive technology systems. In the 5P framework, 'personnel' encompasses all individuals who fulfil direct and indirect roles in assistive technology access, including those involved in policy and planning, financing, procurement and supply chain management, identification and referral, service delivery, training, technical support, data and digital systems and user support (described in more detail in Box X).

[5] The Global report on assistive technology discusses procurement and supply chain actions under the Provision 'P'. In this Road map, procurement and supply chain are addressed under the Product 'P' because they are central to ensuring the availability of quality products. This is not a change in substance: procurement and supply chain are cross-cutting functions that connect stakeholders from design and manufacture through to end-users, with relevant actions across all 5Ps.

3.3 Theory of change – from *barriers* to *access* to *action*

The Road map is built on a consultative theory of change that responds to the persistent barriers faced by individuals seeking assistive products and services. Recognizing that awareness, equitable policies and financing, product availability, effective provision systems and a skilled workforce are essential for universal access, the Road map organizes national, regional and global actions around the five interconnected goals of the 5P framework.

The Road map suggests 21 national-level actions that can be adapted to local contexts, such as empowering users and their networks, developing inclusive policies, ensuring the availability and maintenance of essential products, embedding assistive technology into key sectors, and strengthening the capacity of personnel. *These actions are designed to generate outputs and outcomes that collectively drive progress toward universal access, such as increased awareness, improved service delivery and more responsive systems across the life course.*

Importantly, the Road map is intentionally non-prescriptive, offering a flexible framework informed by wide-ranging consultations and the ten recommendations of the WHO and UNICEF Global report on assistive technology (2). It highlights core, practical starting points for countries, allowing national actors to adapt suggested actions to their unique priorities, capacities and contexts.

To further support country action, the Road map outlines national, regional and global inputs that can help to create an enabling environment for action. *Investment in these enablers is crucial to strengthen national efforts to implement, adapt, monitor and sustain effective strategies towards the shared vision of universal access to assistive technology.*

The Road map also proposes a set of illustrative indicators to support ongoing monitoring, learning and accountability during implementation. These indicators are intended to help stakeholders track progress over time and inform action at national and global levels.

In summary, the Theory of Change – from barriers to access (see Figure X), illustrates how coordinated action across the 5P priority action areas, supported by enabling conditions at national, regional and global levels, is expected to generate shared system results, contribute to system-level change and ultimately advance universal access to assistive technology.

[Image to be inserted here]

This Road map is intended for the wide range of stakeholders involved in improving access to assistive technology. Its primary audience is national decision-makers and stakeholders responsible for planning, financing, regulating, delivering and monitoring assistive technology across sectors. It is also relevant to users of assistive technology and their support networks, assistive technology organizations, development partners and donors, product designers and manufacturers, research institutions, advocacy organizations, and regional and global actors supporting country progress.

It should be used as a practical guide for coordinated action. Rather than prescribing a single pathway, it provides a structured, yet flexible, way to review current efforts, identify priorities, guide cross-sector dialogue, and support the design or refinement of policies, financing, services, workforce development and monitoring approaches.

The Road map should be used together with Annex 1, the Global survey report, Annex 2, the Consultation series report, as well as Annex 3, the monitoring, evaluation and learning (MEL) framework for national priority actions. These annexes provide the stakeholder evidence base and practical monitoring framework that can support planning, implementation, review and learning. Relevant WHO tools, guidance and resources referenced throughout the document can also support countries and partners in generating evidence, guiding implementation, strengthening systems and monitoring progress.

The action sections that follow translate the Road map's vision, guiding framework and theory of change into priority actions for implementation at national, regional and global levels. They begin with national level, recognizing that progress towards universal access to assistive technology depends on country-led implementation that is coordinated across sectors, grounded in local realities, and shaped in partnership with users and their support networks.

Box X. Using the Road map

4. National level action

This section sets out 21 priority national actions to guide country-led implementation of the Road map. The actions are organized across the five strategic areas of the 5P framework: people, policy and finance, products, provision and personnel.

Each action is accompanied by example outputs and outcomes to support planning, implementation and review. Countries should adapt, prioritize and sequence these actions according to national context, system readiness, available resources, evidence and user needs. Annex 3 maps each national priority action to relevant WHO progress indicators, complementary evidence sources and review questions.

People

Goal: *To ensure people who need assistive technology, their families, support networks and communities are aware, informed, and empowered to access, choose, use and advocate for assistive technology effectively; and are meaningfully engaged in shaping all aspects of assistive technology systems.*

Priority national actions

Key action areas	Example outputs	Example outcomes
1. Plan, support and implement public awareness campaigns to increase knowledge, shift perceptions, and encourage active informed demand for assistive technology.	Accessible public awareness toolkits on assistive technology co-created with users and adaptable for diverse settings and audiences. Multi-channel, contextualized public awareness campaigns implemented through trusted communicators and assistive technology champions.	Greater public awareness of assistive products and their benefits, accompanied by reduced stigma. Increased visibility and recognition of assistive technology contributes to growth in informed user demand, and supports policy action and investment.

Key action areas	Example outputs	Example outcomes
2. Co-develop and make readily available reliable information and educational resources[6] co-designed with users and their support networks on how to access, choose, use and maintain assistive products and services.	Quality information on assistive technology, services, access pathways, product use and maintenance made available in accessible formats through diverse networks, platforms and settings.	More people access available assistive technology services and are empowered with the knowledge to actively participate in the selection, fitting, use and maintenance of their assistive products. Improved access to reliable, accessible information supports more successful access to and sustained use of assistive technology.
3. Establish inclusive and accessible mechanisms that systematically incorporate the perspectives of users and their support networks into assistive technology policy and finance development, product design, provision systems and workforce strengthening.	National and service-level user-led and user-inclusive committees, coalitions, peer support networks, and other convening platforms established to provide input into assistive technology planning, implementation, monitoring and evaluation. Co-design and real-world testing opportunities established and supported for assistive technology users to shape assistive product design and service delivery approaches. Relevant tools and approaches used to gather and learn from user perspectives regarding their access to assistive technology and its impact on people's lives, helping to inform national system strengthening and assessment of progress (see Figure 4).	Assistive technology systems are more responsive, inclusive, and equitable, reflecting the realities and diverse needs of users. People who use assistive technology are empowered as active contributors to system design and improvement, leading to more relevant, acceptable, and effective assistive products and services.

[6] Information and educational resource topics include (and are not limited to): rights to assistive technology; different products, their features, benefits of use, and how to access; principles for provision and referral; use and maintenance of assistive products.

Key action areas	Example outputs	Example outcomes
4. Integrate users, families and support networks into emergency preparedness, humanitarian response and continuity planning to help ensure they are informed, included and able to maintain access to assistive technology during crises.	Accessible emergency preparedness information and communication resources established and made available to assistive technology users, their families and support networks in relevant and accessible formats, languages and channels. Community- and service-level preparedness mechanisms established to identify, map and support people who use assistive technology during emergencies, including links to referral pathways, evacuation support and continuity planning. Inclusive emergency and humanitarian planning processes established and supported with participation from assistive technology users, families, support networks and relevant stakeholders, helping to ensure that response plans are linked to pre-positioned support, assistive products and essential services.	Users of assistive technology, their families and support networks are better prepared for emergencies and humanitarian contexts, with improved access to information, support and continuity arrangements during disruption. Emergency preparedness and humanitarian response more consistently identify and address the needs of people who use assistive technology, reducing the risk of interrupted access, exclusion and preventable harm during crises.

Policy and finance

Goal: *To establish cross-sectoral and multilevel assistive technology policies, plans and sustainable financing mechanisms that are well-informed by robust data and evidence, and that promote equitable access for all user groups, with attention to the inclusion of persons with disabilities, and to gender, age and cultural sensitivity, as well as context-responsive approaches.*

Priority national actions

Key action areas	Example outputs	Example outcomes
5. Collect, analyze and use data to inform evidence-based policies and financing mechanisms that enable equitable access to assistive technology[7].	Partnerships established among government agencies, including national statistics offices, academia, civil society and other stakeholders to plan and implement research and data collection informing assistive technology policy, financing and system strengthening. National assessments of assistive technology need, unmet need, system preparedness and service capacity completed, drawing on data across relevant sectors and generating a comprehensive evidence base on population need, product availability and affordability, service coverage, workforce capacity, supply chains, financing flows, and policy and regulatory environments. A national investment case for assistive technology developed, articulating costs, financing gaps, expected returns and broader social and economic benefits. Disaggregated data routinely generated and used to inform policy development, priority setting, budgeting, financing mechanisms and system strengthening across sectors. National data sets are aligned across sectors and used to support national planning, budgeting, monitoring and international reporting obligations such as for the CRPD and for SDG voluntary national reviews.	National capacity to generate and apply robust, disaggregated data and research on assistive technology is strengthened, allowing governments to have a holistic, evidence-based understanding of both the scale of need as well as the readiness of national systems to deliver assistive technology. Policy, financing and investment decisions are informed by more robust national evidence, supporting sustainable financing, improved efficiency and more equitable access. Political commitment, resource mobilization and cross-sectoral coordination for assistive technology are strengthened through clear national cases for investment.

[7] Key data includes and is not limited to: assistive technology need and unmet need disaggregated by gender, age, functional need and product; user experience of accessing assistive technology and its impact on their lives; national context information such as product availability and affordability, policy environment, manufacturing, procurement, provision and workforce capacity; trade, taxes and tariffs; product and service delivery costs.

Key action areas	Example outputs	Example outcomes
6. Map and analyze existing policies across sectors[8] to identify and address barriers and facilitators impacting equitable access to assistive technology.	Policy landscape analyses conducted, providing an overview of existing public- and institutional-level policies including laws, regulations, strategies and guidelines that either facilitate or hinder equitable access to assistive technology, as well as policy gaps across sectors. Prioritized, actionable policy reform recommendations developed through inclusive consultations, drawing on the landscape analysis and national data (see priority action 5), and aligned with existing rights-based legislation[9].	Inclusive, evidence-informed policy reform frameworks are implemented across sectors, progressively strengthening the national policy environment to support equitable, disability-inclusive, gender- and age-responsive access to assistive technology for all user groups.
7. Develop and implement cross-sectoral strategic action plans for improving equitable assistive technology access, including for marginalized and/or neglected groups.	National data collection (see priority action 5), policy mapping (see priority action 6), and multi-stakeholder engagement implemented and used to inform the development of inclusive cross-sectoral strategies and plans. Cross-sectoral and multi-stakeholder coordination mechanisms such as task forces, steering committees, established with representation from assistive technology users and used to guide data collection, policy mapping and strategy development. National assistive technology strategies adopted and implemented, outlining priority actions, budgets, focal points, stakeholder responsibilities, timeframes, and progress indicators.	National strategic action plans strengthen prioritization, sector ownership, financing and coordination of assistive technology initiatives, accelerating equitable access for diverse user groups across settings and sectors. Cross-sectoral monitoring and review processes support accountability and continuous improvement in assistive technology implementation.

[8] Relevant sectors include (and are not limited to): Care services for older people, defence, disability, education, employment, health, housing, social care, sport, trade, transport.

[9] Including: CRPD, CRC, CEDAW

Key action areas	Example outputs	Example outcomes
8. Integrate assistive technology into existing financing mechanisms delivering health, education, employment, long-term care and other services, ensuring coverage for both assistive products and services.	National financing landscape analysis conducted to identify mechanisms across all relevant sectors that can support assistive technology access. Cross-sectoral coordination mechanisms (see priority action 7) address alignment of funding and responsibilities across sectors. Financing mechanisms such as health benefit packages, health insurance, education and social protection budgets, define coverage for assistive technology, minimum requirements of funded products and services, eligibility based on functional need where feasible, inclusion criteria and access pathways for users. Financing mechanisms define coverage for both assistive products and the related services needed for effective use, including assessment, fitting, user training, follow-up, maintenance, repair, replacement and where appropriate, refurbishment or reuse.	Reduced financial barriers improve the affordability of assistive technology for all user groups. Assistive technology is more consistently covered within national financing mechanisms across sectors, supporting more equitable and sustainable access to products and services. Improved affordability and coverage increase demand for assistive technology and strengthen incentives for governments and service providers to improve data systems, planning and investment.

Key action areas	Example outputs	Example outcomes
9. Review and reform taxes, tariffs and trade-related measures affecting assistive products and components to reduce costs.	National review of taxes, tariffs, value-added tax where applicable, customs procedures and trade classifications completed for priority assistive products, spare parts and components, with recommendations for reform aligned to national priorities. Fiscal and trade reforms introduced and implemented to reduce avoidable cost barriers for priority assistive products, including, where appropriate, tax or tariff exemptions/reductions, improved customs guidance and harmonized product classification codes. Cross-sector coordination mechanisms established involving finance, customs, trade, health and other relevant sectors to monitor the effect of tax and tariff measures on the affordability, procurement and supply of assistive products.	Assistive products, spare parts and components become more affordable and financially accessible, reducing cost barriers for users and public systems. National procurement and supply systems operate more efficiently and transparently, contributing to improved availability of priority assistive products and more equitable access across settings and population groups.

The WHO Assistive technology data toolkit (Fig X.) provides practical tools that countries can use to generate evidence on need, capacity, investment, progress and impact, informing policy development, planning, financing and monitoring.

Assistive technology data toolkit (AT Data toolkit)

The AT Data toolkit includes four practical tools to support countries to make decisions towards improving access to assistive technology. The tools answer key questions on need, capacity, investment, progress, and impact. Countries can use each tool individually or together to inform policy and programme design to strengthen access.

Rapid assistive technology assessment (rATA)

Purpose: to estimate how many people need assistive technology, who has access, who does not, and why.
How it works: rATA is a household survey that asks people about the assistive technology they need and whether they can get it. It can be integrated into national surveys or censuses.
Why use it: rATA provides reliable data on need (population denominator) and access across all assistive technology domains, supporting evidence-based decision making, prioritization and awareness raising.

Assistive technology capacity assessment (ATAc)

Purpose: to assess what the country is already doing to provide assistive technology, what needs to improve, and what benefits come from investing in better access.
How it works: ATAc gathers government, providers, and users to look at how the country finances, regulates, procures, and provides assistive technology, and to quantify the benefits of investing in better access.
Why use it: ATAc maps and convenes all stakeholders, shows where systems are strong, where they need improvement, and helps build the case for investment.

Assistive technology impact assessment (ATAi)

Purpose: to assess the impact of assistive technology on a person's life.
How it works: ATAi is a survey that gathers information from people who use assistive technology to assess, from a user perspective, how it impacts their participation and inclusion, quality of life, and economic well-being. It can be used to assess impact at a population level or at a service level.
Why use it: ATAi helps countries, service managers, and advocates learn more about the impact of assistive technology in people's lives and use this evidence to inform decisions.

Assistive technology progress assessment (ATAp)

What it helps answer: what progress is the country making in improving access to assistive technology?
How it works: ATAp is a survey for countries that tracks progress in key areas. These include laws and policies, financial and service coverage, responsible authorities, trained personnel, education and training opportunities, regulations and standards, and national initiatives to improve access.
Why use it: ATAp enables countries to monitor their commitments under World Health Assembly Resolution WHA71.8 and share results.

Box 2. Assistive technology data toolkit

[Image to be inserted here]

Products

Goal: *To ensure the consistent availability of prioritized assistive products and spare parts that are safe, affordable, quality-assured, adaptable as well as contextually appropriate, supported by resilient supply chains, user-responsive pricing and financing approaches, including systems for maintenance, repair, refurbishment, reuse, recycling and environmentally responsible product end-of-life management.*

Priority national actions

Key action areas	Example outputs	Example outcomes
10. Establish and implement National priority assistive product lists.	Countries develop and adopt national priority assistive product lists (NAPL) through a consultative process involving all stakeholders, including users, informed by data on population need, unmet need and country context (see priority action 5) and the WHO Priority Assistive Product List (APL). Countries implement NAPL, engaging stakeholders across health, early childhood, education, employment, services for persons with disabilities, care and support services for older people and social welfare to allocate resources and support provision of prioritized products for diverse user groups and contexts, including underserved populations.	Countries have clear, evidence-based priorities for assistive products that reflect population needs, diversity, equity considerations and service contexts. Priority products are integrated into national planning, budgeting, financing mechanisms, workforce planning and procurement systems across sectors, enabling more strategic and equitable access.

Key action areas	Example outputs	Example outcomes
11. Develop, adopt and/or apply nationally relevant specifications, minimum standards and evaluation processes for assistive products covering safety, performance, and technical requirements, drawing on the experiences and feedback from assistive technology users and adapting international specifications and standards where available.	Countries have agreed minimum standards and technical specifications in place to guide procurement of priority assistive products. Technical specifications for priority assistive products include requirements for component compatibility, spare parts availability, maintenance, repair and replacement (where relevant). Technical specifications for digital assistive products include requirements for secure connectivity, compatibility, accessible interfaces, safe data sharing, configuration, updates and ongoing support. Minimum standards and monitoring systems are in place to assess product safety, quality and performance, with clear channels for stakeholder feedback and issue resolution. Field testing and real-world evaluation processes are established for priority assistive products to assess usability, safety, acceptability and contextual fit before national scale-up.	National procurement systems are strengthened, and quality assurance for assistive products is supported by recognized standards and locally relevant specifications and product evaluation processes. Assistive products more consistently meet minimum safety, durability, usability and performance requirements, improving user outcomes, reducing abandonment, and minimizing environmental waste.

Key action areas	Example outputs	Example outcomes
12. Explore local options across the full assistive product life cycle including product design, manufacture, fitting and adaptation, repair, refurbishment, reuse and recycling.	Countries undertake analysis of national capacities and markets for assistive products, considering the full product life cycle and range of technologies required for different assistive products, to inform strategic planning for localization. Based on analysis, countries implement incentive models and market-shaping strategies to stimulate informed and targeted investment in localization options, for example advance purchase commitments, and innovation challenges. Countries also explore hybrid supply models in which global or regional production supports access to quality-assured components and materials, while local actors contribute to assembly, fitting, customization, repair, refurbishment and adaptation. Partnerships among governments, designers, manufacturers, service providers and assistive technology users are established to support co-development of quality, context appropriate products, technology transfer, and capacity building. Product development and localization strategies include outreach and engagement mechanisms to better understand and respond to the needs, preferences and circumstances of underserved or invisible populations. Sustainability mechanisms that extend product lifecycles are established, such as recycling sites and procurement channels for parts and materials needed for product repair and refurbishment, such as lending libraries.	Locally appropriate and affordable assistive products that reflect user needs, service capacity, environmental conditions and cultural contexts are designed and more readily available. Assistive technology users experience improved access to personalized, durable and sustainable products through increased localization, reducing the distance between the user and product design, manufacture, fitting, repair and maintenance services. National and regional ecosystems for assistive product innovation and production are strengthened through partnerships, incentives, and capacity building.

Key action areas	Example outputs	Example outcomes
13. Strengthen national procurement capacity and supply chains to ensure consistent availability of quality-assured prioritized assistive products and spare parts including during emergencies.	National APLs (see priority action 10) guide procurement planning, budgeting and supply chain coordination, and minimum standards and product specifications (see priority action 11) support quality assurance, interoperability, and efficient procurement. Assistive products are integrated into existing digital supply chain management systems, leveraging national health logistics platforms and enabling improved tracking, forecasting, inventory management, and procurement planning. Harmonized systems for product names (Global Medical Devices Nomenclature, European Medical Devices Nomenclature) and trade codes (World Customs Organization Harmonized System) are systematically used, streamlining procurement processes. Pooled procurement schemes are piloted or scaled to lower costs and improve affordability of assistive products. Pricing, subsidy and coverage approaches are aligned with procurement and supply systems to improve the affordability of priority assistive products for low-income users and other underserved populations. National guidance and coordination mechanisms are established for donated assistive products to ensure alignment with national priorities, quality requirements and service capacity, including assessment, fitting, follow-up, maintenance, refurbishment or redistribution.	National supply chains more reliably deliver prioritized, quality assured assistive products and spare parts, supported by effective planning, procurement, and coordination. Assistive products are more sustainably integrated into broader health, education and other sector product supply systems, ensuring long-term availability, responsiveness to demand and alignment with national service delivery goals. Assistive technology users experience timely and affordable access to quality-assured products and spare parts, with reduced financial and supply-related barriers to access or delays, especially in underserved settings and populations.

Provision

Goal: *To embed assistive technology provision within relevant sectors and settings, prioritizing health, early childhood, education, employment, services for persons with disabilities, care and support services for older people, and social welfare, including coordinated referral pathways from communities through to tertiary services (as needed), with particular focus on remote and other underserved areas.*

Priority national actions

Key action areas	Example outputs	Example outcomes
14. Map existing provision capacity, geographic distribution, and coverage across key sectors to identify gaps, equity issues and opportunities for strengthening assistive technology provision (see Figure 4).	National assistive technology provision mapped and analyzed with strong sectoral coordination, taking into account diverse user groups, identifying the gaps and strengths of existing identification, referral and service delivery pathways across key sectors, as well as related gaps and strengths across the broader assistive technology system (5P framework). National digital infrastructure capacity and opportunities mapped across systems to identify and utilize digital technology to improve access. Prioritized, actionable recommendations, developed through inclusive consultation, drawing on the above analyses and national data (see priority action 5), and feeding into national action to improve equitable access to assistive technology (see priority action 7).	Decision-makers and service planners are equipped with a comprehensive equity focused understanding of current assistive technology provision systems, including service availability, referral pathways and sectoral coordination, enabling targeted investments and strategic actions that strengthen provision as an integrated component of the national assistive technology system.

Key action areas	Example outputs	Example outcomes
15. Establish and apply person-centred service standards and protocols to ensure consistent, high-quality services across the life course, tailored to users' needs and covering all four service delivery steps (select, fit, use, and follow-up; see Figure 5).	National assistive technology service standards and protocols in place, reflecting person-centred principles and disability-inclusive, gender and age responsive approaches, and applicable across sectors and life stages. Monitoring and evaluation mechanisms for service quality and user experience in place, including feedback tools and performance indicators aligned with the service standards. Adapted service protocols developed for priority settings, population groups and specific contexts such as emergencies and remote/rural areas. Digital tools such as decision-support tools integrated into service delivery, supporting adherence to service standards and facilitating monitoring of service quality.	Service providers across sectors and settings consistently deliver high-quality, person-centred assistive technology services tailored to diverse user needs and life stages. Nationally endorsed standards and protocols that guide and strengthen accountability, continuity and responsiveness in assistive technology provision.

Key action areas	Example outputs	Example outcomes
16. Design and implement service delivery models, including referral pathways that connect community-level entry points to higher-level services as needed across key sectors (as identified in priority action 14).	Service delivery models for assistive technology provision developed and piloted across selected sectors and settings, with documentation of lessons learned and good practices to inform scale-up and adaptation. Referral pathway protocols and tools created to support timely and appropriate access to assistive technology services across sectors, including guidance for frontline workers and community-based actors. Expanded access points for assistive technology services established through integration into community-based settings such as pharmacies, schools, care facilities for older people, and primary care clinics, enabling provision beyond traditional service locations.	Assistive technology, including identification and screening, is embedded within essential services such as universal health care, education, services for persons with disabilities, care services for older people and employment support, linking assistive technology users seamlessly from community-level and other entry points to the appropriate assistive technology services equipped to meet their needs.
17. Ensure availability of assistive products and required infrastructure at each service point, including adequate storage, facilities, and equipment for screening, assessment, modification, adaptation, repair and reuse.	Assessment of existing service facilities conducted to identify infrastructure gaps and prioritize upgrades for equitable access across geographic regions and service settings. Procurement and distribution plans developed and implemented to ensure availability of assistive products and related equipment at all service delivery facilities, aligned with national priorities and service delivery models. Upgraded or newly established service points equipped to deliver assistive technology services, with attention to underserved groups.	Assistive technology service points are adequately equipped to deliver comprehensive, person-centred services, including screening, assessment, fitting, training, and repair, with infrastructure and product availability tailored to diverse needs and settings, ensuring more reliable access for all, especially in underserved regions.

Key action areas	Example outputs	Example outcomes
18. Integrate assistive technology provision into emergency preparedness, response and recovery systems to ensure service continuity, timely referral and operational readiness across relevant sectors and settings.	Assistive technology provision integrated into national and subnational emergency preparedness and response plans, with clear roles, coordination mechanisms and referral pathways across relevant sectors and actors. Emergency-ready service delivery protocols established for assistive technology, including procedures for identification, triage, referral, fitting, follow-up, repair and continuity of provision during crisis and recovery periods. Operational preparedness measures established to support assistive technology provision during emergencies, including mapped service points, pre-positioned products and supplies, and local arrangements for delivery, maintenance and repair.	Assistive technology provision systems are better prepared to maintain timely, coordinated and equitable service delivery during emergencies and recovery periods. Disruptions to assistive technology provision are reduced during crises, with more reliable referral, follow-up, maintenance and continuity of access across affected settings.

Assistive technology service delivery steps

1. Select: The first step involves selecting the most suitable product for the person through assessment and prescription. The user, their support network and appropriately trained personnel collaborate to select the assistive product(s) which best meet the individual's functional needs, their environment, lifestyle and personal preferences.

2. Fit: The fit step refers to adjusting and fitting the assistive product to the user. Depending on the product, this may include assembling the product, adding accessories and adjusting or modifying to optimally fit the user's body shape, size and posture, functional ability, and use environments.

3. Use: Most assistive technology users benefit from training and support to optimally use their assistive product. This may include the skills needed to properly and safely use the product and its components, and guidance on product maintenance or where to access future product repairs.

4. Follow up: Ongoing follow up is essential for high-quality, effective and equitable assistive technology services, and should be offered and available to all users. Follow up covers review and remediation, including maintenance and repairs. Review involves collaboration between a user and trained personnel to assess if the product is continuing to meet the user's needs and if any maintenance or repairs are needed. Remediation addresses and resolves any issues with product suitability, fit and use.

Box 3. Assistive technology service steps

[Image to be inserted here]

Personnel

Goal: *To strengthen and diversify the capacity of personnel in different settings across relevant sectors, including health, early childhood intervention, education, services for persons with disabilities, employment, social welfare and care and support services for older people, to fulfil their direct and indirect roles needed to plan, support, coordinate, regulate, procure, deliver and sustain timely, high-quality, context-specific and person-centred assistive technology services.*

Describing the assistive technology workforce

Due to the broad range of competencies needed for assistive technology access, the personnel required are drawn from many different disciplines, including those with specialized and generalist skills, working in coordination, and often using task sharing as a strategy to maximize efficiency and access.

Specialist personnel include those with advanced education and expertise who deliver direct services, often working as a team, to ensure the selection, fitting, use, and follow-up of assistive technology across health, social welfare, education, employment, services for persons with disabilities and care settings for older people. These specialists may serve specific populations such as audiologists fitting hearing aids, optometrists prescribing prescription spectacles, prosthetists fabricating and fitting prosthetic limbs, mobility skills trainers instructing people who are blind on the use of a white cane, or digital assistive technology instructors training users on the use of screen reading tools; or they may serve broader populations, such as occupational therapists, physical therapists, and speech-language pathologists who support individuals with complex assistive technology needs across the lifespan. In addition, specialists who customize, assemble, maintain or repair devices are vital, including biomedical engineers, rehabilitation engineers and technicians. Their proficiency ensures products are safely and appropriately configured for user needs and maintained.

A task sharing, competency-based approach can support non-specialist personnel to identify needs, make referrals, provide basic assistive products, or facilitate peer support networks *(63)*. This may include primary care physicians, community health workers, nurses, pharmacists, and community-based workers. This approach can support earlier identification and referrals to specialists and increase service coverage beyond tertiary centers and cities. Specialists play a crucial role in supporting this approach, as educators and mentors for the non-specialist personnel. They also support task sharing through supervision, referral support and quality assurance.

Beyond clinical and technical roles, a broad range of support personnel are essential, such as policy makers and those who implement policies related to assistive technology, procurement officers and supply chain managers who oversee the procurement of assistive products, service managers coordinating workforce operations, quality assurance, and resource allocation, finance officers managing funding and budgeting for assistive technology programmes and IT specialists supporting digital platforms and data systems.

Further, teachers, social workers, case managers, patient advocates, representatives from user organizations, paid and unpaid care workers and caregivers in both formal and informal settings are integral to identifying unmet needs and assisting individuals in navigating the system, often through referrals or ongoing support. The assistive technology workforce also includes market-facing stakeholders such as designers, innovators, suppliers, vendors, technology companies, and humanitarian actors, all of whom contribute to the development, production and distribution of assistive technology solutions. This collaborative and comprehensive approach ensures assistive technology services are responsive, sustainable, and accessible to all.

Box 4: Describing the assistive technology workforce

Priority national actions

Key action areas	Example outputs	Example outcomes
19. Map the existing and potential workforce involved in assistive technology across sectors and settings, to identify gaps, strengths and opportunities for workforce development, planning and coordination (see Figure 4).	National workforce analysis completed with strong sectoral coordination, considering diverse user groups, identifying workforce distribution, gaps, strengths, education, resource and digital literacy needs. Prioritized, actionable recommendations based on workforce analysis, national data (see priority action 5) and strategies such as task sharing, feeding into national action to improve equitable access to assistive technology (see priority action 7).	Countries have a clear, evidence-based understanding of their assistive technology workforce needs and opportunities, enabling strategic planning and targeted investment in workforce development.

Key action areas	Example outputs	Example outcomes
20. Develop and implement workforce development frameworks that are aligned with service standards (see priority action 15) and competencies (priority action 19) and include education and training pathways that equip diverse personnel across sectors with the skills needed to deliver high-quality, person-centred assistive technology services.	Curricula and training modules are developed, embedding accessibility standards, universal design principles, and human rights considerations into workforce development. Assistive technology is integrated into relevant pre-service education programmes (for example, in health, education, rehabilitation, social work, services for persons with disabilities, and care and support services for older people), tailored to the expected roles of the graduating personnel. In-service training programmes are developed to upskill existing personnel, aligned with strategies for task sharing and role adaptation. Incentives and support mechanisms are identified and implemented to encourage participation in education and training, supported by structured supervision and mentoring systems to maintain skills over time (for example, recognition, career progression, financial support). Monitoring mechanisms are established to track education and training coverage, distribution, and alignment with workforce needs, such as national registries and sectoral reporting systems.	Workforce development is guided by coherent, context-responsive strategies that enable the systematic education and training, deployment and support of personnel across sectors and service models. A growing and increasingly skilled assistive technology workforce is equipped, supported and distributed across sectors and settings, improving service availability, quality and responsiveness to user needs; together with strengthened supervision systems supporting ongoing quality-assurance and continuity. Cross-sector collaboration and shared understanding of assistive technology principles contribute to more inclusive policies, service models and environments that consistently support person-centred access and use.

Key action areas	Example outputs	Example outcomes
21. Ensure formal recognition of assistive technology competencies through their integration into pre-service and in-service education, professional development and regulatory systems to support quality assurance, workforce development and career progression.	Existing education programmes are reviewed and aligned with competency standards (see priority action 19). Assistive technology competencies are integrated into certification pathways within pre-service, in-service and professional development education programmes. In-service training is linked to continuing professional development credit systems, (for example employer recognition, regulatory body accreditation) helping to formally embed task sharing approaches, where appropriate.	Assistive technology competencies are embedded within professional education and regulatory systems, strengthening service quality, workforce retention and career development pathways.

5. Global and/or regional level action

Global and/or regional action is essential to complement national efforts and accelerate progress towards universal access to assistive technology. It can raise the visibility of assistive technology as a cross-cutting priority, strengthen political commitment, and support coordinated action at scale. This is particularly important in areas such as political advocacy, normative guidance, technical cooperation, financing, market shaping, workforce development and shared learning, where action beyond country level can help drive change.

These actions give practical effect to the Global report's recommendation on international cooperation, including technical and economic assistance, market shaping, fair pricing, technology transfer, procurement, supply, service provision and workforce development.

Different stakeholders have distinct but complementary roles to play, according to their mandates, scope, capacities and comparative advantages. Responsibility for advancing these actions will often be shared across actors, with leadership varying by issue and context. Existing international and regional mechanisms, including the Convention on the Rights of Persons with Disabilities *(6)*, the Rights of the Child *(7)*, the United Nations Decade of Healthy Ageing (2021-2030) *(10)*, the Madrid International Plan of Action on Ageing review and appraisal processes *(5)*, and broader development agendas, should be used more strategically to raise awareness, strengthen accountability and sustain political commitment to improving access to assistive technology.

As in the preceding national action section, the priority areas below are organized according to the 5P framework: people, policy and finance, products, provision and personnel. Together, they highlight where global and regional stakeholders can help create the enabling conditions, resources, partnerships and momentum needed to support country progress. They identify priority areas for global and/or regional engagement rather than assigning exclusive responsibility to any one actor. Further consideration of stakeholder roles and responsibilities in implementation is provided in Section 7.

People

Priority action area	Contribution to national progress
Champion and contextualize global and regional advocacy and awareness initiatives that provide a shared platform for celebrating, raising awareness of and advocating for assistive technology across countries and regions.	Raises the visibility of assistive technology, reduces stigma and ageism, strengthens demand, and reinforces national awareness and advocacy efforts with adaptable messages, materials and momentum. Relevant global opportunities include Global Assistive Technology Day, International Wheelchair Day, International Day of Persons with Disabilities, World Hearing Day, World Sight Day and the International Day of Older Persons.
Leverage existing international and regional mechanisms — including those related to ageing, the inclusion of persons with disabilty and broader development agendas — to strengthen political	Keeps assistive technology visible within existing global and regional agendas, reinforces advocacy through established review and reporting processes,

commitment, accountability and public attention to assistive technology.	and strengthens national prioritization and follow-through.
Strengthen regional and global platforms for user voice, peer exchange and representative engagement so that people who use assistive technology, their families and support networks can shape advocacy, guidance and shared learning.	Expands meaningful participation of users and their support networks, strengthens peer support and leadership, and helps ensure that national and global actions are informed by lived experience.
Support the development and sustainability of assistive technology organizations and networks as connectors, advocates and platforms for shared learning across countries and regions.	Strengthens the collective infrastructure needed to connect actors, amplify user priorities, support advocacy and technical exchange, and sustain momentum across the assistive technology sector.
Promote inclusive person-centred approaches in humanitarian and crisis settings by strengthening global and regional collaboration on preparedness, communication and continuity planning for people who use assistive technology.	Supports countries to better include people who use assistive technology and their support networks in preparedness, response and continuity planning, improves access to accessible information, support and coordination during crises, and reduces the risk of exclusion, disruption and preventable harm.

Policy and finance

Priority action area	Contribution to national progress
Aggregate and analyze national assistive technology data, including data generated through the WHO Assistive technology data toolkit, within the Global Health Observatory (GHO) to strengthen the evidence base, generate comparative insights and support countries with more limited capacity to generate national data.	Strengthens the global and regional evidence base on need, access, system preparedness and progress, supports shared learning across countries, and informs policy, planning and financing decisions in settings where national data capacity is limited.
Develop, curate and disseminate practical policy guidance, diverse case studies and planning resources to help countries design, strengthen and implement cross-sectoral assistive technology strategies and financing approaches.	Provides countries with adaptable models, examples and guidance for policy reform, strategic planning and implementation, helping to translate broad commitments into context-responsive national action.
Advance global and regional guidance on sustainable financing mechanisms for assistive technology including investment cases that support domestic resource mobilization, benefit design, tiered implementation approaches and examples of effective financing practice, to support contextualized action.	Supports countries to move from fragmented or short-term funding approaches towards more coordinated, sustainable and equitable financing mechanisms that cover both assistive products and related services.
Encourage and support multilateral efforts to review and address trade-related barriers affecting assistive products, including taxes, tariffs,	Reduces avoidable cost barriers, improves transparency and affordability, and creates a more enabling international environment for national procurement, supply and financing reforms.

customs classifications and treatment of assistive products as essential goods.	

Products

Priority action area	Contribution to national progress
Maintain and promote the WHO Priority Assistive Product List as a global reference tool, and support countries to draw on it in developing contextually appropriate national priority assistive product lists.	Enables countries to set clearer, evidence-informed product priorities that reflect national needs, contexts and service delivery realities.
Compile and share evidence-informed sub-lists of assistive products tailored to the needs of specific population groups and settings, including children, older people, primary health care, education, care and support services for older people and humanitarian contexts.	Enables countries to adapt global product priorities for targeted implementation in specific populations, sectors and settings.
Develop and make available accessible blueprint standards, technical specifications and minimum requirements for priority assistive products to support safety, durability, performance and adaptation across environments and user groups.	Strengthens national capacity to procure and provide quality-assured products and supports adaptation of global standards and specifications to national contexts.
Support access to shared design resources, modular product approaches and technology-transfer mechanisms (where appropriate) that enable contextually appropriate production, while maintaining safety, quality and regulatory requirements.	Strengthens responsible innovation and supports countries, manufacturers and service providers to adapt products to local conditions without compromising quality, safety or user outcomes.
Issue technical guidance, including design briefs and manufacturing requirements, to support the production of modular, repairable, affordable and contextually appropriate assistive products, with particular attention to low- and middle-income settings.	Supports countries and producers to develop or source products that are better suited to local contexts, easier to maintain and repair, and more affordable over time.
Develop and deploy assessment tools to help countries evaluate national production capacity for assistive products and identify opportunities for local or regional manufacturing, refurbishment, repair and recycling.	Helps countries assess what can be produced, assembled, refurbished or repaired locally or regionally, and informs more strategic planning for localization and product sustainability.
Develop and disseminate procurement and quality assurance resources, including tender templates, supplier evaluation checklists and product quality inspection guides, to support countries in applying relevant standards and specifications.	Strengthens national procurement practice, supports quality assurance, and helps countries make more consistent and transparent product purchasing decisions.

Invest in and expand consolidated procurement solutions and product catalogues to streamline national procurement processes and improve access to vetted suppliers and quality-assured products.	Reduces procurement complexity, improves efficiency, and expands access to quality-assured products and suppliers, particularly in settings with more limited procurement capacity.
Promote contextually relevant assistive product design and production in low- and middle-income settings by supporting localized manufacturing, assembly, refurbishment and recycling initiatives where appropriate, without compromising safety or quality.	Strengthens more context-responsive product ecosystems, improves product availability and affordability, and expands opportunities for sustainable local or regional production.

Provision

Priority action area	Contribution to national progress
Expand and disseminate global guidance on essential infrastructure for assistive technology provision, including equipment, facility standards and service environment requirements for core functions such as storage, screening, modification, user training and maintenance.	Strengthens national capacity to plan and establish service environments that are safe, functional and equipped to support high-quality assistive technology provision across settings.
Support countries to embed assistive technology screening and early identification approaches into routine cross-sectoral programming across the life course, including neonatal and school-based health screening, primary care and services for older adults.	Strengthens early identification and referral, promotes more effective integration of assistive technology into routine services, and improves the timeliness of access to needed products and services.
Further develop and disseminate adaptable, person-centred service standards, operational protocols, practical examples, templates and implementation resources for assistive technology provision to support high-quality, user-focused care across diverse contexts.	Enables countries to adopt and adapt service standards, operational tools and implementation resources that improve service quality, consistency and person-centred provision across sectors and settings. *Relevant examples include WHO standards for prosthetics and orthotics *(64)*, Wheelchair provision guidelines *(51)*, and hearing aid service delivery in low- and middle-income settings *(65)*.
Develop global guidance and evidence-based examples on integrating assistive technology into national digital public infrastructure and cross-sector digital systems, aligned with health, education and social protection platforms.	Advances more strategic use of digital systems to improve coordination, expand service reach, strengthen referral and follow-up, and advance more equitable access to assistive technology (see Box 5). Digital tools should complement rather than replace direct service provision where assessment, fitting, user training, repair or follow-up require in-person support.
Support countries to integrate assistive technology into emergency preparedness, response and recovery systems, including	Strengthens countries' operational readiness for emergencies, reduces gaps in access and product abandonment, and protects dignity, inclusion and

contingency planning, pre-positioning, workforce readiness, rapid assessment, mobile service delivery and continuity of provision.	continuity of assistive technology provision in fragile and crisis-affected settings.

New horizons: Digital technology as an enabler of access

The application of digital technology has significant potential to narrow the gap in access to assistive technology. Central to realizing this potential is the development of robust digital public infrastructure for health and social systems. Such infrastructure enables the integration of assistive technology data into health system planning and monitoring, supports secure and interoperable information exchange, and provides a foundation for scalable, affordable, and sustainable use of digital solutions. This includes ensuring that systems are accessible by design, support offline functionality where needed, and can be adapted for different service settings, including remote and low-connectivity environments.

The 5P framework offers a practical lens for understanding how digital technology can drive progress. Below are some examples:

- **People:** Online platforms can help users and families access information about assistive products and services and create more opportunities for their voices to inform policy and planning. Digital peer-support networks can also strengthen confidence and reduce stigma.
- **Policy and finance:** Electronic information systems can incorporate assistive technology data into planning, monitoring and evaluation, supporting more evidence-based and equitable decision-making. Dashboards and real-time analytics can help identify inequities, track unmet need and strengthen accountability.
- **Products:** Digital tools such as 3D scanning and printing can improve the design and manufacturing of assistive products, while digital inventory systems streamline distribution and reduce delays.
- **Provision:** Digital applications can support and enhance the quality and consistency of service delivery, provide prompts and checklists for providers, and extend reach through telehealth and remote support. Digital referral pathways and electronic scheduling can reduce long waits and loss to follow-up, supporting more coordinated service delivery across levels of care.
- **Personnel:** Open online courses and telehealth platforms can expand training opportunities, connect community health workers with specialists and strengthen workforce capacity. Digital tools for remote supervision, mentoring and decision support can also reinforce competencies and support task-sharing models.

Equity must be at the heart of digital transformation. Datasets used for artificial intelligence and digital tools should reflect diverse populations so that solutions do not reinforce existing inequities. Digital solutions should follow universal design principles so they are usable by as many people as possible, including people with different functional abilities. Systems should also be accessible by design, support offline functionality where needed, and be adaptable for different service settings, including remote and low-connectivity environments. Addressing the digital divide is equally important, so that digital health solutions are accessible in low-resource settings and accompanied by efforts to strengthen digital literacy and infrastructure.

Strong legal and regulatory frameworks are needed to protect privacy, ensure data security, promote ethical use of digital health technologies, include internationally recognized digital accessibility standards for interfaces, and support the adoption of open standards so that digital tools can work with the assistive technology people use. Inclusive design, co-created with users, including assistive technology users from diverse backgrounds, is essential for relevance and effectiveness. In supporting service delivery, digital tools should be understood as enablers that complement, rather than replace, direct service provision where in-person assessment, fitting, user training, repair or follow-up are required.

Ultimately, digital technology, guided by principles of equity and inclusion, can enable action across all 5Ps. Achieving this vision requires not only technical innovation but also inclusive governance, investment in digital literacy and a commitment to ethical and equitable data practices. When strengthened this way, digital tools

become accelerators, helping countries advance towards the shared vision of universal access to assistive technology.

Box 5. Digital technology as a tool to enhance access

Personnel

Priority action area	Contribution to national progress
Develop and disseminate global guidance by product domain and service type on the roles, core competencies and optimal staffing requirements needed for assistive technology provision.	Strengthens national capacity to plan, organize and deploy the assistive technology workforce more strategically across sectors, service types and product domains.
Further develop and share evidence-based approaches to task sharing, supervision, mentoring and flexible workforce models to support context-sensitive assistive technology provision across settings and levels of care.	Enables countries to expand access more efficiently by adapting workforce roles to context, strengthening service coverage and making better use of available personnel.
Expand access to standardized global education and training in assistive technology competencies, including through online WHO Training in Assistive Products (TAP) and blended learning approaches, to support equitable and efficient workforce development across countries and regions.	Expands countries' access to structured learning opportunities, supports more equitable workforce upskilling, and strengthens national capacity to deliver quality assistive technology services.
Develop and disseminate targeted training resources for procurement and supply chain personnel on assistive product specifications, tendering processes, supplier evaluation and related competencies needed to support reliable access to quality-assured products.	Strengthens procurement and supply chain capacity, improves decision-making on product selection and sourcing, and supports more reliable access to quality-assured assistive products.
Facilitate global collaboration with professional bodies, assistive technology organizations, user-led groups and sectoral associations to strengthen mechanisms for the evaluation, recognition and advancement of assistive technology competencies.	Advances more coordinated and adaptable approaches to competency recognition and professional development, supporting countries to strengthen workforce quality, credibility and progression pathways.

These priority action areas show how global and regional stakeholders can contribute to progress that no country can achieve alone. By aligning action across the 5Ps, they can reinforce national implementation, promote shared learning and support more coordinated progress towards universal access to assistive technology. The next section turns to implementation of the Road map, including the roles and responsibilities of different stakeholders in taking this work forward.

6. Implementation of the Road map

Successful implementation of the strategic actions outlined in this Road map to advance access to assistive technology relies on coordinated effort across stakeholders, sectors and levels. Action should be nationally led, context-responsive and supported by coordinated regional and global inputs, with meaningful participation of people who use assistive technology and their representative organizations. At country level, progress will require political commitment, government leadership, cross-sector coordination and collaboration across ministries and sectors. It will also require engagement beyond government, including civil society, users of assistive technology and their representative organizations, academia, associations, the private sector, local authorities and other partners, each contributing according to their roles and capacities.

Implementation is also expected to be context-responsive. Countries and regions are likely to adapt the recommended actions and global enablers in this Road map to their own priorities, systems, capacities and settings. This will allow implementation to reflect cultural, contextual and regional specificities while bolstering progress towards the intended outcomes. The progress indicators described in Section 9 provide a framework for monitoring implementation of actions, tracking corresponding outputs and assessing overall progress towards the broader outcomes.

6.1 Roles and responsibilities

Achieving universal access to assistive technology depends on the combined efforts of many actors working across sectors and levels. This section highlights some of the key stakeholders and the roles they can play in implementing the strategic actions outlined in the Road map. It is important to emphasize that these are not the only contributors. Many stakeholders, including those involved in related sectors, have important roles in building an inclusive and sustainable assistive technology ecosystem. Roles will vary by country context, mandate and capacity, and should be interpreted as complementary rather than exclusive.

Governments

By prioritizing assistive technology within national strategies and budgets, governments can drive systemic change and ensure equitable access for all.

Governments hold primary responsibility for leading and coordinating national and subnational actions to improve access to assistive technology. Through national ownership, policy commitment and multisectoral coordination, governments can create the enabling conditions needed to advance implementation of the Road map and progress across the 5Ps. This includes ensuring that assistive technology is addressed within relevant legal, policy and rights-based frameworks, in line with national commitments to equity, inclusion and universal access, including under the CRPD and SDGs.

Governments are responsible for translating the Road map into national priorities, policies, strategies and implementation plans. Practical actions include adopting national priority assistive product lists, embedding assistive technology in universal health coverage schemes, setting minimum standards for products, services and workforce competencies, and investing in service and workforce capacity,

including infrastructure. Governments also play a critical role in strengthening governance and regulatory mechanisms, allocating sustainable resources, integrating assistive technology into relevant health, rehabilitation, education, labour, social protection, care and support, and other service delivery systems, and supporting the availability, affordability, quality and safety of assistive products and services. They also have a role in promoting enabling environments, including accessible physical, digital and service environments, and in advancing universal design across relevant sectors. They should monitor progress, use data to inform policy decisions and report against international commitments such as the CRPD, MIPAA and SDGs, while ensuring the meaningful participation of assistive technology users and their representative organizations in decision-making processes. In doing so, governments can support coordinated national implementation and contribute to progress towards universal access to assistive technology.

Users of assistive technology

Recognizing assistive technology users as partners rather than passive recipients is essential for building responsive systems that uphold dignity, choice and empowerment.

Assistive technology users bring crucial insights through their lived experience, and their perspectives are vital for shaping policies, designing products and improving service delivery models. Their meaningful participation helps ensure that implementation of the Road map is person-centered, rights-based and responsive to diverse needs and preferences across the 5Ps.

Assistive technology users should be actively engaged in decision-making processes at all levels, from national planning to local service design, through mechanisms such as advisory committees, co-design initiatives and feedback systems. Their involvement helps ensure that solutions are relevant, acceptable, accessible and effective. Their participation should support informed choice, supported decision-making where needed, and accountability across policy, product design, service delivery and monitoring. Beyond consultation, users and their support networks can act as advocates, raise awareness and challenge stigma, while also contributing to peer-support networks that strengthen community engagement and accountability.

Assistive technology personnel

All personnel have a responsibility to uphold person-centred principles, tailoring services to individual needs and contexts, and sharing power in decision-making with users.

Assistive technology personnel, together with the institutions and services that educate, employ and regulate them, play a central role in the implementation of the strategic actions of this Road map. Their contribution is essential to strengthening workforce capacity across the 5Ps and to ensuring that assistive technology is provided in ways that are safe, effective, coordinated and responsive to the needs and preferences of users.

Institutions responsible for pre-service education of specialist personnel should ensure that curricula cover the core competencies needed for high-quality assistive technology provision across the four service steps and relevant settings. Employers and service providers need to ensure that service delivery models are adequately staffed and organized, and that personnel receive in-service

education, supervision and other forms of support to maintain competencies, strengthen quality and develop new on-the-job skills over time. Where task sharing approaches are used, personnel should be supported through clear referral pathways, supervision, mentoring and quality assurance mechanisms. Professional and regulatory bodies also have an important role in supporting competency frameworks, recognition, quality assurance and continued professional development. Through these combined efforts, assistive technology personnel and the systems that support them can strengthen workforce quality, service consistency and person-centred access to assistive technology.

Assistive technology organizations

Often emerging from grassroots efforts, assistive technology organizations can bridge gaps in fragmented systems and amplify the voices of assistive technology providers and users.

Assistive technology organizations bring together diverse stakeholders at a national, regional or global levels. They can make an important contribution to implementing the strategic actions of this Road map as they play a pivotal role in improving access to assistive products and services. These organizations act as connectors across sectors by linking users, providers, manufacturers, researchers, and policymakers. They also strengthen coordination, amplify priorities emerging from lived experience and support more coherent action across the 5Ps.

Assistive technology organizations can contribute in several ways. They may support workforce development through training, professional exchange and continuing education; provide technical input on standards, service models and system strengthening; and advocate for more inclusive policies, greater investment and improved access to assistive technology. They can also support knowledge-sharing, foster collaboration across sectors and regions, contribute to system governance and coordination, and help sustain momentum in contexts where systems are fragmented or underdeveloped. Through these roles, assistive technology organizations can strengthen collective capacity, support implementation and help build a more connected, inclusive and sustainable assistive technology ecosystem.

United Nations Entities

Coordination among United Nations entities is essential to promote coherence, build on advantages, harmonize approaches and maximize impact, particularly in low-resource and humanitarian settings where joint action can address systemic gaps and accelerate progress.

United Nations entities can support Member States by bringing normative guidance, technical expertise and convening capacity to advance progress across countries and regions. Their distinctive contribution lies in responding to Member States' priorities, helping to strengthen policy coherence, support the implementation and monitoring of international commitments, and facilitate coordinated action on shared challenges and opportunities that no single stakeholder can address alone.

United Nations entities can contribute to implementation of the Road map by advancing the development, dissemination and uptake of relevant standards, providing technical guidance, and supporting policy development and system strengthening. This includes helping to integrate assistive

technology into health, education, care and support, and social protection frameworks, and facilitating quality-assured supply mechanisms, such as global catalogues and pooled procurement platforms, to strengthen the safety, affordability and availability of assistive products. Through their convening role, United Nations entities can also bring together governments, civil society, development partners, the private sector and other stakeholders to strengthen collaboration and advance implementation of the priority areas outlined in Section 7.

Development partners and donors

By promoting inclusive, evidence-based approaches and encouraging multi-sectoral collaboration, development partners and donors help create the enabling conditions for governments to adopt and sustain assistive technology programmes, ensuring long-term impact and equity.

Development partners and donors are important because they bring financing, influence, technical cooperation and international visibility to areas that may otherwise remain under-prioritized. Their distinctive contribution lies in helping to unlock investment, catalyze innovation, strengthen coordination and sustain momentum for implementation, particularly where domestic resources or capacity are constrained.

Development partners and donors can contribute to implementation of the Road map by financing priority actions, mobilizing additional resources and promoting assistive technology as a development and equity priority at global, regional and national levels. This may include seed funding for pilot initiatives, demonstration projects and innovation challenges, investment in workforce development, digital systems and market-shaping efforts; and support for foundational infrastructure needed for provision, coordination and scale-up, including through multilateral development banks and other financing institutions. They can also encourage multisectoral collaboration, promote evidence-informed approaches and align funding with nationally led priorities, while avoiding parallel systems or short-term investments that may undermine sustainability. Where appropriate, they can support domestic resource mobilization and transition planning so that assistive technology programmes become progressively embedded within national systems. In doing so, they can strengthen implementation of the priority areas and sustain progress over time.

Assistive technology product designers and manufacturers, and private sector partners

By prioritizing user-informed and evidence-based design, responsible innovation and ethical market practices, assistive technology product designers, manufacturers and private sector partners can strengthen the availability, affordability and quality of assistive products and related services.

Assistive technology product designers, manufacturers and other private sector partners are important because they bring innovation, production capacity, localization, market reach and technical expertise that are essential to improving access to assistive technology. Their distinctive contribution lies in developing, producing, adapting, supplying and maintaining products and related solutions that respond to diverse needs, preferences and contexts.

They can contribute to implementation of the Road map by engaging users throughout design and development processes, meeting relevant national and international quality and safety standards, and

ensuring consistent production together with access to modification, spare parts, maintenance and repair options. Private sector partners can also contribute by investing in context-appropriate innovation, strengthening supply chains and distribution channels, supporting digital and service innovations where relevant, and contributing to local or regional production, assembly, refurbishment and recycling, where feasible. Through transparent, ethical and inclusive business practices, they can help advance the priority areas and strengthen more responsive and sustainable assistive technology markets.

Research and academic institutions

By advancing rigorous, user-informed research, these institutions help build and strengthen the evidence base needed to guide investment, shape policy and accelerate equitable access to assistive technology.

Research and academic institutions are important because they generate knowledge, analysis and critical insight that can inform action across the 5Ps. Their distinctive contribution lies in producing evidence on access barriers, user requirements and preferences, outcomes, cost-effectiveness, innovation and implementation, and in helping to translate that evidence into practical guidance for policy, product development and service delivery.

They can contribute to implementation of the Road map by conducting interdisciplinary and applied research, evaluating strategies and models for scaling access, and collaborating with relevant stakeholders, including user organizations, to ensure that research is inclusive, context-sensitive and responsive to real-world needs. They can also contribute through teaching, capacity strengthening and global knowledge-sharing, including publication of open-access findings and datasets where appropriate, participation in international research networks, and support for research priorities that align with the priority areas as outlined. Their work should support learning across countries and help identify what works, for whom, in which contexts and at what cost.

Advocacy and representative organizations

Through partnerships with governments, development partners and the private sector, advocacy and representative organizations can drive systemic change by promoting rights-based approaches and equitable access to assistive technology.

Advocacy and representative organizations are key because they amplify the voices of assistive technology users and champion inclusive policies and practices. They work to raise public awareness, challenge stigma and influence decision-makers to prioritize assistive technology and to ensure that the perspectives of users and communities are reflected in national and global agendas.

These organizations can contribute to implementation of the Road map by leading campaigns, mobilizing communities and engaging in policy dialogues to help ensure that commitments translate into action. They can also provide platforms for user-led advocacy, support meaningful participation, foster empowerment and accountability, and help bridge grassroots perspectives with policy processes. Through these roles, advocacy and representative organizations can help ensure that implementation of the Road map and the priority areas are advanced in ways that uphold inclusion, dignity and social justice.

6.2 Partnerships, coordination and shared implementation

Partnerships and coordination are essential to enable sectors to work towards shared goals, align priorities and investments, and ensure that action in one part of the assistive technology system strengthens action in another. They can also support shared learning, strengthen accountability, and enable knowledge, data and experience to be exchanged across stakeholders and levels.

Coordination mechanisms may take different forms according to context, but should support regular collaboration, joint planning and collective review of progress. These may include cross-sectoral and multistakeholder mechanisms such as task forces, steering committees and other convening platforms, with meaningful representation of assistive technology users and other relevant stakeholders. These mechanisms should, where possible, be linked to national assistive technology strategies or action plans, with agreed responsibilities, timelines, resources and review processes. When functioning well, such mechanisms can strengthen shared ownership, improve continuity across actions, and support more coordinated implementation towards universal access to assistive technology.

6.3 Contextual adaptation and prioritization

This Road map is intended as a flexible, non-prescriptive framework for action. Countries and partners are starting from different baselines and working in diverse contexts, with different levels of preparedness, infrastructure, workforce capacity and resources. For this reason, actions may need to be prioritized, sequenced and adapted according to local realities, while remaining anchored in the shared vision of universal access to assistive technology.

Prioritization should be informed by data on need, unmet need, equity gaps, system readiness, available resources and user perspectives. The aim is not uniformity, but a shared direction for context-responsive action. By adapting the Road map to their own priorities, systems and settings, countries and partners can take forward implementation in ways that are feasible, relevant and equitable, while still contributing to broader progress across the 5Ps. Implementation of the Road map should be accompanied by regular monitoring and review. Section 9 outlines the approach to measuring progress in relation to the actions, outputs and outcomes described in this Road map.

7. Measuring progress, learning and accountability

Measuring progress is essential to understanding what is working, identifying gaps, and sustaining national and global commitment to expanding access to assistive technology. This section outlines how countries and partners can use the WHO progress indicators, together with complementary data sources and participatory review processes, to support monitoring, evaluation, learning and accountability.

7.1 Purpose of monitoring, evaluation and learning

Effective implementation of the Road map requires clear and consistent measurement of progress across sectors, together with mechanisms for learning, review and adaptation. Building on the ten progress indicators developed by WHO *(66)* and used for WHA71.8 reporting, this section sets out how countries and partners can track advancements towards achieving the goals across the 5P framework.

Monitoring, evaluation and learning support countries and partners to:

- establish a baseline for assistive technology access and system preparedness;
- track progress over time across the five strategic areas of the Road map;
- identify gaps and inequities in access across population groups, geographic areas, functioning domains and service settings;
- assess whether policies, financing, products, services and workforce capacity are translating into improved access;
- strengthen accountability for national, regional and global commitments; and
- use evidence and user experience to adapt implementation as contexts, needs and technologies change.

In line with the strategic area for action, measurement of progress must be grounded in a person-centred approach: ensuring that people who need assistive technology, together with their families, support networks, and communities, are meaningfully engaged in measuring progress, interpreting findings and shaping responses. While some progress indicators explicitly capture user involvement, person-centredness is a foundational principle that underpins the interpretation and application of all indicators.

Monitoring should be integrated into implementation from the outset. Countries can use the progress findings to inform national assistive technology strategies, action plans, investment cases, sector plans, budget processes and periodic reviews. At regional and global levels, aggregated findings can support technical cooperation, advocacy, resource mobilization and shared learning between countries.

7.2 WHO progress indicators as a shared reference point

The progress indicators were developed to support Member States' reporting to the World Health Assembly in 2022, 2026 and 2030. The first questionnaire was circulated to Member States in 2021, and the results informed the 2022 progress report and the Global report on assistive technology *(2)*. In 2025, the indicators and questionnaire were revised in consideration of the recommendations from the Global report *(2)*.

The approach to measurement in this Road map uses the ten progress indicators as a common reference point for tracking national actions and progress across the five strategic areas of the Road map: people, policy and finance, products, provision and personnel *Click or tap here to enter text.*. The indicators provide a shared basis for reviewing progress over time, while allowing countries to interpret and apply findings according to national context, priorities and available data.

The indicators also support monitoring of assistive technology activities within other national and global reporting processes, including those linked to the SDGs, the CRPD, the MIPAA, and the BDPA *(3,5,6,24)*.

Box 6 presents the ten main progress indicators, which underpin the illustrative measures proposed in this section and which Member States may use, together with their previous reporting available in the Global Health Observatory and other national data sources, to establish baselines and assess progress toward the Road map goals.

1. **Legislation –** the extent to which there are legislative provisions supporting access to assistive technology.
2. **Population coverage -** the extent to which assistive technology is available to all those in need.
3. **Financing -** the extent to which budgets include funding for assistive technology procurement and provision.
4. **Responsible ministries/authorities -** the extent of multi-sectoral coordination in the planning and implementation of policies and programmes for access to assistive technology.
5. **Geographic and decentralized service coverage -** the extent to which assistive technology services are geographically distributed and decentralized.
6. **Financial coverage -** the presence of national finance measures for assistive technology and the extent to which these measures cover the population.
7. **Human resources (workforce) -** the extent to which trained personnel are available to effectively fulfil roles in assistive technology across different settings and functioning domains.
8. **Education and training -** the availability of education and training opportunities to strengthen workforce capacity to meet the assistive technology needs of the population.
9. **Regulations and standards -** the development and implementation of national standards and regulations that enhance access to assistive technology.
10. **Specific initiatives -** national initiatives to improve access to assistive technology including those with a focus on policy, workforce, prioritization and availability, data collection, inclusive environments, and dimensions such as gender and age sensitivity.

Box 6. Progress indicators for access to assistive technology (66)

7.3 Applying the indicators to the Road map

The indicators are used in this Road map as illustrative measures to help assess progress towards the priority actions and broader goals set out in each section. They are not intended to function as a stand-alone monitoring system separate from country processes. Rather, they provide a shared framework that can support national planning, implementation, review and reporting, while also enabling aggregation and learning at regional and global levels.

A practical, monitoring, evaluation and learning approach can be understood as having three complementary layers:

Layer	Purpose	Main sources of evidence
(1) High-level progress tracking	To track national system progress over time and support reporting on WHA71.8.	WHO progress indicators and previous country reporting.
(2) Road map implementation review	To assess whether priority actions are being implemented at national, regional and global levels.	National implementation plans, partner reports, country reviews, implementation milestones and sector-specific monitoring systems.
(3) Learning, equity and adaptation	To understand what is working, who is being left behind and what needs to change.	User feedback, rATA, ATAc, ATAi, service data, qualitative reviews, consultation mechanisms and research.

This layered approach recognizes that progress in access to assistive technology cannot be measured by a single indicator set alone. The ten progress indicators provide a common reference point, while complementary data sources help countries interpret whether implementation is improving access in practice.

The approach also recognizes that progress in access to assistive technology is systemic. As a result, one indicator may be relevant to more than one action area, and one action area may be informed by several indicators, depending on the nature of the outcome being assessed. The Road map therefore does not propose a one-to-one relationship between actions and indicators. Instead, it illustrates how the indicators may be applied in a flexible but structured way to assess advancement across interconnected parts of the assistive technology system.

The Road map priority actions are represented primarily through the implementation review layer. Countries and partners can use the actions in Sections 5 and 6 to define milestones, responsibilities, outputs and review points, and then use the progress indicators and complementary data sources to assess whether implementation is contributing to broader system change.

The indicators should be used alongside complementary WHO assistive technology tools (see Box X) and country data sources, including rATA, ATAc, ATAi, service data, implementation reviews and user feedback. These complementary sources can help countries interpret whether progress in policies, financing, products, provision and personnel is translating into improved access for people who need assistive technology.

Rather than mapping each indicator to every priority action in the main report, Table X presents the primary WHO progress indicators more closely associated with each of the five strategic areas of the Road map. Annex 3 provides the more detailed action-level monitoring, evaluation and learning framework, linking additional relevant progress indicators, complementary evidence sources and review questions.

Readers are encouraged to refer to the full progress indicators document *(66)* for guidance on the scope, interpretation and application of each indicator. This section does not replicate that detail, but instead illustrates how the indicators can be applied to monitor progress against the priority actions set out in the Road map.

Table X. Applying progress indicators across the five strategic areas of the Road map (high-level illustration; details in Annex 3)

Road map area & Goal	Core monitoring, evaluation and learning questions	Primary WHO progress indicators	How priority actions are represented	Complementary sources of evidence
People **Goal:** *To ensure people who need assistive technology, their families, support networks and communities are aware, informed, and empowered to access, choose, use and advocate for assistive technology effectively; and are meaningfully engaged in shaping all aspects of assistive technology systems.*	Are people who need assistive technology, their families and support networks recognized, informed, empowered, meaningfully engaged and supported across the life course?	**4.** Responsible ministries/authorities; **9.** Regulations and standards **10.** Specific initiatives	Implementation of actions related to awareness, accessible information, user engagement, informed choice, advocacy, participation, peer support, support networks and community-based action.	User feedback, participation mechanisms, consultation records, ATAi and qualitative reviews.
Policy and finance **Goal:** ***To establish cross-sectoral and multi-level assistive technology policies, plans and sustainable financing mechanisms*** *that are well-informed by robust data and evidence, and that promote equitable access for all user groups, with attention to the inclusion of persons with disabilities and to gender, age and cultural sensitivity, as well as context-responsive approaches.*	Are cross-sectoral legislation, policies, plans, financing and coordination mechanisms in place, evidence-informed, adequately resourced and being used to expand access for all user groups?	**1.** Legislation; **2.** Population coverage; **3.** Financing; **4.** Responsible ministries/authorities; **6.** Financial coverage; **10.** Specific initiatives	Implementation of actions related to data use, policy mapping, legislative and policy reform, strategic planning, financing, budgeting, financial protection, coordination, implementation oversight and accountability.	Policy mapping, legislative and regulatory reviews, budget reviews, expenditure data, financial coverage data, ATAc, ATAP, rATA, investment cases, sector plans, implementation reviews and user feedback.

Products **Goal:** *To ensure the consistent availability of prioritized assistive products and spare parts that are safe, affordable, quality-assured, adaptable as well as contextually appropriate, supported by resilient supply chains, user-responsive pricing and financing approaches, including systems for maintenance, repair, refurbishment, reuse, recycling and environmentally responsible product end-of-life management.*	Are priority assistive products and related spare parts available, affordable, safe, effective, quality-assured and appropriate to context across the product life cycle?	**3.** Financing; **6.** Financial coverage; **9.** Regulations and standards; **10.** Specific initiatives	Implementation of actions related to priority product lists, product specifications, procurement, supply chains, local adaptation, maintenance, repair, refurbishment, reuse, recycling and product life-cycle management.	Priority assistive product lists, procurement data, supply chain data, stock and availability data, product standards, technical specifications, quality assurance mechanisms, repair and maintenance records, refurbishment and reuse data, and user feedback.
Provision **Goal:** *To embed assistive technology provision within relevant sectors and settings, prioritizing health, early childhood, education, employment, services for persons with disabilities, care and support services for older people, and social welfare, including coordinated referral pathways from communities through to tertiary services (as needed), with particular focus on*	Are assistive technology services accessible, decentralized, integrated across relevant sectors and settings, person-centered, and supported by effective referral pathways, follow-up and continuity of support?	**4.** Responsible ministries/authorities; **5.** Geographic and decentralized service coverage; **6.** Financial coverage; **7.** Human resources; **9.** Regulations and standards; **10.** Specific initiatives	Implementation of actions related to service integration, decentralized provision, referral pathways, follow-up, repair, maintenance and continuity of support.	Service mapping, referral data, administrative data, facility data, outreach records, repair and maintenance records, follow-up data and user experience data.

remote and other underserved areas.				
Personnel **Goal:** *To strengthen and diversify the capacity of personnel in different settings across relevant sectors, including health, early childhood intervention, education, services for persons with disabilities, social welfare and care and support services for older people, to fulfil their direct and indirect roles needed to plan, support, coordinate, regulate, procure, deliver and sustain timely, high-quality, context-specific and person-centred assistive technology services.*	Are personnel across relevant sectors and settings available, trained, supported and appropriately deployed to plan, support and deliver timely, high-quality, context-specific and person-centred assistive technology?	**4.** Responsible ministries/authorities; **7.** Human resources; **8.** Education and training; **9.** Regulations and standards; **10.** Specific initiatives	Implementation of actions related to workforce planning, competency development, pre-service and in-service education, task sharing, deployment, supervision, mentoring, retention and formal recognition of assistive technology competencies.	Workforce mapping, training records, professional competency frameworks, curricula reviews, regulatory or accreditation records, supervision and mentoring data, service readiness assessments, administrative data and user experience data.

This mapping should be interpreted as illustrative rather than prescriptive, recognizing that countries will adapt actions, indicators and data sources to their own systems, priorities and stage of implementation.

7.4 Using findings for learning and adaptation

Monitoring and reporting should lead to action. Countries and partners should use findings from the progress indicators, implementation reviews and complementary data sources to review progress, identify barriers and adjust priorities. This includes examining whether progress is reaching people who are most likely to be left behind, including people living in rural and remote areas, older people, children, people with disabilities, people with health conditions, people affected by humanitarian crises as well as people facing intersecting forms of disadvantage.

Findings should be reviewed through participatory processes that include government authorities, assistive technology users and their representative organizations, service providers, workforce representatives, researchers, development partners, manufacturers and other relevant stakeholders. These review processes can help identify practical changes to policy, financing, procurement, service delivery, workforce development and coordination.

At global and regional levels, monitoring can support shared learning between countries, identify common technical assistance needs, strengthen advocacy and guide investment. Over time, repeated measurement can show whether national and global efforts are moving towards the Road map vision of universal access to assistive technology for everyone, everywhere.

8. Moving forward

Attaining universal access to assistive technology will require persistent commitment and practical action at national, regional and global levels. This Road map offers an integrated framework to guide that effort, translating broad commitments into priority actions across people, policy and finance, products, provision and personnel. Its value will depend on how it is used to inform decisions, strengthen systems, attract investment and facilitate advancement over time.

It is unlikely that progress will follow a single path. Countries and partners are all working from different starting points, characterized by varying levels of preparedness, infrastructure, workforce capabilities and resources. The Road map is therefore designed for flexible use, with actions adapted, prioritized and sequenced based on context, while remaining grounded in the shared vision of achieving universal access to assistive technology.

Moving this agenda forward relies on sustained engagement and collaboration among governments, users of assistive technology and their representative organizations, service providers, civil society, assistive technology organizations, development partners, researchers, industry and United Nations entities. Ongoing international cooperation will also be essential to bolster country-led initiatives, facilitate collective learning, enhance technical and economic assistance, and reduce inequities in access both among and within countries. These combined efforts will be essential to bridging enduring access disparities, reducing fragmentation and building more inclusive and sustainable assistive technology systems.

As implementation progresses, country experience, user perspectives and monitoring outcomes should continue to guide future action. Regular monitoring, shared learning and ongoing engagement with users of assistive technology will be crucial to ensure that implementation remains

adaptive, equitable and rooted in lived experience. In this way, the Road map should serve not as a definitive endpoint, but as a pragmatic framework for continuous improvement, learning and accountability.

Through sustained effort and continued adaptation, this Road map can turn commitment into lasting progress towards a world in which assistive technology is accessible to everyone, everywhere.

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Annex 1: Global survey report

This annex presents findings from the global survey undertaken to inform the development of the Road map. It provides the broad stakeholder evidence base on current challenges, priorities and opportunities for improving access to assistive technology across different contexts, sectors and population groups. The findings helped inform the Road map's overall theory of change, strategic priorities and areas for action.

The Global survey report is available **here**

Annex 2: Consultation series report

This annex presents the findings of the consultation series undertaken to inform the development of the Road map. It provides deeper thematic insights from stakeholders on key issues affecting access to assistive technology, including barriers, opportunities and priority actions across diverse settings and populations. These consultations helped refine the Road map's strategic framing, highlight cross-cutting themes, and strengthen its practical relevance.

The Consultation series report is available **here**

Annex 3: Monitoring, evaluation and learning framework for national priority actions

This annex provides an illustrative monitoring, evaluation and learning framework for the 21 national priority actions set out in Section 5 of the Road map. It maps each action across the five strategic areas — people, policy and finance, products, provision and personnel — to relevant WHO progress indicators, complementary evidence sources and review questions.

The framework is intended to support countries and partners to track implementation, assess progress and generate learning over time. It can help identify what is working, where gaps remain and what adjustments may be needed to strengthen equitable access to assistive technology.

The framework is not prescriptive. Countries may adapt actions, indicators and evidence sources and review questions according to national context, priorities, systems, available data and stage of implementation. Note that one indicator may be relevant to more than one action, and one action may be informed by several indicators and complementary evidence sources.

This framework should be read alongside the WHO Assistive technology progress assessment questionnaire (66), which provides detailed guidance on the scope, interpretation and application of each WHO progress indicators for access to assistive technology.

Indicator numbers refer to the ten WHO progress indicators listed in Box 6 of the Road map.

Annex 3.1 People

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
1. Plan, support and implement public awareness campaigns to increase knowledge, shift perceptions, and encourage active informed demand for assistive technology.	Development and implementation of accessible, contextualized public awareness campaigns and communication resources co-created with users and delivered through trusted communicators, community channels and assistive technology champions.	**10. Specific initiatives**	Campaign plans and reports; public awareness toolkits; communication materials; media and social media analytics; community engagement records; survey data on awareness and stigma; user and community feedback.	Are awareness campaigns increasing knowledge of assistive technology, reducing stigma and supporting informed demand among diverse population groups and settings?
2. Co-develop and make readily available reliable information and educational resources co-designed with users and their support networks on how to access, choose, use and maintain assistive products and services.	Development and dissemination of reliable, accessible information on assistive technology, services, access pathways, product choice, use and maintenance through diverse networks, platforms and settings.	**10. Specific initiatives**	Information and educational resources; accessibility reviews; dissemination records; website or platform analytics; service navigation data; feedback from users, families and support networks; service provider feedback.	Are people who need assistive technology and their support networks able to access reliable, understandable and accessible information that supports choice, use, maintenance and sustained access?
3. Establish inclusive and accessible mechanisms that systematically incorporate the perspectives of users and their support networks into assistive technology policy and finance development, product design, provision systems and workforce strengthening.	Establishment and use of user-led and user-inclusive mechanisms, including committees, coalitions, peer support networks, co-design processes, real-world testing and feedback mechanisms, to inform planning, implementation, monitoring and evaluation.	**4. Responsible ministries/authorities** **9. Regulations and standards** **10. Specific initiatives**	Terms of reference for advisory groups; membership and representation records; consultation reports; meeting minutes; co-design and product testing reports; user feedback mechanisms; ATAi data; policy and programme review reports.	Are assistive technology users and their support networks meaningfully involved in shaping policies, financing, products, provision systems and workforce development, and is their input influencing decisions?
4. Integrate users, families and support networks into emergency preparedness, humanitarian response and	Integration of assistive technology users, families and support networks into emergency preparedness, humanitarian	**4. Responsible ministries/authorities** **9. Regulations and**	Emergency preparedness and response plans; humanitarian response protocols; accessible communication materials;	Are emergency preparedness and humanitarian response systems identifying and addressing the needs of assistive

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
continuity planning to help ensure they are informed, included and able to maintain access to assistive technology during crises.	response and continuity planning, including accessible communication resources, community-level preparedness mechanisms, referral pathways and plans for service continuity during disruption.	standards 10. Specific initiatives	community mapping records; referral pathway documentation; stock and pre-positioning records; after-action reviews; user and support network feedback.	technology users, and are continuity arrangements reducing disruption to access during crises?

Annex 3.2 Policy and finance

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
5. Collect, analyse and use data to inform evidence-based policies and financing mechanisms that enable equitable access to assistive technology.	Collection, analysis and use of data on need, unmet need, service capacity, system preparedness, financing flows, product availability, affordability, workforce capacity, supply chains and policy environments to inform planning, budgeting and investment decisions.	**3. Financing** **4. Responsible ministries/authorities** **6. Financial coverage** **10. Specific initiatives**	rATA; ATAc; ATAi; national surveys; administrative data; service data; investment cases; budget analyses; policy briefs; research reports; disaggregated data sets; monitoring reports; SDG and CRPD reporting inputs.	Are national data and evidence being used to inform policy development, budgeting, financing mechanisms and system-strengthening decisions for equitable assistive technology access?
6. Map and analyze existing policies across sectors to identify and address barriers and facilitators impacting equitable access to assistive technology.	Review of public- and institutional-level policies, including laws, regulations, strategies, guidelines and sector policies, to identify gaps, barriers, facilitators and opportunities for reform across relevant sectors.	**1. Legislation** **2. Population coverage** **4. Responsible ministries/authorities** **9. Regulations and standards** **10. Specific initiatives**	Policy landscape analyses; legislative reviews; regulatory reviews; sector policy mapping; rights-based gap analyses; consultation reports; policy reform recommendations; records of stakeholder engagement; implementation review documents.	Do existing laws, policies, regulations and standards support equitable assistive technology access across sectors, population groups and functioning domains, and are identified gaps being addressed?
7. Develop and implement cross-sectoral strategic action plans for improving equitable assistive technology access, including for marginalized and/or neglected groups.	Development and implementation of national or subnational assistive technology strategies or action plans, informed by data, policy mapping and stakeholder engagement, with defined priorities, budgets, roles, responsibilities, timeframes and review mechanisms.	**3. Financing** **4. Responsible ministries/authorities** **6. Financial coverage** **10. Specific initiatives**	National assistive technology strategies; action plans; implementation plans; task force or steering committee records; budget documents; partner coordination reports; monitoring frameworks; progress reviews; consultation records.	Are cross-sectoral strategies and action plans being implemented with clear leadership, financing, stakeholder participation and accountability for equitable access?

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
8. Integrate assistive technology into existing financing mechanisms delivering health, education, employment, long-term care and other services, ensuring coverage for both assistive products and services.	Integration of assistive technology into public budgets, insurance schemes, benefits packages, education and social protection financing, and other sector mechanisms, covering both assistive products and related services such as assessment, fitting, training, follow-up, maintenance and repair.	**3. Financing** **4. Responsible ministries/authorities** **6. Financial coverage** **10. Specific initiatives**	Financing landscape analyses; health benefit package reviews; insurance or reimbursement data; social protection records; public expenditure reviews; procurement plans; budget documents; user out-of-pocket cost data; investment cases.	Are financing mechanisms reducing financial barriers and covering both assistive products and the services needed for effective and sustained use?
9. Review and reform taxes, tariffs and trade-related measures affecting assistive products and components to reduce costs, improve affordability and availability, and support equitable access to assistive technology.	Review and reform of taxes, tariffs, customs procedures, trade classifications and related fiscal or trade measures affecting priority assistive products, spare parts and components, supported by coordination across finance, customs, trade, health and other relevant sectors.	**1. Legislation** **4. Responsible ministries/authorities** **9. Regulations and standards** **10. Specific initiatives**	Tax and tariff reviews; customs and trade classification analyses; fiscal reform proposals; procurement cost analyses; affordability analyses; customs guidance; product classification records; intersectoral coordination records; market and supply chain data.	Are fiscal and trade-related measures reducing avoidable cost barriers and improving the affordability and availability of priority assistive products, spare parts and components?

Annex 3.3 Products

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
10. Establish and implement national priority assistive product lists.	Development, adoption and implementation of national priority assistive product lists through a consultative process informed by population need, unmet need, country context, equity considerations and the WHO Priority Assistive Products List.	**3. Financing** **4. Responsible ministries/authorities** **6. Financial coverage** **10. Specific initiatives**	National priority assistive product lists; consultation records; population need and unmet need data; procurement catalogues; benefits package documents; budget documents; stock and distribution data; user feedback; implementation reviews.	Are national priority assistive product lists being used to guide planning, budgeting, financing, procurement and equitable provision of priority products across sectors and user groups?
11. Develop, adopt and/or apply nationally relevant specifications, minimum standards and evaluation processes for assistive products covering safety, performance and technical requirements, drawing on the experiences and feedback from assistive technology users and adapting international specifications and standards where available.	Development, adoption or application of product specifications, minimum standards and evaluation processes to guide procurement, quality assurance, safety, usability, interoperability, maintenance, repairs and contextual fit of assistive products, including digital assistive products.	**9. Regulations and standards** **10. Specific initiatives**	Product specifications; minimum standards; procurement specifications; product testing and evaluation reports; field testing data; quality assurance reports; user feedback; post-market surveillance data; issue-resolution records; standards review documents.	Are nationally relevant specifications, standards and evaluation processes improving the safety, quality, usability, contextual fit and sustained use of assistive products?
12. Explore local options across the full assistive product life cycle including product design, manufacture, fitting and adaptation, repair, refurbishment, reuse and recycling.	Assessment and development of local and hybrid options across the assistive product life cycle, including design, manufacture, assembly, fitting, customization, repair, refurbishment, reuse, recycling, environmentally responsible disposal and	**3. Financing** **4. Responsible ministries/authorities** **7. Human resources** **9. Regulations and**	Local production and market analyses; lifecycle assessments; innovation programme records; repair and refurbishment data; recycling and reuse records; partnership agreements; investment and incentive schemes; workforce training	Are local and hybrid product life-cycle options improving the availability, affordability, contextual appropriateness, sustainability and maintainability of assistive products?

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
	partnerships for innovation and technology transfer.	**standards** **10. Specific initiatives**	records; quality assurance reports; user feedback on product suitability.	
13. Strengthen national procurement capacity and supply chains to ensure consistent availability of quality-assured prioritized assistive products and spare parts.	Strengthening procurement planning, budgeting, supply chain management, stock tracking, product nomenclature and trade code alignment, pooled procurement, pricing and subsidy approaches, and coordination of donated assistive products in line with national priorities and quality requirements.	**3. Financing** **4. Responsible ministries/authorities** **6. Financial coverage** **7. Human resources** **9. Regulations and standards** **10. Specific initiatives**	Procurement plans; budget documents; supply chain data; stock-out records; lead-time data; inventory management system reports; pricing and subsidy data; framework contracts; supplier performance reports; donation guidelines and records; procurement personnel training records.	Are procurement and supply chain systems ensuring timely, affordable and reliable availability of quality-assured priority assistive products and spare parts, especially for underserved settings and populations?

Annex 3.4 Provision

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
14. Map existing provision capacity, geographic distribution and coverage across key sectors to identify gaps, equity issues and opportunities for strengthening assistive technology provision.	Mapping and analysis of existing assistive technology provision across sectors, service areas, geographic locations, functioning domains, referral pathways, workforce capacity and digital infrastructure to identify gaps, strengths and opportunities for system strengthening.	**4. Responsible ministries/authorities** **5. Geographic and decentralized service coverage** **7. Human resources** **10. Specific initiatives**	Service mapping; facility data; district-level coverage data; referral pathway mapping; workforce distribution data; digital infrastructure assessments; administrative service records; sectoral coordination records; user feedback; gap analyses.	Are provision systems being mapped in a way that identifies geographic, sectoral, workforce and equity gaps, and are findings being used to strengthen service coverage and referral pathways?
15. Establish and apply person-centred service standards and protocols to ensure consistent, high-quality services across the life course, tailored to users' needs and covering all four service delivery steps: select, fit, use and follow-up.	Development and application of person-centred service standards and protocols across sectors, life stages and settings, including quality assurance, monitoring of user experience, feedback mechanisms and adaptation for priority groups and contexts.	**7. Human resources** **8. Education and training** **9. Regulations and standards** **10. Specific initiatives**	Service standards and protocols; quality assurance tools; user experience surveys; feedback mechanisms; performance indicators; supervision reports; training records; adapted protocols for priority settings; digital decision-support tool data.	Are service standards and protocols improving consistency, quality, person-centredness and accountability across assistive technology provision?
16. Design and implement service delivery models, including referral pathways that connect community-level entry points to higher-level services as needed across key sectors.	Design, piloting, implementation and scale-up of service delivery models and referral pathways that integrate assistive technology into community-based and sector-specific settings, including primary care, schools, pharmacies, support services for older people, services for persons with disabilities and employment support.	**4. Responsible ministries/authorities** **5. Geographic and decentralized service coverage** **7. Human resources** **9. Regulations and standards**	Service model documentation; pilot reports; referral pathway protocols; referral data; integrated care pathway records; outreach records; facility and community-based service data; sectoral coordination records; implementation reviews; user experience data.	Are service delivery models and referral pathways expanding timely, coordinated and appropriate access to assistive technology across sectors and levels of care?

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
		10. Specific initiatives		
17. Ensure availability of assistive products and required infrastructure at each service point, including adequate storage, facilities and equipment for screening, assessment, modification, adaptation, repair and reuse.	Assessment and strengthening of service point readiness, including availability of priority assistive products, storage, facilities, equipment, screening and assessment capacity, modification and adaptation capacity, repair and reuse systems, and infrastructure for equitable service delivery.	**3. Financing** **5. Geographic and decentralized service coverage** **6. Financial coverage** **7. Human resources** **9. Regulations and standards** **10. Specific initiatives**	Facility readiness assessments; infrastructure assessments; product availability data; stock records; procurement and distribution plans; repair and maintenance records; reuse records; equipment inventories; service utilization data; user feedback; budget and financing data.	Are service points adequately equipped and resourced to provide comprehensive, person-centred assistive technology services, including screening, assessment, fitting, training, repair and follow-up?
18. Integrate assistive technology provision into emergency preparedness, response and recovery systems to ensure service continuity, timely referral and operational readiness across relevant sectors and settings.	Integration of assistive technology provision into emergency preparedness, response and recovery systems, including roles, coordination mechanisms, referral pathways, emergency-ready service protocols, pre-positioned products and supplies, and arrangements for delivery, maintenance and repair during crises.	**4. Responsible ministries/authorities** **5. Geographic and decentralized service coverage** **7. Human resources** **8. Education and training** **9. Regulations and standards** **10. Specific initiatives**	Emergency preparedness and response plans; humanitarian response protocols; referral pathway documentation; mapped service points; pre-positioning and stock records; training records for emergency response personnel; after-action reviews; coordination records; user feedback.	Are emergency preparedness, response and recovery systems able to maintain assistive technology provision, referral, repair and continuity of access during crises and recovery periods?

Annex 3.5 Personnel

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
19. Map the existing and potential workforce involved in assistive technology across sectors and settings, using tools to identify gaps, strengths and opportunities for workforce development, planning and coordination.	Mapping and analysis of existing and potential personnel involved in assistive technology across sectors, settings, service levels and functioning domains, including workforce distribution, competencies, education and training needs, resource gaps, digital literacy and opportunities for task sharing and coordination.	**4. Responsible ministries/authorities** **7. Human resources** **8. Education and training** **10. Specific initiatives**	Workforce mapping; human resources information systems; professional registers; service staffing data; training needs assessments; education programme mapping; task sharing assessments; supervision data; sectoral coordination records; stakeholder mapping; implementation reviews.	Do countries have a clear, evidence-based understanding of the current and potential assistive technology workforce, including gaps, strengths and opportunities for workforce development and coordination?
20. Develop and implement workforce development frameworks that are aligned with service standards and competencies and include education and training pathways that equip diverse personnel across sectors with the skills needed to deliver high-quality, person-centred assistive technology services.	Development and implementation of competency-based workforce development frameworks, curricula, training modules, pre-service and in-service education pathways, supervision and mentoring systems, incentives and monitoring mechanisms across relevant sectors and workforce groups.	**7. Human resources** **8. Education and training** **9. Regulations and standards** **10. Specific initiatives**	Workforce development frameworks; competency frameworks; curricula; pre-service and in-service training records; continuing professional development records; supervision and mentoring records; national registries; sectoral reporting systems; incentive and retention scheme records; service quality data.	Are workforce development frameworks improving the availability, distribution, competencies, supervision and retention of personnel needed to deliver high-quality, person-centred assistive technology services?
21. Ensure formal recognition of assistive technology competencies through their integration into pre-service and in-service education, professional development and regulatory systems to support quality	Integration and formal recognition of assistive technology competencies within pre-service education, in-service training, continuing professional development, certification pathways, accreditation systems, professional development	**7. Human resources** **8. Education and training** **9. Regulations and standards** **10. Specific initiatives**	Education programme reviews; competency standards; qualification frameworks; certification records; accreditation standards; professional regulations; continuing professional development systems; training programme	Are assistive technology competencies formally recognized and embedded in education, professional development and regulatory systems in ways that support quality assurance, career

National priority action	Illustrative implementation focus	Relevant progress indicators	Complementary evidence sources	Review and learning question
assurance, workforce development and career progression.	frameworks and regulatory systems.		approvals; employer recognition records; regulatory body records; professional association records.	progression and workforce sustainability?