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Assistive Technology Part I

This is first article of series of two articles.

- Many people with disabilities need assistance and support to go on with their daily life and participate in social and economic life. But, they could not achieve these goals, due to a lack of assistive services.

- One billion people need assistive products today and more than two billion people around the world are expected to need at least one assistive product by 2030 (WHO)

Source: World report on disability: www.who.int/disabilities/world_report

What is Assistive Technology (AT)?

Assistive technology (AT) is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities.

Assistive Technology is an umbrella term that covers many technologies, devices or only methods to support people with disabilities. The assistive technology varies from a low-tech pen grip to a high-tech multi-touch tablet PC.

Who can benefit from assistive technology?

People who most need assistive technology include:

1. People with disabilities
2. Older people
3. People with non-communicable diseases such as diabetes and stroke
4. People with mental health conditions including dementia and autism
5. People with gradual functional decline.
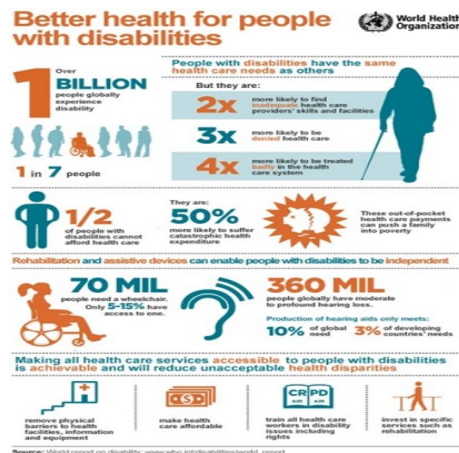
Health, well-being and socioeconomic benefits of AT

Assistive technology can have a positive impact on the health and well-being of a person and their family, as well as broader socioeconomic benefits. For example:

- Proper use of hearing aids by young children leads to improved language skills, without which a person with hearing loss has severely limited opportunities for education and employment.

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- Manual wheelchairs increase access to education and employment while reducing healthcare costs by a reduction in the risk of pressure sores and contractures

- Assistive technology can enable older people to continue to live at home and delay or prevent the need for long-term care.

- Therapeutic footwear for diabetes reduces the incidence of foot ulcers, preventing lower limb amputations and the associated burden on health systems.

There are also socioeconomic benefits to be gained by reduced direct health and welfare costs and by enabling a more productive labour force which indirectly stimulates economic growth.

Global Cooperation on Assistive Technology (GATE)

GATE is a program launched by WHO to promote Global Cooperation on Assistive Technology.
GATE initiative has only one goal – to improve access to high-quality affordable Assistive Products, responding to the call to increase access to essential, high-quality, safe, effective and affordable medical products.

Priority Assistive Products List (APL)

GATE has created a list of 50 priority assistive products, selected based on widespread need and impact on a person's life. This will guide the Member States with a model from which to develop a national priority assistive products list according to national needs and available resources.

Of these products, at scale, a Global Partnership for Assistive Technology selected five priority products corresponding to four functional domains: hearing aids (hearing), limb prostheses and wheelchairs (mobility), glasses (vision) and personal digital assistants (PDAs) (cognition).

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Table 1 : Water Quality Surveillance Number of microbiological water samples May 2022			
District	**MOH areas**	**No: Expected ***	**No: Received**
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	50
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	33
Kilinochchi	4	24	NR
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	0
Polonnaruwa	7	42	0
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	NR
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health   11th– 17th Jun 2022 (24th Week)

RDHS	Dengue Fever A	Dengue Fever B	Dysentery A	Dysentery B	Encephaliti A	Encephaliti B	Enteric Fever A	Enteric Fever B	Food Poi- A	Food Poi- B	Leptospirosis A	Leptospirosis B	Typhus A	Typhus B	Viral Hep- A	Viral Hep- B	Human A	Human B	Chickenpox A	Chickenpox B	Meningitis A	Meningitis B	Leishmania- A	Leishmania- B	WRCD T*	WRCD C**
Colombo	43	4711	0	2	1	3	0	0	0	5	5	80	0	0	0	2	0	0	0	15	0	4	0	2	13	98
Gampaha	21	3134	0	4	0	1	0	0	0	12	6	73	0	0	0	5	0	2	1	21	3	20	0	20	2	77
Kalutara	11	1712	0	6	0	1	0	1	0	6	9	172	0	2	1	2	0	2	1	31	0	14	0	1	4	100
Kandy	19	1450	1	12	0	0	1	2	0	4	4	68	0	19	0	6	0	0	4	32	0	4	3	13	11	99
Matale	61	361	0	1	0	0	0	0	0	0	10	58	0	3	0	1	0	0	0	9	0	1	4	179	17	100
NuwaraEliya	5	94	0	13	0	0	1	1	0	0	1	29	0	10	0	0	0	0	1	17	0	2	0	0	18	99
Galle	11	1678	0	5	0	0	0	0	0	0	9	205	0	11	0	2	0	0	3	36	0	11	0	0	11	99
Hambantota	24	513	0	24	0	0	0	0	0	2	4	93	0	21	0	3	0	0	1	15	0	6	9	241	17	99
Matara	44	635	1	10	0	0	0	0	0	0	5	125	0	6	0	1	0	0	0	17	0	6	6	159	28	100
Jaffna	97	2013	0	23	0	2	4	52	1	24	0	18	11	396	0	5	0	4	1	63	0	8	0	0	63	88
Kilinochchi	5	79	0	4	0	0	0	0	0	18	0	11	0	8	0	0	0	0	0	4	0	0	0	1	33	100
Mannar	0	159	0	1	0	0	0	0	0	0	0	13	0	3	0	2	0	0	0	5	0	15	0	0	21	78
Vavuniya	0	53	0	0	1	1	0	2	0	0	0	12	0	1	0	0	0	0	0	5	0	0	2	2	3	79
Mullaitivu	1	35	0	3	0	0	0	2	0	3	0	20	0	5	0	0	0	0	0	4	0	0	0	1	24	97
Batticaloa	31	828	0	44	6	6	0	0	0	17	1	27	0	0	0	1	0	0	0	7	2	22	0	1	35	100
Ampara	10	88	1	7	0	1	0	0	0	17	7	70	0	1	0	1	0	1	1	34	0	12	12	12	10	99
Trincomalee	6	907	0	22	0	0	0	1	0	2	3	17	0	3	0	4	0	0	0	28	0	4	0	0	17	88
Kurunegala	64	1356	1	9	0	1	0	0	0	4	4	76	0	18	0	0	0	1	3	35	0	19	7	254	9	98
Puttalam	49	1092	0	3	0	0	0	0	0	0	0	13	1	6	0	0	0	0	0	6	0	17	0	4	15	90
Anuradhapur	5	192	0	8	0	1	0	1	0	5	4	102	2	16	0	2	0	1	0	27	2	23	9	216	9	88
Polonnaruwa	2	58	0	4	0	0	0	0	0	1	2	58	0	0	0	2	0	0	0	8	0	3	0	207	16	86
Badulla	33	524	0	11	0	1	0	0	0	5	1	108	1	27	4	73	0	0	1	29	0	8	1	12	13	100
Monaragala	14	195	0	5	1	1	0	0	0	2	3	186	0	14	1	26	0	0	0	36	0	22	2	78	9	100
Ratnapura	46	1193	0	25	5	5	0	2	0	24	23	446	0	12	0	14	0	0	2	39	2	25	6	115	12	95
Kegalle	12	947	0	7	0	5	0	1	0	5	26	257	0	10	0	3	0	0	2	55	3	26	0	12	8	100
Kalmune	35	539	0	22	0	0	0	0	0	5	0	13	0	1	0	0	0	0	0	30	1	17	0	0	29	100
SRILANKA	17	24546	4	275	3	29	6	69	1	161	12	2350	15	593	6	15	0	11	22	608	13	289	49	1530	17	94

Table 2: Vaccine-Preventable Diseases & AFP   **11th– 17th Jun 2022 (24th Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	01	00	00	01	00	39	23	69.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	00	00	00	00	28	43	- 34.8 %
Measles	00	00	00	00	00	00	00	00	00	00	01	12	10	20 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	02	150 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	00	00	16	00	07	03	02	00	00	28	11	2903	2591	12.0 %

Key to Table 1 & 2

Provinces:　　　　**W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions:　**CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna,
　　　　　　　　　　KN: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam,
　　　　　　　　　　AP: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
June							
Source: Medical Research Institute & Veterinary Research Institute							

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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