## WHO's submission to the Office of the High Commissioner for Human Rights call for inputs to the study on care and support pursuant to Human Rights Council resolution 54/6

The World Health Organization (WHO) is the UN agency dedicated to health and well-being. WHO leads global efforts to expand universal health coverage, directs and coordinates responses to health emergencies, and promotes healthier lives across the life-course. The WHO Constitution recognises health as a fundamental right of each human being.[[1]](#footnote-2) WHO supports countries to integrate human rights considerations into health systems, programmes and policies, and works with countries to strengthen national health systems to advance gender equality and health equity and to ensure that services are universally available, accessible, acceptable and of high quality.[[2]](#footnote-3)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[[3]](#footnote-4) Care and support are fundamental to the achievement of overall health and well-being at individual and societal levels. WHO is therefore pleased to submit its inputs to inform the expert workshop and High Commissioner’s report to the Human Rights Council, pursuant to resolution HRC 54/6.

This submission draws from WHO’s work on aging, assistive technology, brain health, children, disability, gender, the health and care workforce, maternal, child and adolescent health and mental health and sexual and reproductive health. WHO standard setting in this area recognizes the multiple roles an individual may play in care and support.[[4]](#footnote-5)

This submission aims to contribute to greater clarity on the human rights and gendered dimensions of care and support by providing examples of WHO standard setting[[5]](#footnote-6), **policies and country support programs that that promote the human rights of people providing care and support, receiving care and support, and in the context of and self-care. It also highlights areas in which attention is needed to ensure that the rights of people who receive and provide care and support are realised in health, employment and social systems.**

### Ensuring the human rights of people who provide care and support

#### Key definitions and scope

Both health and care work involve a variety of activities with differing degrees of recognition, compensation and regulation.[[6]](#footnote-7) The World Health Report 2006 defined health workers as: “all people engaged in actions whose primary intent is to enhance health”.[[7]](#footnote-8) This includes all occupations engaged in the continuum of health promotion, prevention, treatment, rehabilitation and palliative care, including the public health workforce. Drawing on the International Labour Organization definition, WHO defines care workers as: those that provide direct personal care services in the home, in health care and residential settings, assisting with routine tasks of daily life and performing a variety of other tasks of a simple and routine nature.[[8]](#footnote-9) Strengthening human rights protections for people who comprise the health and care workforce is fundamental to achieving SDG3 and generates other dividends in employment (SDG8) and women’s empowerment (SDG5). The protections and rights detailed below should be extended to all health and care work regardless of occupation, age, gender, disability, work setting or employment status (e.g. paid or unpaid, or whether within the health sector or not).

#### Overarching considerations

**Strengthening integration between the health and social sectors**

In many countries, access to care and support for persons with disabilities, older person and others is mediated through the health system from a clinical perspective, which may not take into consideration environmental and social barriers that contribute to exclusion and inequity. As these assessments are often linked to the financial assistance an individual receives for care and support, including, for example, for people with disabilities (e.g., reasonable accommodations allowances, disability mobility and career allowances, cash transfers programs, disability support pensions)[[9]](#footnote-10) it may not attend to the full spectrum of needs of persons with disabilities, older person and others. Strengthening integration between the health and social sectors can help to address these barriers. WHO has several evidence-based suggestions in this regard.[[10]](#footnote-11)

**Health and care workers as advocates for the rights of people receiving care and support**

Health workers are also the providers of specialized/tailored home-based/community services for persons with long term health needs and ongoing health support requirements (e.g., persons with disabilities, those with chronic health conditions and older persons). They play an essential role in promoting the human rights of persons with disabilities, for instance in promoting supported-decision making (and abolishing substitute-decision making) for treatment and health and care, and working towards deinstitutionalization from mental and other health institutions.

#### Key human rights issues

Impact of gender norms; discrimination, unpaid and paid work; labour-related rights including the right to work; social security; safety.

**Impact of gender norms on the rights of carers**

Women, who comprise the majority (67 per cent) of health workers globally, are underrepresented in in the highest paid occupations, including health leadership positions and overrepresented in lower paid occupational categories.[[11]](#footnote-12) Evidence demonstrates that the way that health and care work is valued is a gender issue that affects the health workforce, impacts the perceived value of the health and care sector and entrenches the dependence of society on underpaid and unpaid health and care work. [[12]](#footnote-13) Further, in the health and care sector women face an average pay gap of 24% compared to men. The gender pay gap is often wider for mothers and women experiencing forms of marginalization based on race, ethnicity, or migration status.[[13]](#footnote-14)

**Good practice examples to close the gender gaps in care include[[14]](#footnote-15):**

1. Establishing care as a right

2. 5Rs approach: Recognition, reduction, redistribution, representation and reward

3. Universal social protection

4. Strengthening care infrastructure / public investment in care services.

**Other forms of discrimination**

Discrimination against health and care workers who are from underrepresented minority groups can negatively impact morale and well-being and limit career advancement opportunities.[[15]](#footnote-16) All health and care workers are entitled to equal treatment and should be protected against discrimination. Accordingly, and based on context-specific needs, efforts should be made to: Promote and apply equal treatment and non-discrimination of health and care workers, on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Additional grounds of discrimination may include, but are not limited to, ethnicity, Indigenous origin or identity, disability, age, nationality, marital and family status, sexual orientation and gender identity, health status, place of residence, and economic and social situation.[[16]](#footnote-17)

**Unpaid and paid care work**

While much attention has been given to employment in the health and care sector, health and care work extends beyond labour markets.[[17]](#footnote-18) Evidence shows that the unequal distribution of unpaid care work between women and men can have a negative impact on caregiver health.[[18]](#footnote-19) In addition, unpaid care work constitutes one of the most significant entrance barriers to the paid workforce for women: the more time women devote to unpaid care, the less time they spend in the paid workforce.[[19]](#footnote-20)

Women, girls and adolescents shouldering the majority of unpaid care within the household also find their health and other rights infringed by the burden of this responsibility, such as their right to access quality employment, and education (significant social determinants of health) and, more directly, their right to health, especially in contexts where health and care work occurs in contexts of poor WASH infrastructure.[[20]](#footnote-21)

Health and care work involves a variety of activities with differing degrees of recognition, compensation and regulation.[[21]](#footnote-22) The Global Action Plan on the public health response to dementia 2017-2025 emphasizes the important role falling on family and friends in supporting and providing care for over 55 million people living with dementia worldwide.[[22]](#footnote-23) Unpaid carers, encompassing family members, friends, and neighbours, play a critical role in supporting older persons with significant loss of physical and mental capacities.

Recognition and support for carers are crucial, considering the physical, psychological, and social toll caregiving takes. Even in nations with established long-term care systems, unpaid carers remain heavily involved in caregiving duties. For example, the majority of dementia care is provided by women, with often detrimental consequences for their own physical, mental, social and financial well-being.[[23]](#footnote-24) In places where stigma, discrimination and lack of dementia awareness prevail and access to formal dementia services is scarce, informal care provided by family members and close friends can account for more than 90% of the total dementia costs.[[24]](#footnote-25)

WHO advocates for the recognition and support of carers, highlighting their significance within the **UN Decade of Healthy Ageing 2021-2030** [[25]](#footnote-26) and provides guidance in the *Long-term care for older people: package for universal health coverage[[26]](#footnote-27)* which addresses carers' needs through training, psychological support, and access to respite care.

**Labour-related rights including the right to work**

WHO’s **Global Health and Care Worker Compact[[27]](#footnote-28)**, provides recommendations on protecting health and rights of health and care workers, structured around four domains: preventing harm; providing support; inclusivity; and safeguarding rights.[[28]](#footnote-29) It includes guidance on promoting and ensuring decent work, free from racial, gender-based and all other forms of discrimination; and to providing a safe and enabling practice.[[29]](#footnote-30)

**Shortages of health and care workers**

The highly visible and pivotal role of health and care workers during COVID-19, alongside COVID-19’s impact on the physical, mental and social health and well-being of workers placed a renewed spotlight on the need to protect and invest in health workers, particularly against an existing global health workforce shortage.

Developing, attracting, recruiting, and retaining health and care workers is a major investment for any health system, and losing health and care workers through departure from service, migration or occupational injuries is a major challenge. One of the keys to retaining the health and care workforce needed to build health systems is ensuring legal and policy intervention on workforce issues such as inclusivity and non-discrimination, remuneration, physical and legal protections, conditions of employment, and development of positive practice environments[[30]](#footnote-31). While the projected workforce shortage has been reduced through evidence-based strategies outlined in the Global Strategy on Human Resources for Health[[31]](#footnote-32), a shortage of 10 million health workers still is projected by 2030, with WHO African and Eastern Mediterranean regions shouldering the largest share of the shortages.

**Safety**

The importance of safety for people giving and receiving care is tied to quality of care. Examples of standard-setting include assistive technology, where the importance of technology users and their carers having access to the most appropriate assistive products and using them safely and effectively is established.[[32]](#footnote-33) Also, the importance of infection prevention and control (IPC) is recognised as a practical, evidence-based approach to ensuring that people that receive care and support and people who provide care and support are not harmed by avoidable infections. IPC is unique in the field of patient safety and quality of care, as it is universally relevant to every health worker and patient, at every health care interaction.[[33]](#footnote-34)

Workplace violence is an urgent issue threatening the safety of health and care workers, who should be protected from all forms of violence, sexual abuse and exploitation, and harassment. Efforts to protect against violence and harassment should be made to 1) create and maintain safe environments free from any form of violence, 2) provide support to workers in reporting violence or harassment and removing them from work situations that present an imminent or serious danger to life, health or safety due to violence or harassment, and 3) to facilitate access of those who experience and report violence or harassment in their work to receive social, psychosocial, medical, legal support, effective remedies and protection from retaliation.[[34]](#footnote-35)

### Ensuring the human rights of people who receive care and support

#### Definitions and scope

WHO emphasizes that all recipients of care and support have the right to be treated with dignity and respect across the life course. The human rights considerations relevant to particular groups, including people with physical disabilities and older people, affirmed in diverse human rights instruments, underpin WHO’s standard-setting, guidance and programming.

#### Key human rights issues

Discrimination in access to health services and care services, physical and mental abuse, legal capacity, inclusion and participation, accountability, quality of care

**Impact of discrimination on access to care**

All forms of stigma and discrimination, including on the basis of age, race/ethnicity, sex, gender identity, sexual orientation, disability and other status, intersect and negatively impact on access to care and support and the fulfilment and respect for human rights.[[35]](#footnote-36) Half the world’s population are not fully covered by essential health and care services.[[36]](#footnote-37) The situation is even worse for persons with disabilities who, compared to persons without disabilities, face premature mortality, poorer health, and limitations in day-to-day functioning. Many of these inequities are not related to an underlying health condition, but are the result of unfair and preventable factors within health and social systems and beyond.

Numerous studies report assumptions about older persons preferences and capabilities and communication with carers, in the long-term care sector, as ageist. Ageism intersects with multiple forms of discrimination including sexism and ableism, and being care dependent is a risk factor for ageism.

Care and support policies, programmes and goals differ for persons with disabilities across age groups in ways that suggest ageism. For example, government expenditures per person have been found to be higher for younger individuals with disabilities than older persons and care options rejected by younger persons (e.g., institutional care) are considered acceptable for older persons. This is particularly problematic if we consider that older people are disproportionately represented in disability populations.[[37]](#footnote-38)

**Abuse**

Individuals who receive care are often vulnerable to physical and mental abuse, which can result from systemic issues, inadequate training, or neglect, leading to severe and lasting harm to their well-being and dignity. Globally 1 in 6 people aged 60 years and older experience abuse in the community every year.[[38]](#footnote-39) Rates in institutions are even higher. Tackling abuse of older persons is a priority during the UN Decade of Healthy Ageing. WHO is working to generate more and better data on prevalence and on risk and protective factors of abuse and to develop and scale up cost–effective solutions.

**Legal Capacity**

One key human rights concern for persons with mental health conditions, psychosocial, intellectual and cognitive disabilities is that they are often denied the right to exercise their legal capacity; that is, the right to make decisions for themselves; including reproductive decision making and bodily autonomy, and to have those decisions respected by others. Instead, decisions are made by others, including persons providing care and support. This encompasses a wide spectrum of decisions, ranging from choices concerning treatment and care, financial matters, and personal affairs, to everyday decisions such as clothing choices, dietary preferences, and daily schedules. It is therefore critical to build capacity among care and support providers to ensure they understand and respect the rights of persons with mental health conditions or psychosocial, intellectual or cognitive disabilities.[[39]](#footnote-40)

**Addressing discrimination and other human rights related barriers in access to health and care services**

The UN Decade of Healthy Ageing framework provides a cross-sectoral human-rights approach to address the complex needs of older persons. Yet challenges persist in providing quality care to older people due to factors such as institutional ageism, environmental barriers, fragmented care delivery, and insufficient attention to caregivers' needs and data disaggregation.

WHO’s [Intersectoral global action plan on epilepsy and other neurological disorders 2022-2031](https://www.who.int/publications/i/item/9789240076624) aims to improve access to treatment and care and quality of life for people with neurological disorders, their carers and families as well as promote brain health across the life-course.[[40]](#footnote-41)

The 2022 Global report on assistive technology (Global Report) estimates 2.5 billion people globally require at least one assistive product and this need is projected to be 3.5 billion by 2050.[[41]](#footnote-42) In both World Health Assembly Resolution 71.8 and the Global Report, person-centred approaches are emphasised, placing the assistive technology user at the forefront in access and decision making. At the same time, the role and engagement of family and caregivers in the selection, use and evaluation of assistive technology is also well recognized.[[42]](#footnote-43)

Data from the Global Report demonstrates that the need for assistive products increases with age, and self-reported need is greater in countries with higher Human Development Indicators in all age groups. Women have a higher prevalence of need than men in most surveyed countries, as there is a tendency that males have greater access, and this observation is greatest in countries with a lower Human Development Index. This has implications for ensuring sufficient access within the context of care and support, in particular considering that many assistive technology users require a number of different products for their full inclusion and participation. [[43]](#footnote-44)

Although there are many benefits[[44]](#footnote-45) associated with assistive technology, out-of-pocket payment for such technology is high, with 46% of people making out of pocket payments (65% when including spectacles) to purchase their assistive product.[[45]](#footnote-46)

In addition to affordability and financing options, barriers to accessing assistive technology include: lack of awareness, limited physical and geographical access to services, inadequate product range, quality, suitability, upkeep, or ongoing maintenance, procurement and delivery challenges, disparity in access to and usage of digital technology, lack of suitably trained personnel, policy failures, access to and transfer of technology.

WHO supporting Member States in strengthening domestic assistive technology programming by developing guidance documents such as the Global Report, WHO Guidelines on provision of wheelchairs (2023), Online Training in Assistive Products’ targeting primary health care personnel and relevant to the care workforce and a [Global Priority Assistive Product List](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/promoting-access).[[46]](#footnote-47) In 2024 WHO will launch a programme focusing on the potential of digital technology to improve access to assistive technology, addressing persistent barriers such as lack of information amongst service users and their family and caregivers, distance to service and supply chain issues.

**Ensuring inclusion and participation in decision making**

Ensuring inclusion and participation in decision-making for those who receive care and support is crucial to respect their autonomy, to enhance quality of care, and to improve overall well-being. The WHO-UNICEF Global Report on children with developmental disabilities[[47]](#footnote-48) provides principles and approaches to include the needs and aspirations of children and young people with developmental disabilities in policy, programming and public health monitoring, in alignment with international human rights conventions. It describes approaches to support and empower caregivers. It makes the case for greater accountability and proposes 10 priority actions to promote inclusive environments and responsive multisectoral care systems for children with developmental disabilities.

The WHO Global Report on Health Equity for persons with disabilities[[48]](#footnote-49) provides ten strategic entry points and 40 targeted actions for disability inclusion in the (health) care and support systems.[[49]](#footnote-50)

WHO has recently issued guidance on how to ensure the diversity of older people’s voices are heard and they are meaningfully engaged in decisions around their care and support and how they want it to be delivered.

**Accountability**

Accountability, achieved through practices like the collection, analysis and use of disaggregated data, is vital as it ensures transparency, helps identify and address inequalities, and enhances the effectiveness of care by tailoring services to the diverse needs of individuals. Other pathways for strengthening accountability include empowerment through monitoring and addressing the concerns of those receiving care about quality of care.[[50]](#footnote-51)

To ensure older people's visibility in policy and accountability frameworks, WHO collaborates with National Statistics Offices and expert groups to develop comprehensive data collection mechanisms. The recent report ‘[Making older persons visible in the sustainable development goals’ monitoring framework and indicators](https://www.who.int/publications/i/item/9789240090248)’ emphasizes the importance of gender and age-disaggregated data in monitoring progress towards sustainable development goals relevant to older individuals. By addressing these challenges and advocating for inclusive policies, WHO aims to improve access to and provision of quality care for older people, thereby enhancing their inclusion and well-being in global agendas.

**Quality of care**

Good quality care improves health outcomes, promotes the dignity and respect of those receiving care, and fosters safety within health, care and support systems. WHO’s QualityRights Initiative is working to support countries to improve the quality of care and promote the human rights of people with mental health conditions, psychosocial, intellectual and cognitive disabilities. Its approach to care and support is rights-based and recovery-oriented. Freedom from coercive interventions, respect for the right to legal capacity, informed consent, and the promotion of choice, participation community inclusion and recovery are at the core of this programme. The initiative has developed a wide range of tools and resources to support countries to build capacity and align their policies, plans, laws and services with international human rights standards including the CRPD (see below).

**Education, training and lifelong learning**

Investing in strengthening the capacities of carers both helps protect the rights of those receiving care as well as promoting the rights to greater valuing and economic opportunities for those providing care. In terms of disability inclusion, integrating modules on disability in the curricula of health and care professionals has long been a topic in the literature and requested by civil society. While there are many examples of disability trainings for health and care workers, there is limited evidence of a systemic integration of training on disability at a national level within the curricula of health workers.

**Examples of good practice**[[51]](#footnote-52)

* Implementing training in disability inclusion for health and care workers in Mongolia
* Sign language training in Kenya

Education and training should sensitize the health and care workforce to the priorities and rights of persons with disabilities, how to recognize the health-care needs of persons with disabilities – both those that are specific to health conditions (e.g. pressure sores among persons with mobility impairments, or preventing diabetes among persons with mental health conditions) and those that arise when accessing mainstream health services, such as the reproductive rights and maternity needs of women with disabilities. Inclusive language and communication are essential for such training.[[52]](#footnote-53)

With respect to assistive technology a key area of concern is the lack of health and care workforce with competency-based education to meet the assistive technology needs of those receiving care safely. There is scope to increase training for caregivers, however the underlying responsibility of selection, fitting and training in use of assistive technology should not rest solely with users or caregivers, requiring in most cases support from those with the appropriate competency to do so. Largely the sector lacks regulation (product, training, competencies), particularly in low- and middle-income countries, resulting in un-safe systems and practices placing people at risk.[[53]](#footnote-54)

### Self-care and human rights

The concept of self-care is linked to several human rights aspects, which emphasize the importance of individuals having the autonomy and resources to maintain their own health and well-being. WHO recommends self-care interventions for every country as a critical path to reaching universal health coverage. It is integral to primary health care (PHC), helping people have more control over their own health; supporting wider health options, and enabling easier access to health services.[[54]](#footnote-55)[[55]](#footnote-56) They include medicines, counselling, diagnostics and/or digital technologies which can be accessed fully or partially outside of formal health services. Depending on the intervention, they can be used with or without the direct supervision of health worker.[[56]](#footnote-57) Self-care interventions enable people to test for and manage diseases, prevent illness, or get information relating to their health. WHO has developed a three-part competency framework to help health and care workers support people’s self-care efforts.[[57]](#footnote-58)

WHO promotes the concept of self-care as an essential element of PHC, including in sexual and reproductive health. Self-care in sexual and reproductive health encompasses a range of topics including contraception, sexually transmitted infection (STI) prevention, and management, as well as aspects of reproductive health, including menstrual health and abortion care. Availability of and access to trained health and care personnel can act as a barrier to safe abortion. WHO has published an updated, consolidated guideline on abortion care, including all WHO recommendations and best practice statements across three domains essential to the provision of abortion care: law and policy, clinical services and service delivery.[[58]](#footnote-59) WHO advocates for universal access to a range of contraceptive methods, emphasizing the importance of informed choice and access to quality services and the right of people to determine the number and spacing of their children.[[59]](#footnote-60)

**Annex 1: Key principles underlying WHO’s work on care and support**

WHO is committed to advancing gender equality and human rights, and also works to develop evidence-based norms, standards and tools for scaling up equitable access to quality care and services within a human rights- and gender-based framework. By integrating a **human rights- and gender-responsive approach** into health policies and programs, WHO aims to promote equity, dignity, and well-being for both caregivers and recipients of care and support. This is exemplified, for example, in the WHO Comprehensive Mental Health Action Plan 2013-2030.[[60]](#footnote-61) The importance of a human rights grounding for timely access to assistive technology in the context of meeting and/or reducing the care and support needs of those receiving care, as well as ensuring the safety and well-being of those providing care is well-established.[[61]](#footnote-62) [This approach recognizes that health is intertwined with broader human rights, and addressing these rights is essential for achieving better health outcomes for all](https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health). [[62]](#footnote-63) One way this approach is translated into implementation is through the 2018 World Health Assembly resolution on assistive technology which highlights its role in enabling inclusion and participation of people with disabilities, older persons and those with health conditions; and identifies improving access to assistive technology as a priority for Member States.[[63]](#footnote-64)

WHO embraces a **life-course approach** aiming “to ensure people’s well-being at all ages by addressing people’s needs, ensuring access to health services, and safeguarding the human right to health throughout their lifetime.”[[64]](#footnote-65) The practical expression and implementation of this approach is found in WHO’s overall strategy and focus on strengthening Primary Health Care.[[65]](#footnote-66) It is of direct relevance to better enabling those receiving care and support and those providing it – through ensuring wherever possible the health care needs (including assistive technology) can be met through the closest health care service.

WHO takes an **intersectional approach** which recognises that people’s lives are shaped by their identities, relationships, and social factors. These combine to create intersecting forms of privilege and oppression depending on a person’s context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism.”[[66]](#footnote-67)

WHO takes an **intersectoral approach** to safeguarding and promoting rights, including those of health and care workers, by ministries of education, finance, social affairs, finance, employment and health, among others.[[67]](#footnote-68)

**Annex 2: Relevant World Health Assembly (WHA) Resolutions and Decisions**

* [WHA Resolution 55.18: Quality of care: patient safety](https://apps.who.int/iris/handle/10665/78535)
* [WHA Resolution 57.11](https://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_REC1-en.pdf) on family and health in the context of the tenth anniversary of the International Year of the Family
* Decision WH70(17) to adopt the [Global action plan on the public health response to dementia 2017–2025 (who.int)](https://www.who.int/publications/i/item/9789241513487)
* WHA Resolution 71.8 [Improving access to assistive technology.](https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf)
* [WHA Resolution 72.5: Antimicrobial resistance](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R5-en.pdf)
* [WHA Resolution 72.6: Global action on patient safety](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R6-en.pdf)
* [WHA Resolution 72.7: Water, sanitation and hygiene in health care facilities](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf)
* [WHA Resolution 73.12 on Decade of Healthy Ageing](https://apps.who.int/iris/handle/10665/355618)
* World Health Assembly Resolution WHA74.14 requesting the development of this global health and care workers compact
* [WHA Resolution 74.8 on the highest attainable standard of health for persons with disabilities](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R8-en.pdf)
* Decision [WHA75(11)](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(11)-en.pdf) to adopt the [Intersectoral global action plan on epilepsy and other neurological disorders (who.int)](https://www.who.int/publications/i/item/9789240076624)
* WHA Resolution 75.17, noting the Global health and care workers compact

**Key WHO Technical Guidance and Reports, including Guidance not mentioned above**

**Assistive Technology**

* WHO and UNICEF [Global Report on Assistive Technology (2022)](https://www.bing.com/ck/a?!&&p=248e07435fe0e493JmltdHM9MTcxMDIwMTYwMCZpZ3VpZD0zZjY2MGM0NS03NWYzLTYxMzItMjNiNi0xZjNhNzQ0MjYwMTAmaW5zaWQ9NTIwMw&ptn=3&ver=2&hsh=3&fclid=3f660c45-75f3-6132-23b6-1f3a74426010&psq=global+report+on+assistive+technology&u=a1aHR0cHM6Ly93d3cud2hvLmludC9wdWJsaWNhdGlvbnMtZGV0YWlsLXJlZGlyZWN0Lzk3ODkyNDAwNDk0NTE&ntb=1)
* [WHO Guidelines on the provision of wheelchairs](https://www.who.int/publications/i/item/9789240074521) (2023)
* WHO [Assistive Technology Data Tool Kit](https://www.who.int/tools/ata-toolkit)
* [WHO Assistive Product Specifications](https://www.who.int/publications/i/item/9789240020283) (2019)
* WHO Manual on Assistive Technology Procurement (2019)
* [WHO Training in Assistive Products (TAP)](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/training-in-products)
* [WHO Priority Assistive Product List](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/promoting-access) (2016)

**Disability**

* [WHO Global Report on Health Equity for Persons with Disabilities (2022)](https://www.who.int/publications/i/item/9789240063600)
* [WHO-ITU global standard for accessibility of telehealth services (2022)](https://www.who.int/publications/i/item/9789240050464)
* [WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule)
* [WHO-World Bank Model Disability Survey (2016)](https://www.who.int/news-room/questions-and-answers/item/model-disability-survey)

**Gender equality**

* [Fair share for health and care: gender and the undervaluation of health and care work (who.int)](https://www.who.int/publications/i/item/9789240082854)

**Health Workforce**

* [Fair share for health and care: gender and the undervaluation of health and care work (who.int)](https://www.who.int/publications/i/item/9789240082854)
* [Global health and care workers compact technical guidance compilation](https://www.who.int/publications/i/item/9789240073852)
* The World Health Report 2006 : Working together for health <https://www.who.int/publications/i/item/9241563176>
* Health workforce terminology (2021). <https://cdn.who.int/media/docs/default-source/health-workforce/hwp/202100608-health-workforce-terminology.pdf>

**Healthy Aging**

* [UN Decade of Healthy Ageing (2021-2030)](https://www.who.int/initiatives/decade-of-healthy-ageing#:~:text=The%20United%20Nations%20Decade%20of,communities%20in%20which%20they%20live.)
* [LTC framework and LTC UHC package](https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-continuum-of-long-term-care)
* [Integrated care for older people](https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope/implementation-pilot-programme)
* [Ageism](https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combatting-ageism)
* [Age-friendly environment](https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments)
* [WHO guide on developing national programmes for age-friendly cities and communities](https://www.who.int/news/item/19-04-2023-who-releases-new-guide-on-developing-national-programmes-for-age-friendly-cities-and-communities)
* [Voice and meaningful engagement of older persons including as relates to care and support](file:///C:/Users/Dell/OneDrive/Documents/WHO%20GER/Care%20and%20support/un-decade-of-healthy-ageing-voice-and-meaningful-engagement-discussion-paper.pdf%20(decadeofhealthyageing.org))
* [Abuse of older people (who.int)](https://www.who.int/health-topics/abuse-of-older-people#tab=tab_1)
* [Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health: report by the Secretariat](https://apps.who.int/iris/handle/10665/252671)

**Maternal, adolescent and child health**

* [Global report on children with developmental disabilities (who.int)](https://www.who.int/publications/i/item/9789240080232)
* [The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016 – 2030](https://www.who.int/publications/i/item/A71-19)
* [Every Newborn Action Plan (ENAP)](https://www.who.int/initiatives/every-newborn-action-plan),
* [Ending Preventable Maternal Mortality](https://cdn.who.int/media/docs/default-source/mca-documents/maternal-nb/ending-preventable-maternal-mortality_epmm_brief-230921.pdf?sfvrsn=f5dcf35e_5) (EPMM),
* [Child Survival Action](https://www.childhealthtaskforce.org/hubs/child-survival-action) (CSA),
* [Global Accelerated Actions for the Health of Adolescents](https://www.who.int/initiatives/global-accelerated-action-for-the-health-of-adolescent)
* [Maternal Newborn and Child Health quality of care network.](https://www.who.int/groups/Quality-of-care-network)
* [Investing in our future: A comprehensive agenda for the health and wellbeing of children and adolescents](https://www.bing.com/ck/a?!&&p=180bf285eb8efe2cJmltdHM9MTcxMzEzOTIwMCZpZ3VpZD0wZTljNDg2Zi1lYWMzLTZjZmQtMjMzNy01YTUxZWVjMzYyNGMmaW5zaWQ9NTE5OA&ptn=3&ver=2&hsh=3&fclid=0e9c486f-eac3-6cfd-2337-5a51eec3624c&psq=Investing+in+our+future%3a+A+comprehensive+agenda+for+the+health+and+wellbeing+of+children+and+adolescents%e2%80%99.&u=a1aHR0cHM6Ly9hcHBzLndoby5pbnQvaXJpcy9oYW5kbGUvMTA2NjUvMzUwMjM5&ntb=1)

**Mental Health and substance use (this includes Brain Health)**

* [World mental health report: Transforming mental health for all](https://www.who.int/publications/i/item/9789240049338)
* [Mental health, human rights and legislation: guidance and practice (who.int)](https://www.who.int/publications/i/item/9789240080737)
* [QualityRights materials for training, guidance and transformation](https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools)
* [QualityRights e-training on mental health, recovery and community inclusion](https://www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qr-e-training)
* [Person-centred recovery planning for mental health and well-being self-help tool](https://www.who.int/publications/i/item/9789241516822)
* [Global status report on the public health response to dementia (who.int)](https://www.who.int/publications/i/item/9789240033245)

**Self-care interventions:**

* [WHO Guideline on self-care interventions for health and well-being, 2022 revision](https://www.who.int/publications-detail-redirect/9789240052192)
* [Classification of self-care interventions for health: a shared language to describe the uses of self-care interventions](https://www.who.int/publications-detail-redirect/9789240039469)
* [Self-care interventions: human papillomavirus (‎HPV)‎ self-sampling as part of cervical cancer screening and treatment, 2022 update](https://www.who.int/publications-detail-redirect/WHO-SRH-23.1)
* [Self-administration of injectable contraception, 2022 update](https://www.who.int/publications-detail-redirect/WHO-SRH-22.2)
* **Self-care competency framework (3 parts):** [Competency standards](https://www.who.int/publications-detail-redirect/9789240077423); [Knowledge guide](https://www.who.int/publications-detail-redirect/9789240077447), geared at health and care workers; [Curriculum guide](https://www.who.int/publications-detail-redirect/9789240077461) for use by those involved in planning and delivering education and training of health and care workers.

**Annex 3: Examples**

**Examples of measures to promote and ensure the rights of caregivers and recipients of care and support**

* Provide training and develop competencies for disability inclusion in the education of all health and care workers
* Ensure the availability of a skilled health and care workforce
* Include persons with disabilities in health and care workforce
* Train all non-medical staff working in the health sector on competencies relating to accessibility and respectful communication
* Guarantee free and informed consent for persons with disabilities and people with mental health conditions and psychosocial conditions

**Examples of WHO programmatic measures to promote and ensure the rights of caregivers and recipients of care and support**

* WHO’s [iSupport](https://www.who.int/teams/mental-health-and-substance-use/treatment-care/isupport) is a self-help skills and training programme for carers of people with dementia that aims to prevent and/or decrease mental and physical health problems associated with caregiving and to improve the quality of life of those caring for people with dementia.[[68]](#footnote-69)
* The Caregiver Skills Training for families of children with developmental delays or disabilities focuses on training the caregiver on how to use every day play and home activities as opportunities for enhanced interaction and participation, development and learning.[[69]](#footnote-70) Delivered by non-specialists
* Through the Global network for age-friendly cities and communities, WHO supports communities to become better places to grow older. Providing care and support is one of the 8 domains of becoming an age-friendly community. Recent guidance shows how National Governments can set up programmes that support local action that includes care and support.[[70]](#footnote-71)

1. WHO Constitution [couv arabe.indd (who.int)](https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1) [↑](#footnote-ref-2)
2. [Human rights (who.int)](https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health) [↑](#footnote-ref-3)
3. WHO Constitution [couv arabe.indd (who.int)](https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1) [↑](#footnote-ref-4)
4. “an individual might simultaneously provide unpaid health or care work in their own home for their family while also participating in paid health or care employment. In some settings, health services might rely on certain services being provided through unpaid health and care work[.” Fair share for health and care: gender and the undervaluation of health and care work.](https://www.who.int/publications/i/item/9789240082854) Geneva: World Health Organization; 2024. (page 4) [↑](#footnote-ref-5)
5. WHO normative guidance on technical areas relevant to care and support referred to in this input is available in Annex 1. [↑](#footnote-ref-6)
6. WHO does not recommend a definition of health and care workers as this is not a separate term, but rather the listing in sequence of the two terms. See WHO (2023). [Health Workforce-related terminology](https://cdn.who.int/media/docs/default-source/health-workforce/hwp/202100608-health-workforce-terminology.pdf?sfvrsn=b5d2808d_3&download=true) and UN Terms: <https://unterm.un.org/unterm2/en/> [↑](#footnote-ref-7)
7. [The World Health Report 2006: Working together for health](https://www.who.int/publications/i/item/9241563176). Please note that the term "health care worker” is ”synonymous with health worker. The preference however is to refer to ‘health worker’ to avoid confusion with ‘care worker’. [Health workforce terms.docx (who.int)](https://cdn.who.int/media/docs/default-source/health-workforce/hwp/202100608-health-workforce-terminology.pdf?sfvrsn=b5d2808d_3&download=true) [↑](#footnote-ref-8)
8. [Health Workforce-related terminology](https://cdn.who.int/media/docs/default-source/health-workforce/hwp/202100608-health-workforce-terminology.pdf?sfvrsn=b5d2808d_3&download=true) This term comprises two International Labour Organization ISCO occupational groups: Health care assistants (ISCO08 code: 5321) and Home-based personal care workers (ISCO08 code: 5322). This term is adapted from: [https://www.who.int/hrh/stati stics/Health\_wo rkers\_classificat ion.pdf](https://www.who.int/hrh/stati%20stics/Health_wo%20rkers_classificat%20ion.pdf) Original source: https://www.ilo .org/public/engl ish/bureau/stat /isco/isco08/ [↑](#footnote-ref-9)
9. [Global report on health equity for persons with disabilities (who.int)](https://www.who.int/publications/i/item/9789240063600) [↑](#footnote-ref-10)
10. See table 4 and Box 15 on the processes for disability assessment, determination, and eligibility in the context of social protection). [Global report on health equity for persons with disabilities (who.int)](https://www.who.int/publications/i/item/9789240063600) [↑](#footnote-ref-11)
11. The gender pay gap in the health and care sector a global analysis in the time of COVID-19. Geneva, World Health Organization. July 2022 <https://www.who.int/publications/i/item/9789240052895> [↑](#footnote-ref-12)
12. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854). Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [↑](#footnote-ref-13)
13. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854). [↑](#footnote-ref-14)
14. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854) See pages 64 and 65 for details. [↑](#footnote-ref-15)
15. [Rhead, R. D., Chui, Z., et al. (2020). Impact of workplace discrimination and harassment among National Health Service staff working in London trusts: results from the TIDES study. BJPsych open, 7(1), e10. 10.1192/bjo.2020.137](https://doi.org/10.1192%2Fbjo.2020.137) and Nunez-Smith, M., Pilgrim, et al. (2009). Health care workplace discrimination and physician turnover. Journal of the National Medical Association, 101(12), 1274–1282. [10.1016/s0027-9684(15)31139-1](https://doi.org/10.1016%2Fs0027-9684(15)31139-1) [↑](#footnote-ref-16)
16. [Global health and care workers compact (who.int)](https://www.who.int/publications/i/item/9789240073852) [↑](#footnote-ref-17)
17. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854) [↑](#footnote-ref-18)
18. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854) [↑](#footnote-ref-19)
19. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854) [↑](#footnote-ref-20)
20. <https://www.oecd-ilibrary.org/sites/a3436c8e-en/index.html?itemId=/content/component/a3436c8e-en> [↑](#footnote-ref-21)
21. [Fair share for health and care: gender and the undervaluation of health and care work](https://www.who.int/publications/i/item/9789240082854) [↑](#footnote-ref-22)
22. [Global action plan on the public health response to dementia 2017-2025](https://www.who.int/publications/i/item/9789241513487) [↑](#footnote-ref-23)
23. [Global status report on the public health response to dementia (who.int)](https://www.who.int/publications/i/item/9789240033245) [↑](#footnote-ref-24)
24. [Global status report on the public health response to dementia (who.int)](https://www.who.int/publications/i/item/9789240033245) [↑](#footnote-ref-25)
25. [UN Decade of Healthy Ageing (2021-2030)](https://www.who.int/initiatives/decade-of-healthy-ageing#:~:text=The%20United%20Nations%20Decade%20of,communities%20in%20which%20they%20live.) [↑](#footnote-ref-26)
26. [LTC framework and LTC UHC package](https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-continuum-of-long-term-care) [↑](#footnote-ref-27)
27. [Global health and care workers compact (who.int)](https://www.who.int/publications/i/item/9789240073852) as confirmed in WHA75.17 Resolution on [Human resources for health](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R17-en.pdf). [↑](#footnote-ref-28)
28. Within the four domains, the Compact sets out ten areas of focus include preventing harm from occupational hazards, from violence and harassment and during situations of fragility, conflict and violence; providing support through fair and equitable compensation, social protection, enabling work environments, occupational health services and mental health resources; inclusivity through equal treatment and non-discrimination; and safeguarding rights to unionize and collective bargaining, and whistleblower protection and freedom from retaliation [↑](#footnote-ref-29)
29. The Compact advances WHA 74.1 Resolution on “[Protecting, safeguarding and investing in the health and care workforce,”](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF6-en.pdf) is a succinct technical document of recommendations drawn from an extensive survey of international laws, treaties and policy instruments linked to supporting and protecting health and care workers [↑](#footnote-ref-30)
30. World Health Professions Alliance. [Stand up for Positive Practice Environments](https://www.whpa.org/activities/positive-practice-environments). [↑](#footnote-ref-31)
31. [Global Strategy on Human Resources for Health: workforce 2030](https://www.who.int/publications/i/item/9789241511131),  [↑](#footnote-ref-32)
32. WHA 71.8 Resolution on [improving access to assistive technology](https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf)  urges Member States “to ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively (paragraph 1(3))” [↑](#footnote-ref-33)
33. [Infection prevention and control GLOBAL (who.int)](https://www.who.int/health-topics/infection-prevention-and-control#tab=tab_1) [↑](#footnote-ref-34)
34. [Global health and care workers compact (who.int)](https://www.who.int/publications/i/item/9789240073852) [↑](#footnote-ref-35)
35. [Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities (who.int)](https://www.who.int/publications/i/item/9789240057104); [WHO and TDR, Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers. Geneva: World Health Organization; 2020.](https://apps.who.int/iris/bitstream/handle/10665/334355/9789240008458-eng.pdf?sequence=1&isAllowed=y) [↑](#footnote-ref-36)
36. [Tracking universal health coverage 2023 global monitoring report (who.int)](https://www.who.int/publications-detail-redirect/9789240080379) [↑](#footnote-ref-37)
37. Evidence from the global report on ageism [9789240016866-eng.pdf (who.int)](https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1) [↑](#footnote-ref-38)
38. [Abuse of older people (who.int)](https://www.who.int/health-topics/abuse-of-older-people#tab=tab_1) [↑](#footnote-ref-39)
39. [Mental health, human rights and legislation: guidance and practice (who.int)](https://www.who.int/publications/i/item/9789240080737) [↑](#footnote-ref-40)
40. [Intersectoral global action plan on epilepsy and other neurological disorders (who.int)](https://www.who.int/publications/i/item/9789240076624) [↑](#footnote-ref-41)
41. WHO and UNICEF (2022) [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology) [↑](#footnote-ref-42)
42. WHO and UNICEF (2022), [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology) pages 15, 45, 55 [↑](#footnote-ref-43)
43. WHO and UNICEF (2022) [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology), pages 9 [↑](#footnote-ref-44)
44. As assistive produces increase functional ability, they help caregivers reduce the time, levels of assistance and energy needed for caregiving. They also reduce anxiety and fear, task difficulty and safety risks (particularly for activities requiring physical assistance, e.g. dressing, transferring, toileting and general mobility). Ideally, increased independence, reduced caregiver burden and lower (social) costs go hand in hand. WHO and UNICEF (2022) [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology), page 13. [↑](#footnote-ref-45)
45. WHO and UNICEF (2022) [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology), pages 34 [↑](#footnote-ref-46)
46. [Training in Assistive Products](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/training-in-products) (2022) and [Global Priority Assistive Product List](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/promoting-access) (2016) [↑](#footnote-ref-47)
47. [Global report on children with developmental disabilities (who.int)](https://www.who.int/publications/i/item/9789240080232) [↑](#footnote-ref-48)
48. [Global report on health equity for persons with disabilities (who.int)](https://www.who.int/publications/i/item/9789240063600) [↑](#footnote-ref-49)
49. Each strategic entry point starts with a brief description followed by a summary of the available evidence on disability inclusion within each area (including indicators for monitoring and evaluation). The policy and programmatic measures proposed are concrete and applicable to all countries and aim to promote and ensure the rights of both caregivers (i.e., formal health care providers and informal caregivers) and recipient of (health) care and support (i.e., persons with disabilities). The report also includes examples of good practices from countries for each entry point. [↑](#footnote-ref-50)
50. [WHO global strategy on integrated people-centred health services 2016-2026 Executive Summary](https://iris.who.int/bitstream/handle/10665/180984/WHO_HIS_SDS_2015.20_eng.pdf) [↑](#footnote-ref-51)
51. [WHO Global Report on Health Equity for Persons with Disabilities](https://www.who.int/publications/i/item/9789240063600)  See page 218 for Implementing training in disability inclusion for health and care workers in Mongolia and see page 219 for Sign language training in Kenya. [↑](#footnote-ref-52)
52. [WHO Global Report on Health Equity for Persons with Disabilities](https://www.who.int/publications/i/item/9789240063600)  The Global Report includes examples of good practice and innovative initiatives from a diversity of contexts and perspectives. [↑](#footnote-ref-53)
53. WHO and UNICEF (2022) [Global report on assistive technology](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/assistive-technology/global-report-on-assistive-technology), pages 71-75 [↑](#footnote-ref-54)
54. ﷟ Primary health care (who.int) [↑](#footnote-ref-55)
55. [WHO guideline on self-care interventions for health and well-being, 2022 revision;](https://www.who.int/publications/i/item/9789240052192)  [↑](#footnote-ref-56)
56. [Self-care interventions for health (who.int)](https://www.who.int/health-topics/self-care#tab=tab_1) [↑](#footnote-ref-57)
57. [Health and care workers have a critical role in supporting self-care (who.int)](https://www.who.int/news/item/24-07-2023-health-workers-have-a-critical-role-in-supporting-self-care) [↑](#footnote-ref-58)
58. [Abortion care guideline (who.int)](https://www.who.int/publications/i/item/9789240039483) [↑](#footnote-ref-59)
59. [Family planning/contraception methods (who.int)](https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception) [↑](#footnote-ref-60)
60. One objective of the updated [Comprehensive Mental Health Action Plan 2013-2030 (who.int)](https://www.who.int/publications/i/item/9789240031029) is the provision of comprehensive, integrated mental health and social care services in community-based settings. The Plan establishes clear actions for Member States, the WHO Secretariat and international, regional and national partners to put in place services, policies, legislation, plans, strategies and programmes to protect, promote and respect the rights of persons with mental health conditions in line with the UN Convention on the Rights of Persons with Disabilities and other relevant international human rights instruments. [↑](#footnote-ref-61)
61. Global report on assistive technology (2022), pages 9,13 [↑](#footnote-ref-62)
62. [Human rights (who.int)](https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health) Access to assistive technology is recognized as a human right in the Conventions on the Rights of Persons with Disabilities and Rights of the Child. [↑](#footnote-ref-63)
63. WHA71.8 [↑](#footnote-ref-64)
64. [Our work: life course (who.int)](https://www.who.int/our-work/life-course) [↑](#footnote-ref-65)
65. [Primary health care (who.int)](https://www.who.int/health-topics/primary-health-care#tab=tab_1) [↑](#footnote-ref-66)
66. UN Partnership on Rights of Persons with Disabilities and UN Women, Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind. 2022. [↑](#footnote-ref-67)
67. [14084\_HiAP Manual Final for Web (who.int)](https://iris.who.int/bitstream/handle/10665/151788/9789241507981_eng.pdf) [↑](#footnote-ref-68)
68. iSupport provides carers with a basic understanding of what dementia is and how to respond to common challenges of caregiving. It is being adapted by over 50 countries and translated into 37 languages. [↑](#footnote-ref-69)
69. It was adapted and implemented in more than 35 countries. An eLearning Caregivers Skills Training Course is available for caregivers of children with developmental delas or disabilities to access directly. [↑](#footnote-ref-70)
70. [WHO guide on developing national programmes for age-friendly cities and communities](https://www.who.int/news/item/19-04-2023-who-releases-new-guide-on-developing-national-programmes-for-age-friendly-cities-and-communities) [↑](#footnote-ref-71)