

Oral constituency statement for WHA 77

Agenda item: 17. Draft fourteenth general programme of work

NSAs coordinating: Humatem, International Federation of Medical and Biological Engineering

NSAs joining:

- International Federation of Hospital Engineering
- International Organization of Medical Physics
- World Association of Societies of Pathology and Laboratory Medicine
- World Federation of Nuclear Medicine and Biology
- International Society of Radiographers and Radiological Technologists
- World Federation of Neurosurgical Societies

Honorable Chair, Distinguished Delegates,

The Covid-19 pandemic has shed light on the insufficient, inequitable access to medical devices worldwide. However, the shortage of workforce dedicated to managing medical devices, has not received as much attention. And yet, clinical and biomedical engineers, biomedical technicians, and medical physicists undertake a wide range of crucial activities in support of the users of medical devices in the healthcare team: physicians, nurses, surgeons, dentists, medical biologists and laboratory technicians, obstetricians and midwives, anaesthetists and anaesthesiologists, radiologists, radiographers and radiological technologists, etc. Their prerogatives encompass: selection, planning, procurement, training for safe use, maintenance, and decommissioning of medical devices and in vitro diagnostics. The draft 14th General Program of Work now recognizes the contribution of medical devices alongside other health products as essential inputs to strengthen healthcare systems' capacities. However, the key role that these highly specialized technical support professions play in promoting resilience, providing high quality care and protecting the safety of patients and health providers, has yet to be given greater emphasis, in particular in low-resource healthcare settings. Otherwise, the consequence is a considerable waste of scarce high-value medical devices, an appalling impact on healthcare quality and, consequently, too many patients not being given the best possible care.

We, non-state actors in official relations with WHO, point out that the health professions we represent or advocate for keep struggling to grow in many countries, primarily due to a lack of specialized initial and life-long training programmes and insufficient recognition from the health community. In addition, maintenance personnel often face issues while carrying out their tasks as a result of their limited number, limited access to resource documents, but also inadequate adoption of WHO guidelines by decision-makers. They frequently must cope with a lack of funding of the operating costs linked to consumables, reagents or spare parts which hinders the sustainability of the initial investments in medical equipment. Additionally, deficiencies in technical and logistical resources in terms of specialized premises, tools, testers, or structured local supply chains further exacerbate these durability issues.

We are committed to collaborating with WHO to improve the availability, efficiency, and sustainability of medical equipment, and promote health technology management, especially in low- and middle-income countries. Therefore, as part of the implementation of GPW14, we call upon Member States to support the development of clinical and biomedical engineers, biomedical technicians, and medical physicists, both within WHO in order to build a stronger Organization, and within Member states by mobilizing resources including financial ones, to increase staffing, training, regulations, and means, to help them fulfil their missions in the service of health and well-being for all.