

Project summary | Cluster 3

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1. Background

The AT2030 programme tests ‘what works’ to improve access to Assistive Technology (AT) and is investing £20 million over five years to support solutions with a focus on innovative products, new service models, and global capacity support. The programme is funded by UK aid and led by the Global Disability Innovation Hub (GDI Hub). Under *Cluster 3*, the Clinton Health Access Initiative (CHAI) partnered with country governments to identify opportunities to drive AT availability and affordability.

2. Objectives of the project

CHAI’s work was organized around three objectives:

- 1) **Research and market tools:** deepen research and analysis on specific AT and identify early opportunities to accelerate access to specific products; develop a market-shaping plan to sustainably increase access to high quality, low-cost priority assistive products; and develop market shaping tools and opportunistically engage with suppliers.
- 2) **Pilots:** pilot testing of market interventions through engagement with specific countries and opportunities. These are countries that have prioritized AT and have a plan for increasing access.
- 3) **Country Capacity Assessments:** support the World Health Organization (WHO) in developing a tool for use in country capacity assessment (CCA) and implement this in seven countries to improve a country's understanding of current AT landscape and support program design.

3. Impact

To date, through CHAI’s work nearly **100,000 people directly benefited** from the programme, either through delivery of AT or capacity building, and nearly **55 million persons with disabilities** were impacted by new national AT policies or action plans. To achieve this impact and outcomes, CHAI delivered **50 outputs** across the three objectives (see Annex for details).

4. Key Achievements

Under AT2030, CHAI has demonstrated how market shaping can drive better access to AT. Key achievements include (see Annex for more details):

- **Improving transparency to direct investments in AT:** There is limited comprehensive data and information on the market barriers to access AT in low-and middle-income countries (LMICs). As a result, structural issues are not tackled in a coordinated manner. Under AT2030, CHAI developed global market reports – referred to as *Product Narratives* – for five priority assistive products: wheelchairs, hearing aids, prostheses, spectacles, and personal digital devices. Through a combination of global- and country-level analysis, these reports identified key barriers and proposed a pathway to address those. CHAI also authored a report on clubfoot with the goal of better aligning the work of global stakeholder for better integration and mainstreaming of clubfoot in public health systems.
- **Catalyzing change through assessing and building in-country public sector capacity for AT:** In most countries, the provision of AT has been fragmented with a lack of collaboration between stakeholders involved, such as ministries and NGOs. Under AT2030, CHAI helped establish a concerted effort and strengthen government leadership. In Indonesia and Kenya, CHAI worked with governments to conduct a situational analysis, which laid the basis for the CCAs. In several countries that completed CCAs, CHAI then partnered with governments on the rapid implementation of recommendations from

the CCA, accelerating new AT policies and creating a foundation for systems strengthening. For example, Malawi developed a National Medical Rehabilitation Policy in a record time of 14 months.

- **Ensuring more efficient and sustainable AT provision:** the delivery of AT services has not been well integrated into existing government systems. In Liberia, CHAI partnered with EYEliance to test a government-led and systematic approach for scaling up provision of spectacles, integrated with health and education systems. This approach embeds this service in existing structures for staff training and school health programs. In South Africa, CHAI partnered with provincial departments of health to set up a new model for cheaper and more efficient provision of spectacles in the public sector. This included a ‘hub and spoke’ delivery model which reduced the cost of custom-made spectacles by 50% to less than GBP 10. CHAI also developed and deployed a new app-based mobile ordering system.
- **Unlocking government financing for AT:** AT provision has traditionally been un(der)funded by LMIC governments, making most products and services unaffordable to many. Using actual, available data on the needs and costs, CHAI worked with governments to motivate for additional budgets. For example, the government in South Africa ringfenced ~GBP 1.2 million for spectacle provision, ensuring the continuation of the program. In Ethiopia, ~GBP 720,000 was allocated by the government for the renovation of the National Rehabilitation Center in Addis Adaba.
- **Creating tools to replicate ‘what works’:** Few publications and implementation tools exist that discuss practical approaches to successfully build government capacity. Under AT2030, CHAI documented learnings for replication by other partners. CHAI has worked with GDI Hub and the WHO to finalize the AT-Assessment Capacity tool and a suite of supportive resources, which was published by the WHO in November 2020. CHAI also developed costing tools, for instance on spectacles, hearing aids and prostheses, to help policy makers make evidence-based decisions for investing in AT. CHAI also developed case studies that document the processes and lessons learned from the pilot testing of market interventions.

5. Key Lessons Learned

Through the implementation of the program, the following lessons were learned:

1) **Strengthening government’s understanding and capacity on AT provides a pathway for increasing AT demand in a more sustainable manner.**

There is strong evidence for a link between disability and poverty in LMICs. For most persons with disabilities in these countries, even the most basic AT can be unaffordable. Persons with disabilities currently receive support from NGOs, often in the form of donated products, but reach is limited. If AT provision is integrated with government systems, more people could potentially benefit in a more sustainable manner. However, LMIC governments lack awareness about (the importance of) AT, and ministries do not have the capacity to develop and enact policy. AT2030 has demonstrated that investments in initiatives that assess and build government capacity, leadership and coordination provide a pathway to fast-track action and tackle key barriers. This work has led to better coordination of stakeholders but also to initiatives that improve data on AT and new policy that supports the integration of AT in supply chains and financing. Altogether, these efforts contribute to a shift from an NGO-led provision to a government-led provision of AT.

2) **Tackling information asymmetries on AT markets is key for increasing availability and affordability of several AT.**

Information about AT markets in LMICs is scarce and highly fragmented. This makes it challenging for many stakeholders to make informed decisions. For example, donors and investors often do not know

what the most critical market access gaps are and how to address these. Buyers are not familiar with optimal products; and innovators and the private sector lack market information to commercialize their solutions. The *Product Narratives* - the first market reports ever developed for selected products - are already being used by innovators, donors, and NGOs to guide their work. AT2030 has thereby demonstrated that increasing visibility contributes to a more coherent and concerted effort for making AT more available and affordable. The product narratives also point to other information gaps, such as limited visibility into demand estimations, financing for AT, and product innovation pipelines.

3) Shaping AT markets will require a sustained investment in building infrastructure, validating innovations, and strengthening eco-systems.

The need for AT in LMICs is rapidly growing. Yet infrastructure is lacking to meet this growing need and to ensure that people receive the appropriate product. Across AT, innovation will be critical to make provision simpler and cheaper. For instance, technologies that support task-shifting can overcome staff shortages and new delivery platforms should be explored to increase availability. However, even the most promising solutions can be hampered for scale up by regulatory hurdles, a lack of local evidence that supports adoption in country's policies and programmes, a lack of visibility on the demand, limited financing, and the lack of trained personnel. AT2030 has demonstrated that many innovative context-appropriate solutions are being developed across AT, but the use is most often very limited. A twin-track approach of harnessing and stimulating innovation should be paired with eco-system support that, in partnership with key stakeholders such as government, can accelerate local adoption and scale up.

4) Partnerships can accelerate promising initiatives and create efficiencies.

Increasing access to AT remains underfunded and the need for investment is diverse. A fragmented approach, where donors and implementing partners do not coordinate work, often only addresses a sub-set of the access barriers, limited chances for success at scale. It has also slowed down the replication of proven implementation models. AT2030 has demonstrated that new partnership in this sector can be an efficient way to accelerate '*What works*'. For example, the partnership between GDI Hub, WHO and CHAI has enabled to advance the AT-Assessment Capacity tool. As a result, many countries are now implementing actions plans, and other partners, such as UNICEF, have already adopted this model to support work in new countries.

6. Next Steps with Project Partners

AT2030 has catalyzed momentum for AT around the world. The foundations have been laid for driving availability, affordability, and government capacity. To ensure that these efforts continue and to reach millions of people with life-saving AT by 2030, the following opportunities exist to build on the successes of AT2030 for future work:

- **Systems:** Work with governments, UN agencies and civil society to strengthen capacity for AT provision. This includes sustaining support for CCAs, expanding the work started under the [Country Investment Fund](#) and strengthening AT data efforts.
- **Markets:** Work with innovators, private sector, investors, donors, and technical partners to support solutions that can make provision simpler and cheaper. This includes stimulating AT innovation (e.g., through accelerators), creating an eco-system that accelerates adoption and integration of promising solutions and maintaining market visibility.
- **Advocacy:** Work with global stakeholders to support efforts for mainstreaming AT, such as working on eliminating impairment due to clubfoot.

ANNEX 1 – Outputs summary

CHAI delivered **50 outputs** across the three project objectives.

Objective	Outputs
Research and market tools	<ul style="list-style-type: none"> • 11 strategic tools including market scoping reports that improved visibility in the sector and costing and assessment tools on the delivery of AT that strengthened government’s leadership and capacity for providing AT. • 2 influencing papers that will inform the market shaping efforts in the AT space going forward.
Pilots	<ul style="list-style-type: none"> • 6 new products or service delivery models in Ethiopia, Indonesia, Liberia, and South Africa that proved successful in accelerating AT access and have the potential to scale. • 10 new national AT policies in Ethiopia, Indonesia, Kenya, Liberia, and Malawi, aiming to address the gaps highlighted in the country assessments and that will accelerate access to AT in the country. • 13 case studies that documented the processes and lessons learned of the market interventions pilot testing.
Country Capacity Assessments	<ul style="list-style-type: none"> • 8 country AT assessments that were instrumental in raising policy makers’ awareness on the need for and the importance of AT, as well as the current country gaps in AT provision.

ANNEX 2 – Detailed outputs (including hyperlinks to publications)

Objective	Country	Type	Outputs
Research and market tools	Global	Influencing paper (x2)	<ul style="list-style-type: none"> • 1 Paper for the 2019 GReAT consultation • 1 CCA summary report with learnings
		Strategic tool (x11)	<ul style="list-style-type: none"> • 5 Product Narratives for priority products eyeglasses, hearing aids, prostheses, wheelchairs and digital devices • 1 Market Landscape on Clubfoot • 1 Prosthetics Costing Tool • 1 ATA-C Tool & Instruction Manual in partnership with WHO • 1 Assessment Tool for Wheelchair/ Rehabilitation services • 1 Costing Tool on Hub & Spoke spectacles delivery • 1 Hearing Aids Delivery Costing Model
Pilots	Global	Case study (x7)	<ul style="list-style-type: none"> • 1 Case study on the development of the Product Narratives • 6 Case studies on promising innovations for the AT Impact Fund
	Ethiopia	Local policy (x4)	<ul style="list-style-type: none"> • 1 Terms of reference for the AT Technical Working Group • 1 National Assistive Priority List (42 products) and associated specifications • 1 National Rehabilitation and AT Services Management Guideline • 1 National Rehabilitation and AT Services Strategy for 2021-2026
		Product/ service delivery (x1)	<ul style="list-style-type: none"> • Upgrading the Addis Ababa Prosthetic and Orthotic Center into a National Comprehensive Rehabilitation Center
		Case study (x1)	<ul style="list-style-type: none"> • New policy for improved provision of assistive technology in Ethiopia
	Indonesia	Local policy (x2)	<ul style="list-style-type: none"> • 1 Terms of reference for the AT Technical Working Group • 1 Guideline of AT Provision for local governments (<i>developed, not yet launched</i>)
		Product/ service delivery (x1)	<ul style="list-style-type: none"> • Prototypes of 4 paediatric wheelchairs for local manufacturing
		Case study (x1)	<ul style="list-style-type: none"> • 1 Case study: A unified approach to fund and provide AT services in Indonesia

	Kenya	Local policy (x2)	<ul style="list-style-type: none"> • 1 National Strategy for Scaling Rehabilitative Services and Increase Access to AT • 1 Disability Medical Assessment & Categorization Guidelines
		Case study (x1)	<ul style="list-style-type: none"> • 1 Case study: Scaling rehabilitative services and increasing access to AT in Kenya
	Liberia	Local policy (x1)	<ul style="list-style-type: none"> • 1 Terms of reference for the AT Technical Working Group
		Product/ service delivery (x1)	<ul style="list-style-type: none"> • Tested a government-led approach for scaling up vision screening and provisioning of spectacles in schools, in partnership with EYEliance
		Case study (x1)	<ul style="list-style-type: none"> • 1 Case study: A new scalable model to deliver School Eye Health
	Malawi	Local policy (x1)	<ul style="list-style-type: none"> • 1 National Medical Rehabilitation Policy
		Case study (x1)	<ul style="list-style-type: none"> • 1 Case study: Improving the lives of persons with disabilities in Malawi through the first ever National Medical Rehabilitation Policy
	South Africa	Product/ service delivery (x3)	<ul style="list-style-type: none"> • Tested a ‘hub & spoke’ model for spectacles delivery • Tested an integrated school health approach for hearing and vision screening • Developed and tested a mobile ordering system for spectacles
		Case study (x1)	<ul style="list-style-type: none"> • 1 Case study: Access to life changing spectacles for millions. A new vision for KwaZulu Natal, South Africa.
	Country Capacity Assessments	Ethiopia Liberia Malawi Nigeria Rwanda Sierra Leone Uganda Indonesia	Country assessment (x8)