



Introduction to Assistive Technology Capacity (ATA-C) Assessment



GATE Global Cooperation on
Assistive Technology



USAID
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What is assistive technology and who benefits from it



What is assistive technology?

Assistive technology (AT) is an umbrella term covering assistive products and the systems and services related to its delivery.

Assistive products (AP) maintain and/or improve an individual's functioning and independence, thereby promoting health and well-being. Examples include hearing aids, wheelchairs, spectacles, pill organizers, incontinence products and augmentative communication devices.

Assistive technology supports **six (6)** functional domains



Vision



Hearing



Mobility



Communication



Cognition



Environment and self-care

<https://www.who.int/news-room/fact-sheets/detail/assistive-technology>



Everyone can benefit from using AT

Appropriate AT meet user needs and environmental conditions; is fitted properly, safe and durable; is available in the country and can be easily obtained, through quality service provision at the most affordable price.

The people who most need AT include:

- Older people
- People with disabling health conditions
- People with noncommunicable diseases
- People with mental health conditions
- People with gradual functional decline



AT are often the first step towards:

- Getting out of bed and out of one's house
- Accessing education and employment
- Escaping from poverty and hunger
- Greater mobility, freedom and independence
- Inclusion and participation
- Leading a dignified life



Global need and barriers to access



The gap...

1 billion people today are in need, but only 1 in 10 have access

- **200 million** people with low vision do not have access to AT
- **75 million** in need of wheelchairs, yet only 5-15% have access
- **466 million** experience hearing loss, only 10% of need is met

...of those who gain access, abandonment rate of assistive products could be **as high as 75%**

By 2050, 2 billion people will be in need



Barriers in supply of and demand for AT limit availability and affordability

Supply of assistive products and services

- Fragmented, uncoordinated, ad-hoc procurement
- Complex distribution and logistics
- Absence of standards and guidelines
- Weak service delivery system
- Lack of appropriately trained workforce
- Non user-centric innovation

Demand for assistive products and services

- Lack of awareness about need for AT
- Lack of awareness about benefits of AT
- Stigma
- Inadequate funding to cover costs
- Restrictive policies that inhibit individual right to access AT
- Abandonment due to inappropriate products and services

Together, these have created a cycle of low supply, low demand, poor quality and high prices for AT, especially in low-resourced settings.



These barriers manifest themselves through a number of ways in the AT sector

Policy

- Few countries have national AT policies or programmes.
- AT sector is fragmented. There could be a lack of coordination between ministries and overlap of responsibilities.
- Limited understanding of AT need, which hinders ability to make decisions (for instance, # of personnel to train, # of AT to procure, # of service provision sites to establish).
- Lack of centralized information systems tracking AT need, procurement and provision activities in the public and private sectors.
- Limited financial coverage for AT, leading to high out-of-pocket payments.
- Lack of appropriate standards and guidelines to ensure AT quality and safety.
- When financial coverage exists, the eligibility criteria is often for registered people with a disability, disregarding those who do not have a registered status, older people, and people living with chronic conditions.



Products

Procurement and supply of AT can be fragmented between ministries and between the public and private sectors with little information sharing.

Personnel

There is a lack of appropriately trained personnel, which might result in inappropriate service provision and product abandonment.

Provision

Service provision is often concentrated at large national or sub-national hospitals (for instance, national rehabilitation center). Where appropriate AT service provision exists, it is often stand-alone and fragmented.

People

Users often lack information/awareness on the benefits of AT and feel stigma when accessing AT, lowering demand.

Additional consideration: In countries where there is a lack of AT procurement and provision by governments, charities and private sector (for and not-for-profit) dominate the AT market.



A lack of access to AT has significant consequences:

Isolation and exclusion from education, work, family, and community life.

Poorer health outcomes including premature death, deteriorating mental health, chronic health conditions, and secondary health complications.

Increased costs and lower incomes, leading to higher risks of poverty and unrealized economic potential by the individual in need of AT, their carers, and national economies.



Global efforts to increase access



Access to AT is a fundamental human right,

The Convention on the Rights of Persons with Disabilities is a legally binding instrument that mandates countries to ensure affordable access to AT in order to realize all human rights and fundamental freedoms of people with disabilities.

Convention on the Rights of Persons with Disabilities. New York: United Nations; 2006
(<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>)

and is key to advancing the Sustainable Development Goals (SDGs).

Access to appropriate AT enables those in need to lead productive, dignified, and inclusive lives. AT plays a key role in achieving every SDGs.

Tebbutt E et al. Assistive products and the Sustainable Development Goals (SDGs). Global Health. 2016;12(1):79. doi: [10.1186/s12992-016-0220-6](https://doi.org/10.1186/s12992-016-0220-6)



WHO's role in supporting countries



World Health Assembly resolution on assistive technology

SEVENTY-FIRST WORLD HEALTH ASSEMBLY

Agenda item 12.5

WHA71.8

26 May 2018

Improving access to assistive technology



2. REQUESTS the Director-General:

(2) to **provide the necessary technical and capacity-building support for Member States**, aligned with national priorities, in the **development of national assistive technology policies and programmes**, including procurement and financing, regulation, training for health and social services, appropriate service delivery, and inclusive barrier-free environments;

https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf



Assistive technology at World Health Organization (WHO)

The AT team at WHO has one aim:

To improve access to lifechanging AT for everyone, everywhere.

The AT team improves access by using the 5P framework to strengthen the AT system.

The team collaborates across departments within WHO, such as:

- Disability and Rehabilitation
- Prevention of Blindness and Deafness Program
- Ageing and Life-Course
- Non-communicable diseases



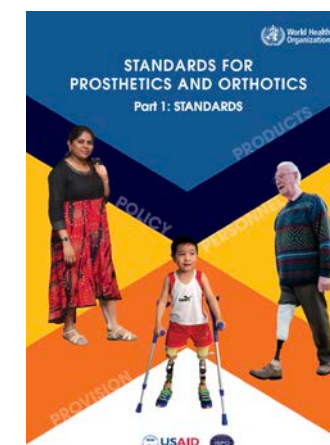
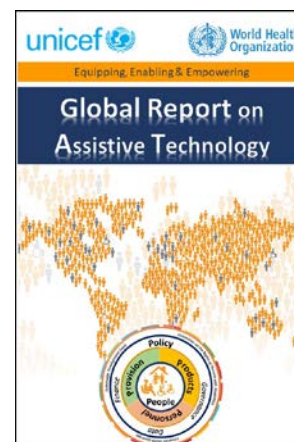
The 5P framework: people-centered, policy, product, personnel, provision

https://www.who.int/health-topics/assistive-technology#tab=tab_1

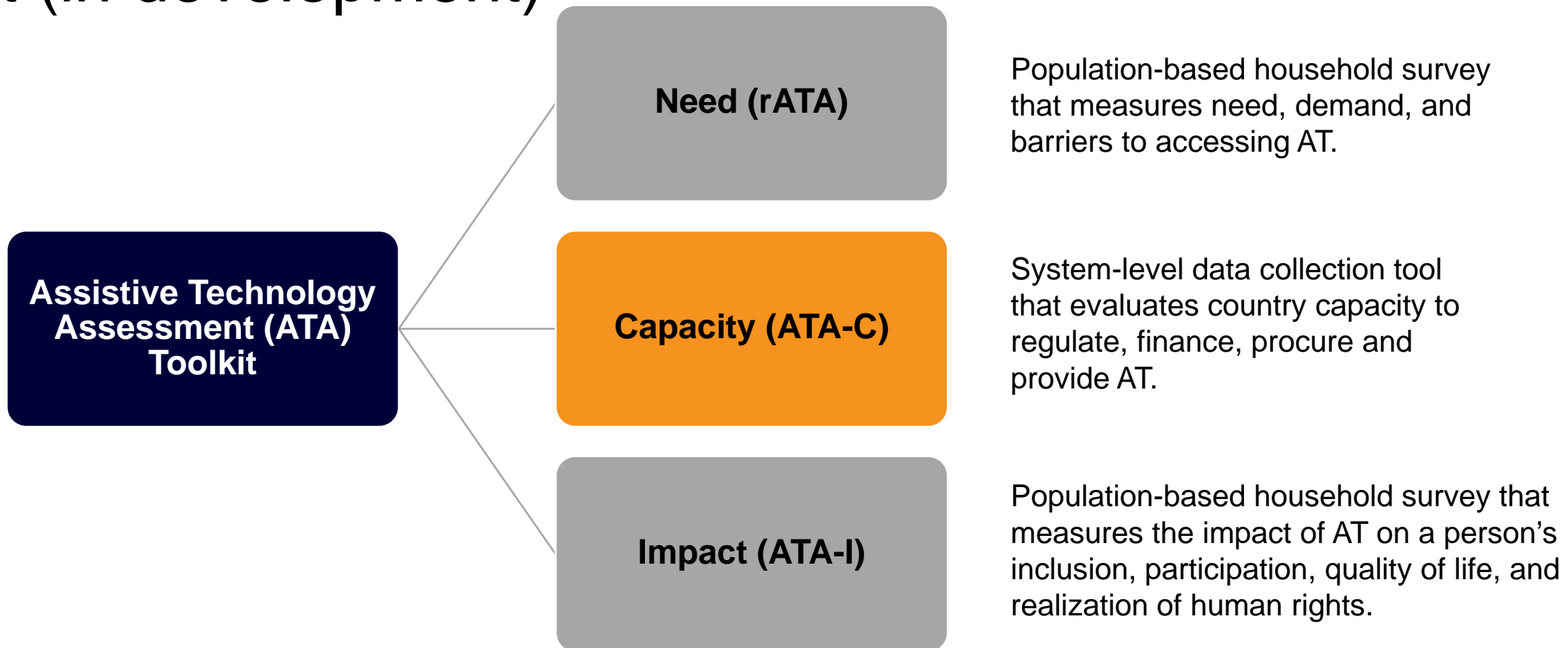


The AT team's work

Policy	Product	Provision	Personnel	Cross-cutting
Priority assistive product list Assistive technology assessment toolkit	Standards for prosthetics and orthotics Assistive product specifications Assistive product procurement manual	Single-window service delivery system	Wheelchair service delivery training package Training of assistive products (TAP)	Global report on effective access to AT AT in humanitarian response AT and rehabilitation for non-communicable diseases



WHO Assistive Technology Assessment (ATA) Toolkit (in development)



First steps in improving access to AT often include:

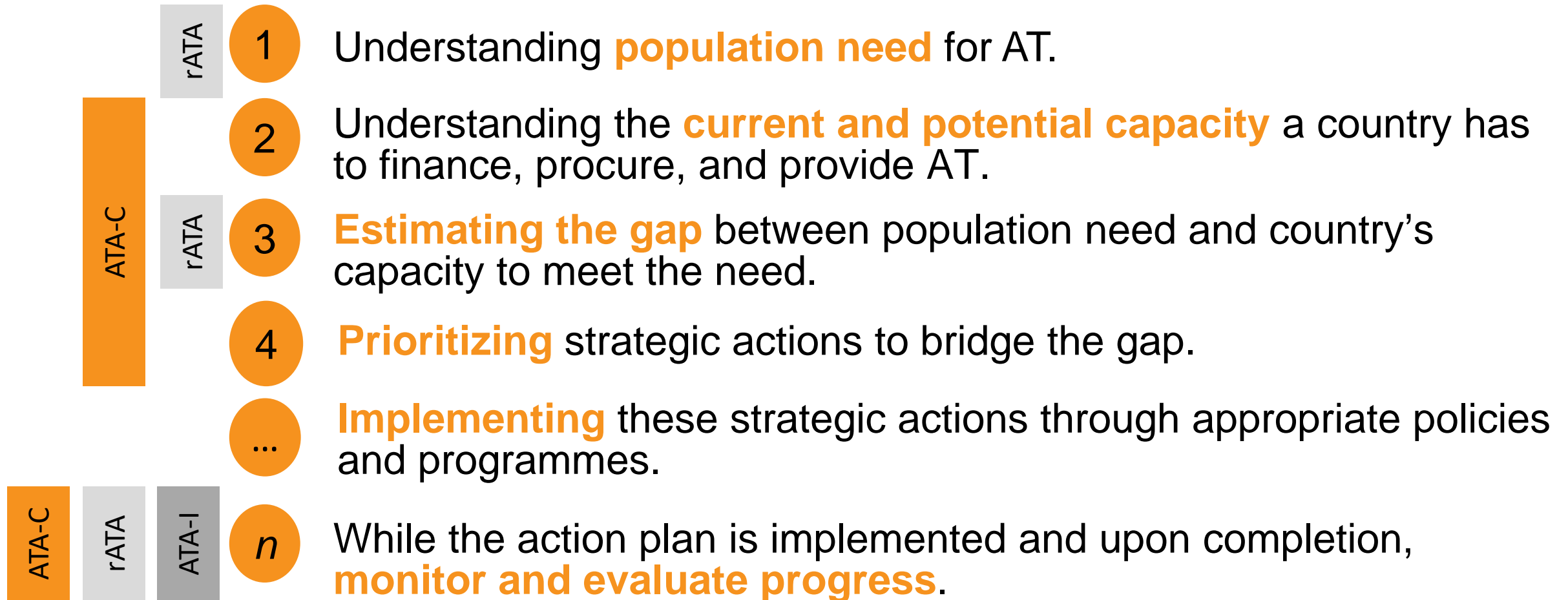


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What is the ATA-C



Assistive technology capacity assessment (ATA-C)

ATA-C is a high-level assessment on country capacity to regulate, finance, procure and provide AT to meet population need.

It evaluates six areas:

1. **Stakeholder** – Identify stakeholders, understand their roles and activities
2. **Policy** – Capture existing AT policies & financing schemes
3. **Product** – Map availability, quality assurance mechanisms, procurement & supply processes
4. **Personnel** – Understand the training, availability & distribution of the workforce
5. **Provision** – Map provision capacity and service delivery processes
6. **People** – Identify potential need for AT and understand AT user experiences



Purpose of ATA-C



What ATA-C aims to achieve

Mission: To understand the current AT situation, foster collaboration and increase investments to improve access in a consistent, comparable manner.

Purpose	Output
Awareness raising To provide initial information about the current AT situation.	ATA-C report Written findings that can inform decision making and programme implementation.
Policy and programme design To identify key gaps and opportunities in the AT sector that informs decision-making when designing policies, strategic actions and programmes.	Stakeholder workshop(s) Build relationships, share and validate findings, and discuss next steps.
Monitoring and evaluation To monitor and evaluate the AT situation over time.	

The ATA-C is designed to be implemented by an experienced team, in partnership with government ministries (MoH) as it is key to sustaining efforts to improve access.



How to implement the ATA-C



Main steps of the ATA-C implementation process

Step 0: Read the ATA-C instruction manual in detail

Step 1: Preparation	Step 2: Data collection	Step 3: Consolidate and analyse	Step 4: Report	Step 5: Build consensus and plan next steps
<p>Identify the implementation team.</p> <p>Determine objectives, scope and resources.</p> <p>Map stakeholders.</p> <p>Develop a stakeholder engagement plan and schedule interviews.</p> <p>Adapt the model questionnaires.</p> <p>Conduct desktop research.</p>	<p>Field test questionnaires and make adjustments.</p> <p>Interview stakeholders.</p> <p>Address missing information.</p>	<p>Consolidate data.</p> <p>Analyse data.</p> <p>Identify trends, gaps and opportunities.</p>	<p>Develop draft report.</p>	<p>Hold stakeholder workshops to validate findings and develop joint action plan.</p>



If you would like support from WHO to implement ATA-C

- Express your interest in assessing AT capacity with technical support from WHO
- WHO HQ/RO/CO provide support in identifying implementation team and/or collaborating with relevant government bodies
- WHO HQ/RO/CO and/or partner organizations provide in-person or distant training for implementation team (including an in-country kickoff/orientation meeting, if needed)
- The team implements ATA-C with ongoing technical **[and financial]** support from WHO HQ/RO/CO and partner organizations.

HQ = Headquarters.

RO = Regional office.

CO = Country office.



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Mapping stakeholders and developing an engagement plan



Mapping stakeholders

It is important to ensure comprehensive representation from all stakeholder **types** (e.g. government, not-for-profit, for-profit), all **roles** (e.g. procurement, service provision, AT user) and **across all six functional domains** (see slide 4).

Step: 1

Review section 1.3 of ATA-C instruction manual for key considerations and example stakeholder types and roles.

Step: 2

Use the 'stakeholder tab' of the model data consolidation form to do an initial mapping of key stakeholders.

Step: 3

Group identified stakeholders together based on similar roles (e.g. policymaker, procurer, service provider, distributor/seller, AT user)



Exercise: mapping stakeholders

1. Stakeholders

Relevant stakeholder(s) in the country's AT sector <i>Please record stakeholder's name</i>	Administrative level stakeholder(s) is responsible for <i>Please indicate national, provincial/state, district, community or</i>	Area(s) of AT stakeholder focus <i>Please indicate all relevant functional domains .</i>	Stakeholder roles	
			<i>Please explain specific type of role (e.g. procurement)</i>	<i>Please describe their roles</i>
Government stakeholder				
Nongovernmental non-profit stakeholder				
Nongovernmental for-profit stakeholder				
UN agencies				
AT user/AT user association				



Developing a stakeholder engagement plan

A detailed document listing all stakeholders, method to engage, duration and frequency of engagement, and key considerations for each stakeholder.

Exercise: developing engagement plan

Stakeholder name	Introduction sheet	Introductory meeting	Interview format	Interview date & time	Stakeholder workshop(s)	Key considerations
<i>e.g. Director of ageing at MoH</i>	<i>e.g. sent on Jul 25 2020</i>	<i>e.g. scheduled for Aug 05 2020 @ 10am</i>	<i>e.g. video conference</i>	<i>e.g. Aug 10 2020 @ 3pm</i>	<i>e.g. invited</i>	<i>e.g. visually impaired, department recently switched to MoH from MoSP</i>



The model questionnaires and how to adapt it



Types of model questionnaires and who it is for

Model questionnaire #	Stakeholder roles	Types of stakeholders
1	All stakeholders	All stakeholders
2	AT policy makers and programme managers	Government ministries, NGOs and/or international agencies involved in AT policy making and programme management, financing, and procurement.
3	AT distributors, sellers and providers	Non-governmental entities (non-profit and for-profit) distributing, selling and/or providing AT.
4	AT users and AT user group associations	AT users and managers of AT user groups, older person's associations, organizations representing people with noncommunicable diseases/chronic conditions.

*Different types of stakeholders may have more than one role or only have a partial role. We encourage you to adapt the model questionnaire to fit these variations.



How to adapt the model questionnaires

1. Refer to your stakeholder engagement plan and determine the primary role of each listed stakeholder (for example, are they a policy-maker; is their main role to procure or provide AT?). Group similar stakeholders together.



2. Identify which questionnaire applies to each stakeholder. You can use the same questionnaires for stakeholders with similar roles.



3. Go through each questionnaire and select the questions to suit each stakeholder, reword them as necessary and remove those that are not needed.



Adaptation examples



Examples of how to adapt model questionnaires

Scenarios	Example of how to adapt questionnaires
A ministry department procures and finances assistive products.	Use all of Q1 and Q2, and use questions 1 and 3-12 in Q3.
A ministry department is involved in regulating assistive product service provision but does not finance assistive products.	Use all of Q1, questions 1-2 in Q2 and questions 19-21 in Q3. Rephrase question 11 in Q3 to read, "Are there any formal referral mechanism(s) between services (health and another) that provide assistive products?"
A large retail chain sells pre-programmed hearing aids across the country.	Use all of Q1, questions 13-25 in Q2 and questions 2-7 in Q3.



Examples of how to adapt model questionnaires

Scenarios	Example of how to adapt questionnaires
A second-hand shop that does not have formal registration, is well frequented because it sells spectacles at a low price.	Use all of Q1, questions 19, 20, 25 and 26 in Q2, and questions 1-8 in Q3. Rephrase question 19 in Q2 to read, “Who are your major suppliers?” Rephrase question 25 in Q2 to read, “What information is used to determine the amount of stock (spectacles) to have in your shop?”
An international non-profit organization provides wheelchairs and related services across the country.	Use all of Q1, questions 1, 2 and 9-20 in Q3.
There are a number of subnational older people’s associations.	Use all of Q1 and Q4 in focus group interviews.





Thank you!