Transcript
Disability Innovation Live; Country Capacity Assessments

Thursday 18th Novemeber 2020

*Note – some of the housekeeping and webinar format information has been removed. Small edits have been made to maximise the quality and flow of the transcript. Full transcripts are available on request.

Introduction – Speaker 1: Louise Gebbett

Welcome to Disability Innovation Live, I can see that we're getting lots of you joining from all over the world so it's fantastic to have you here. In the session today we're going to be looking at the Country Capacity Assessments, looking at supporting country governments to address AT access.

Disability Innovation Live is run by the Global Disability Innovation Hub, and it's really an opportunity for us to share some knowledge, expertise and experience in disability innovation, not just from us but also our global partners and friends around the world of disability innovation. We really look at the stories behind the innovations and the people behind the products - it's a bit of an informal space to share ideas and reflections but also to get somefeedback from you all and hear about the different work you're doing globally in the area.

So just a little bit about the Global Disability Innovation Hub - we are a research and practice centre driving disability innovation for a fairer world. We were born out of theLondon 2012 Paralympic legacy, and we are both a Community Interest Company and also a Research Centre at

UCL. We are currently working in 33 countries, and we are looking to reach 15 million people by 2022.

So we have got a brilliant panel of global experts joining us today, we have Vicki, who is the CEO and founder of the GDI Hub, we have Emma and Maria from the WHO, who I will leave to introduce themselves in a bit more detail when they do their presentations - and we have also got Maggie and Eshetu from CHAI. Joining them is Mr Abas and we are also going to be hearing from Julian from the Development Planning Unit at UCL. I will leave all the speakers to just go into a bit more detail and introduce themselves during their individual sessions, so I will first of all hand across to Vicki just to tell us a little bit more about some of our work in this area and about the Country Capacity Assessments.

Speaker 2: Vicki Austin

VICKI: Thanks very much, Louise. Welcome everyone, it's great to see colleagues from all of the different organisations that we have worked with on this project. And I also know we have got Luke Bostian who did the research for us lurking in the audience too, so thanks very much for joining us.

For those of you that don't know, and if you're a follower of Disability Innovation Live you probably do right now - AT2030 is our flagship programme on Assistive Technology, we know that we need to address the huge global need to access assistive technology which Emma will tell you more about. AT2030 is here to test what works in improving access to life-changing assistive technology. It's here to take risks, sometimes to fail, and often to find new ways of doing things that help us address this need.

It's a £20 million investment by UK Aid over five years which we at GDI and with our partners are match funding, so it's a £40 million project, and we will reach 9 million people directly and 6 million people indirectly, we have already reached around 4 million people so we are doing well so far but there's a long way to go.

It's focused on testing community, system and innovation-led drivers for change. And this project, developing tools for governments mainly, to address access to assistive technology, is very much in the systems support space.

The Country Capacity Assessments have been developed from an original WHO tool, they have been enhanced in terms of usability, user engagement and refine data with lots of input as you will hear - their aim is to aid decision-makers to make better planning decisions for AT provision in countries, along with gathering additional supplementary information, and they go alongside a suite of other tools including the r-ATA which I'm sure Emma will mention.

We have trialed this tool in seven countries in Africa, as well as Mongolia and Indonesia and work is currently ongoing in Vietnam, Bolivia and Dominican Republic. Our aim is (now the tool has been tested in countries, as Emma will tell you) is that it will be available for other countries to use, and it should improve access to assistive technology around the world. So without further ado I am looking forward to hearing from our speakers and thanks again to our funder.

Speaker 1: Louise Gebbett

Fantastic, thank you Vicki, just before we hand across to hear more from the World Health Organisation from Emma and Maria about their involvement and the wider implications of the project we just wanted to ask everybody what country they are connecting from, so if you are joining us as an audience member, please pop in the chat box or the Q&A where abouts you're joining us from, we know we have had people register from amazingly 70 countries around the world so it would be brilliant to hear a bit about where you are, just so we can talk maybe more specifically about your areas as well. At that point, I will hand across to Emma who is going to introduce herself and tell you a bit more about the WHO.

Speaker 3: Emma Tebbutt

Thanks Louise. Hi everybody, it's a real pleasure to be here today and finally reach this milestone where we're launching our tools and telling you about the work so far. I work in the WHO Assistive Technology Team in Geneva. And I'm based there.

I want to kick off by just talking about why are these CCAs important and on this slide you can see a graphic highlighting that only one in ten people have access to the AT they need, so a statistic we're all very familiar with.

And I think there are three key barriers to access which the CCAs particularly address, and those are: low awareness, lack of prioritisation by governments, and fragmentation. And that fragmentation is across stakeholders, policy, services, supply, across the board.

So the main tool, as Vicki said, to collect the data for the CCAs was the WHO's new assistive technology capacity assessment tool or ATA-C, and the tool was really developed and refined through the experience of all these Country Capacity Assessments, Vicki mentioned the countries that were funded through the AT2030 programme, and there were also some additional assessments led by WHO in Iraq and Bahrain and Tajikistan which informed the development.

We have worked in collaboration with CHAI who have really played a core role in developing the tool and the process. So this slide gives a brief overview of the areas covered by the tool. So it looks at existing policy on AT and relevant financing schemes, product availability, quality assurance mechanisms, procurement and supply processes. Existing AT services, workforce and any relevant education and training in the country. And then understanding the experience of people, the people who use, who need AT, in accessing those systems and services, as well as understanding the need in the population by using existing data, if there's no capacity to do a specific activity on data collection.

We're really pleased to be launching a portal today, where the tool and supporting documents can be accessed. The portal is going to be managed by WHO so that we can play a role in facilitating co-ordination in countries. And also will be a platform to share learning and for discussion and support.

The ATA-C is one of three tools in the new WHO toolkit and this slide shows a graphic of those three tools. So in addition to the ATA-C we also have the r-ATA or rapid assistive technology assessment tool which is a household survey to collect data on need and unmet need in the population. And Julian used that and will talk about that in a moment. And WHO will be publishing a paper version of that tool shortly. And then lastly the ATA Impact which is in development and will be available at the end of next year, and will be a short set of questions to measure impact of AT for any type of AT user, with any type of product, across a number of areas such as inclusion and participation. And that's still being scoped at the moment.

I would like to hand over to Maria, who is going to talk about Bolivia a little bit, and how they are already discovering how the process of implementing ATA-C is addressing fragmentation and raising awareness.

Speaker 4: Maria L. Toro-Hernandez

Thank you to GDI Hub for the opportunity to share our ongoing experience with ATA-C in Bolivia but before I share this brief experience we would like to learn a little bit more about you, so we are going to launch a poll right now with the question: what is the focus of your work or interest in assistive technology? And we ask you to select as many as you like from vision, hearing, mobility, communication, cognition and self-care. So please share a little bit more about yourself.

Speaker 1: Louise Gebbett

I just wanted to give you a summary of some of the areas you're joining from today which is incredible, we have people from Liberia, Israel, the US, India, Switzerland, Malaysia, France, Melbourne, Zimbabwe, Thailand, and many more coming through as well, so it's absolutely fantastic to have so many of you join from all over the world and have such a vast array of expertise as well.

Speaker 4: Maria L. Toro-Hernandez

Thank you. Can you share the poll results with all of us, Louise, please?

Speaker 1: Louise Gebbett

Absolutely, you should be able to see them on your screen now.

Speaker 4: Maria L. Toro-Hernandez

Yes, so we have - the majority of the people that are connected today are interested or have experience on mobility, followed by communication, then cognition and vision, and then self-care, and we didn't receive any responses related to experience with hearing. So thank you everyone it is great to see the diversity of the group.

OK, so Bolivia, a country in South America, is currently implemented the ATA-C, our implementation team is comprised by professionals from the disability unit at the Ministry of Health with technical assistance from the PanAmerican Health Organization and also the World Health Organisation. It is important to know that this assessment has been done mostly virtually, as a consequence of the current global pandemic.

So during the ATA-C, the first phase is the planning phase. In this phase, what we do is to conduct a stakeholder mapping. Followed by the interviews with those stakeholders that we identify. In our experience in Bolivia, the immediate reaction to the stakeholders mapping was that the main stakeholders in the country were those related only to self-care assistive products and from the programmes related to the Ministry of

Health, specifically to the disability unit, which are rehab centres and of course they have therapists associated with their programmes.

So the slide shows the mobility and self-care products in a circle surrounded by the disability unit, the rehab centres and the therapists around it.

So with the use of the ATA-C, the implementation team has been able to reflect on the national assistive technology landscape by identifying key public and private stakeholders and also individual key leaders that are enabling us to understand what is the current capacity in the country, to be able to regulate finance, procure and provide assistive technology.

So what we're seeing in the slide right now is that as a result of using the ATA-C, now we are seeing a new circle intersected with what I just mentioned before about mobility and self-care, and now we're seeing and analysing additional stakeholders related to vision, hearing, cognition and communication. And these are surrounded by additional stakeholders, the ones that I mentioned before, so now we are identifying important stakeholders outside of the Ministry of Health but within other ministries, and also identifying other professionals that are outside of the traditional rehabilitation professions and of course we are engaging with users of assistive technology and organisations of persons with disabilities.

So in the slide we see that there are a lot of bubbles that intersect and the purpose of depicting it in this way is that we currently are identifying co-ordination and collaboration, and also identifying potential opportunities for collaboration and co-ordination.

So with this very brief story about Bolivia, we just want to share that only with the planning stage of the ATA-C we have been able to identify two key things. First, we have been able to increase the awareness with the implementation team that assistive technology involves many things, including policy, financing, products and the procurement, and also

provision and of course the personnel but that in response to the need that the country has.

And second, it has become evident in this first implementation phase that there is a significant fragmentation in the country for the assistive technology sector. And we also wanted to share with you that the stakeholder mapping has required significant research, a lot of engagement activity, and a lot of use of referral from stakeholders to others to be able to identify the key people in the country. And last, because of this, it has required significantly more time than initially planned, because of factors related to, for example, having to contact the stakeholders and engaging them. As I mentioned at the beginning, this is an ongoing country assessment so we are working hard to finalise it as soon as possible and to have the report to be able to facilitate the decision-making of the country to continue to increase and enhance their assistive technology sector. So I am happy to answer any questions in the chat box, and I hand it over to you, Louise, thank you.

Speaker 1: Louise Gebbett

Thank you very much for that, Maria and I think what's really interesting there, and I think you really showcased it in the graph, were the various stakeholders and how they interconnect and the role of fragmentation. It's something that comes across quite clearly across in quite a lot of countries in the Country Capacity Assessments in general - the complication of all the different elements and all the different stakeholders involved in these processes and actually, the difference it can make with these stakeholders linking up and working together more thoroughly. And also really interesting just to hear about Bolivia particularly, at the very earliest stages of putting together the Country Capacity Assessment.

So I will now hand across to our colleague, Maggie, from CHAI, who will introduce some of the wider team that have been working on some of the Country Capacity Assessments across Africa.

Speaker 5: Maggie Savage

Great, thank you, Louise. As previously mentioned, CHAI has supported governments in seven African countries which is Ethiopia, Liberia, Malawi, Nigeria and Sierra Leoneand Uganda to carry out Country Capacity Assessments using the ATA-C tool, we did this from September 2019 to February 2020.

The CCA has been instrumental in raising policymakers' awareness of the need for and importance of AT as well as the current challenges and gaps in AT provision in the country. Furthermore, it's solidified government commitments to increasing access to AT. Across all the different countries we really saw some common themes regarding both those gaps as well as some of the prioritised actions that came out of it, kind of appear across all of the different assessments that were completed, and while they might vary, some of the common themes that we saw included improving data and information systems, setting up leadership and co-ordination structures, developing national strategies or plans, identifying sustainable financing mechanisms, developing national assistive product lists supported by standards or specifications to guide procurement, and improving human resource capacity and developing comprehensive service delivery guidelines. All different things kind of to fill those gaps and challenges that were identified through the assessment.

Today I'm really excited to introduce two of my colleagues that participated and led this work in Ethiopia, Mr Abas Hassen Yesuf from the medical service directorate at the Ministry of Health of Ethiopia, he is the director there, and really is an incredible champion for increasing access to assistive technology in Ethiopia, as well as Eshetu Bekele Tadesse, who is a member of the CHAI Ethiopia team, and they are going to speak about the CCA process and the momentum that it has created in Ethiopia for improving access to medical rehabilitation and AT in the country, so with that I turn it over to Eshetu and Abas.

Speaker 6: Eshetu Bekele Tadesse

OK, thank you, Maggie, thank you, everyone. First of all, I would like to appreciate the organiser of this session, so that we can present our work in this platform. I am going to present - I am also excited to present the one-year work of CHAI with the Ministry of Health of Ethiopia, because we started assessment work back to one year.

As you can see from the slide, the planning phase, there was training on the assistive technology capacity tool from WHO tool, but since it is developed for a wider country, it should be modified, so what we did, after we take the orientation from WHO people, we tried to customise the tool to fit the context of Ethiopia, for example to state some of the context, the address and administrative layers of the questionnaire, the questionnaire was not fit for us, to including that one and also there were some of the points which would be modified, so we modified the tool, in collaboration with the Ministry of Health.

So especially the formation of the national technical working group, stakeholders working in assistive technology related and rehabilitation service were established by Minister ofHealth, to state some of the members of these national technical working groups, Ethiopian organisations and also the college were members of the working group. In the assessment phase, we tried to train people on the tool and we collected data, both qualitative and quantitative data.

Once we have collected that one, there was analysis of the reports and we presented that one for stakeholders, so stakeholders working in assistive technology in Ethiopia, I can say all of them were represented on that stakeholder workshop. So we presented the findings of the assessment for them, so good comments or supplement from stakeholders were also provided. So we accommodated that one, we finalised the report.

Here I am going to present the key findings from the assessment. There were not any national or law administrative level data capture

mechanism or reporting mechanism in place for assistive technology services in Ethiopia, even there is no single assistive technology indicator included in national HMIs, this is a big finding in line with data related assessment we conducted.

The other one was in line with the stakeholders, there is not any robust mechanism for co-ordination and networking among stakeholders working in Ethiopia, there are a lot of stakeholders working here and there, but there was not any mechanism to co-ordinate that one.

The other major finding we found is that Ethiopia is currently having piloting in exercising a community-based health insurance system and social health insurance schemes mechanism, but assistive technology was not included in this financing system. So this was also one of the findings we got from the assessment.In line with the product and procurement system of the assessment we did, AT products were not included in the national essential medical equipment or device list, as you may expect, any country or Ethiopia to procure and/or to report any devices or products, that product or device should be listed in the national essential medical list, but assistive technology products were not there.

The other one was the regulatory body which control the standard and product specification, does not have any standard or specification for any of the AT products. So the current procurement of AT products was, the majority of them, by non-governmental organisation working in assistive technology, in more scattered way, so the development on procurement products is very minimal, (for AT) in line with the human resource aspect of the assessment, there was not any national data management system that captured the human resource data for AT.

Both the educational and care structure needs improvement to motivate and keep professional working on AT. These were some of the findings from the assessment. The other was, you know, except for hearing impairment and physical rehabilitation service, there was not any formal

guide or national policy, so this was also one of the findings from our assessment.

So after we did the assessment, there was - based on the stakeholder meeting, Ministry of Health, after we submitted the finding from the assessment, Ministry of Health tried to categorise gaps which should be solved by short-term, mid-term and long-term, I hope that Mr Abas will also supplement and will add to what I am going to tell you now, when I give him a chance, so in December 2019, the MoH established, as I said previously, a national working group was established, this national working group was ultimately given responsibility to follow the implementation of the gaps identified by Country Capacity Assessments.

So based on that, in the short term, we identified with national technical group, we identified activity to be done. And in the mid-term, and in the longer term, so for example, in the shorter term, we have started and we finalised developing on assistive product list, as I said previously, assistive product list were not included in essential medical and equipment list in Ethiopia, so with the national working group and with Ministry, we developed assistive product list, to start with, we take the WHO 50 priority list for low and middle income countries and we adopted that one.

Finally we come up with 41 assistive product list, we leave 10 of them, the criteria to leave is that some of the product is not - maybe because of the technology, maybe because of their cost, or maybe because of the types of disability to be served, we omitted ten of them and we included even a new one, based on the discussion we had, so currently Ethiopia developed assistive product lists, a list of 41 assistive product list, after we developed one we started developing a product specification for this product list so that – to smooth and to solve any specification in the regulatory related services, so we developed a product specification also in this development of product specification, we gather expertise from different categories, from people with disabilities, organisations of people with disabilities, the national working group team, biomedical engineers, because thisis a product so it needs

some technical specification for some of - almost I can say for all of the products, so we bring all these people and we come up with this one.

So currently, our next step is that Ministry now is developing a strategy and operational plan, a one-year operational plan, and a five-year strategic plan which will be aligned with the HSTP-II of the country, so currently we are in HSTP-II. The other one is strengthening partnership, currently we are working with the medical college so we are partnering with that one and we are working closely with them.

Improving data, there is some started data from the services so we are trying to adopt and to make it a national data management system for AT service so we are working that one and maybe before I give a chance for Abas, I want to borrow one of his words, working in CCA, in Country Capacity Assessment on AT, he said in one of our meetings, this is an eye-opener for Ethiopia, because even though the tasks were done here, it was not organised and it was not in a systematised way but the tool helped us to focus where and when, so after saying this one, maybe I will give Abas to reflect

Speaker 7: Abas Hassen Yesuf

Thank you, Eshetu, unfortunately my internet is not working so I am using my laptop, so first of all, I would like to thank you for organising thismeeting. I hope most of the things that we have accomplished in the previous one year, as already presented by Eshetu, I hope I can add some points on his presentation.

So as already Eshetu mentioned previously, we didn't have any evidence on the national assistive technology capacity, so this national capacity assessment has helped Ethiopia to know where is the gap on the provision of the assistive technology products, at a national level. So as previously mentioned, we have assessed the leadership, and the governance, the service provision, the development, the financial support, the information management system, at national level.

So based on the findings, we had so many gaps, based on these gaps, we have already developed some interventions to improve the national assistive technology, access and quality within five years. Now we are under development of the - under the national health centre transformation plan, so as a Ministry, we have tried to include the assistive technology service of the national strategy, five-year strategy plan, so that's based on this plan, and also based on the finding of the national capacity assessment.

There were major gaps were on leadership and governance, so to improve the leadership and governance part, we have already established a team at the national level, as already mentioned and also we have prepared the national rehabilitation and assistive technology management guideline, I hope it will improve all the operational system of the assistive technology product, accessibility and quality, and also now we have already prepared assistive technology list which was the most challenging part to procure and supply the assistive technology product at a national level, previously we didn't have any national list, so the national pharmaceutical supply agency was the most difficult to procure and to forecastvthe most important assistive technologies.

So now we try to incorporate the assistive technologies as part of the national procurement product list. In the third part, previously, there was not any impact, we had some procurement and forecasting system, especially with the support of ICRC but previously we didn't have any system to identify the needs of the rehabilitation centres and other hospitals who also are providing assistive technology or rehabilitation service, in general, so in this year, some of those we tried to forecast and underline the assistive product as part of the list.

Concerning the resource previously, we had curriculum just for diploma, at diplomalevel. Now with the support of human resource development directorate in the Ministry, now we are redesigning the curriculum, now we are trying to teach degree in prosthetics profession so we are on development of that curriculum and also we are trying to incorporate the

career structure or career development programme in the prosthetics service.

As previously there was a huge gap in budgeting or allocating budget for the rehabilitation centres, and assistive products so now we are discussing with the regional health and regional administrators to improve the budget allocation for procuring and re-allocating human resources for the centres.

Speaker 1: Louise Gebbett

Sorry, Mr Abas, we are just losing your connection a little bit there, so if you maybe just want to do a quick final summary and then we will moveon to the next panelist.

Speaker 7: Abas Hassen Yesuf

OK, I am going to finish. Concerning the information management system, in fact, we had a problem with the reporting and also ... evaluation programmes ... product provision, in general, in the information service management so we have tried to develop the national reporting format for the physical rehabilitation centres to co-ordinate the facilities and to analyse and utilise ideas for decision-makers. So as a national, we have tried to incorporate key indicators as part of the national health sector transformational plan, so the next time we will revise the national information management system, in that system we will try to incorporate some of the assistive technology major indicators as part of the national information management system. Thank you so much.

Speaker 1: Louise Gebbett

Thank you so much for that, it's really interesting and fascinating to hear a bit more in-depth around what has been happening in Ethiopia and I think some of the key elements that came through that was the value of being able to customise the tool, about the stakeholders and the

importance and the involvement through workshops, about the importance of data and that seems to be something that has come across quite a lot on the questions we're receiving as well - about how countries begin when they have no data, and how they can begin that process to.

But also about some of the procurement challenges you mentioned. It's brilliant to hear how this has kind of kick started so many other activities in Ethiopia, and all the work that you're doing, so that's excellent. I will now hand across to Julian who is just going to introduce himself and tell us a bit more about informal markets.

Speaker 8: Julian Walker

Hello, thanks everyone, very happy to be here, my name is Julian Walker, from the development planning unit at University College London and I am just going to talk quickly about two parallel studies we did on informal markets for assistive technologies, so these two studies were in parallel to the main CCAs that you have just been hearing about, and one was in Indonesia and the other was in Sierra Leone, and the purpose is to look at informal markets for assistive technologies by which we meant where people were accessing their assistive technologies through businesses or markets or institutions which are not regulated as businesses or AT providers.

So an example, you can see in the photo here is one of our research participants from Freetown in Sierra Leone who is one of the leaders of a community of people who have had polio, who are mainly wheelchair users, and almost all of them have accessed their wheelchairs from the second-hand market in the city. If we can move to the next slide, so what are the main findings we had from the two studies, using the r-ATA tool, the rapid assistive technology appraisal tool that Emma previously talked about, was that actually informal markets for people in low-income communities was the primary way in which they were accessing assistive technologies.

So we did a survey in two low income urban settlements in each city, so four altogether, two in the city of Banjurmas in Indonesia and two in Freetown in Sierra Leone with about 4,000 respondents altogether and they revealed a high access to AT through informal markets, so actually if you look at the two graphics, the dark blue colour is access to AT through informal markets as compared to, for example, government programmes or NGOs or formal private businesses.

So in the respondents in Indonesia, this was 65% of the ATs were accessed through informal markets and in Sierra Leone, around 30%. Just to be clear, this wasn't the same for all and actually the majority of these were spectacles so other ones were less likely, for example hearing aids. It's also worth stressing that formal provision and informal markets are strongly linked, so for example, in Sierra Leone, even the national rehabilitation centre, which is a formal Ministry of Health institution, were accessing some of their AT through the informal second-hand markets, whereas, for example, in Indonesia, some of the informal providers, for example opticians, would work in a formal optician's practice but also work informally on the side, so there are linkages between the two markets.

If we can move to the next slide, so thinking about this, thinking about informal markets as largely unregulated AT providers, I think our normal instinct would be to see informal markets as a problem, but in fact, our research showed that they had a number of weaknesses, but also a number of strengths which were quite important, particularly for AT users.

So the key strength we can see is accessibility. Particularly for people on low incomes, actually what we see is this is how many poor people are able to get access to AT at low cost, but another thing that people stressed was speed. So actually often, to get AT through the formal providers, through, for example, the health system, is often a very long process, particularly for people who have to get this in a subsidised way and getting them through informal markets makes it much faster.

We often saw many examples of customisation so actually through informal markets, people are able to customise and adapt their AT to their own specific needs in ways which aren't possible through the formal providers. Another interesting strength is that many of the informal AT providers we looked at are led by disabled people, so actually they are able to bring in their own inputs and knowledge of AT and also create employment for disabled people, which is important.

And finally, linked to that, we often saw the informal markets as being a space for innovation. So in the photo, you can see two of our respondents who are both disabled people, in Indonesia, where they have adapted a motorbike as a tricycle and actually we saw a lot of this happening, it was very important for AT users with mobility issues in Indonesia that they were able to adapt motorbikes in innovative ways which aren't available through formal providers, either of AT or of motorbikes. On the other hand, we recognised there were some weaknesses for informal markets for AT, so one issue, of course, is that there are no product standards, and rarely medical assessment, when ATs are being prescribed or provided. Which means that some of these ATs run the risk of being inappropriate or dangerous.

And obviously there's less accountability for providers because they are not formally registered or regulated so if a AT is not working or faulty it's hard for people to get come-back and another weakness that was clear is a lot of these informal markets can't deliver effectively more complex and technological assistive products so for example hearing aids, in Indonesia, we saw some provision of, for example, amplifiers but they didn't work well and actually they could be damaging to the health of users.

If we can move to the next slide, so thinking about the implications of the study, what we could see is actually that in many cases, and particularly for low-income people, informal markets are the main providers of assistive products, so thinking about that, the question that these studies raised is: how can the benefits of informal AT provision in supplying otherwise underserved populations, and also in terms of innovation, be

promoted at the same time as protecting AT users from unsafe products and services? So we come up in the report with a number of recommendations for further thought around, firstly, regulation and disincentives to the formal sector, so actually things that push people into informal provision; secondly, information resources for AT users about good product standards and what they should look at when they're accessing AT through these informal markets, but also information about how they can access them through informal markets. And finally support to informal enterprises who are producing assistive technologies in terms of improving quality and meeting product standards and scaling up and increasingly formalising themselves.

So this graphic on the right, which I don't expect you to look at, because it's much too small, is making the point that actually, if you look at the range of different AT informal providers, actually they are all regulated to some extent by the state, and one of the things that we are thinking about, in terms of support to informal providers, is how to extend regulations which are good for AT users, so, for example, around regulating quality and product standards, rather than emphasising regulation of these informal markets which are around, for example, getting more tax revenue.

So the kind of extension of regulation which will actually be good for AT users. So that's all I have to say. There is much more in the report and if you are interested in looking into this in further detail, the reports are available on the GDI Hub website and also on the WHO gate portal. Thanks very much.

Speaker 1: Louise Gebbett

Thank you, Julian and I think what's really fascinating there, you have really highlighted the importance of informal markets and providers to the AT picture, along with the challenges around the accountability standards and quality, so I think it's a really fascinating area and really interesting to hear that alongside some of the other examples we have heard today as well.

So we are just going to move on to a bit of a discussion, I can see we have already had lots and lots of questions come through the Q&A box as well, thank you so much for all of those and I know some of our panelists have been answering them directly so hopefully you have seen some of those responses.

Just as a starting point, I thought it would bereally helpful to think about what are some of the key learnings and trends across the CCAs and some of them have come up through the presentations we have had today, but I wanted to briefly introduce you to Luke who put together the report that was circulated prior to the session, we will circulate it again afterwards - just to look at some of those key trends that have been identified through the CCA process that obviously is still ongoing as well, so Luke maybe if you could say a few words about what you see as some of those key learnings and trends?

Speaker 9: Luke Bostian

Sure, yes. Great, just in the interests of time, a lot of things that other folks have covered, so I just want to thank everybody for doing that, I think there were a couple of things that I wanted to highlight that maybe came up but weren't quite emphasised as much in the discussion so far.

One I think was just the importance of the ATA-C tool as a way to inform policy, and so something that, I think, a couple of the panelists have talked about already is just that there is a real lack of evidence base for policy making in a lot of these countries, and in particular, when you're engaging with policymakers who aren't automatically familiar with assistive technology, so folks maybe in the Ministry of Finance, or in the Ministry of Health but in parts of it that are not working on disability or assistive technology, ministries of education, that kind of thing.

Like in many cases, in many of the countries where this has been conducted so far, this is the first - the ATA-C is the first really systematic kind of tested thoughtfully developed national level study that has been done, or been done certainly in recent memory, around AT and so it's

really critical, and in the discussions that I had with folks, and the interviews I did with the study, that Louise mentioned, was just the importance of having that kind of really firm evidence basis, not that it's the be all and end all, and not that further investigation isn't necessary, but just to have something to build off of, is really critical, and that was something that came up in a lot of different places.

I think a lot of folks have talked about the fragmentation already, I think the other thing about the CCAs, and this is just another trend that came up, is the usefulness of the assessment process itself in improving co-ordination among all sorts of different actors, so like within the government, for example, in a lot of different countries, people talked about how there was - frequently there was a lot of work going on, lots of different NGOs and DPOs and older people's organisations and government ministries, labour and education and of course Ministries of health, may all be doing things related to assistive technology but just very often the right hand doesn't know what the left hand is doing, so that's something that - again, about the process of doing a CCA is - it kind of created almost an excuse to bring all of these disparate actors together and realise, oh gosh, we're really doing a lot more than we thought in many cases, but we just need to do a better job of co-ordinating and so that's something that the colleagues from Ethiopia talked about, is that the CCA has kind of formed the basis for a working group, and that was something that was seen in, I think, all of the countries where this has happened so far. The working group that was created to do the assessment has kind of persisted beyond the process itself. So that's just another thing that I think was worth pointing out.

Oh yeah, just something that came up in the study that I meant to mention in that first point I made, in terms of that kind of evidence base, there was one interviewee I talked to who mentioned that basically the tool created the kind of wow moment, when they were going over the findings, they had a stakeholder workshop in this country, and looking at the - confronting the evidence for the gaps in AT in this country, the guy described it as a wow moment for everybody, it was really galvanising and I think that's just a cool and important thing to point out. I guess

those are the three main points I wanted to bring up and maybe just again, in the interests of time, I'll cut it off there but as Louise said the report is published on the AT2030 website, if anybody is interested to hear more. Thanks.

Speaker 1: Louise Gebbett

Excellent, thank you, Luke, and just really helpful just to get that slightly bigger picture as well on the overall findings of the report.

So we've had a question come in around what is the relevance of the Country Capacity Assessment and the tools that have been created from it, in terms of high-income countries. I think Emma, we'll come to you on that. Just to, I guess, get a bit of an understanding of the tools themselves and how they might best be used and if there is a relevance there for high-income countries.

Speaker 3: Emma Tebbutt

Thanks, Louise, yes that came from Chapel who is in our team and I think was putting that question out there, are high-income countries interested in the tool? Because we have absolutely developed it as a global tool, and it doesn't have a specific focus for less resourced settings. I believe that some stakeholders in the UK might have started talking about using it but we would be very interested to hear from people on the call as to whether they think other high-income countries could be interested or whether it could be useful.

Speaker 1: Louise Gebbett

Brilliant, and it might also be useful just to hear a bit about the tools and how they can be used and how people can access them, should they want to find out a bit more.

Speaker 3: Emma Tebbutt

Yes, sure. We have put the tool and supporting documents, and also a lot of the other assessments and other background information, inside a portal, which will be accessed - people will need to register, and describe why they want to access the tool, because we want to keep a little bit of control over it, so that we can facilitate in-country assessments and particularly facilitate assessments that are done in collaboration with governments.

So the link, we can post the link to the portal in the chat, and there's more information about that on the home page of the portal, and also on the WHO website. So we're not trying to guard it or be too over controlling but more so that we can really play a facilitatory role. I think, going back to the fragmentation, we all know that in some especially bigger countries, you could easily end up with a scenario with various different groups could decide to implement the tool without even knowing that each other were doing it. So we would like to facilitate connections and collaboration in countries and avoid that scenario.

Speaker 1: Louise Gebbett

Fantastic. And I think what comes across strongly, and I think has also been indicated throughout all the different presentations today, is that mutual learning and actually how much it - how interesting it has been to look at this process across different countries and be able to do that moving forward with new countries that come on board and start to use these tools and replicate what's been happening in the Country Capacity Assessments further.

We're just going to do one final question, because we're quite short on time now, so I think what we're going to do, there have been quite a few questions around the data side of things, and the countries that are starting out, that maybe there's very limited data, and unlimited appetite for that, so I wanted to quickly come across to Maggie and just hear, maybe in a couple of sentences really, a short overview on what would

be your advice in terms of some of those data challenges and how you found was the best way to go about resolving those, when you were beginning the CCAs across Africa.

Speaker 6: Maggie Savage

Absolutely. I think when thinking about these data challenges, I think both Maria and Eshetu spoke to this really well, that it really comes down to identifying those stakeholders within the country and starting to really kind of work together to understand what is in existence in the country, so I think many of the countries that carried this out used the snowballing method, I think that Maria touched on a little bit as well, of really identifying who are those core partners that are easily identifiable, and then who might be working through this fragmented landscape in those other areas, and really trying to build that, which we saw in many of the countries turn into these technical working groups that bring together both the ministry as well as private sector and NGO partners that are working in the country.

To really begin to identify and work to see what that data is, and I think what we saw in a variety of countries is the lack of data, is a finding in and of itself, I think Luke spoke to this really nicely, how that lack of data and those aha moments helped move this forward but when you see that lack of data, there are ways to really look across that stakeholder landscape and start to piece together what are the different pieces that individuals have, and then I think also, speaking to kind of that overarching toolkit that Emma talked about, that hopefully over the next few years, that there's opportunities to build - to fill in that data with things like the r-ATA and the rapid AT assessmentand things as such.

Speaker 1: Louise Gebbett

Excellent, thank you. Great summary of a big question right at the end there! So we are coming towards 2pm now so I am just going to hand back to Vicki who introduced the session at the very beginning, just to hear any final reflections, before we begin to wrap up.

Speaker 2: Vicki Austin

Thanks so much, Louise, and it's been a real pleasure to listen to everyone's comments and contributions and especially thank you to our colleagues from Ethiopia for joining and telling us about their experience.

For me, this has been a real pleasure project as part of AT2030, because it has shown the real value of bringing together partners from different perspectives, I think when we came into the project, we had a tool from WHO, and they have been absolutely brilliant in kind of driving that forward, trialing in some countries and supporting this process and continuing to drive forward and co-ordinate, as Emma said, it's vital that this is co-ordinated, of course, because it would be really detrimental to the aim of the tool to have more than one operation in one country, so it makes perfect sense, you can catch the wider documents on the AT2030 website in time, but do go to the WHO portal to find out the details of implementation if you're interested in your country.

I think CHAI have taken the document that we started with and built it through their expertise and skills and implementation in a way that has enhanced what we now have as a tool, and I can't thank Julian and his team enough for raising the significant issues around access to informal markets, the way in which many poor people do access assistive technology being a reality, it is, of course, planning for those scenarios in our countries where every decision, directors of health make is determined by the data available to them, and actually scarce choices of where to spend money, it's really important that we can reflect on those aspects as well and I think through Julian's work and the response from the wider team, we have seen the tool now take better account of informal markets and also more account of user involvement in the process as well.

Thanks again to UK Aid for funding this piece of work, I think it develops and has developed a public good which will beavailable in this space and I think, as Maggie said, the lack of data was very much a stark data point in itself, and so we find ourselves in a slightly better place on

access to assistive technology as a result of this piece of work, so thank you everyone.

Speaker 1: Louise Gebbett

Thank you very much, Vicki. So that brings us towards the end of the session for today. I have just put a slide here on the screen with a couple of links, which we will share around after the session, I think have also been shared in the chat as well. As we mentioned towards the beginning, there will be a transcript and also a recording available, which we'll e-mail to you all as soon as that's ready. So do have a look on some of those sites just to find out some of the more detailed information that has been mentioned today.

Looking forward, our next Disability Innovation Live session will take place on 17th December, where we'll be looking at race, disability and innovation so please do join us then, we will also send you some more information about that up and coming session.

So really that's all for today, so a huge thank you to everybody, from all over the world, that have joined us, it has been brilliant to have you all involved. As I said, we will be providing a bit more information but thank you so much as well to all the panelists that have been able to join us today and a special thank you to the BSL interpreters and also the captioner today, for adding the accessibility elements as well.

The Country Capacity Assessment is a UK Aid funded project as part of the GDI Hub's AT2030 programme, thank you so much for joining and we'll see you again soon.