Learning Note | Sub-Programme 8: Country Investment Fund

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1. Background

AT2030 set out to test what works to improve access to life-changing Assistive Technology (AT) for all; investing to support solutions to scale. As part of the continued work in the AT2030 sub-programme 8, the Country Investment Fund (CIF), CHAI will complete activities which deliver foundational, strategic, agreed national AT priorities, and reach disabled people directly with access to AT across four focus countries – Liberia, Nigeria, Rwanda, and Sierra Leone.

2. Key Achievements

Under AT2030, CHAI has demonstrated the potential to work with governments on a shift away from parallel and fragmented AT provision towards integration with public systems for scale and sustainability. Key achievements include (see Annex for more details):

- **Launch the first National Assistive Products Lists (APL) in Africa:** The WHO Priority Assistive Products List was introduced in 2018. It aspires to follow in the footsteps of the WHO Model List of Essential Medicines, which creates awareness among the public, mobilizes resources and stimulates competition. The WHO Priority APL included 50 products and, while not restrictive, is intended to be a model list to catalyze access to AT. Despite its existence, few countries had developed national APLs. CHAI supported the first African countries to develop and launch National APLs: Liberia (33 products), Nigeria (44 products) and Sierra Leone (70 products). Rwanda will launch its APL soon.
- **Launch new AT policy and ambitious National AT Scale-up Strategies:** All four focus countries have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and put in place legal frameworks to protect the right of people with disabilities, including the right to access AT. However, no country had a national strategy, roadmap, or plan in place for increasing access to AT. Lack of clarity exist around the roles and responsibilities of government entities so poor allocation of the limited resources, fragmentation, unaddressed gaps and overlap in programming become inevitable. CHAI worked with government partners to develop first-ever national AT scale-up strategies, which provide direction to all stakeholders involved about the critical priorities to sustainably strengthen AT systems. Liberia has launched a *National Roadmap to Increase Access to AT 2021-2023* and the WHO plans to support priority activities. Sierra Leone launched the *AT Policy and Strategic Plan 2021-25.* Nigeria developed its first ever *National AT Scale Up Plan*. The Government of Rwanda is developing a new National Rehab strategy and one section will be dedicated to increasing AT access.
- **Collect data on the AT need and pioneer a new data system:** There exists poor availability of accurate, reliable, and up-to-date population-based data that could help to estimate the need for AT within a country. Additionally, countries lack a centralized or integrated information system that tracks data on AT provision, such as from healthcare facilities, rehabilitation centers, or schools. CHAI worked with the WHO to support governments Liberia and Rwanda to conduct rapid AT-Assessments (rATA). While these population-based surveys provide new estimates, more routine and comprehensive data collection is preferred. CHAI is therefore supporting the Government of Rwanda, via the National Council of Persons with Disabilities, to pioneer a comprehensive data system on disability. The Disability Management Information System (DMIS) aims to register persons with disabilities and their needs, create data dashboards for policy makers, and help organize case management by linking with various support groups (e.g., OPDs). The DMIS registry incorporates data collection methods such as Washing Group questions and rATA.

- **Develop an Investment Case for AT**: Limited or no financing is available for AT from national budgets. Countries with government managed health insurance schemes either do not provide coverage for AT or provide very limited coverage for AT both in range of products and in levels of reimbursement. In countries that have specific ministerial program and budget to provide AT (i.e., AT provision for genocide survivors), challenges include unclear mechanism to access AT, as well as fragmented and ad-hoc implementation. CHAI worked with the Government of Nigeria, via the newly established National Commission for Persons with Disabilities, to develop an investment case for AT and identify potential sources of financing.
- **Support Training in Assistive Products pilot:** There are shortages and uneven distribution of AT-related workforce such as prosthetist/orthotists, audiologists, optometrists, etc. Government is also making little investment in additional training for the general health workforce to be leveraged to provide assistive devices and rehabilitation services. The WHO developed Training in Assistive Products (TAP) to support the provision of basic assistive products at the primary health level. CHAI and WHO implemented a pilot project utilizing the TAP platform to provide in-service training for healthcare providers on screening and provision of basic assistive products in 12 facilities across five counties (out of 15 counties in Liberia). This was the first-ever in-service training conducted by Ministry of Health on assistive products.
- **Create tools to replicate 'what works'**: Few publications and implementation tools exist that discuss practical approaches to successfully build government capacity. Under AT2030, CHAI has worked with GDI Hub and Maynooth University to document has documented learnings for replication by other partners.

3. Key Lessons Learned

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

1) With targeted technical support to strengthen government leadership, rapid progress can be made to put countries on a path to changing AT systems.

Governments in low-and middle-income countries (LMIC) generally lack awareness about (the importance of) AT, and ministries do not have the capacity to develop and enact legal frameworks linked to CRPD. AT2030 has demonstrated that targeted technical assistance to establish government leadership and coordination can consistently catalyse action towards better systems for AT provision. For example, within a 12-month period, all focus countries have launched national assistive product lists and national scale-up plans for AT. National APLs are a guiding policy instrument to determining which assistive products will be provided through and possibly paid for by the public sector. The programme has therefore generated a cohort of countries that are on a pathway to government procurement of a more expansive range of assistive products and contributes to a shift from an NGO-led provision to a government-led provision of AT.

→ Moving forward, governments who have launched ambitious plans to scale up AT are now looking for support from donors and private sector to implement these in the most cost-effective manner, building sustainable systems to deliver quality products.

2) Intersectoral partnerships and coordination platforms such as an AT Technical Working Group can greatly enhance knowledge-sharing and reduce siloed implementation.

AT provision falls under the mandate of various government entities and involves many private sector actors. Fragmentation has been an important barrier to realizing maximum impact with limited resources. AT2030 has demonstrated that establishing knowledge-sharing and technical advisory platforms that include the relevant stakeholders at country-level are key to success. These provide a

regular outlet for all relevant stakeholders to share implementation progress, and to plan and coordinate activities.

→ Moving forward, governments who have set up coordination platforms should be encouraged and/or incentivized to continue; other countries should be encouraged to replicate.

3) **Sensitization of government stakeholders to disability issues and linkage between AT and health-socioeconomic outcomes significantly improves ownership and advocacy efforts.**

Compared to other program areas, AT is a relatively new focus for many LMIC governments. AT2030 demonstrated that, in addition to, and perhaps even prior to, building the technical capacity of government stakeholders to coordinate and implement AT activities, it is important to sensitize stakeholders to the importance of AT as well as illustrate areas for integration of AT into their existing scopes of work. A person-centered approach in understanding the importance of AT can be achieved through panels of AT users and providers who share their stories and lived experiences.

→ Moving forward, sensitization of government stakeholders on AT should embedded and prioritized into country-level programming.

4) **Scale-up of AT services must ensure that interventions to improve human resources are well-timed with product procurement activities.**

Building the capacity of service providers (such as health workers) and increasing the quantity and quality of appropriate assistive products at service delivery points are two essential interventions that must be planned and executed in parallel. AT2030 demonstrated that service delivery points should be equipped with assistive products as soon as trained providers are deployed to avoid any loss in knowledge or skills due to a delay in being able to practice what was taught during trainings. On the other hand, assistive products should not be distributed to service delivery points with no trained AT providers to avoid provision of products that are not appropriate for clients' needs.

→ Moving forward, concurrent investment and coordination/planning is required to strengthen product supply and service delivery capacity.

4. Next Steps with Project Partners

AT2030 has catalyzed further momentum for AT four focus countries. With a limited investment, the foundations have been laid for better regulating the quality, better financing, and more routine availability of AT. To ensure that these efforts reach millions of people with life-saving AT by 2030, the following opportunities exist to build on the successes of AT2030 for future work:

Work with governments, UN agencies and civil society to support the implementation of country's AT scale-up strategies:

- Expand the Country Investment Fund. Under AT2030, countries have established programs for increasing AT access. With continued funding, implementation of these strategies can be supported, generating new evidence on how AT can be successfully integrated into government delivery systems and financing.
- Strengthen AT procurement. The value of countries launching APLs is significant as these demonstrate the government's commitment for including assistive products into procurement and financing. Building on this work, CHAI believes that a pathway exists for these countries to initiate procurement of AT within the next 12-18 months. However, the initial volumes may be small, and it will be crucial that we can entice suppliers and work to ensure optimal prices. Opportunities for regional collaboration on AT procurement should be explored. We will generate new learning and evidence on government-led procurement and market shaping for AT

- Strengthen AT data efforts. The DMIS system/technology will be ready by June 2022. We then need to pilot-test to inform nationwide implementation. Many countries have prioritized better disability data, but DMIS is the first system in Sub Sahara Africa that combines comprehensive needs assessment with case management. By evaluating how this system can be deployed effectively, we can guide replication by other countries.
- Workforce development for AT screening and provision. Sustaining and expanding of AT in-service training is necessary as high-quality service delivery must consider proper product selection, assessment and fitting, user training, and follow-up, beyond simple provision of the product itself. Using lessons learned from the TAP pilot, we will scale up and expand in-service training on AT screening and basic service provision. We will also develop and validate corresponding service delivery guidelines for priority products to ensure reinforce best practices and integration into ongoing MOH training and mentorship plans to ensure sustainability. We will learn the effectiveness of an adapted TAP package and approach in improving knowledge, skills, and attitudes of healthcare workers with regards to AT provision, and barriers and facilitators to delivering AT training.

5. Impact tracing

We propose keeping tracking impact after the end of the grant as follows:

- **What:** we are likely to have continued impact from the following pilots:
  - Implementation of national AT strategies (all countries)
  - Nationwide implementation of DMIS (Rwanda)
  - Scale up of TAP (Liberia)
- **When**: provide an update to GDI Hub in Q4 FY22/23 on progress in all focus countries.
- **How:** report: 1) the number of people reached, 2) people receiving AT; and 3) match-funding because of the AT2030-funded pilots.