



What Works 2018-2022

Highlights

AT2030: testing 'what works' to improve access to life-changing Assistive Technology (AT) for all



Global
Disability
Innovation
Hub

About 'What works'?



The AT2030 programme

AT2030 is a £40 million programme funded by UK Aid with 100% matched funding through the partnership. It is designed to explore and test innovative ways to address systematic challenges and get Assistive Technology (AT) to the people who need it worldwide.

The five-year AT2030 programme was officially announced at the 2018 Global Disability Summit in London and has reached 29 million people in 61 countries.

Together, over 70 AT2030 partners have powered 40 novel technologies, supported 52 start-ups and tested 10 innovative service delivery models with the most promising African AT ventures. We've conducted 15 country capacity assessments with governments delivering 5 action plans. We research and evidence as we go – and have answered 20 key research questions and published over 200 research papers.

We have done a lot, and there is a lot to do. This report provides a summary of what we have learned so far.

Led by GDI Hub

Global Disability Innovation Hub (GDI Hub) is a research and practice centre driving disability innovation for a fairer world. We translate robust academic research into innovative practice which delivers impact in communities focusing on low-resource settings.

At the forefront of the disability innovation movement globally, we are based at UCL Engineering and recently became the world's first World Health Organisation (WHO) Collaborating Centre for Assistive Technology.

Founded from the 2012 Paralympic Games legacy, GDI Hub delivers an extensive portfolio of research, teaching, global programmes and technical assistance including building innovation ecosystems and advocating for change at the highest level.

Our teams are experts in Assistive Technology & EdTech (with a strong digital focus), Inclusive Design; Innovation; Inclusive climate and crisis resilience and community partnerships.

About AT2030



The global AT market

The market for assistive technology is vast. Approximately 16% of the world's working-age adults have a disability*, and 80% of disabilities are acquired during their working years. That's 2.5 billion people, with 1.13 billion needing assistive technology. This market is larger than China and has a spending power of around \$1.9 trillion. Considering family members and caregivers, the market size expands to a staggering \$13 trillion. **Yet 90% of people who need AT don't have access.**

The reasons for AT market failure are broad and complex. They start with stigma and discrimination against persons with disabilities, they are made more complex by the number of products and services needed and the chronic shortage of trained personnel to deliver assistive products. The sector has until recently been severely under-funded and under-recognised as a global priority.

This market failure is more serious than an economic problem. By failing to include AT in Universal Health Coverage or inclusive education, by failing to make digital and physical environments accessible, we prevent people with disabilities from claiming their basic human rights, it prevents the global community from the possibility of realising their sustainable development goals, and it prevents a fairer world. Yet it remains a massive opportunity. Together, solving the sector challenges, we can create significantly better realities for AT users globally.

GDI Hub brought together a disruptive partnership into the AT2030 consortium - comprising groups who have not traditionally focused on AT, enabling experts, innovators and AT users - to experiment with new ideas, innovative practices and tests to answer the question: what can be done to enable a step change in access to life-changing AT? In this document we explore 'what works' in more detail.

*Language is political and contested. GDI Hub appreciates that people reading from the UK would prefer and encourage the use of identity-first language ("disabled people"), whereas people in other geographies and within United Nations systems would prefer person-first language ("people/persons with disabilities"). In this publication, we have opted for person-first language as the audience is a global one.

This document is a high level summary of the full 'What Works' research paper

The clusters

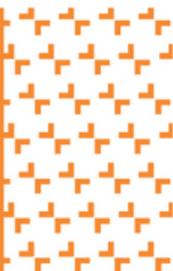


Since 2018, there has been a paradigm shift in the global AT policy landscape, helped by growing awareness of the potential of AT to realise the achievement of the United Nations (UN) Sustainable Development Goals (SDGs). AT promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people living with health conditions within the family, local community and across society – including political, economic and social spheres. The achievement of the SDGs will not be possible without improved AT access.

AT2030 and its partners have been instrumental in accelerating global change across the AT space. Including the World Health Assembly Resolution on Access to Assistive Technology (World Health Assembly, 2018) and the publication of the Global Report on Assistive Technology (WHO & UNICEF, 2022). Our work has been focused across four core clusters:

1 Data, Evidence & Impact:

Improving data and evidence to unlock investment into AT



2 Innovation

Supporting new products and service delivery models to scale



3 Country Implementation

Laying the foundations for market shaping and systems-level change



4 Building Capacity and Participation

Community solutions to overcome stigma and promote inclusive design



What works take-aways: Reflections across clusters



Data and evidence are foundational to impact

The AT sector remains in its infancy. Knowledge and research are critical to powering long term investment. The more we understand the global need and impact, the more people we can reach with appropriate, affordable and sustainable technologies.



Disruptive partnerships drive new thinking

When partners who traditionally haven't worked together begin to tackle AT access, we see more rapid change. For example, since the Clinton Health Access Initiative learned about the AT space, and ATscale was established, we see more systematic change within Governments.



Tools are needed to strengthen systems

Now that we have standardised tools to strengthen systems, these need to become easier and cheaper to use, using new technology, more integration (like England integrated assessment). More technical experts must be trained to deliver these tools, and all of the data must be available to the WHO and global research partners to drive policy and insights.



Cities offer an opportunity to get it right first time

Global investment in city infrastructure (particularly in Asia) from transport to homes and to climate response - provides an enormous opportunity to embed inclusive design from the beginning to create a financial, social and environmental legacy that all citizens can enjoy.



Mobile phones as AT will change lives

Mobile phones act as AT (e.g. reading text aloud), and screen for AT need (e.g. HearX) and are also gateways to AT information. However, governments need evidence on the impact of AT and companies need advice on how to provide user training if mobile is to realise its disruptive potential as inclusive EdTech or AT.

What works take-aways: Reflections across clusters



Market shaping has the potential to change outcomes

Developing and shaping AT markets will be achieved for many products following a market-shaping approach that secures large-scale demand alongside supply-side strengthening. But the AT sector is still nascent and different from other product markets, where market shaping has worked quickly. Strengthening country capacity is therefore essential.



Some AT will never scale, but is crucial

AT markets are fragmented and some are small. There must be support within funding vehicles for AT which improves the quality of life of a few. This can be tested within public and private funding mechanisms. There is also a need to support good innovations when the inventor (small charity, individual, academic institution) is motivated primarily by impact and has no desire to bring the solution to market themselves. Easier routes for these ideas to be licenced and grown are needed.



Patient capital needed to test and scale innovations

AT markets are fragmented, country-level provision systems still developing and therefore demand is low despite record-high levels of need. To scale innovations a combination of: 1) patient financial capital, 2) knowledge capital in areas like markets, manufacturing, distribution and user-centred design; 3) and network capital are needed.

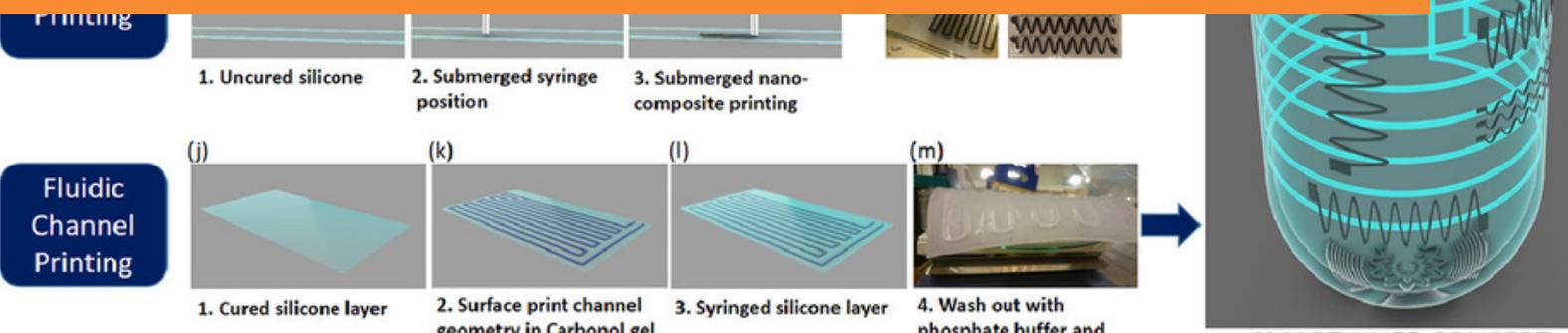


Local production and repairability matter

To be successful, AT must meet the demands of the context they are used in. Local production offers bespoke design, development and maintenance opportunities - providing a circular approach to innovation, and building sustainability into emerging ecosystems.

How we got there

Data Evidence & Impact



Data represents 'what we know', and evidence represents 'how well we know it'. The key objective of this cluster is to improve data and evidence to unlock investment into Assistive Technology.

To find out 'What Works' in the Data and Evidence cluster, a total of 43 outputs were analysed across two sub-programmes. The wide array of research undertaken for AT2030 is quite unique in relation to the broader assistive technology evidence base. This is due to the focus on engaging with complex issues across the 5P ecosystem (Policy, People, Provision, Product and Personnel), including markets and financing, culture, geographic and political settings.

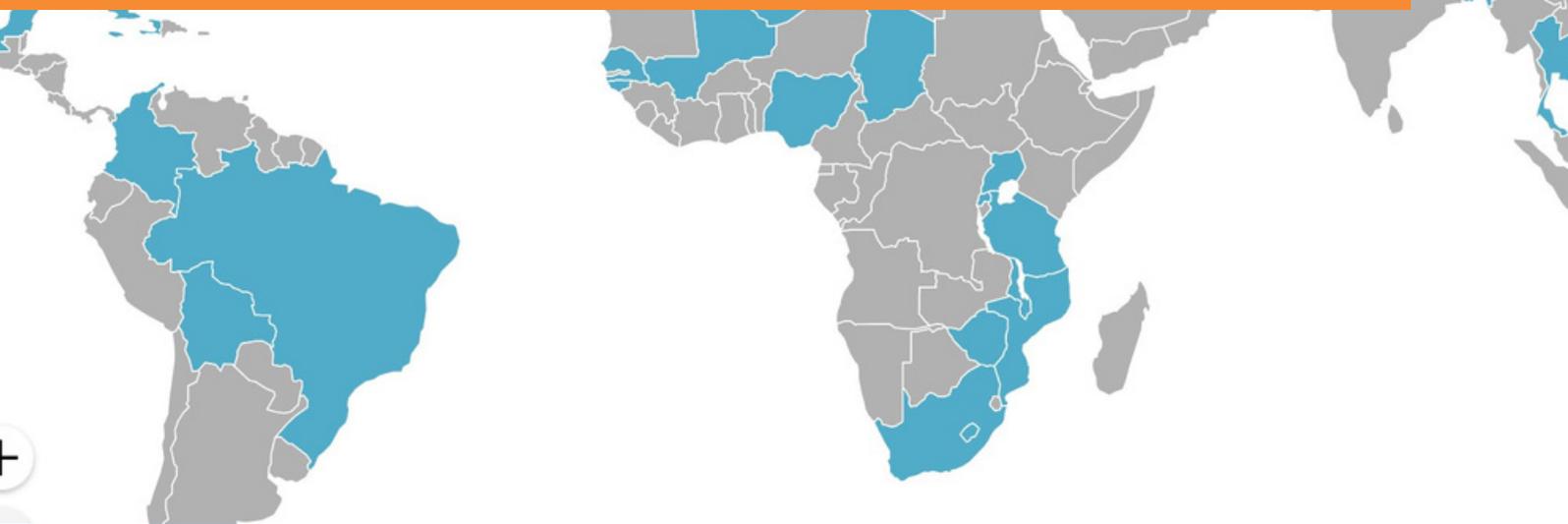
This cluster sought to address the question 'What Works to improve access to AT?' and used impact stories and community collaborations to create storytelling narratives for increased impact and investment into assistive technology. Outputs also provide insights for policymakers and regulators, combining population health data sets with information retrieval processes to enable policy makers and funders to have oversight of trends and gaps.

The Data, Evidence and Impact cluster supports direction-setting and future investment to scale AT provision and fill gaps. Systematic reviews and influencing papers have also supported market enablement alongside short papers to help inform investment into assistive technology.

Across this cluster, there is good evidence that inclusive design and accessible, enabling environments can drive disability inclusion. Mobile technology is a ubiquitous and rapidly developing technology which can be leveraged to this end. The product narrative approach has also proven to be a valuable integrative framework with which to describe the multiple dynamic factors which influence outcomes and impacts, and to tackle them.

AT2030 has identified the systemic success factors which support entrepreneurial activities and sustainable business models within emerging AT ecosystems.

What works summary: Data Evidence & Impact



What we know works

- **Strengthening data systems for measuring AT need and coverage** can inform supply and demand (and ultimately investments and innovations for market-shaping).
- Designing **fit-for-purpose data collection tools can reduce cost** and combining **self-report and standardised tools** can provide a more accurate picture of need.
- **Understanding digital AT use** is a mechanism to illuminate new ways to meet need, especially in lowest resource settings.
- **Inclusive leadership** at all levels benefits outcomes.
- Innovative research engagement through participatory methods, can be useful for driving disability inclusion.
- Unmet need for assistive products and services may be able to be uncovered with **population health data sets**.
- A **mission-oriented approach** supports a research and policy agenda that can bolster emerging AT ecosystems by addressing entrepreneurship and sustainability
- **Universal health coverage (UHC)** is a foundational factor in supporting AT ecosystems and must be trialled in more places. AT product vary in their need to be covered in UHC.
- **Product narrative approaches** to researching AT ecosystems are effective in distilling 'what is happening' in the supply network and uncovering 'what to do' about it.

What works summary: Data Evidence & Impact



What we know has potential

- Data and evidence must be a **cross-cutting priority** to drive impact because data sets need to grow, fast.
- **New conceptualizations of disability interactions** are needed to maximise the role of development such as AI for AT.
- **Digital and assistive technologies for ageing** are an important and underutilised segment of AT markets.
- There are gaps and opportunities in the **use of mobile phones as AT** which can guide future research and change lives
- Baseline data for humanitarian contexts are important but have shown the **complexity of establishing need**, more work is needed as AT begins to be sent to crisis settings.
- Targeted **strategies to reduce stigma (including self stigma) still remain important.**
- **GRaT (Global Report on Assistive Technology) is only the start**, we must measure progress.

What doesn't work

- **Devices alone** cannot ensure wider inclusion, a holistic approach is important and more data is needed on how to measure impact.
- **Academic papers without practical insights** don't change policy fast.
- More **disabled and global south researchers** are needed on teams.

What needs more investigation

- Data and evidence translated into policy-ready **insights portal**
- Use of **advance statistical methods** to bridge data gaps
- Research on **impact and outcomes from AT** use.
- Evidence of how **GREAT is being delivered** and how that is delivering social justice.
- Systematic reviews on new and emerging technologies to enable them to gain global acceptance.

How we got there

Innovation

Supporting new products and service delivery models to scale

Innovation within AT2030 spans 14 projects across the two sub-programmes, with 32 outputs (including 7 peer-reviewed journal articles, 5 reports and 2 case studies). Included within this cluster was the establishment of Innovate Now, Africa's first Assistive Tech accelerator, as well as wider ecosystem development and acceleration in Kenya and beyond. The innovation cluster also included the Assistive Technology Impact Fund (ATIF) - testing new products and service delivery approaches for disruptive technologies to scale in new African markets. Innovation works closely with other clusters - the innovation team supports landscape research at a product level (e.g. [product narratives](#)) and produces public good (e.g. the AT innovators in emerging markets map).

Across our work, we found significant potential for novel technologies, including shape-changing materials and additive manufacturing techniques. However, the context of deployment is critical, and principles for engagement are emerging. These include user-centric and context-centric service design, sustainability through the circular economy, and the integration of outcome measures with product and service development frameworks. Much more investigation is needed to maximise impact.

Some localised models of AT production have demonstrated the power to increase context-specific AT innovations whilst concurrently enabling circular approaches that reduce their environmental impact and bring economic benefit to local communities. AT needs to be designed from the start with its maintenance and end of life in mind, with local production helping the local economy and complementing mass-production models. Repair is where these models intersect - local repair of all products is essential, and design for repair is critical for supply chain and service resilience.

We've also seen the potential for digital innovations to bridge the access gap to AT and promote the inclusion of persons with disabilities. By providing access to communication and information, mobile phones and related services have the potential to facilitate inclusive participation in society. More broadly, the Disability Interactions (DIX) Principles and related dimensions (DIX Framework) have evolved from the AT2030 programme to co-create new technologies with all stakeholders to bring products to market more quickly whilst remaining true to user-centred and system-level design thinking.

Starting an AT business, especially in lower-resourced settings, is challenging, but we know that obstacles can be overcome, reduced and managed. Doing so can open the door to success in the AT industry for ventures and, over time, create the conditions to support access to high-quality AT at a fair price. To achieve this, we need researchers, innovators, manufacturers, distributors and investors to collaborate to develop open innovation solutions that address contemporary challenges, and make more public to de-risk private investment in nascent markets.

What works summary: Innovation



What we know works

Three types of capital – knowledge, network and financial. These build on one another to grow the ecosystem.

Knowledge

- A **user-led approach** to designing new technologies is critical to good outcomes and empowerment.
- Incorporating **regional-context-focused design** into product ranges accommodates the needs and wants of consumers.

Knowledge + Network

- By **leveraging the expertise of strategic partners** and technologies, new products can sustainably address communities' core needs.
- Data is needed on **product availability, provision options and supply chains** to create environments which enable innovation.
- **Mapping local production systems** enables knowledge sharing across similar challenges and production capacities.
- **Understanding market characteristics** is key to being able to diagnose venture support.
- Designing AT with **maintenance and repair in mind** can create a sustainable circular ecosystem, ensuring local production supports the local economy and products have longevity.

Knowledge + Network + Capital

- Combining **deep technical knowledge alongside venture support and financial investment** has provided routes to AT venture scale. For example Wazi Vision's manufacturing and business models were analysed (knowledge of sector geography and manufacturing methods), with new production methods suggested, the network was used to find training on suggested new manufacturing method, and capital investment into equipment has set up Wazi for success.
- An **open innovation ecosystem approach** improves access to AT through sharing innovative strategies, processes and public goods.

What works summary: Innovation



What we know has potential

- Early-stage innovators should use an **evidence-based approach**, testing and refining while accumulating data to ensure they are prepared for regulatory barriers that must be overcome to scale a product. Partnerships with distribution and academic institutions can help with these processes. A more streamlined process to aid entrepreneurs appears to be needed.
- **Volatility is a hallmark of being an entrepreneur in any African country.** Although start-ups can be more reactive to sudden changes than larger companies, limited cash resources often mean short-term disruption can sink a company. Building solutions across the value chain and increasing the stamina of ventures e.g. through more patient capital could overcome these challenges.
- **Partners can be the difference between blockbuster success and failure.** Partners provide invaluable human connections, expertise, and contextual understanding that ventures need to succeed. Many aspects of business rely on human processes, connections and 'face-to-face' relationship building.
- Innovators should **get to know investors early** and work to build and maintain relationships.
- **Bold missions are proven mechanisms to increase innovation within countries.** AT must be embedded in government missions and grand challenges to foster inter-department collaboration to drive demand and develop incentives to overcome supply-side barriers.
- **Digital innovations can bridge the access gap to ATs and promote the inclusion of persons with disabilities.** More evidence is needed to demonstrate the power of digital devices such as mobile phones to act as AT.

What works summary: Innovation



What doesn't work

- In **LMICs system weaknesses** often prevent people from accessing the devices that they need – innovators need to overcome the challenge of service delivery to succeed.
- **Constantly adding new possible solutions** can cause confusion for decision-makers. Innovators should choose approaches that provide clarity with appropriate tools for each context.
- **Fiscal and regulatory barriers** are seriously hindering innovation.

What needs more investigation

- How to provide seamless venture support **incorporating patient financial capital and maximising network and knowledge capital** across the expanding AT sector.
- **Mechanisms for increasing demand** are needed, including eliminating barriers due to stigma, discrimination, a lack of knowledge of AT and financing to realise demand.
- **Local manufacturing methods**, could enhance supply chain robustness whilst increasing customisation and proving efficient one-off production – but we need robust evidence to test this.
- **More investment from the public sector** is needed **to de-risk private sector investment** and get the sector moving.
- Investors need help understanding the AT sector's **potential for significant impact and return**.
- How **mobile technology** can act as an AT.
- Sustainable growing **partnerships to maximise knowledge-sharing**.
- **How to systematically record good quality and reliable impact data** for ventures and ecosystem – creating easy-to-use tools and automating and succinct insights will be key.
- What role can **emerging technologies** such as artificial intelligence play to advance or hinder AT provision.

How we got there

Country Implementation

Laying the foundations for market shaping and systems-change

This cluster focuses on aligning and consolidating global efforts to lay the foundations for systems-level change to improve AT access. Testing market-shaping methodologies, producing product narratives, assistive product specifications, screening and AT tools like rapid AT-assessment, have all been important parts of this work.

Sub-Programmes include:

- **Drive Affordability & Availability:** Led by The Clinton Health Access Initiative (CHAI), this sub-programme developed AT Product Narratives to inform global investment and scoping market-shaping opportunities.
- **Open-Up Market Access:** To align and consolidate global AT efforts, as well as to lay the foundations for systems-level change, this sub-programme is providing a set of global benchmarks and standards for AT co-led by WHO, UNICEF, and the London School of Hygiene and Tropical Medicine.
- **Country Capacity:** This sub-programme has three elements. Firstly, it brings together the WHO, GDI Hub and Clinton Health Access Initiative (CHAI) to develop, test and learn from Country Capacity Assessments. Secondly it supports countries to develop national action plans. Thirdly it funds investment to support national AT priorities in these countries.

These projects demonstrated that strengthened coordination within a comprehensive strategy is key to increasing access to AT. Viewing AT provision and access through the lens of market shaping has the potential to transform the AT sector, by targeting the root-causes of market shortcomings at the demand- and/or supply-side.

Prioritising of mobile phones, particularly smartphones as the digital AT of choice became a prominent theme of this cluster with the potential for mobile to become the gateway to access additional AT. Market to business strategies were also a focus for pathways to AT – with product specifications and priority assistive product listings becoming important vehicles of change.

The cluster looked to the need gap, laying the foundations for systems-level change and facilitating national AT provision models. It also included the development models of integrated service provision, screening and training tools to identify populations needs for AT as well as making direct investment in activities which deliver foundational, strategic, agreed national AT priorities and reach people with disabilities directly with access to AT via the Country Investment Fund.

What works summary:

Country Implementation

What we know works

- **Product narratives profiling priority AT** (e.g. eyeglasses, prostheses, hearing aids, wheelchairs and digital devices) have been **foundational in understanding supply and demand-side barriers**. **Shaping tools** are helpful to establish AT markets, but these markets have significant market failure to overcome. Hence **market-making as well as shaping techniques are needed**.
- One of the most impactful cost-reducing activities so far has been to pre-screen quality products for the **UNICEF procurement catalogue**.
- **The provision of 27 technical Product Specifications for assistive products and the Procurement Guide** have helped to raise awareness in the sector and supported Governments.
- **Evolving and testing the WHO's AT assessment (ATA) suite** of tools has been fundamentally necessary to enable countries to measure capacity, need, impact and prioritise products.
- **Regional events, networks** and awareness raising collaboration have helped with shared learning and take up of activities.
- **Coordination between partners** is key to strengthening systems alongside a comprehensive strategy and continuous and engagements with key stakeholders.
- **Government leadership** is important to drive change; where projects have been siloed from national governments they have been less successful.
- **Comprehensive assessments** in one service area can provide an entry point to a wider discussion around rehabilitation and AT policy work aimed at unlocking resources for improving AT service delivery and increasing access.

What works summary: Country Implementation



What we know has potential

- **Working with partners to continue to provide mechanism for market making and shaping** has the potential to transform the AT sector.
- Alongside this private sector work, **more products should be added to the UNICEF catalogue.**
- Refining the **ATA suite tools** to make them cheaper and easier to use, and possibly following the **Integrated AT assessment** example in England could be interesting.
- Targeting the **root-causes of market shortcomings** at the demand- and/or supply-side can improve market's outcomes.
- Grounding market shaping in **health ecosystem-level thinking** serves to reframe issues, boundaries, and constraints in the market to make AT more accessible.
- **Prioritising smartphones as the digital AT** of choice would allow mobile to become the gateway to access additional applications, content, supportive add-ons.
- Accessible features in mainstream digital technologies are not used to their fullest and often digital AT is not reaching persons with disabilities - both **access and digital skills training** are required to drive impact.
- Clinicians, people with disabilities and their families need increased **awareness around digital AT products** that are available.
- **Policies for accessible websites and apps** are important so that digital solutions are accessible and usable across the digital ecosystem for everyone.
- **Co-ordination between stakeholders within the supply chain, product and service providers, and governments** is needed - leading to digital solutions being updated and maintained to keep pace with evolving needs and new technologies.

How we got there

Building capacity & participation

Building community solutions, maximising the power of the Paralympics to overcome stigma and promote inclusive design.

This programme cluster addressed what works to build capacity and participation in order to mediate access and participation in activities of citizenship. Projects demonstrated a particular focus on collective and community-led responses that enabled people with disabilities to access better life outcomes through increasing the relevance and uptake of AT, particularly in informal settlements, as well as overcoming stigma and promoting inclusive design of the built environment.

The projects included:

- **Build capacity and participation:** led by the Development Planning Unit (DPU) at UCL with input from Leonard Cheshire to learn from and build the capacity of existing community-led solutions and activities in informal settlements in Sierra Leone and Indonesia.
- **Inclusive Infrastructure:** led by GDI Hub, considers that equal access to AT is dependent on an enabling physical environment. Engaging key stakeholder groups across people, policy and practice, six city case studies were produced that will lead to a final Global Action Report that will support improved, disability inclusive urban development with a focus on LMIC cities.
- **Para Sport Against Stigma:** led by Loughborough University to build on lessons learned from London 2012, using a four-pillar approach towards overcoming the role of stigma in the adoption of AT, consisting of education, athlete development, Paralympic broadcast and action research activities.
- **Grow the Global Partnership:** capturing the work that GDI Hub is doing to ensure that partnerships and networks are solidified globally in the effort to ensure that assistive technology reaches those that need it.

This cluster delivered 10 outputs, including 2 peer-reviewed papers, 2 working papers, 1 report and 4 case studies to answer the overarching research question - What works to build capacity and participation to mediate access and participation in activities of citizenship?

What works summary: Country Implementation

delivered?

PEDAGOGY

What is the required pedagogy?

POLICY

What is the government stance?

What doesn't work

- There are heavy **bureaucratic fiscal and regulatory requirements**, many of which do not improve the standard of AT for users, which vary by country. Tariffs on AT and complex, disparate regulations must be tackled with Government leadership.
- **The AT sector is not quite ready for traditional market shaping tools** that have worked in other sectors. More work on creating an enabling environment is needed first.

What needs more investigation

- **Novel manufacturing methods** (e.g. 3D products) are a promising low-cost digital approach that addresses the need for customisation and efficient one-off production
- **Understanding of AT.** Governments and investors must understand the sector and its value for significant change
- For innovators, a **combination of financial support and expertise to scale is needed** - this approach must bridge the gap between accelerators and traditional impact or venture capital funding
- Digital inclusion can be supported by **embracing diversity and engaging with customers with disabilities** - this will reduce the mobile ownership gap, and generate new opportunities for mobile technology as an AT innovation
- **Partnerships must be increased** to help with knowledge-sharing and to open doors into national networks
- The sector must **challenge stigma** on disability and the use of assistive technologies to increase demand
- **Good quality and reliable data** is a critical tool - more is needed to propel AT to new markets, investors and trajectories.

What works summary: Building capacity & participation



What we know works

- Putting the knowledge and experience of women, and **women with disabilities** in particular, at the **centre of health responses**.
- The use of the **Rapid Assistive Technology Assessment (rATA)** to **understand the need for, and access to AT**, especially in settlements occupied largely by low-income communities without specific provision for people with disabilities.
- Physical infrastructure planning and design is crucial, but equally important are the processes of **inclusion and participation to create more inclusive environments**.
- **Integrated enabling environments:** a supportive legislative environment, an inclusive culture, participation in planning, design and decision-making, capacity and expertise are needed to create an accessible and inclusive built environment that supports access to and use of assistive technology.
- **Paralympic broadcasting is an important vehicle in disability representation** and the development of empowering disability narratives to challenge stigma.
- Para sport has the power to **showcase the role of AT** in enabling persons with disabilities to not just play sport, but actively participate in civic life.
- **Partnerships and networks** are fundamentally important, both bottom up and top down. Local people hold the local knowledge.

What works summary: Building capacity & participation



What we know has potential

- The idea of **AT as mediator of participation**.
- A **greater degree of nuance is needed in the global evidence base** on AT to address the specific issues of persons with disabilities who live in informal settlements.
- There is huge potential in **engaging the private sector in inclusive city initiatives**, including through a climate resilience lens.
- We must develop tools to further support **community participation in urban planning, design and governance**.
- **Dedicated budgets for inclusive city design** that ensures inclusive design is embedded early delivering inclusive and financially sustainable developments.
- Facilitate **community leaders to amplify voices** of all members of their communities.
- The power of **positive images and storytelling** to overcome stigma.

What doesn't work

- Perpetuating **negative attitudes** towards disability and persons with disabilities.
- **Siloed approaches** to disability and inclusive design, including across city government ministries.
- A blanket approach that doesn't recognise the local context.

What needs more investigation

- The specific role of **participation in disability justice**
- A greater degree of **nuance is needed in the global evidence base** to address persons with disabilities who live in informal settlements.
- The nexus between **disability inclusive and climate resilient cities**

What next



Data and Evidence: new research on AT and disability inclusion

Test and develop evidence on new and emerging areas of insight and innovation in AT and disability, such as:

- Education Technology.
- Digital AT, including AI.
- Support for non-physical disabilities such as neurodiversity.
- Inequality of access to AT for girls and women.
- AT in humanitarian contexts.
- Inclusive climate resilient infrastructure.
- Tariffs for AT import and export.

80 peer reviewed journal articles published

120 influencing papers, answering critical research questions

220,000 downloads/views of publications/papers

Innovation: greater investment in, and evaluation of AT innovations & entrepreneurship

- Support entrepreneurs and innovators with an improved model of knowledge, network and financial capital.
- Improve supply and demand for AT.
- Develop and prove the business case to attract private sector investment, and venture capital into the AT market.
- Investigate the feasibility of a range of finance options.
- Conduct robust research to de-risk the market and build confidence among potential investors in AT.
- £10m investment into GDI Accelerate – new products-to-scale investment (10 ventures), including supporting digital AT).

38 innovative ATs supported

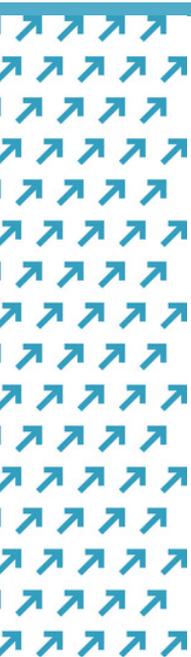
22 innovation ecosystem development interventions

60 more AT Ventures supported for sustainable growth

What next



Country Implementation: New pilots and initiatives to embed AT into national policy landscapes



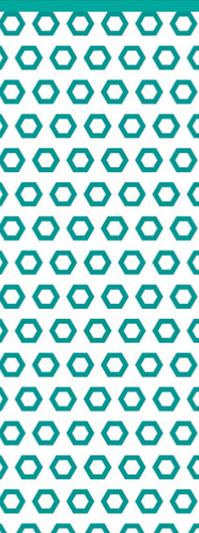
- Expand access & develop the Assistive Products Standards.
- Develop a new AT service standard which guides local/national procurement teams in developing their own procurement specifications.
- Trial support of national, regional and global procurement mechanisms to improve access to APs aligned to the APS .
- Further investment through innovative country implementation pilots and development of national action plans.
- Building out (framework) and testing the AT Social Justice model currently in development.

8 procurement pilots/frameworks at the country, regional and global level

30 country level strategies for disability inclusion and AT access

45 more countries or organisations implementing AT2030 funded ideas

Capacity and Participation: Expanded global partnerships to build and leverage commitments and investments from multilateral, bilateral, private sector and NGOs



- 'Inclusive Infrastructure' will be expanded to include Disability Inclusive and Climate Resilient Cities.
- Support the recommendations from the Global Action Report
- Para Sport Against Stigma SP will extend community level work ahead of and around the Paris 2024 Paralympic Games.

50 partnerships supported to increase AT capacity

75 strategic tools developed to increase AT capacity

30 case studies produced

AT2030 partners

Advisory board



Delivery partners

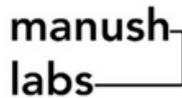


Partners include:

Delivery partners



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Partners include

Delivery partners



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