



## **Meeting report: ATscale & UNICEF breakfast event during REHACARE 2022**

*15 September, 2022*

ATscale and UNICEF co-hosted a breakfast meeting for 19 participants, including representatives from 13 private sector providers of Assistive Technology (AT) during the REHACARE trade fair in Dusseldorf, Germany. The meeting was divided into three main parts:

### **Part I: A brief introduction to ATscale, UNICEF & the AT landscape in LMICs**

The CEO of ATscale welcomed the participants to the meeting. It was noted that the purpose of the meeting is to look at AT from a systems and environment perspective, rather than considering specific products. The meeting began with an introduction to ATscale and UNICEF, as well as the AT situation in LMICs.

[UNICEF Supply Division](#) is the procurement organisation of UNICEF, procuring a range of goods and services with an annual value of USD7.2 billion in 2021. UNICEF SD's innovation department includes the AT team, and its role is to identify programmatic needs and explore if products exist to meet the needs. If they exist, UNICEF SD carries out tenders to add them to its [product catalogue](#). If no product currently exists, UNICEF will create a target product profile and incentivise the development of products to meet that need.

[ATscale](#), is the global partnership for AT, and is hosted by the UN (UNOPS), working to improve access to AT in LMICs, including through market-based solutions. UNICEF is one of the founding partners of ATscale and has a seat on the ATscale board. ATscale has an ambitious target of reaching 500 million more people with AT by 2030.

The need for AT is a significant and growing problem, with huge inequity in access among LMICs. WHO and UNICEF's recently published [Global Report on Assistive Technology](#) highlights that the percentage of the population requiring AT is relatively similar between LMICs and HICs, however the access is dramatically different, with those in higher income countries having much greater access. ATscale has produced Product Narratives in five key areas (eyeglasses, hearing aids, Digital AT, prosthetics and wheelchairs), which highlight several common market challenges: there is low demand for AT despite the high need (e.g. low awareness, political will, funding); there are supply challenges (e.g. due to low volumes & wide range of products, limited interest in serving LMIC markets, inappropriate designs); and there are also broader challenges in the enabling factors (e.g. limited market information for buyers & sellers, absence of comprehensive quality standards, procurement challenges).

## **Part II: What are we doing today**

ATscale, with its partners, works to address key accessibility issues from a market and an ecosystems perspective. A number of examples of catalytic investments were described, including a USD7.5 million comprehensive plan to increase AT access in Kenya, with similar approaches in Cambodia, Senegal and Central Asia to follow. In addition, ATscale is working to improve the availability of market information, develop guidance on end-to-end vision screening and eyeglass provision, and engage in key global events to increase visibility and momentum towards AT.

UNICEF SD shared an overview of its Disability Strategy and an update on its global tenders. Tenders have been completed for wheelchairs, cushions and hearing aids. There are plans for upcoming tenders in Digital AT, inclusive education, incontinence products, prosthetics / orthotics (TBD). In addition, UNICEF also provides Country Offices and partners with procurement tools, implementation guidelines, product specifications and technical guidance.

## **Part III: Strategic dialogue and engagement with the AT industry**

Through an open discussion, participants shared their experience with markets in LMICs and identified a number of opportunities, such as the potential to partner with local entrepreneurs. It was noted that the need to build markets (i.e. the expansion of markets rather than the penetration of existing markets) incentivises private sector organisations to work in partnership and contribute towards building demand, particularly in lower income countries where the market is nascent.

A range of challenges were also discussed. These included the financing challenge, particularly due to the limited government funds available for AT, in combination with a reliance on limited out-of-pocket expenditure due to the lack of reimbursement for AT in health insurance schemes in LMICs. This was identified as the primary challenge for ensuring access to AT in LMICs given the limited size of the current markets, despite the high need.

Supply chain challenges were also highlighted. For example, some manufacturers require prepayment of the products before shipment and this, combined with occasional funding delays from donors, contributes to long lead times and a need to plan far in advance. LMICs may need additional guidance to determine the most appropriate products to meet their needs and this requires working in close collaboration with the country which may increase the costs and complexity of engaging in these markets.

There is currently little incentive for the industry to develop products that may be more suitable for low resource settings, such as products with low complexity. In contrast, in HICs, there is a market pressure to come up with innovative and more sophisticated products to retain market share. There is also a significant need to invest in the education of both providers and users to highlight the importance of service provision in addition to the purchase of assistive products. For example, the need to improve seating and positioning for wheelchair users. The lack of a complete service package may reduce the incentives for manufacturers to invest in these markets due to the risk of their products being used or managed incorrectly.

Operating in new markets also generates a number of challenges, such as the difficulty of obtaining information from the end-users in LMICs on their needs and their barriers. The companies also indicated that corruption (or perceived corruption) may also increase hesitation to work in certain LMIC markets.

The group then discussed what would it take for companies to invest in the broader ecosystem that is needed to expand the limited market in LMICs. There was agreement that it is possible to collaborate in expanding LMIC markets if companies consider this to be a long term investment and are not necessarily expecting revenues in the short term, particularly in the least attractive markets, such as in LICs. There have been some examples of AT companies jointly contributing to projects to advance the AT market, but these must be considered to be both trustworthy and neutral. Smaller companies highlighted that they may not have financial resources to commit, but would be willing to consider contributions in terms of in-kind donations or time.

The companies also expressed that they feel a significant level of responsibility for how their products are delivered, including the services that are required to be delivered in tandem with the products to ensure appropriate use (such as fitting and follow up). This requires resources for the delivery of products and also training / education at the country level, and where these resources are not available, barriers to entry exist. There was some interest in a potential common effort to address the current training and education challenges in LMICs.

The markets in LMICs are varied in terms of capacity and interest, therefore a prioritisation of countries may help to provide clarity in terms of cooperation from the private sector (ATscale's country investments may facilitate this prioritisation process). In addition, some companies have limited experience in LMIC markets and would need support to begin to understand the markets, the contexts and the end-user needs. In addition, there is a need to facilitate introductions with the right people / groups at the country level. One idea discussed was the potential for a trade fair or procurement workshops in LMICs. Participants also strongly agreed on the need to both create and share experiences, as well as success stories, on the impact of AT in LMIC markets. If these do not yet exist, they expressed a willingness to contribute towards creating them.

The participants expressed a strong interest in continued engagement with ATscale and also suggested efforts be made to further expand the number of companies ATscale is engaging with. ATscale is currently considering how to best involve the private sector in ATscale's Board to ensure broad representation across AT areas, as well as how it can continue to engage strategically with the private sector. In terms of next steps, participants were requested to express their interest in participating in ongoing discussions with ATscale by sending an email to Emily Wootton, Head of Markets, at ATscale ([ewootton@atscalepartnership.org](mailto:ewootton@atscalepartnership.org)).

## List of Participants

First Name	Last Name	Role	Organisation
Pascal	Bijleveld	CEO	ATscale
Emily	Wootton	Head of Markets	ATscale
Dennis	Soendergaard	Innovation Manager (Disability and Assistive Technology)	UNICEF
Kristoffer	Gandrup-Marino	Chief of Innovation	UNICEF
Morten	Rasmussen	Director	Danish Care
Sharmini	Constantinescu	Executive Director	DDO
Eneko	Sese	Head of Global Sales	Irisbond
Jannet	Figuroa	Global Supply Chain Director	Loh Medical
Keoke	King	CEO	Participant Assistive Products
María Peña	Rodríguez	Sales Area Manager for Europe	Qinera
Roger	Ayer	Manager Orthopaedic Products	Rehab Impulse/Alfaset
Uli	Ehlert	CEO	Rehadapt
Roger	Dutton	CEO	Rehasense
Mogens	Bichel Lauritsen	Chairman	MBL
Paul	Everett	Global Sales Manager	Spex
Ben	Eagle	Head Designer	Spex
Mark	Smit	Sales Manager NL & International Account Manager	Vicair
Carlos	Kramer	Educator	Vicair
Mogens	Rahbek	Director of Sales & Marketing	R82