

Domestic Financing for Assistive Technology (AT)

Webinar Transcript in English (4pm CEST session)

SATISH MISHRA: And we should start in a minute. We'll just give a minute for everybody to settle in as I still see people joining in. Good. We'll start in a minute. I still see people coming in. Ok, let's start. Good morning, good afternoon, and good evening to all of you joining from different parts of the world. I'm Satish, Head of Programme for ATscale. A very warm welcome to all of you for this particular webinar which focuses on domestic financing for assistive technology. Before we begin, some housekeeping notes which we all know, but it is good to remind ourselves: the webinar is for 60 minutes and will end at 5pm Central European Time. Please keep your microphone muted. The webinar is in English and is being translated live into French, Spanish, as well as International Sign Language. Please click on the interpretation button at the bottom of your Zoom screen to access them. Closed captioning is also available in English. Please click on the link in the chat box to access it. The webinar is being recorded and will be shared publicly after the event. For any questions, please put them in the chat. We have team members monitoring the chat and they will respond in real time or during the question and answer session. If we are unable to respond to any question during the webinar, we'll ensure we follow up individually with you and respond to your questions. Please use the chat function to provide any general comments you have. Share your own experiences, any practical ideas, any lessons learned, as we want to learn from your own experience. Before we move forward, I think it would be good to have a virtual group photo, and if it is possible for you to open your camera, switch on your camera for a moment so we can see and take some screenshots. We'll have like 30 seconds to do so. If you can switch on your camera so we can see all the wonderful people here in today's webinar, that would be great. Is everybody ready? We go for it. Three, 2, 1. We'll do it one more time just to capture all the screens. Three, 2, 1. Did we manage?

>> **SPEAKER:** Can we just do one more, Satish?

SATISH MISHRA: One more. A good smile please 3, 2, 1.

>> **SPEAKER:** Great, thank you so much for this. Please go ahead.

SATISH MISHRA: Thank you so much. So today's webinar marks the launch of our recently published technical report on domestic financing for assistive technology, which is designed to guide countries in building sustainable financing systems that ensure affordable access to assistive technology. Throughout the webinar, we'll explore some of the key challenges and strategic policies, specifically focusing on how countries can coordinate funding sources, reduce the funding burden on out-of-pocket user payments, and strategically allocate resources for affordability. We are meeting at a particularly significant moment across the globe, where we

see countries navigating geopolitical uncertainty. At the same time, we all know overseas development assistance is becoming increasingly constrained, unpredictable, and subject to competing multiple priorities. This evolving global context makes our discussion today even more urgent and important. For too long, assistive technology has remained under-financed in every health, education, and development system. Yet the need is growing. Governments must increasingly be equipped to take ownership of sustainable financing solutions and ensure that assistive technology programmes are no longer neglected, but are adequately supported both for today as well as for the future. This is precisely the purpose of today's webinar: to implement sustainable domestic financing approaches for assistive technology. If there are 3 key messages we'd like participants to take from today's discussion, that would be: number one, spending on assistive technology is not a cost, it is an investment in the population and for the future of the country. Investing in assistive technology helps people's health and wellbeing, which enables people to participate in education, employment, family, and community life. It can reduce dependency, improve productivity, and unlock the social and economic potential of millions of people. Number two: there is no magic solution that will work for every country; domestic financing strategies must be tailored to national contexts, priorities, fiscal realities, and the needs of people who require assistive technology. Third, resources will always be limited. Even in some of the wealthiest high-income countries, we see under-investment in the space of assistive technology. The challenge, therefore, is not only about mobilising additional resources, but also about finding smarter and more effective ways to maximise the impact and the utility of existing resources. These 3 key messages also bring us an important question, which we'd like to explore together with everybody today: what tools, what evidence, what knowledge, what partnerships are needed at the country level to successfully design and implement sustainable domestic financing for assistive technology? In today's webinar, we'll learn from the findings of the technical report and hear perspectives from governments as well as users, both on domestic financing as well as credit and affordability. Also, we'll hear from international development partners. For today's webinar, I'd like to thank my colleague Jens Wilkens along with my colleagues who have been leading the effort on this particular report. Jens, along with co-authors who are listed in the technical report, has worked extremely hard to make sure that this particular technical report is a practical guide for countries that are embarking on the journey of domestic financing for assistive technology. Now let's dive into today's topic. We'll start with a story from Ineza, which will set the stage for the rest of the webinar. Can we have the audio-visual please? Thank you. Thank you very much. I think it is a great starting point for today's webinar. Now let me introduce Jens Wilkens. I'm sorry if I'm mispronouncing your family name; I'm trying my best here. Jens, as I said earlier, is the technical advisor for ATscale. He is also a researcher at Lund University in Sweden. Jens will present the why as well as the practical recommendations. Jens, the floor is yours.

JENS WILKENS: Thank you very much, Satish. Good morning, good afternoon everybody, and good morning to those of you who are in the Americas. I think the video we just watched with Ineza is splendid, and this presentation over the next 10 minutes or so will give a bit more flesh to the bones, especially on the technical side of this, but it will mirror that narrative we just heard about Ineza. I'm very proud to present this. I think it is arguably still a too-much-neglected sector

in the entire social and health space, assistive technology, so I think this is an important piece of work that we have done, several of us together, and the starting point is really what you have on screen now. This graph addresses the fundamental question of why domestic financing is critical for expanding access to assistive technology: because users fund assistive technology themselves to a large extent. This presents a set of challenges for the individual obviously—the individual in need of an assistive technology—but also for society as a whole. This report explains what these challenges are, provides a framework for country strategy development to meet those challenges (I will come back to that framework in a couple of minutes), and guides countries to find solutions to these challenges. Because financing can address both the dependency on user payments in the system and mitigate the negative effects of those user payments that will remain. It is very difficult to design a system that totally protects everybody's needs at each point in time, but we can crowd out user payments as much as possible and design the financing assessment so that those user payments that remain are as harmless as possible. Next slide please. So in low-income countries, these high user payments affect access very severely and directly, as many people simply don't have the means to pay for assistive technology. But at this point, it is important to mention that even though most people in high-income countries can afford to access assistive technology—both because the public sector is better funded and has more data, and individuals have a higher capacity to pay—this does not necessarily mean they don't experience financial hardship due to the need for assistive technology, even if they have the means to pay for any specific need at any specific point in time. Also important is that this is not only about fairness or rights to access; this is really also about effectiveness in the use of resources. Because as the video said, when the ability to pay is the decisive factor, then utilisation of assistive technology is no longer distributed according to need across the population, but instead according to that ability to pay. And as we all know, ability to pay and need across the population don't correlate very well. Then products and services will simply be used below their potential. At any level of resources, this is very intuitive when we think it through, but it is very seldom recognized. Whatever way we define equity, it is very important to include effectiveness in the use of the resources that we have allocated in society for assistive technology. Next slide please. So with these descriptions as background, the report aims to be a tool for governments and the public sector as a whole to develop strategies and policy financing mechanisms for assistive technology that will increase affordable access. But we hope that other stakeholders—non-government entities, both for-profit and non-profit private entities, and the entire sector of NGOs that is out there—can also make use of this report. It acknowledges the importance of the NGO sector and the need for this sector to continue with its high level of engagement and all the work done by it. But the trick is, if we can get public policy right, it is easier for the non-government sector to complement public engagement. So the report gives arguments for advocacy. It helps the non-government sector design their efforts and engagement, for example, in how to design public-private partnerships in a wise way that increases affordable access across the system. Next slide please. So the report really builds on economics and health financing. It is foundational, and we apply that to assistive technology in several ways, and I'll come back to this in a second. But part of this approach is that we have to, as Satish mentioned, recognize that all countries' challenges are specific. Beyond the blunt facts that individuals have to pay to a large extent themselves, there

are many details we have to understand contextually. But then, when we design financing mechanisms to solve these challenges, the context in which solutions can be found is also very specific from country to country. So all concrete policies and financing mechanisms have a technical function in a system, and we have to understand what that is and understand its likely weaknesses. Therefore, we apply the framework that you saw in the video and which we have to the left here: collecting funds for assistive technology, pooling these funds (that is, aligning funding streams for common purposes), and then using these funds effectively in what we call purchasing assistive technology. So we do underline in the report that more money in itself or more financial resources in itself is not the objective. We must not reduce this topic to just finding more money or increasing funds. However, having said that, the public funding envelope is very important. It ensures sustainability and supports equity in ways no other funding source can. So when approaching this, of course, assistive technology competes with many other sectors. There is no benchmark for how much a government needs to invest in assistive technology, but in the report, we build solid arguments for prioritizing this, and we walk through different ways of benchmarking this envelope—this financial envelope for technology—to compare it in different ways so that we find the right approaches and build evidence on the fact that in most countries it is underfunded, whatever way we measure it. We also discuss in the report how public budgets for assistive technology can be shaped with designated budget lines, and those designated funds can be put on different levels in the system, with pros and cons. It does increase accountability in the system when you have dedicated budget lines, and it safeguards funding to some extent, but there are also risks, like creating a rigid system with less flexibility. So those challenges must be overcome when designing these budget lines to ensure funding for assistive technology, and then we discuss various ways of earmarking resources and complementing traditional funding streams that we borrow from health services and other sectors. Next slide please. As we have mentioned, the ultimate goal of this work is not actually access to a product or a service; it is impact. So that has several implications when we design a financing strategy. One of those implications is that we have to think of an entire continuum of assistive technology. You have that illustrated on the screen, and in this way, it becomes very obvious that it is not enough to ensure access to an AT product. We have to be very clear on how the system funds and creates the right incentives along the entire continuum so that we have as effective prevention as possible, et cetera. Very commonly mentioned is also that, okay, access to the product worked, but maintenance didn't work, and I need additional rehabilitation for this product to be used effectively, et cetera. We do have multiple responsibilities within the government contributing to this sector, and that adds to the fragmentation. For example, we have social and health budgets separate in most countries. This is not necessarily wrong; it is just very challenging to manage in a good way. Aligning these resources for common purposes and finding strategies for doing that is essential. This is essentially why we talk about pooling in the report and mechanisms for finding ways to do that. In addition, this continuum also relates to the importance of appropriately funding service provision that is now evolving in very good ways—for example, including essential assistive technologies in primary healthcare provision to ensure geographical access and many other aspects of access. That is all very good and most often very effective, but of course it requires that the primary healthcare system is financed accordingly, so that not only is the money coming along, but the incentives for providers are also

changed so that primary healthcare can work effectively. Next slide please. So one of the ways to strategize and work on how we make better use of the funds we do have for assistive technology is to work on and carefully define what and for whom public resources are used, and we make use of the UHC framework and three coverage dimensions to walk through those aspects. That is a framework known to everybody in this room, so I won't walk through that now, but one of the key arguments we drive here in this report is that when the government is clear on entitlements and these entitlements to assistive technologies are appropriately funded (that is the blue box, the core of the box here in the slide), then it is much easier for non-government entities to complement that. Clarity in the market makes it easier for market participants to engage because they know what people are entitled to and can make use of in the system. That way, private engagement becomes more effective. Next slide please. I'm bringing this slide for a couple of reasons. One is that we want to stress that we make use of previous work by ATscale a lot in this report, and the market shaping report from some time back is an example of that, which is very effective in showing how access to assistive technology works. That goes back to the use of funds: when the public sector sits on a pot of money it wants to use effectively, it has to understand the market from which products and services are purchased. The one dollar invested and nine dollar return is another example of evidence and work from earlier ATscale efforts that we make use of in the report. Next slide please. So this is the final slide of my presentation today, and I bring it in because, yes, the report focuses on public policy and public finance for reasons that I've mentioned already—that is really key for sustainable financing and equity. But we also link this to the private sector, because part of the responsibility of the public sector is not only to care for what it pays for and provides itself, but also to ensure that society as a whole is effective in providing affordable access. There are certainly untapped opportunities in that space to make better use of the private sector by means of regulation, but also by using public funds wisely and risk-sharing in investments. The second bullet point here talks about the perspective of not necessarily paying directly for services and products, but thinking mainly in terms of utilization, of which there are examples from different countries. We could also imagine that we don't necessarily pay for utilization as such, but for impact instead, so we can drive this pretty far, and we just open the horizon on this because there are opportunities in this from a public policy perspective. Maybe finally, on the last point here, which affects not only this ability to make use of the private sector, but generally the data we need: we need more data on prevalence (that is, need), we need more data on utilization, and we need more data on effect or impact. It is under development, certainly, because unless we have more data, it is difficult to allocate resources. We are working a bit in the dark, so there we have an agenda to work on as well, which relates directly to allocating financial resources. Thank you very much; I'll hand over to you now, Satish.

SATISH MISHRA: Thank you, Jens. One cross-cutting theme of your presentation was how we can use resources more effectively at the country level, and how we can use them in a smarter way with regard to domestic resources for assistive technology. Thank you, Jens, for that. I think it is a good time to invite different stakeholders who are closely connected to and affected by the affordability of assistive technology in the financial ecosystem: the users and the government. I'd like to invite Yusra Gilani. She is an associate at the Special Talent Exchange Programme

and a member of the WHO advisory group on the use of assistive technology. She is also a representative of the Commonwealth Disability and Youth Network. Yusra, it would be great if you could share your own experience on the cost and purchasing of assistive technology. If you have one recommendation for the government and stakeholders present here for greater affordability of technology, what would that be?

YUSRA GILANI: Thank you so much for the introduction and for inviting me to share my perspective today. When we talk about affordability of assistive technology, we often talk about numbers and the price of products, but for the AT user, affordability is much more personal. For me, affordability means much more than being able to buy a product. It means being able to access the whole journey around the product: the assessment, the fitting, the travel, follow-up, maintenance, repair, and eventually replacement. If I can afford the product but cannot afford what is required to use it effectively, I don't think we can really say that it is affordable. Let me share an example that captures this very clearly. A young student with progressive hearing loss shared with me that her existing hearing aids were no longer powerful enough for her hearing loss, and her doctor had recommended new hearing aids. They cost 900 rupees; for her, this was a huge financial burden. Her family was already spending a great deal on her education, so this was not an expense they could easily manage. But what struck me is that appropriate hearing aids were costing her far more than money. As a student, she struggles with communication and participation, and this has also affected her confidence. She asked, "Where am I supposed to go, and what am I supposed to do?" That question really stayed with me because I believe technology exists, the need is clear, and she is capable and wants to participate. I think this is what affordability means from a user perspective. It is not enough for assistive technology to exist in the market; it must be financially accessible to the person who needs it, even after purchasing it. For a hearing aid, there can be costs for assessments, consultations, adjustments, batteries, accessories, maintenance, and eventually replacement. This is why I think we need to look at affordability more broadly. For one person, the main barrier may be the price of the product; for another, it may be the cost of reaching the service; and for someone else, it may be the ongoing cost of maintenance or replacement. For example, someone living in a rural area who needs a wheelchair assessment may need to travel to another city, make multiple visits, and take time away from work or family responsibilities. So the cost of AT is not just the product as a whole. Coming briefly to Pakistan, I want to acknowledge different programmes and initiatives, but I believe these efforts do not reach everyone due to a large population, and NGOs also play a role in filling some of these gaps. 67.5% of people had an inadequate product. Similarly, among people who use AT, 93.7% reported paying out of pocket. These two numbers tell us something important: access is still heavily influenced by ability to pay. So from my perspective, I believe that public financing needs to follow the user's journey, not stop at procurement. I would highlight some priorities: first, we need sustainable public financing for AT so success does not depend mainly on projects, charitable support, or household income. Similarly, I believe we need strong financial protection for people who cannot afford user payments, because saying 50% can afford it means there is partial success, but if a family cannot afford it, they still cannot access the products. I would leave you with one simple message: access to AT should depend on need, not ability to pay—making it accessible means

funding assessment, fitting, maintenance, and replacement, because ultimately we are investing in people, and when we invest in people, we invest in their lives, opportunities, and futures. I believe that is the right kind of investment worth making. Thank you, thank you so much.

SATISH MISHRA: Thank you, Yusra, and thank you for sharing your own story as well as your experience and your message that affordability is not limited to products and services, but includes all the associated costs that need to be considered when talking about affordability. Your pointed feedback and recommendation to follow the user's journey is extremely important. Thank you very much, Yusra, for that. Now let's move to hear from a government perspective. Let me invite Julianah Munongi-Chikwanda. The Government is strengthening funding for assistive technology. The floor is yours, Julianah.

JULIANAH MUNONGI-CHIKWANDA: Thank you very much, Satish. Thank you so much, ATscale. I'll not take much time. Firstly, I would like to say that from a government perspective in Zimbabwe, the country is still at an early stage of domestic financing reform because we still face the major challenge of creating sustainable financing mechanisms and dedicated public funding streams for assistive technology. However, as a country--

SATISH MISHRA: Julianah, I'm sorry, we can't see you properly. I think the camera is tilted. Yes, perfect.

JULIANAH MUNONGI-CHIKWANDA: Is it ok now?

SATISH MISHRA: Perfect.

JULIANAH MUNONGI-CHIKWANDA: I was going to say at the moment we have some achievements as a government. Some remarkable achievements are that in May 2024, we developed and launched the Assistive Technology Strategy, so we now have a strategy in place, and this is providing a framework for improving access, availability, and utilization of assistive products and services. You will find that it explicitly recognizes challenges highlighted in the report, which include inadequate systemic financing, fragmented supply chains, and at times insufficient data. But we have also gone a step further by establishing the national priority assistive products list. We have adopted a national priority assistive technology list, and this helps us know which products are required by people with disabilities. Currently, it contains about 55 priority products, which include wheelchairs, hearing aids, spectacles, crutches, and related products. Now, because of technological advancements, we even have communication technologies and calculators that can be used by people with visual impairments. Import taxes have been removed on these selected priority assistive products, as well as local consumption taxes—what we call Value Added Tax here in Zimbabwe, equivalent to GST in some countries—on importation or sale. As other speakers before me noted, it is not just a question of affordability; even with taxes removed, some people still fail to afford products, so it is a question of looking for domestic financing solutions so that these products and services are provided. Another thing we did is establish a technical working group, which received support from international organizations and ATscale. It helps coordinate the efforts of government ministries, disability organizations, and development partners. Through this technical working

group, we are trying to address one of the major financing challenges identified in this report: previously, there was fragmentation where each ministry, such as the one responsible for social welfare, acted independently without coordination. Now, the technical working group brings together multiple ministries, private companies, and other stakeholders. Additionally, we embarked on strengthening assistive technology rehabilitation and reporting tools, standardizing data collection across the country so that financing decisions are made based on analyzed facts, figures, and tangible evidence rather than assumptions. Furthermore, our disability policy framework supports assistive technology: the National Disability Policy in Zimbabwe recognizes access to assistive devices as a government responsibility and calls for disability focal points across ministries. While not a financing mechanism in itself, it establishes an institutional basis for future budget allocations and cross-sector funding arrangements. In conclusion, while we still have gaps compared to the report's recommendations—such as not yet having a dedicated technology budget line or ring-fenced fund—we look forward to moving from policy development to long-term domestic financing in the next phase. Thank you, Satish.

SATISH MISHRA: Thank you, Julianah, and thank you for clearly outlining some of the tools and practices implemented in the country, as well as acknowledging that this is a journey. You highlighted work done on prioritizing products for government procurement, removing taxes and VAT, and bringing different ministries together in a technical working group to pool resources effectively. These are great examples of pooling resources and maximizing effectiveness as we move forward on domestic financing. Now it is a good time to listen to experiences from development partners like the World Bank, which is often at the center of financing reforms in countries. It is a pleasure to invite Manjiri Bhawalkar from the World Bank. Manjiri, what do you find to be the most interesting highlights in the report? The report argues for dedicated funding; how do you see this as an opportunity for increasing domestic resources? And finally, do you have an example from another sector—such as education or pharmaceuticals—that can be applied to domestic financing for assistive technology? Over to you, Manjiri, please.

MANJIRI BHAWALKAR: Thank you, Satish, and thank you to the ATscale team. A lot of the frameworks and issues really resonate with me, and several of the problems are actually no different from other issues in the health sector, whether it be HIV, TB, malaria, primary healthcare, or nutrition: they all face the same challenge of inadequate resources and fragmentation. The advantage is that we can draw lessons from other program areas, HIV in particular. It started off as a unique problem in the '80s and has now become front and center, with MDGs having an entire area dedicated to it, so there are lessons there. On the question of earmarking, this is not a panacea or a silver bullet because it is fraught with technical challenges. Typically, ministries of finance or the IMF do not recommend hard earmarking due to several issues. But in general, the idea of health taxes (previously called sin taxes on alcohol and tobacco, now politically corrected to health taxes) provides a steady stream of funding. There are excellent examples from the Philippines, where tobacco taxes fund their national insurance programme, and sugar taxes in Uganda fund HIV programmes. However, earmarking that revenue stream is a different issue; many countries lack strong taxation frameworks and tax management, so when you earmark, you must understand and work within that taxation system

to ensure the money serves its intended purpose. Another problem is that ministries of finance often state that dedicated streams will not receive additional funding, which makes advocating for more money challenging if the problem expands. Tax collection is also frequently an issue. So there are many technical challenges associated with hard earmarking: you have the dedicated tax revenue stream, and then the collection, management, and utilization of those funds. Additionally, currency fluctuation and high inflation in many countries have reduced the purchasing power of dedicated HIV funds over time. Therefore, earmarking must be considered alongside governance and tax experts. Regarding fragmentation, I was struck by the lack of evidence highlighted in the report: countries often do not know their overall need, which is a fundamental problem for advocacy. I think it is worth it for countries to estimate the scale and scope of need. While the Demographic and Health Survey (DHS) funded by USAID faced constraints, the World Bank has the Living Standards Measurement Study (LSMS). It might be worth ATscale engaging with the LSMS team at the Bank to assess the feasibility of adding questions or a module on assistive technology as a starting point in a few countries to understand demand and need. Another useful exercise is mapping existing resources: who is paying for what? It does not need to be a full National Health Accounts exercise, which is very intense and time-consuming. My team at the World Bank conducts resource mapping for primary healthcare and reproductive/child health, and we are happy to share that methodology to adapt it for assistive technology. Mapping who spends on what across fragmented government entities (Ministry of Labor, Ministry of Health, Ministry of Defense) yields the gap between demand and existing resources, which is crucial information for advocating with partners, ministries of finance, or NGOs. Ministries of finance understand the language of rate of return and ROI rather than emotional appeals. Generating solid evidence takes time, as seen in the 25 years of HIV advocacy built around projections and scenarios, but it can be done by starting small with technical partners. Finally, to reduce fragmentation within the health sector, discussions center around integration of financing and service delivery. Instead of a standalone strategy, couch assistive technology within the broader health strategy to leverage the full advocacy and management power of the Ministry of Health while preserving specific AT needs. This connects to Universal Health Coverage (UHC) conversations, basic benefits packages, and insurance coverage (similar to dental or vision insurance in the West). Generating evidence and learning from HIV or nutrition programs can help address these methodological challenges, and I am happy to help connect the dots. Excellent job on the report—well done! Thank you.

SATISH MISHRA: Thank you, Manjiri, for explaining what is happening in this space and sharing insights from other sectors on financing for assistive technology. We are running over time, so my apologies for that. I will take one quick question for Jens: in 30 seconds, if you had to give an elevator pitch to a ministry of finance on prioritizing assistive technology resources, what would it be? Your 30 seconds start now.

JENS WILKENS: Thanks. I would highlight the data Manjiri mentioned and show that the cost relative to impact is extremely beneficial in the assistive technology space. Ministry of Finance officials are prudent with spending and want to protect budget lines, but they are under pressure to ensure money is well spent. They care about the cost-benefit ratio, and we can demonstrate

a highly favorable return on investment in this sector.

SATISH MISHRA: Right, thank you Jens for that. I see there are many questions in the chat. We will follow up individually to ensure all of them are answered. Thank you to everyone for joining this discussion, and apologies again for running over time. The technical report is available online, and my colleagues will share the link in the chat box. The webinar recording will be publicly shared on the ATscale website and social media platforms. The next webinar organized by ATscale will focus on the ear and hearing care package of interventions in October, and everyone will be invited; details will be shared soon. We hope today's webinar marks the beginning of an ongoing dialogue and collective effort to strengthen domestic financing for assistive technology. With that, I would like to thank all the speakers, partners, and participants for joining today, as well as my ATscale colleagues for their hard work on the report and organizing today's webinar. Have a great day or night ahead, wherever you are. Thank you very much. Thank you.

>> **SPEAKER:** Thank you all.