

Webinar on Domestic Financing for Assistive Technology

Webinar Questions and Answers

This document captures the questions and answers discussed during the Webinar on Domestic Financing for Assistive Technology held on 16 September 2026, hosted by ATscale. As there was limited time to answer all questions, additional clarifications have been provided in this document. Please refer to the [report, webinar recording, transcript and presentation](#) for full context.

Question: How can governments prioritize assistive technology within constrained public budgets while balancing competing health, education, and social protection needs? Disability inclusion often competes with other sector priorities despite its cross-cutting benefits.

The Report on Domestic Financing for Assistive Technology focuses on answering exactly this question. It provides guidance on how governments and policymakers can think about defining a financing strategy for assistive technology provision in a country, while leveraging the financing framework of collecting funds, pooling funds and purchasing AT. Please read the report for more information.

Question: In a lot of instances, the initial funding gets used for providing access to the AT device/service, but over time, without maintenance, that very device/service becomes less effective/unusable. So how does one go about mobilising funds for the same as funders are focused on numbers and optics?

When governments or policymakers are developing the AT programs, they need to consider the full service delivery continuum. To ensure long-term maintenance, financing models should move away from purchasing products alone and instead fund the full service delivery continuum, or apply outcome-based funding (such as impact bonds) that incentivize long-term functional results rather than initial distribution numbers.

Question: For middle-income countries, what are the most effective policy and financing mechanisms to ensure affordable access to assistive technology for persons with disabilities across the life cycle, including children, women, older persons, and refugees, while reducing reliance on out-of-pocket payments and donor funding?

Middle-income countries can combine functional status assessments with targeted socio-economic support, define clear benefits packages via National Priority Assistive Products Lists (APLs), pool fragmented public/private funding streams, and utilize health-related consumption taxes ("sin taxes") to expand domestic coverage.

Question: What indicators should governments track to demonstrate the social and economic return on investment of assistive technology and strengthen the case for

increased domestic financing?

Education and labour market participation, by target groups, are relatively simple and informative proxy indicators for social and economic return that are possible to track in most countries. When resources allow, studies on return on investment (ROI) for every dollar spent on an assistive technology program are important for understanding how investments are translated to benefits. Please see ATscale's [Case for Investment in Assistive Technology](#).

Question: The ratio 1:9 has been mentioned for many years now. Would it be possible to expand on this statement in more detail, and make a simple graph or picture on this so it is easy to demonstrate this ratio 1:9? Highlighting that it is not a cost but an investment.

The 1:9 ratio indicates that every \$1 spent on common assistive products (like wheelchairs, spectacles, hearing aids, and prostheses) yields \$9 in economic and societal returns by reducing informal care needs and unlocking productivity through education and work. The full report and infographics can be found [here](#). In the Domestic Financing for Assistive Technology report ATscale also explains that ROI studies and similar approaches can have additional use by informing how the positive return is created and where the returns are particularly high.

Question: How can we bridge the gap between having assistive products included in national policies and benefit packages, and ensuring that they are actually financed, produced, and accessible to the people who need them?

There are a wide range of strategies that can be employed. The Report itself provides some examples that have proved to be effective in different contexts. Bridging this gap requires including cost-utility (not only cost and functional effect separately) into building the national priority lists (APLs) and explicitly linking it to realistic domestic budget allocations, establishing designated budget lines across line-ministries, and integrating AT service delivery directly into primary healthcare systems. But it must be noted that every country requires a tailored approach depending on local needs, government priorities, and financing landscape.

Question: Are the principles of the circular economy—such as making assistive technologies available on a rental basis and having product producers handle upgrades and maintenance—also included?

The Report encourages governments and policymakers to consider the entire service delivery model from product procurement, fitting, training, etc up to maintenance and repair. Further, the report underlines that public entities must not only focus on policies to pay for assistive technologies as products and services, but can pay for making them available (fund loan and rent mechanisms). Contextual circumstances may influence what is most effective. While the concepts of circular economy have been included, successful case studies are still rare in low- and middle-income countries.

Question: Are there examples of development partners co-funding national AT and rehabilitation budgets and phasing out financial support as the 1:9 ROI is realised?

There are several examples of success in public health more broadly, for example in immunization where co-financing of international organizations and national governments towards a clearly defined national immunization strategy has led to practical action towards progressive increase in national budgets. In AT programming,

organizations like ATscale are working towards this objective. Some examples are provided in the report. In Georgia, for example, alongside an ATscale-funded program, the government recently introduced a public reimbursement per consultation for assistive technology to incentivize large uptake and responsiveness.

Question: Could greater emphasis be placed on the use of assistive technology in education? Access to appropriate assistive devices and accessible digital learning tools is essential not only for health and functioning, but also for inclusive education, learning continuity, and successful transitions to employment.

Yes, AT is critical for educational access and continuity. Blending education and health budget lines or pooling resources across line-ministries can ensure accessible digital learning tools and assistive products are funded across life transitions. As the Report suggests, funding for AT is often fragmented across line ministries. Therefore, it is important to leverage other ministries for resource mobilization, while ensuring coordination across ministries for alignment on priorities and increasing efficient use of resources.

Question: What suggestions do you have for middle income countries to cover the costs of assistive technology at the workplace? Health insurance doesn't cover it.

As mentioned in the Report, there is always room for continued advocacy with the government for further expansion of health insurance, especially when the arguments are well founded. In the workplace environment, assistive technology can clearly benefit both the user and the employer, in several ways, which makes the case for sharing costs between more stakeholders than only the health insurance and user. This opens the opportunity for designing private-public partnerships to cover costs of assistive technology at the workplace.

Question: Considering the recent Resolution by the UN, what opportunities and of course challenges are there to fully attain the objectives of Domestic Financing for AT?

Opportunities include international momentum to integrate AT into UHC, national benefit entitlement regulations and budget frameworks. This can be leveraged as a moment to translate advocacy into concrete policy change and financial commitments at the national levels. However, this requires commitment among national governments and strong collaboration across the international community, INGOs, NGOs, OPDs and the private sector.

Question: What should come first: developing funding mechanisms for AT, or developing a qualified workforce that can provide the much needed services in AT. In many/most LMIC's, even if the funding is secured, people in need will still not get any improvement in their quality of life because the workforce to provide the services is non-existent.

Financing and workforce development must advance together, just like other governance and provision aspects must align and support the development. Sustainable strategy requires AT provision complemented by an appropriately trained workforce. The workforce must be both able, work in a conducive environment, and have the adequate resources and appropriate incentives to do professional and effective work.

Question: Imposing taxes at any stage of assistive product production, from

manufacturing to distribution, amounts to extreme discrimination based on disability. During a public hearing held on June 4th on the occasion of Assistive Technology Day, a hearing aid user in Bangladesh asked: "If a tax is not imposed on your ears for hearing, why should a tax be imposed on my hearing aid for hearing?" We are still desperately searching for the answer to this question.

Taxes and tariffs on essential assistive products drive up costs for vulnerable end-users. National governments need to make a trade-off on revenues made from taxes and tariffs vs. costs of cover AT programs and conduct a cost-benefit analysis to decide on the most economically efficient approach for their systems. ATscale's Technical Report and Policy Brief on [Assistive Technology and International Trade](#) presents new research and recommendations.

Question: Does "Rehabilitation" also include "outcomes"? And there should be a feedback loop or mechanism to evaluate whether assistive technology and rehabilitation are effectively meeting users' needs and producing successful long-term results.

Yes, effective provision requires tracking outcomes and long-term user impact. Establishing feedback loops and integrating AT outcome measures into health information systems helps ensure products continue to meet users' functional needs over time. See last chapter in the Domestic financing for AT report, which introduces and underlines the connection between data and information and resource allocation for better outcomes.

Question: Who can I reach to get more clarification on these answers?

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