

Increasing Access to Assistive Technology (AT) in Southern Africa: Major Challenges and Solutions

| Challenges | | DPO Action To Increase AT Access |
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| Most people are not aware of the wide range of AT products that could be available. | Mobility devices such as wheelchairs and crutches are what most people think of as ‘assistive technology’ and not the full range of AT available such as products or communicating, cooking, writing, memory, skin protection, reaching, etc. | <ul style="list-style-type: none"> • Educate all stakeholders about the wide range of AT products that are possible by sharing information and implementing awareness raising events. |
| The cost of AT is generally very high in Southern Africa. | Most AT products costs are high because most are imported, incur import duties/taxes, are subject to fluctuating exchange rates, and can be bought and sold many times with high price mark-up before being purchased by the end consumer. | <ul style="list-style-type: none"> • Advocate for governments/policy makers to create policies that result in more affordable AT such as VAT/tax exemptions, and price mark-ups restrictions. • Advocate for local production where appropriate technology exist. |
| The high cost of AT results in governments and other buyers purchasing fewer or selected products only. | Government, medical aid or other funding sources rarely cover AT so people often have to pay for it out of pocket and product costs can be expensive. | <ul style="list-style-type: none"> • Advocate for government/policy makers to budget specifically for AT in different sectors. • Advocate for medical aid companies to cover a wide range of AT products. • Identify and support suppliers who offer appropriate and affordable products. |
| The provision of AT is often limited to the health care departments only. | AT should be a mainstream supply, and not only limited to the health care department. In addition, health care budgets are always under pressure. | <ul style="list-style-type: none"> • Advocate for government/policy makers to mainstream the provision of AT through all relevant government departments (such as education and labor), as well as through the private sector. |
| There are often significant delays in the provision of AT in Southern Africa. | Most people with disabilities never get the AT they need. For those who do receive AT, they often have to wait for many months or years to receive it. | <ul style="list-style-type: none"> • Intensify advocacy to increase the range of AT as well as budgets for purchasing AT within relevant government departments. |
| Low availability of information-related ATs such as for persons with visual impairments. | Copyright, patency laws, and other laws, can restrict or limit availabilities of certain ATs within Southern Africa that enhance information/education, especially for persons with visual impairment. | <ul style="list-style-type: none"> • Advocate for ratification and domestication of relevant international human rights instruments such as the Marrakech Treaty. |

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| <p>Some charities and private importers are providing inappropriate AT products or AT without services, which can cause harm.</p> | <p>Some charities and importers bring in AT products that are not suited for the Southern Africa context, are cheaply made, are ‘dumped’ without the needed services, and/or do not ensure products are locally repairable. Appropriate assessments, prescription, fitting and user training is seldom done.</p> | <ul style="list-style-type: none"> • Identify and support charities and importers that are committed to providing appropriate AT that are locally repairable. • Partner with donors to increase awareness about appropriate donated AT, and ensure these products adhere to international standards, if available. |
| <p>There are not enough people trained to assess, prescribe, fit (if needed) AT and train users.</p> | <p>There are very low numbers of professional health care personnel in Southern African countries. Most of these staff are limited to urban areas. This results in long waiting lists and limited access to devices. Some AT products such as prosthetics require the services of a skilled professional. However, mid- and grassroots level personnel can successfully be trained to supply certain categories of AT.</p> | <ul style="list-style-type: none"> • Train mid- and grassroots level personnel to provide some categories of AT. • Advocate for public-private partnerships to improve access to AT supplied through professionals only. • Advocate that educational institutions and professional associations training programs cover AT provision, maintenance and repair. • Advocate for ongoing training of AT service providers on best practices regarding AT products and provision. |
| <p>There is a lack of repair services for AT and AT are often abandoned.</p> | <p>There are few private and public AT repair services in Southern Africa due to the lack of trained personnel and funding for services. Often imported products are not repairable locally because the spare parts are not available, and suppliers lack repair skills. Product warranties are rarely available, or require users to pay out of pocket to cover transport/shipping costs.</p> | <ul style="list-style-type: none"> • Advocate that governments require product warranties that cover transport/shipping when selecting AT suppliers. • Advocate that relevant government departments allocate budgets specifically for repair and maintenance. • Identify and support AT suppliers that repair products locally. • Increase the number of service centres for AT repairs and/or add AT repair to existing engineering and maintenance department services. |

For more information

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