AT-INFO-MAP

Increasing access to assistive technology in Southern Africa

Mobility

Hearing

Vision

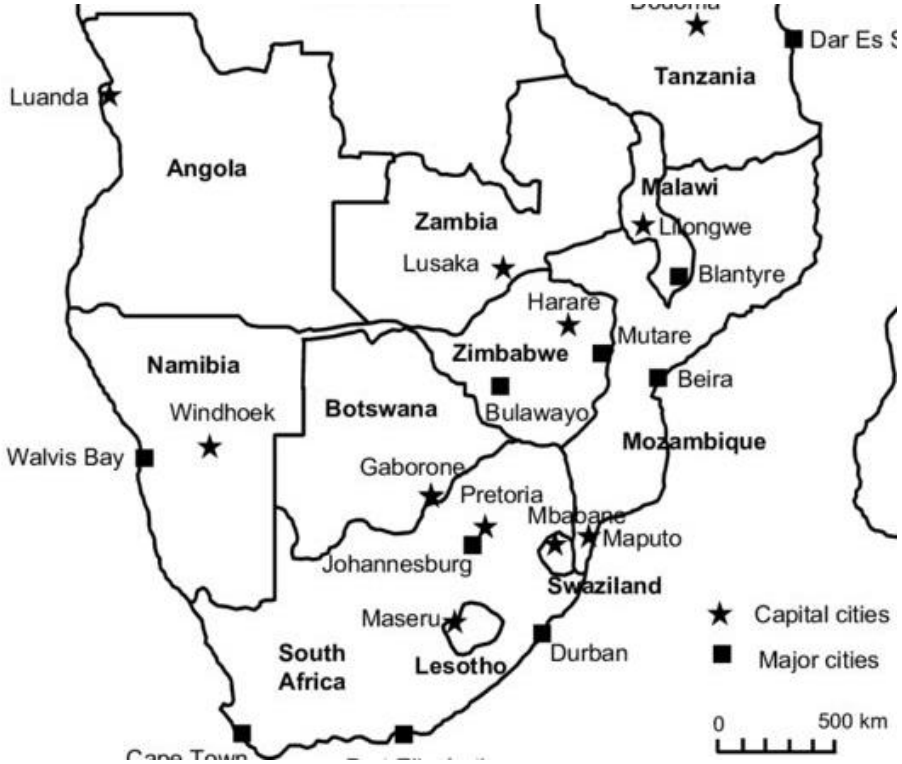
Communication

Environment

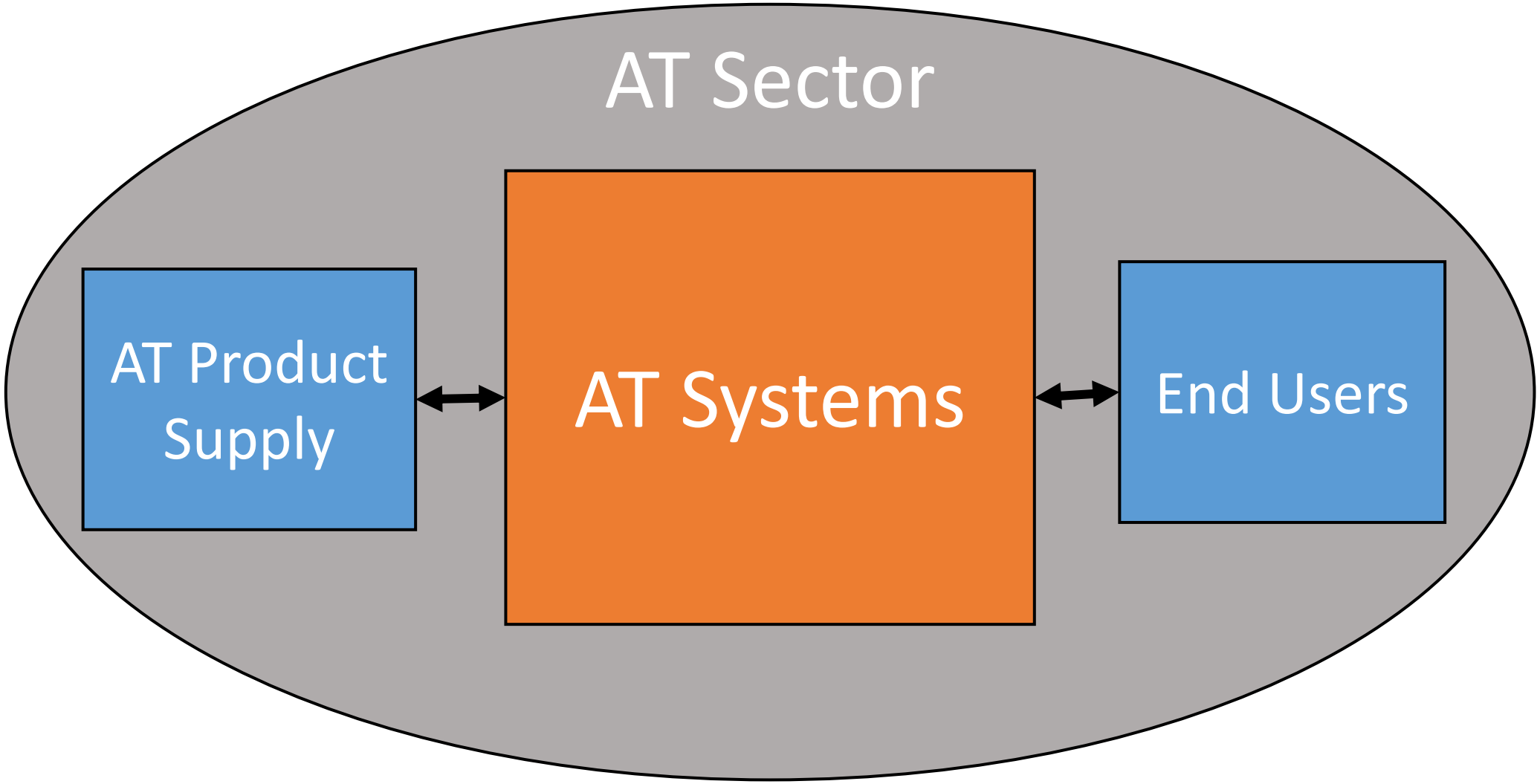
Reading

Outline

I. Status quo of assistive technology (AT) sector
II. What is wrong with the AT sector
III. How to increase AT access
IV. DPO advocacy



What do I mean by AT sector?



PART I.
Status quo of AT sector

Status quo of AT sector

- Estimated that only 15-25% of people who need AT receive it in Southern Africa.
- Mobility devices are more commonly available than other types of AT.
- Of those who do receive AT, many experience:
  - Long wait time
  - Long and costly travel time to reach AT
  - Inappropriate devices
  - Lack of sustained use (repair, replacement, modifications)

“In the 5 years I worked at [hospital] not a single person got a prosthesis…and I don’t know how long it was before I started that there were no prosthetics.”

Status quo of AT sector

Where is AT coming from?

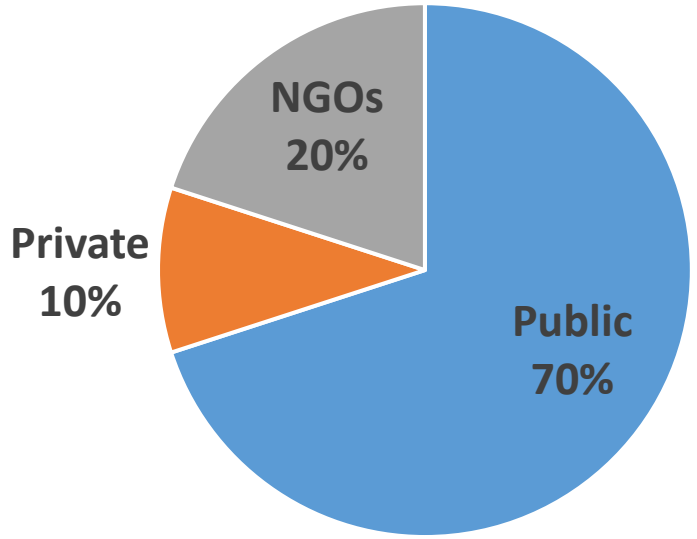
- Majority of AT products are imported from US/European countries or China/India into South Africa to enter the region.
- South Africa is the only country in the region that manufactures AT at a medium-large scale, primarily mobility devices.

- Minimal local manufacturing in all other Southern African countries.

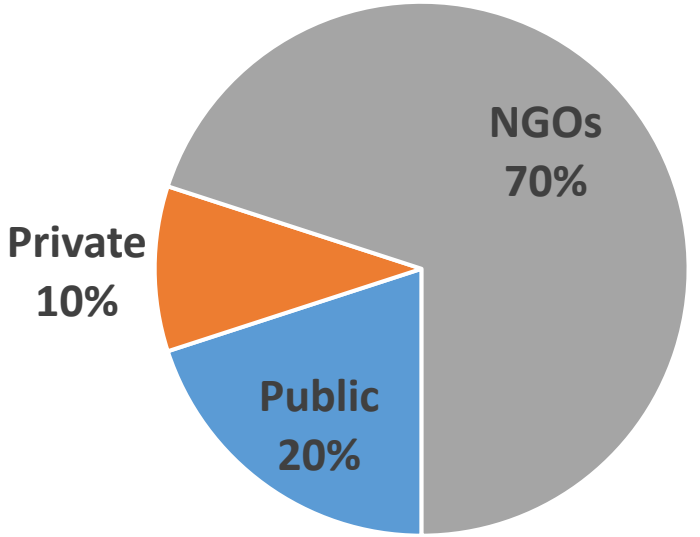
Status quo of AT sector

Who are the major funders of AT?

- Public - ministries/department
  - Health (MOH)
  - Education (MOE)
  - Social Welfare (MOSW)
  - Department of Veterans Affairs (DVA)
  - Road Accident Fund (RAF)
  - Workers Compensation Fund (WCF)
- NGOs - international donors/agencies
- Private - medical aid companies



Stronger economy



Weaker economy

Status quo of AT sector

<u>Who is providing AT to end users?</u>

There are hundreds of AT providers in Southern Africa:

- Multiple ministries/departments (MOH, MOE, MOSW, RAF, WCF, DVA)
- NGOs - international agencies & NGOs, and local non-profits/charities
- Private AT companies
- Employers
- Private schools and colleges
- Churches (donations)
- Pharmacies (example: Dischem sells variety of crutches and walking sticks)
- Local independently owned shops

PART II.
What is wrong with the AT sector

What is wrong with the AT sector

AT is a **low priority.**

The systems that supply and provide AT are **highly fragmented** and **overly complex.**

INADEQUATE RESOURCES

- Lack of funding for products and related services, including repair.
- Lack of investment to develop systems that would increase supply and access.

INEFFICIENT SECTOR

- AT products are unnecessarily expensive.
- Available & appropriate AT are not kept in circulation.
- AT supply is vastly inadequate.

Lack of access and sustained use.

Why is AT a low priority?

- Lack of awareness about:
  - Range of AT possible
  - Extent of need - people with disabilities, chronic conditions, aging
  - Value of AT - to end user, family, community, society
  - Market potential - unmet demand
- Discrimination/attitudes
- Competing needs within economic context
  - Basic vs. luxury AT

"When the economy went bad, certain products became luxuries. When people think of function they think of a wheelchair, they think of crutches. So other things become luxuries like having a writing aid so you can write."

How is the AT sector highly fragmented?

The sector is fragmented by:

- Major actors - funders/buyers/providers
  - Government ministries/departments
  - Medical aid companies
  - NGOs/international agencies
- Types of AT and disabilities

How is the AT sector overly complex?

Supply chain inefficiencies:

- Redundant intermediaries in the supply chain that reduce value and increase costs.
  - Lack of regulation/enforcement
- Too many transactions/lack of bulk purchasing.
  - Fragmentation of buyers
  - Lack of information on current and future demand

AT-INFO-MAP

Why does one Braille printer that sells for **$23,000 USD** from manufacture in the US cost **$60,000** for the Ministry of Education to purchase in Botswana?

Inefficiencies in supply chain	Price	Reasons for inefficiencies
1. Manufacture sells to company A in SA	**$23,000**	Buying one product instead of bulk purchasing.
2. Shipping/tariffs to SA	(+$5,000) **$28,000**	Lack of AT tariff exemptions at border.
3. Company A sells to B, company B to C, company C to D in SA	(+15,000) **$43,000**	Redundant intermediaries. No price mark up restrictions.
4. Company D sells to company E in Botswana	(+5,000) **$48,000**	Indigenization policy.
5. Shipping/tariffs to Botswana	(+7,000) **$55,000**	Lack of AT tariff exemptions at border. Poor regional shipping infrastructure.
6. MOE purchases from company E	(+5,000) **$60,000**	No price mark up restrictions in tender policies.

How is the AT sector overly complex?

Bottlenecks in distribution systems:

- Extensive red tape to order and deliver products.
- Long journey for end user to reach AT - proximity & process.

“Employers are motivated to get AT for the job but there is still long red tape. Depending on department it could take 2 years to receive AT….Someone can get a job but can’t do the job because they can’t use their computer.”

PART III.
How to increase AT access & sustained use

How to increase AT access & sustained use

AT is a **low priority.** → INADEQUATE RESOURCES → HOW TO INCREASE RESOURCES?

1. Awareness raising

The systems that supply and provide AT are **highly fragmented** and **overly complex.** → INEFFICIENT SECTOR → HOW TO REDUCE INEFFICIENCIES?

2. Prioritize direct & full service suppliers
3. Fix distribution logistics
4. Intersectoral coordination
5. Shape role of intl NGOs/donors

1. Awareness raising on AT sector

Targeted:

- Government officials involved in AT budgeting and procurement
- Public rehabilitation professionals and educators

Sustained:

- Posts for AT experts
- AT policies include awareness raising

“Right now people have to find out for themselves about AT, some do not even know what it is, but if this were to be part of education policy that is rolled out to every school then more people would be aware of what is AT and what they can do with it.”

2. What are direct and full service suppliers?

- Buy direct from manufacturer or they are a manufacturer.
- Provides **after sale support** (repair, replacement, spare parts), as directly as possible to end user.
- Expertise in AT - training, guidance, sustained use.
- Invested in advancing AT sector - private market, public policy.
- Bring new AT products to into market - domestically made and imported

2. Prioritize direct and full service suppliers

Design policies that prioritize and pay for direct and full service suppliers.

- Target major buyers – public tendering, NGOs, medical aid
- Require replacement parts and repair to be included with products

"What happens is, the person just needs to replace the ferrules but the hospitals can't get the ferrules so they give him a whole new crutch. So you walk into a therapy department and there are stacks of crutches still in perfectly good condition, they just don't have ferrules. It's massive waste of budget."

3. Fix distribution logistics

- Simplify ordering process - too many approvals, paper-based systems.
  - Which departments are have more timely distribution? Example: Road Accident Fund
- Decentralize distribution to reduce travel for end users.
- Immediate focus on local repair/reuse programs to keep available products in circulation.

4. Intersectoral coordination

- Harmonizing policies within and across ministries and sectors:
  - Essential AT list - Domesticating WHO GATE
  - List of preferred suppliers - direct and full service
  - Sharing tendering specs (quality standards, pricing)
  - Tariff exemption policies
- Consolidating funding & buying where feasible
- What coordinating structure is best?
  - Examples: National Medical Device Industry Association, National Regulatory Authority for Medicines

4. Intersectoral coordination

Regulations for private medical aid companies:

- Rapid growth in private health industry throughout Southern Africa
- Minimum benefits for AT

“We are faced with a challenge…of getting medical aids to fund a brace for a child…There is just a huge imbalance…They will pay R200-300,000 for surgery but they won’t pay a 1/10th of that for a brace.”

5. Shape role of NGOs/intl. agencies

- Support growth of local AT market by purchasing from direct and full service suppliers.
- Reduce fragmentation in funding/target groups.
- Fund initiatives to strengthen the national and regional AT systems.
  - Supply chain management
  - Information systems - extent of need, level of capacity
- Support testing and scaling up of local solutions.
  - Examples: Peer support programs, repair/reuse programs, locally made AT

PART IV.
DPO advocacy

Where should DPOs start?

AT is a **low priority.** → INADEQUATE RESOURCES → HOW TO INCREASE RESOURCES?

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COMMENTS & QUESTIONS

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THANK YOU