We are not equipped to equip a billion people

by Wesley Pryor

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Up to one billion people need equipment to stay alive, keep moving, or to communicate and participate in community life. This could double by 2050.

But, the World Health Organization estimates that today, only 1 in 10 people have access to these products. Neither the Sustainable Development Goals nor UN Convention on the Rights of Persons with Disabilities can be fully realised without immediate reforms.

Getting an assistive product can depend on a chance encounter with a fragmented network of charities and NGOs. Often, people have to purchase and maintain their own products of dubious provenance, from unqualified local salespeople, without any hope of financial support, subsidy or reimbursement.

Equitable access to assistive products is at the intersection of the 'development for all agenda', public-private engagement, and emerging health patterns. These are especially relevant in the Pacific, where NCDs are described as a crisis, and diabetic amputations, violence and injury are common as anywhere else on earth. Australia's leadership in disability inclusive development and 'aid-for-trade', and its current position as co-chair of the Global Action on Disability group, are an opportunity for ensuring global reforms are adapted and implemented in our region.

So, what are these products? Wheelchairs, hearing aids, reading glasses, communication devices, Braille writers, memory aides, positioning devices, crutches, walkers, prosthetic limbs – just to name a few.

These products, and the services and people who provide them, are a powerful determinant of equitable development. Reading glasses, hearing aids or appropriate seating can be the difference [pdf] between children attending school or not. A properly fitting spinal brace can be the difference between life and death after an accident, or for children with profound scoliosis. Good footwear and cushions can mitigate the risk of dangerous, life-threatening ulcers in people with diabetes, spinal injuries, and in older people.

The products work, but to date our systems to deliver them equitably have not.

As health patterns shift [pdf] from communicable to non-communicable diseases and as populations age, the cycle of exclusion for older people and people with disabilities will continue unless we re-imagine the meaning of 'universal health coverage', to include products and the services required to deliver them.

This is why the World Health Assembly (WHA) recently endorsed a list of 50 priority assistive products. The list intends to stimulate supply-side solutions and incentives, including financing strategies, reimbursement policies, tax breaks and grants for local production. This is exciting, welcome, and overdue.

Right now, though, we are chronically underprepared to meet the need, or even basic obligations described in the WHA resolution. Let's look at some reasons why.

Assistive products are not part of health budgets

Provisions for accessing assistive products and comprehensive rehabilitation through national health budgets are uncommon. Access to mobility products like crutches and canes, wheelchairs, prosthetic devices often depends on post-conflict humanitarian aid in some countries. Assistive products are often financed through international NGOs, usually linked to the legacy of landmines and other explosive ordnance. Indirectly, this might explain a lack of emphasis on products other than mobility devices.

Assistive products span multiple sectors, our investments don't

To get the right product to the right person at the right price requires complex interactions between end-users, health professionals, insurers, manufacturing, transport, and local market conditions. Intervening is therefore complex, and has tended to target a small range of products.

Real change will require investment and coordination across many sectors such as health, education, trade and imports, disability, and manufacturing. That will require new collaborations and commitments, but we are not always set up that way.

There is some emphasis on mobility devices, but relatively little on other products

Reliable access to hearing aids, communication devices, or devices to help people with dementia remember things are very rarely included in national plans. This is compounded by the neglect of communication and cognition devices in research. These products fall afoul of most recent investments in mobility devices, which were driven largely (but not entirely) through victim assistance obligations.

We are not measuring progress

Metrics of health systems performance currently neglect access to assistive products [pdf]. If the axiom 'what gets measured gets done' is true, we are in big trouble. It is essential to measure equity in development, not least whether the SDG goals really meet the development 'for all' target. This will include ways to monitor the population's access to products. We will need to ensure equitable distribution, targeting those with the least capacity to pay.

Where to now?

The assistive technology and rehabilitation sector has attracted some important allies. In September 2016, President Obama announced a US$90 million investment in 'clearing bombs, supporting survivors and advancing a better future for the people of Laos.' In late 2015, German Chancellor Angela Merkel and Chinese Premier Li Kequiang oversaw the signing of a bilateral agreement on trade, jointly recognising a need for technological exchange, knowledge sharing and the need for continued emphasis on people with disability in development policy.

In addition, USAID pledged [pdf] US$6 million over the next 6 years to develop the World Health Organisation's Global Cooperation on Assistive Technology initiative. And individual countries, such as the Philippines, are progressively including new provisions for assistive products in national insurance schemes.

These resolutions and commitments are not only enormous opportunities for consumers, but for industry, manufacturers and health professionals. There is potential for downstream savings as products may prevent unnecessary health problems, and increase economic participation.

DFAT's commitment and regional leadership in disability inclusive development has held relatively steady through tumultuous and controversial years for our aid program. Assistive products are often a mediator [pdf] of rights, economic participation and dignity for people with disabilities. Australia's *Development for All* strategy describes reasonable accommodation as being fundamental if people with disabilities are to benefit from development efforts. Accordingly, Australia is an important regional donor and technical partner in this field. But systems for access to assistive products cannot be seen as a disability problem alone.

Assistive technology provides an opportunity to demonstrate how consumers, industry and health professionals, in both the public and private sectors, can make a difference to a critical leverage point for *Development for All*.

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