DFAT's new International Disability Equity and Rights Strategy: Response to call for submissions

15th December 2023

Prioritising rehabilitation and assistive technology

> *"Access to Assistive Technology deserves greater attention now than ever before. In fact, access to appropriate, quality assistive technology can mean the difference between enabling or denying education for a child, participation in the workforce for an adult, or the opportunity to maintain independence and age with dignity for an older person. Access to assistive technology empowers and enables individuals and communities and is a key pre-condition for realization of the UN Convention on the Rights of Persons with Disabilities and achievement of the Sustainable Development Goals. Put simply, assistive technology is a life changer."*
>
> Foreword, the Global Report on Assistive Technology (2022)

About us

We are a group of professionals from Australia and the Pacific region with many years' experience providing rehabilitation and assistive technology services and/or designing and delivering development programs to increase access to rehabilitation and assistive technology services in places with fewer resources. We have come together in the spirit of locally led development to submit our shared vision of increased access to rehabilitation and assistive technology in the Pacific region, to ensure disability equity and realisation of rights.

Response to questions

1. What should Australia prioritise to advance disability equity and rights internationally? (What are the most important things we should work on for disability equity and rights?)

Australia needs to increase its ambition regarding advancing disability equity and rights internationally. Australia should prioritise and significantly invest in scaling up rehabilitation and assistive technology (AT)[1] services in the Pacific because it directly enables realisation of disability equity and amplifies development investments and action on climate change adaptation, gender equality and LGBTQIA+ rights.

The rights of people with disabilities in the region are enshrined in international conventions (UNCRPD) and regional frameworks (PFRPD). The Pacific region's peak representative body for people with disabilities, the Pacific Disability Forum (PDF), identified six pre-conditions for advancing equity and rights in the region in its current strategic plan. The six pre-conditions are accessibility, assistive devices (assistive technology), non-discrimination, social protection, support services and Community Based Inclusive Development (CBID). Therefore, the most direct, responsive pathway for Australia to contribute to advancing equity and rights is through increasing its focus, ambition and spending for addressing these preconditions. This submission focuses on assistive technology (and related rehabilitation services) as a precondition to inclusion, equity and realisation of rights; and

[1] Rehabilitation is a set of interventions designed to maximise the functioning of all people in the population, including people with disabilities. It is part of the continuum of health care, one of the five pillars of Universal Health Coverage (UHC), and an important service to be available within all levels of the health system. AT provision is regarded as one rehabilitation intervention. Depending on the individual, AT provision is best complemented by other rehabilitation interventions that help build muscle strength, cognitive ability, communication skills or modify a person's home, school or work environment so that they can reach their optimal function.

how Australia can and must play a role in strengthening access to such services, particularly in the Pacific context.

Based on lived experiences of Pacific people and evidence presented in the 2022 Global Report on Assistive Technology by WHO and UNICEF, and WHO's 2022 Global report on health equity for persons with disabilities rehabilitation and AT are crucial because they assist people to be mobile, perform daily self-care activities, communicate and participate in economic and social opportunities like school and work. Assistive technology includes six areas of functional difficulties: mobility, hearing, vision, cognition, communication and self-care (See Annex 1 Fig 2). By assisting people to participate, rehabilitation and AT enables inclusion in all aspects of life. If a person is not mobile or not able to communicate, it is more difficult for them to advocate for their rights and can exclude them from other key development actions such as climate change adaptation, gender equity initiatives and advocating for LGBTQIA+ rights. Investing in increasing access to assistive technology and rehabilitation will multiply development investments and outcomes. Rehabilitation and AT also enables several other pre-conditions, particularly Community Based Inclusive Development (CBID)[2]. AT enables participation across all domains of CBID: health, education, livelihood, social and empowerment. By investing in rehabilitation and AT, DFAT will be simultaneously enabling outcomes in health, gender, climate change adaptation and disaster preparedness. Scaling up of rehabilitation and AT services will require committing funding and engaging technical expertise to strengthen the capabilities of a range of stakeholders including government health services, NGOs, CSOs and Faith Based Organisations (FBOs).

> *"If these pre-conditions are not realised, it will undermine inclusion of persons with disabilities of all ages in all sectors."*
>
> Pacific Disability Forum Strategic Plan 2021 – 2025, p5.

2. What are the most effective approaches to progress these priorities? (What are the best ways we can do this?)

- **STRATEGY ONE: Provide innovative platforms for peoples' voices to be heard.** Recognising peoples' experience of disability is diverse, there needs to be different ways to communicate, interact and understand these diverse development needs. All DFAT programs should use an intersectional lens when considering who to engage and collaborate with regarding disability equity and rights. With respect to AT, identifying AT needs, ongoing AT support and measuring outcomes of AT to continuously develop AT services is important. This will require working directly with people who use (or would use if they had available) different types of AT, ensuring voices of women, LGBTQI+, older people, children and people living long distances from services are included.

> *"We need to involve more stakeholders in our discussions and engage additional government bodies and NGOs that are dedicated to serving people with disabilities."*
>
> A pacific country rehabilitation and AT service manager.

- **STRATEGY TWO: Significantly expand the Pacific rehabilitation and AT workforce -** by providing scholarships and professional support to train multiple candidates from the Pacific region to become qualified prosthetist orthotists (PO), occupational therapists (OT), speech and language therapists (SLT), physiotherapists (PT) and technicians. This would also require commitment and

[2] Community Based Inclusive Development (CBID) was formally known as Community Based Rehabilitation (CBR)

support for Pacific governments to plan, implement and support their workforce after graduation, for example through professional development and professional networks such as the Pacific Rehabilitation and Assistive Technology Association which has widespread support amongst professionals in the region but no sources of on-going funding.

The provision of rehabilitation and AT requires multi-disciplinary teams with both clinical and technical skills. The length of training required to provide assistive products varies depending on the complexity and risk involved in providing that particular assistive product. WHO's Training in Assistive Products (TAP) provides short courses for a selection of simpler AT that could be provided at community level. However, the provision of Prosthetic and Orthotic services requires at least three years of university level training and is best integrated into the national health system. Tertiary qualifications facilitate the provision of more complex AT, as well as simpler products. Personnel can also become trainers for short courses aimed at community level personnel to scale up AT provision by including more people in the provision of simple AT (see Annex 1 Fig 1). Tertiary training also provides a more holistic understanding of health services, and enables long term sustainable service provision, that is not only focused on the product, but can enable people to lead AT and rehabilitation services in the region.

> *"Workforce is the most critical strategy at the moment. We can make plans and talk about it, but without a bigger workforce our efforts will only be words and not actions. To provide services in the Pacific we need to train local people to an internationally recognised standard. We also need to consider the long term sustainability of local services."*
>
> A pacific country rehabilitation and AT service manager.

- **STRATEGY THREE: Establish new rehabilitation and AT services -** in Pacific countries that currently do not have any and increase support for existing services. DFAT has previously funded national mobility and rehabilitation service development within Pacific government health services. Continuing such work across the Pacific is important for increasing access to AT. Engaging and collaborating with current Pacific service providers for such development initiatives will also enable greater understanding of the challenges and opportunities for further development.
- **STRATEGY FOUR: Create a DFAT focal point -** responsible for coordinating DFAT activities to scale up rehabilitation and AT services in the Pacific. Technical expertise and experience in building rehabilitation and AT services will be required to coordinate with services and organisations across the region as well as across DFAT activities, to ensure a coordinated, collaborative and impactful approach. The focal point could engage with and support the Pacific Rehabilitation and Assistive Technology Association as the sector's peak body. PRATA (established in 2020 with the support of Motivation Australia) aims to connect health professionals, encourage collaboration and advocate for the rehabilitation and AT sector in the Pacific. Engagement with PIFS, MFAT and the Church of the Latter-Day Saints (and other significant donors of AT in the Pacific) will also be important.
- **STRATEGY FIVE: Commission a comprehensive study into innovative market shaping mechanisms for AT -** that could compensate for the lack of purchasing power of people who require AT in the Pacific. This would involve engaging with both the demand and supply side (see Annex 1 Fig 3). For example, this could include investigating supporting countries to establish social insurance schemes for purchasing AT. Initially limiting the scope to the 26 products chosen for the Assistive Product Specifications[3] (see Annex Fig 2) over an initial five-year program period

[3] Until a 'Pacific Assistive Product Priority List' is drafted.

would provide sufficient data to evaluate costs and outcomes. Example outcome measures could include number of children enabled to attend school, number of adults improving their livelihood and the reduction in aged people attending hospital. Investigating market shaping aligns with Recommendation 10 of the Global Report on Assistive Technology.

> *"Health Insurance for people with disabilities. How can DFAT support countries to create this avenue for clients so they can be supported to have access to better affordable AT and Rehabilitation services at the country level?"*
>
> Almah Kuambu, Technical Advisor, National Orthotics & Prosthetics Services (NOPS), National Department of Health, PNG.

- **STRATEGY SIX: Commit to the implementation of the recommendations of the World Health Organisation Western Pacific AT Procurement Study** (cited on p47 of the Global Report on Assistive Technology). This aims to address a number of identified barriers in the Pacific including inadequate products, procurement and delivery challenges. This aligns with a number of the Global Report recommendations, including specifically enabling the inclusion of AT in humanitarian responses (recommendation 9), and the market shaping recommendations contained in the ATscale product narratives for wheelchairs and prostheses.

3. **How can DFAT support the role of, and partner with, organisations of persons with disabilities? (How can we support people with disabilities to do this work? How can we support organisations working with people with disabilities to do this work?)**

Many people in the Pacific region acquire disabilities because of Non-communicable Diseases (NCDs). Any AT and rehabilitation development actions need to be designed to be inclusive of the different people who require rehabilitation and AT services, including adults and children with disabilities, disabling health conditions and the elderly. In the authors' experience the social, cultural and language perceptions of the concept of 'disability' vary throughout the Pacific region. A person with a lower limb amputation may not self-identify as 'disabled', particularly once provided with a prosthesis, even if they will require the support of rehabilitation and AT services for the rest of their life. However, if they did not have access to these services, they may have increased experience of disability. To ensure diversity, this will require collaboration with organisations of people with disabilities (OPDs), but also with people who are not members of OPDs. It could involve embracing communication technology such as groups on social media platforms as ways for more people to engage in conversations. This is being trialled by some AT services in the region as a way to provide additional support. It could involve widening support beyond organisations of people with disabilities toward nurturing different types of representative organisations such as a Pacific amputee association that could affiliate to IC2A for example.

> *"If supported with transport and travel allowances these representative organisations could assist government service providers in reaching new groups of people with disabilities in the community"*
>
> Dr Pratima Gajraj, Consultant, Rehabilitation Medicine, Tamavua Twomey Hospital, Fiji.

> *"During COVID-19, I created fifteen WhatsApp groups to connect clients with the NOPS teams across the country. It was good to see clients talking in the groups and reaching out to other people with disabilities in the group including NOPS Staff as well. Over time, I included physiotherapists and community-based rehabilitation officers (Callan Services, Cheshire Disability Services, etc.) as well. Most importantly it gave people with disabilities the voice to*

speak freely. They didn't have to go through their OPD or National Disability Advocacy group or a family member to speak for them. They just needed someone to listen to them during the pandemic. It was a difficult time and connecting virtually gave hope and strength."

Almah Kuambu, Technical Advisor, National Orthotics & Prosthetics Services (NOPS), National Department of Health, PNG.

4. **What are the biggest challenges to and opportunities for advancing disability equity and rights? (What could stop us improving disability equity and rights? What could help us to improve disability equity and rights?)**

Challenges

- **Lack of purchasing power and inadequate financing for AT and rehabilitation –** The Global Report on Assistive Technology states the "high out-of-pocket expenditure for the products is the most frequently reported barrier by participants in almost all surveyed countries" (page 50). Without purchasing power, people who require rehabilitation and AT services are not customers in the traditional commercial sense. So, while there is great demand for a wide range of AT, there is no 'market' as such. The World Health Organisation Western Pacific AT Procurement Study concludes that "For AT to be more equitably available and affordable for everyone who needs it, increased support for service providers and some degree of subsidization of AT products by national governments may be necessary at some level" (page X – Executive Summary).

  The limited AT that is available, is often donated through non-government pathways including charities, churches and OPDs. People who use AT, often have to make do with what's available rather than being provided with what they really need. Where there is formal service provision of AT through Government health or social welfare services, continuously funding the procurement of AT through Government budget processes can be challenging (for a range of reasons discussed in Section 3 of the Global Report). Pacific populations are also relatively small and geographically dispersed amongst thousands of islands. Therefore, there are few incentives for commercial suppliers of AT to enter the 'market' in the Pacific and offer quality products.

- **Short term development program cycles –** Increasing access to rehabilitation and AT is very difficult to achieve within a one to two year program cycle. For example, training allied health professionals takes a minimum of three years plus one to two years of clinical supervision. DFAT needs to plan and commit to long term funding in this area to significantly contribute to increasing disability equity and rights.

Opportunities

- **Support collaborative initiatives** between Pacific OPDs, PRATA and service providers to identify ways for more people's voices to be heard and acted on.

- **Leverage and multiply investments –** Focusing 10% of all ODA investments by 2030 on achieving the pre-conditions for disability equity and rights identified by PDF, will ensure practical outcomes for people with disabilities and disabling health conditions are realised within a meaningful timeframe. Focusing on pre-conditions, particularly rehabilitation and AT, is an opportunity to multiply outcomes in climate change adaptation, gender equality and LGBTQIA+ rights, leveraging investment across the whole aid program.

- **Longer term planning and improved collaboration across development initiatives -** Disability equity and rights can be realised by longer term, more ambitious thinking and collaboration across all sectors. All development investments over $3m should include a disability objective that contributes to one or more of the pre-conditions for inclusion. The proposed rehabilitation and AT focal point could help direct and coordinate these initiatives. This would promote

collaboration across sectors and integrate disability equity and rights into mainstream development programs.

- **Strength based approach –** There are rehabilitation and AT services to build upon and different service models to investigate. There is a small Pacific workforce with an in depth understanding of priorities, opportunities and challenges, who can contribute to development initiatives. Supporting the workforce to collaborate and strengthen their power to influence change is an opportunity for DFAT. We have seen the impacts of supporting organisations such as the Pacific Disability Forum to drive an important agenda. Supporting service providers to do the same, could greatly influence decision making and priority setting within the Pacific at a regional level. The Pacific Rehabilitation and Assistive Technology Association can help enable this process.
- **Regional training initiatives –** Aside from physiotherapy there are no other formal tertiary qualifications such as prosthetics and orthotics, occupation therapy, speech therapy offered within the Pacific region (outside of Australia and New Zealand). However, physiotherapy courses have been valuable for many years, increasing access across the region to Pacific physiotherapists. Increasing training opportunities and consideration of Pacific tertiary courses in rehabilitation and AT could immensely increase the Pacific workforce capability and therefore access to equitable services for people with disabilities (and also benefit others as well).

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Annex 1 – Figures

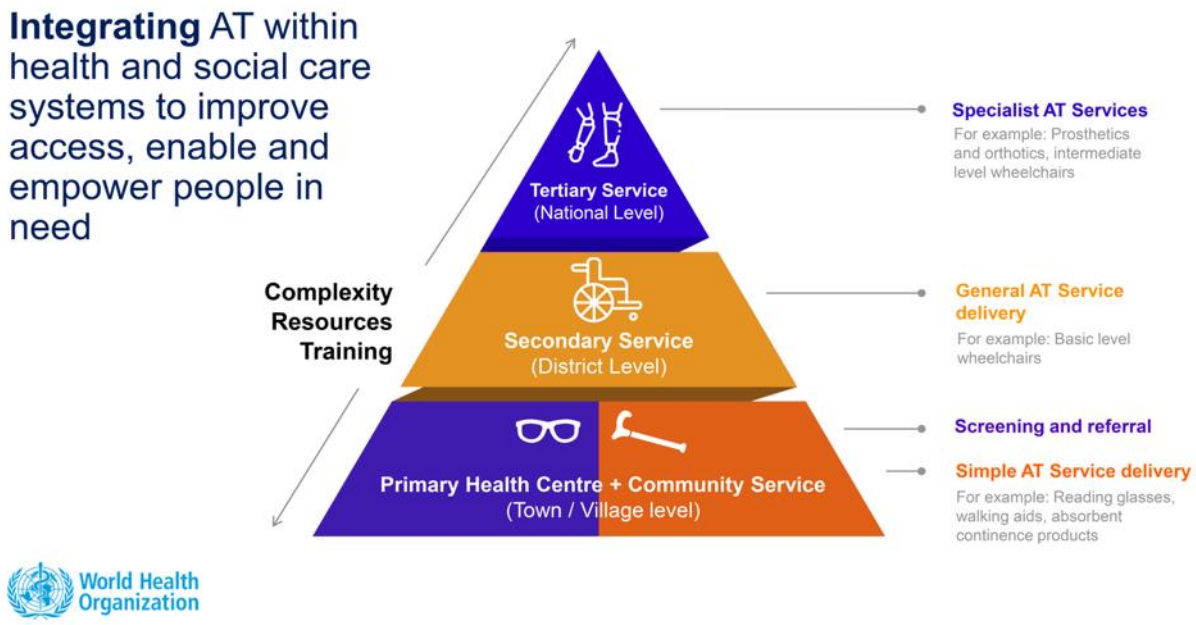

Fig 1: Diagram from: WHO (2022) *Introduction to TAP*, accessed 16/11/23 from https://www.gate-tap.org

Mobility	Hearing	Vision	Cognition	Communication	Self-care
Clubfoot braces. Crutches. Handrails and grab-bars. Portable ramps. Rollators. Therapeutic footwear. Walking frames. Walking sticks, tripods and quadripods. Wheelchairs, manual. Wheelchair seat cushions.	Alarm signallers with light/vibration alert. Hearing aids. Personal remote microphone systems.	Accessible book players with audio capability. Filters. Manual Braille writing equipment. Mechanical Braille typewriters. Optical magnifiers. Ready-to-wear spectacles for near vision (reading glasses). Talking/touching watches. White canes.	Medication organizers.	Communication boards and books.	Body-worn absorbent products, single-use. Body-worn absorbent products, washable. Toilet and shower chairs.

Fig 2: List of 26 assistive products included in the APS, by area of functional difficulty. World Health Organization (2021) Assistive product specifications and how to use them, Geneva.

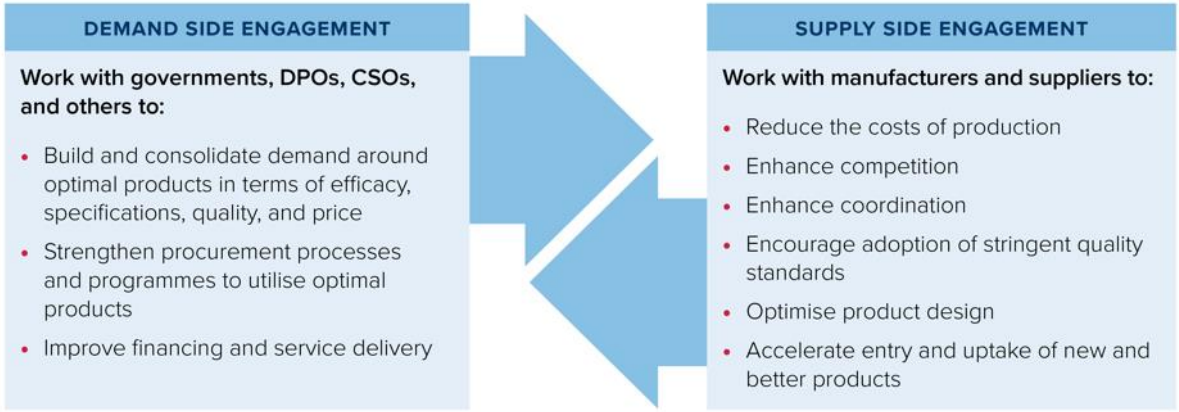

Fig 3: Engaging both demand and supply side for market shaping. ATscale (2020) Product Narrative: Prostheses