Background Note for GLAD Meeting Session on

**Mobilising collective purchasing power:** **Enhancing provisioning of assistive products and accessibility of the built environment**

**Helsinki, January 2018**

# Context for the Session

Accessibility and assistive products are complimentary and essential components and often the first step of disability inclusion - hence, need to be addressed together. Mobilisation of the collective purchasing power can facilitate bulk purchasing, which in return can lower the cost of assistive and accessible products significantly. This would enable more people with disabilities to reap the benefits of mainstream development initiatives, and ultimately, facilitate inclusion.

# Definitions

For purpose of this paper the following definitions have been used:

***Accessibility:***“Accessibility” is defined as a provision of buildings or parts of buildings for people, regardless of disability, age or gender, to be able to approach, enter, use, egress from and evacuate a building independently, in an equitable and dignified manner and to the greatest extent possible.[[1]](#footnote-1)

***Built environment:*** A “built environment” is a construction that is commissioned, designed and managed for use by persons – whether child or adult – and includes internal and external facilities and any product that is fixed to the construction.[[2]](#footnote-2)

***Universal design:*** Universal design refers to the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The concept refers to products and building that are accessible and usable by everyone, including persons with disabilities.

***Assistive technology****:* refers to assistive products and related systems and services developed for people to maintain or improve functioning and thereby promote well-being.

***Assistive products***: include any external product whose primary purpose is to maintain or improve an individual’s functioning and independence and thereby promote his or her well-being. They include wheelchairs, hearing aids, walking frames, spectacles, pill organizers and prosthetic legs, as well as assistive information and communication technology such as memory aids, specialized computer hardware and software, augmentative and alternative communication, and customized telephones.

***Bulk purchasing:*** purchasing of much larger quantities than the usual, for a unit price that is lower than the usual.

# Introduction

Development partners invest billions of dollars every year for various development initiatives –from infrastructure development through to improving access to healthcare. Disability and Development partners - now convened under GLAD - also played a key role in the passage of Convention on the Rights of Persons with Disabilities (CRPD) and in working towards implementation.[[3]](#footnote-3)

The CRPD identifies among many affirmative actions, access to assistive products and accessibility as prerequisites for persons with disabilities to live independently and participate fully and equally in society.[[4]](#footnote-4) Without access to the assistive products and accessible barrier-free environment, persons with disabilities would always remain excluded. It is no coincidence that accessibility is one of the principles on which the Convention on the Rights of Persons with Disabilities is based.[[5]](#footnote-5)

The CRPD also urges Member States to ensure access to assistive technology at an affordable cost and to foster international cooperation in order to achieve this (Articles 4, 20, 26 and 32). Article 32 - International cooperation specifically urges States Parties recognize the importance of international cooperation and to provide as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and the transfer of technologies.

Recognising the importance of accessibility, the Sustainable Development Goals have made specific references in targets and indicators to ensure accessibility of public spaces, transport and educational facilities (SDG 11 and SDG 4A).

Assistive products are essential enabling tools: to assist people with disabilities or with functional limitations to live healthy, productive, independent and dignified lives, participating in education, the labour market and social life. It can reduce the need for formal health and support services, long-term care and challenges faced by carers. Without assistive technology, people with disabilities and older people and others in need are often excluded, isolated and locked into poverty, and long-term impacts of morbidity and disability increase.

This note outlines the scope of existing opportunities, as well as the unique position of GLAD to collectively have an impact so that quality assistive products and accessibility of the built environment are available to persons with disabilities. It also outlines key strategies and actions which can be considered by GLAD members, including market shaping and combined procurement to drive down costs of assistive products, making an affordable assistive products service provision system, establishing accessibility as a criteria in procurement of infrastructure, establishing tracking and reporting mechanisms on accessibility of the built environment and undertaking awareness raising and advocacy on these issues.

# Accessible infrastructure (built environment)

## Investments in infrastructure: Potential to enhance accessibility

In 2017, OECD estimated that USD $6.3 trillion global infrastructure investments would be needed annually from 2016-2030, without considering further climate action.[[6]](#footnote-6) In 2016, of Official Development Assistance, more than 42 billion USD was committed to social infrastructure and services, including more than 15 billion in education and health infrastructure and services alone. A further 20.9 billion USD went to economic infrastructure (including transport, communications, energy, banking, business and other services[[7]](#footnote-7).

## Cost of ensuring accessibility of infrastructure

It is estimated that “in new construction, full compliance with all the requirements of accessibility standards is generally feasible at 1% of the total cost”. [[8]](#footnote-8) The World Report on Disability also notes “Making older buildings accessible requires flexibility, because of technical constraints”.[[9]](#footnote-9) The World Bank estimates *“the cost of accessibility is generally less than 1% of total construction costs.”*[[10]](#footnote-10)

## Existing Policies on infrastructure accessibility

### Donors

* The United States Agency for International Development (USAID), in 2003-2004 issued two policy directives which mandated that all new construction and major renovations be made accessible and that all requests or solicitations for funding clearly state how the programs promote and support the 1997 disability policy.
* The UK Department For International Development has a [disability framework](https://www.gov.uk/government/publications/dfid-disability-framework-2015) guiding it’s aid program and a specific policy on accessible construction for schools and educational facilities: [2014 DFID Policy on Standards of Accessibility for Disabled People in DFID Financed Education Construction](https://www.gov.uk/government/publications/dfid-policy-on-standards-of-accessibility-for-disabled-people-in-dfid-financed-education-construction).
* The Japanese International Cooperation Agency (JICA) has a clear guidance on accessibility in construction for persons with disabilities in the [JICA Thematic guidelines on disability](https://www.jica.go.jp/english/our_work/thematic_issues/social/pdf/guideline_disability.pdf) (March 2009, p.33-34) including taking “measures to ensure that the facilities and equipment designed and constructed by JICA’s aid are beneficial for persons with disabilities. See also [appendix 10: Provisions for barrier-free and universal design](https://www.jica.go.jp/english/our_work/thematic_issues/social/activity.html).
* The Australian Department of Foreign Affairs and Trade has a major focus on disability inclusion and accessibility guided by the strategy [*Development for all 2015 – 2020*](http://dfat.gov.au/about-us/publications/pages/development-for-all-2015-2020.aspx) and the [*Accessibility Design Guide: Universal design principles for Australia’s aid program*](http://dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program.aspx)requiring new infrastructure funded through the aid program to be physically accessible for people with disabilities, also benefiting pregnant women, children and the elderly, to support to partner governments to update building codes to increase infrastructure accessibility and work with multilateral organisations in strengthening implementation of disability access.

### International Organisations and UN Agencies

In 2011 the International Organization for Standardization (ISO) issued ISO 21542 Accessibility and Usability of the Built Environment which lays down accessibility standards with respect to the built environment.

In 2017 UNICEF issued an Executive Directive on Accessibility of Programme-Related Construction Activities which stipulates all construction to be accessible to persons with disabilities and to factor accessibility cost in planning and design of projects. It also lays down procurement procedures to ensure accessibility and financial tracking codes to monitor and report on accessible construction.

Several other UN Agencies have development implantation and design guides on accessibility, e.g. UNDESA and UNDP.[[11]](#footnote-11)

### Countries

A large number of countries already have accessibility of the built environment in their legislations, policies and building codes. The World Report on Disability notes “A compilation of data on 36 countries and areas in Asia and the Pacific showed that 72% have accessibility standards for either the built environment or public transport or both.” [[12]](#footnote-12)

With the domestication and implementation of the CRPD more and more countries are incorporating accessibility of the built environment in their internal policies and practices.

## 4.4 Opportunities to strengthen implementation of accessible infrastructure

While policies and standards on accessibility of the built environment exist, there are a range of challenges and bottlenecks which need to be addressed to ensure accessibility of the built environment. Some of them include:

* Accessibility is not systematically incorporated and enforced in procurement (tenders and contracts) related to projects on the built environment, including in assessments, definition of specifications, designs, project monitoring and lessons learned;
* Mechanisms to monitor and report expenditure on accessibility of the built environment often do not exist within agencies;
* Though research and evidence show that cost of ensuring accessibility is marginal if it is considered from the planning and design stage, there is a misconception that accessibility is expensive.

# Assistive products

## Challenges in access to quality, affordable assistive products

The WHO estimates that there are more than 1 billion people who would benefit from one or more assistive products. For children with disabilities, assistive products can represent the difference between enjoying basic rights, or being deprived of them. Assistive products can help children to become more mobile, communicate, see and hear better, and participate more fully in education, family and community life. However, these products are effective only if they are appropriate to the individual child who uses them, and if they work well in the context in which the child lives.

With populations ageing and the prevalence of noncommunicable diseases rising across the world, this number is likely to rise above 2 billion by 2050, with many older people needing two or more products as they age. Those who most need assistive technology include, among others: people with disability, older people, people with noncommunicable diseases, people with mental health conditions including dementia and autism, and people with gradual functional decline.

Today only 1 in 10 people in need have access to assistive products, owing to high costs and a lack of financing, availability, awareness and trained personnel[[13]](#footnote-13). For example, 70 million people need a wheelchair but only 5–15% have access to one[[14]](#footnote-14), and hearing aid production meets only 10% of global need and 3% of the need in low-income countries.[[15]](#footnote-15) Moreover, 200 million people with low vision do not have access to spectacles or other low-vision devices.

Poor access rates are not only a problem of lack of priority, but also due to over-priced assistive products and service provision. To address this, especially to make the high-quality assistive products available at an affordable cost, the WHO created a multi stakeholder platform - Global Cooperation on Assistive Health Technology or GATE. This Global Cooperation has one goal: to improve access to high-quality, affordable, assistive products for everyone, everywhere – no one to be leaving behind.

Assistive products industry currently remains limited and specialized, with a handful of private/public sector actors who more or less monopolistically determine how research and development resources are directed, what products reach the market and what they cost. The industry is seen as producing “specialized products” that primarily serve high-income markets. There is a tendency among reimbursing authorities or insurance agencies to feel that assistive products are overpriced, have high service delivery costs, and are not as essential as other health products, since they do not cure diseases or save lives. All of these factors result in low coverage.

Currently, assistive products industry operates with a “high margin – low volume” concept. If, however, industry lowers cost and takes advantage of economies of scale – it will be a win-win for all parties concerned. Today’s assistive technology market is quite similar to the neglected disease medicines/vaccines market – mostly, for high income countries or the rich. WHO has considerable experience making medicines and vaccines affordable and accessible through innovation, partnership, transfer of technology, local production and bulk-purchase.[[16]](#footnote-16),[[17]](#footnote-17) This expertise is relevant to the assistive products sector. Based on this valuable expertise, WHO would like to coordinate a similar initiative to make high quality assistive products available at an affordable cost. However, WHO needs the active participation and support of international organizations including donor agencies.

## Opportunities for collaboration to develop and provide assistive products:

There is a need for coordinated and large volume procurement, as well as waivers on import duties to reduce costs. Towards this as a first step, the World Health Organization launched the Priority Assistive Products List (APL) during the sixty-ninth World Health Assembly in 2016.[[18]](#footnote-18) The priority assistive products list is not restrictive, but it offers the guidance on priority products including identification of products, which need immediate market shaping.

Most of the GLAD member agencies play an important role in market shaping, especially in reducing the cost of medicines and vaccines. They also support or establish entities like the Global Fund to fight AIDS, TB and malaria, UNITAID, GAVI to drive the market or make the market work in favour of the agencies who are purchasing the products in bulk. Market shaping, mobilizing collective purchasing power in particular, has clearly demonstrated its potential to enhance donor or national governments’ value for money, diversify the supply base, increase shipment reliability, and ultimately increase access to affordable products[[19]](#footnote-19). National programmes like Assistive Technology Programme of Norway (NAV) reduced the costs of unit products through central bulk purchasing.

It is now the time for the GLAD members to use their own knowledge, expertise and resources to make optimum use of the collective purchasing power in provisioning of affordable assistive products and accessibility of the built environment and fulfil their commitments towards CRPD, Article 32 on International Cooperation. This would open the gate of inclusion for millions of people with disabilities.

# Action to be considered by GLAD members (Way forward)

Setting up a working group on assistive products and accessibility to consider the following:

1. Identify the key persons/departments within the respective organizations, who can share expertise and resources to accelerate and scale-up provisioning of assistive products and accessibility of the built environment;
2. Undertake strategic advocacy and awareness raising activities on accessibility of the built environment and highlight the need for market shaping of priority assistive products
3. Develop/identify mechanisms for effective collaboration among GLAD members, e.g. a potential 3-year action plan involving IDA, UNICEF, WHO and other stakeholders relevant for market shaping and combined procurement.
4. Develop/compile a GLAD procurement toolkit on accessibility to include practical information on incorporating accessibility in procurement procedures, financial tracking of accessibility and quality assurance mechanisms, which can be used by development partners for projects involving infrastructure.
5. Invest in market shaping of five top most priority essential assistive products, relevant for children and adults with disabilities, to improve product access.
6. Document good practices of provisioning of assistive products and accessibility of the built environment including cost, innovative/local materials, active involvement of persons with disabilities.

1. Accessible Components for the Built Environment: Technical Guidelines embracing Universal Design, p.1. [↑](#footnote-ref-1)
2. International Organization for Standardization*, International Standard, ISO 21542, Building construction — Accessibility and usability of the built environment,* ISO, Geneva, 2011, p. 3. [↑](#footnote-ref-2)
3. United Nations. Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106 (2007)

   http://www.un.org/esa/socdev/enable/rights/convtexte.htm. [↑](#footnote-ref-3)
4. United Nations. Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106 (2007)

   http://www.un.org/esa/socdev/enable/rights/convtexte.htm. [↑](#footnote-ref-4)
5. CRPD Committee, 2014, General Comment No.2 Article 9 Accessibility [↑](#footnote-ref-5)
6. OECD 2017 [Technical Notes for Investments in Infrastructure Needs](https://www.oecd.org/env/cc/g20-climate/Technical-note-estimates-of-infrastructure-investment-needs.pdf). [↑](#footnote-ref-6)
7. Using the OECD data, accessed 12 January 2018 Aid (ODA) by sector and donor [DAC5] [↑](#footnote-ref-7)
8. World Bank /WHO, 2011, *World Report on Disability,* World Bank/WHO ([Link](http://www.who.int/disabilities/world_report/2011/en/)) [↑](#footnote-ref-8)
9. World Bank /WHO, 2011, *World Report on Disability,* World Bank/WHO ([Link](http://www.who.int/disabilities/world_report/2011/en/)) [↑](#footnote-ref-9)
10. *Education for All the cost of accessibility, 2005,* Steinford, Edward, World Bank. ([Link](http://documents.worldbank.org/curated/en/185031468178138911/Education-for-All-the-cost-of-accessibility)) [↑](#footnote-ref-10)
11. UN DESA, A Design Manual for a Barrier Free Environment ([Link](http://www.un.org/esa/socdev/enable/designm/)), Accessibility Rules Implementation Guide UNDP Serbia ([Link](http://www.rs.undp.org/content/serbia/en/home/library/poverty/accesibility-rules-implementation-guide.html)). [↑](#footnote-ref-11)
12. World Bank /WHO, 2011, *World Report on Disability,* World Bank/WHO p.174 ([Link](http://www.who.int/disabilities/world_report/2011/en/)) [↑](#footnote-ref-12)
13. Assistive technology. Fact sheet. Geneva: World Health Organization; 2016 (http://www.who.int/mediacentre/factsheets/assistive-technology/en/, accessed 6 October 2017). [↑](#footnote-ref-13)
14. Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/English%20Wheelchair%20Guidelines%20(EN%20for %20the%20web).pdf?ua=1, accessed 2 October 2017). The estimate in the guidelines of 65 million has been adjusted in line with the growth in the global population. [↑](#footnote-ref-14)
15. Deafness and hearing loss. Fact sheet. Geneva: World Health Organization; 2017 (http://www.who.int/mediacentre/factsheets/fs300/en/, accessed 2 October 2017). [↑](#footnote-ref-15)
16. WHO: Public Health, Innovation, Intellectual Property. Geneva: World Health Organization

    (http://www.who.int/phi/implementation/en/) [↑](#footnote-ref-16)
17. UNITAID. Innovative financing to shape markets for HIV/AIDS, Malaria and Tuberculosis.

    Geneva: World Health Organization (http://www.unitaid.eu/en/) [↑](#footnote-ref-17)
18. Priority assistive products list. Geneva: World Health Organization; 2016 (http://who.int/phi/implementation/assistive\_technology/EMP\_PHI\_2016.01/en/, accessed 2 October 2017). [↑](#footnote-ref-18)
19. SMASH: Strategies for Market Shaping. Finland Nenonen, Storbaacka, (http://execed.hankensse.fi/5-strategies-for-market-shaping) [↑](#footnote-ref-19)