

AT 2030

Life Changing
Assistive Technology for All



“The figures are staggering: it is estimated that by 2050 two billion people would benefit from assistive technology, yet 90% will not have access.”

Lord Holmes of Richmond, MBE,
GDI Hub Chair.

A lack of access to AT for people who need it results in children rejected from education, adults excluded from work or family life and older people prohibited from participating in their communities.

The problem:

Lack of access to AT

Globally, to date, organisations have delivered disparate, pilot or uncoordinated projects in the field of AT. Though they may have been individually successful, these initiatives have been unable to fully address the underlying barriers to access.

The net effect of this fragmented approach is that interventions have failed to generate sustained progress towards universal access to AT. In addition, while technology and innovation are beginning to take disability and accessibility issues into the mainstream in high-income countries, in some low- and middle-income countries simple digital solutions are still far from reach and where innovations are driven by communities in developing countries. Often they aren't able to scale in a sustainable and coordinated way.

The programme:

Low cost, mass market, life-changing AT for all

DFID's fast-start £10m support for AT 2030 will help to lay the foundations for global AT access through finding evidence of what works; testing user-centred design of technology; trailing new service delivery innovation; and opening market access in priority countries.

AT 2030 will reach at least 3 million people; catalyse at least 10 new disruptive technologies with potential for life-changing impact; develop at least 6 innovative service delivery models; spark 30-50 new start-ups; develop and test new methodologies for market shaping on assistive technologies; establish an East Africa AT Innovation Hub; double DFID's initial investment through partner backing; and use all of this to leverage resources from other stakeholders by informing and supporting the development of a new Global Partnership for Assistive Technology.

AT 2030 will be delivered through a new partnership with London-based Global Disability Innovation Hub, WHO, the Clinton Health Access Initiative, UNICEF and some of the world's best AT innovators, universities and disability NGOs.

AT 2030 is made up of six different subprogrammes:

1 Support ATscale the Global AT Partnership:

To accelerate access to AT, ATscale the Global Partnership for Assistive Technology was formally launched at the Global Disability Summit in 2018. The Partnership will catalyse change, amplify existing work, and coordinate access to AT by tackling supply and demand-side drivers to scale. The AT 2030 programme will continue to support the development and implementation of ATscale. For more information, visit atscale2030.org

2 Coordinate Research, Evidence and Impact:

To coordinate evidence and impact in order to understand what works on AT, this subprogramme will: measure progress against the mission—reimagining value, impact, and ROI; develop a market shaping framework methodology; understand user demand, understand the factors driving discrimination and stigma; and co-ordinate knowledge-sharing. This subprogramme is led by UCL.

3 Spark Innovation:

To improve the use of emerging technology for accessibility and to spur on new innovations, this subprogramme will establish an Innovation Hub in Kenya; create a challenge fund for innovation acceleration; and trial new ideas to bring to market. This subprogramme is led by GDI Hub.

4 Drive Availability and Affordability:

To address the need gap and significantly scale up the provision of affordable and appropriate AT, this subprogramme will test market shaping methodologies which include research, scoping, and future planning; the creation of market shaping tools; and pilot testing of market interventions. This subprogramme is led by the Clinton Health Access Initiative (CHAI).

5 Open up Market Access:

To align and consolidate global AT efforts as well as to lay the foundations for systems-level change on a global scale this subprogramme will provide a set of global benchmarks and standards for AT. The subprogramme will develop models of integrated AT service provision, including screening and training tools; develop procurement tools; as well as a mobile tool to identify population needs for AT. This programme is being co-led by WHO, UNICEF, and the London School of Hygiene and Tropical Medicine.

6 Build Capacity and Participation driving Community-Led Solutions:

To learn from and build the capacity of existing community-led activities, this subprogramme will undertake action research working in informal settlements in the global South. Scoping of community-led solutions to AT, researching community-led practice and inclusive approaches; and, developing mechanisms for the collective amplification of the views of poorer AT users to inform the rest of the programme this subprogramme is led by the Development Planning Unit at UCL with input from Leonard Cheshire.

The mission is to achieve at least:

3m

People reached

30

New Start-ups

x2

Initial investment

New

Methodologies for market shaping

10

Disruptive technologies with potential for life-changing impact technologies

6

Innovative service delivery models

“Assistive technology has the potential to enable and empower and can be a key part of delivering the 17 global goals.

The challenge is huge but the prize, should we succeed, is far greater. This programme is a comprehensive starting point from which to achieve universal access to assistive technology globally.”

Lord Holmes of Richmond, MBE,
GDI Hub Chair.

The partners:



AT 2030 is seeking to match the initial investment of DfID by growing the programme

We are always willing to work with new partners to try and bring Assistive Technology to more people across the world.

If you can help get in touch with us:

www.disabilityinnovation.com/at-2030

Please contact us if you would like to receive this information in a different accessible format