

8th ATscale Board Meeting - 21 June 2023

Decisions, next steps, timelines

- The new focus for AT data and the selection of WHO as the implementing partner was approved including no objection from the funding sources USAID and FCDO.
- The board approved for the Secretariat to move forward with exploratory work on a credit facility, taking into account considerations detailed in these minutes. Investments beyond exploration need to be consulted with the board which can happen electronically if there is a need to act before the board meeting in November.
- The suggested addition to the due diligence for board members in the By-laws was adopted.

Welcome, attendance, adoption of agenda and minutes of the last board meeting

Sabine Machl, UN Resident Coordinator, Georgia and Tamar Gabunia, First Deputy of the Ministry of Internally Displaced Persons, Labour, Health and Social Affairs (MoIPDdLHSA) welcomed the board and emphasized both the importance of assistive technology for Georgia and of the ATscale supported programme for expanding access to AT.

After the official opening, Jon Lomøy welcomed participants and established that the necessary quorum was reached. The Chair especially welcomed Ashllah Mmusi who was participating in person for the first time and Sam Bullen from FCDO who joined virtually for part of the meeting. The draft agenda was adopted. The minutes from the board meeting held on 21 March 2023 which had already been accepted through written process without changes were reconfirmed as adopted.

General update, mid-year review and suggested updates to 2023 Operational Plan

Decisions / next steps / follow-up:

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- The board approved for the Secretariat to move forward with exploratory work on a credit facility, taking into account considerations detailed in these minutes. Investments beyond exploration need to be consulted with the board which can happen electronically if there is a need to act before the board meeting in November.

Pascal Bijleveld presented a combined general update and mid-year review. As M&E and resource mobilization were separate agenda items, they were not included in the combined report.

The 2023 budget approved by the board indicated a total budget of US\$12.5m under priority 1. As of 30 May 2023, US\$4.8m had been spent or committed and US\$7.7m is projected to be

committed by the end of the year. Eighty-six percent of the available cash was spent or committed at this point which translated to about 40% of the budget - indicating that cash flow needed to be managed carefully. As spending tends to ramp up more slowly during the start-up phase of multi-year programmes, the second tranches of disbursements might be delayed into 2024 in some cases.

The Board was provided an update on all on-going country engagements, including those done in collaboration with USAID-funded programmes managed by UNOPS in support of ATscale.

With regards to global public goods interventions, work is well underway and largely on track, across all priority areas. However, the reduced capacity in the secretariat due to the departure of the Head of Markets means that the start of some new activities are being delayed.

The ATscale Secretariat proposed two changes to the 2023 Operational Plan to the board for consideration: supporting the establishment of an AT credit facility and a concrete proposal to strengthen country-level data collections. The discussion and decision on these are recorded further below.

Updates were provided on progress being made to raise the profile of assistive technology by engaging a wide variety of stakeholders at a series of well-attended events and in-person meetings.

In relation to governance and partnership, the Board was briefed on the establishment of the AT Expert Advisory Group and the AT user engagement work with IDA. Updates were also shared on our private sector engagement, including the process to lead to the selection of a Private Sector Board representative.

Operations are running smoothly but while staff have stepped up to take all work forward since the departure of the Head of Market, this did create some capacity issues and delays on a few investments have been inevitable. A replacement is now confirmed for November.

Clarifications

Board members sought and received clarifications on:

- Term “committed”: “Committed” means that there is a signed agreement, and the corresponding funds are “locked”. With a few exceptions (e.g., multi-year grants set up a certain way), UNOPS can only enter into agreements when they are fully covered by “cash in the bank”.
- Location where ATscale funds are held: While there is no dedicated ATscale bank account, no ATscale funds can be allocated without signoff from ATscale. ATscale can accept both pooled funding and earmarked funds.
- Name of the network for private sector actors: It was suggested to use the term “supplier” for the network rather than “AT provider network” as the latter is also used for “health care providers” for example. However, when put to the group members on the first call, it was suggested that “suppliers” also does not work perfectly because of the role many private practitioners play who would feel excluded by that term. It was agreed that adding

'Private Sector' to the name would help clarify things as we want to emphasise that this is for for-profit actors. This network can now be called the "AT Private Sector Providers Network".

Discussion

Board members suggested to develop an indication of what is expected in a strong national AT programme to give a yardstick for comparing country concept notes. It was also suggested to add a column when reporting on Global Public Goods to indicate the name of the implementing partner.

The cooperation on USAID-funded programmes managed by UNOPS in support of ATscale was discussed in some detail because though having been presented to the board before in the context of the vision programme in Cambodia, activities have increased in the past 6 months. The programmes were welcomed as important contributions to the AT sector and supporting ATscale's work. Issues raised included the need to ensure coordination at country level, in particular when partner that are new to the AT sector are concerned, so as to avoid possible duplication, e.g., of assessments. The importance of strong links of the foundational AT work to the government was also emphasized. The board needs to be made fully aware of new activities early on as the outside perception is that these activities are ATscale activities.

The board then discussed the suggested updates to the 2023 Operational Plan. The new focus for AT data and the selection of WHO as the implementing partner was approved including no objection from the funding sources USAID and FCDO.

Regarding the work towards a credit facility, the board welcomed the direction and cited the example of the CLASP facility for wheelchair procurement where changes in payment terms led to changes in response from potential buyers and increased interest. Some points were suggested that should be taken into consideration going forward. These include clarifying exactly what is to be achieved (including ensuring that the problem is financing rather than funding and where on the risk curve the facility would be situated) and who are the potential users of the credit facility; who are the potential partners; what are the relevant experiences to build on (including whether there could be an existing facility that could be tapped into). Taking these into account, the board approved for the Secretariat to move forward with exploratory work. Investments beyond that need to be consulted with the board which can happen electronically if there is a need to act before the board meeting in November.

Updates from Partners

UNICEF, WHO, IDA and FCDO shared latest developments in their work on assistive technology with the board.

The disability strategy of **UNICEF**'s supply division is four pronged: to ensure Product Availability (making sure products are added to the supply catalogue), Product Accessibility, Cooperation & Influencing and Product Innovation. The absolute numbers of products procured remain small but the percentage increase since their introduction to the catalogue are impressive. In 2020, 153 hearing aids were procured by UNICEF. Since the introduction in the catalogue, 4377 have been

procured, an increase of 2761%. For wheelchairs, the 2020 number was 596, which has risen to 1573 or a 164% increase. UNICEF is currently proactively supporting sixteen countries across seven regions in procurement of assistive products. Tenders for incontinence products, vision products (with a clear link to education), Digital AT products and Inclusive Education products are upcoming. At UNICEF Innocenti, the Global Office of Research and Foresight, there are now 3 staff who focus on accessibility research. Across UNICEF, 2% of programming will be dedicated to disability.

WHO shared that the GATE Initiative now has official status as an WHO initiative. Sub-networks are under development: for rATA and then on research. The new wheelchair provision guidelines have been released. The useful process could be replicated for other assistive products, including as a means of holding governments to account on complying with internationally agreed guidelines. The prosthetics and orthotics standards assessment package consist of a publication on standards, an assessment guide, and a user manual. The process to develop the next Priority Assistive Product List (APL) incorporates experiences from the essential medicines list development and includes cost and evidence considerations and a consensus conference. A good dialogue with suppliers took place in Beijing in March. The Training on Assistive Products (TAP) is reviewing the vision module with the WHO vision team and working on a hearing aids module with the hearing team.

IDA's update focused on the joint project with ATscale. The TORs for the user experts are finalized and work is underway on identifying some experts. The project will benefit from synergies with a project funded by GDI Hub. 5 AT fellows have already been selected for that project and they will also support ATscale-related activities. Microgrants can start in Q3. The collaboration on advocacy is working well. At COSP for example, IDA raised AT in different fora, and it is noticeable that the interest in AT is increasing topic for many stakeholders.

FCDO shared the positive news that the disbursement for the 2023 fiscal year had been made. £1.85m have been disbursed. For 2024, the transfer of the full tranche of £3m is foreseen. The responsibility for ATscale has moved from the Global Health team in FCDO to the Disability Inclusion and LGBT+ rights teams under Penny's lead and support will be provided by Sam Bullen. From a different budget in FCDO, namely the research budget, a £31m contribution has been announced to the next 6 years of the AT2030 programme of GDI Hub, which was welcomed by the Board. Planning for these funds will be closely coordinated with ATscale plans.

Updates M&E: 2022 baselines

Barbara Goedde presented updates on the Monitoring, Evaluation, and Learning (MEL) Framework implementation since its approval in September 2022. In its first year, the focus is on establishing baselines, setting realistic targets, refining, and adjusting where necessary. The baselines and targets for several indicators have been set while adjustments might be necessary for others. Goal and outcome level indicators are dependent on country-level rATA data and countries responding to the indicators linked to the WHA resolution on AT. As it now seems confirmed that these will not get collected outside the 4-year rhythm of reports to the WHA, these

indicators might have to be modified. ATscale follows developments closely and as per the earlier board decision will also support the WHO AT team in its data work.

The focus of the discussion was mainly around the Global Sector Strengthening and Secretariat-level indicators.

One Global Sector Strengthening indicator is the use of AT evidence and information platforms. GDI Hub reported that their relevant platforms received 1700 visits in 2022. WHO is not able to provide disaggregated data for use of the AT pages on the Global Health Observatory site and it is now not expected that ATscale's market intelligence work will yield a platform before 2024 - focusing on market reports for 2022 and 2023. It might therefore make sense to reframe the indicator, e.g., around networks and the increase in exchanges through them.

The indicator on resources for the AT sector is also proving to be challenging. Nine partners (ATscale, UNOPS - USAID funds, FCDO, UNICEF SD, GDI Hub, CHAI, H&I, Vision Catalyst Fund, EYElliance) have reported on a combined US\$38 million budget which the Secretariat structured for breakdown by domain, region, etc. Further thinking and discussion are needed as many organizations do not disaggregate for AT, and the willingness to share data among some strategic partners is not always given while data, including sensitive budget information, from more organizations would be needed to make the indicator meaningful. One avenue to explore might be searching the OECD data base for programmes and projects with a reference to AT. For tracking how domestic resources for AT develop, the focus will be on countries with ATscale-supported programmes and the indicator has been included in country-level M&E plans. Three partners (UNICEF SD, H&I and ICRC) shared information on AP procured which - when merging reported units and reported \$ expenditure - equals about 100,000 units. Including data from more partners will be crucial here as well.

For countries with AT-scale supported programmes, the M&E approach was also adjusted with a determined core set of indicators plus optional ones, rather than the previous choice from a menu. The number of AT users reached will be broken down by domain and product/services. The definition of indirect reach is still under discussion. Other core indicators are the human resources trained (by domain or type) and those linked to the national implementation and global sector strengthening indicators in ATscale's overall M&E framework.

Baselines for 2022 and targets are set for all Secretariat indicators.

The board appreciated the openness in flagging difficulties and looking for suggestions for adjustments.

Country approach: reflections and proposed way forward

Pascal Bijleveld and Anil Kashyap updated the board on experiences and learnings from the first wave of country engagements and suggested a revised approach. In summary, the Secretariat proposed a much more demand-driven approach, based on clear country expressions of interest demonstrating strong government commitment as the basis for country engagement. The suggested renewed approach would segment interested countries into two funding streams:

Foundational Support (shorter term) and Programme Scale-up Support (longer term). It was also proposed that the Board reviews and approves the overall portfolio of countries rather than individual country proposals.

Clarifications

- The first call for expressions of interest (EOI) could be launched when there is a clear indication in additional commitments. A balance needs to be found between raising expectations too high and not having enough interests from countries, especially if even a positive outcome might be foundational support that is channeled through an implementing partner.
- The maximum for foundational support is not fixed and can be revised.
- A country that has received Foundational Support does not automatically move on to Programme Scale-Up Support but would be included in the next round of prioritization and portfolio review.
- The panels for selection of implementing partners based on proposals received can include personnel from the ATscale Secretariat, experts with retainer contracts, UNOPS personnel, and externals. Partner governments have so far been included as observers. It is possible to look into the possibility of them becoming voting members or receiving the right to veto.
- The board would sign-off at the portfolio level based on EOI submissions, including a checklist and broad areas of interest and expression of commitment, in particular on matching funding at a level depending on the income status of the country. They would receive a summary of expert feedback. Countries that have received foundational support and would want to move to receiving programme scale-up support would undergo the process again and therefore be reviewed a second time by the board before receiving the larger support.
- Part of portfolio review would be to check that there is a good balance between income-levels and regions, for example.
- The country concept notes (Joint Investment Plans) would be reviewed with expert input. Interested board members could be alerted when that review is happening and receive a copy.
- There would always be opportunities for the board to raise red flags during the process.

Discussion

The board broadly likes the proposed process but has some concern. The main one is around the level of board involvement. The balance between stepping back and relying on technical reviews by experts and retaining closer control needs to be found. The process should be revised to include an additional point for board involvement in the decision-making process. One suggestion was adding a no-objection stage to the review of the country concept notes (Joint Investment Plans). The board would also like more information on what will be included in the call for EOI and the template for countries that respond. Other requests were to define the expectations and what is regarded as a success more clearly, to ensure that low-income

countries are not disadvantaged by success criteria, and to assess the risks of the proposed process and show how these will be mitigated.

The modified process should be presented at the next board meeting. Should positive developments on funding make it necessary to move more quickly, the modifications can be agreed by written process.

Resource mobilization - update and plans

The overall funding situation remains difficult, as the Board has already been made aware. More effort than anticipated has therefore been invested in this area including the creation of a dedicated post in the ATscale Secretariat, which was filled in April 2023.

Elaine Zameck presented an update on the Resource Mobilization strategy - approved in September 2022 - that defines four interconnected objectives: Secure core resources to sustain essential activities; diversify the resource base, with a particular focus on corporates and HNWIs; leverage opportunities to extend domestic financing and other indirect funding sources; sustain investments towards the AT agenda. The implementation of the strategy is moving ahead. Progress and lessons from the past 12 months were shared, including the pipeline of potential donors, leads and requests for funding under preparation or review. Plans were shared about a series of curated convening events, including dinners, in key cities focused on top issues and highlighting how AT adds inclusive value (“Why AT matters”) will target specific potential donors. The board commended the ATscale Secretariat for the intensive work undertaken. Board members suggested that they can play a role in the series of curated local events, including the offer to host.

Preparations for a public campaign, as indicated in the Advocacy and Communications Strategy, are advancing. While this was presented to the Board as an effort to raise awareness and mobilize resource from the public at large, several board members raised concerns about a direct appeal to a general public for donations. One concern was that the chances of succeeding to mobilize microdonations in a crowded field might be low. The main concern was however that it would be difficult to present a positive message while asking for donations and creates a risk of portraying persons with disabilities as objects of charity, thereby unintentionally reinforcing undesirable stereotypes, and not being aligned with a rights-based approach to disability.

Support from all Board members was voiced for a strong awareness raising campaign on the need for assistive technology and this is much needed. The Secretariat acknowledged the concerns and agreed to revisit the campaign approach to ensure all partners are comfortable.

AOB

Decisions / next steps / follow-up:

- The suggested addition to the due diligence for board members in the By-laws was adopted.

By-laws

Following further feedback from the board on due diligence, the expectations that board members are to meet have been modified. The following bullet point was added:

“Not have themselves be declared nor work for any entity that has been declared ineligible by UNOPS, nor be included in the suspended/ineligibility list of the United Nations Secretariat Procurement Division (UN/PPD), other UN Agencies, the UN Security Council, and the World Bank.”

This suggested addition was adopted, and the valid version of the By-laws will be posted on the ATscale website.

Changes to board membership

- As Eva Kadilli will leave her post as Head of UNICEF Supply Division, Kristoffer Gandrup-Marino will become board member on behalf of UNICEF.
- Sam Bullen will become the alternate on behalf of FCDO instead of Sarah Dabbaj.

The board welcomed the new/old members.

DRAFT

Participants

Organization	Representatives and delegates
FCDO	Penny Innes (21 June, online) Sam Bullen (21 June, online)
IDA	Jose Viera (21 June, online)
SAFOD	Ashllah Mmusi
Unaffiliated Board Seats	Jon Lomøy Ana Lucia Arellano (20 June) Phyllis Heydt (21 June, online)
UNICEF	Kristoffer Gandrup-Marino
UNOPS (ex-officio)	Andrew Kirkwood
USAID	Michael Allen
WHO (ex-officio)	Kylie Shae
<i>Excused representatives</i>	<i>Patrick Amoth (Kenya) Zhang Hongtao (CDPF) Mussa Chiwaula (SAFOD) Eva Kadilli (UNICEF) Laurel Fain (USAID) Clive Ondari (WHO)</i>
ATscale secretariat	Pascal Bijleveld (ex-officio member) Barbara Goedde (note taker) Anil Kashyap Elaine Zameck
Guests (opening)	Sabine Machl, UN Resident Coordinator, Georgia Tamar Gabunia, First Deputy of the Ministry of Internally Displaced Persons, Labour, Health and Social Affairs (MoIPDsLHSA) Cathal Morgan, WHO EURO Giorgi Kurtsikashvili, WHO Georgia