

Global call for measuring access to assistive technology using the WHO rapid Assistive Technology Assessment (rATA) questionnaire

This call invites organizations and institutes to submit proposals in order to measure access to assistive technology using the WHO rapid Assistive Technology Assessment (rATA) questionnaire.

Background

Today, 1 billion people need assistive technology (AT) to lead productive, inclusive and dignified lives, yet only 1 in 10 people globally have access to the AT they need.¹ Further access to assistive technology is essential for many people to maintain and improve function, health and wellbeing, to participate in education, work and social activities. Among those groups who commonly require AT are the elderly, the disabled and people living with chronic conditions. As the world's population lives longer and the prevalence of noncommunicable diseases increases, the need for AT will continue to rise.

The resolution on improving access to assistive technology was adopted at the 71st World Health Assembly (WHA78.1), and mandates the WHO to publish the Global Report on Assistive Technology (GReAT) by 2021. GReAT will be based on best evidence and provide necessary technical support to the Member States so they can develop national AT policies and programmes to include AT in Universal Health Coverage (UHC), as well as realize the aspirations of UN Convention on the Rights of People with Disabilities (CRPD). The progress and improvements made to access assistive technology in each country will be reported in 2026 and 2030.

Despite the urgency and the global imperative on improving access to AT, **little data has been systematically collected and analysed to understand the need and unmet need for AT in various populations.** The development of GReAT provides an opportunity for the global AT sector to tackle this challenge in a coordinated and collaborative way and make a significant impact for people to get the AT products they need.

The rapid Assistive Technology Assessment (rATA)

WHO has developed a questionnaire, rATA, for assessments of the demand, need and the barriers to access AT in a population. It was developed to 1) obtain data and evidence on access to AT; 2) advocate and raise awareness to governments as well as civil society about the importance of AT; 3) advance research and development in AT; and 4) support in the design, planning or prioritising AT programmes, or interventions that should be made at global and country levels.

rATA is an interviewer-administered questionnaire, that can be implemented as stand-alone, incorporated into broader population, or in household surveys or national censuses. It is simple to administer and non-technical, so it can be used by enumerators from varied backgrounds and experiences, as well as across different cultures and contexts. A data collection tool for mobile devices (smart phones, tablets) is freely available to support stand-alone rATA field data collection. Both the paper-based questionnaire and the mobile data collection tool are available in Arabic, Chinese, English, French, Spanish, Portuguese and Russian. Training material for rATA enumerators is available.

¹ World Health Organization. Assistive technology factsheet. 2018. Available at: <https://www.who.int/en/news-room/factsheets/detail/assistive-technology>

Global call for data in measuring access to AT

In 2020, WHO launched an initiative to support Member States in measuring access to AT through national representative household surveys using the rATA. In response to the request of the international AT community, WHO extends this initiative and calls for engagement from all AT stakeholders in this global data collection campaign to contribute to the GReAT and make an impact in improving access to AT.

Objective:

This global call aims to select the best proposals for rATA survey implementation led by research institutes, national or international development agencies, NGOs, AT user groups, and other civil society organizations.

Requirements:

The key indicator of the survey is the prevalence of access to AT in the target population. The proposal should include three parts: survey methodology, data management and analysis plan, in addition to a deployment plan with a budget estimate.

The following key elements should be detailed in the *survey methodology* and meet the requirements:

- Survey method: explain if rATA will be implemented as stand-alone or integrated in other surveys. In case of the latter method, explain any adaptation to the rATA questionnaire.
- Target population: whole population of one or more sub-national administrative areas (e.g. provinces, municipalities, cities); one or more sub-groups of the national or sub-national population defined by age (e.g. children under 5 years old, older adults above 65 years old) or living environments (e.g. rural or urban, informal settlements, emergency settings); one or more sub-groups of population with health conditions (e.g. patients in rehabilitation, people with sensory function impairment).
- Sample size estimation²: required sample size for estimating the key indicator³ with 95% confidence of precision level equal or smaller than 25%.
- Sampling strategy: sampling design and justification on design effect.
- Survey language or translation (if needed).

The following key elements should be detailed in the *data management and analysis plan* and meet the requirements:

- Data collection methods: explain the data collection method, if not with the WHO developed paper-based questionnaire or mobile data collection tool.
- Data management and storage: explain where and how the collected survey data will be stored.
- Data analysis plan⁴: explain the indicator(s) to be extracted from the survey.

The following key elements should be detailed in the *deployment plan* and meet the requirements:

- Enumeration team: explain structure and composite of the enumeration team.
- Enumerator training and field testing: explain the training materials and process, if not using the WHO developed rATA enumerator training materials.

² If a household survey is deemed appropriate, a comprehensive guidance on sampling strategy can be found in a manual published by UNDESA: <https://unstats.un.org/unsd/demographic/sources/surveys/Handbook23June05.pdf>. The proposal can refer to the method detailed in 3.3.10 for sample size estimation.

³ Based on the WHO estimate – 1 billion people need AT and only 10% of those in need have access to it. Hence, the current access is approximately 1% in the population.

⁴ The plan should include the minimum set of indicators of 1) need of AT; 2) current access to / use of AT and 3) unmet need to AT in the target population.

- Quality control in the field data collection.
- Survey implementation time plan (until submission of final report).
- Details of budget required from WHO contribution.

The organizations/institutes to submit proposals should meet the following requirements:

- The proposal can be submitted by a single organization/institute or by a group of organizations/institutes. In the latter case, one organization/institute needs to be the coordinator for the proposal.
- Experience in design and implementation of surveys in access to AT or other health products, disability, rehabilitation or other health topics.
- Experience in survey data management, analysis, and reporting.
- Capacity and experience in enumerator recruitment and training.
- Capacity and experience in obtaining relevant ethical approval for survey implementation and publication.
- Has no conflict of interest in conducting the survey.
- Allow the results of the survey to be reported and acknowledged in GReAT and sign a confidentiality agreement for GReAT development (if applicable).

Proposal submission:

The coordinating organizations/institutes should submit the proposal in one pdf file to assistivetech@who.int with the reference code '2020|MHP|HPS|002' in the subject line before the submission deadline (see section Timeline). An acknowledgement email for receipt of the proposal will be sent.

Proposal evaluation:

The Proposal Review Committee will score the proposals based on the technical merits and financial viability according to the requirements. Besides the evaluation scores, the selection of proposals will consider a balance of the representation of data (e.g. data representing various regions of the world,

Proposal review committee:

Members of GReAT steering committee and Expert Advisory Group (EAG), rATA global data collection coordinators and external experts.

Contracting:

The organization/institute of a selected proposal (coordinator in case of a group of organizations/institutes in one proposal) will sign an Agreement on Performance of Work (APW) with WHO. (Co-)funding will be paid up on successful submission of the survey report within the deadline and satisfactory evaluation of the report.

Publication of survey outcome in GReAT:

The survey coordinating organizations will be invited to participate in and presenting the survey outcome at the GReAT Summit (2nd Global Consultation for the GReAT pre-launch in September 2021 in WHO HQ Geneva, Switzerland). Given that the survey is appropriately undertaken and reported, the survey outcomes will be published in the GReAT.

Timeline:

2020.08.10 – Launch of the global call

2020.10.04 – Deadline for proposal submission

2020.10.23 – Notification of preliminary decision to pre-selected proposals
2020.11.08 – Deadline for revision and resubmission of proposal
2020.11.20 – Notification of final decision
2021.04.30 – Deadline for submission of final survey report
TBD – Participation and presentation of survey outcomes at the GReAT Summit 2021

Contact:

If you have any question regarding the call or the submission process, please don't hesitate to send an email to assistivetech@who.int with the reference code '2020|MHP|HPS|002' in the subject line.