



Accelerating access to assistive technology

African Regional workshop report

Nairobi, Kenya, 9–11 June 2026



Rialtas na hÉireann
Government of Ireland

unicef 
for every child



World Health
Organization

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Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

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Cover page photo caption and credits: Assistive technology stakeholders from the African Region gather for a group photo in front of the workshop venue in Nairobi, Kenya (2026) © Chrispinus Sore

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Acknowledgements

WHO and UNICEF thank the Government of Ireland for the financial contribution that made the workshop on accelerating access to assistive technology in the African Region possible. They also acknowledge the ongoing support of UK International Development under the AT2030 programme, led by the Global Disability Innovation Hub. This collaboration supports efforts to strengthen assistive technology systems and improve access across the African Region and globally.

Abbreviations

WHO	World Health Organization
UNICEF	United Nations Children's Fund
GATE	Global Cooperation on Assistive Technology
APL	Priority assistive products list
rATA	Rapid assistive technology assessment
ATAc	Assistive technology capacity assessment
ATAp	Assistive technology progress assessment
OPDs	Organizations of persons with disabilities
STARS	Systematic assessment of rehabilitation situation

Executive summary

Assistive technology, ranging from eyeglasses and hearing aids to wheelchairs and communication devices, is essential for millions of people across the World Health Organization (WHO) African Region to maintain their independence and participate fully in society. More than 200 million people in the Region are estimated to need at least one assistive product, a figure projected to double by 2050. Despite this growing need, 90%–97% of people who need assistive technology in the WHO African Region do not have access to it.

In 2018, the World Health Assembly adopted resolution WHA71.8 on Improving access to assistive technology, which called on Member States to improve access to assistive technology as part of universal health coverage. Building on this commitment, Member States adopted the Framework for improving access to assistive technology in the WHO African Region (AFR/RC71/11) at the seventy-first session of the WHO Regional Committee for Africa in 2021. The Framework provides a Regional roadmap for strengthening assistive technology systems.

To review progress and identify priorities for further action, WHO and the United Nations Children's Fund (UNICEF) convened a Regional workshop on accelerating access to assistive technology in Nairobi, Kenya, from 9 to 11 June 2026. Supported by the Government of Ireland and the Global Disability Innovation Hub's AT2030 programme, the workshop brought together 89 participants from 14 African countries, alongside WHO, UNICEF, and a wide range of civil society and partner organizations.

The three-day workshop was structured around the five key interrelated pillars of the WHO Global Cooperation on Assistive Technology (GATE) 5P framework: People, Policy and finance, Products, Provision, and Personnel. The workshop programme combined technical presentations, panel discussions informed by national experiences, and structured group work. Countries shared progress and ongoing challenges across the five pillars, drawing on practical examples from the growing number of countries that have completed national data collection, strengthened policy frameworks supporting access to assistive technology, and adopted priority assistive products lists (APL).

On the final day, national teams identified concrete priorities for action. Common themes included strengthening cross-sectoral, multilevel policy and financing for assistive technology, informed by data and evidence; integrating assistive products into national supply chains; expanding and decentralizing provision systems; and building and retaining a trained workforce. Countries also prioritized empowering service users, raising awareness and reducing stigma, alongside strengthening data and information systems to support national planning and implementation.

Feedback from the post-workshop survey was strongly positive, with most respondents rating the workshop as excellent or good, and describing it as highly relevant to their national work. Financing, service delivery, and workforce development emerged as areas most likely to be prioritized by countries, closely mirroring the priorities identified through country group work.

One clear message emerged across the three days: progress in assistive technology requires action beyond the health sector. Countries consistently identified education, social welfare, finance and institutions responsible for disability rights as essential partners in developing national strategies, establishing financing mechanisms and strengthening workforce training. The country ownership demonstrated throughout the workshop, including through country-chaired sessions and cross-sectoral delegations, provides a strong foundation for the intersectoral collaboration required to accelerate progress.

1 Background

Assistive technology is an umbrella term covering assistive products and related systems and services, which help people maintain or improve their functioning and independence. It includes products ranging from eyeglasses, hearing aids, and wheelchairs to communication devices and pill organizers. People of all ages may need assistive technology, including children, older people, persons with disabilities and people living with acute or chronic health conditions. Needs may also arise or increase during emergencies and humanitarian crises. Globally, over 2.5 billion people require assistive technology, yet fewer than one in 10 people in low-income settings receive the products they need.

In the WHO African Region, more than 200 million people are estimated to need at least one assistive product, a figure projected to reach around 400 million by 2050 as populations age and rates of noncommunicable diseases and injuries rise. Disability prevalence is estimated at between 12.8% and 15.6% of the Region's population, depending on the data source, and represents one important dimension of this wider need. It is estimated that 90%–97% of people who need assistive technology in the Region do not have access to it.

The World Health Assembly's adoption of resolution WHA71.8 in 2018 marked an important global commitment to improving access to assistive technology. The resolution urged Member States to develop, implement and strengthen relevant policies and programmes and requested WHO to provide tools and technical support. In response to the resolution, WHO and UNICEF published the first Global Report on Assistive Technology in 2022, offering data, analysis, and ten action recommendations aligned with the WHO-GATE 5P framework: People, Policy and finance, Products, Provision, and Personnel. UNICEF's own Disability Inclusion Policy and Strategy (DIPAS), launched the same year, further embedded assistive technology within its programming priorities across its Eastern and Southern Africa and West and Central Africa regions, with a particular focus on children and on disability-inclusive action in emergencies.

Building on the commitments set out in resolution WHA71.8, Member States adopted the Framework for improving access to assistive technology in the WHO African Region (AFR/RC71/11) at the seventy-first session of the WHO Regional Committee for Africa in August 2021. The Framework set a regional target that, by 2030, 40% of the population in need of assistive products in the Region would have access to them without financial hardship. It also set milestones for 2024 and 2027 covering situation assessments, national strategies, intersectoral governance, technical standards, procurement, workforce training, and local production.

Since the Framework's adoption, countries across the Region have made tangible progress in strengthening their assistive technology systems, although the nature, pace and extent of progress have varied. Countries have undertaken national assessments, developed or strengthened policies and strategies, established coordination mechanisms, adopted APLs and worked to improve procurement, service provision and workforce capacity.

Against this backdrop, WHO and UNICEF convened a regional workshop on accelerating access to assistive technology in Nairobi, Kenya, from 9 to 11 June 2026. The workshop brought 14 Regional countries together to share their achievements and ongoing national efforts, discuss common challenges, learn from one another and jointly identify priorities for future action. It built on similar workshops held in other WHO regions, including in Brazil and Indonesia in 2023 and Egypt in 2024, which were also structured around the GATE 5P framework. The workshop was supported by the Government of Ireland and by the Global Disability Innovation Hub through its AT2030 programme, funded by UK International Development

2 Workshop overview

2.1 Objectives

WHO and UNICEF co-hosted the Regional workshop on accelerating access to assistive technology in Nairobi, Kenya, from 9 to 11 June 2026, bringing together representatives from national governments, WHO and UNICEF, and civil society organizations from across the Region.

The workshop aimed to:

- support national-level planning and action to implement relevant resolutions and recommendations;
- facilitate the exchange of information on progress, challenges, and best practices in assistive technology implementation;
- identify collaborative opportunities to strengthen access to assistive technology across the Region;
- raise awareness of WHO and UNICEF tools, guidance, and technical support available to countries; and
- gather insights on country needs to inform further development of resources and coordinated support by WHO, UNICEF, and partners.

2.2 Participants

The workshop brought together 89 participants from 14 African countries: Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Liberia, Rwanda, Senegal, Sierra Leone, Tanzania, Togo, Uganda, Zambia, and Zimbabwe¹. Countries were selected for their engagement in assistive technology initiatives to date, with government delegations coming primarily from ministries of health, alongside other relevant ministries such as education and social welfare. The full list of participants is available in Annex 1.

Alongside government delegations, the workshop brought together WHO and UNICEF colleagues from headquarters, regional offices, and country offices, national Organizations of Persons with Disabilities (OPD), and a wide range of other civil society and partner organizations².

2.3 Format and structure

The workshop ran over three days and was structured into sessions aligned with the WHO-GATE 5P framework. Most technical sessions were chaired by country representatives from across the Region, reflecting a strong sense of country ownership throughout. The workshop was delivered in English with simultaneous French interpretation, ensuring participation from both Anglophone and Francophone countries.

Each session combined technical presentations from WHO and UNICEF with moderated country experience panels and structured group work. Country representatives, technical staff, assistive

¹ Although Zimbabwe's government representatives were unable to attend following a last-minute cancellation, the country's perspectives were contributed by representatives from the Zimbabwe WHO and UNICEF country offices.

² AT4D, ATscale, CBM – the Christian Blind Mission, the Clinton Health Access Initiative (CHAI), the Global Disability Innovation Hub, HelpAge Africa, HI – Humanity and Inclusion, International Society for Wheelchair Professionals, Kenya Society for the Blind, Latter-day Saints Church/ LDS Charities, Motivation Africa, OneSight EssilorLuxottica Foundation, Sightsavers, Shonaquip, and United Disabled Persons of Kenya.

technology users, and civil society shared experiences, successes, and ongoing challenges throughout. Countries also worked together in national teams at several points during the workshop, culminating in a final session in which government, WHO, and UNICEF representatives identified concrete national priorities to take forward.

On Day 2, participants chose one of three WHO- and UNICEF-led parallel sessions for a more in-depth dive into a specific topic: using digital tools for assistive technology access, using data to drive national action, or local production and reuse systems.

Beyond WHO and UNICEF, the programme also featured presentations from partner organizations, including OPDs and ATscale, broadening the range of perspectives shared in the workshop.

Detailed descriptions of each session are provided in Section 4, with the full workshop agenda available in Annex 2.

2.4 Regional progress and context

The workshop also served to review regional progress since the Framework's adoption in 2021. Across the Region, at least 15 countries now have a national APL, 17 have a national assistive technology strategy³, 12 have completed a national assistive technology needs survey using the WHO Rapid assistive technology assessment (rATA), and 29 have completed an assistive technology situation assessment using the WHO Assistive technology capacity assessment (ATAc) tool. Separately, 21 countries in the African Region took part in the 2021 round of the WHA71.8 Progress Indicators for access to assistive technology, and nine took part in the 2025 round, both using the WHO Assistive technology progress assessment tool (ATAp). Several countries have also implemented projects to strengthen the capacity of their assistive technology workforce, including through the use of WHO training resources. For example, the United Republic of Tanzania is integrating Learning on TAP into its continuing professional development system for health professionals, while other countries have implemented the WHO Wheelchair Training Package to strengthen wheelchair provision. An overview of Member States' assistive technology progress across the Region is available in Annex 3.

At the same time, participants were candid about persistent challenges, including financing constraints, fragile supply chains, insufficient personnel, and continued donation of products without adequate systems to ensure their quality, suitability or follow-up.

Several initiatives under way across the Region were also highlighted, supported by WHO, UNICEF, and partners including ATscale, CHAI, the Global Disability Innovation Hub, and Shonaquip. These include a new assistive technology landscape analysis funded by the Mastercard Foundation; the establishment by Shonaquip of an ISO-aligned laboratory in South Africa for testing wheelchairs, prosthetics, and orthotics; and closely aligned vision initiatives, including a UNICEF-led effort to screen 20 million children across the Region.

³ Based on the 2024 Progress report on the framework for improving access to assistive technology in the WHO African Region AFR/RC74/INF.DOC/6

3 Identified priorities and participant feedback

3.1 National priorities

On the final day of the workshop, country delegations worked in national teams to identify priority actions to take forward, drawing on the WHO-GATE 5P framework and the discussions, tools, and country experiences shared over the three days. While each country's priorities reflected its own context and stage of progress, several common themes emerged clearly across the Region.

People

A recurring theme was the need to raise awareness of assistive technology, both among the public and among health, education and other frontline personnel, alongside efforts to reduce the stigma still associated with its use. Countries also prioritized giving assistive technology users a more direct role in decisions and co-design, not just as service recipients. Zambia, for example, prioritized a standing consumer/user voice mechanism within its Rehabilitation Technical Working Group, while Kenya prioritized dialogue between OPDs, faith-based organizations, and government on donation practices and product specifications. Common priorities included:

- raising public and frontline awareness of assistive technology;
- reducing stigma associated with assistive technology use;
- establishing formal mechanisms for users to participate in policy, planning, and service delivery decisions;
- involving users in the co-design of assistive products and services; and
- strengthening dialogue between government, service providers, and OPDs, particularly on donations and product specifications.

Policy and finance

Policy and financing priorities featured in almost every country's discussion and were often the most detailed. Rather than pursuing a single national strategy in isolation, countries increasingly described more holistic, cross-sectoral approaches: developing or updating national assistive technology policies and strategies, frequently seeking closer alignment with broader national development plans, and establishing or strengthening intersectoral coordination mechanisms so that responsibility for assistive technology no longer sits with ministries of health alone. In Sierra Leone, this need was especially urgent, as the country's assistive technology and rehabilitation policy expired in 2025, with a new joint policy now being developed, informed by the WHO systematic assessment of rehabilitation situation (STARS). In Liberia, the relevant Disability Act is progressing through the legislature and is due to be submitted to the Senate, alongside advocacy for assistive technology to have its own dedicated budget line, similar to mental health. Ethiopia identified tax exemptions for assistive products as a specific priority. Countries also prioritized strengthening the data and evidence base underpinning policy and financing decisions: Zambia, for example, plans to extend its rATA survey to additional provinces to broaden population-level data for planning. Zimbabwe, meanwhile, is advocating to its government to fund a costed pilot of its national plan, seeking match-funding support from partners. Common priorities included:

- developing or updating national assistive technology policies and strategies, and establishing or strengthening intersectoral coordination mechanisms;
- securing dedicated government budget lines for assistive technology;
- integrating assistive products into national health insurance or universal health coverage benefit packages;

- strengthening population-level data and evidence, such as conducting or expanding rATA assessments and using their findings to inform financing and planning decisions; and
- exploring financing modalities and opportunities.

Products

Countries consistently prioritized strengthening the availability, quality, and affordability of assistive products. Benin, for example, prioritized increasing the availability and accessibility of priority assistive products alongside building the capacity of relevant actors across the assistive technology pathway, from screening to maintenance. Côte d'Ivoire and Togo focused on integrating national APLs into their lists of essential medicines, alongside establishing more dedicated procurement mechanisms. Burkina Faso similarly prioritized establishing a national priority list of assistive products through an intersectoral team and integrating assistive products into its national supply chain. Common priorities included:

- finalizing or integrating national APLs into essential medicines lists;
- improving procurement processes and building more reliable supply chains;
- advancing local production to reduce dependency on imports and donor supply; and
- establishing dedicated, centralized procurement mechanisms for assistive technology.

Provision

Countries also prioritized expanding and decentralizing service provision, particularly to reach rural and underserved areas, and integrating assistive technology more fully into primary health care and community-based rehabilitation. Zambia, for instance, prioritized mapping and formalizing referral pathways from community-based rehabilitation through to district and tertiary care and expanding provision beyond its current urban concentration. Countries also prioritized strengthening electronic health information systems as part of broader provision systems: Senegal prioritized finalizing the integration of assistive technology indicators into the District Health Information Software 2 (DHIS2), while both Kenya and Tanzania prioritized stronger use of their Health Management Information Systems (HMIS), in Kenya's case a system being developed jointly with government, CHAI, and ATscale, to support planning and service delivery. Common priorities included:

- expanding and decentralizing provision systems, particularly in rural and underserved areas;
- integrating assistive technology into primary health care and community-based rehabilitation;
- establishing clearer referral pathways between community and higher-level services;
- strengthening electronic health information systems, such as DHIS2 and HMIS, to support service delivery and planning; and
- strengthening accountability mechanisms through civil society organizations.

Personnel

Workforce priorities were closely tied to provision, with countries describing the need to build assistive technology workforce capacity at multiple levels. Rwanda prioritized expanding the availability of trained personnel for screening, fitting, and calibration through both pre-service and in-service training, while Uganda emphasized the need for a workforce that is not only trained but fairly compensated and retained. Burkina Faso prioritized training frontline actors in both health and education on the early identification of functional difficulties. Common priorities included:

- training primary care and community health workers;
- building more specialized professional training pathways; and
- integrating assistive technology into pre-service curricula for health and other personnel.

3.2 Participant feedback

All participants were invited to complete a post-workshop survey, which received 43 fully completed responses. Feedback was strongly positive overall, with only one or two respondents giving a lower rating on any given question:

- **Overall rating:** 77% Excellent, 21% Good, 2% Fair
- **Relevance to national-level work:** 84% Very relevant, 14% Relevant, 2% Somewhat relevant
- **Workshop objectives met:** 60% Fully met, 37% Mostly met, 3% Partially met
- **5P framework usefulness:** 79% Very useful, 16% Useful, 5% Somewhat useful
- **Country experience panels:** 70% Very valuable, 30% Valuable – reflecting full consensus on the value of this aspect of the programme

Respondents were also asked which areas they intend to prioritize in their own countries following the workshop, with the option to select multiple options:

- **Financing and budgeting:** 81%
- **Service delivery:** 77%
- **Workforce and training:** 74%
- **Awareness and advocacy:** 74%
- **Policy and strategy:** 72%
- **Engagement of persons with disabilities:** 65%
- **Data and needs assessment:** 63%
- **Procurement and supply chain:** 60%
- **Assistive products list:** 47%

These results closely mirror the national priorities identified through country group work, reinforcing financing, service delivery, and workforce development as the areas where countries are most likely to focus their efforts in the near term. Development of national APLs was selected least frequently, possibly reflecting that most participating countries had already completed this work before the workshop.

Respondents also identified areas for strengthening future workshops of this kind, most notably allowing more time for panel discussions and group work, and broadening participation to include additional stakeholders such as national regulators, grassroots organizations of assistive technology users, and regional bodies. These suggestions offer a useful basis for refining the design of future regional workshops.

Selected quotes from workshop participants:

- *"Comparing our progress with other countries helped us realize where our own gaps are, especially around procurement."* - Representative of a Member State
- *"The entire workshop is very valuable...I have learned a lot and will work very assiduously with the Ministry of Health to accomplish the set next steps and priorities."* - Representative of a United Nations agency
- *"The conversations about what countries have already achieved helped us understand what gaps exist and what can be done, not just by governments, but by us as well."* - Representative of a civil society organization

4 Session summaries

4.1 Day 1: Opening ceremony, assistive technology overview, and assistive products

The workshop opened with a short welcome from WHO's Regional Office for Africa, before the floor was given to a series of opening remarks from government, partner, and civil society representatives.

Dr Andrew Toro, Head of Nursing and Curative Services at Kenya's Ministry of Health, opened proceedings by speaking to the importance of assistive technology for the country's health system, and the Ministry's commitment to advancing this agenda.

H.E. Caitríona Ingoldsby, Ambassador of Ireland to Kenya, spoke about Ireland's ongoing support for Kenyan students with disabilities, including initiatives that have helped them showcase their work on international stages, and reaffirmed Ireland's intention to deepen collaboration on assistive technology going forward, an area of continued priority for the Government of Ireland.

Dr Fouzia Shafique, Associate Director of Health at UNICEF, spoke about the importance of assistive technology for children, drawing on UNICEF's global experience and the urgency of reaching children with disabilities early.

Dr Edwin Kojo Ogara, Essential Drugs and Medicines Officer at WHO Kenya, delivered brief remarks on behalf of the WHO Representative to Kenya, reflecting WHO's commitment to the workshop and the broader Regional agenda.

Mr Erick Sande, representing United Disabled Persons of Kenya, spoke about the importance of including persons with disabilities in decisions that affect them, and the everyday struggles many continue to face in accessing the support and services they need.

Ms Jane Miano, representing HelpAge Africa, closed the opening remarks by sharing her own lived experience, offering a personal account of what access, and the lack of it, has meant across her life.

Following the opening remarks, participants watched the *Assistive Technology Changes Lives* video, which illustrated the impact of assistive technology on people's independence and participation, before gathering for a group photograph.

Session 1: Assistive technology overview

Following the opening ceremony, Dr Chiara Retis, Technical Officer at WHO's Regional Office for Africa, chaired the workshop's setting the scene session.

Dr Edith Andrews Annan, Technical Officer at WHO's Regional Office for Africa, and Ms Yetneberesh Molla, Disability Specialist at UNICEF's Global Programme Division, opened the session with an overview of assistive technology access across the African Region, setting out the frameworks guiding regional action and the current state of progress against them.

Ms Kylie Shae, Team Lead for Access to Medical Devices and Assistive Technology at WHO, then introduced the WHO-GATE 5P framework: People; Policy and finance; Products; Provision; and Personnel, as the structure that would guide the workshop's discussions over the following three days.

The session closed with a group exercise that asked participants to reflect on their own countries' priorities for action across the 5Ps, setting the stage for the more detailed country-level discussions to follow.

Session 2: Assistive products and prioritizing quality and supply

Dr Fouzia Shafique, Associate Director of Health at UNICEF, chaired the afternoon session on assistive products.

Mr Dennis Soendergaard, Innovation Manager at UNICEF, opened the session with an introduction to assistive products, before Ms Irene Calvo, Technical Officer at WHO, spoke on prioritizing assistive products and the role of national APLs in guiding country action.

An interview discussion followed, moderated by Ms Calvo, in which Mr Joseph Martial Capo-Chichi of Benin's Ministry of Health and Ms Nancy Maima Kanneh Saydee of Liberia's Ministry of Health shared their countries' experiences developing and implementing national APLs. The discussion highlighted the importance of government leadership, multisectoral collaboration and the meaningful participation of assistive technology users. Mr Capo-Chichi described how engaging ministries beyond health supported ownership across government and helped integrate Benin's APL into existing medicines and medical devices systems. In Liberia, a technical working group brought together relevant ministries, persons with disabilities and their representative organizations, development partners and service providers. Ms Saydee emphasized that Ministry of Health ownership is essential for sustainability and that users should play a leading role in prioritizing products based on their needs and lived experiences. The discussion also recognized that operationalizing an APL and translating it into improved access require sustained efforts to strengthen procurement and ensure product quality and appropriateness.

Afterwards, Mr Fernando Botelho, UNICEF, and Ms Maryanne Emomeri, United Disabled Persons of Kenya jointly presented on digital assistive products. Mr Botelho opened the session by emphasizing that digital tools should be assessed according to whether they genuinely meet a person's needs, rather than pursued for the sake of technological advancement alone. He cautioned that novelty without purpose can make access more difficult rather than easier. Ms Emomeri then continued the presentation from a user perspective, focusing on the importance of adapting digital assistive technology to users' languages, voices and cultural contexts. She delivered her presentation using text-to-speech software adapted to her voice and local accent, providing a practical demonstration of the value of such adaptation.

Mr Soendergaard returned to address considerations for procurement, focusing on quality and appropriateness, and introduced the WHO and UNICEF supply catalogues as practical tools available to countries to support assistive technology procurement.

Following a coffee break, a panel discussion, chaired by Dr Shafique, brought together Ms Maureen Njiru of Kenya's Pharmacy and Poisons Board, Mr Ismaila Kebbie of Sierra Leone's Ministry of Health, Mr Emmanuel Manzi of UNICEF Rwanda, and Dr Aclesso Gnadao of Togo's Ministry of Health, to discuss assistive technology supply chains and integration. Ms Njiru described Kenya's market analysis for assistive products and their inclusion within the Kenya Medical Supplies Authority's catalogue. Mr Kebbie outlined Sierra Leone's development of national assistive technology procurement guidelines and product standards. Mr Manzi spoke to a joint Government of Rwanda and UNICEF initiative to scale up paediatric hearing health services, including reflections on procuring products through UNICEF. Dr Gnadao explained Togo's pooled procurement hub for assistive technology, and the continued championing of the agenda by Togo's Minister of Health.

The session closed with group work, in which countries explored national actions to strengthen their own products pillar, before the first day of the workshop drew to a close.

4.2 Day 2: People, provision, personnel, data, and parallel sessions

Dr Neema Rusibamayila Kimambo, WHO Representative to Kenya, opened the second day with a recap of Day 1, highlighting the shared commitments under resolution WHA71.8 and the regional Framework, and the progress reflected in country experiences on products, procurement, and supply chains shared the previous day. She noted the day's shift in focus from products towards people, provision, and personnel, framing this as a natural progression: access depends not only on products being available, but on systems, personnel, and meaningful user engagement enabling people to use and benefit from them.

Session 3: People, awareness, information, choice and voice

Ms Annette Shiela Baitwabusa Siima, Principal Education Officer for Special Needs Education at Uganda's Ministry of Education and Sport, chaired the second day's opening session, following Dr Kimambo's recap of Day 1.

Mr Bernard Chiira, Disability Advocate and Chief Executive Officer of AT4D, was first to present in this session, speaking on user engagement in assistive technology systems, before Mr Botelho of UNICEF spoke on why choice matters in the design and delivery of assistive products.

A panel discussion followed, bringing together Ms Agatha Banda of the Zambia Agency for Persons with Disabilities, Mr Charles Kanyi of Motivation Africa, Ms Catherine Kimani, a wheelchair user who trialled the Imara wheelchair, and Ms Maryam Bandukda of the Global Disability Innovation Hub. Ms Banda described how Zambia systematically brings user experiences into national planning, including through disability questions added to the 2022 census. Mr Kanyi spoke to how user-centred design shaped the Imara wheelchair's development in Kenya. Ms Bandukda addressed gaps in smartphone and AI-based assistive tools for people with speech impairments, drawing on evidence from across Africa. Ms Kimani closed by sharing what having the right wheelchair, and being part of developing it, has meant for her daily life. In closing, panelists emphasized that users must be engaged from the outset as equal partners and experts in their own needs, rather than through one-off consultations.

The session closed with country group work to review existing arrangements and plan further action to advance the aims of the People pillar.

Session 4: Provision and personnel, systems, pathways, coordination and workforce

Dr Magreth Matonya, Director of Special Education at Tanzania's Ministry of Education, Science and Technology, chaired the afternoon session on provision and personnel.

Ms Shae of WHO opened the session with an overview of the breadth and scope of provision within the 5P framework, before Ms Molla of UNICEF spoke on the importance of early intervention for children. Dr Retis and Dr Yuka Makino, both Technical Officers at WHO's Regional Office for Africa, then addressed strengthening the assistive technology workforce across health and other sectors.

A panel discussion followed, moderated by the session chair, bringing together Ms Saydee of Liberia's Ministry of Health, Mr Fortunatus Theophilus Gitarda of Tanzania's Ministry of Health, and Mr Alemayehu Mamo of Ethiopia's Ministry of Women and Social Affairs.

Ms Saydee described Liberia's work decentralizing refractive error services into counties through the WHO SPECS initiative, a global programme to expand access to vision and refractive error services, including task-sharing with mid-level health workers to bring vision services closer to communities. Mr Gitarda spoke to Tanzania's experience using WHO's Learning on TAP programme to build workforce capacity for older people's needs, particularly around vision, self-care, and mobility, supported by local

mentorship and trained home-based care workers. Mr Mamo presented Ethiopia's Basic Rehabilitation Package for primary health care, developed in response to unmet need at the community level, and covering everything from readiness assessments to referral pathways and workforce capacity building.

In a closing round, panelists reflected on lessons for other countries seeking to expand provision and workforce capacity, emphasizing the value of task-sharing, community-level integration, and strong referral and supervision mechanisms in making services sustainable.

The session closed with group work on national planning for provision and personnel, ahead of the afternoon session.

Session 5: Data and parallel sessions on digital tools, data, and local production

Ms Calvo of WHO opened the session with an introduction to the WHO Assistive Technology Data Toolkit, before moderating a short panel on country experience in data gathering and use.

In the panel, Dr Jimmy Ochorin, Senior Medical Officer at Uganda's Ministry of Health, spoke to the country's experience with the rATA and ATAc, describing how findings from these assessments informed the development of the National Rehabilitation and Assistive Technology Strategic Plan. He shared ongoing efforts to integrate rehabilitation indicators into DHIS2, Uganda's routine health information system.

As the other panelist, Ms Maimouna Kere-Romba, Director of the Promotion of Inclusive Education at Burkina Faso's Ministry of Basic Education, spoke on using data to ensure access to assistive technology in education settings. She reflected on the importance of data for inclusive education planning in Burkina Faso, noting the need for stronger information on functional needs and access to assistive technology, including data disaggregated for children and particularly children under five years of age, to support advocacy, programme design and multisectoral action.

The discussion highlighted the importance of using data to inform planning, monitoring and advocacy for assistive technology, and the potential of combining population-based assessments with routine information systems to generate evidence on assistive technology needs, access and service delivery. Panelists emphasized the value of integrating assistive technology into routine information systems and strengthening collaboration across health, education and social sectors to support evidence-informed decision-making.

After the panel discussion, and following logistics guidance from Mr Soendergaard of UNICEF, participants divided into three parallel sessions for a more in-depth dive into a specific topic:

- Using digital tools to expand access to assistive technology, led by Ms Shae and Dr Abdelrahman Elwishahy of WHO, building on the earlier discussions on digital products and inclusive design to explore how digital platforms and innovations can extend the reach of assistive technology services.
- Planning and using data to drive national action, led by Dr Annan of WHO's Regional Office for Africa and Ms Calvo of WHO, focused on the practical application of tools such as the rATA and national data systems to strengthen evidence-based planning and monitoring.
- Exploring local production and reuse systems, led by Mr Soendergaard and Mr Bryce Hollander of UNICEF, examining approaches to local manufacturing, refurbishment, and reuse of assistive products as a route to more sustainable and affordable supply.

Participants attended the session most relevant to their own country's priorities, before the day closed.

4.3 Day 3: Policy and finance, and the path forward

Session 6: Policy and finance systems and equity

Mr Ghislain Fidèle Sènan de Souza, Deputy Director of Planning at Benin's Ministry of Social Affairs and Microfinance, chaired the final day's opening session, following a recap of Day 2.

Ms Shae of WHO opened the session with a presentation on policy and finance for assistive technology, before Mr Satish Mishra, Head of Global Programmes at ATscale, shared findings from ATscale's consultations across Africa on financing. Drawing on WHO data, he highlighted that assistive technology relies more heavily on out-of-pocket payments than general health care, and set out approaches to domestic funding, including dedicated budget lines and innovative financing mechanisms to ease costs for users.

A panel discussion followed, moderated by Ms Molla of UNICEF, bringing together Mr de Souza, Mr Emmanuel Tanni of Côte d'Ivoire's Ministry of Health, Dr Clémentine Uwimbabazi of Rwanda's Ministry of Health, and Dr Seydina Ousmane Ba of Senegal's Ministry of Health and Public Hygiene.

Mr de Souza spoke to Benin's *Carte d'Égalité des Chances*, an Equal Opportunities Card that gives people with disabilities access to a range of benefits, including assistive technology and tax exemptions, and the role of the planning and microfinance ministry in sustaining it. Mr Tanni described Côte d'Ivoire's national rehabilitation and assistive technology plan, developed following a STARS situation assessment, and the policy and financing mechanisms that supported its implementation between 2022 and 2026. Dr Uwimbabazi outlined how hearing aids have been integrated into Rwanda's community-based health insurance scheme, known as the *Mutuelle de Santé*, and described the cost barriers that persist despite this coverage. Dr Ba presented Senegal's Bokk Naa Ci project, underpinned by a US\$4.3 million national financing commitment, and what would be needed to sustain and scale it further.

Next steps and closing session

After a coffee break, Dr Annan of the WHO Regional Office for Africa presented on reporting against the regional Framework in preparation for the next progress report in 2027. The workshop then moved to a closing recap and discussion of next steps.

Dr Elwishahy of WHO then introduced the final country group work session, inviting each national team to work through and share their priorities across the 5Ps, drawing on everything discussed over the three days. A synthesis of these priorities is found in Section 3.1.

Participants were also invited to complete the post-workshop evaluation survey, the results of which are presented in Section 3.2. The workshop closed with a final wrap-up, before participants departed for lunch.

Annexes

Annex 1: List of participants

Country delegations	
Benin	Joseph Martial Capo-Chichi, Rehabilitation Promotion Focal Point, Ministry of Health Ghislain Fidèle Sènan de Souza, Deputy Director of Planning
Burkina Faso	Maimouna Kere-Romba, Director, Promotion of Inclusive Education Tegawende Raymond Zongo, Ministry of Health (DPCM)
Côte d'Ivoire	Katiama Mariam Silue, Director, Promotion of Persons with Disabilities Emmanuel Tanni, Technical Adviser and Assistive Technology/Rehabilitation Focal Point
Ethiopia	Alemayehu Mamo, Head of Empowerment and Social Rehabilitation Centres
Kenya	Maureen Njiru, Regulatory Officer, Pharmacy and Poisons Board Andrew Toro, Head of Nursing and Curative Services, Ministry of Health
Liberia	Nancy Maima Kanneh Saydee, National Rehabilitation, Injury and Assistive Technology Coordinator, Ministry of Health
Rwanda	Jean Pierre Niyitegeka, Acting Executive Director, Ministry of Local Government Clémentine Uwimbabazi, Accessibility and Rehabilitation Technical Assistant, Rwanda Biomedical Centre
Senegal	Seydina Ousmane Ba, Director, National Centre for Orthopedic Services (CNAO) Aliou Abdourahmane Dia, Chief, School Medical Control Division
Sierra Leone	Ismaila Kebbie, Deputy Director, NCD/Mental Health and Rehabilitation
Tanzania	Fortunatus Theophilus Gitarda, Prosthetist-Orthotist, Ministry of Health Magreth Matonya, Director of Special Education
Togo	Komivi Ayassou, Ministry of Social Care N'Kovie N'Dah Bakpati, Ministry of Solidarity Aclesso Gnadao, Chief, Rehabilitation Division, Ministry of Health
Uganda	Jimmy Ochorin, Assistive Technology Focal Point, Ministry of Health Annette Shiela Baitwabusa Siima, Principal Education Officer, Special Needs Education
Zambia	Agatha Banda, Director of Rehabilitation and Research, Zambia Agency for Persons with Disabilities Humphrey Chileshe, Social Welfare Officer, Disability Desk Chintu Kaunda, Chief Physiotherapist and Rehabilitation Coordinator

Diplomatic representation	
Ireland	Caitríona Ingoldsby, Ambassador of Ireland to Kenya
WHO	
Country Offices	Mèdèssè Thierry Tossou Boco, Health Promotion National Professional Officer, WHO Benin Mpela Chibi, Essential Drugs and Medicines, WHO Zambia Assigbley Elom Kokou Eric, Health Promotion Adviser, WHO Togo Ameth Gadiaga, Rehabilitation and Disability Inclusion Specialist, WHO Senegal Sandrine Gampini, Essential Medicines Adviser, WHO Burkina Faso Fredson Kuti-George, Social Determinants of Health and NCDs Officer, WHO Sierra Leone Vincent M'bra, Consultant, Essential Drugs and Medicines, WHO Côte d'Ivoire Stanley Munyaradzi Midzi, Health Systems Strengthening, WHO Zimbabwe Edwin Kojo Ogara, Essential Drugs and Medicines Officer, WHO Kenya Jules Mugabo Semahore, Diseases Prevention and Control Team Lead, WHO Rwanda
Regional Office for Africa	Isra Ahmed, Technical Officer Edith Andrews Annan, Technical Officer Abdelrahman Elwishahy, Consultant Yuka Makino, Technical Officer Chiara Retis, Technical Officer Leocadie Voumby, Programme Assistant
Headquarters	Irene Calvo, Technical Officer, Medical Devices and Assistive Technology Team Kylie Shae, Team Lead, Medical Devices and Assistive Technology Team
UNICEF	
Country Offices	Maissa Abdellaoui, Education Officer, UNICEF Senegal Yongshan He, Disability Specialist, UNICEF Zimbabwe Susan Kariuki, Adolescent Development Specialist, UNICEF Kenya Nassal Millicent Kebbie, Social Policy Specialist, UNICEF Sierra Leone Emmanuel Manzi, Health Specialist, UNICEF Rwanda Susan Momanyi, Social Policy Specialist, UNICEF Kenya Abdoulaye Seye, Deputy Representative, UNICEF Burkina Faso Kainan Reshid, Programme Officer, UNICEF Ethiopia Usman Umar, Health Specialist, UNICEF Kenya
Regional Office	Thokozani Murape, Regional Chief of Supply and Procurement Josephine Mwaura, Special Assistant
Headquarters	Fernando Botelho, Programme Specialist Bryce Hollander, Assistive Technology Consultant Yetneberesh Molla, Disability Inclusion Specialist Fouzia Shafique, Associate Director, Health Dennis Soendergaard, Innovation Manager Nurten Yilmaz, Programme Specialist

Partners and civil society	
Civil society	Tesfaye Haile Selassie Adera, Head of Inclusive Health Programmes, CBM
	Maryam Bandukda, Lead Researcher, Global Disability Innovation Hub
	Alan Chadwick, Latter-day Saints Church, Kenya Regional Office
	Bernard Chiira, Founder and CEO, AT4D
	Maryanne Emomeri, Communications Officer, United Disabled Persons of Kenya
	Alex Kamadu, International Society for Wheelchair Professionals
	Charles Kanyi, Regional Service Development Coordinator, Motivation Africa
	Catherine W. Kimani, Motivation Africa
	Rosevie Kimbsa, HelpAge International
	Yolanda Liang, Global Assistive Technology, Clinton Health Access Initiative
	Shona McDonald, Founder and CEO, Shonaquip Social Enterprise
	Jane Miano, Disability Rights Advocate, HelpAge Africa
	Satish Mishra, ATscale
	Lawrence Momanyi, Monitoring, Evaluation, Accountability and Learning Officer, Kenya Society for the Blind
	Lydia Muthoni, Regional Rehabilitation Specialist, Humanity & Inclusion
	Benedict Mwathi, Programmes Support
	Kenneth Nyuansi, Programme Manager, Clinton Health Access Initiative
	Nicholas Nyamweya, Project Manager, ATscale Kenya
	Raphael Ogolla Okumu, Associate Director, Partnerships and Advocacy, EssilorLuxottica
	Erick O. Sande, Senior Programmes Officer, United Disabled Persons of Kenya
	Lily Saunders, Senior Associate, Clinton Health Access Initiative
	Dorothy Tator, Sightsavers Kenya
	MaryAnne Wangechi, Disability Rights Advocate
	Alice Wanjiru, Assistant Programmes Officer, Kenya Society for the Blind
Interpreters	Baraka Muamba
	Emmanuel Muamba
	Faustin Ndula
	Hyppolite N'Tray

Annex 2: Workshop agenda

Day one

Opening ceremony Venue: Almasi Banquet Hall, 3rd Floor, Emara Ole-Sereni Hotel Registration starts at 08:30, opening ceremony starts at 09:00
Welcome <i>Edith Annan, Technical Officer, WHO African Regional Office</i>
Opening remarks <i>Dr Andrew Toro, Head of Nursing and Curative Services, Ministry of Health, Kenya</i> <i>H.E. Cairiona Ingoldsby, Ambassador of Ireland to Kenya</i> <i>Dr Fouzia Shafique, Associate Director of Health, UNICEF</i> <i>Dr Neema Rusibamayila Kimambo, WHO Representative to Kenya</i> <i>Mr Erick Sande, Senior Programmes Officer, United Disabled Persons of Kenya</i> <i>Ms Jane Miano, Spokesperson, HelpAge Africa</i>
AT Changes Lives video
Introduction to assistive technology, guiding framework, agenda, and expected outcomes <i>Kylie Shae, Team Lead, Medical Devices and Assistive Technology, WHO</i> <i>Dennis Soendergaard, Innovation Manager, UNICEF</i>
Group photograph

Session 1: Assistive technology overview <i>Chair: Chiara Retis, Technical Officer, WHO African Regional Office</i>		
Time	Item	Speaker(s)
11:30	Welcome and introductions	WHO and UNICEF teams
11:50	Assistive technology access in the African Region – frameworks and current status	Edith Annan, Technical Officer, WHO African Regional Office Yetneberesh Molla, Disability Specialist, UNICEF
12:10	Introduction to the 5P strategic framework	Kylie Shae, Team Lead, WHO
12:20	Group work: participants' priorities across the 5Ps	—
12:50	Wrap up group work	—
13:00	Lunch	—

Session 2: Products – prioritizing, quality and supply <i>Chair: Fouzia Shafique, Associate Director of Health, UNICEF</i>		
Time	Item	Speaker(s)
14:00	Introduction to the session	Chair
14:05	What are assistive products	Dennis Soendergaard, Innovation Manager, UNICEF

14:15	Prioritizing assistive products and national APLs	Irene Calvo, Technical Officer, WHO
14:25	Interview: country experience developing and implementing a national APL Moderator: Irene Calvo, WHO	Mr Joseph Martial Capo-Chichi, Ministry of Health, Benin Ms Nancy Maima Kanneh Saydee, Ministry of Health, Liberia
14:45	Digital assistive products	Fernando Botelho, UNICEF Maryanne Emomeri, United Disabled Persons of Kenya
15:00	Considerations for procurement: quality and appropriateness	Dennis Soendergaard, UNICEF
15:10	Questions and answers	Chair
15:20	WHO and UNICEF supply catalogues	Dennis Soendergaard, UNICEF
15:35	Coffee break	—
16:00	Panel: assistive technology supply chain and integration Moderator: Fouzia Shafique, UNICEF	Ms Maureen Njiru, Pharmacy and Poisons Board, Kenya Mr Ismaila Kebbie, Ministry of Health, Sierra Leone Mr Emmanuel Manzi, Health Specialist, UNICEF Rwanda Dr Aclesso Gnadao, Ministry of Health, Togo
16:30	Group work: exploring national products actions	—
17:05	Wrap up group work	—
17:15	Day 1 close	—

Day two

Session 3: People, awareness, information, choice and voice		
<i>Chair: Ms Annette Shiela Baitwabusa Siima, Principal Education Officer, Ministry of Education and Sport, Uganda</i>		
Time	Item	Speaker(s)
09:00	Day 1 recap and session introduction	Dr Neema Rusibamayila Kimambo, WHO Representative to Kenya Chair
09:05	User engagement in assistive technology systems	Bernard Chiira, Disability Advocate and CEO, AT4D
09:15	Assistive products: why choice matters	Fernando Botelho, UNICEF
09:25	Panel: country experience in creating quality user engagement Moderator: Ms Annette Shiela Baitwabusa Siima, Uganda	Ms Agatha Banda, Zambia Agency for Persons with Disabilities Mr Charles Kanyi, Motivation Africa Ms Catherine Kimani, Motivation Africa Ms Maryam Bandukda, Global Disability Innovation Hub

09:50	Group work: exploring national People actions	—
10:25	Wrap up reflections	—
10:30	Morning coffee break	—

Session 4: Provision and Personnel – systems, pathways, coordination and workforce

Chair: Dr Magreth Matonya, Director of Special Education, Ministry of Education, Science and Technology, Tanzania

Time	Item	Speaker(s)
11:00	Introduction to the session	Chair
11:05	The breadth and scope of provision in the 5P framework	Kylie Shae, WHO
11:15	The importance of early intervention for children	Yetneberesh Molla, UNICEF
11:25	Strengthening the assistive technology workforce across health and other sectors	Chiara Retis, WHO African Regional Office Yuka Makino, WHO African Regional Office
11:55	Panel: country experiences in strengthening provision systems, pathways, coordination, and workforce capacity Moderator: Dr Magreth Matonya, Tanzania	Ms Nancy Maima Kanneh Saydee, Ministry of Health, Liberia Mr Fortunatus Theophilus Gitarda, Ministry of Health, Tanzania Mr Alemayehu Mamo, Ministry of Women and Social Affairs, Ethiopia
12:20	Group work: exploring national provision and personnel actions	—
12:50	Close for lunch	—

Session 5: Data and parallel sessions

Time	Item	Speaker(s)
14:00	Introducing the WHO Assistive Technology Data Toolkit	Irene Calvo, WHO
14:10	Panel: country experience in data gathering and use Moderator: Irene Calvo, WHO	Dr Jimmy Ochorin, Ministry of Health, Uganda Ms Maimouna Kere-Romba, Ministry of Basic Education, Burkina Faso
14:25	Parallel session logistics	Dennis Soendergaard, UNICEF
	Coffee break	—
	Parallel sessions (single 90-minute round): A: Using digital tools to expand access to assistive technology B: Planning and using data to drive national action C: Exploring local production and reuse systems	—
	Day 2 close, straight from parallel sessions	—

Day three

Session 6: Policy and finance systems and equity <i>Chair: Mr Ghislain Fidèle Sènan de Souza, Deputy Director of Planning, Ministry of Social Affairs and Microfinance, Benin</i>		
Time	Item	Speaker(s)
09:00	Day 2 recap and introduction to the session	Chair
09:10	Policy and finance for assistive technology	Kylie Shae, WHO
09:25	Findings from consultations in Africa on financing	Satish Mishra, Head of Global Programmes, ATscale
09:35	Panel: country experience strengthening the policy environment and finance mechanisms Moderator: Yetneberesh Molla, UNICEF	Mr Ghislain Fidèle Sènan de Souza, Benin Mr Emmanuel Tanni, AT Focal Point, Côte d'Ivoire Dr Clémentine Uwimbabazi, Rwanda Biomedical Centre, Ministry of Health, Rwanda Dr Seydina Ousmane Ba, Ministry of Health and Public Hygiene, Senegal
10:05	Group discussion	—
10:35	Coffee break	—
11:10	AFRO Framework 2027 reporting	Edith Andrews Annan, WHO African Regional Office
11:25	Recap, country group work, and next steps	Abdelrahman Elwishahy, WHO African Regional Office
13:00	Wrap up, circulate feedback form, lunch, and depart	—

Annex 3: Regional assistive technology progress overview

The table below gives an overview of assistive technology assessments and milestones completed by Member States across the WHO African Region. Data reflect information available to WHO as of June 2026; some Member States may have completed additional assessments or milestones not yet reported to or recorded by WHO.

Member State	National APL	National strategy	rATA	ATAc	ATAp 2021	ATAp 2025
Algeria						
Angola						
Benin	✓	✓	✓ (Not confirmed)	✓	✓	✓
Botswana						
Burkina Faso		✓	✓ (National)	✓	✓	✓
Burundi				✓	✓	
Cabo Verde				✓	✓	
Cameroon				✓		
Central African Republic						
Chad	✓			✓	✓	
Comoros						
Congo						
Côte d'Ivoire		✓		✓		✓
Democratic Republic of the Congo	✓			✓	✓	
Equatorial Guinea						
Eritrea						
Eswatini				✓	✓	
Ethiopia	✓			✓		
Gabon						
Gambia	✓			✓	✓	
Ghana						
Guinea						
Guinea-Bissau				✓		
Kenya	✓	✓	✓ (National)	✓	✓	
Lesotho	✓	✓				

Member State	National APL	National strategy	rATA	ATAc	ATAp 2021	ATAp 2025
Liberia	✓		✓ (National)	✓		✓
Madagascar						
Malawi	✓		✓ (Sub-national)	✓	✓	
Mali				✓	✓	
Mauritania						
Mauritius				✓	✓	✓
Mozambique						
Namibia				✓	✓	✓
Niger				✓	✓	
Nigeria	✓			✓	✓	
Rwanda	✓		✓ (National)	✓	✓	
Sao Tome and Principe						
Senegal			✓ (National)	✓		✓
Seychelles				✓	✓	✓
Sierra Leone	✓	✓	✓ (Specific population)	✓	✓	
South Africa				✓		
South Sudan	✓					
Togo		✓	✓ (National)	✓	✓	✓
Uganda		✓	✓ (Not confirmed)	✓		
United Republic of Tanzania		✓	✓ (Not confirmed)			
Zambia	✓		✓ (Not confirmed)	✓	✓	
Zimbabwe	✓	✓		✓	✓	
<i>Total</i>	15	10 (17 ⁴)	12	29	21	9

⁴ The figure 10 is based on country-specific information available for this report. The figure in parentheses is the regional total reported in the 2024 Progress report on the Framework for improving access to assistive technology in the WHO African Region (AFR/RC74/INF.DOC/6), which indicated that 17 Member States had developed national assistive technology strategies.