

Annex 3:

Country Summaries:

Demand Landscape



The section documents the public sector demand landscape for the five priority assistive products (hearing aids, prostheses, spectacles, wheelchairs and digital assistive technologies) across 12 strategically selected countries. These countries were chosen to represent diverse geographies, varying levels of maturity in AT programmes, differing degrees of government involvement and distinct regulatory environments.

The analysis covers each country's regulatory framework, including relevant policies, regulations and financing mechanisms, alongside a review of recent public procurement activities related to the priority products. Data were gathered through a combination of desk-based research and a primary survey conducted in selected countries. The survey targeted government representatives and implementing partners to capture information on procurement practices, cost structures and financing mechanisms for assistive products. It is important to note that some data, such as procurement volumes, are illustrative only, as comprehensive figures are publicly available for only a limited number of countries.

1. Cambodia

1.1. Policy

Responsible ministries

Ministry of Social Affairs, Veterans and Youth Rehabilitation	Oversees policies on wheelchairs and prostheses
Ministry of Health	Oversees policies on spectacles
Disability Action Council (DAC)	Reports to the Prime Minister Office, coordinates across ministries and the private sector on assistive technology

National guideline

The Disability Action Council (DAC) is creating a new national strategic plan with the support from the United Nations Development Programme (UNDP).

1.2. Regulation

Market authorization

No specific requirement for AT.

Quality standard

No specific domestic or international quality standards required for the import or distribution of AT.

Import duty

AT are subject to consumption taxes and import duties listed below when imported by private parties or end-users. Import duties can be waived for humanitarian donations:

Table 1: Cambodia consumption tax and value-added tax (VAT) on imports

Imported product type	Consumption tax	VAT on imports
Wheelchairs	0 %	0 %
Prostheses	0 %	0 %
Spectacles	7 %	10 %
Hearing aids	0 %	10 %
Digital AT	5 %	10 %

1.3. Financing

Wheelchairs and prostheses are provided free of charge at Physical Rehabilitation Centres. They are offered independently of insurance schemes. Spectacles are available only through NGOs or donor funding.

Insurance scheme

Two relevant insurance schemes exist, but both schemes do not cover AT:

- *The Health Equity Fund*, funded 50 per cent by the government and 50 per cent by donors, is aimed at poor individuals who meet eligibility criteria and possess an ID Poor Card.
- *The National Social Security Fund* serves government workers, factory workers and employees in the private sector.

1.4. Procurement

Procurement and pricing model

Wheelchairs and prostheses: They are procured by the Persons with Disabilities Foundation (PWDF) under the Ministry of Social Affairs, Veterans and Youth Rehabilitation. The PWDF submits a request form detailing the type and quantity needed to the manufacturing factory, with raw materials imported for production. Survey information collected is presented below.

Table 2: Cambodian Government procurement volume and pricing information (2023)

	Wheelchairs	Prostheses	Protective pads	Walking sticks and seating systems
Volume (units)	1,540	4,257	3,917	5,676
Price ¹ (US\$)	195 – 320	120 – 585	N/A	46 – 57

Spectacles: According to the MoH procurement rules, spectacles in Cambodia are procured through a national supply agreement with a supplier. The National Programme for Eye Health forms a committee to determine specifications and quantities for procurement, which applies to both spectacles and other eye health materials and equipment. Pricing details remain confidential.

Hearing aids and digital assistive technologies: no government procurement has been identified in 2023.

¹ Prices were last updated in 2016, with plans for a capacity assessment of component factories and workshops that may lead to price revisions. Partner NGOs can access lower discretionary prices and place export orders to neighbouring countries.

2. China

2.1. Policy

Responsible ministries

Ministry of Civil Affairs	Leads the coordination of 22 relevant government departments and public entities to establish and implement assistive technology policies [1].
Other relevant government institutions and public entities such as the China Disabled Persons' Federation, the National Health Commission, the National Medical Products Administration, and the Ministry of Education [2]	<p>Coordinates the AT provision and distribution.</p> <p>For example, China Disabled Persons' Federation (CDPF) is responsible for establishing and improving the service network and support policies for the provision of assistive devices tailored to the needs of persons with disabilities.</p>

National guideline

The Several Opinions of the State Council on Accelerating the Development of the Rehabilitation Assistive Devices Industry, State Issue [2016] No. 60 is the core national-level document guiding the development of China's assistive products industry and the product provision in China [3]. Under the guidance of the document, the Ministry of Civil Affairs published the updated China Catalogue of Rehabilitation Assistive Devices [2023 Edition] in November 2023 [4]. Hearing aids, prostheses and wheelchairs are all included in the catalogue, but spectacles for myopia and presbyopia are not classified as assistive products in China.

In addition, some other national-level documents also partially cover assistive products and provide guidance to support the growth of China's AT industry and the provision of products and services to those in need. Examples include:

- “*Opinions of the General Office of the State Council on Promoting the Development of Elderly Care Services, State Issue [2019] No.5*” [5].

- “Action Outline for Promoting High-Quality Development of the Health Industry [2019-2022]” [6].
- “Opinions of the General Office of the State Council on Developing the Silver Economy and Enhancing the Well-being of the Elderly, State Issue [2024] No.1 [7].

2.2. Regulation

Market authorization

Assistive products in China are all regulated by the State Administration for Market Regulation (SAMR). Hearing aids and wheelchairs are classified as Class II medical devices and thus are specifically regulated by the National Medical Products Administration (NMPA), an SAMR subsidiary responsible for managing all medical product regulations.

Quality standard

The assistive product, whether manufactured overseas or domestically, needs to meet Chinese national standards to enter the Chinese market. Medical devices, such as hearing aids and manual wheelchairs, need to obtain additional Medical Device License to operate legally in China. Below is a list of some examples of national quality standards, many of the standards are developed based on ISO standards.

Table 3: Examples of China national quality standards

Product	National quality standards
Wheelchairs	GB/Z 13800 (<i>Manual Wheelchairs</i>)
Prostheses	GB 14723 (<i>Modular units of the lower limb prosthesis</i>) GB/T 13461 (<i>Modular below knee prosthesis</i>) GB 14722 (<i>Modular hip disarticulation prosthesis, Modular knee disarticulation prosthesis and modular above knee prosthesis</i>) GB/T 18375 (<i>Prosthetics – Structural testing of lower-limb prostheses – Requirements and test methods, developed based on ISO 10328</i>)

Product	National quality standards
	GB/T 31181 (<i>Prosthetics – Testing of ankle-foot devices and foot units – requirements and testing methods, developed based on ISO 22675</i>)
Spectacles	GB 10810 (<i>Spectacle Lenses, developed based on ISO 8980</i>) GB 14214 (<i>Spectacle Frames – General requirements and testing methods, developed based on ISO 12870</i>) GB/T 13511.3 (<i>Assembled spectacles—Part 3: Single-vision near-vision spectacles, developed based on ISO 16034</i>)
Hearing aids	GB/T 14199 (<i>Electroacoustics – General specification for hearing aids</i>)

Import duty

China generally has import duty, VAT and consumption tax exemption policies for AT for use by persons with disabilities. For example, according to China's most updated VAT law published in 2024, products imported directly by organizations for the disabled and intended for exclusive use by the disabled are exempt from VAT [8]. For import duties, the policies have slight differences depending on the products:

- Prostheses, manual wheelchairs and some digital AT: Based on Order No. 61 [1997] from the General Administration of Customs of the People's Republic of China, the import of these products for use by persons with disabilities is exempt from import duty, import VAT and consumption tax [9].
- Hearing aids: The standard import duty for hearing aids is 1 per cent [10]. But according to Order No.61 above, hearing aids that cannot be produced domestically may also be exempt from import duty, VAT and consumption tax with approval from the Ministry of Civil Affairs or the China Disabled Persons' Federation, following a review by the General Administration of Customs.
- Spectacles: Spectacles are not classified as assistive products for persons with disabilities in China and thus are not eligible for tax exemption policies. For WTO member countries and other countries that have trade partnership with China, the import duty for spectacles ranges from 6 per cent to 15 per cent. For the remaining countries, it ranges from 70 per cent to 90 per cent [11].

2.3. Financing

The 14th Five-Year Plan for the Protection and Development of Persons with Disabilities (State Issue [2021] No.10) states that, if budget permits, regional governments should provide subsidies for basic AT to persons with disabilities who face financial difficulties or have severe disability conditions [12]. Under the policy guidance, all provinces across China provide a certain level of AT subsidies. Subsidies mainly focus on low-income and severely disabled individuals, with some regions prioritizing students or elderly.

The subsidy standards are normally based on the type of assistive product, family income, severity of disability and the financial capability of the local government. Each region can formulate its own subsidy policy and mechanism for providing the subsidy, e.g. a percentage of the out-of-pocket payment, a fixed amount subsidy, or even free donation of selected basic assistive products. The subsidy coverage for assistive products reaches over 190 device types in some regions.

In addition, for certain groups like disabled servicemen, China's *"Regulations on Subsidies and Benefits for Military Serviceman [2024] No.788"* stated that if AT such as hearing aids, wheelchairs and prostheses are needed for them, the government should provide financial support [13]. The Ministry of Veterans Affairs further developed the *"Measures for the Provision of Rehabilitation Assistive Devices for Disabled Servicemen [2025] No.4"* and *"Catalogue of Rehabilitation Assistive Devices for Disabled Servicemen"* [14][15]. This policy clearly states that the provincial government should cover the cost for all the 128 products listed in the catalogue for disabled servicemen.

2.4. Insurance scheme

In general, most AT are not covered by national health insurance schemes. Regional governments' subsidies are the main methods to reduce the financial burden on those in need. Recently a few regional governments have started including some AT in their regional insurance schemes. For example, Anhui, Jiangsu and Inner Mongolia have all started to cover some AT partially in their health insurance, including hearing aids and prostheses, and the reimbursement rate is around 30 per cent to 50 per cent.

And if the disability is caused by work-related injury, according to the State Council's Regulations on Work-Related Injury Insurance, the Work-related Injury Insurance Fund should pay for these people's needed assistive products.

2.5. Procurement

Procurement and pricing model

Government procurement of assistive products is managed by various ministries. For example, for persons with disabilities, procurement is typically conducted by regional Disabled Persons' Federations or other relevant public authorities. For elderly populations and patients in need, procurement could be handled by the Ministry of Health or Ministry of Civil Affairs.

The China Assistive Devices and Technology Center for Persons with Disabilities (CADTC) frequently consolidates AT procurement tenders from different regions and publishes them on its official website. Bid documents generally include detailed product specifications, quantities, delivery timelines, and after-sales service requirements. However, comprehensive national procurement data are not publicly available.

3. Ethiopia

3.1. Policy

Responsible ministries

Rehabilitation Desk at Ministry of Health	Oversees policies making and implementation for all types of assistive products.
Ministry of Education	Manages the procurement of spectacles and hearing aids through grants and the dedicated budget.
Ministry of Newborn and Child Health, National Council on Disability	Contributes to advocacy and distribution of AT at national and regional level.
Ministry of Labour and Social Affairs	Supports the establishment and management of P&O centres. Currently, most of the centres are technically managed by MOH and the regional governments allocate budget. Manages procurement of spectacles and hearing aids through grants and the dedicated budget.

National guideline

The National Priority Assistive Product List published by the Ministry of Health provides guidelines on procurement, reimbursement, product development, production, and service delivery of AT. Wheelchair and P&O support services are available through International Committee of the Red Cross (ICRC)-supported centres, which have developed their own service guidelines, but these are not national standards.

3.2. Regulation

Market authorization

No requirement for a market authorization holder for the import of AT.

Quality standard

The FDA regulates medicines and medical devices, including AT, ensuring compliance with WHO quality standards or CE standards.

Import duty

There is no applicable tax on AT or their raw materials, and procuring organisations and individuals are exempt from all taxes related to assistive products. However, NGOs planning to import AT need to secure a tax exemption letter from either MOH, MOE or Ministry of Women and Social Affairs. And the customs clearance process for such imports can be lengthy.

3.3. Financing

There is no relevant public financing or importing mechanism provided by the government. AT provision is primarily funded by NGOs, with most devices supplied by international donors. Mobility aids such as wheelchairs are also provided by private suppliers and pharmaceutical companies through imports.

Insurance scheme

The country's National Health Policy, including both the Community-Based Health Insurance and Social Health Insurance schemes, does not cover AT.

3.4. Procurement

Procurement and pricing model

AT are included in the country's national essential medical equipment lists. The Ethiopian Pharmaceutical Supply Agency procures some transport wheelchairs upon request from hospitals or medical rehabilitation centres, but this is minimal compared to NGOs efforts. The procurement is mainly conducted by NGOs.

For government procurement, the process begins with a bid, followed by selecting manufacturers, establishing contracts, and preparing shipping documents. Simultaneously, the importer secures permits from the FDA, arranges multi-modal shipping, and facilitates clearance, storage and the final distribution through pharmaceutical supply services.

Table 4: Ethiopia procurement of assistive products by NGOs

Type	Illustrative procurement
Wheelchairs	<p>1,223 manual wheelchairs were provided by NGOs in 2018 alone.</p> <p>According to Addis Guzo Centre for people with disabilities, from 2017-2023, it also distributed 15,000 wheelchairs.</p>
Prostheses	<p>4,824 were provided by NGOs in 2018 alone.</p> <p>Additionally, Cheshire Services Ethiopia receives international donations in raw materials form for production of P&Os and other mobility aids. ICRC aims to provide 4,000 mobility aids each year through direct procurement.</p>
Spectacles	<p>NGOs use various approaches to import spectacles. This includes national optical work, which comprises separate networks supported by optical NGOs with local distribution agencies, and local production, where raw materials are imported but spectacles are produced domestically.</p>

4. Georgia

4.1. Policy

Responsible ministries

Social Protection Policy Unit at Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs	Oversees the provision of AT and is responsible for policies, regulations and supervision.
Ministry of Education and Science, Ministry of Defence	Involved in financing and provision.

National guideline

No national strategic national plan or guiding document regarding AT.

Relevant regulations include:

- Minimum Standards for Assistive Technology Services (2007) which defines the minimum service steps and requirements for providing essential assistive products.
- Law of Georgia on Medical and Social Expertise (2003) which establishes procedures for determining disability status and outlines the conditions for prescribing assistive products.
- Rules on Registration of Service Providers for Social Rehabilitation and Childcare (2021) which describes the requirements and application process to become a registered service provider under the State Programme.

4.2. Regulation

Market authorization

Private companies or NGOs can register as a licensed provider for AT under the State Programme, provided that it meets the quality standards.

Quality standard

Assistive technology must comply with European Union standards. Specific guidelines are established for wheelchairs, prostheses and hearing aids through regulations under the State Programme.

Table 5: Requirements by the Georgia Ministry's State Programme for licensed providers

Type	Requirements for licensed providers of different types of AT
Wheelchairs	<ul style="list-style-type: none"> • Employ qualified staff for wheelchair service and at least one specialist with Ivane Javakhishvili Tbilisi State University degree or USAID-funded projects certification. • Produce or assemble wheelchairs in the country and ensure that at least 50 per cent of employees for manufacturing (or 30 per cent for paediatric wheelchairs) are persons with disabilities.
P&Os	<ul style="list-style-type: none"> • Have facilities with dedicated functional rooms and equipment. • Employ specialized doctors, physiotherapists, occupational therapists, psychologists and prosthetists and orthotists.
Hearing Aids	<ul style="list-style-type: none"> • Employ qualified staff in relevant hearing service provisions. • Have access to audiometry equipment and earmold production tools.

Import duty

No import duty.

4.3. Financing

There is state-funded provision for assistive products through social services programmes. AT is financed in accordance with the budget specified in the State Programme for Social Rehabilitation and Childcare. Regional funding is also available. NGOs also play a role in specialized device provision.

Insurance scheme

N/A.

4.4. Procurement

Procurement and pricing model

The Ministry of Health oversees most AT procurement.

Type	Illustrative procurement
Wheelchairs	Procured with state funds through vouchers redeemable with registered providers. In 2020, 416 wheelchairs were provided through state-funded vouchers.
Prostheses	Procured with state funds through vouchers redeemable with registered providers. In 2020, 379 prostheses and 903 orthoses were provided through state-funded vouchers.
Hearing aids	Procured through annual government tenders, with the State Fund for Protection and Assistance of (statutory) Victims of Human Trafficking overseeing purchases and related services. In 2020, 1,160 hearing aids were procured through the government open tender.

NGO also play a crucial role in AT procurement, with organisations like Georgian Wheelchair Workshop, McLain Association for Children Georgia and Latter-day Saint Charities in the field of wheelchairs; Georgian Foundation for Prosthetic Orthopaedic Rehabilitation for prostheses; and Kind Smena and Aures Foundation for hearing. Spectacles are mostly provided by the private sector.

5. India

5.1. Policy

Responsible ministries

Ministry of Health	Oversees policies making and implementation for wheelchairs, prostheses and hearing aids.
Department of Empowerment of Persons with Disabilities under the Ministry of Social Justice and Empowerment	Supports the procurement of AT for persons with disabilities.

National guideline

The Scheme of Assistance to Persons with Disabilities for Purchase/Fitting of Aids /Appliances (ADIP Scheme) introduced by the Indian government in 1981, offers financial support to low-income individuals with disabilities for acquiring assistive products. The National Programme for Control of Blindness and Visual Impairment (NPCBVI), launched in 1976 as a fully government-funded programme, provides low-vision aids and comprehensive eye care services and products.

5.2. Regulation

Market authorization

The regulatory authority in India is the Central Drugs Standard Control Organization. A domestic Market Authorization Holder required for distribution of assistive products. The registered entity must be based in India.

Quality standard

Compliance with ISO 13485, the Quality Management System standard for medical devices, is generally required. While specific adherence to Bureau of Indian Standards for medical devices is not always mandatory, it is strongly recommended to ensure quality and safety. For devices already approved by recognized international regulatory bodies, such as the FDA and CE, waivers can be considered subject to Central Drugs Standard Control Organization's decision.

In addition to general quality management, specific standards apply to different AT:

- Wheelchair: ISO 7176
- Prostheses: ISO 10328
- Spectacles: ISO 8980
- Hearing aids: ISO 19634
- Medical electronic equipment, including digital AT IEC 6060

Import duty

In India, import of assistive products is regulated by the Directorate General of Foreign Trade, Central Board of Indirect Taxes and Customs, and Central Drugs Standard Control Organization for medical devices. Basic customs duty is approximately 7.5-10 per cent for wheelchairs, prostheses, and hearing aids, and approximately 10 per cent for spectacles and digital AT, varying based on specific product code. The Integrated Goods and Services Tax is set at 5 per cent for specified assistive devices, rehabilitation aids and other goods for differently abled people [16]. The Social Welfare Surcharge is set at 10 per cent of the basic customs duty for all types of AT. Certain AT may qualify for duty exemptions or reductions under specific conditions or for charitable purposes.

5.3. Financing

Wheelchairs, prostheses and hearing aids are provided for free by the government, under the ADIP Scheme.² Spectacles are also provided for free by the government under the NPCBVI Scheme. Some digital AT, such as accessible software, can be provided through government initiatives. Several NGOs also play an important role in providing assistive products for free through donation or specialized programmes.

Insurance scheme

The national insurance scheme, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY), only covers post-surgery recovery if prescribed during hospitalization. However, routine or standalone purchases of assistive products (such as wheelchairs, prostheses, hearing aids) are not typically covered.

² The scheme covers the full cost of aids and appliances priced up to INR 15,000 (180 dollars). For devices costing between INR15,001(>US\$180) and INR30,000 (US\$360), financial assistance is provided up to INR15,000 (US\$180).

5.4. Procurement

Procurement and pricing model

The Department of Empowerment of Persons with Disabilities under the Ministry of Social Justice and Empowerment is responsible for procurement and distribution of wheelchairs, prostheses, hearing aids, and some digital AT through the ADIP Scheme. The Ministry of Health and Family Welfare is responsible for the procurement and distribution of spectacles through the NPCBVI Scheme.

Table 6: Previous procurement in India

Product type	Indicative volume (units)	Price (in US\$)
Wheelchairs	Thousands	Manual wheelchair: US\$50- US\$150 Electric wheelchair: US\$200-US\$500
Prostheses	Tens of thousands	Basic prostheses: US\$50-US\$100 Advanced prostheses: US\$200-US\$500
Spectacles	Millions	Basic lenses: US\$2-US\$10
Hearing aids	Thousands	Basic BTE hearing aids: US\$50- US\$200
Digital AT	Hundreds	Software: US\$50- US\$500 Hardware: US\$500- US\$1,500

6. Indonesia

6.1. Policy

Responsible ministries

Ministry of Health	Oversees national level interventions on service delivery of assistive products and establishment of minimum product standards.
Ministry of Social Affairs	Supports the procurement of AT for poor persons with disabilities.
Ministry of Villages	Allocates the central government budget for AT to village governments, and village governments regulate the provision of assistive products through local budgets.

National guideline

The National Disability Inclusive Development Plan and Regulation and The Implementation of Social Welfare for Persons with Disabilities define the rights of persons with disabilities, which include access to AT. *The Medium-Term Development Plan 2020-2024* strengthens the social welfare provided to persons with disabilities. However, there is currently no national plan guiding the implementation of these guidelines.

6.2. Regulation

Market authorization

Distribution of AT requires registrations with the Ministry of Health to obtain a distribution permit number.

Quality standard

Assistive products must comply with Indonesian National Standards.

Import duty

Import duty exemption could happen for charity/donation purpose importers.

6.3. Financing

Funding for assistive products comes through national health insurance schemes, such as Jaminan Kesehatan Nasional (JKN) offered by Badan Penyelenggara Jaminan Sosial. Local governments and NGOs also support the financing of specialized Assistive Technologies.

Insurance Scheme

JKN covers seven assistive products, with coverage and terms entailed below. In 2018, the total claim for AT was IDR339 billion (US\$26 million), approximately 0.03 per cent of the total JKN expenditure.

Table 7: National Health Insurance coverage of AT in Indonesia

Product type	Coverage	Term(s)
Spectacles	Class 3: IDR165,000 (US\$10.6) Class 2: IDR 220,000 (US\$14.2) Class 1: IDR330,000 (US\$21.3)	Given every two years with minimum medical indication and prescription from the ophthalmologist.
Hearing Aids	Maximum IDR1,100,000 (US\$71.3)	Given every five years based on medical indication and prescription from the ENT specialist.
Prostheses	Maximum IDR2,750,000 (US\$177.4)	Given every five years based on medical indications and prescription from the physical medicine and rehabilitation specialist.

6.4. Procurement

Procurement and pricing model

Procurement of AT follows the regional and national budget cycle. Products are imported and customized locally based on user needs. NGOs and private sectors often assist with specialized product procurements, filling the gap left by the absence of comprehensive government support.

7. Kenya

7.1. Policy

Responsible ministries

Ministry of Health	Oversees the policies, regulations and supervision of AT
National Council for Persons with Disabilities	Responsible for assistive service delivery

National guideline

Kenya introduced The *National Rehabilitative Services and Assistive Technology Strategy 2022-2026*.

The *Kenya Assistive Technologies Essential Products List* is also completed and will be adopted nationally, which can set national standards for assistive products and serve as a cornerstone in guiding registration, regulation and procurement.

7.2. Regulation

Market authorization

Distribution and importation of medical devices, including assistive products, requires obtaining a medical device registration certificate from Pharmacy and Poisons Board of Kenya.

Quality standard

Kenya Bureau of Standards sets quality standards for products sold in Kenya, including assistive products. Devices that enter the Kenyan market must meet the quality standards set by Kenya Bureau of Standards, which align with international norms, e.g. ISO 9001:2015 for Quality Management Systems.

Import duty

Customs duty is levied at an average rate of 25 per cent. Imports into Kenya are subject to a standard VAT rate of 16 per cent. However, medical equipment can be exempted from import duty upon application with Kenya Revenue Authority.

7.3. Financing

Most AT provision is primarily funded by NGOs, with most products supplied by donors. Wheelchairs are sometimes provided by the Ministry of Health and National Council for Persons with Disabilities through donations.

Insurance scheme

National Hospital Insurance Fund of Kenya³ does not yet cover AT.

For spectacles, Kenya officially launched its new national insurance scheme in October 2024, which has included spectacles as part of its social health insurance scheme benefit package. A KES1,000 (≈US\$8) subsidy per household is provided under the newly introduced benefit package, limited to beneficiaries below 18 years old.

7.4. Procurement

Procurement and pricing model

The Ministry of Health oversees the AT procurement with its focus mainly on mobility aids, such as wheelchairs. It is developing a comprehensive guideline to standardise the process of assessing, prescribing, and distributing AT to individuals with disabilities, in collaboration with relevant stakeholders. Supported by ATscale, the Ministry of Health procured approximately 1,000 wheelchairs. Prostheses are provided at medical facilities in Kenya, with 26 facilities providing prostheses at the cost of the patients. They in total provided 610 prostheses in 2019.

NGO efforts also play a crucial role in AT procurement, with organizations like Motivation Charitable Trust in the field of wheelchairs and Kenya Society for the Blind in the field of visual devices.

³ The National Health Insurance Fund has changed to the Social Health Authority as of 1 October 2024.

8. Liberia

8.1. Policy

Responsible ministries

The Ministry of Health, the Ministry of Gender, Children and Social Protection, the Ministry of Education and the National Commission on Disability	Jointly coordinate policy making and implementation
JFK Medical Center	Involved in the assistive products distribution

National guideline

No national guidelines that include assistive products in the context of quality assurance, procurement and supply. CHAI is in the process of supporting MOH to develop National Assistive Products Specifications (APS).

8.2. Regulation

Market authorization

Health products need to be registered with the Liberia Medicines and Health Products Regulatory Authority and comply with national donation guidelines. However, there is no specific registration guidance for assistive products and donation guidelines currently do not cover AT.

Quality standard

No specific domestic or international quality standards are required for the import or distribution of AT.

Import duty

Import duty exemption is provided for assistive products procured by NGOs for donation to the government.

8.3. Financing

Financing for AT primarily comes from NGOs, as the public sector has limited resources. International NGOs and faith-based organizations are the largest funders.

Insurance scheme

N/A.

8.4. Procurement

Procurement and pricing model

The Supply Chain Management Unit and Procurement Unit of the Ministry of Health is in charge of coordinating procurement of assistive products. However, its involvement is limited due to difficulties in technical capacity and in budgetary matters.

Procurement of AT is now managed primarily through NGOs or donor-funded public service delivery points, for example, JFK Medical Center's Monrovia Rehabilitation Center and Liberia Eye Center, and most assistive products are distributed through international donations, as entailed below. There is also a growing group of private sector service delivery points for spectacles.

Table 8: Liberia governmental and NGO programmes related to financing and provision of AT (Updated to 2019)

Organization	Product(s)	Total beneficiaries	Total budget (most recent financial year)
Governmental			
JFKMC – Monrovia Rehabilitation Center	Wheelchairs, prostheses, crutches	5,000 (2008-2016)	Unknown
JFKMC – Liberia Eye Center	Spectacles, magnifiers	8,263 (2018-2019)	Unknown
Non-governmental			
SightSavers	Spectacles, magnifiers	15,000 (cumulatively)	US\$100,000

Organization	Product(s)	Total beneficiaries	Total budget (most recent financial year)
EYelliance	Spectacles	34,516 4(cumulatively)	US\$42,550
Ganta United Methodist Hospital Orthopedic Center	Prostheses	3,500 (cumulatively)	Unknown
Ganta United Methodist Hospital Optical Center	Spectacles	Unknown	Unknown
Ganta Leprosy Rehabilitation Center	Wheelchairs, prostheses walking frames, crutches	2,500 (cumulatively)	Unknown
LV Prasad Eye Institute	Spectacles	5,263 (cumulatively)	Unknown
Phebe Hospital Optical Center	Spectacles	4,617 (cumulatively)	Unknown
New Sight Eye Center	Spectacles	Unknown	Unknown

Source: CHAI, WHO AT Assessment on Capacity (ATA-C, 2020)

⁴ EYelliance reported 9,672 near-vision spectacles dispensed in Liberia in 2023.

9. Nigeria

9.1. Policy

Responsible ministries

The Ministry of Health, the National Commission for Persons with Disabilities (NCPWD) and the Ministry of Humanitarian Affairs, Disaster Management and Social Development	Jointly coordinate policy making and implementation of AT
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National guideline

Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 is silent on specifics on AT, but covered different use-cases and the needed built environments.

National Policy on Disability in Nigeria, updated in 2019, covers guidelines on implementation strategies for availability of AT. However, specific national guidelines are still in the process of being developed.

9.2. Regulation

Market authorization

All medical devices, including AT, need to be registered with the National Agency for Food and Drugs Administration and Control.

Quality standard

All domestic or imported products must comply with Standards Organization of Nigeria's provisions outlined in the Nigerian Industrial Standards. However, the standards for AT are currently being approved and published in batches.

Import duty

Nigeria has import duty exemptions for medical devices upon application.

9.3. Financing

The National Commission for Persons with Disabilities and few other MDAs supports the financing and conducts annual procurement of AT in limited quantities, constrained by insufficient funding and a lack of coordinated procurement and distribution systems. Most AT provision comes through the private sector and NGOs. Annual AT budget for five

NGOs totalled NGN216 million (US\$600,000) in 2021. Out-of-pocket expenses are common, with minimal subsidies from the government.

Insurance scheme

National Health Insurance covers basic spectacles to the limit of NGN10,000 (US\$27), prostheses and walking sticks. Most AT are not covered.

9.4. Procurement

Procurement and pricing model

The government offers limited oversight or involvement in formal procurement processes through the National Commission for Persons with Disabilities and respective ministries. Public procurement is also fragmented across national and state levels and often occurs on an ad-hoc basis. Accessible AT procurement is largely handled by the private sector, with some NGO support.

Table 9: Main models of assistive products procured by the Nigerian Government (2016-2019)

Product type	Quantity	Price
Wheelchairs	480 units	US\$33-US\$333
P&Os	Less than 1,000 units	US\$80-US\$489
Hearing aids	4,500 units	US\$400-US\$444 (for digital hearing aids)

10. Rwanda

10.1. Policy

Responsible ministries

National Council of Persons with Disabilities	Coordinates the implementation of disability programmes and policies.
Ministry of Health	Oversees healthcare policy making and capacity building, and procurement of medical supply.

National guideline

Mapped Rehabilitation Services for Children with Disabilities and National Rehabilitation Model are the two major service guidelines for all types of AT. The nation's rehabilitation strategy is in the draft stage currently.

10.2. Regulation

Market authorization

AT needs to be registered with the country's Food and Drug Administration.

Quality standard

There is limited quality control, with only ISO 9001:2015 (QMS) certification is required for importing assistive products.

Import duty

Importation of raw materials, intermediate goods and finished goods are subjected to 0 per cent, 10 per cent and 25 per cent import duty, respectively. VAT is waived for products imported for humanitarian purposes, upon application with the Ministry of Health.

10.3. Financing

The public sector has limited resources and mainly focuses on providing support for mobility impairment through distribution of wheelchairs through National Council of Persons with Disabilities. Financing for AT primarily comes from NGOs and private sectors.

Insurance scheme

Rwanda Social Security Board and Community Based Health Insurance are the two main public medical insurance schemes. Rwanda Social Security Board Insurance Scheme covers spectacles and provides free replacement services after 3 years. Community Based Health Insurance covers lowest-tier spectacles and local-manufactured prostheses. Other assistive products are not yet covered.

10.4. Procurement

Procurement and pricing model

There is no national procurement programme for AT. The Ministry of Health procures some assistive products, mainly mobility products, through Rwanda Medical Supply by tendering process, however, in untraceable quantity. AT procurement is largely handled by NGOs and distributed through donations. Donations of different assistive products are entailed in Table below.

Table 10: Assistive products donated by NGOs and charities in Rwanda (2015-2018)

Product type	Involved NGOs and private sector companies	Quantity donated
Wheelchairs	World Vision, The Church of Jesus Christ or Latter-day Saints (Latter-day Saint Charities), Fracarita International	1,690 in total.
	Foundation Don Carlo Gnocchi, Ottobock	<i>Not available.</i>
Prostheses	Frere de la Charite	<i>Not available.</i>
	Gahini Rehabilitation Centre	Around 40 prostheses per year
Hearing aids	Starkey Hearing Foundation	460

11. South Africa

11.1. Policy

Responsible ministries

Department of Health	Major ministry overseeing the policies and implementation of AT
Various other government departments, including the Department of Basic Education, Department of Correctional Services, and Department of Defence	Involved in AT provision

National guideline

National standards are set for wheelchairs, spectacles, hearing aids, and digital AT under the Standardization of Provision of Assistive Devices in South Africa. Health professional council of South Africa (HPCSA) Clinical Guidelines for Dispensing Eyeglasses provide guidelines for dispensing and provision of spectacles. Ear and hearing health care is also currently guided by HPCSA guidelines [17]. No guidelines for prostheses.

11.2. Regulation

Market authorization

The Medical Devices Unit of South African Health Products Regulatory Authority regulates the establishment of licensing and registration of medical devices, including assistive products, to ensure the availability of medical devices that comply with an acceptable level of safety, quality and performance.

Quality standard

Organizations that design, produce, or distribute medical devices need to comply with ISO 13485:2016 certification, for a comprehensive quality management system.

Import duty

There is no customs duty for most assistive products. However, the imports still are subjected to 15 per cent VAT.

11.3. Financing

State funding is available through various departments, with specific policies for different types of AT, including wheelchairs, prostheses, prostheses, hearing aids, and digital AT. AT provision is the responsibility of the government, however patients are liable to an out-of-pocket fee depending on their socioeconomic classification i.e. full paying (H4), partially subsidized (H1-H3), and fully subsidized (H0) patients.

Insurance scheme

South Africa published the National Health Insurance Act on 15 May 2024. However, the service benefit packages are yet to be defined.

Private health insurance, for example Discovery Health and Bonitas, provides partial coverage on assistive products dependent on the benefit package.

11.4. Procurement

Procurement and pricing model

AT is procured through various government departments by issue of public tender. The Department of Health is responsible for procuring all assistive products. The Department of Defence and Department of Correctional Services also procure wheelchairs. The Department of Basic Education also procures digital AT alongside the Department of Health.

The national and provincial tender process consists of several stages: planning, procurement initiation, selection and award, contract, and implementation. When the value of the goods or services being procured is below the monetary threshold of ZAR 500,000 (US\$2,860), a procuring entity may ask suppliers to directly provide quotations, instead of going through the full tender process.

12. Zambia

12.1. Policy

Responsible ministries

Ministry of Health	Oversees policy measures aimed at ensuring access to health services, including medical related rehabilitation and AT.
Ministry of Community Development Social Services	Coordinates the formulation of policies, strategies, and implementation mechanisms for service delivery to persons with disabilities, including access to AT and coordinates activities for people with disabilities.

National guideline

While there is no unified national strategy or service guideline relating to AT, some relevant policies include components that aim to improve the access, including:

- *National Disability Policy (2015)* by MCDSS focuses on addressing the needs of people with disabilities and enhancing access to services and support, which indirectly promotes access to AT.
- *Zambia Disability Strategic Plan (2017-2021)* outlines specific objectives to improve the lives of people with disabilities, including better access to AT
- *Zambia National Rehabilitation Strategy (2022-2026)*

12.2. Regulation

Market authorization

No specific requirement.

Quality standard

Zambia Bureau of Standards oversees quality control for imported products, though no formal national standards exist for AT.

Import duty

AT is exempt from import duty and VAT, if waivers are applied with Zambia's Public Procurements Authority.

12.3. Financing

AT are funded through the National Health Insurance Scheme started in 2018. The total budget for AT and related services in 2021 is ZMW 61,451,789 (US\$3,595,799).

Insurance scheme

The National Health Insurance scheme covers 100 per cent cost for prostheses, spectacles and hearing aids. Wheelchairs and digital AT are not included.

A selected number of persons with disabilities have access to the Workers Compensation Fund, which is a fund scheme established under the Ministry of Labour.

12.4. Procurement

Procurement and pricing model

The Ministry of Health has the mandate for procuring assistive products. The procurement goes through Zambia Procurement authority through a public tender process. However, for products that can be locally sourced, Zambia Procurement authority will do single sourcing.

Most of the assistive products distributed by the Ministry of Health are made available by NGOs. The main models of assistive products distributed between 2018-2021 are listed below.

Table 11: Main models of assistive products distributed in Zambia (2018-2021)

Product type	Quantity	Major suppliers
Wheelchairs	2,553	Government: Zambia Agency for Persons with Disabilities NGOs and private sectors: Cheshire Homes Society of Zambia, CBM, Zambian Association for Children with Disabilities Disacare, Aspire Clinics
Prostheses	414	Government: Zambia Agency for Persons With Disabilities NGOs and private sectors: Cheshire Homes Society of Zambia, Zambian Association for Children With Disabilities, Aspire Clinics

Product type	Quantity	Major suppliers
Spectacles	8,056	NGOs: Cheshire Homes Society of Zambia, CBM, Sightsavers
Hearing aids	232	NGOs: Cheshire Homes Society of Zambia, CBM
Digital AT	12	NGOs: Zambia Library, Cultural and Skills Centre for the Visually Impaired

Table 12: Range of product costs per unit in Zambia procurements

Product type	Crutches	Walking frames	Prostheses	Wheelchair	White canes
Price range (US\$)	45-70	30-45	400-1,500	300-900	70-100

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