MISSING BILLION

Missing Billion Toolkit – Sanitized pilot country system level assessment

October 2023

Contents

Summary of Pilot Country Results

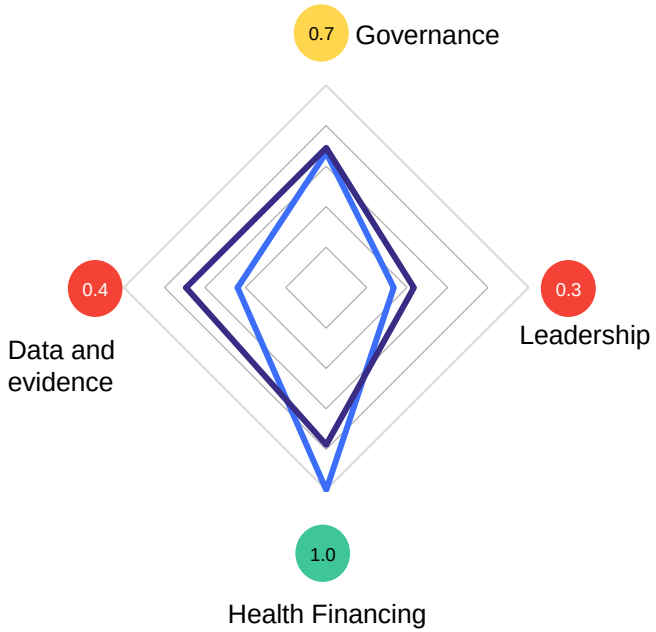
Pilot country output: The SLA can provide a high-level overview of the system

Low (<0.5) | Intermediate (0.5-0.74) | Advanced (0.75-1) | Sample country | Comparison countries[2]

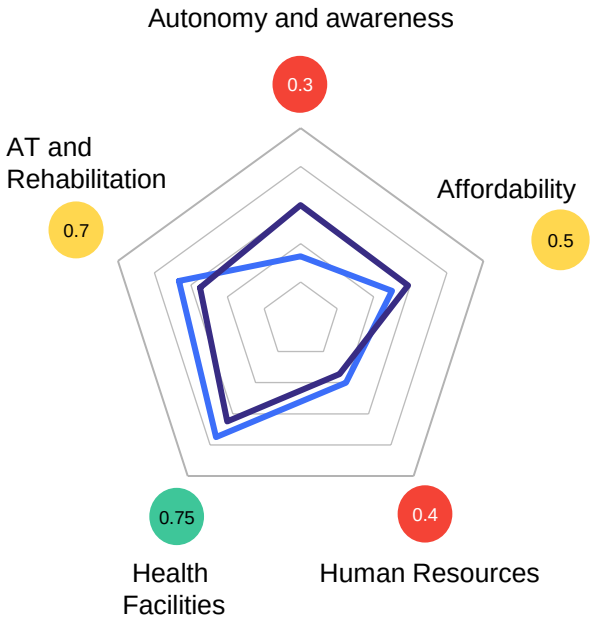
Overall score[1]

60%

System delivery



Service delivery



Key takeaways

Opportunities for improvements in **leadership and data & evidence** can be achieved by:

- **Increasing formal representation of people with disabilities/OPDs** in health sector teams
- **Analyzing and publishing datasets within 3 years of collection**, ensuring the data collection and analysis methods are transparent and the publication/raw data is easily accessible

Within service delivery, **autonomy and awareness** has the greatest room for improvement, which can be achieved by:

- **Improving accessibility of healthcare information** in multiple formats including online resources and printed materials

1. Average of all components with equal weighting
2. Average from outside-in assessment of ~10 health systems

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Pilot country output: System level assessment indicator break down (1/2)

Low (<0.5) Intermediate (0.5-0.74) Advanced (0.75-1)

1 Governance 0.7	Score
1.1 Ratification of UN Committee on the Rights of Persons with Disabilities (CRPD) by country	
1.2 Existence of a national law protecting the right to health for persons with disabilities	
1.3 Existence of a national policy or decree on health for persons with diabilities	
1.4 Inclusion of people with disabilities in National/Local Health Sector Plan(s) led by main National or local health regulator	
1.5 Inclusion of people with disabilities in National HIV plan	
1.6 Cross-ministry taskforce or coordination structure to coordinate on all issues of disability	
2 Leadership 0.3	
2.1 Existence of a focal point/team/directorate in MoH that's responsible for ensuring health access for people with disabilities	
2.2 National health sector coordination/leadership with formal representation of persons with disabilities (individual, or OPDs) in highest-level	
2.3 Formal representation of people with disabilities (individuals are representing OPD) in national COVID-taskforce, people with disabilities are part of the taskforce	

3 Health financing 1.0	Score
3.1 Funding for AT/rehabilitation in MoH (or devolved levels) budget	
3.2 Budget (MoH or devolved levels) for role/department in MoH working on disability inclusion	
3.3 Reimbursement adjustment for services provided to patients with disabilities	
4 Data & evidence 0.4	
4.1 Maturity of disability and health data collection method	
4.2 Validity of disability and health data collection method	
4.3 Usage of disability and health data collected	
4.4 Validity of disability and health data usage method	

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Pilot country output: System level assessment indicator break down (2/2)

Low (<0.5) Intermediate (0.5-0.74) Advanced (0.75-1)

5 Autonomy & awareness 0.3	Score
5.1 OPDs advocate on the right to health for persons with disabilities with government and NGO delivery partners	
5.2 People with disabilities report autonomy and awareness about health access	
5.3 Health information is available in accessible formats	
6 Affordability 0.5	
6.1 There is a disability allowance that is available to cover healthcare fees not covered by existing insurance or tax-based systems, e.g., assistive technologies	
6.2 Transport subsidy is available, including travel to medical care	
6.3 People with disabilities are fully covered for free healthcare through social health insurance, tax-based system, provision as part of disability allowance or any other stipulations	
6.4 Any co-pays for services in either health insurance or taxation based systems are waved for persons with disabilities	
7 Human resources 0.4	
7.1 Information about disability delivered as part of the national curricula for medical schools/colleges	
7.2 Information about disability delivered as part of the national curricula for nurses/nursing colleges	
7.3 Information about disability delivered as part of the national community health actor training curricula	
7.4 People with disabilities are represented in the health workforce	*N/A*
7.5 People with disabilities report that they feel well treated by health workers	

8 Health facilities 0.8	Score
8.1 Existence of national accessibility standards for healthcare facilities	
8.2 Accessibility audit of health facilities has been undertaken in the last 10 years	
9 AT and rehabilitation 0.7	
9.1 National assessment on Assistive Technology or rehabilitation (e.g. STAR or RATA) done in the last 10 years	
9.2 Coordination mechanism cross-Ministry for rehabilitation services and AT where more than 1 ministries involved	
9.3 Trained number of physiotherapists trained to provide rehabilitation services and assistive technology	

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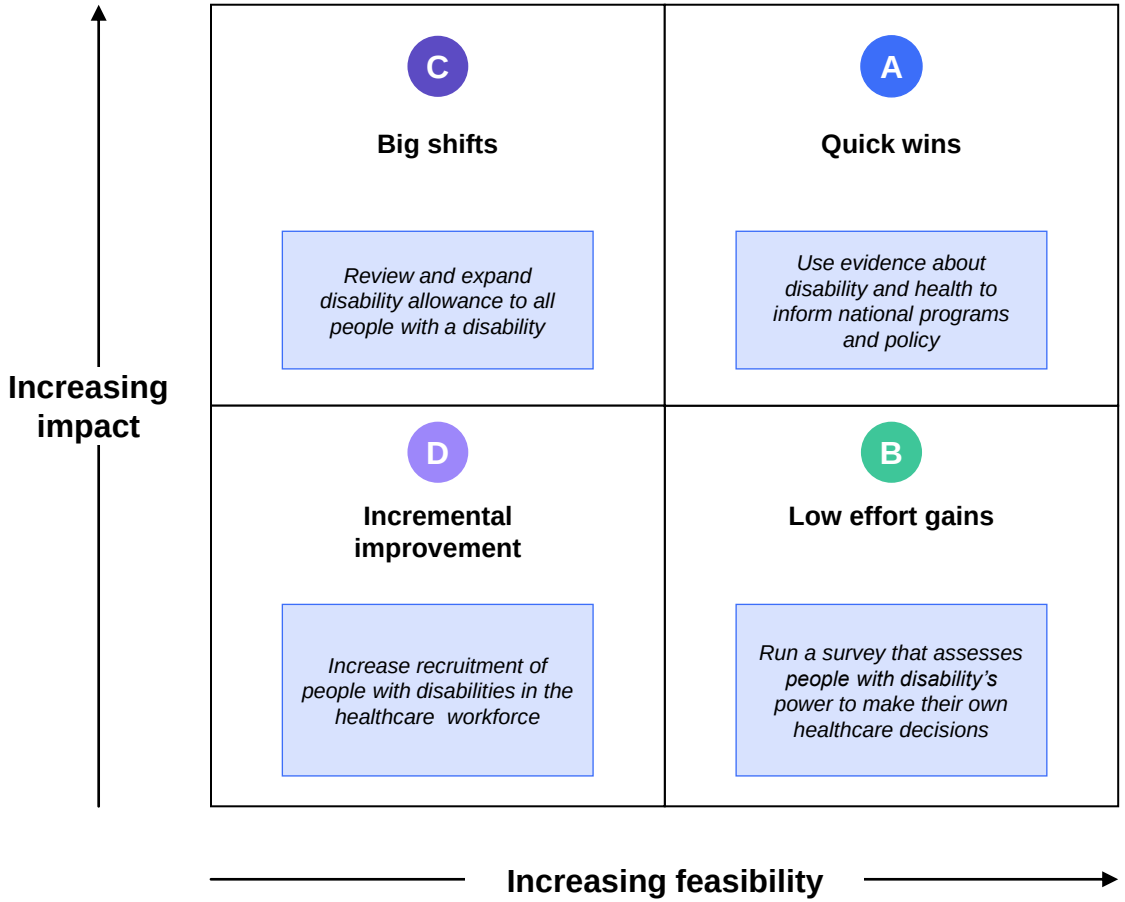
Interventions to address gaps identified are prioritized based on feasibility and impact

Prioritization matrix, *examples of interventions*



Impact

- **Foundationally important** – necessary to create an environment where disability inclusion is on the agenda
- **Change opportunity** – there is a large opportunity for improvement
- **Number of people with disability affected** – many people will feel the benefits of the intervention
- **Time to impact** – first impact to people with disability is felt within near future of implementation (e.g., <1 year)
- **Strength of evidence of impact** *Not included in current version due to lack of evidence for all interventions*

Feasibility

- **Timeframe –** implementation can take place and be completed with in near future (e.g., <1 year)
- **Cost** – budget and resource requirements are not prohibitive for the country
- **Stakeholder complexity** – Easy to gain necessary buy in from stakeholders
- **Technical complexity** – Easy to implement with existing foundations and expertise

Potential initiatives to further improve pilot country healthcare system inclusivity (1/3)

Phase	Category	Intervention	Next steps
A **Quick wins**	**Leadership**	**Ensure formal representation of people with disabilities in health sector coordination and national emergency taskforces** (e.g., COVID)	**Reinforce relationship with OPDs** to act as close advisory partners in developing national health policy and cross-sector committees / entities, especially the work with National Emergency Crisis and Disaster Management
	Data and evidence	**Analyze and publish datasets** within 3 years of collection, ensuring the data collection and analysis methods is transparent and the publication/raw data is easily accessible	**Leverage existing health information systems** to analyze and publish health data disaggregated by disabilities
		Use evidence about disability and health to inform national programs and policy	**Develop an inclusive health strategy** that is integrated and mainstreamed into the overall health strategy, across disease plans and areas of focus, and leverages data and evidence Ensure alignment with current PWD strategy
	Governance	**Develop national health sector plans and national disease plans** which include people with disabilities. National disease plans should include people with dis-abilities in testing, treatment and information programs	
	Affordability	**Review public transport links for health facilities,** e.g., ensure there are dedicated bus services	**Work with transport authorities** to optimize the transport network for connectivity to health centers Explore social transportation assistance for PWDs alongside relevant ministries

Potential initiatives to further improve pilot country healthcare system inclusivity (2/3)

PRELIMINARY

Phase	Category	Intervention	Next steps
B **Low effort gains**	**Autonomy and awareness**	**Run a survey that assesses people with a disability's power to make their own decisions** about healthcare and awareness of their rights and options, in comparison to people without disabilities	**Collaborate with third sector or DOH to run a survey to assess people with disabilities autonomy & awareness,** identifying limitations compared to people without disabilities
		Ensure national health information websites are available in multiple accessible formats, such as easy-read text	**Work with DoH, facility operator, and other partners in healthcare ecosystem (e.g., private providers, insurance companies) website development partner to introduce accessible formats** for the health information pages
	Specialized services and AT	**Conduct a National Assessment on AT or Rehabilitation** (e.g., STAR or RATA) at least every 10 years, ensuring it is national representative and findings are published	**Work with the public sector to set up a centre of excellence to widen access to assistive technologies**
	Health facilities	**Publish all accessibility audits** of health facilities	**Publish accessibility audits, in particular showcasing gold-standard health facilities**

Potential initiatives to further improve pilot country healthcare system inclusivity (3/3)

PRELIMINARY

Phase	Category	Intervention	Next steps
C **Big shifts**	**Data and evidence**	**Collect disability and health data at a national level** through tagging disability type on health information records across the entire population. Reinforce this dataset by collecting disability data in national censuses/surveys, e.g., asking WG-SS questions	**Tag health data with disability status in the national health system platform** and **integrate the data to enable analytics** (e.g., to determine co-mobility trends), allowing for wider policy integration and evidence on disability health inequity Coordinate with other national platforms
	Affordability	**Review and expand the disability allowance for citizens with a disability,** ensuring it covers all people with a moderate to severe disability and is in line with the extra cost of disability **Introduce payment scheme to cover healthcare co-payment charges for citizens with a disability,** e.g., dental fees, prescriptions	**Determine where the gaps in insurance lie** with respect to both nationality and type of disability[1] **Introduce state-level insurance schemes that address all gaps identified in coordination with DOH plans**
	Governance	**Develop national health sector plans and national disease plans** which include people with disabilities. National disease plans should include people with disabilities in testing, treatment and information programs	**Develop an integrated people with disabilities health strategy** that is integrated and mainstreamed into the overall health strategy, across disease plans and areas of focus, and leverages data and evidence
	Human resources	**Deliver a mandatory disability training package** in all healthcare worker core training curricula (for nurses, doctors and community health-care workers), ensuring it includes medical and non-medical aspects	**Review healthcare worker training curriculum for disability in universities/colleges,** ensuring it covers medical/non-medical aspects and is a core module Develop and deploy on the job disability training packages
D **Incremental improvement**	**Human resources**	**Increase recruitment of people with disability in the health workforce**, e.g., through targeted training/university admission campaigns partnered with third sector partners	**Develop a recruitment policy to match and exceed current PWD targets employed** across healthcare sector

1. For example, speech therapy, applied behavioral analysis therapy, some assistive technologies not covered

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System Level Assessment Detailed Output

Sample output: SLA produces detailed assessment and scoring by indicator (1/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
System	Governance (1/2)	1.1 UNCRPD	Ratification of UN Convention on the Rights of Persons with Disabilities (CRPD)	Yes / No Evidence of it being actioned, e.g., dedicated budget, action plans and initiatives	Yes (2008) Evidence of implementation: 2020 Department of Community Development in Pilot country launched the Strategy for people with disabilities 2020-2024 with initiatives including an Early Interventions Program and Assistive Technologies plan	1	0.7
		1.2 National law	Existence of a national law protecting the right to health for persons with disabilities	Yes/No National law includes: 1) Law prohibits discrimination in healthcare 2) Law requires reasonable accommodation for people with disabilities	Yes 1- Yes (Federal Law No 29 of 2006) A person's special needs shall not be a reason to deprive him/her of their rights and services especially in welfare as well as social, economic, health, educational, professional, cultural and leisure services. The Pilot country's people with disabilities Protection from Abuse Policy condemns all forms of abuse and neglect of people with disabilities 2- Yes (Federal law no 13 for 2020) states that the Ministry of Health and Prevention and local health bodies have an obligation to enhance and protect the health of people with disabilities and provide the appropriate environment for them	1	
		1.3 National health policy	Existence of a national policy or decree on health for persons with disabilities	Yes/No Policy ensures: 1) General healthcare services for persons with disabilities 2) Access to Rehabilitation, other specialists and assistive technology services 3) Policy includes measures to implement these services	Yes - The National Policy for Empowering people with disabilities 1- Yes. There is a set of initiatives across 4 main goals: - Guaranteeing a comprehensive and high-quality care - Accurate and high-quality diagnosis of disabilities - Providing information of all people with disabilities in the Pilot country - Providing specialized medical staff and health specialists in disabilities 2- Health and rehabilitation pillar in the national policy: The government will provide a comprehensive high-quality health care, as well as post-accident rehabilitation programmes and health programmes for this segment. A national program would be launched for early detection and diagnosis of impairments 3 - Initiatives are in place	1	
		1.4 National Health Sector Plan(s)	Inclusion of people with disabilities in National Health Sector Plan(s) led the national health regulator	Yes/No Plan includes: 1) Actions and targets for general health care for persons with disabilities (not only prevention of disability) 2) Actions and targets for specialist health services for persons with disabilities 3) Basic statistics about persons with disabilities and health 4) Monitoring and evaluation indicators on disability as part of overall framework for the health sector	No - at the Pilot country level, there is no inclusion of disability-specific elements of the healthcare sector strategy led by Department of Health. Department of Community developed has developed the Pilot country Strategy for people with disabilities 2020-2024 1- No 2- No 3- No 4- No	0	

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System level assessment breakdown (2/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
System	Governance (2/2)	1.5 National disease plan	Inclusion of people with disabilities in National disease plan (e.g., HIV, rare diseases, hepatitis)	Yes/No Plan ensures: 1) Inclusion of people with disabilities in testing, treatment, information programs	National disease plans (e.g., AMR, zoonotic diseases) have no or very limited mention of people with disabilities, and do not have explicit actions of their inclusion for testing, treatment, information	0	0.7
		1.6 Cross ministry governance	Cross-ministry taskforce or structure to coordinate work on disability inclusion	Yes/No and which ministry is driving it Cross ministry governance includes: 1) Department of Health	Yes Pilot country Strategy for people with disabilities is a cross-ministerial strategy with six taskforces assigned to six strategic pillars; i) health and rehabilitation, ii) education, iii) employment, iv) social care, v) universal access, vi) enablers Each taskforce has a lead entity and representation from other relevant entities from the local/federal govt., private sector and other third-party organizations. The taskforce on health and rehabilitation is lead by the Department of Health, with other stakeholders including Department of Community Development, Department of Education and Knowledge, etc.	1	
	Leadership	2.1 MoH leadership	Existence of a focal point/team in MoH that's responsible for ensuring health access for people with disabilities	Yes/No with description of responsibility for disability inclusion, and title of role/team	Yes There are two teams within Department of Health: Healthcare Facilities and Services Department team (responsibility for disability inclusion and rehabilitation access to Facilities and Services) and Healthcare Payers Sector team (Insurance)	1	0.3
		2.2 National health sector coordination (e.g., Global Fund CCM)	National health sector with formal representation of persons with disabilities (individual or OPDs) in highest-level health sector coordination structure	Yes/No, and title of structure/group	No PWD within DoH taskforces, there will be a representation of PWDs within the health and rehabilitation pillar of the DCD PWD strategy taskforce of DoH (Not yet implemented) No, even for representation of PWD through public health organization worldwide in Rehabilitation International (RI), World Federation of the Deaf (WFD), European Handcycling Federation (EHF), Paralympic, Special Olympics & Arab Federation for Sports with Disabilities	0	0.3
		2.3 Pandemic preparedness structures	Formal representation of people with disabilities (individuals are representing OPD) in national COVID-taskforce, people with disabilities are part of the taskforce	Yes/No	No formal representation of people with disabilities in national COVID taskforce	0	

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System level assessment breakdown (3/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
System	Health financing	3.1 Disability inclusion budget	Budget (MoH or devolved levels) for role/department in MoH working on disability inclusion	Yes/No, description includes if the budget is at the federal/decentralized and value ($)	Yes, at the decentralized level, on internal project budgets in 2022: DOH budget targeted on disability inclusion (Facilities team) - • Develop assessment framework: 200k USD • Identification on Health System: 1Mn usd 2023: • Assistive Technology project: 300k USD • Development of Standards of care: 100k USD	1	0.7
		3.2 Reimburse-ments	Reimbursement available for services provided to patients with disabilities	Yes/no For example, there is a national health insurance reimbursement or there is adjusted capitation rates for people with disabilities	Yes, there is a national health insurance for nationals and non nationals	1	
		3.3 AT/rehabilitation budget	Funding for AT/rehabilitation in MoH (or devolved levels) budget	Yes/No % of annual MoH budget	Yes, DOH budget for Assistive technology: • Assistive Technology project: 300k USD: Identify the gaps between demand and supply for assistive technology in Pilot country and benchmark against other countries, and set up a plan of developing AT infrastructure according to findings • Within Early Childhood Authority there is a budget for early childhood intervention program (including: rehabilitation)	1	
	Data & Evidence (1/2)	4.1 Maturity of disability and health data collection	Maturity of disability and health data collection method	How was is disability and health data gathered? • National census/survey • Healthcare register of people with disabilities • Health information records tag people with disabilities	Data collection of healthcare is done through health information records that include limited disability indicators that allow disaggregation Data collection happens through national health data platform, data can be gathered on people with disabilities using specific and limited ICD 10 classification and codes of the disability, but there isn't a detailed disability identification method available. Upcoming project within DoH to improve classification to collect better disability health data Public health organization is the main collector of PWD data and uses their own health information system through PWD Registration and care in public health organization	1	0.4

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System level assessment breakdown (4/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
System	Data & Evidence (2/2)	4.2 Quality of disability and health data collection method	Quality of disability and health data collection method	Quality criteria: 1) Data collection method is valid 2) Data collection is recent - in the last 10 years 3) Data is nationally representative 4) 5+ impairment types are covered	1) No: Disability impairments are tagged in health information records but with limitations. Health data platform data is linked to disability using federal classification codes, making it necessary to be knowledgeable of the codes and disabilities in order to identify PWD patient, and not all disability types are tagged. public health organization tags one of 11 disability categories as Pilot country classification guide of disabilities which aligns with the Pilot country national classification. Ministry survey data is based on a binary question around disability (do you have disability? Yes/No) and types of disabilities (the 11 types as per the Pilot country classification guide of disabilities which aligns with the Pilot country national classification) – working on improving to Washington questionnaire 2) Yes - rolling data collection 3) Data is nationally representative:. PWD Registry in public health organization collects data from the integration of different data systems: MOCD database: application for a PWD card and public health organization system when they apply to PWD Card and services 4) Yes - 11 types of disability covered	0.75	0.4
		4.3 Maturity of disability and health data usage	Maturity of how disability and health data is used	1) Disability health data that is collected is analysed and published 2) Findings from the data are used to inform program and policy change	1) No data is analyzed for PWD, no registry available on behalf of DoH. For public health organization data is analyzed but are not published, they only share it with government entities upon request 2) No - DoH do not analyze data/ use data to inform policy change	0	
		4.4 Quality of disability and health data usage method	Quality of disability and health data usage method	If the quality criteria for data usage is met: 1) Data analysis method is transparent and valid 2) Data is analysed and published within three years of collection 3) Analysis is nationally representative 4) Publications and raw data are easily accessible	1) Data is analyzed but are not published, only shared it with government entities upon request 2) No publication of data however public health organization analysis vs. collection <3 years 3) No publication of data 4) No publication of data	0	
Service delivery	Autonomy and awareness (1/2)	5.1 Organization for Persons with Disability (OPD) advocacy	OPDs advocate on the right to health for persons with disabilities with government and NGO delivery partners	OPDs have been engaged as advisory roles / partnerships with the Ministry of Health	Yes - public health organization provides a range of integrated services that aim at rehabilitating disabled people for inclusion into the community. These services include training and education, vocational and therapeutic rehabilitation (assessment, early intervention, physiotherapy, functional therapy, speech therapy, and vocational training workshops), psychological care, family counselling, as well as supporting educational and sport activities. Deaf Pilot country (9 objectives that aim to improve end to end journey of deaf in society - from research, courses, rehabilitation, etc.) Provide services that help PWD facing workers (including Disability etiquette training, family guidance training)	1	0.3

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System level assessment breakdown (5/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
Service delivery	Autonomy and awareness (2/2)	5.2 Autonomy and awareness	People with disabilities report autonomy and awareness about health access	If the following exist: 1) In a quantitative survey (in <10 years) persons with disabilities were asked about autonomy and awareness about health (in comparison to people without disabilities) OR 2) In a qualitative data published (in <10 years) in a peer-reviewed journal on reported autonomy and awareness about health	No, Pilot country Public Health center is planning to have quantitative and qualitative evaluation for people with disabilities to better improve Telehealth services delivery [Potential additional input from government entity on if the evaluation exceeds telehealth services and focuses on general awareness and autonomy within healthcare sector]	**0**	**0.3**
		5.3 Accessibility of health information	Health information is available in accessible formats	The number of accessibility formats available for the main national health information website e.g., easy read text, web page read out, sign interpretation of video/tv messages, braille, information for care givers No - Less than 2 accessible formats	No - Pilot country Department of Health website and Pilot country Public Health center health information is only available in standard format only, Aim to have accessible formats in 2024	**0**	
	Afford-ability (1/2)	6.1 Disability allowance	There is a disability allowance that is available to cover healthcare fees not covered by existing insurance or tax-based systems, e.g., assistive technologies	Yes/No Groups and regions that have the allowance available	Missing social support for Non nationals on both a federal and state level. Social support allowance for PWD nationals: 1500 USD per person per month. Nationals that are below 18 automatic allowance to cover their needs, while for national PWD above 18 that are employed the social support is not provided. Not every family has this social support depending on the income of the family, also depending on if the PWD is enrolled in one of the centers of MoCD centers for rehab and intervention. The social support is targeted to help on AT and rehab and other needs of the PWD	**0.5**	**0.5**
		6.2 Transport subsidy available for disabled people	Transport subsidy is available, including travel to medical care	Yes/No Hospital/health center dedicated services	Yes - Pilot country government offers subsidized transport for people with disabilities • Subsidized fares at different modes of public transportation, eligible for free unlimited travel on all buses in the Pilot country city and its suburbs • Public sector ministry issues electronic cards with 50% discount on the total tariff for people with disabilities, the elderly and those with physical disability. • Pilot country Police provides permits to park in the designated parking spaces available in public parking areas and exempts them from parking fees. Bus services are not dedicated to health facilities meaning many patients get taxis	**0.5**	

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System level assessment breakdown (6/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
Service delivery	Afford-ability (2/2)	6.3 Health coverage	People with disabilities are fully covered for free healthcare through social health insurance, tax-based system, provision as part of disability allowance or any other stipulations	All healthcare is covered / Healthcare is partially covered / No	Yes, there is a national health insurance fully covered by Government. Pilot country residents with disabilities are covered by a health insurance card offered by the Department of Health in Pilot country for residents (non-nationals) - The benefits include 68,000 USD annual limit and the network coverage includes government facilities only. Insurance is received by all Pilot country nationals. All technical aids and assisting equipment are covered by Pilot country government as part of the Pilot country federal law for the rights of People with special needs (Article 10 Section D)	**1**	0.5
		6.4 Co-pays	Any co-pays for services in either health insurance or taxation based systems are waved for persons with disabilities	Yes/No	Pilot country residents with disabilities - Dental-20% co-pay after obtaining approval with an annual max limit of 700 USD for dental [To be verified from Payer's SOB document yet to be shared]	**0**	
	Human Resources (1/2)	7.1 Training of medical doctors	Information about disability delivered as part of the national curricula for medical schools/colleges	Yes/No Requirements: 1) Training content covers medical and non-medical modules 2) The training is part of the core curriculum (not voluntary)	Training at medical schools is mixed due to a combination of federal and private universities, and people who studied in	**N/A**	N/A
		7.2 Training of nurses	Information about disability delivered as part of the national curricula for nurses/nursing colleges	Yes/No Requirements: 1) Training content covers medical and non-medical modules 2) The training is part of the core curriculum (not voluntary)	TBD	**N/A**	
		7.3 Training of CHWs	Information about disability delivered as part of the national CHW training curricula	Yes/No Requirements: 1) Training content covers medical and non-medical modules 2) The training is part of the core curriculum (not voluntary)	TBD	**N/A**	
		7.4 Representation in health workforce	People with disabilities are represented in the health workforce	% of medical doctors that have disability	Data not available	**N/A**	

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System level assessment breakdown (7/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
Service delivery	Human Resources (2/2)	7.5 Satisfaction	People with disabilities report that they feel well treated by health workers	If the following exist 1) In a quantitative survey from within the last 10 years persons with disabilities were asked about satisfaction with health worker services (in comparison to people without disabilities) OR 2) A qualitative data published in the last 10 years in a peer-reviewed journal on reported satisfaction	Yes – public sector entity launched a quantitative survey from within the first quarter of 2023 focused on the quality of life of people with disabilities, where they were asked about their satisfaction levels within inclusive healthcare across accessibility, availability, quality and affordability Results of the survey across the four categories for Inclusive Health • Availability dissatisfaction rate: 25-31% • Accessibility dissatisfaction rate: 24-30% • Quality dissatisfaction rate: 22-29% • Affordability dissatisfaction rate: 24-35% • Availability dissatisfaction rate: 31-39% • Accessibility dissatisfaction rate: 27-35% • Quality dissatisfaction rate: 28-26% • Affordability dissatisfaction rate: 31-36% Key output on reasons of dissatisfaction rate from focus groups and experts: Therapeutic support: Limited availability in western region and limited professionals for children and teenagers, limited control on quality and cost Psychotherapy: Limited subscription due to stigma resulting in the misperception of high availability, limited control on quality and cost Assistive technology: Low awareness by professionals on its availability, assessment and need matching and training to use the technologies Affordability of Inclusive health services dissatisfaction rate was higher for residents (25-40%) vs citizens (24-35%)	1	N/A
	Health facilities	8.1 National accessibility standards	Existence of national accessibility standards for healthcare facilities	Yes/No	Yes - Pilot country Healthcare Facility Design Standards. Not mandatory for facilities to have all accessibility features, however, all facilities will be audited	1	0.8
		8.2 Accessibility of facilities	Accessibility audit of health facilities has been undertaken in the last 10 years	Yes/No Requirements: 1) Results of audit report in published government report/documents or peer-reviewed journal 2) Mandatory/non-mandatory for facilities to meet accessibility standards	Yes Specific accessibility audits reports are done every 1-2 years on every facility but are not published	0.66	

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System level assessment breakdown (8/8)

Category	Component	Indicator	Definition	Information required	Pilot country system level assessment	Score / 1	Score for compo-nent / 1
Service delivery	Assistive technology and Rehabili-tation	9.1 National assessments	National Assessment of Assistive Technology or rehabilitation (e.g., STAR or RATA) done in the last 10 years	Yes/No If yes, provide: 1) description of National Assessment of Assistive technology 2) National representativeness of assessment 3) Date of assessment 4) Key findings from the last assessment	No However, there is an assessment within DoH in 2023 that covers gap analysis for assistive technology and rehabilitation that is provided (e.g., physiotherapy, homecare, etc.)	**0**	**0.7**
		9.2 Cross-ministry AT coordination	Coordination mechanism cross-Ministry for rehabilitation services and AT where more than 1 ministries involved	Yes/ No N/A - only 1 ministry responsible for AT/rehabilitation	Yes	**1**	
		9.3 Trained workforce available to provide rehabilitation services and AT	Physiotherapists available and trained to provide rehabilitation services and assistive technology	# of Physiotherapists/1,000,000 population Includes occupational therapist, audiologist, speech and language, optometrist, Rehabilitation physician, clinical psychologist	598 /1,000,000	**1**	

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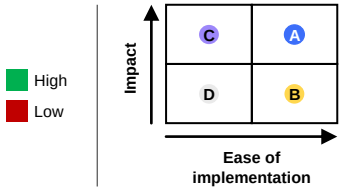
Sample SLA appendix pages

Scoring of interventions to inform prioritization (1/3)

Interventions are scored from 1 (low) to 3 (high)



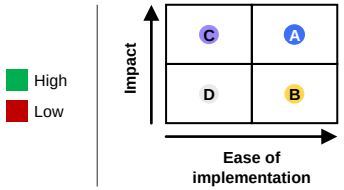
Component		Indicator	Intervention suggested	Founda-tionally important	Change in strength	Number of people with disability affected	Fast time to impact	Impact (average)[1]	Fast time	Low cost	Low stake-holder complexity	Low technical complexity	Feasibility (average)[1]	Quad-rant
1.4	Governance	National Health Sector Plan(s)	Develop national health sector plans and national disease plans which include people with disabilities. National disease plans should include people with disabilities in testing, treatment and information programs	3	1	3	2	2.25	2	3	1	1	1.75	C
2.2	Leadership	National health sector coordination	Ensure representation of people with disabilities in health sector coordination/task forces and national emergency taskforces (e.g., COVID)	2	2	3	1	2.00	3	3	3	3	3.00	A
4.2	Data & Evidence	Validity of disability and health data collection method	Collect disability and health data at a national level through tagging disability type on health information records across the entire population. Reinforce this dataset by collecting disability data in national censuses/surveys, e.g., through asking the Washington Group Short Set questions	3	2	3	1	2.25	1	2	1	2	1.50	C
4.3	Data & Evidence	Maturity of disability and health data usage	Analyze and publish datasets within 3 years of collection, ensuring the data collection and analysis methods is transparent and the publication/raw data is easily accessible	3	3	3	1	2.50	2	2	2	2	2.00	A
4.4	Data & Evidence	Validity of disability and health data usage method	Use evidence about disability and health to inform nation programs and policy	2	3	3	1	2.25	2	3	1	2	2.00	A

1. An average score of 2 or more is high, less than 2 is low

MISSING BILLION

Scoring of interventions to inform prioritization (2/3)

Interventions are scored from 1 (low) to 3 (high)



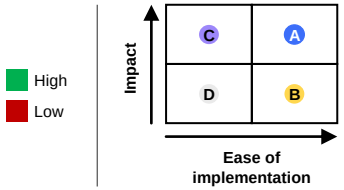
Component		Indicator	Intervention suggested	Founda-tionally important	Change in strength	Number of people with disability affected	Fast time to impact	Impact (average)[1]	Fast time	Low cost	Low stake-holder complexity	Low technical complexity	Feasibility (average)[1]	Quad-rant
5.2	Autonomy and awareness	Autonomy and awareness	Run a survey that assesses people with a disability's power to make their own decisions about healthcare and awareness of their rights and options, in comparison to people without disabilities	1	1	3	1	1.50	3	2	2	3	2.50	B
5.3	Autonomy and awareness	Accessibility of health information	Ensure national health information websites are available in multiple accessible formats, such as easy-read text, sign interpretation of videos, audio descriptions (e.g., Pilot country DoH website, Pilot country Public Health Centre information)	1	1	2	3	1.75	3	2	3	3	2.75	B
6.1	Affordability	Disability allowance	Review and expand the disability allowance for citizens with a disability, ensuring it cover all people with a moderate to severe disability and is inline with the extra cost of disability	3	2	3	3	2.75	1	1	2	2	1.25	C
6.2	Affordability	Transport available to facilities	Review public transport links for health facilities, e.g., ensure there are dedicated bus services	2	2	2	3	2.25	2	2	2	3	2.25	A
6.4	Affordability	Co-pays	Introduce payment scheme to cover healthcare co-payment charges for citizens with a disability, e.g., dental fees, prescriptions	2	2	3	3	2.50	2	1	2	2	1.50	C
7.1	Human Resources	Training of medical doctors/nurses/hcs	Deliver a mandatory disability training package in all healthcare worker core training curricula (for nurses, doctors and community healthcare actors), ensuring it includes medical and non-medical aspects	3	3	3	2	2.75	1	1	2	1	1.25	C

1. An average score of 2 or more is high, less than 2 is low

MISSING BILLION

Scoring of interventions to inform prioritization (3/3)

Interventions are scored from 1 (low) to 3 (high)



Component		Indicator	Intervention suggested	Founda-tionally important	Change in strength	Number of people with disability affected	Fast time to impact	Impact (average)[1]	Fast time	Low cost	Low stake-holder complexity	Low technical complexity	Feasibility (average)[1]	Quad-rant
7.4	Human Resources	Representa-tion in health workforce	Increase recruitment of people with disability in the health workforce, e.g., through targeted recruitment campaigns partnered with OPDs	1	2	2	2	1.75	1	2	2	3	1.75	D
8.2	Health facilities	Accessibillity of facilities	Publish all accessibility audits of health facilities	1	1	2	2	1.50	3	3	3	3	3.00	B
9.1	Assistive technology and Re-habilitation	National assessments	Conduct a National Assessment on AT or Rehabilitation (e.g., STAR or RATA) every 10 years, ensuring it is national representative and findings are published	1	2	2	2	1.75	2	2	3	2	2.25	B

1. An average score of 2 or more is high, less than 2 is low

MISSING BILLION