



Fédération Africaine des Techniciens
Orthoprotésistes



Centre of Excellence in
Biomedical Engineering and e-Health
(UR/CEBE)

Symposium on Rehabilitation and Mobility Device Services in Africa - Report



Co-Organized by:

Fédération Africaine des Techniciens Orthoprotésistes (FATO)
and

Centre of Excellence in Biomedical Engineering and E-health, University of Rwanda (CEBE/UR)

Supported by:



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LIST OF ACRONYMS

APL	WHO Priority Assistive Products List
CBR	Community Based Rehabilitation
CEBE/UR	Centre of Excellence in Biomedical Engineering and eHealth, University of Rwanda
CRPD	Convention on the Right of Persons with Disability
DPO	Disabled Person Organization
FATO	African Federation of Orthopaedic Technologists
FOAPH	Fédération Ouest Africaine des Personnes Handicapées
HI	Humanity & Inclusion
ICRC	International Committee of the Red Cross
LMG	Leadership, Management and Governance
NCPD	Rwanda National Council of Persons with Disabilities
OADCPH	Organisation Africaine pour le Développement des Centres pour Personnes Handicapées
OGPR	FATO African Observatory of Good Practice in Rehabilitation
OTARG	Occupational Therapy Africa Regional Group
PAPOSTI	Pan African Prosthetics and Orthotics Schools and Training Institutions
PwD	Persons with Disability
R&D	Research & Development
WCPT	World Confederation of Physical Therapists
WHO	World Health Organisation

EXECUTIVE SUMMARY

In Africa, global data on the need for rehabilitation services and mobility devices and estimates of unmet need are very limited. The 2011 World Report on Disability collated evidence that many people have little or no access to rehabilitation and mobility device services. Without appropriate action, this situation will be exacerbated as the number of people needed rehabilitation and mobility device services is projected to increase in the coming years and as the capacity to provide rehabilitation and mobility device services is limited and fails to adequately address the needs of the population. The African Federation of Orthopaedic Technologists (FATO) and the East African Regional Centre of Excellence in Biomedical Engineering (including Rehabilitation and Mobility Sciences) and eHealth (CEBE) convened this meeting to identified challenges and barriers faced in Africa for people to access appropriate and equitable rehabilitation and mobility device services and to identified potential solutions to overcome these challenges and barriers.

The Symposium on Rehabilitation and Mobility Device Services in Africa took place from December 3 to December 6, 2018 in Kigali, Rwanda. The symposium was co-organized by the African Federation of Orthopaedic Technologists (FATO) and the East African Regional Centre of Excellence in Biomedical Engineering (including Rehabilitation and Mobility Sciences) and eHealth (CEBE). The symposium convened more than 65 participants from 17 African countries, from the major international organizations supporting the sector in Africa (HI, ICRC, MoveAbility, CBM and OADCPH), from the industry (CRE, Otto Bock and PROTEOR), from international and national professional associations (OTARG and WCPT Africa) and from service users.



During the symposium, participants developed:

- Key facilitating factors and key obstacles to promote access to appropriate rehabilitation and mobility device services in Africa;
- Strategic priorities, measurable results and priority actions to promote access to appropriate rehabilitation and mobility device services in Africa; and
- Key strategic areas with related priority actions for FATO and CEBE/UR for the next five years were identified.

The participants of the symposium identified the following priority actions; a set of interventions that would contribute to ensure equitable and universal access to appropriate rehabilitation and mobility device services in Africa:

Priority actions to support the development of policy and service provision systems:

- Establish a national coordinating committee, which will include service users;
- Raise awareness on the positive impact of rehabilitation and mobility devices services;
- Realize / actualize national situation analysis on rehabilitation and mobility device services;
- Conduct research and make publications in the area of rehabilitation and mobility device services in Africa;
- Identify available resources to implement action plans and activities.

Priority actions to support the development of an appropriate workforce:

- Train professional associations in Leadership, Management & Governance (LMG), and in advocacy and fundraising;
- Create a national rehabilitation association/federation of rehabilitation and mobility device professionals to unify their voices / the forces;
- Conduct an analysis of the current situation of the existing professionals' associations in the 30 countries where FATO is represented;
- Develop an action plan, by the national rehabilitation federation, make the professionals associations attractive and develop clear guidelines for those associations;
- Identify the resources needed to strengthen the associations.

Priority actions to improve access to products and technologies

- Establish list of material and components and equipment's necessary to fabricate / provide mobility device / rehabilitation services (goes together with the APL);
- Establish (or adapt) a national APL by the national coordinating body / committee and dissemination of the national APL;
- Ensure that the products and technologies are available by including them in the national procurement list and making appropriate budget available;
- Advocate for taxes exemption and subsidy for all items in this list;
- Produce, adapt and disseminate a national nomenclature including cost calculation tools for service provision.

The following priority actions were developed specifically for strengthening FATO:

Priority actions for improving FATO functioning:

- Amend the statutes and internal regulations including the change of name of the FATO;
- Develop an effective fund-raising strategy;
- Develop a communication plan implemented by a communication officer;
- Revitalize member associations/ organs through incentive strategies;

Priority actions for strengthening the impact of FATO in Africa

- Get a consultative voice within the AU, WHO Africa;
- Diversify and multiply the scope of partners, including the industries and users' organizations
- Get engage, through collaboration, in R&D;
- Identify one proactive focal person per country to contribute to the FATO African Observatory of Good Practice in Rehabilitation;
- Create one biannually sport awareness event.

Priority actions for consolidating FATO activities:

- Make FATO Info published every three-month;
- Train and support national associations in their country activities;
- Reinforce experience sharing between countries institutions through FATO African Observatory of Good Practice in Rehabilitation;
- Reinforce FATO Education Committee and the PAPOSTI and support the training institutions in their efforts to develop an appropriate workforce.

INTRODUCTION

The UN Convention of the Rights of Persons with Disability (CRPD), which seeks to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities” – commits the ratifying states to “take effective measures” to ensure that people with disabilities have access to rehabilitation services (Article 26) and mobility devices (Article 20) and enjoy full inclusion and participation in the community (Articles 19 and 26). Access to rehabilitation and mobility device services is important from both human rights and human development perspectives. They are precondition for equal participation in and being a productive member of society at large. Access to rehabilitation and mobility device services is indicative of mobility, opportunities for education and work, and improved health and quality of life. These outcomes are important indicators of human development and are important to achieve the pledge of the 2030 Agenda for Sustainable Development that “no-one is left behind”.

In Africa, global data on the need for rehabilitation services and mobility devices and estimates of unmet need are very limited. The 2011 World Report on Disability collated evidence that many people have little or no access to rehabilitation and mobility device services. Without appropriate action, this situation will be exacerbated as the number of people needed rehabilitation and mobility device services is projected to increase in the coming years and as the capacity to provide rehabilitation and mobility device services is limited and fails to adequately address the needs of the population.

According to WHO Rehabilitation in Health System¹, published in 2017, rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Health condition refers to disease (acute or chronic), disorder, injury or trauma. A health condition may also include other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition. Rehabilitation is characterized by interventions that address impairments, activity limitations and participation restrictions, as well as personal and environmental factors (including assistive technology) that have an impact on functioning.

Mobility devices are one of the most common types of assistive products. Assistive products can be defined as “Any external product (including devices, equipment, instruments or software), especially produced or generally available, the primary purpose of which is to maintain or improve an individual’s functioning and independence, and thereby promote their well-being. Assistive products are also used to prevent impairments and secondary health conditions”. Mobility devices are designed to facilitate or enhance a user’s personal mobility – this relates to their ability to change and maintain body position and walk and move from one place to another. Common examples include prostheses, orthoses, wheelchairs, and walking aids. The World Report on Disability lists the obstacles faced by those in need wishing to access appropriate rehabilitation and mobility device services; these obstacles could be summarized in four (4) categories:

¹ http://www.who.int/rehabilitation/rehabilitation_health_systems/en/

- 1) Lack of national policy and programme, including financing mechanisms
- 2) Lack of appropriate workforces
- 3) Lack of appropriate service provision system
- 4) Lack of access to affordable and appropriate products and technologies

In addition to the above-mentioned obstacles, there is a notable paucity data and research allowing the development of evidence-based approaches.

THE ORGANIZERS

The **African Federation of Orthopaedic Technologists (FATO)** and the **East African Regional Centre of Excellence in Biomedical Engineering (including Rehabilitation and Mobility Sciences) and eHealth (CEBE)** convened this meeting to identified challenges and barriers faced in Africa for people to access appropriate and equitable rehabilitation and mobility device services and to identified potential solutions to overcome these challenges and barriers.

Established in 1992, the **African Federation of Orthopaedic Technologists (FATO)**, by a group of prosthetist-orthotists to address issues related specifically to the profession (i.e. lack of recognition, lack of access to education and training, lack of exchanges, etc.). Over the years, FATO has grown and become a multidisciplinary organization aiming at promoting access to appropriate and equitable rehabilitation and mobility device services in Africa, thus improving the quality of life for persons who may benefit from rehabilitation and mobility devices services. FATO membership include all rehabilitation professionals (i.e. prosthetists-orthotists, physical therapists, occupational therapists, rehabilitation doctors, speech therapists, surgeons, CBR workers, etc) along with users of the services and decision makers. Over the years, FATO has grown and is now present in 30 African countries (among the 54) and have formal and/or informal contacts with countries where there is no FATO national association. In addition, the FATO has developed close collaboration with several national, regional and international organisations involved in rehabilitation and mobility device services, with organization of peoples with disabilities, and with the industry.

The Government of Rwanda with a loan from the African Development Bank (AfDB) has mandate to develop an **East African Regional Centre of Excellence in Biomedical Engineering (including Rehabilitation and Mobility Sciences) and eHealth (CEBE)**, to be implemented by the University of Rwanda. The overarching vision of the CEBE is “to build a critical mass of a qualified and transferable workforce to sustainably boost the biomedical sector with competent technical support skills, innovation and R&D capabilities, while putting in place a conducive environment for the development of a vibrant and dynamic service industry.” The specific objectives of CEBE are subjected to:

- i. Train the next generation of biomedical engineers, biomedical equipment technicians, rehabilitation and mobility science specialists and health informatics professionals for enhanced healthcare service delivery

- ii. Apply engineering principles and technology to medical and biological problems in health care and clinical practice for timely and accurate diagnosis and new treatments that extend and improve quality of life and create new business opportunities.
- iii. Form joint industry-academia partnerships to push the boundaries of knowledge on local biomedical engineering, rehabilitation and e-health challenges, and become a powerful mechanism for innovation and economic growth.
- iv. Form partnership strategies between University and international institutions and increase UR prestige and excellence in East Africa and globally.
- v. Contribute to delivery of improved medical technology, rehabilitation and e-health services through collaboration with government and other healthcare providers.
- vi. Be a self-sustaining Centre.

These initial key program areas where the key missions will be focussed on are:

- i. **Bio-medical Equipment Management and Maintenance**, with the view of developing high level technical and management skills in biomedical engineering to support and maintain the increasingly sophisticated equipment and devices utilized in Biomedical services
- ii. **Scientific skills for Rehabilitation and Mobility Sciences**, with the objective of provision of cost effective and quality Prostheses, Orthoses and other mobility aids to people living with disabilities, and;
- iii. **eHealth** with the mission to establish the guidelines in developing the ICT capacity to respond to Rwandan and regional needs, with objective of improving the health service delivery and management.

SYMPOSIUM PROCEEDINGS

The Symposium on Rehabilitation and Mobility Device Services in Africa took place from December 3 to December 6, 2018 in Kigali, Rwanda. The symposium was co-organized by FATO and CEBE. The symposium convened more than 65 participants from 17 African countries, from the major international organizations supporting the sector in Africa (HI, ICRC, MoveAbility and CBM), from the industry (CRE, OADCPH, Otto Bock and PROTEOR), from professional associations (OTARG and WCPT Africa) and from service users.

The inputs, expertise, and opinions shared by the participants who are involved in rehabilitation and



mobility device services will be used by FATO and CEBE to develop their respective future strategic plan and actions and have contributed in ensuring a cohesive and collaborative approach between (1) FATO and CEBE and (2) FATO and CEBE and their partners. The outcomes of this meeting will serve to develop the next 5-years strategic plans both for FATO and for CEBE. In addition, the last day was specifically address how FATO could strengthen its role and impact in Africa.

The symposium was convened to identified challenges and barriers faced in Africa for people to access appropriate and equitable rehabilitation and mobility device services and to identified potential solutions to overcome these challenges and barriers. The symposium had four (4) expected outcomes:

1. Identify priority needs for the development of the rehabilitation and mobility device services in Africa to ensure that services are available, accessible with equity (i.e. accessible to all, no matter their social status and/or revenues), affordable (both for the service users, the service providers, and for national health and social system) and that a maximum number of people can access services;
2. Identify key facilitating factors and key barriers in achieving the identified priorities;
3. Develop strategic priorities and measurable results;
4. Develop five key strategic focal areas with priority actions recommended to support the development of the 5-years strategic plans for FATO and CEBE/UR.

During the symposium, the discussions were organized around four (4) major topics, one for each day:

- Day 1: Lack of national policy and service provision systems
- Day 2: Lack of appropriate workforces
- Day 3: Limited access to products and technologies
- Day 4: Strengthening FATO

To address these topics, participants, in small groups, were requested for each topic, to:

- Identify key facilitating factors and key obstacles that contribute in addressing the topic of the day
- Identify strategic priority that would contribute in achieving the objectives
- Develop a measurable result defining the goal to achieve
- Propose priority actions that would contribute to achieve the measurable result

The following were the results of the symposium:

- Key facilitators factors and obstacles in achieving the defined objectives in the rehabilitation and mobility device services sector were identified;
- Strategic priorities, measurable results and priority actions in achieving the defined objectives in the rehabilitation and mobility device services sector were identified; and
- Key strategic areas with related priority actions for FATO and CEBE for the next five years were identified.

DAY 1: ADDRESSING THE LACK OF NATIONAL POLICIES AND SERVICE PROVISION SYSTEMS

According to the Convention on the Rights of Persons with Disabilities (CRPD), it is the responsibility of governments to promote the availability and use of rehabilitation and mobility device services, at an affordable cost. Governments may not be involved in direct service delivery, but the State – represented by various ministries – is obliged to enact legislation, formulate policy, prepare national plans, regulate, finance, raise awareness and generally support and promote rehabilitation and mobility device services. Governments can create the circumstances for services to flourish in both the private and the public sector and bring together the relevant stakeholders.

Most countries have no national policy and/or programme for rehabilitation and mobility device services; this holds back service development. A framework, consisting of legislation, policies, strategic plans, standards, rules and regulations, funding mechanisms, etc., is necessary to establish and maintain appropriate services. As these services are part of health care, they must be considered or be included in health services when countries move towards universal health coverage.



In almost all countries, services relating to the provision of rehabilitation and mobility device are often inadequate and of low quality. These services are often in short supply and located far from the places where most those seeking these services live. Where available, services are often centralized in major rehabilitation centres in large cities. Travelling to these centres can be costly and time consuming for people with disabilities and their families.

In order to reach all people in need, rehabilitation and mobility device services are best planned and delivered through a system tailored to the needs, expectations and distribution of the population, with careful consideration of the resources available. Services should be available for every person's needs and choices, without discrimination and regardless of the person's health, gender, age or socioeconomic circumstances. To ensure that maximum impact of the use of mobility devices, services should adopt a user-centred approach, should be provided under a multidisciplinary approach and should ensure a continuum of care that evolves during user's lifetime.

Opening Speeches and Introduction of the week

The day's proceedings began with opening speeches delivered by Masse Niang, President of FATO and by Professor Jumba Nelson, Deputy Vice-Chancellor in charge of Academic Affairs and Research, University of Rwanda.

The opening speeches was followed by a presentation by Dr. David Tumussime (CEBE Deputy Director) explaining the aims and objectives of CEBE/UR ([click here to access the presentation](#)). After, which Claude Tardif provided a general overview of the four-day meeting, including the organisation of the work.



To close this first session, Anarème Kpandressi (Coordinator of FATO African Observatory of Good Practice in Rehabilitation) presented an overview of the situation of rehabilitation and mobility device services in Africa ([click here to access the presentation](#)).

Panel Presentations and Discussions

During Day 1, two panel presentations were held:

Panel 1 included three (3) countries who presented the development and implementation of national policy and/or plans in their respective country. Panel 1 include presentations from:

- Rwanda; done by Mr Marcel Nkurayija, from National Council for Persons with Disabilities – [click here to access the presentation](#)
- Mali (Nouhoum Tounkara) – [click here to access the presentation](#)
- Democratic Republic of Congo (Astrid Kalanga) – [click here to access the presentation](#)

Panel 2 included three (3) international organizations who presented their strategies for supporting the development of rehabilitation and mobility device national policy/plan. Panel 2 include presentations from:

- International Committee of the Red Cross (Marc Zlot) – [click here to access the presentation](#)
- MoveAbility (Zeon De Wet) – [click here to access the presentation](#)
- Humanity & Inclusion (Christophe Van Geel) – [click here to access the presentation](#)

These presentations, along with the presentation from the FATO African Observatory of Good Practice in Rehabilitation intended to provide information to the participants before starting the group work.

Group Work

Following panel presentations, the participants were split in small groups (2) and were asked to:

1. Identify **facilitating factors**; which are issues or aspects that help/support/accelerate/enable the availability of policy and service provision systems.

2. Identify **obstacles**; which are difficulties, complications that hindrance/block the availability of policy and service provision systems
3. To propose a **strategic priority**, a general course of action that the group would like to take to contribute to the availability of policy and service provision systems
4. To develop a **measurable result**, a quantifiable outcome and the goal to achieve and that would demonstrate movement toward the availability of policy and service provision system. The measurable result is what drives and focuses the work.
5. To propose five (5) **priority actions**, a set of interventions that would contribute to the measurable result. Priority actions are the key approaches to take to address the obstacles, overcome the challenge and achieve the desired measurable result. It's the actions or activities to focus on right now to create change.

Each group had a facilitator and a note taker.

The facilitators were:

- Group 1: Timothée M. Pakouyowou
- Group 2: Astrid Kalanga

And the note takers:

- Group 1: Christophe Van Geel
- Group 2: Anarème Kpandressi

Results of Group 1 Discussions

Group 1: Addressing the lack of policy and service provision systems	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Existence of key actor’s triangle (decision makers, service users and service providers) in the sector and effective and close collaboration among them. • Decision makers: responsible for adopting the national policies, laws, plans, etc. National Law, (different from Policy). Having a real national plan on rehabilitation and mobility devices that everyone agrees on. “The key person to hear the voice and to raise at a higher level” can be a national coordinating committee/body, existence of desk at the MoH level or a rehabilitation & mobility devices unit at central level. • Service users: Strong associations of PwD and close collaboration/organization between them. • Service providers: existence of service providers network according to the needs identified 	<ul style="list-style-type: none"> • While CRPD is ratified, it is not really implemented. There is a need to be “translated” at an operational level. • Lack of properly trained professionals. • Rehabilitation and mobility devices services are not taken as a central priority. Sometimes it is not included in Health. • Lack of infrastructure, lack of recognition of the professionals involved in rehabilitation and mobility device services and lack of recognition of the different disciplines. • Absence of data's and R&D about rehabilitation and mobility device in general that could be used, for example, for developing and planning the national policy.
Strategic Priority	
<ul style="list-style-type: none"> • Establishment of national coordinating body / committee. 	
Measurable Result	
<ul style="list-style-type: none"> • By 2023, in every country where FATO is represented (30), a national coordinating body / committee have been established 	
Priority Actions	
<ol style="list-style-type: none"> 1. To identify and engage Members of platform. (Year 1 but ongoing activity). 2. To create ToR of platform (Year 1 but action plan should be reviewed / year) 3. To identify FATO contributor in every country. 4. To identify available resources to run action plan and activities. 5. To communicate (social medias...) generally marketing the cause. 	

Results of Group 2 Discussions

Group 2: Addressing the lack of policy and service provision systems	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Mapping of existing rehabilitation and mobility device services and establishment of a national database • Existence of national plans which include rehabilitation and mobility device services • Signature, ratification and effective implementation of the CRPD • Existence within the Ministry of Health and within the Ministry of Social Affairs, a unit for rehabilitation and mobility device services and effective coordination of actions and interventions in the area of rehabilitation and mobility device services. • Existence within the Ministry of Health and within the Ministry of Social Affairs, a unit for rehabilitation and mobility device services and effective coordination of actions and interventions in the area of rehabilitation and mobility device services. • Existence of accessible rehabilitation and mobility device services 	<ul style="list-style-type: none"> • Lack of political willingness • Lack of national policies and programmes, including funding mechanisms and rehabilitation / mobility device service provision infrastructures • Beliefs / culture / prejudices related to disability • Absence of an appropriate service provision system
Strategic Priority	
<ul style="list-style-type: none"> • Access to quality, affordable and sustainable rehabilitation services for the greatest number of users 	
Measurable Result	
<ul style="list-style-type: none"> • Within 5 years, at least 15 African countries (27%) will have implemented WHO recommendations on accessibility to rehabilitation services and mobility devices 	
Priority Actions	
<ol style="list-style-type: none"> 1. Realize a national reliable mapping of the situation of rehabilitation and mobility device services 2. Raise awareness and support policy makers in the implementation of national policies 3. Reinforce DPOs allowing them to urge governments to mobilize funds, letting them know about the cost of the lack of rehabilitation and mobility device services 4. Establish a national coordination structure 5. Carry out research and publications 	

At end of the group work sessions, participants gathered in a plenary session to (1) listen and discuss the proposal from the other group and (2) to agree on five (5) key facilitating factors and obstacles, one strategic priority, one measurable result and on five (5) priority actions to address the lack of policy and service provision systems.

AGREED KEY FACILITATING FACTORS, KEY OBSTACLES, STRATEGIC PRIORITY, MEASURABLE RESULT AND PRIORITY ACTIONS (5) FOR ADDRESSING LACK OF POLICY AND SERVICE PROVISION SYSTEMS

Addressing the lack of policy and service provision systems	
Key Facilitating Factors	Key Obstacles
1. Existence of a national coordinating body / committee for rehabilitation and mobility device services	1. Lack of available and reliable data on service provision, needs, etc
2. Existence of national guidelines / policy / framework / standards on rehabilitation and mobility device service provision	2. Lack of political awareness and willingness
3. Signature, ratification and effective implementation of CRPD	3. Lack of national policies and programmes, including monitoring and implementation, funding mechanisms, training and rehabilitation and mobility device infrastructures
4. Improve dissemination of WHO and other organisations existing standards / guidelines on rehabilitation and mobility device service provision	4. Lack of national coordination between national actors involved in rehabilitation
5. Stronger FATO	5. Lack of research in rehabilitation and mobility devices including impact and efficiency of service provision as well as evidence-based practice
Strategic Priority	
<ul style="list-style-type: none"> • Access, for the largest number of users, to quality, affordable and sustainable rehabilitation and mobility device services 	
Measurable Result	
<ul style="list-style-type: none"> • In 2023, 15 African countries will have developed and implemented national guidelines/policy/framework/standards for rehabilitation and mobility device services provision 	
Priority Actions	
<ol style="list-style-type: none"> 1. Establish a national coordinating committee, which will include service users; 2. Raise awareness on the positive impact of rehabilitation and mobility devices services; 3. Realize / actualize national situation analysis on rehabilitation and mobility device services; 4. Conduct research and make publications in the area of rehabilitation and mobility device services in Africa; 5. Identify available resources to implement action plans and activities. 	

DAY 2: ADDRESSING THE DEVELOPMENT OF AN APPROPRIATE WORKFORCE

Rehabilitation and mobility device services are provided by a wide range of professionals. A lack of properly trained personnel constitutes a major barrier to provision of appropriate rehabilitation and mobility device services. Many countries report inadequate, unstable or non-existent supplies of rehabilitation personnel and unequal geographical distribution of these personnel. Many countries do not have educational programmes for rehabilitation professionals and while various guidelines and training programmes have been developed, their implementation is not universal and often under-resourced. In addition to the lack of trained personnel, existing personnel do not have access to continuing education programmes which allow them to maintain and update their skills and knowledge.

Mechanisms to ensure employment for rehabilitation graduates are vital to the future of graduates and the sustainability of training. Even where employment mechanisms exist, staff are often difficult to retain, particularly in rural and remote areas. Like other health staff, retaining rehabilitation professionals is affected by poor working conditions, safety concerns, poor management, conflict, inadequate training, and lack of career development and continuing education opportunities. Long-term retention of personnel, using various incentives and mechanisms, is fundamental to continuing services

**Panel Presentations and Discussions**

During Day 2, two panel presentations were held:

Panel 1 included representatives from three main professions associations involved in rehabilitation and mobility device services who presented the situation of their professions in African (i.e. number of training institutions, number of professionals, challenges, etc.). Panel 1 include presentations from:

- Occupational Therapy Africa Regional Group (OTARG) Peter Ndaa, President – *click here to access the presentation*
- Prosthetist-Orthotists, Anarème Kpandressi, ENAM Faculty member – *click here to access the presentation*
- World Confederation of Physical Therapists (WCPT) Africa, Jonathan Quartey, President – *click here to access the presentation*

Panel 2 included international organizations who presented their strategies for supporting the development of appropriate workforce for rehabilitation and mobility device services. Panel 2 include presentations from:

- International Committee of the Red Cross (Marc Zlot) – *click here to access the presentation*

- MoveAbility (Zeon De Wet) – *click here to access the presentation*
- Humanity & Inclusion (Christophe Van Geel) – *click here to access the presentation*

The two panel presentations intended to provide information to the participants before starting the group work.

Group Work

Following panel presentations, the participants were split in small groups (2) and were asked to:

1. Identify **facilitating factors**; which are issues or aspects that help/support/accelerate/enable the development of an appropriate workforce.
2. Identify **obstacles**; which are difficulties, complications that hindrance/block the development of an appropriate workforce
3. To propose a **strategic priority**, a general course of action that the group would like to take to contribute to the development of an appropriate workforce
4. To develop a **measurable result**, a quantifiable outcome and the goal to achieve and that would demonstrate movement toward the development of an appropriate workforce. The measurable result is what drives and focuses the work.
5. To propose five (5) **priority actions**, a set of interventions that would contribute to the measurable result. Priority actions are the key approaches to take to address the obstacles, overcome the challenge and achieve the desired measurable result. It's the actions or activities to focus on right now to create change.

Each group had a facilitator and a note taker.

The facilitators were:

- Group 1: Timothée M. Pakouyowou
- Group 2: Astrid Kalanga

And the note takers:

- Group 1: Christophe Van Geel
- Group 2: Anarème Kpandressi

Results of Group 1 discussions

Group 1: Addressing the development of an appropriate workforce	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Existence of Continuous Professional Development (CPD) programme by using new technologies approach (Existence of Massive Open Online Course (MOOC), online training courses, blended learning...), by using short courses, availability of a national scholarship support programme. • Existing International mentoring and internship. Collaboration with training institutions. • Recognition and regulation of rehabilitation and mobility device professions. Strong advocacy at government to create jobs and recognition of the trained professional (helps staff retention). • Identification of the needs of workforce. Training specialist in single disciplines (less expensive), to have real experts instead of generalist. • Collaboration / harmonization / of various trainings institutions • Existence of Private initiative, partnership, business model, • Collaboration with different ministries. 	<ul style="list-style-type: none"> • Lack of proper salaries for rehabilitation and mobility device services workforce • Lack of career development possibility • Cost to access CPD • Lack of ICT skills • Lack of training facilities • Lack of trainers. • Lack of interdisciplinary approach. • Lack of incentives to encourage private initiatives.
Strategic Priority	
<ul style="list-style-type: none"> • Strengthening professionals' associations to participate actively in National Rehabilitation Coordination Committee. 	
Measurable Result	
<ul style="list-style-type: none"> • In 27% of African countries (15 countries), there is a rehabilitation professional national association (OT, P&O, PT ideally all of them) registered, strong, active, that works together with the other professional associations to influence the development of the sector. 	
Priority Actions	
<ol style="list-style-type: none"> 1. Analysis of the current situation of the existing professionals' associations in the 15 countries. 2. Make the professionals associations attractive. Clear guidelines for those associations: internal policy, rules and regulations, etc. 3. Interdisciplinary collaboration, they have to work together for a strong national committee. 4. Identify the resources needed to strengthen the associations. 5. Associations are part of the national committee and advocate to develop the rehab sector in the country. 	

Results of Group 2 discussions

Group 2: Addressing the development of an appropriate workforce	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Available information on training and staff needs • Recognition of the professions involved in rehabilitation and mobility device services • Existence of recognized and accredited schools in relation to international standards • Support from development partners • Existence of Training of Trainers' programmes • Existence Continuing Education possibility 	<ul style="list-style-type: none"> • Difficulty in accessing training institutions • Non-recognition of professions involved in rehabilitation and mobility device services • Lack of harmonization of training curricula according to CAMES • Absence of a career profile for professions involved in rehabilitation and mobility device services • Inadequacy between training objectives and admission criteria in training institutions
Strategic Priority	
<ul style="list-style-type: none"> • Make rehabilitation and mobility devices professional trainings more accessible and make awareness for the recognition of these professions 	
Measurable Result	
<ul style="list-style-type: none"> • Within 5 years, rehabilitation professional associations in 30 countries (55%) are trained in leadership good governance advocacy and fundraising 	
Priority Actions	
<ol style="list-style-type: none"> 1. Conduct a mapping of professional associations 2. Establish a national committee of rehabilitation and mobility device service professionals 3. Train members of the national committee members of rehabilitation and mobility device service professionals in LMG, advocacy and fundraising 4. Development of an action plan by the national committee members of rehabilitation and mobility device services professionals 5. Follow up and evaluate training 	

At end of the group work sessions, participants gathered in a plenary session to (1) listen and discuss the proposal from the other group and (2) to agree on five (5) key facilitating factors and obstacles, one strategic priority, one measurable result and on five (5) priority actions to address the development of an appropriate workforce.

AGREED KEY FACILITATING FACTORS, KEY OBSTACLES, STRATEGIC PRIORITY, MEASURABLE RESULT AND PRIORITY ACTIONS (5) FOR ADDRESSING THE DEVELOPMENT OF AN APPROPRIATE WORKFORCE

Addressing the development of an appropriate workforce	
Key Facilitating Factors	Key Obstacles
<ol style="list-style-type: none"> 1. Availability of Continuous Professional Development (CPD) by using new technologies approach 2. Increased collaboration among training institutions to ensure that training exists at every level according to the needs 3. Increased number of training schools and institutions which are recognized and accredited 4. Appropriate recognition and regulation of rehab / Health professions. 5. Policies/Strategies for professional retaining 	<ol style="list-style-type: none"> 1. Insufficient number of training institutions 2. Limited possibilities to access existing training options and opportunities 3. Lack of bridge and harmonization between countries and regional regulation/accreditation bodies 4. Lack of incentives/Policies/Strategies to avoid brain drain 5. Weakness of national rehabilitation associations of professionals
Strategic Priority	
<ul style="list-style-type: none"> • Strengthening professionals' associations to make them support the development of the sector, through active participation in the national forum. 	
Measurable Result	
<ul style="list-style-type: none"> • In 2023, 30 African countries (55%) have registered professional associations (OT, PT, OT, etc.) with action plan, regular meetings and who report on the implementation of their action plan and who are collaborating together for the development of the sector 	
Priority Actions	
<ol style="list-style-type: none"> 1. Train professional associations in Leadership, Management & Governance (LMG), and in advocacy and fundraising; 2. Create a national rehabilitation association/federation of rehabilitation and mobility device professionals to unify their voices / the forces; 3. Conduct an analysis of the current situation of the existing professionals' associations in the 30 countries where FATO is represented; 4. Develop an action plan, by the national rehabilitation federation, make the professionals associations attractive and develop clear guidelines for those associations; 5. Identify the resources needed to strengthen the associations. 	

DAY 3: ADDRESSING ACCESS TO PRODUCTS AND TECHNOLOGIES

Mobility devices must be affordable for those who need them and for many people, the cost of mobility devices is an important obstacle hampering access to mobility devices. The cost of the components and material needed to prostheses and orthoses and/or the cost of finished products (such as wheelchairs and walking aids), which in most cases need to be imported, remain one of the main factors influencing the cost of mobility devices. However, that affordability should never come at the expense of the quality of the product. Cheaper, lower-quality mobility devices are likely to be more harmful than beneficial. Access to assistive technology can be improved by improving economies of scale in purchasing and production to reduce cost. Centralized, large-scale collective purchasing, nationally or regionally, can reduce costs.

In addition, to the cost of purchasing components, material and products, there is a limited availability of appropriate technologies and products in many countries. People will not use their mobility devices if they are inappropriate. Mobility devices are appropriate when they meet the user's needs and environmental conditions; are safe and durable; are available in the country; and can be obtained and maintained and services sustained in the country at the most economical and affordable price. More than one technology/product may be appropriate, and several technologies/products of different levels of sophistication and price can be used in parallel. Any technology/products that is requested, paid for (by the individual, the system or a third party) and does not restrict access to services can be viewed as appropriate.



To improve access to high-quality, affordable assistive products in all countries, WHO's Global Cooperation on Assistive Technology (GATE) initiative prepared a "priority assistive products²" list, which include a list of 50 products, that are considered priorities for maintaining or improving individual functioning and should be available at a price the community or country can afford. Of the 50 assistive products on the list, 16 are mobility devices. The list is not restrictive but provides governments with a model for preparing a national list. It can act as a catalyst for governments to fulfil their commitment to ensure access to assistive products at an affordable cost, as mandated by the CRPD.

During Day 3, two panel presentations were held:

Panel 1 included representatives from the industry who presented their strategies for improving access to products and technologies for rehabilitation and mobility device services. Panel 1 include presentations from:

² http://www.who.int/phi/implementation/assistive_technology/global_survey-apl/en/

- Otto Bock, Kingsley Diores, Area Manager Africa
- OADCPH, Mase Niang, Executive Director, – *click here to access the presentation*
- PROTEOR – *click here to access the presentation*

Panel 2 included international organizations who presented their strategies for improving access to products and technologies for rehabilitation and mobility device services. Panel 2 include presentations from:

- International Committee of the Red Cross (Marc Zlot) – *click here to access the presentation*
- MoveAbility (Subash Sinha) – *click here to access the presentation*
- Humanity & Inclusion (Christophe Van Geel) – *click here to access the presentation*

The two panel presentations intended to provide information to the participants before starting the group work.

Group Work

Following panel presentations, the participants were split in small groups (2) and were asked to:

1. Identify **facilitating factors**; which are issues or aspects that help/support/accelerate/enable the access to products and technologies for rehabilitation and mobility device services
2. Identify **obstacles**; which are difficulties, complications that hindrance/block the access to products and technologies for rehabilitation and mobility device services
3. To propose a **strategic priority**, a general course of action that the group would like to take to contribute in improving access to products and technologies for rehabilitation and mobility device services
4. To develop a **measurable result**, a quantifiable outcome and the goal to achieve and that would demonstrate movement toward improving access to products and technologies for rehabilitation and mobility device services. The measurable result is what drives and focuses the work.
5. To propose five (5) **priority actions**, a set of interventions that would contribute to the measurable result. Priority actions are the key approaches to take to address the obstacles, overcome the challenge and achieve the desired measurable result. It's the actions or activities to focus on right now to create change.

Each group had a facilitator and a note taker.

The facilitators were:

- Group 1: Timothée M. Pakouyowou
- Group 2: Astrid Kalanga

And the note takers:

- Group 1: Christophe Van Geel
- Group 2: Anarème Kpandressi

Results of Group 1 discussions

Group 1: Improving access to products and technologies	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Establishment of central purchasing body at national / regional level (to reduce costs of products and technologies). • Existence of a Cost calculation system that helps to define the appropriate price for the user. • Existence of a reimbursement system (national insurance, private insurance, etc.) at national level or at least discussed at the national coordinating body / committee • Availability of efficient service providers spread over the country and near the needs. • R&D for newly available technologies. 	<ul style="list-style-type: none"> • Complicated and heavy procurement system (Importation formalities and modalities are expensive). • Lack of harmonization or common criteria for donations (devices for free doesn't bring sustainability, bad wheelchairs, etc.). • Not enough support at national level to push the country to adopt Assistive Priority List and to translate it to practical implementation (i.e. taxes exemption, etc.) • Lack of experienced professionals (to be able to procure the right device to the user)
Strategic Priority	
<ul style="list-style-type: none"> • Inclusion of products and technologies needed (consumables, material, equipment's, etc.) for the provision of appropriate rehabilitation and mobility devices services in a central procurements process. 	
Measurable Result	
<ul style="list-style-type: none"> • Within 5 years, 30 African countries will have adopted and adapted at a national level APL (mobility) to help governments to fulfil their commitments to insure access to high quality assistive products at an affordable price. 	
Priority Actions	
<ol style="list-style-type: none"> 1. Establishing list of material, components and equipment's necessary to fabricate / provide mobility device / rehabilitation services (goes together with the APL). 2. Establishing (or adapting) a national APL by the national coordinating body / committee and dissemination of the national APL 3. To advocate for taxes exemption and subsidy for all items in this list. 4. Include the material list in a central procurements process. 5. Include the above 4 points in the national rehabilitation and mobility device services plan 	

Results of Group 2 discussions

Group 2: Improving access to products and technologies	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Tax exemption / subsidize for products, and existence of budget line for rehabilitation and mobility device services in health expenditure • Central purchasing and possibility of group purchases • Ease of payment • Partnerships with suppliers, development organizations and DPOs • Existence of appropriate technologies 	<ul style="list-style-type: none"> • High cost and low availability of products • Insufficiency of research centres • Heavy administrative and financial procedures and inadequate funding for rehabilitation by the Governments • Weakness of stock management in central purchasing offices and service providers • Absence of firms / companies producing consumables for Africa
Strategic Priority	
<ul style="list-style-type: none"> • Existence of national and continental policies for the accessibility of products and technologies 	
Measurable Result	
<ul style="list-style-type: none"> • By 2023, a national policy on access to products and technologies exists in 15 African countries at least 	
Priority Actions	
<ol style="list-style-type: none"> 1. Ensure that governments have the WHO APL list 2. Elaborate an action plan 3. Raise funds 4. Produce and disseminate cost calculation tools 5. Include acquisition of products (50 APL) in the list of first necessity in the national and regional procurement centres 	

At end of the group work sessions, participants gathered in a plenary session to (1) listen and discuss the proposal from the other group and (2) to agree on five (5) key facilitating factors and obstacles, one strategic priority, one measurable result and on five (5) priority actions to improve access to products and technologies.

AGREED KEY FACILITATING FACTORS, KEY OBSTACLES, STRATEGIC PRIORITY, MEASURABLE RESULT
AND PRIORITY ACTIONS (5) FOR IMPROVING ACCESS TO PRODUCTS AND TECHNOLOGIES

Improving access to products and technologies	
Key Facilitating Factors	Key Obstacles
<ul style="list-style-type: none"> • Adoption of the 50 priority assistive devices by the states • Existence of national/regional central purchasing units to facilitate access to products and technologies • Importation taxes exemption on rehabilitation and mobility devices products • Guaranty of the availability of resources by the rehabilitation and mobility devices sector through funding mechanisms • Availability of diversity of appropriate products and technologies through ongoing research and development 	<ul style="list-style-type: none"> • Lack of dissemination of the list of 50 priority Assistive Devices Products • Lack of Cost calculation system/tools • Complex administrative, financial, and procurement procedures/system and inadequate funding for rehabilitation by the Governments • Lack of experienced professionals (to be able to procure the right device for the patient) • Lack of firms / companies producing consumables in Africa
Strategic Priority	
<ul style="list-style-type: none"> • Development of national and continental policies for the accessibility of products and technologies 	
Measurable Result	
<ul style="list-style-type: none"> • Within 5 years, at least 15 African countries will have adopted and/or adapted at national level the WHO APL (mobility) to help governments to fulfil their commitments to insure access to high quality assistive products at an affordable price. 	
Priority Actions	
<ol style="list-style-type: none"> 1. Establish list of material and components and equipment's necessary to fabricate / provide mobility device / rehabilitation services (goes together with the APL); 2. Establish (or adapt) a national APL by the national coordinating body / committee and dissemination of the national APL; 3. Ensure that the products and technologies are available by including them in the national procurement list and making appropriate budget available; 4. Advocate for taxes exemption and subsidy for all items in this list; 5. Produce, adapt and disseminate a national nomenclature including cost calculation tools for service provision. 	

DAY 4: STRENGTHENING THE FATO

Established in 1992, the **African Federation of Orthopaedic Technologists (FATO)**, by a group of prosthetist-orthotists to address issues related specifically to the profession (i.e. lack of recognition, lack of access to education and training, lack of exchanges, etc.). Over the years, FATO has grown and become a multidisciplinary organization aiming at promoting access to appropriate and equitable rehabilitation and mobility device services in Africa, thus improving the quality of life for persons who may benefit from rehabilitation and mobility devices services. FATO membership include all rehabilitation professionals (i.e. prosthetists-orthotists, physical therapists, occupational therapists, rehabilitation doctors, speech therapists, surgeons, CBR workers, etc) along with users of the services and decision makers.

Over the years, the FATO has grown and is now present in 30 African countries (among the 54) and have formal and/or informal contacts with countries where there is no FATO national association. In addition, the FATO has developed close collaboration with several national, regional and international organisations involved in rehabilitation and mobility device services, with organization of peoples with disabilities, and with the industry.



Throughout the years, the FATO have established several committees to answer the request of its members and to tackle issues related to the development of appropriate rehabilitation and mobility device services, among which:

- The Scientific Committee who is responsible for the development of the bi-annual FATO International Congress;
- The Education Committee who is responsible to support the development of an appropriate workforce for the provision of appropriate rehabilitation and mobility device services in Africa;
- The FATO African Observatory of Good Practice in Rehabilitation that is acting as watch tower for issues regarding rehabilitation and mobility device service in Africa, through the promotion of best practices.

Time have come for FATO to:

- Revise its name (but not the acronym who is well known) to better reflect the multidisciplinary of FATO
- Review its constitution and working regulations to better reflect the activities
- To strengthen its impact in Africa
- To develop a new 5-years strategic plan including activities

Panel Presentation and Discussions

The started with a presentation from Masse Niang, FATO President, who gave of overview of FATO achievements and challenges. ([click here to access the presentation](#))

This presentation intended to provide information to the participants before starting the group work.

Group Work

Following panel presentation, the participants were split in small groups (2) and were asked to:

1. Identify **facilitating factors**; which are issues or aspects that help/support/accelerate/enable the strengthening of FATO.
2. Identify **obstacles**; which are difficulties, complications that hindrance/block the strengthening of FATO.
3. To propose a **strategic priority**, a general course of action that the group would like to take to contribute to the strengthening of FATO.
4. To develop a **measurable result**, a quantifiable outcome and the goal to achieve and that would demonstrate movement toward the strengthening of FATO. The measurable result is what drives and focuses the work.
5. To propose five (5) **priority actions**³, a set of interventions that would contribute to the improvement of FATO functioning.
6. To propose five (5) **priority actions**, a set of interventions that would contribute in strengthening FATO impact in Africa.
7. To propose five (5) **priority actions**, a set of interventions that would contribute to the consolidation of FATO activities.

Each group had a facilitator and a note taker.

The facilitators were:

- Group 1: Timothée M. Pakouyowou
- Group 2: Astrid Kalanga

And the note takers:

- Group 1: Christophe Van Geel
- Group 2: Anarème Kpandressi

³ Priority actions are the key approaches to take to address the obstacles, overcome the challenge and achieve the desired measurable result. It's the actions or activities to focus on right now to create change.

Results of Group 1 discussions

Group 1: Strengthening FATO	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Existence of a strategic plan with action plan. • Review of FATO constitution with a more inclusive name (but the acronym should remain the same) • Existence of collaborative network • Availability of potential financial resources (there is money, but we have to find it) • Evaluated current situation of national professional associations. 	<ul style="list-style-type: none"> • Low financial resources for various reasons (i.e. membership fees not paid, etc.). • Lack of awareness among other rehabilitation professional associations. • Limited collaboration among rehabilitation and mobility device services professionals along with users of the services and decision makers. • The name FATO (too restrictive) • Lack of monitoring and evaluation.
Strategic Priority	
<ul style="list-style-type: none"> • Within 5 years, strengthening and empowering FATO through to improve access to mobility devices and rehabilitation services in Africa. 	
Measurable Result	
<ul style="list-style-type: none"> • At least 30 African countries have functional national rehabilitation professional associations that join "FATO". 	
Priority Actions for improving FATO functioning	
<ol style="list-style-type: none"> 1. Use innovative fundraising system. 2. Raise awareness through innovative communication process. 3. Increase human resources at FATO coordinating office level. 4. Encourage the national rehabilitation and mobility device professional associations in developing strategies to bind members (payments of membership). 5. Strengthening FATO committee and sub-committee. 	
Priority Actions for strengthening FATO impact in Africa	
<ol style="list-style-type: none"> 1. Identify one proactive focal person per country. 2. Get industries more involved in FATO activities. 3. Get other stakeholders (decision makers like EU, WHO, SADEC, ...) more involved in FATO activities. 4. Create one biannually sport awareness event. 5. Get engaged collaboration in R&D 	
Priority Actions for consolidating FATO activities	
<ol style="list-style-type: none"> 1. Support training institutions to improve access and opportunities to develop workforce in rehabilitation. 2. Support harmonization of curriculum and credit systems in various training institutions in the continent. 3. Improve FATO Info. 4. Reinforce experience sharing between countries institutions through FATO African Observatory of Good Practice in Rehabilitation 5. Annual review of FATO committees. 	

Results of Group 2 discussions

Group 2: Strengthening FATO	
Facilitating Factors	Obstacles
<ul style="list-style-type: none"> • Existence of active national associations of professionals • Existence of partnership • Organization of periodic meetings • Existence of a newsletter • Support for the development of rehabilitation and mobility device service in Africa 	<ul style="list-style-type: none"> • Weak financial resources of FATO • Inadequacy between the name "FATO" and the vision and multidisciplinary of the FATO • Low participation of non-francophones • Weak dynamism of national associations • Weak dynamism of the members and organs of the FATO
Strategic Priority	
<ul style="list-style-type: none"> • Strengthen the human, financial resources and organizational capacities of the FATO taking multidisciplinary into account 	
Measurable Result	
<ul style="list-style-type: none"> • By the end of 2023 FATO have enough resources, active prof associations, effective leadership, available to support the development of the sector 	
Priority Actions for improving FATO functioning	
<ol style="list-style-type: none"> 1. Amendment of the statutes and internal regulations including the change of name of the FATO 2. Revitalize member associations through incentive strategies 3. To have a consultative voice within the AU 4. Develop a communication plan implemented by a communication officer 5. Develop an annual action plan considering the multidisciplinary 	
Priority Actions for strengthening FATO impact in Africa	
<ol style="list-style-type: none"> 1. Diversify and multiply partners 2. Encourage research and publications by getting closer to training institutions and professionals 3. Feed FATO Info in scientific publications and ensure wider dissemination 4. Facilitate the registration of rehabilitation professionals in higher training schools 5. To advertise the actions of the FATO through the medias 	
Priority Actions for consolidating FATO activities	
<ol style="list-style-type: none"> 1. Train and support associations in their country activities 2. Monitor and evaluate the activities of FATO and its members 3. Support vocational training according to national needs 4. Labelling of the FATO 5. Professionalize the FATO 	

AGREED KEY FACILITATING FACTORS, KEY OBSTACLES, STRATEGIC PRIORITY, MEASURABLE RESULT
AND PRIORITY ACTIONS FOR STRENGTHENING FATO

Strengthening FATO	
Key Facilitating Factors	Key Obstacles
<ul style="list-style-type: none"> • Existence of a strategic plan with action plan. • Existence of collaborative network potential • Existence of active national professional associations • Existence of a resource mobilization strategy • Existence of an effective communication strategy 	<ul style="list-style-type: none"> • Limited Available resources (financial, human, involvement of members, etc.) • Inadequacy between the restrictive name "FATO" and the vision and multidisciplinary of the FATO • Weak dynamism of national professional associations and weak follow up of FATO regulations • Perception of FATO as a francophone federation • Lack of information about FATO among other rehabilitation actors including service users • Weak dynamism of the FATO members and FATO in the functioning of the FATO
Strategic Priority	
<ul style="list-style-type: none"> • Strengthen the human, financial resources and organizational capacities of the FATO taking multidisciplinary into account to improve access to mobility devices and rehabilitation services in Africa 	
Measurable Result	
<ul style="list-style-type: none"> • By 2023 the FATO has implemented 95% of the identified priority actions 	
Priority Actions for improving FATO functioning	
<ol style="list-style-type: none"> 1. Amend the statutes and internal regulations including the change of name of the FATO; 2. Develop an effective fund-raising strategy; 3. Develop a communication plan implemented by a communication officer; 4. Revitalize member associations/ organs through incentive strategies; 	
Priority Actions for strengthening FATO impact in Africa	
<ol style="list-style-type: none"> 1. Get a consultative voice within the AU, WHO Africa; 2. Diversify and multiply the scope of partners, including the industries and users' organizations 3. Get engage, through collaboration, in R&D; 4. Identify one proactive focal person per country to contribute to the FATO African Observatory of Good Practice in Rehabilitation; 5. Create one biannually sport awareness event. 	
Priority Actions for consolidating FATO activities	
<ol style="list-style-type: none"> 1. Make FATO Info published every three-month; 2. Train and support national associations in their country activities; 3. Reinforce experience sharing between countries institutions through FATO African Observatory of Good Practice in Rehabilitation; 4. Reinforce FATO Education Committee and the PAPOSTI and support the training institutions in their efforts to develop an appropriate workforce. 	

CONCLUSION

During the four-day discussions, several elements were mentioned as key strategic focal areas to ensure that services are available, accessible with equity (i.e. accessible to all, no matter their social status and/or revenues), affordable (both for the service users, the service providers, and for national health and social system) and that a maximum number of people can access services. These key transversal strategic focal areas were mentioned during discussions under each specific topic of the symposium and are touching all aspects of an appropriate rehabilitation and mobility devices services provision system. These key transversal strategic focal areas are:

- **Stimulate collaboration**, at national and continental levels, among all stakeholders including: decision makers, service providers, professional associations, training institutions, the industry and very important, the service users;
- **Establish a national coordinating committee / body**, which should include all stakeholders and who should drive the development, the implementation and the monitoring, of a national policy and standards for the provision of appropriate rehabilitation and mobility device services;
- **Conduct research** (and create a repository of data) on different aspects of rehabilitation and mobility device services provision including (but not exclusive): unmet need, product and service quality, impact of appropriate rehabilitation and mobility device services provision, quality of life, participation, reintegration into daily living and economic benefit analysis; and promote the use of the data to drive evidence-based practice;
- **Promote the development of national policy and standards** for rehabilitation and mobility device services and disseminate successful development and implementation and shared lessons learned;
- **Ensure the availability of an appropriate workforce** of multi-sectoral rehabilitation and mobility device service personnel (technical, clinical, support staff, managerial, etc.) and the availability of long-term retention of personnel policy, using various incentives and mechanisms.

In the coming months, both FATO and CEBE, will develop their 5-years strategic plans, based on the above key strategic focal areas and based on the different priority actions proposed by the participants of the symposium.

ANNEX 1: SYMPOSIUM PROGRAMME**Day 1: Monday, December 3, 2018 - Theme: Policy and Provision of services**

TIME	SESSION	ACTIVITIES/SPEAKERS
Chair: Claude Tardif		
08:30 – 08:45	Opening Speech	<ul style="list-style-type: none"> Masse Niang, FATO President Prof. Jumba Nelson, Deputy Vice-Chancellor in charge of Academic Affairs and Research
08:45 – 09:00	Information on CEBE	<ul style="list-style-type: none"> Dr. David Tumusiime
09:00 – 09:15	Introduction and Meeting Proceeding	<ul style="list-style-type: none"> Claude Tardif
Chair: Aly Bocar Dia		
09:15 – 09:30	Overview of the situation: Presentation from the FATO African Observatory of Good Practice in Rehabilitation	<ul style="list-style-type: none"> Anarème Kpandressi, Coordinator
Chair: Dr David Tumusiime		
09:30 – 10:15	Country Presentations on the development and implementation of national policy and/or plans	
	Rwanda Mali Democratic Republic of Congo	<ul style="list-style-type: none"> Marcel Nkurayija, NCDP Nouhoum Tounkara Astrid Kalanga
10:15 – 10:30	Coffee Break	
Chair: Pascal Kayishema		
10:30 – 11:30	Presentations from International Organisations on their strategies for supporting the development of rehabilitation and mobility device national policy/plan	
	International Committee of the Red Cross (ICRC) ICRC MoveAbility Foundation Humanity & Inclusion (HI)	<ul style="list-style-type: none"> Marc Zlot Zeon De Wet Christophe Van Geel
11:30 – 12:30	Group Work	
12:30 – 13:30	Lunch	
Chair: Samuel Nkhoma		
13:30 – 14:15	Plenary Session to discuss and agree on 5 keys facilitating factors, 5 keys obstacles and 1 Strategic Priority	
14:15 – 15:00	Group Work	
15:15 – 15:30	Coffee Break	
15:30 – 16:15	Group Work	
Chair: Claude Tardif		
16:15 – 17:15	Plenary Session to discuss and agree on 1 Measurable Result and 5 Priority Actions	

Day 2: Tuesday, December 4, 2018**Theme: Developing an appropriate workforce**

TIME	SESSION	ACTIVITIES/SPEAKERS
08:30 – 09:00	Introduction of the day <ul style="list-style-type: none"> • Agenda • Recap of Day 1 discussions 	<ul style="list-style-type: none"> • Claude Tardif
Chair: Jean Damascene Gasherebuka		
09:00 – 10:00	Presentation from Professional Associations on the actual situation of their professions in African (i.e. number of training institutions, number of professionals, challenges, etc.)	
	Occupational Therapy Africa Regional Group (OTARG) FATO (Prosthetists Orthotists) World Confederation of Physical Therapists (WCPT) Africa	<ul style="list-style-type: none"> • Peter Ndaa, President • Anarème Kpandressi • Jonathan Quartey, President
10:00 – 10:15	Coffee Break	
Chair: Michiel Steenbeek		
10:15 – 11:15	Presentations from International Organisations on their strategies for supporting the development of appropriate workforce	
	International Committee of the Red Cross (ICRC) ICRC MoveAbility Foundation Humanity & Inclusion (HI)	<ul style="list-style-type: none"> • Marc Zlot • Zeon De Wet • Christophe Van Geel
11:15 – 12:15	Group Work	
12:15 – 13:15	Lunch	
Chair: Dr Saïd CHAJID		
13:15 – 14:00	Plenary Session to discuss and agree on 5 keys facilitating factors, 5 keys obstacles and 1 Strategic Priority	
14:00 – 14:45	Group Work	
14:45 – 15:15	Coffee Break	
15:15 – 16:00	Group Work	
Chair: Claude Tardif		
16:00 – 17:00	Plenary Session to discuss and agree on 1 Measurable Result and 5 Priority Actions	

Day 3: Wednesday, December 5, 2018
Theme: Access to Products and Technologies

TIME	SESSION	ACTIVITIES
08:30 – 09:00	Introduction of the day <ul style="list-style-type: none"> • Agenda • Recap of Day 2 discussions 	<ul style="list-style-type: none"> • Claude Tardif
Chair: Dr David Tumusiime		
09:00 – 10:00	Presentations from the Industry to present their strategies to improve access to products and technologies	
	Otto Bock OADCPH PROTEOR	<ul style="list-style-type: none"> • Kingsley Diores, Area Manager Africa • Masse Niang, Executive Director •
10:00 – 10:15	Coffee Break	
Chair: Dr Nuhu Assuman		
10:15 – 11:15	Presentations from International Organisations on their strategies to improve access to products and technologies	
	International Committee of the Red Cross (ICRC) ICRC MoveAbility Foundation Humanity & Inclusion (HI)	<ul style="list-style-type: none"> • Marc Zlot • Subash Sinha • Christophe Van Geel
11:15 – 12:15	Group Work	
12:15 – 13:15	Lunch	
Chair: Dr Abdouramane Coulibaly		
13:15 – 14:00	Plenary Session to discuss and agree on 5 keys facilitating factors, 5 keys obstacles and 1 Strategic Priority	
14:00 – 14:45	Group Work	
14:45 – 15:15	Coffee Break	
15:15 – 16:00	Group Work	
Chair: Claude Tardif		
16:00 – 17:00	Plenary Session to discuss and agree on 1 Measurable Result and 5 Priority Actions	

Day 4: Thursday, December 6, 2018

Theme: Strengthening FATO

TIME	SESSION	ACTIVITIES
08:30 – 09:00	Introduction of the day <ul style="list-style-type: none"> • Agenda • Recap of Day 3 discussions 	<ul style="list-style-type: none"> • Claude Tardif
09:00 – 09:15	Presentation highlighting the achievements and challenges faced by FATO	<ul style="list-style-type: none"> • Masse Niang, FATO President
09:15 – 10:15	Group Work: How can FATO improve its functioning?	
10:15 – 10:30	Coffee Break	
10:30 – 11:30	Group Work: How can FATO strengthen its impacts in Africa including how can FATO an CEBE increase their collaboration to further strengthen impacts?	
11:30 – 12:30	Group Work: How can FATO consolidate its activities?	
12:15 – 13:15	Lunch	
Chair: Claude Tardif		
13:15 – 15:15	Plenary Session to discuss and agree on recommendations for FATO: <ul style="list-style-type: none"> • To improve its functioning • To strengthen its impacts in Africa • To consolidate its activities 	
15:15 – 15:45	Coffee Break	
Chair: Dr David Tumusiime		
15:45 – 17:15	Closing Session <ul style="list-style-type: none"> • Recap of the 4 days discussions • Way forward for FATO and CEBE • Closing remarks (FATO and CEBE) 	