Funding for Digital Assistive Technology in Europe

Report prepared for Digital Assistive Technology Europe (DATEurope)

27 November 2023

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Suggested citation: Smith EM., Huff S., Layton N. (2023) Funding for Digital Assistive Technology in Europe. Report prepared for Digital Assistive Technology Europe (DATEurope).

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Executive Summary

Digital Assistive Technologies (DAT) have been defined as a subset of AT as “product that optimizes a person’s functioning and reduces disability,” including devices, equipment, or software which are specially produced or generally available to the population (ISO9999, 2022). The UN Convention on the Rights of Persons with Disabilities infers the use of such technologies by people with disabilities as necessary for realizing their human rights (Smith et al. 2022). Many countries have expressed their agreement through signing this convention, however, their enactment of policy and programmes which actually provide access to DAT (in particular funding) remain lacking. Within the European context, funding mechanisms for assistive technology (AT) are governed at the national level and therefore vary significantly in both the ways AT are understood and defined, as well as the degree to which they are funded. Yet, despite this variability, a comprehensive review of existing funding mechanisms across Europe remains to be undertaken. This is a striking knowledge gap, as this data necessitates the advocacy among national governments and policy stakeholders of the ‘best practices’ of funding for DAT.

This project utilized a mixed methods approach to fill this gap by identifying and describing DAT funding mechanisms across Europe (inclusive of all countries in the EU, EEA, and UK), and categorizing countries according to the type of funding administered. Through the implementation of a stakeholder survey, a desk review of relevant policies and programmes, and data validation, a framework was created to categorize DAT funding mechanisms. Subsequently, the strengths and weaknesses of each funding model were noted through a modified PESTEL analysis.

The report which follows discusses the study findings, limitations, and recommendations. In brief, the findings broadly demonstrate that DAT is largely invisible in many, if not most national policies within the European context, which unsurprisingly translates to limited coverage for DAT in many of the countries examined. Where DAT was mentioned, it was enmeshed within general understanding of assistive technology (AT), rather than cited independently of AT. Moreover, the findings identified poor consistency of AT or DAT understandings, such as the terminology used or its definition, which correlated to an inconsistency in AT and DAT within policy and programming among the countries analyzed.

While this study did have several limitations, such as an inherent language barrier which was navigated with translation technology, several recommendations are made in this report for future advocacy. These strategies include a rights-based approach, an EU single market perspective, and a costing analysis of funding approaches. Advocacy for financial access to DAT is strongly suggested at the policy level. The framework developed in this study for categorizing funding models across Europe can be utilized to inform what constitutes ‘best practice’ and thereby shape more accessible funding mechanisms for DAT in the future.

Background

Digital and assistive technologies (DAT) improve the lives of millions of people with disabilities or functional limitations. High level directives propose the harnessing of digital technology (United Nations, 2020). However, funding for these products is inconsistent and often limited, leading to inequity in access for people across the world. In Europe, where many countries are bound by a single market in the EU and EEA, there remains significant variation in funding for DAT. This is concerning from both a human rights perspective, aligned with the commitments to the UN Convention on the Rights of Persons with Disabilities, and economically across Europe (Khasnabis, Holloway & MacLachlan, 2020).

Following the call from the World Health Assembly for countries to develop policies for assistive technology provision (WHA 71.8), many countries are embarking on the development of policy and associated assistive product lists. However, there is yet to be a comprehensive review of existing funding mechanisms, therefore limited data exists which can be presented in advocacy efforts to national governments as good practices, or as alternatives to existing mechanisms. A comprehensive review of funding mechanisms will provide the data necessary to inform this work, and to categorize countries according to the type of funding offered. This report summarizes a study undertaken to fill this gap by collating and analyzing funding mechanisms within the European context.

Defining Digital Assistive Technologies

Drawing on the ISO9999 (2022) definition, Digital Assistive Technologies (DAT) have been defined as a "product that optimizes a person's functioning and reduces disability," including devices, equipment, or software which are specially produced or generally available to the population (commercial devices). Specifically, we included products across all 12 classes of ISO999 which have two specific features: 1) Electronic components; and 2) The ability to store and share data electronically.

Digital AT can be distinguished from traditional AT by the scope of the features and functions that digital AT offers, such as sensors, networks, AI and new form factors (Banes, 2022). For example, DAT can be embedded within traditional AT to create smart products, such as wheelchairs with digital controls, or smart home technology incorporated in home modifications. Conversely, DAT also comprises technologies which increase access to: 1) the digital world, such as keyboards, mice, switches, touchpads, voice recognition, or eye and head-tracking, and 2) the physical world, such as smart speakers, wayfinding, amplifiers, and electronic or digital handheld magnifiers (Banes, 2022).

Objectives

The objectives of this project are to:

1. Identify and describe digital and assistive technology (DAT) funding mechanisms for all European countries (EU, EEA, and UK); and
2. Propose a framework to categorize funding mechanisms.

Approach and Methods

We conducted a mixed methods study which included three components: a survey, desk review of relevant policies and programmes, and data validation. Data were collected which related to all countries which are a member of the European Union, European Economic Area, or the United Kingdom.

Desk Review of Relevant Policies and Programmes

A desk review was conducted of relevant policies and programmes in each of the identified European countries. This review involved a search for key policies in the areas of health, rehabilitation, social protection, education, labour, and finance. The desk review was conducted concurrent to the Stakeholder Survey and was informed by responses received from survey respondents. We initiated the search by identifying relevant policies and programmes, followed by data extraction where relevant documents or websites were searched for key funding information. Google Translate was used to translate documents and websites into English for review. Following data extraction, we consolidated findings by country.

Stakeholder Survey

A pilot-tested stakeholder survey was distributed through the GATE DATEurope networks, as well as personal networks of the investigators. The objectives of the survey were to: 1) Identify relevant laws, regulations, and programs which provide funding for digital and assistive technologies; and 2) to understand specific contextual factors which are relevant to the funding of digital and assistive technologies which may not be apparent in a desk review of relevant documentation. Respondents were asked to identify key laws, regulations, programs, and services which provide funding for a range of DAT. Respondents were asked to provide any contextual information which may not be apparent to the investigators in a desk review of documentation, including limitations of existing programs, or implementation challenges where a program may exist but not be well implemented. Survey responses were used to clarify and validate information collected during the desk review. The full text of the survey can be found in Appendix A.

Key Stakeholder Review

Findings from the research were presented to key stakeholders, including the DATEurope Board of Directors and members of the European assistive technology community at the AAATE conference in Paris, 2023. Errors and omissions were corrected, and further detail was provided wherever possible based on stakeholder responses.

Analysis

Data analysis comprised three parts: description of funding mechanisms in each of the listed EU/EEA/UK countries; development of a framework of funding mechanisms; and evaluation of strengths and weaknesses of each of the identified funding mechanisms.

Description of Funding Mechanisms Per Country

Data from the desk review was collated and evaluated to provide a description of available funding. Data from the desk review was integrated with data from the stakeholder survey to provide a clear picture of available funding in each country.

Development of a Framework of Funding Mechanisms

Throughout the data collection process, the team was evaluating key funding mechanisms within each country to categorize and develop a framework of funding mechanisms. Following review of country level data, including data from both the desk review and stakeholder survey, the research team applied the preliminary funding model to each of the listed countries. The framework was adjusted and further elucidated following this to address outliers within the data.

Evaluation of Strengths and Weaknesses of Each Funding Mechanism

To evaluate strengths and weaknesses of each funding mechanism, we used a modified PESTEL analysis to evaluate six key concepts across each of the funding mechanisms: Political, Economic, Social, Technological, Equity and Legal. The key concepts which were explored, including guiding questions for each funding mechanism, are presented in Table 1.

Table 1. PESTEL Guiding Questions

Key Concept	Guiding Questions
Political	Is the funding mechanism subject to political influence or change?
Economic	Is the funding mechanism resilient to economic change and/or subject to changing economic forces?
Social	Does the funding mechanism consider socioeconomic status or other social factors of the consumer?
Technological	Is the funding mechanism inclusive of a range of technologies and platforms upon which it is built, including new and emerging technologies?
Equity	Does the funding mechanism promote equitable access to DAT? Is the funding mechanism structured within a Universal Health Care framework?
Legal	Is the funding mechanism legislated or protected by legislation?

Findings

DAT in National Policies and Programs

Data was collected through the desk review for a total of thirty-two (32) countries representing the European Union, European Economic Area, and United Kingdom. A total of thirty-five survey responses were received representing fifteen (15) countries within the study area. Summaries of data from all 32 countries, integrating both data from the desk review and any survey data received, can be found in Appendix B.

Definitions of DAT:

Due to the overlapping nature of assistive technology as a category broadly, and digital assistive technology, determining whether coverage for digital assistive technology is present was difficult. We found the majority of countries do not define AT or DAT within their policies, and typically refer to alternative concepts like medical or technical aids. For example, the Austrian Social Affairs program refers to AT as technical aids, whilst still funding DAT for workers with disabilities, such as computers and mobile reading devices. Those using definitions of AT appear to also support policies with a stronger social justice, or rights-based perspective. Throughout the policies and programs reviewed, where DAT was mentioned, it was not framed as DAT, but rather was included within a broader understanding of AT. For example, the Diakonie VERBUND Empowerment Fund in Austria uses assistive technology language despite primarily funding DAT, such as electronic communication aids and computer software.

Policies Governing DAT:

Policies most likely to address AT in general were located across eight policy areas: disability, health, rehabilitation, education, employment, social welfare, transportation, and housing. Taxation was a key area of policy related to AT and included reduced or zero-rated duty and import taxes, or personal tax

credits which could be claimed on the basis of being a person with a disability, a person requiring education related AT, or a personalized independence allowance. Digital Assistive Technology was more likely to be located within policies relevant to education and employment. For example, Ireland has several program specific funding models which provide DAT, such as the Workplace Equipment Adaptation Grant which funds computer and phone modifications for workers with disabilities, or the Assistive Technology Grant for students with disabilities, which funds laptops and tablets, and related software. However, across all policies, DAT is rarely mentioned independent of AT. Rather, DAT is largely invisible in many, if not most, national policies.

Funding Mechanisms for DAT:

In regard to how these policies are enacted, the majority of countries reviewed provide healthcare services to their citizens through public health services. However, while these may be described as 'universal' health insurance systems, the majority constitute compulsory health insurance programs that each resident is expected to participate in. For example, Switzerland has compulsory public health care insurance which funds AT prescribed by a doctor. In some cases, these systems are administered through employment schemes, (such as the Health Service Executive (HSE) in Ireland, which only covers certain AT if the user has contributed to PRSI (social insurance) through employment) while others are more universally provided through a public health system. In general, these schemes have low coverage for AT, and often no coverage at all for DAT. Additional funding for AT, and in a more limited way, DAT, may be provided through social welfare systems; however, once again, funding for DAT is generally very limited. In summary, where there are significant gaps in AT funding, there are corresponding significant gaps in DAT funding.

Digital Assistive Technology may be represented in funding schemes in one of two ways: 1) coverage for traditional assistive technologies which have a digital component (i.e., connected powered wheelchairs, communication devices), or 2) coverage for exclusively digital assistive technologies. While the former is generally more broadly covered under assistive technology funding, the latter is rarely specifically identified within country policies and programs. Across the 32 countries, we identified a total of 87 funding schemes (including subsets of the same program, e.g., subsets of NHS funding in the UK), of which 29 specifically mentioned DAT. Of the programs which specifically mentioned DAT, only six clearly or explicitly mentioned digital products within the funding scheme.

Where DAT is funded, eligibility criteria are typically limiting. For example, in Sweden there is specific coverage for DAT as a 'work aid', which limits access to DAT to those able to work. In Ireland, there is coverage for DAT as an aid to those attending educational programs, limiting eligibility to those who are pursuing post-secondary education. In those countries with significant gaps in funding, and even in those who have stronger AT and DAT funding, DAT is largely obtained as an out-of-pocket expense, or through charitable funding.

While it is advantageous for countries to have multiple funding mechanisms, or mechanisms which have multiple sources of funding encapsulated within them (as is the case with Ministries that house program specific funding), it can make the process of navigating these systems to access funding a highly complex experience. From the user perspective, accessing funding for DAT goes beyond just eligibility for funding

mechanisms; the user's access to funding mechanisms in terms of digital accessibility to the funding application information and related processes must also be considered. Moreover, such complexities and subsequent costs to the health systems should be considered by stakeholders when enacting policies pertaining to the rights of AT and DAT users.

Mechanisms for Funding of AT and DAT

We identified five potential funding mechanisms for DAT: Universal, Limited Universal, Program Specific, Personal Allowances, and Charitable Provision. Table 2 defines each of these mechanisms and provides a specific example from data collection.

Table 2. Mechanisms for Funding of AT and DAT

Funding Model	**Description**	**Example**
Universal	Coverage for all necessary APs through universal health insurance with no associated co-payment by the AP user. *True universal coverage is exceedingly rare and largely aspirational.*	There are no examples of this funding model across the countries analyzed.
Limited Universal	Coverage for specific products at agreed or limited payment amounts with the possibility of co-payment for a portion of the cost by the AP user. Product Lists fall into this category.	In Germany, the National Association of Statutory Health Insurance is the institution representing all insurers and is governed by law. This constitutes the public health system, in which funding exists for AT and DAT through a limited universal funding model at 90%.
Program Specific *(Note specific domain)*	Coverage of products for individuals belonging to a specific population group or receiving specific state sponsored benefits. *Specific domains may include: Disability, health and rehabilitation, labour and employment, Education, Transportation, Other*	In Ireland, the Department of Social Protection ('Workplace Equipment Adaptation Grant'), the Department of Education ('Assistive Technology Grant for students with disabilities') and the Department of Housing ('Mobility Aids Grant Scheme'; 'Housing Adaptation Grant for People with a Disability') are responsible for program specific funding for AT and DAT. The above funds are administered through grants or payment at 95-100%, determined by household income or the severity of disability.
Personal Allowances	The costs of assistive products must be covered through personal allowances allocated to persons with disabilities, or with an assessed need. No specific products or prices are named.	The United Kingdom has several personal allowances for people with disabilities, which can be used to finance AT and DAT. For example, the Personal Independence Payment (PIP) is a monthly support towards the additional costs associated with having a disability; the Mobility Scheme allows people receiving a disability

		allowance to 'trade' that money for a mobility aid.
Charitable Provision	Provision of APs by charitable entities without investment from a universal health insurance program. This type of provision is seen largely in lower-income countries with limited universal health coverage overall.	In Romania, the non-governmental organization 'Motivation Romania' offers the charitable provision of mobility equipment, such as wheelchairs, at no cost.
No Coverage	No evidence of coverage of any kind. All costs are out of pocket for the user.	In many of the countries analyzed, the limited universal funding model is restricted to products within an approved list that often contains very limited to no DAT. As one example, the National Institute of Health Insurance Fund Management (Emberi Erőforrások Minisztériuma) in Hungary finances a variety of assistive products at a variable cost share rate, such as walking aids, wheelchairs, hearing aids and spectacles; however, the approved product list does not contain any DAT.

Evaluation of Mechanisms

There is no currently existing model in use in Europe which provides universal funding for assistive products, including digital assistive products. Each of the funding mechanisms identified are limited in some way. We conducted a modified PESTEL analysis to explore each of the funding mechanisms across six interrelated domains: political, economic, social, technological, equity, and legal. Table 3 provides an overview of this analysis. In general, we perceive those policies and programs which are legislated to be stronger than those which are not, as they are less likely to be subject to political interference and have a lower risk of impact from changing economic conditions. However, these programs often have less flexibility in terms of the types of technologies which can be funded.

Limited Universal Funding is most commonly administered through public health insurance systems that either reimburse full or partial costs of AT and DAT (refer to Figure 1). For example, Lithuania's compulsory health insurance reimburses 100% of costs of medical devices that are to be used for healthcare at home, versus Slovenia's compulsory insurance ranges significantly from 10% to 90% reimbursement coverage. In comparison, Portugal's National Health Service (SNS) provides coverage according to the degree of incapacity, where 60% incapacity or more is entitled to 100% coverage. Conversely, the Netherland's 'care insurance' covers basic assistive products with a maximum user co-payment of 385 EU per year, rather than a percentage based reimbursement.

Additionally, there are some Limited Universal Funding models which also administer AT and DAT directly to the user from the state budget, which limits financial burden on the user to pay upfront for full or partial costs prior to reimbursement. For example, low-income people in Malta can access basic

products through the Ministry for Health's state-funded services, while in Italy the National Health Service (SSN) pays for basic devices with a physician's referral that are linked to personal use and autonomy. Countries such as Lithuania and the Czech Republic have two-pronged Public Health systems which cover basic assistive products through health insurance, and state-funded pools of money which also cover AT and DAT. Lithuania's 'Technical Assistance Centre for the Disabled' provides both AT and DAT directly from the state's budget, and the Czech Republic's 'Special Aid Grant' administers devices to people of all ages via a co-payment system according to device cost. The above countries demonstrate the complexity of Limited Universal Funding Models, which may or may not have multiple funding streams encompassed within them.

Program Specific Coverage, which responds to the specific needs of population groups or targeted functional areas, may have a higher degree of flexibility, or are tailored to an expected population need (i.e., education funding may address the specific technologies required for primary, post-primary, or secondary education). This type of coverage is largely divided by ministerial domains: disability, health and rehabilitation, labour and employment, education, and transportation. The way in which coverage is administered does largely depend on the governing body, and can range from flat rate grants provided following the successful application and corresponding quote for DAT (such as the Austrian Ministry of Social Affairs 'Support for Students with Disabilities' which is a flat rate grant to enable barrier-free education), to AT provided directly by the state following a physician referral (such as) or needs assessment (such as). Notably, although there is a significant role for DAT in independent living, we did not identify any policies in the area of housing which would provide DAT for citizens.

For DAT, many of which may be classified as new and emerging technologies, or which may encompass commercially available technologies which would not fall into a traditional definition of AT as 'technology for disability', programs which prioritize assessment of need on the basis of functional outcomes are ideal. One approach, Personal Allowances, provides the most flexibility in identifying the specific need of the individual, and contributing to the cost of self-determined AT and DAT needs. For example, The Norwegian Labor and Welfare Agency (NAV) offers a 'basic benefit' which can help fund additional expenses related to the operation of AT for children under 18, while the Swedish Social Insurance Agency offers a monthly allowance that can be used for purchasing, renting or insuring aids. While this style of Personal Allowance Funding offers significantly more flexibility in terms of DAT, they may have specific eligibility criteria (as is the case of the above example), and they may not always provide necessary wraparound services, including training on products which may be required. Conversely, Personal Allowances are also commonly administered in the form of social welfare support or disability allowances, such as Poland's targeted allowance, or the UK's Personal Independence Payment. However, such allowances are often necessary for people with disabilities that can not work to cover the basic costs of daily living, and without adequate alternatives for funding AT and DAT needs, access to DAT can remain problematic.

Table 3. Evaluation of Funding Mechanisms

Funding Model	Political	Economic	Social	Technological	Equity	Legal
	Is the funding mechanism subject to political influence or change?	Is the funding mechanism resilient to economic change and/or subject to changing economic forces?	Does the funding mechanism consider socioeconomic status or other social factors of the consumer?	Is the funding mechanism inclusive of a range of technologies, including new and emerging technologies?	Does the funding mechanism promote equitable access to DAT? Is the funding mechanism structured within a Universal Health Care framework?	Is the funding mechanism legislated or protected by legislation?
Universal	Ideally protected by legislation which is less susceptible to political will.	Generally resilient to economic forces.	Unnecessary (funding is accessible to everyone in need, regardless of social status).	Yes.	Yes.	Ideally protected by legislation which requires significant investment to change.
Limited Universal		Subject to change in cost of goods without associated change in maximum allowable prices, resulting in higher cost for the user.	Yes.	No. Typically long review times required for addition of emerging products.	Possible. Dependent on eligibility and other factors, such as co-payments.	

Program Specific	If not protected by legislation, may be highly subject to political forces.	May be subject to changing budgets and economic forces. Programs protected by legislation may be more resilient.	Dependent on program eligibility criteria.	Dependent on the specific program.	No. Dependent on program eligibility criteria.	May or may not be protected by legislation, depending on the program and level of governance.
Personal Allowances		Change in cost of goods without associated change in allowance may result in higher cost for the user.		Yes.	Possible. Dependent on parameters of the specific program.	
Charitable	Not protected.	Highly susceptible to change due to economic forces.		Dependent on program.	No.	No.

Discussion and Implications

Overall, we found that Digital Assistive Technology is minimally funded within legislated programs, and largely funded out of pocket by the consumer, or through a charitable provision model. In some cases, specific products with digital components may be covered through more traditional health, disability, or social welfare funding, however these are generally not well elucidated in program documentation. Our findings suggest there is limited dedicated funding for DAT in Europe. Moreover, where funding for DAT does exist, funding criteria can be an additional barrier to access if limited to specific populations, products and/or income levels.

Our findings are based on policies and programmes which are published or legislated. It was not within the scope of this work to evaluate how well these policies and programmes ensure access to DAT. Consequently, funding may in some cases appear to be more robust than in reality, as we have not evaluated the implementation of these policies and programmes. For example, a policy may exist which funds DAT *in theory* however in reality funding is difficulty to obtain through the official funding mechanisms. Furthermore, as we included policies which funded *any* DAT, it may appear there is a higher degree of funding available. While policies and programmes may include *some* DAT, their inclusion in the report does not imply they fund *all* DAT. This is notable particularly where there may be funding for electronic communication devices or other more common forms of DAT, but not for other forms of DAT, including mainstream devices and apps (i.e. an iPad with a communication app). Consequently, funding policies may not reflect the reality of the experience of obtaining funding at the practice level.

Funding Models for DAT:

A variety of funding models exist which fund AT broadly, and DAT in limited ways. The majority of countries have multiple funding streams which fall within the categories of Limited Universal Coverage, Program Specific Coverage, and Charitable Provision. No country identified demonstrated Universal Coverage.

Figure 1. Limited Universal Funding Models across the European region

Limited Universal Coverage:

Limited Universal Coverage was found to be the single most common approach for funding across all countries examined, with all countries offering a form of Limited Universal coverage for AT (and sometimes DAT). However, the way in which countries structure and implement Limited Universal Coverage can vary quite significantly at the national level. For example, in Estonia the National Social Insurance Board reimburses the cost of AT and DAT at 50-90%, depending on user eligibility. In regards to DAT specifically, one stakeholder in Estonia offered additional insights into how the reimbursement rate is set: *"AAC devices are included in the national budget and the social insurance board will manage all this system. They have a 'secret committee' where the discount percentage is decided".*

Conversely, the National Health Service in Italy implements funding through the Government, Regions, and Local Health Authorities. However, this can actually create additional barriers to access when differences exist among the regions, as one stakeholder in Italy pointed out, there is "bureaucracy, and differences between regions due to regional autonomy".

As elaborated in the analysis section, some countries administered Limited Universal Coverage through a combination of compulsory public health insurance and state-funded benefits, such as Latvia and the Czech Republic. In Finland, one stakeholder estimated the Limited Universal Coverage model is comprised of: "Technical Aids mostly paid by the Government (60-70%) but in some cases also Social Welfare Offices (20-30%) or Insurance Companies (10-20%)". While in theory, multiple modalities of accessing AT funding within a singular funding model can increase user access to AT and DAT, it can also increase the complexity of navigating the funding system at the user experience level.

Program Specific Funding:

Program Specific Coverage is one of the most common approaches for funding both AT and DAT. These fall within specific domains including disability, health and rehabilitation, labour and employment, education, transportation, and others, including housing. Program specific coverage is typically limited to a specific targeted outcome (i.e., education or employment) or to a particular population group (i.e., children, people with disabilities). For example, most countries had specific acts or legislation for education ranging from early childhood to postsecondary education, including special education. To illustrate this point, one stakeholder in Cyprus explained: "Children with disabilities are referred to the District Committee of Special Education (defined by the relevant legislation), which appoints a multidisciplinary team to carry out an assessment. For the provision of AT, the team includes an AT specialist". Employment is generally represented through programs which promote entry into the workforce, or a social safety net for those who are unable to work due to disability.

In general, this type of funding criteria for DAT can be problematic as they do not promote equitable access to products, and are often inflexible in terms of the range of products they provide. One stakeholder from Belgium pointed out the rigidity of age eligibility criteria within their national context: "There is an age limit of 65 years. You don't get any assistive devices if you get disabled after you have become 65 years old".

Personal Allowance Funding:

Personal Allowances perhaps provide the most flexible arrangement for access to DAT. For example, in Romania, adults with disabilities are entitled to a range of social benefits including a monthly benefit regardless of income and monthly personal complementary budget. The family or guardian of a child with disabilities also has the right to this social benefit during the time in which the child is in their care. These models are more likely to support a Self-Determination Approach where consumers have more control over product choices and may be able to construct technology solutions that meet their individualized goals, including mainstream and digital technologies that are not bounded by specified lists.

For example, a recent report suggests out of the 50 assistive technologies listed in the WHO APL, 25 are commonly integrated into accessible smartphones (Global Accessibility Reporting Initiative, 2023, p 4). However, they are often delivered as fixed amounts under a model of equality (everyone who qualifies receives the same amount) rather than an equity model, where the amount available differs based on the assessed or self-determined needs of the individual. For example, the Personalized Independent Payments (PIP) in the UK determines this by 'how difficult' daily activities are, resulting in a low or high weekly amount provided; this model prioritizes those impacted by mobility impairments, offering an additional weekly payment in addition to the daily living payment. On one hand, the allocated amount distributed by PIP does differ based on mobility needs, but also does not consider the individualized needs and challenges experienced by those with psychosocial or sensory disabilities which are often less 'visible' than those with physical disabilities.

Charitable Provision:

The Charitable Provision of AT and DAT is common in many countries to supplement the gaps in access and/or funding of state provided benefits. One stakeholder in the UK identified such gaps as: "limited to

certain technology types, measured against strict and limiting criteria, and a complete lack of funding for senior citizens".

As many of the above funding models cover AT at variable co-payment rates, charities often offer financial aid to assist users to pay their portion of the co-payment. In other instances, Charitable Provision can provide financial assistance through grants to pay for DAT that is not otherwise covered within governmental models (such as those with limited approved product lists). For example, the Janki Saye Foundation in the UK provides grants to cover DAT such as electronic pointing devices, touch screens, screen readers and text to speech communication aids. Conversely, charities may also assist population groups that otherwise do not meet eligibility criteria. One stakeholder in Finland spoke further to this point: "In theory 100% is funded by Wellbeing services counties, but your needs may be excluded by local conditioning. No partial funding or vouchers, it's all or nothing [...] disability associations or Rotary may help if your need is not funded". This is particularly pertinent in many countries for seniors that would benefit from AT and DAT, but are often excluded from disability specific funding.

Tax Credit Funding:

All countries had personal tax credits arrangements and favorable standard taxation rates on assistive products. However, high costs of disability and a thinner margin of health means this may not translate into disposable income for people who require DAT, in particular for countries which do not offer a tax credit but rather, tax-free personal allowances. Subsequently, the personal tax credits or tax breaks for people with disabilities ranged significantly across the countries examined. For example, the Czech Republic offers a disability tax credit according to the severity of disability, ranging from CZK 2,520, CZK 5,040, or CZK 16,140 versus Sweden which offers a tax-free disability allowance instead of a tax credit. Furthermore, most tax credits were broadly defined as disability credits and not specific to AT. Those that do offer AT-specific tax credits, such as Malta, do not adjust for the changing costs associated with advanced digital technologies. For example, Malta's AT-specific tax credit only offers up to €600 over 5 years to reimburse VAT paid on AT, which does not assist with the significant cost of the technology itself.

Link to the UNCRPD:

The majority of countries in this review are signatories to relevant UN Conventions, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which infer a level of social safety net which *should* be inclusive of the technologies required for a person to live a full and independent life. However, it is clear from the review of existing policies that these commitments are far from being realized. This presents an opportunity, drawing logical arguments from the principles of national Constitutions and Acts and linking current provision of AT and DAT under agreed definitions, such as the ISO9999 definition, to advocate for increased access to funding which addresses the functional needs of individuals, regardless of the type of technology required.

Implications and Recommendations

Limited guaranteed funding for DAT is a challenge within the industry, particularly as DAT grows in market share of the products used by people with functional limitations. In particular, a focus on basic

and essential needs, ignoring the population need to participate in society, often results in DAT being ignored. Furthermore, as DAT is often found at the nexus between more traditional 'disability technology' and commercially available technologies, funders are often reluctant to include DAT within universal coverage approaches. One stakeholder in Spain spoke to existing barriers, including a "lack of awareness from families, local associations, schools and doctors who prescribe these kind of technology", while a stakeholder in the UK noted "limited early stage investment and user testing by people with disability". These points suggest the need for increased awareness and general understanding of what exactly DAT is in order to increase access to funding for it, and more participatory approaches to include the voices of those who use DAT.

There are several approaches which could be used to address these challenges, including a Rights Based Approach, an EU Single Market, and Costing Analysis of Funding Approaches.

Rights Based Approach:

- European countries operate under strong human rights-based conventions and regulations, which are ratified by the majority of countries in question. As a result, there is a legal precedent for the inclusion of technologies within universal health coverage under the principles of a rights-based approach, in order for countries to meet their commitments to both their national legislation, and international convention. Advocacy for the inclusion of a greater range of assistive products, including DAT, is necessary. However, advocacy alone is likely insufficient to have a substantial impact on the market in the absence of human rights-based litigation at the national or European level.

EU Single Market:

- Where there are substantial differences between access for European Union citizens in different countries, and this has an impact on pricing and availability of products, the European Commission may attend to issues which demonstrate a disruption of the single market in the EU. Identifying where differences between national programs restrict the free movement of goods and services within the EU is critical.

Costing Analysis of Funding Approaches:

- A full costing of the different funding models could be conducted. Such costings could demonstrate the cost effectiveness and return on investment of a self-determination personal allowance-based model, alongside other models in use. Such evidence would provide justification for advocacy efforts to move towards more flexible and cost effective financing models for DAT, accelerating the uptake of the technologies.

Limitations

This research is limited to the data collected from a combination of desk review, responses received from the stakeholder survey, and key stakeholder information which was provided.

Limitations in Language:

Due to language limitations, it is possible some information may not have been fully understood, and there may be inconsistencies in national level policy data. Furthermore, we were unable to identify key stakeholders from a range of countries, therefore data from those countries may be more limited.

Limitations in Existing Data:

There are limitations to the data available themselves. There are no comprehensive resources which exist to list all potential funding sources within a given country. Therefore, assumptions must be made in the data collection process. The inclusion of key stakeholder information helps to address that gap, however there may be smaller programs, particularly those administered by charitable and community organizations, which are not captured.

While policies and programs may exist on paper, it is also not possible to fully understand whether implementation of those policies and programs actually follows the intention of the written documentation. In most cases, we suspect that there are limitations which are significant for each of the programs identified, however, to understand in depth the limitations of each potential policy and program is difficult, and beyond the scope of this work.

Limitations in Definitions Used:

Finally, the definitions used for Digital Assistive Technology are based on our understanding of the available standards and literature and may not be reflected in documentation at the country level. Indeed, the definition of Digital Assistive Technology could be quite broad, or quite narrow. We have opted to report on a broad understanding of the concept. Without a clear, shared understanding and use of similar terminology, it is possible some programs may have been missed or misunderstood.

Conclusion

This report summarizes a mixed methods research study undertaken to identify and describe digital assistive technology (DAT) funding mechanisms across Europe (countries inclusive of the EU, EEA, and UK). Through a survey, desk review of relevant policies and programmes, and subsequent data validation, a framework was created to categorize funding mechanisms for DAT. A modified PESTEL analysis was employed to identify strengths and weaknesses of each funding model. The study identified no country which administers universal funding for assistive products, including DAT. The findings broadly demonstrate that DAT is largely invisible in many, if not most national policies within the European context, translating to limited coverage for DAT in many of the countries examined. Where DAT was mentioned, it was encompassed within a broader understanding of assistive technology (AT), rather than an independent concept of its own. However, low consistency in how AT itself is understood, defined, and described in both policy and funding programmes creates a further challenge. A rights-based approach, an EU single market perspective and a costing analysis of funding are described as potential strategies to address these challenges. Findings from this project can be presented in advocacy efforts to national governments as good practices or taken up to inform alternatives to existing mechanisms.

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Appendices

Appendix A: Stakeholder Survey

On behalf of the European Industry Association for Digital Assistive Technology (DATEurope), we are collecting information on funding mechanisms for Digital Assistive Technology throughout Europe. We anticipate this survey will take no longer than 5 minutes to complete.

We are defining **Digital Assistive Technology** as ***products that "optimize a person's functioning and reduce disability" (ISO9999:2022), including devices, equipment or software which are specially produced or generally available to the population (commercial devices. This includes any assistive product which has two specific features: 1) Electronic components, and 2) the ability to store and share data electronically.***

Please complete the brief survey below to help us identify relevant policies, programs, or services across Europe which provide funding for Digital Assistive Technology OR which provide Digital Assistive Technology directly to beneficiaries.

All individual responses will remain confidential, and no individually identifiable information will be collected in the survey. There will be an opportunity to provide contact details in a separate form at the end of the survey if you would like to provide further information as part of this research.

Q1. What country are you reporting on? [Drop Down Menu]

Q1a. If you selected 'other' above, please indicate which country you are reporting on. [Short Answer Text]

Q2. What is your professional background? [Checkbox]

- Assistive Technology User
- Ministry Representative
- Policy Stakeholder
- Assistive Technology Manufacturer
- Assistive Technology Distributor/Supplier
- Assistive Technology Service Provider
- Rehabilitation Professional
- Other Medical Professional or Health Care Practitioner
- Information Technology Professional
- Researcher or Scientist
- Representative of Governmental Organization
- Representative of Non-Governmental Organization
- Representative of Disability Organization
- Representative of Community-based Organization

- Educator
- Disability Advocate
- Other [Text Box]

Policies, Programs, and Services

In this section we would like to know which policies, programs, or services you are aware of in the country you are reporting on that provides funding for Digital Assistive Technology.

Q4. Policies, including relevant legislation [Open Ended Text Box]

Q5. Programs (may be delivered by government or others [Open Ended Text Box]

Q6. Services [Open Ended Text Box]

Q7. Considering the policies, programs, or services you listed above, what are the primary limitations of these in providing Digital Assistive Technology to citizens or residents of the country you are reporting on? [Open Ended Text Box]

Q8. If people require Digital Assistive technology, how do they normally pay for these? [Open Ended Text Box]

Appendix B: Country Specific Findings

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
Austria	Limited Universal, Program specific, Charitable Provision	Austria has a limited universal funding model strongly based on the medical model of disability and medical rehabilitation. It encompasses government funded grants, subsidies and loans for both AT and DAT. The health and social insurance systems are tied to the national legislation framework and National Action Plan on Disability, funding 100% or partial amounts for products prescribed by a doctor through cost reimbursement. However, there is no Austria-wide legal right to advice and supply with DAT. Therefore, in principle, additional payments are possible on a voluntary basis by social insurance and/or the Ministry of Social Affairs as well as social departments of the individual federal states. It is important to note, the regulations and financing models are different in the nine federal states, adding to the complexity of access. Additional challenges include the range of product groups of DAT are not being listed in the service catalog, the awarding of devices not being uniformly regulated, and no distinction between medical aids (Heilbehelfe) and assistive devices (Hilfsmittel). In addition to the above, Workers' compensation insurance (Auva) is one example of social insurance funding in Austria. The Austrian Ministry of Social Affairs offers program specific funding for DAT for people with disabilities according to their socioeconomic status and social positioning (i.e., only those in social hardship, students with disabilities, workers with disabilities).	The Austrian Federal Disability Equality Act, Disability Employment Act, The National Disability Action Plan for 2022-2030

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		If public funding fails, there are NPOs and other fundings that step in in cases of hardship and financially support those affected so that they can come to DAT. Non-governmental organizations such as 'Light into the Dark' offer charitable provision of DAT via grants for hardship cases in emergency situations.	
Belgium	Limited Universal, Program specific, Personal Allowances, Charitable Provision	Belgium has a limited universal funding model at the national level, offering variable cost reimbursement of AT (and limited types of DAT) through its National Institute for Sickness and Invalidity Insurance. The Flemish Agency for Persons with Disabilities (VAPH) and the Walloon Agency (AVIQ) are examples of regional benefits which fall within the domains of welfare and health, rehabilitation, disability, and family. Persons with disabilities can receive funding for AT according to their region of residence within Belgium if they meet certain conditions (for example the applicants may not be older than 65 years at the time they acquire the disability and apply for reimbursement). The Belgium Social Security system additionally supports further costs related to AT through personal allowance funding, via its Integration Allowance. In theory, people with disabilities can use this personal allowance to fund DAT. However, this is quite limited by nature if the allowance is meant to support cost of living. Additionally, non-governmental organizations such as PHARE, constitute the charitable provision of AT. PHARE fully or partially reimburses the cost of DAT (with cost ceilings set for each product).	The Anti-Discrimination Law; The Charter on the Rights of the Patient; 24 October 2002 Royal Decree

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
Bulgaria	Limited Universal	The Bulgarian Agency for Social Assistance provides limited universal funding for the purchase of specific products and disability services at a set amount. For example, the purchase of an accessible vehicle, costs associated with home adaptations and rehabilitation services to obtain AT are covered. This funding is accessible to individuals according to a needs assessment determining their level of disability.	The Persons with Disabilities Act
Croatia	Limited Universal, Program Specific	Croatia has a limited universal funding model through the Croatian Health Insurance Fund (HZZO), although coverage is presently very limited to basic APs. The Office for Expertise, Vocational Rehabilitation and Employment of Persons with Disabilities (ZOSI) is an example of program specific funding in Croatia. Embedded within the Croatian Employment Service, ZOSI offers national level DAT funding for workers with disabilities to obtain technological equipment and reasonable environmental adaptations necessary to support a person with disability to perform a particular duties in the workplace.	The Compulsory Health Insurance Act; The Act on Professional Rehabilitation and Employment of Persons with Disabilities
Cyprus	Limited Universal	Cyprus has a limited universal funding model for AT and DAT. The Department of Social Inclusion of Persons with Disabilities (TKEAA) covers specific products, such as accessible vehicles and wheelchairs. TKEAA (which falls under the Ministry of Social Development) has an approved product list with a maximum subsidization price, and they will approve new equipment for individuals every 4-5 years. In many cases, the cost of the DAT far exceeds the funding, thus requiring the user to co-pay 20% of the remaining portion.	The Persons with Disabilities Law; The Education of Children with Disabilities Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		The Ministry of Education fully supports the provision of AT and DAT that students require in school; funding is approved after an evaluation run by the Ministry of Education, however this process is cited to be quite timely.	
Czech Republic	Limited Universal; Program Specific	Public Health Insurance in the Czech Republic is an example of a limited universal funding model. There are 7 public health insurance companies which fund a limited variety of APs. Additionally, the Ministry of Internal Affairs and Communications funds AT and DAT. Full or partial funding is calculated based on the user's income. Program specific funding for DAT for children with disabilities is embedded within the school systems, as governed by the Education Act. However, this resultantly varies significantly from school to school.	The Act on Medical Devices; The Act on Granting Benefits to Persons with Disabilities; The Education Act
Denmark	Limited Universal; Program Specific	Denmark's limited universal funding model is governed by the Ministry of Social Affairs and Housing, and the Ministry of Health and the Elderly, while provision of AT is through its municipalities. A limited variety of products are funded at a set rate per user lifetime, or as a tax-free subsidy from the municipality. Aids for use at school or in the workplace are funded through program specific models, overseen by individual schools and job centers. As one example, the Danish Agency for the Labour Market and Recruitment oversees municipal job centers and funds subsidies for DAT to support people with disabilities to maintain employment. This funding typically comes from Danish authorities, including the Ministry of Employment and Labor.	The Social Services Act; The Workers' Compensation Act; The Act on Compensation for Disabled People in Business; The Act on Active Employment Efforts

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		Additionally, Labour Market Insurance fully covers DAT required as a result of workplace incidents causing or accentuating disability among workers. The Ministry of Education and individual municipalities provide support for AT and DAT to be used within schools. However, when devices are 'personal' and used beyond the school environment, it can be a challenge to determine which funding source is responsible for device provision. Often, parents of children with disabilities are left to self-finance their child's AT/DAT.	
Estonia	Limited Universal, Personal Allowances	The Estonian National Social Insurance Board is an example of an institution which encompasses both limited universal and program specific funding models. Reimbursement for AT and DAT are provided at varying percentages according to user age, severity of disability and capacity to work. For example, AAC devices are included in the national budget and children with disabilities can expect funding at a 90% rate. Meanwhile, personal allowance funds for persons with disabilities of all ages exist through the National Social Insurance Board. The personal allowance funds support independent living, social integration and equal opportunities and can be used to pay for AT/DAT. As one example, students with disabilities can access a monthly study allowance to compensate for additional expenses related to a disability (such as supplementary costs to the aforementioned funding for DAT).	The Social Welfare Act, The Education Act
Finland	Limited Universal,	Finland has a limited universal funding model enacted by the Finnish Social Insurance Institution (Kela) and individual	The Act on the Social Insurance; The Worker's Compensation Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
	Program Specific	municipalities (regional welfare areas). Kela provides AT and DAT for people with disabilities who are working and/or studying. Devices are funded by Rehabilitation Benefits and Rehabilitation Allowance Benefits at a variable rate according to the degree of disability and its impact on study and work. For workers, program specific funding for AT also exists through employment pension institutes, such as the Finnish Workers Compensation Centre. Funding for AT and DAT for people across the lifespan (who are not working or studying) is provided by Medical Aid Centers within the municipalities. For those with private insurance, invoices are provided to insurance companies which fund AT/DAT at variable rates. Those without private insurance receive their devices from the Medical Aid Centres via governmental funding.	
France	Limited Universal, Personal Allowance	France administers funding for APs through national funding, such as the National Public Health Insurance Program (l'Assurance Maladie). L'Assurance Maladie constitutes a limited universal funding model, reimbursing products within an approved product and manufacturer list. The user is often required to pay a portion of the cost of the product. Complimentary to the above, the MDPH (Maison departementales des personnes en situation de handicap) within the Ministry of Social Affairs administers disability benefits which can be used to supplement the co-payment of AT/DAT. The Disability Compensation Benefit (PCH) finances expenses related to disability for adults, while older adults can apply for the	The Disability Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		Personalized Autonomy Allowance. These supports constitute examples of the personal allowance funding streams for AT/DAT.	
Germany	Limited Universal and Program Specific	In Germany, the National Association of Statutory Health Insurance is the institution representing all 96 statutory insurers and is governed by law. This constitutes the public health system, in which funding exists for AT and DAT through a limited universal funding model at 90%. In addition, there are private health insurance plans, where AT/DAT coverage depends on the individual's contract. Although Statutory Health Insurance is the primary mode of AT funding in Germany, there are other program specific sources, such as optional insurance premiums, pension insurance, or the workers' compensation board.	The Rehabilitation and Participation of Persons with Disabilities Act
Greece	Limited Universal and Program Specific	In Greece, the Ministry of Labor and Social Affairs provides social welfare services for people with disabilities, including a limited universal funding model for AT and DAT. While there is presently no approved product list, the Ministry of Education of Greece has announced the development of a database (to be completed in Dec. 2023) The Disability Certification Centre (KEPA) is responsible for determining the type and amount of funding that people with disabilities receive in Greece, while the funds themselves are provided by the Ministry. Unfortunately, there is limited funding actually available through KEPA and most of its evaluators have limited knowledge of AT, which poses a significant challenge to access.	The Enhanced Social Protection Law

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		While the National Organisation for the Provision of Health Services (EOPYY) manages a singular national health insurance fund, which comprises publicly funded health services in Greece, only limited AT products are funded at 75%. Program specific funding models also exist in Greece, such as the National Organization for the Certification of Qualifications and Vocational Guidance (EOPPEP). This organization offers financial assistance for AT and DAT to people with disabilities seeking employment.	
Hungary	Limited Universal	Hungary is an example of a nation with limited universal funding for a limited selection of AT, but limited to no funding for DAT. The Hungarian health care system is a compulsory, employment-based insurance scheme which is financed by employers' and employee's contributions. The National Institute of Health Insurance Fund Management (Emberi Erőforrások Minisztériuma) is governed by The Ministry of Human Resources and is responsible for administering public health care . There is no assistive technology programme in Hungary yet, although there is a national list of 'medical devices' with state subsidies at a variable percentage depending on the product. This list does not contain DAT, and unfortunately there are very limited clinicians in Hungary with knowledge and expertise in DAT.	The Law on Compulsory Health Insurance benefits
Ireland	Limited Universal, Program Specific	In the Republic of Ireland, the Health Service Executive (HSE) provides a limited universal funding model for AT and DAT. Hearing aids, AAC devices, and alternative access solutions, are examples of devices	The Disability Act; The Housing Act; The Education for Persons with Special Educational Needs Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		that are accessible for free if the user has a medical card, while funding for other assistive products requires the user to have paid into social insurance (PRSI contributions) via employment deductions. Additionally, the Department of Social Protection ('Workplace Equipment Adaptation Grant'), the Department of Education ('Assistive Technology Grant for students with disabilities' and the 'Fund for Students with Disabilities') and the Department of Housing ('Mobility Aids Grant Scheme'; 'Housing Adaptation Grant for People with a Disability') are responsible for program specific funding for AT and DAT. The above funds are grants or payment at 95-100%, determined by household income or the severity of disability.	
Italy	Limited Universal	Italy has a funding model for DAT, provided through its National Health Service (SSN). The state will fund medically necessary products (as prescribed by a doctor) usually at a fixed reimbursement rate (defined by public tenders) determined by the local health authority. However some Regional Departments have not yet completely applied the DPCM 2017.	Ministerial DPCM 2017 (pertains to provision of DAT)
Latvia	Limited Universal	Latvia has a limited universal funding model provided by the National Health Service (NHS). Funding for AT first requires a referral from a doctor to the State Medical Commission for the Assessment of Health Condition and Working Ability (SMCAHCWA). The commission decides the basis for granting the benefits (i.e., based on type and severity of disability) and provides a statement necessary to obtain state funding.	The Law on Social Services and Social Assistance

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		While the provision of AT is governed by the Law on Social Services and Social Assistance, which advocates for the right to access AT and DAT, only basic products or medical devices are funded by the NSH at co-payment. It appears state funding decisions regarding more DAT, are at the case-by-case discretion of the SMCAHCWA.	
Lithuania	Limited Universal	Lithuanian health insurance is an example of a limited universal funding model. Controlled by the National Health Insurance Fund and governed by the Ministry of Health, it reimburses 100% of the costs of a limited number of approved 'medical aids', including hearing aids and prostheses. As the insurance fund does not cover all AT/DAT that might be needed by people with disabilities, it cannot be considered universal. Most AT and DAT are accessible through 'the Technical Assistance Centre for the Disabled' under the Ministry of Social Affairs. Prior to purchasing a product, users must contact their public service department, after which the commission will decide upon the application and its corresponding compensation. As it appears the commission decides upon the funding, it therefore remains unclear the co-payment incurred to the user or whether the aforementioned insurance would supplement any cost sharing.	The Law on Health Insurance
Luxembourg	Limited universal	The government of Luxembourg has a limited universal funding model for AT through the National Health Fund (CNS). While the CNS generally pays for 100% of 'medically necessary' products (a prescription is required), the approved product list is currently limited to a small variety of sensory and mobility aids.	The Dependency Insurance Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
Malta	Limited Universal, Program Specific and Charitable Provision.	While there are no AT or DAT provided by the Ministry of Health at this time, funding can be sought through Malta's social welfare system. The Empowerment Scheme for AT and DAT (30% coverage) or the Persons with Disability Scheme for home adaptations (income-based funding) are examples of Program Specific funding in Malta. The Malta Trust Foundation is an example of charitable provision of AT. The foundation will purchase any communication aids which are prescribed by ACTU clinicians on behalf of the person with a disability.	The Social Security Act
Netherlands	Limited Universal and Program Specific	The Netherlands has a limited universal funding model for AT. The National insurance ('care insurance') constitutes the public health system and covers a limited variety of 'medical aids' under the basic plan. However, people over 18 must pay the first EUR 385 of their healthcare costs per year, resulting in a significant annual deductible. The individual municipalities also finance a limited variety of products and services, such as wheelchairs or home adaptations, via 'care in kind' support. Program specific funding for students and workers exists at an institutional level, where individual schools and employers fund the AT necessary for the user within that institutional environment. For example, it is mandatory for employers to facilitate workspace adaptations, and this can partially be paid for by "UWV". Meanwhile, special education schools receive a budget based on the number of students, which is then divided through the regional expertise center (REC).	The Health Insurance Act; The Support Act (wmo)

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
Poland	Limited Universal, Program Specific and Personal Allowance	Poland has limited universal and program specific funding models for AT and DAT. The government will finance a limited variety of AT at the council level through grants and co-payments. Unfortunately, this funding does not include all disabilities as part of its eligibility criteria, often excluding adults and older adults in order to prioritize children and young people under 26. Additionally, co-payments are often determined by implementers on a case-by-case basis, which limits users' access to universal information and guidelines. Additionally, some DAT remain too expensive even with co-financing, or are not on the list of products within regional support centers. Personal Allowance funding in the form of social welfare (targeted allowance) and one-off grants for persons without income to cover medical costs are also accessible to people with disabilities in Poland. Additionally, program specific funding administered by the Ministry of Family and Social Policy provides benefits and interest-free loans for AT to facilitate the employment of people with disabilities.	The Social Assistance Act
Portugal	Limited Universal	The National Health Service (SNS) in Portugal is an example of a limited universal funding model for AT. To access AT, users must register with their local family health unit (USF) or personalized healthcare unit (UCSP) and get referred for specialist care. Medically necessary AT is funded at a co-payment; however, persons demonstrating a degree of incapacity of 60% or more are exempt from the co-payment and receive full coverage.	Article 64º of Portuguese Constitution
Romania	Limited Universal and	While the public health system in Romania does have some state funding, access to AT is primarily funded by the National Health	Law 448/2006 (Art. 11(1))

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
	Charitable Provision	Insurance system (CNAS). The CNAS is comprised of 43 health insurance companies which constitute a limited universal model of AT funding. Access to insurance is free for those under 18, students, and individuals receiving social assistance. However, the degree to which the variety of products and their associated co-payments vary among these 43 companies is unclear. Non-governmental organizations such as 'Motivation Romania' offer charitable provision of mobility equipment, such as wheelchairs for no cost.	
Slovakia	Limited Universal	Slovakia has a limited universal funding model for AT. The Ministry of Health provides subsidies for a variety of AT and DAT, on the basis that they are not provided through health insurance. The National Health Insurance System is compulsory, requiring citizens to contribute through employment deductions. It reimburses AT on their approved list at 100%. However, the variety of items on the approved list is lacking. For example, the list of funded items is outdated and does not include many high-tech or digital solutions currently available in the market and includes a small variety of DAT, such as power wheelchairs and digital hearing aids. As such, it cannot be considered universal. Additionally, there are some charitable provisions of DAT in Slovakia, such as charities, foundations, projects and/or non-governmental organizations.	The Act on Monetary Contributions for Compensation of Severe Disability
Slovenia	Limited Universal	Slovenia has a limited universal funding model for AT enacted through the Health Insurance Institute of Slovenia (ZZZS). National health insurance is compulsory for	The Act on Health Care and Health Insurance

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		all citizens. Insured persons are responsible for a variable co-payment which ranges quite significantly (from 10% to 90%). The insured person must be registered in compulsory health insurance for 3 to 6 months previously, except in case of injury at work or occupational disease.	
Spain	Limited Universal	The National Social Security System (Sistema Nacional de la Seguridad Social) in Spain is a limited universal funding model for AT. Individuals gain access through obtaining a referral to rehabilitation services within the public health system. The funding ranges from 100% coverage to a variable co-payment rate for a limited number of products.	The General Law on the Rights of Persons with Disabilities and their Social Inclusion
Sweden	Limited Universal. Program Specific and Personal Allowance	Public health care in Sweden is provided at the municipal and regional council levels. People with disabilities can obtain most AT through their local municipality. There is usually cost sharing for AT, however only up to a fixed ceiling rate in which the user is responsible. However, this might vary between municipalities, regions or even types of products, as local authorities have a high degree of autonomy. The Swedish Social Insurance Agency, governed by the Ministry of Health and Social Affairs, is an example of program specific and personal allowance funding. It has program specific grants for employees with disabilities, and a disability allowance that can be used to supplement the costs of purchasing, renting and/or insuring AT/DAT.	
Iceland	Limited Universal	Iceland has a limited universal funding model for AT and DAT. Icelandic Health Insurance subsidizes the purchase of AT and DAT, with a fixed amount paid by the user. Access to the provision of AT and DAT is through the health system, where an	The Disabled Persons Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		application is submitted electronically by a healthcare professional.	
Liechtenstein	Limited Universal	The National healthcare fund in Liechtenstein is structured as a limited universal funding model for AT, administered via mandatory state insurance. Medical devices fall within 'basic coverage' of the insured individual's statutory benefits, and as such a limited variety of products are covered. Additionally, AT can be funded through optional supplementary private health insurance (OKP) which many Liechtenstein residents often use to top-up their state health insurance. However, even still these only cover on average 50%, maxing out at CHF 2,000.	The State Protection Act
Norway	Limited Universal and Personal Allowances	Assistive devices in Norway are typically financed through the public healthcare system and municipalities. For example, assistive devices necessary for medical treatment, such as prosthetics or orthopedic aids, are usually funded through the Norwegian "helseforetak" (health enterprises) or hospitals. Medical professionals assess the need and prescribe these devices, and they are typically provided through the healthcare system. The Norwegian Labor and Welfare Agency or NAV (Arbeids- og Velferdsetaten) is a public authority in Norway which administers welfare services and support schemes. NAV is responsible for national AT provision via local health authorities (municipalities). For AT not fully covered by the authorities, NAV offers a subsidy scheme to supplement the expenses for 'reasonable technical aids'. The application must describe the functional problems and	The Health Services Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		give a justification for why aids are needed to function in daily life. NAV also offers personal allowance funding in the form of a basic benefit for coverage for additional expenses related to the operation of AT for children under 18, and loans to finance accessible vehicle purchases. Additionally, some assistive devices can also be financed through private insurances or by purchasing them directly on the market.	
Switzerland	Limited Universal and Charitable Provisions	Switzerland has compulsory health insurance which comprises public health care. A limited variety of AT are approved for coverage by the Federal Office of Public Health (FOPH) and through the Federal Social Insurance Office (Invalidity Insurance) through a limited universal funding model. Additionally, voluntary supplementary private health insurance (regulated by the Swiss Financial Market Supervisory Authority) is often obtained by residents through employment, which also has a variable coverage of 50-90% for AT. An example of the charitable provision of AT in Switzerland is provided by Paraplegie, which financially supports people with spinal cord injuries in cases of hardship with contributions to the costs of AT.	The Social Insurance Law
United Kingdom	Limited Universal, Program Specific, Personal Allowances and Charitable Provisions	The National Health Service (NSH) in England, Scotland and Wales, or the Health and Social Care Trust (HSC) in Northern Ireland provide limited universal funding for AT. Both provide people with disabilities with a 'needs assessment' through their local council where equipment is prescribed by a medical professional. This may be provided for free or a small co-payment depending on the specific product. Funding	The Health and Care Act

Country	Funding Model(s)	Summary and Examples of Funding Model(s)	Governing Policies
		for DAT is also administered by the NHS and HSC in England and Wales, such as the EAT Framework (Electronic Assistive Technology) embedded within the NHS: a specialist service for the provision of DAT (such as AAC, EC and mounts) for users with higher support needs at 10% co-payment. The United Kingdom also has several personal allowances for people with disabilities, which can be used to finance AT and DAT. For example, the Personal Independence Payment (PIP) is a monthly support towards the additional costs associated with having a disability; the Mobility Scheme allows people receiving a disability allowance to 'trade' that money for a mobility aid. Meanwhile, the Department for the Economy's Access to Work programme is an example of program specific funding. There are also several non-governmental organizations in the United Kingdom which serve as charitable provision models of DAT funding. These include organizations such as ReMap, The Janki Saye Foundation, ARCOS, and Independence at Home. Charitable funding remains specific to disability type and/or device types and therefore there is not much versatility in what DAT can be sourced and state funded at this time.	