

## WCPT Executive Committee agrees a new framework for action



The WCPT Executive Committee pictured with Secretariat members at their meeting in London in November. Back row, from left to right: Margot Skinner, Mabel Yvonne Espinel Gonzalez, Joyce Mothabeng, Tracy Bury, Sandra Thornhill, Catherine Sykes, Johnny Kuhr. Front row: Brenda Myers, Marilyn Moffat, Emma Stokes.

### **An intensive strategic planning session by WCPT's Executive Committee and Secretariat in November has provided a framework for the Confederation's activities over the coming years.**

The Executive Committee (EC), elected at the WCPT General Meeting (GM) in Amsterdam in June, reviewed the decisions made at the GM alongside the global changes that are likely to affect physical therapy and health services, all in the context of WCPT's vision and mission. As a result, it has produced a strategic plan that updates WCPT's vision, mission and goals – closely linking them with the work priorities for the next four years.

"At the start of a new four-year planning cycle for WCPT, we wanted to use the foundation of WCPT's vision, mission, guiding principles and objectives, and make sure they provided crystal clear directions for everything we do," said WCPT President Marilyn Moffat. "Having done that, we have been able to be equally clear on the work programme over the coming years."

The work priorities set by WCPT's member organisations at the General Meeting in June are now positioned in the context of larger goals. "This provides us all with additional impetus, and a knowledge that we are all heading in the same direction," said Brenda Myers, WCPT Secretary

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## General.

The strategic planning meeting refined WCPT's mission and guiding principles into a set of five goals. These are to:

- promote high standards of physical therapy education, practice and research
- communicate and advocate for and on behalf of the profession
- assure accountability and excellence in WCPT's governance
- collaborate with international and national organisations
- promote the health, wellness and fitness of global populations.

Detailed strategies and action plans are now being developed to deliver against these goals. For example, to fulfil the goal of promoting high standards of physical therapy education, practice and research, WCPT will:

- develop its role as a repository of physical therapy information
- organise the pre-eminent world physical therapy congress
- develop a strategy to support the implementation of education and practice policies and guidelines.

Each of these actions, in turn, has an implementation plan with performance measures.

"I'm very excited that, with such a vibrant Executive Committee and Secretariat, we have been able to look at our aspirations and plans in such a constructive way," says Marilyn Moffat.

## PTs contribute at world meeting on health classifications



Physical therapists get together at the WHO meeting on health classifications in Cape Town.

**Physical therapists were represented in force at a World Health Organization meeting about the International Classification of Functioning, Disability and Health (ICF) and other health classifications, held in Cape Town, South Africa in late October and early November.**

Physical therapists from South Africa, Rwanda, Canada and Korea, along with WCPT's professional policy consultant Catherine Sykes, attended the annual meeting of the WHO network of collaborating centres which help develop, disseminate and implement the WHO family of international classifications.

The collaborating centres work with WHO to update the family of international classifications, such as the ICF, the International Classification of Diseases and the International Classification of Health Interventions. Users and non-government organisations represented in the network such as WCPT can bring to the attention of the centres any significant problems they encounter in the use of the classifications.

Physical therapists were among those making presentations at the event. Among them was N. Jeanne Kagwiza from the Kigali Health Institute in Rwanda, who presented a poster on the functioning of people living with HIV in Rwanda. More than 500 out-patients living with HIV filled in Kinyarwanda dialect translations of an ICF questionnaire which used the WHO disability assessment schedule WHO-DAS2. The study concluded that the use of the ICF with WHO-DAS2 successfully resulted in the identification of specific impairments and functional limitations.

## Communications plan will put emphasis on clarity

**As part of its strategic plan for the next four years, WCPT will be developing and implementing a new communications plan. This will attempt to bring clarity and directness to everything that WCPT produces, and increase awareness of the Confederation's services and publications.**

At its meeting in November, the WCPT Executive Committee discussed how good communication principles should permeate everything the Confederation does. It also discussed the WCPT "brand" – how the Confederation conveys its values and voice in all its work, and the importance of these being consistent and authoritative.

Simon Crompton, who is responsible for WCPT's print materials, led the discussion. "If we all follow common principles when communicating, then we can help strengthen our message, and enhance WCPT's reputation at the same time," he said. "As a global organisation, it's always been a priority for WCPT to communicate clearly to its members, especially given that English is not a first language for many. Now we want to take this a step further, with a strategy that everyone can share."

## Key interventions to prevent maternal deaths identified



Women on the ward at the Addis Ababa Fistula Hospital in Ethiopia. WHO/P. Virof

**A three-year global study has identified the key interventions that will sharply reduce the number of women who die each year during pregnancy and childbirth, and the number of children who die before the age of five.**

The study, from the World Health Organization, the Aga Khan University and the Partnership for Maternal, Newborn and Child Health, examined more than 50,000 scientific papers to determine which interventions had most impact on survival and came up with 56 of the most effective. They include:

- managing maternal anaemia with iron
- preventing and managing post-partum haemorrhage
- providing immediate thermal care for newborns
- providing extra support for feeding small and preterm babies
- providing antibiotics for the treatment of pneumonia in children.

Around 358,000 women die each year during pregnancy and childbirth, and 7.6 million children die before the age of five. The new study was designed to facilitate decisions about how to allocate limited resources in low and middle income countries.

Gill Brook, Secretary of the International Organization of Physical Therapists in Women's Health (IOPTWH), welcomed the study and the clear way in which its recommendations have been presented. "Not only will the implementation of these recommendations save the lives of women and babies," she said, "but some – such as a Caesarean section for maternal/foetal indication – will also reduce the incidence of prolonged, obstructed labour. This frequently results in complications such as a bladder or bowel fistula, and crippling incontinence."

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Elizabeth Mason, Director of WHO's Department of Maternal, Newborn, Child and Adolescent Health and an author of the study, said: "What is new about the study is putting together information in a different way and building consensus among physicians, scientists and professional organisations to lay out an evidence-based path to help women before, during and after birth and their children. Everyone now agrees on the 56 essential interventions."



## Targets on NCDs should tackle physical activity, says WHPA

**The World Health Professions Alliance, of which WCPT is a member, has urged the World Health Organization to take a person-centred approach to public health when considering targets and monitoring for non-communicable diseases.**

The call comes in the wake of the UN high level meeting on non-communicable diseases (NCDs) in September, which resulted in a declaration and new targets to combat non-communicable diseases such as heart disease, cancers, diabetes and lung disease before the end of 2012.

The World Health Professions Alliance (WHPA) is concerned that the targets set at the meeting were limited to specific conditions. It believes that the spread of non-communicable diseases can only be challenged globally by emphasising effective health care as a human right. Addressing human activity levels should also be a priority, it says.

Julia Seyer from the World Medical Association presented the WHPA strategy at the WHO Executive Board meeting in Geneva in January.

“We ask for an approach that addresses the link between NCDs and the social determinants of health, with a focus on prevention, and on factors that influence behaviour and associated health risks,” she said.

WHPA wants to ensure that the risk factors that contribute to NCDs are addressed in national strategies. “We encourage WHO and member states to consider targets which address physical activity levels for children and adults, education and training on NCDs and oral health,” said Julia Seyer.

The International Pharmaceutical Federation (FIP), on behalf of the WHPA, also made representations to WHO regarding the WHPA campaign against counterfeit medicines and medical equipment. It recommended a new public health treaty agreed among member states on combating substandard/spurious/false-labelled/falsified/counterfeit (SSFFC) medical products, on the model of the Framework Convention on Tobacco Control.

## Progress on HIV response is 'enormous' says WHO



Lighting candles to show solidarity for people living with HIV in Suva, Fiji, on Worlds AIDS Day, 1st December 2011. UNAIDS

**The past decade has seen enormous progress in the response to HIV, with nearly half of people who need treatment receiving it, says the World Health Organization in a new report.**

But despite unparalleled progress, access to life-saving HIV services remains uneven in many regions and countries. Infections stay high among adolescent girls, injecting drug users, men who have sex with men, and other marginalised population groups.

The report, by WHO, UNICEF and UNAIDS, indicates that increased access to HIV services resulted in a 15% reduction of new infections over the past decade and a 22% decline in AIDS-related deaths in the last five years. It says the improvements demonstrate the benefits that sustained investment in HIV/AIDS can bring over long periods.

The report pinpoints those initiatives that are working:

- improved access to HIV testing services, which enabled 61% of pregnant women in eastern and southern Africa to receive testing and counseling for HIV;
- pregnant women receiving effective medicines to prevent mother-to-child transmission;
- availability of antiretroviral therapy (ART), which can now be accessed by 47% of the 14.2 million people eligible to receive it.

"It has taken the world ten years to achieve this level of momentum," says Gottfried Hirschall, Director of WHO's HIV Department. "There is now a very real possibility of getting ahead of the epidemic. But this can only be achieved by both sustaining and accelerating this momentum over the next decade and beyond."

But the report points to significant areas where more still needs to be done.

- More than half of the people who need antiretroviral therapy in low- and middle-income countries are still unable to access it. Many do not know that they have HIV.
- Despite growing evidence about what makes a real impact on epidemics, some countries are still not tailoring their programmes for those who are most at risk and in need. In many cases adolescent girls, people who inject drugs, men who have sex with men, transgender people, sex workers, prisoners and migrants remain unable to access HIV prevention and treatment services.
- Worldwide, the vast majority (64%) of people aged 15-24 living with HIV today are female. The rate is even higher in sub-Saharan Africa where girls and young women make up 71% of all young people living with HIV. Prevention strategies are not reaching them.

## Climate change will bring health crises, concludes summit



The United Nations has listened to the concerns of villagers in the Pacific island nation of Kiribati, where climate change is affecting their low-lying land. UN Photo/Eskinder Debebe

**International leaders at the first ever global summit on climate and health in December issued a declaration and call to action, warning that climate change will magnify existing health crises if governments do not act.**

Meeting in Durban, South Africa, health professionals, public health advocates and health policy makers from more than 30 countries called on national delegations at climate change negotiations to take bold action to reduce global greenhouse gas emissions in order to protect and promote public health.

Their Declaration on Climate on Health said that climate change is likely to bring increases in illnesses such as cholera, malaria and dengue. It will also affect agricultural production and food security, and bring extreme weather events and floods.

However, it says, there is strong evidence that action on climate change can bring significant and immediate benefits to health – for example lowering greenhouse gas emissions from fossil fuel will reduce air pollution that adversely affects the health of millions of people around the world.

“Governments can commit to reduce greenhouse gas emissions in a manner that is equitable, as well as economically and ecologically viable,” says the declaration. “Such effective and immediate action to mitigate climate change would protect and advance global public health.”

But without agreement, the declaration states, climate change will deepen health inequalities.

“The health community has spoken with one voice,” said Maria Neira, head

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of the World Health Organization's delegation to climate change negotiations. "We need urgent action to reduce greenhouse gas emissions and stop the escalation of health risks; proper support for more climate-resilient health systems; and smarter, more sustainable development to gain the many health benefits of a green economy. Failure to act would put people's lives at unacceptable risk and miss a huge opportunity to protect and promote health."



## WCPT addresses global information issues with data collection project



A break-out group at WCPT's 2011 General Meeting discussing how the data collection project will work.

**Researchers, policy makers, health professions and professional bodies around the world seek reliable, globally comparable data about health services and workforce so that targets can be set and standards raised. But good data is elusive. This month, the World Confederation for Physical Therapy launches a new project to help address the problem.**

WCPT's new data collection project will gather internationally significant pieces of information from WCPT member organisations which will help the profession know more about:

- the number of physical therapists represented by each member organisation and region;
- numbers of physical therapists in relation to national populations;
- trends in physical therapy regulation, education and practice.

When collected into what is known as a common data set the information will provide comparisons of ratios of PTs to population between nations and regions, indications of which regions have low numbers of PTs in relation to population, and information that will support planning for service delivery and submissions for increased funding.

"There are currently many difficulties in setting international, and even national, guidelines on the appropriate number of physical therapists by population and by setting," says WCPT Secretary General Brenda Myers. "The difficulties include variations between urban and rural populations, variations in the health profile of the population, differences in health service

structures and types of facilities.

“There may be ways to overcome these difficulties, but they can only be achieved when WCPT has access to reliable, comparable data about the profession across the globe, and that is what our data collection project is all about.”

The lack of international data currently available is a source of frustration to some member organisations, who want to see international standards that they can use as a campaigning tool with governments. The Colegio de Kinesiólogos de Chile, the Chilean physical therapy organisation, says that Chile is now subject to international quality standards in other fields, so would like to see international guidelines for human resources in physical therapy.

At last year's WCPT General Meeting, the Japanese Physical Therapy Association called on WCPT to make more information available to its member organisations, with data on education systems, scope of practice, autonomy and regulation across the world more easily available.

Catherine Sykes, WCPT's Professional Policy Consultant, says a common data set will go some way towards addressing these issues. It is now up to member organisations to provide the information that WCPT requests, so that the profession globally can benefit.

“WCPT is frequently asked questions about the number of physical therapists, their education, whether the profession is regulated and how practice is conducted,” she said. “The aim of the data collection is to enable WCPT to answer such questions and to present a profile of the profession for a range of planning and evaluation purposes. The power of information is greater when it is complete and accurate so it is important that every member organisation participates in the collection.”

Finalising the way the data is collected, and the wording to be used in the collection, has been a painstaking process, says Brenda Myers. “We have to ensure there will be a consistent understanding of what is being asked for all over the world, otherwise the data will not be comparable,” she says.

“Some member organisations may wonder why questions they feel are important have not been included in this first stage of data collection. What appears to be a simple question may, in fact, require several different pieces of information to answer. So we wanted to give member organisations the chance to respond, and not overload them straight away. This first stage will help in the development of future stages.”

The current lack of good quality, comparable, global information about health workforce is not a problem limited to physical therapy. Jim Buchan, Professor in Workforce Policy at Queen Margaret University in Scotland, says that allied health professionals generally have a problem of visibility in world statistics on health workforce, and therefore tend to be overlooked in planning.

He points out that the World Health Organization's world health statistics use six categories to provide country comparisons of the health workforce: physicians, nursing and midwifery, dentistry, pharmaceutical, environment/public health, and community health workers. The place of professions such as physical therapy is unclear.

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“In this process of aggregation, the allied health professions workforce loses out, its contribution becomes hidden, and its policy relevance is masked,” says Jim Buchan, who is an Associate at the WHO European Observatory on Health Systems.

WCPT has worked with both the WHO and the International Labour Organisation (ILO) in developing a description of physical therapy to be used when international labour force statistics are being gathered, but these are still not widely used.

Jim Buchan says: “It is imperative that national and international policy makers do not rely solely on high level workforce data in developing a more informed understanding of the actual and potential contribution of professions such as physical therapy to meeting global health needs.”

He points out that the WHO, ILO and the Organisation for Economic Co-operation and Development routinely aggregate data collected from different countries. “However, this type of exercise is constrained by the need to ensure that the data provided by countries is accurate, complete and up to date. Often it is none of these.”

He welcomed WCPT’s new initiative to collect a common data set. “WCPT is to be commended if it can contribute to an examination of the limitations of current workforce data, and make improvements.”



## Scanning the professional horizon



UN Photo/Eskinder Debebe

**What's going to affect physical therapy and health services across the world in the next decade? At its meeting in London in November, the WCPT Executive Committee (EC) scanned the external environment to see what might influence the profession and health in the years ahead as part of its strategic planning process.**

The EC and representatives from the Secretariat identified global issues such as natural disasters, pandemics and the global economic crisis as possible influences. But it also foresaw influential changes within the health and professional environment.

The pressures on the global health workforce and the inequitable distribution of health professionals might bring supply and demand issues to the fore. WCPT's member organisations are likely to continue to grow, and questions about national regulation and recognition of the profession will remain a major concern.

The profession is likely to be addressing questions of scope of practice, changing service delivery models, the dangers of professional fragmentation, meeting population health needs, and obtaining quality data for decision making.

Such horizon-scanning is repeated by the Executive Committee throughout its term of office. "It informs future planning and long-term thinking about the needs of the profession and WCPT," explains Tracy Bury, WCPT's Director of Professional Policy. "It provides information to inform the development of flexible strategies that enable WCPT to respond quickly to the changing environment and proactively prepare for changes".

## Special interest groups aspire to subgroup status



The oncology networking session run by Jackie Drouin at the 2011 WCPT Congress.

### **Physical therapists who specialise in occupational health and cancer care are working to establish formal international groups – with the ultimate aim of becoming WCPT subgroups.**

The International Federation of Physical Therapists working in Occupational Health and Ergonomics has its roots in the 2011 WCPT Congress in Amsterdam, where an informal networking session attracted around 60 physical therapists. Those at the meeting broke into groups to discuss topics, and one group chose to discuss forming a WCPT subgroup. “The group was very keen to see a formal group established, so we are actively working towards this,” says Rose Boucaut, a senior physiotherapy lecturer at the University of South Australia, who has been coordinating efforts to develop the group.

She has discovered that there was a similar meeting of what were then known as “industrial physical therapists” at the 1959 WCPT Congress in Paris. “Although 25 interested physical therapists met, the group failed to materialise,” says Rose Boucaut. “Our aim is to get the group formally accepted as a subgroup at the next WCPT General Meeting in Singapore in 2015.”

One of the major challenges, she says, is that key contacts tend to move on and communication with representatives in some countries breaks down. “That’s why I’m very keen that one person from each country needs to let me know who is currently taking the lead in that country.” An online form has been set up to collect this information at [www.surveymonkey.com/s/BPSF9WC](http://www.surveymonkey.com/s/BPSF9WC). This form will close on 29 February.

The group aims to connect physical therapists in a variety of occupational-health-related activities throughout the world: workplace health promotion, ergonomics, injury prevention, injury management and

occupational health research and education.

Meanwhile an oncology and palliative care specialist group is also being formed, again after meetings during the WCPT Congress in Vancouver and Amsterdam. Physical therapists from 12 countries in three out of WCPT's five regions have indicated they are interested in helping to develop an international oncology and palliative care organisation for physical therapists, with the aim of getting it recognised as a WCPT subgroup.

"The next step is for the core team members to approach their national professional organisations and develop an oncology and palliative care special interest group, if they haven't already got one," says Jackie Drouin, a physical therapy professor from Oakland University in the United States, who is coordinating efforts. "The special interest groups can then join the international oncology and palliative care group."

Jackie Drouin is working on the organisation's draft articles of association, using a template provided by WCPT. Once drafted, this will be sent out for consultation.

"The response to the group has been overwhelmingly positive," she says. "This will be such a great opportunity to advance clinical practice, education, research, management and organisation in oncology and palliative care practice."

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