

# **ISPO World Congress 2010 Leipzig, Germany**

## **Knud Jansen Lecture Lloyd Feinberg (USAID)**

### **INTRO**

**Good afternoon, Ladies and Gentlemen. It is a great honor to deliver the Knud Jansen Lecture to the 13th World Congress of ISPO, and I want to thank Dan Blocka for inviting me; and to extend my congratulations to him and the other members of the executive committee for a highly productive and successful triennium.**

**I am especially thankful to have this opportunity to share with you the history and the important achievements that our fifteen year USAID – ISPO partnership has produced; and to inform you of what we believe are the critical unmet needs and demands for P & O services and devices in the Developing World, and the R & D and market opportunities that these needs have created.**

**I see the work that we have done together over the past fifteen years as an important part of a great social revolution – which is the increased accessibility to social, political and economic opportunity for people living with disabilities.**

**I also want to share with you my personal pride in the role the Leahy War Victims Fund which is managed by USAID, has played in this on-going revolution. And most importantly, I want to acknowledge the key role that has been provided by the members of ISPO with whom I have had the honor and pleasure of working for the past fifteen years.**

**Between 1965 when I went to the Philippines with the Peace Corps, and 1991 when I first became immersed in the “World of Prosthetics and Orthotics”, most of my time and efforts were focused on issues concerning health, agriculture and social and economic development in Developing Countries.**

**Over the course of those years, I feel very lucky to have been involved in three important revolutionary phenomena that improved the lives of countless millions of people in Third World countries. These three revolutions include:**

**The initial Green revolution of the 1960s which resulted in greatly increased yields of rice, wheat, maize and other critical food crops at**

**a time when many experts were predicting global starvation and unrest because of the shortages of basic grain crops.**

**The “Child Survival” Revolution of the 1970s and 1980s - which resulted in the prevention of the death of millions of infant and children caused by diarrhea, cholera, upper respiratory infections and other preventable diseases through the utilization of Oral Rehydration Therapy, immunizations, and other life-saving public health interventions.**

**And now we are in the midst of a third revolution, one which made considerable progress in the 1990s and continues to gain momentum today. And that is the Mobility and Accessibility Revolution. The major driving engine of this revolution has been the advances made in the P & O and Rehabilitation sector, along with extraordinary developments in Interactive Technologies, and the passage of the Convention on the Rights of Persons with Disabilities (CRPD).**

**I hope in the next twenty minutes or so, to be able to place into context and highlight the important contributions that the P & O community (and especially ISPO) has made to improve the quality of life of tens of thousands of people with disability in the Developing World.**

**I also will share thoughts about some of the current priorities and new directions that are anticipated for the future; and the diverse opportunities they present for the increased involvement of ISPO members.**

#### **USAID’s Patrick Leahy War Victims fund**

**In 1989, as a result of his travels to war-torn countries, U.S. Senator Patrick Leahy introduced and passed two major pieces of legislation that reflected his personal sense of outrage about the indiscriminate harm that landmines and other unexploded ordnance were having on civilian populations; and his desire to provide a compassionate response to alleviate the suffering of innocent civilian victims of war.**

**The first law that he sponsored, which was unanimously passed by the U.S. Senate in 1992, was a total ban on the export, sale or transfer of anti-personnel landmines abroad from the U.S.**

**The second initiative was the establishment of a special “War Victims Fund” to provide financial and technical assistance to support P & O services for civilians who have lost limbs or mobility as a result of conflict; as well as other people requiring orthopedic services in war-affected countries .**

**The responsibility for administering these funds was assigned to USAID, as the main Foreign Assistance agency within the U.S. Government. Over the past half century USAID has provided significant levels of funding and technical assistance in building national capacities in the fields of public administration, health, agriculture, economic development, as well as in the areas of financial, political and judicial reform. At the current time, USAID supports development activities in over 100 countries around the world.**

**USAID's mandate is to accelerate human progress in developing countries, by:**

- **Providing Emergency Humanitarian Assistance in crises**
- **Reducing Poverty,**
- **Promoting Democracy and Good Governance,**
- **Promoting Peace and Security**
- **Supporting Equitable Economic Opportunity through Strengthened Market Economies; and**
- **Improving Health, Educational and Social conditions**

**Senator Leahy established the War Victims Fund within USAID with the intention that our Agency would apply the lessons it has learned from its long involvement in other sectors, and especially from the global successes of the "Green" and the "Child Survival Revolutions**

**With the guidance, support and collaboration of partners such as WHO, ICRC, the ICRC's Special Fund for the Disabled, international and local NGOs, research institutions, and the professional members of ISPO, we hope that we have lived up to those expectations; and hope that in the decades to come we will build upon the progress we have made to date.**

**Since its creation in 1989, the War Victims Fund has provided more than 175,000 artificial limbs and orthoses. To date, just over 165 million dollars have been invested and over a quarter of a million civilians have received direct assistance in over 30 war-affected countries.**

**While we are extremely proud of these accomplishments; we place greater importance on the "less sexy" but more significant indicators of progress. These include measureable improvements in the capacity of technicians, workshops and service delivery systems, including technical assistance to improve the management and technical capabilities of more than 200 P & O workshops, and training more than 1,500 technicians who provide appropriate rehabilitation services.**

**In the beginning, the Fund primarily provided support for two kinds of activities, aimed at meeting the immediate needs of amputees affected by conflict:**

**The first was support for emergency Prosthetic workshops that were set up and manned, primarily by expatriate technicians, such as those established by the ICRC, to provide humanitarian response to the overwhelming needs of civilian populations injured collaterally during or after conflicts.**

**Support was also provided to facilities that were intended to develop into permanent, long-term workshops; such as those established by Handicap International, Vietnam Veterans of America Foundation, POWER, etc.**

**However, over the years, the fund and most of our partners came to the conclusion that in and of themselves, investments in workshops and specific services were not sufficient to make a lasting and meaningful impact on the lives of their patients. But rather those efforts needed to be complemented by investments in developing human and institutional capacity in order to ensure that quality services and devices, consistent with international norms and standards, could be maintained.**

**In addition, we and our partners became painfully aware of a number of recurrent factors that affect humanitarian and development activities. Many of these “phenomena” were also experienced, in differing forms, during the Green Revolution of the 1960s and 1970s and the Child Survival campaigns of the 1980s and 1990s. Four are worth mentioning here:**

**Modern communication and media technologies present a double-edged sword for providers of P & O and other social services.**

**On the one hand, ubiquitous, world-wide, 24/7 media coverage has attracted global attention, touched the conscience of tens of millions of readers and viewers, and stimulated increased financial commitments from both public as well as private sources for P & O activities.**

**Unfortunately, that coverage can also distract and divert investments to short-term, palliative interventions; and away from sound, long-term, strategic investments in building the capacities and promoting policies and standards that are needed in the long run.**

**In the P&O world, we are all aware of the downside of programs that are driven by donors to demonstrate immediate results (such as the need to justify programs by the numbers of devices provided or the number of individuals who receive assistance). While emergency services are necessary, it is infinitely harder to develop the human resources and sustainable systems that are needed to provide the services that the patients will require for the remainder of their lives.**

**Good P & O results in developing countries require appropriate technologies and approaches, which need continual adaptation.**

Developed world orthopedic technologies and procedures are usually not directly transferable to developing countries; and adaptation and the continual development of technologies that are affordable, effective and appropriate for developing countries is critical.

**Economies of scale are different for every country and within regions, and are also always changing.**

Over the years, we have seen many differing points of view regarding the pros and cons of local versus regional versus centralized fabrication and procurement of components and devices.

But what has become evident to all of us is what every businessman or woman knows instinctively: that each individual country situation is different; and that economic conditions change over time (sometimes very quickly), and that what makes sense in January may not make sense in June, or more significantly, what makes sense in Year 1 does not make sense in Year 5.

Imports may make good financial or business sense in one country at one point in time, but rising transportation costs can change that equation.

In addition, ethical questions often arise with respect to importation of donor-supported or government-subsidized commodities that can distort local economies. where-in legitimate, and healthy local industries have been and usually are put out of business.

On the other hand, imports can make sense where economies of scale show that the market for local production is insufficient to be commercially viable.

**Budgetary support for P&O services is always low on the priority lists of Ministries of Finance, Health and / or Social Services.**

Governments are reluctant to allocate adequate financial resources and political will to provide adequate care and P & O services, but many feel that they have a political necessity to retain the authority and responsibility for providing those services.

Furthermore, one of the most difficult challenges to the establishment of sustainable P & O services is the reluctance of

**government policy-makers and donors to accept and take advantage of the fact that P & O services can and should be provided by a combination of Public, Not-for-Profit and For-profit Private service providers.**

**Therefore, governments and donors need to consider a broad range of factors that together can guide the development of appropriate policies and laws to best ensure proper coverage of patient populations in developing countries, including those who can pay as well as those who are unable to pay.**

## **WAR VICTIMS FUND – ISPO COLLABORATION**

**Shortly after the War Victims Fund was established, Mel Stills (who was at the time, ISPO President) approached Allen Randlov, the original manager of the War Victims Fund and suggested that he and other ISPO member prosthetists and orthotists would be ready, willing and able to donate their time and expertise to assist the Fund in planning and evaluating technical assistance activities. Over the next three years, Mel and other ISPO CPOs participated in numerous field assessments and technical evaluations of War Victims Fund-supported programs.**

**These professionals increased WVF awareness of the complexities and challenges affecting the provision of good P & O services in Developing Countries.**

**The first issue that became apparent was the fact that the WVF was not applying any standards to the P&O services we were supporting. Essentially, we and many of the groups with whom we were partnering, operated under the somewhat nebulous mandate of "cause no harm".**

**Our ISPO advisors convinced us that “to cause no harm” was not sufficient; and did not necessarily translate into restoration of function or improvement in the quality of life of the patient.**

**Some organizations believed that primitive was better than nothing, while others believed that simply flying in large numbers of new or used components was better than nothing; and again, “caused no harm”.**

**In addition the early, informal consultations by the CPOs helped us to recognize:**

- the gaps in trained personnel at all levels of service delivery;**
- the problems in procurement, storage and handling of materials; and**
- the absence of national guidelines that are needed to
  - ensure minimal performance standards; and****

- minimize costs through the selection and procurement of compatible material, components, sockets, etc.

This early, informal input from the CPOs was extremely effective and useful; and in turn led to a more formalized relationship between the two organizations. It is that productive fifteen year history of collaboration that has brought me here today.

In 1995, ISPO and the War Victims Fund entered into its first formal grant agreement, which included a number of collaborative activities. The first activity under that grant produced the first international Consensus Conference on Appropriate Prosthetic Technologies for Developing Countries.

The conference was held in Phnom Penh, Cambodia in May, 1995, and provided a “First Ever” opportunity for many of the major players involved in Third World P & O service delivery to meet each other. Approximately 100 participants from most of the key NGOs, P & O Schools, research institutions, donors, and Developing Country governments were able to exchange views and information about a broad range of issues of mutual interest.

Probably the most important outcome of the conference was the hard-fought adoption of a definition of “appropriate prosthetic technology” which has enabled us over the years to move important technical discussions forward, and to avoid the pitfalls of debate over the pros and cons of specific prosthetic systems. That definition is worth repeating here:

*“Appropriate technology is a system providing proper fit and alignment, based on sound biomechanical principles, which suits the needs of the individual and can be sustained by the country at the most affordable and economic price.”*

The success of that first conference subsequently led to four more Consensus Conferences, implemented collaboratively by ISPO, the WVF and WHO; each producing equally meaningful and applicable agreements on priorities, technical determinations, educational and training issues, etc. including:

- Conference on Orthopedic Technologies held in Moshi, Tanzania in 2000;
- Workshop on Prosthetic and Orthotic Training Institutions in non-industrialized countries held in El Salvador in 2002;
- Conference on Lower Limb Orthotics held in Hong Kong in 2006; and

- **Conference on Wheelchair technology held in Bangalore, India, also in 2006.**

**In addition to the consensus conferences, the second major contribution of the ISPO – WVF collaboration, which has been formalized in a series of funding grants, is a series of ISPO assessments of eight regional P & O schools, offering both Category I and II certifications.**

**The Fund's work with ISPO supported the recognition of schools in Cambodia, El Salvador, India, Pakistan, Sri Lanka, Tanzania, Togo, and Vietnam. Additional programs will soon be assessed by ISPO in Colombia, Jordan, and Morocco.**

**The third and possibly the most important product resulting from the USAID - ISPO partnership has been the scholarship program. Under this program ISPO administers scholarships for technicians to attend the P&O schools in 3 year, Category II as well as 4 year, Category I (B.A) degree programs.**

**Each year approximately 70 ISPO scholars have enrolled in these 3 to 4-year professional programs. As a result of direct support from USAID, 228 students from more than forty countries have completed or are in the process of receiving standardized training as rehabilitation professionals.**

**The War Victims Fund grants also allow ISPO to conduct follow up assessments of the P&O graduates. Preliminary surveys have taken place in seven countries, and additional follow-up assessments are on-going. Preliminary results of these current follow-ups will be presented at the P & O Schools session this week**

**And finally, the fourth major outcome from the WVF – ISPO collaboration has been support for eleven studies, the results of which have all been published in P&O International. These studies have primarily included field testing and clinical follow up of a variety of P & O technologies and procedures.**

**Of special relevance was the Mechanical testing of 21 different prosthetic foot models commonly used in non-industrial countries under the first grant; and a follow up survey of Community Based Rehabilitation activities in Asia and Africa, under the current grant, the results of which will be presented this week.**

**Looking to the future:**

**In discussions with various colleagues about their visions for the future, I would like to close by offering four recommendations for donors, governments and industry representatives. These themes should provide the basis for our future plans and strategies:**

- 1) Continue investments in the professionalization of P & O Technicians in all developing countries.**
- 2) Continue to promote technological innovation and adaptation of appropriate prosthetic and orthotic technologies for developing countries.**
- 3) Incorporate Physical Rehabilitation and Community Based Rehabilitation as an integral part of P & O service systems; and**
- 4) Develop new, Public-Private Partnership business models for delivery of P & O services in developing countries; and especially those that are successfully emerging from conflict.**

**I would like to say a little more about this fourth recommendation, which is specifically directed at those of you in the audience who have not been involved in P & O services in the Developing World.**

**It is my personal opinion that there is a critical overlap between current and emerging needs for more available, affordable and appropriate P & O services and devices; and emerging opportunities for expanding markets for those providers who are willing to think and invest creatively.**

**Many post-conflict countries are becoming more affluent; with improving capacities of government, a stronger middle class, and local, philanthropic organizations that can support more and better orthopedic services.**

**The opportunities are there for “joint venture” start-up industries and workshops/clinics**

**As we look at post-conflict and other developing countries where P & O services have been provided by NGOs and/or donor-subsidized service providers, it is clear that expectations have been raised and demand has been created and new business models are needed to meet those demands.**

**Finally, USAID as well as other donors are increasingly looking for Public-Private Partnerships to bring entrepreneurial approaches and investments to bear on addressing the needs of those who do not have adequate insurance and/or cannot afford to pay.**

**I urge all ISPO members to think creatively about ways that you might be able to participate in this exciting area of opportunity of ISPO activity in the future.**

**In closing, I again want to thank Dan for allowing me the honor of delivering the Knud Jansen address and I wish you all a stimulating and successful Congress.**