ISWP
International Society of Wheelchair Professionals

May 10, 2017

ISWP STRATEGIC PLAN

for the period

2017 – 2021

USAID
FROM THE AMERICAN PEOPLE

ADVANCING PARTNERS & COMMUNITIES

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University of Pittsburgh scientists are working with the U.S. Agency for International Development (USAID) under a 2 1/2 year, $2.5 million sub-award to develop the new International Society of Wheelchair Professionals, a global network to ensure a level of standardization, certification and oversight, to teach and professionalize wheelchair services, and build affiliations to put better equipment in the right hands. Since 2002, USAID has granted more than $45 million to improve wheelchairs and wheelchair services worldwide. This sub-award – Agreement No. APC-GM-0068 – was presented by Advancing Partners & Communities, a five-year cooperative agreement funded through USAID under Agreement No. AIDOAA-A-12-00047, beginning Oct. 1, 2012.

Acronyms

AB	Advisory Board		MIT CITE	Massachusetts Institute of Technology Comprehensive Initiative on Technology Evaluation
APDK	Association for the Physically Disabled of Kenya		MOU	Memo of Understanding
AWM	American Wheelchair Mission		MSH	Management for Science and Health
CLASP	Consolidating Logistics for Assistive Technology Supply & Provision (UCP program)		NCART	National Coalition for Assistive and Rehab Technology
CONACyT	Consejo Nacional de Ciencia y Tecnologia, National Council on Science and Technology in Mexico		NGO	Non-government Organization
DDO	Diversity Development Organization		NIDILRR	National Institute on Disability, Independent Living, and Rehabilitation Research
DPO	Disabled People's Organization		NIH	National Institutes of Health
ESS	European Seating Symposium		NSF	National Science Foundation
FATO	African Federation of Orthopaedic Technicians		OT	Occupational Therapy
FWM	Free Wheelchair Mission		P&O	Prosthetics and Orthotics
GATE	Global Cooperation on Assistive Technology (WHO initiative)		PSD	Postural Support Device
HI	Handicap International		PT	Physical Therapy
ICRC	International Committee of the Red Cross		PVA	Paralyzed Veterans of America
ISO	International Organization for Standardization		QOL	Quality of Life
ISPO	International Society for Prosthetics & Orthotics		RESNA	Rehabilitation Engineering & Assistive Technology Society of North America
ISS	International Seating Symposium		RFA	Request for Application
ISWP	International Society of Wheelchair Professionals		RSTCE	Rehab Science & Technology Continuing Education
JSI	John Snow, Inc.		SC	Subcommittees
LDS	Latter-Day Saints Charities		SDG	Sustainable Development Goals (UN initiative)
LMS	Learning Management System		SMOI	Specialized Mobility Operations and Innovation Pvt. Ltd.

SWOT	Strengths Weaknesses Opportunities Threats Analysis
TCA	Trainee Competency Assessment
ToT	Training of Trainer
UCP/WFH	United Cerebral Palsy/Wheels for Humanity
UK	United Kingdom
UN	United Nations
UNCRPD	United Nations Convention on the Rights of People with Disabilities
U.S.	United States
UV	Ultraviolet
USAID	U.S. Agency for International Development
WC	Wheelchair
WCPT	World Confederation for Physical Therapy
WFOT	World Federation of Occupational Therapists
WG	Working Group
WHO	World Health Organization
WIN	Wheelchair International Network
WHO WSTP-B	Wheelchair Service Training Package-Basic
WHO WSTP-I	Wheelchair Service Training Package-Intermediate

Organizational Description

Background. The International Society of Wheelchair Professionals (ISWP), launched in February 2015, was formed in light of the fact that over 100 million people worldwide require wheelchairs for mobility and function, yet most lack access to appropriate wheelchairs or services to provide them. It is estimated there is a shortfall of over 20 million wheelchairs annually to meet the global need.

Mission and Vision.

ISWP's mission is to serve as a global resource for wheelchair service standards and provision through advocacy, education, standards, evidence-based practice, innovation and a platform for information exchange.

ISWP's vision is that all people who need wheeled mobility devices receive the appropriate products and services with dignity.

Initial Organizational Goals. ISWP initially focused on five goals which were defined as part of the original USAID RFA:

1. Expand and professionalize the wheelchair sector.
2. Develop international wheelchair standards and collect and share wheelchair provision data.
3. Promote coordination within the wheelchair sector and among related professional associations and bodies.
4. Improve and facilitate the supply of wheelchairs worldwide, particularly in less-resourced countries.
5. Advocate for recognition and resources for appropriate wheelchair services.

Current Funding. ISWP's core operational and project funds are from a $2.5M grant from USAID, and subsequent project-specific funding & donations have been received from LDS Charities, American Wheelchair Mission, MSH (via USAID), Paralyzed Veterans Association (PVA) and small donors (totaling approximately $250,000).

Sector Involvement and Membership. An Advisory Board consisting of an experienced cross-section of 22 wheelchair clinicians, researchers and leaders from humanitarian organizations and manufacturers provides direction and counsel for ISWP's programs. Fourteen (14) Working Groups and Subcommittees of 80 volunteer representatives from the international wheelchair community meet regularly to develop and implement action plans related to the objectives. Although this approach places an expectation on stakeholders around the world, it helps to build consensus around the goals and activities that are most important to strengthen the wheelchair sector, serves as a platform for general communications about partner activities and encourages collaboration. To help support WG activities, intramural funds are set aside to support WG funding proposals which are approved by the Advisory Board.

ISWP has a growing membership base (currently over 1,200 from 75 countries) and social media following (currently about 50,000 Facebook followers from 59 countries). ISWP also has strong collaborations and working relationships with international organizations which influence the wheelchair sector such as WHO, ISPO and FATO and is in close collaboration with organizations with projects and missions to impact the wheelchair sector and wheelchair users such as UCP-WFH, Motivation (UK, Romania, Africa, India), AWM, FWM, SMOI, LDS, HI and ICRC.

Staff. Core ISWP staff includes a group of wheelchair experts at the University of Pittsburgh, Pittsburgh, Pennsylvania, USA (Pitt), with strategic partnerships with USAID and WHO. ISWP director is Dr. Jon Pearlman, an Associate Professor at the University of Pittsburgh's School of Health and Rehabilitation Sciences (SHRS) and Associate Director for Product Innovation and Translation at the Human Engineering Research Laboratories (HERL). ISWP's co-director is Dr. Rory Cooper, Ph.D., a distinguished Professor of Rehabilitation Science and Technology and HERL founding Director. Three full-time staff, two part-time faculty, and four PhD students at Pitt are supporting ISWP efforts.

Communications. ISWP uses a range of communication activities to raise awareness of the need for appropriate wheelchair provision, promote partners' activities and disseminate information about research findings and current events in the wheelchair sector. This communication occurs through channels including the *Hub* newsletter, social media (Facebook, Twitter, and LinkedIn) and online meetings (e.g., ISWP Journal Club and Advocacy Meetings). These communication channels have substantial reach -- especially social media, where ISWP posts routinely reach over 50,000 people in 59 countries *per week* and result in approximately 2,000 engagements (e.g. likes, shares, comments) *per week*. ISWP's website (www.wheelchairnet.org) and product list (www.wheelprogress.org) also have significant traffic (typically over 100 hits/day) to help disseminate information about the wheelchair sector and link to partner organizations. Finally, ISWP hosts a shared calendar and map which serve as a platform for all organizations in the wheelchair sector to indicate what events are occurring. ISWP regularly updates information about conferences, trainings and locations of partner organizations and wheelchair service providers.

Significant Accomplishments. ISWP accomplishments include the following:

Expanding/professionalizing the wheelchair sector.

- Launched ISWP Basic test, currently available in 7 languages (Arabic, English, French, Portuguese, Romanian, Spanish and Urdu) with over 2,500 test takers from 66 countries who have completed the test.
- Developed, alpha tested and beta tested ISWP Intermediate knowledge test. Currently beta testing skills portion of the intermediate assessment.
- Developed and pilot tested a Hybrid-Basic course, using a combination of online and in-person training based on the WHO WSTP-Basic materials. Pilots took place in 4 countries, with 2 more occurring in 2017.
- Coordinated one Intermediate level and 2 Managers'/Stakeholders' WHO WSTP trainings.
- Developed an assessment form for the Training of Trainers course, which enables individuals who demonstrate competency in Basic, Intermediate and Managers'/Stakeholders' training to become trainers.
- Invited ISWP members to contribute articles for a special ISWP issue of *African Journal of Disability*.

Developing international wheelchair standards and collect and share wheelchair provision data.

- Built equipment to test casters, rolling resistance, UV and corrosion on wheelchairs used in less-resourced environments.
- ISO 7176 committee endorsed ISWP tests and suggested submitting as ISO technical specifications.
- Developed Design Considerations document for manufacturers and organizations which provide wheelchairs in less-resourced environments.

Promoting coordination with the wheelchair sector.

- Established memorandums of understanding with FATO, ISPO and Teleton to support collaboration.
- Reached over 50,000 likes on Facebook from people in 59 countries (April 2017), a 56% increase since February 2017. Facebook is a key communications platform for ISWP to foster coordination and collaboration in the sector.

Improving and facilitating the supply of wheelchairs worldwide, particularly in less-resourced countries.

- Coordinated two containers of wheelchairs which were delivered in Mexico through UCP's CLASP program.
- Collaborated with MIT's CITE program on developing standards for wheelchairs in less-resourced countries.
- Established an online wheelchair catalog to market wheelchairs and related components and gather user feedback.

Advocating for recognition and resources for appropriate wheelchair services.

- Launched a branding and awareness campaign and initiated co-branding opportunities with ISWP member organizations.
- Represented ISWP at WHO GATE initiative, WHO General Assembly and over 40 sector conferences.
- Launched social media campaign to inform members and build community.

Executive Summary

Strategic Plan Purpose. The purpose of the ISWP five-year strategic plan is two-fold: 1) implement a plan of action for programs which are vital to supporting and improving services provided to the international wheelchair sector; and 2) plan for ISWP to establish itself as an independent organization outside of the University of Pittsburgh. Becoming an independent organization is a priority to enable ISWP to establish relationships with the UN, WHO, ISO and other respected organizations and to be seen as a neutral body representing the sector's interests as a whole.

The strategic plan will be used to demonstrate ISWP's commitment to the sector, build on accomplishments to date and generate funds to build a self-sustaining organization.

Process. The strategic planning process included feedback from four core stakeholder groups:

- *ISWP staff* through an in-person meeting in June 2016
- A six-person *Strategic Planning Subcommittee* through calls and meetings in August and September 2016
- 212 *ISWP members* and 27 *Advisory Board and Working Group members* who responded to a survey sent in December 2016
- 22 Advisory Board members

A detailed description of the process is included in Appendix B.

Goals/Strategies. A synopsis of five-year goals and strategies is shown here for reference. Detailed, measurable objectives for each goal and strategy are provided later in the document.

Advocacy: *Advocate for resources for appropriate wheelchair services for persons with disabilities.*

A. Establish formal relationship with the UN to support ISWP's initiatives to raise awareness of the need for appropriate wheelchairs and services related to the UNCRPD.
B. Provide information and resources to ISWP members to help them encourage governments to increase funding for appropriate wheelchairs and services.
C. Work with WHO to establish policy goals/initiatives related to appropriate wheelchairs and services.
D. Provide information and resources to charitable organizations to support their fundraising efforts for appropriate wheelchairs and services.
E. Encourage and support manufacturers to enter emerging markets.
F. Develop goal-driven campaigns promoting appropriate wheelchairs and services.

Education: *Support the professionalization of practitioners and service providers in the wheelchair sector through training, testing and other services.*

A. Establish ISWP as the unbiased organization for testing.
B. Collaborate with training bodies including ISPO, WCPT, ISPRM and WFOT to develop program which integrates WHO WSTP and other evidence-based wheelchair materials in university and professional training programs.
C. Support training and capacity building of appropriate wheelchair services through mentoring to meet the WHO Guidelines on Provision of Wheelchairs in Less Resourced Setting.
D. Create wheelchair service provider credential.
E. Develop training program tailored to volunteers who travel to less-resourced countries to support wheelchair deliveries.
F. Conduct Organizational Capacity Assessment related to accreditation.
G. Launch Wheelchair International Network (WIN) to support coordinated training efforts.
H. Provide support for WHO Training of Trainer (ToT) initiative.
I. Lead revision of WHO Wheelchair Service Training Packages and Guidelines.

Product Quality Standards: *Develop international standards for wheelchairs used in adverse environments.*

A. Support product development and selection through testing, dissemination of product reviews and field evaluations.
B. Promote testing by governments which fund wheelchair purchases.
C. Expand and strengthen test methods for adverse environments.

Evidence-based Practice: *Collect and disseminate data to support provision of appropriate wheelchairs and services in less-resourced countries.*

A. Expand ISWP research data center.
B. Identify outcome tools of value to the sector.

Global Information Resource: *Act as the sector resource for information related to wheelchair service and provision globally.*

A. Improve and expand ISWP website to include more information related to wheelchair sector and promote communication among members.
B. Continue to grow the global ISWP community through social media.
C. Produce regional versions of *The Hub* newsletter.
D. Evaluate opportunities and run a world congress on seating and mobility to promote information sharing.

Independent Organization: *Establish ISWP as an independent non-profit organization.*

A. Establish organization as an incorporated, non-profit corporation.
B. Convert current governance documents and Advisory Board structure.
C. Create Memo of Understanding (MOU) with University of Pittsburgh for specific services.
D. Establish formal relationships with WHO, UN and ISO.

Organizational Structure. ISWP organizational structure will include staff, students and Working Groups and Subcommittees. Independent contractors – subject matter experts -- will be hired to help complete some objectives.

An ISWP Executive Director will report to the Board of the Directors. The Executive Director will have responsibility for leads in each of these areas: Business development, education, standards and evidence-based practice and administration. Leads will have one or more staff persons reporting to them. Student researchers will support all leads, with a particular focus on business development, education and standards and evidence-based practice. The staff also will support ISWP Working Groups and Subcommittees: Business Development, Advocacy, Education, Evidence-based Practice and Standards.

The structure mirrors ISWP's current organization with these changes:

- Advisory Board will become a Board of Directors, with duties and responsibilities outlined in bylaws.

- A business development lead will be hired. This will be a core staffer who has experience with fundraising, knows the sector well or can come up to speed quickly and can communicate well.

- Three staff will be hired to support advocacy, education and evidence-based practice initiatives: 1) advocacy and marketing communications coordinator; 2) training development expert; and 3) research coordinator. This will help to reduce the expectations currently placed on the volunteer Working Groups.

Funding and Sustainability. ISWP currently is organized as a project within Pitt. To achieve several of the strategic plan goals related to advocacy, education and product quality standards, ISWP must become an independent entity. This will allow relationships to be established with the UN, WHO and ISO that are not possible currently. This also will expand funding opportunities for ISWP which are not available due to the organizational structure of Pitt. ISWP will maintain a strong working relationship with Pitt to utilize its research, product testing and human resources.

ISWP's sustainability will rely on donations, grants and revenue generated through products and services we can provide. ISWP's products and services are still being developed; thus, short-term sustainability will require additional operations and project funding. The strategic plan described here will form the framework for additional funding requests to support our activities and plans to become sustainable. Based on over 40 interviews with potential organizational members, we believe ISWP can be sustainable over the next five years (by 2021), through a mixture of revenue-generating activities such as wheelchair testing, individual credentialing, organizational accreditation (e.g., educational and/or clinical) and membership dues associated with different products and services (noted with **[S]** in the strategic plan).

Goals, Strategies and Objectives

The Strategic Plan Subcommittee identified the following six areas of focus and related goals:

1. **Advocacy**: Advocate for recognition and resources for appropriate wheelchair services for persons with disabilities.

2. **Education**: Support the professionalization of practitioners and service providers in the wheelchair sector trough training, testing and other services.

3. **Product Quality Standards**: Develop international standards for wheelchairs used in adverse environments.

4. **Evidence-based Practice**: Collect and disseminate data to support provision of appropriate wheelchairs and services in less-resourced countries.

5. **Global Information Resource**: Act as the sector resource for information related to wheelchair service and provision globally.

6. **Independent Organization**: Establish ISWP as an independent non-profit organization.

Strategies and objectives for each area of focus area are presented on the following pages.

Area of Focus: Advocacy

Goal: *Advocate for resources for appropriate wheelchair services for persons with disabilities.*

[S] Revenue-generating product/service

	Objectives	
Strategy	***2017 – 2019***	***2020 - 2021***
A. Establish **formal relationship with the UN** to support ISWP's initiatives to raise awareness of the need for appropriate wheelchairs and services related to the UNCRPD.	1. Following ISWP's establishment as a separate non-profit organization, formalize a relationship with UN/UNCRPD (2018). 2. Attend 2 annual UNCRPD meetings (2018-2019) to advocate for basic mobility and appropriate services delivery. 3. Host/sponsor 1 donor meeting (2018) with lead donors and ISWP organizational members. **[S]** 4. Host 1 annual side event at UNCRPD events (2019) to raise awareness of wheelchair sector needs.	1. Host 2 annual meetings at UNCRPD events (2020-2021) to raise awareness of wheelchair sector needs. 2. Host/sponsor 1 donor meeting (2021) with lead donors and ISWP organizational members to raise the profile of wheelchairs so that donors would provide additional funding into the sector, including for ISWP. **[S]**

Advocacy (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 - 2021***
B. Provide **information and resources to ISWP members to help them encourage** governments to increase funding for appropriate wheelchairs and services.	1. Identify organizations in a minimum of 10 key countries which are supporting policy change (e.g., main rehab center in country or NGOs, DPOs). 2. Provide organizations with ISWP policy toolkit and other materials to facilitate conversations with governments and ministries of health. Implement toolkit in at least 3 different countries. 3. Establish a policy monitoring program to track WC-related policies globally, including those being supported by ISWP and GATE. 4. Promote policies related to product testing standards.	1. Implement at least one policy in 3 different countries. 2. Request 3 countries to track outcomes and share with ISWP via policy monitoring program. 3. Provide continued support for policy development in 3 key countries. 4. Provide 10 additional countries with ISWP policy toolkit and other materials to facilitate conversations with governments and ministries of health. 5. Publish manuscript on policy toolkit, monitoring tool and primary outcomes.
C. Work with **WHO to establish policy goals/initiatives related to appropriate wheelchairs and services**.	1. Identify short- and long-term objectives (2018). 2. Develop milestone list and deliverable dates.	1. With WHO, implement deliverables.

Advocacy (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 - 2021***
D. Provide **information and resources to charitable organizations to support their fundraising efforts** for appropriate wheelchairs and services.	1. Develop toolkit for charitable organizations to provide to donors/prospective donors describing the benefits of providing appropriate wheelchairs and services. 2. Partner with 5 charitable organizations in their fundraising efforts.	1. Consider holding a meeting with charitable organizations to: Share information and experiences, promote best practices, explain how ISWP can help organizations to fulfill their goals and provide actionable recommendations. Meeting could take place in conjunction with a popular conference; e.g., ISPO.
E. Encourage and **support manufacturers to enter emerging markets.**	1. Support manufacturers by providing data on emerging markets, including: a) location and qualification of trained service providers; b) ministries' policies, funding and other key information; c) market potential; d) pricing; and e) distributors. This data would help to lower the barrier to enter emerging markets and create more competition for better products. **[S]** 2. Develop a distributor capacity assessment tool to help manufacturers select high-quality distributors to expand their volume in all markets. Pilot the program with 5 manufacturers worldwide. **[S]**	1. Launch distributor program to help manufacturers identify knowledgeable distributors in different countries. (Rehacare 2020). 2. At least 3 manufacturers provide data from distributor tool back to ISWP, resulting in at least 10 distributor capacity profiles to be added to WIN (with proper approval) by 2021. **[S].**
F. **Develop goal-driven campaigns** promoting appropriate wheelchairs and services.	1. Identify key set of goals for campaigns (via ISWP Advocacy Working Group and UNCRPD/SDG/GATE collaborations). 2. Perform any required research to gather fundamental data to support campaigns. 3. Launch 2 campaigns.	1. Launch 2 additional campaigns based on findings from initial campaigns.

Area of Focus: Education

Goal: *Support the professionalization of practitioners and service providers in the wheelchair sector through training, testing and other services.*

[S] Revenue-generating product/service

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
A. Establish ISWP as the **unbiased organization for testing.**	1. Provide ISWP Basic test in 14 languages (English, Spanish, French, Romanian, Urdu, Portuguese, Hindi, Mandarin, Arabic, Russian, Khmer, Vietnamese, Lao, Albanian). **[S]** 2. Translate ISWP Basic test into 5 additional languages based on demand of sector. 3. Provide ISWP Intermediate knowledge and skills test in 2 languages (English and Spanish). **[S]** 4. Translate ISWP Intermediate knowledge and skills test into 10 additional languages based on demand of sector. 5. Establish multi-lingual evaluation committee with minimum of 4 different languages represented to support ISWP tests' skills review and to advise on future iterations of ISWP Basic and Intermediate tests. 6. Alongside the multi-lingual evaluation committee, validate the ISWP Basic and ISWP Intermediate tests through at least 50 in-person assessments of skills of test-takers in 5 different geographic locations.	1. Revise ISWP Basic test to incorporate revisions in WHO WSTP-B and other accepted training materials. 2. Revise ISWP Intermediate test to incorporate revisions in WHO WSTP-I and other accepted training materials. 3. Provide continued testing services throughout the sector, which is subsidized in less-resourced settings.

Education (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
B. Collaborate with training bodies including ISPO, WCPT, ISPRM and WFOT to develop program which **integrates WHO WSTP and other evidence-based wheelchair materials in university and professional training programs**.	1. Expand ISWP Integration Subcommittee to include representatives from 8 sector organizations. 2. Reach consensus on additional materials for integration portfolio. 3. Introduce consensus materials into curriculum requirements of country-level professional societies of 5 countries.	1. Support country-level adoption of integration materials and expand to an additional 25 universities/training programs across 5 countries, incorporating additional languages and translating materials (e.g., aim to expand to both Spanish & French speaking countries). 2. Monitor uptake of new curriculum via testing data and usage statistics of resources ISWP provides (e.g., training materials).
C. Support **training and capacity building of appropriate wheelchairs services through mentoring** to meet the WHO Guidelines on Provision of Wheelchairs in Less Resourced Setting	1. Establish Training Working Group Mentoring Subcommittee, including scope of responsibilities, objectives and timelines. 2. Lead discussions on best practice for clinical mentoring in wheelchair service provision. 3. Provide advice on when and how wheelchair service providers should engage in mentoring as related to ISWP's training and testing initiatives. 4. Identify preferred qualifications and competencies in order to be recognized as a wheelchair service provision clinical mentor by ISWP. 5. Pilot a mentoring intervention with a cohort of 10 mentors and at least 5 trainees each.	1. Launch and promote to ISWP members. 2. Integrate materials and approach (e.g., how to link trainees and junior clinicians with mentors) into WIN (see Strategy G below).

Education (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
D. Create **wheelchair service provider credential**.	1. Define acceptable criteria for service providers based on benchmarking other international/global credentials and considering factors such as how to evaluate whether test takers actually provide good service; whether there is an "expiration date for training; and/or continuing education requirements. 2. Involve government bodies (e.g., Ministry of Health) to help create skills/qualifications list. 3. Pilot program with minimum of 4 service providers. 4. Launch program. [S] 5. Run awareness campaign to inform consumers and donors about the credential.	1. Issue credential to 100 people. 2. Link with industry consortium, such as NCART, to provide and support expansion of credentialing/training tools.
E. Develop **training program tailored to volunteers** who travel to less-resourced countries to support wheelchair deliveries.	1. Survey cross-section of non-government volunteer organizations (minimum 5 organizational respondents) to learn their current wheelchair service and delivery processes. 2. Establish NGO working group with representatives from 8 organizations to inform development of training materials. 3. Pilot volunteer training program with 5 organizations.	1. Launch volunteer training program. 2. Implement training program with 8 organizations.

Education (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
F. Conduct **Organizational Capacity Assessment related to accreditation**.	1. Establish subcommittee. 2. Conduct interest survey with at least 20 organizational respondents. 3. Develop objective measurements and classification criteria. 4. Develop process for organizations to submit data on number of individuals passing Basic and Intermediate tests and list of trained providers in country. 5. Host meeting with at least 5 organizations to discuss potential accreditation framework and survey results. 6. Gather capacity assessment for 3 countries.	1. Gather capacity assessments for 5 additional countries. 2. Pilot accreditation with minimum of 4 clinical organizations. 3. Analyze results. If favorable, develop business plan to create self-sustaining program. **[S]**

Education (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
G. Launch **Wheelchair International Network (WIN)*** to support coordinated training efforts.	1. Develop new WIN training matching system. 2. Include 500 trainee/service provider profiles. 3. Load content for Basic and Intermediate tests, Hybrid-Basic and other relevant courses (e.g., wheelchair maintenance and skills). 4. Launch campaign via social media, newsletter and e-mail to reach 20,000+ people. *WIN is a platform which will support coordinated training efforts around the world so that wheelchair sector stakeholders can make informed decisions about where to host, attend or advocate for training in a particular region. WIN will include a learning management system (LMS) with course content and online tests which trainees can take to demonstrate proficiency in wheelchair service skills.	1. Invite organizations to host training materials on WIN. Host materials from at least 5 organizations. 2. Load mentoring and integration materials as developed (see Strategies B, integration, and C, Mentoring, above).
H. Provide **support for WHO Training of Trainer (ToT) initiative.**	1. Develop repository of recognized trainers who have completed ToT process and Trainee Competency Assessment (TCA). 2. Link 40 trainees to co-training experiences based on language, geographic proximity and availability. 3. Link minimum of 20 trainers to trainings based on language, geographic proximity and availability. 4. Translate TCA into at least 2 languages based on demand of sector.	1. Investigate how to infuse ToT materials into pre- and post-professional curricula (e.g., continuing education offered by universities). 2. Follow similar methods as Integration strategy to integrate and monitor uptake of materials. 3. Update the ToT process and TCA to be in line with revised WHO Guidelines and Packages.

Education (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
I. Lead revision of **WHO Wheelchair Service Training Packages and Guidelines**.	1. Establish activities related to the revision process in WHO collaborating center work plan (2018). 2. Determine revision priorities; i.e., reach consensus on what package(s) and schedule. 3. Recruit ISWP members – experts who currently are active practitioners and members of the academic community – to participate on WHO guidelines revision committee. 4. Recruit at least 5 international experts to conduct desk review of WHO Guidelines and Wheelchair Skills Training Packages. 5. Host 1 or more meetings/conference calls to reach consensus on proposed changes. 6. During revision process, promote inclusion of other evidence-based training materials, including wheelchair skills, wheelchair maintenance and include sample training plans.	1. Disseminate and promote revisions

Area of Focus: Product Quality Standards

Goal: *Develop international standards for wheelchairs used in adverse environments.*

[S] Revenue-generating product/service

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
A. Support product development and selection through **testing, dissemination of product reviews and field evaluations**.	1. Provide subsidized caster, rolling resistance, corrosion tests and ISO 7176 testing for minimum of 5 manufacturers in less-resourced settings per year. 2. Support product procurement activities of organizations managing large-scale contracting (e.g., CLASP, ministries of health). **[S]** 3. Expand ISWP wheelchair catalog and promote user feedback on products through coordination with service providers. 4. Support field evaluation for products through ISWP partners. **[S]** 5. Establish criteria for reporting range of performance on wheelchairs, as well as minimum standard/level of quality required.	1. Request all manufacturers with products on the ISWP product list submit products for testing.
B. Promote **testing by governments which fund wheelchair purchases**.	1. During meetings with governments, promote testing as one way to qualify products that governments would purchase. 2. Promote policies related to testing products. 3. Develop and publish design drawings for testing lab equipment and testing manuals.	1. Continue efforts from previous period (Items 1 and 2). 2. Provide technical support and trainings to support launch of up to 2 wheelchair test labs per year.

Product Quality Standards (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
C. **Expand and strengthen test methods** for adverse environments.	1. Establish membership for ISWP within ISO. 2. Submit caster, corrosion, and rolling resistance testing as technical specification for ISO. 3. Develop design guidelines for intermediate products. 4. Develop test methods for upholstery and postural support device (PSD) durability. 5. Finalize test methods for caster, corrosion and rolling resistance.	1. Secure ISO approval for caster, corrosion and rolling resistance test methods. 2. Launch ISO working group focusing on test methods for wheelchairs used in adverse environments, which will be led by ISWP Standards Working Group. 3. Submit test methods for upholstery and PSD durability to ISO as technical specifications.

Area of Focus: Evidence-based Practice

Goal: *Collect and disseminate data to support provision of appropriate wheelchairs and services in less-resourced countries.*

[S] Revenue-generating product/service

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
A. Expand ISWP **research data center**.	1. Host at least 10 studies with minimum of 4 new studies added annually. 2. Provide access to at least 20 users with 5 new users added annually. **[S]** 3. Provide 2 small scholarships or grants (~$10,000 each) to support researchers who commit to analyze and publish data from data center.	1. Refine data center configuration to enable primary data to be collected and develop data collection tools via Open Data Kit or another software platform. 2. Continue data center growth with 5 new users and 2 new data sets added annually. 3. Secure funding to support data center operations through NIH/NIDILRR/World Bank or other funding sources. **[S]**
B. identify **outcome tools** of value to the sector.	1. Provide minimum data set questionnaire and tools for gathering wheelchair user outcome measures. 2. Identify range of outcome tools, perform a gap analysis and develop additional tools, if necessary.	1. Link outcome tools to data center so data flows into centralized repository using data collection tools (e.g., Open Data Kit as described in Strategy A).

Area of Focus: Global Information Resource

Goal: *Act as the sector resource for information related to wheelchair service and provision globally.*

[S] Revenue-generating product/service

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
A. Improve and expand **ISWP website** to include more information related to wheelchair sector and promote communication among members.	1. Gather feedback from minimum of 50 ISWP members on additional website data/features. 2. Develop specifications, issue request for proposals (minimum of 3 vendors) and select developer. 3. Update website look and usability. 4. Provide website content in variety of formats for low or no internet access organizations/areas. 5. Include list of NGOs working in country and trained providers and distributors. 6. Increase website traffic by 10% following new website launch. 7. Launch moderated forums with 8 discussion board threads posted per month to allow stakeholders to communicate.	1. Incorporate real-time, searchable data analytics from testing (WIN) and data center into website. 2. Increase website traffic an additional 10%.
B. Continue to grow the global ISWP community through **social media.**	1. Increase social media following by 15%.	1. Increase social media following by an additional 15%.

Global Information Resource (continued)

	Objectives	
Strategy	***2017 – 2019***	***2020 – 2021***
C. Produce **regional versions of *The Hub* newsletter.**	1. Create 2 regional-specific versions of *Hub* e-newsletter: Latin American (Spanish/Portuguese) and African (French/English). Versions will include general information, as well as articles pertinent to readers regionally and issue on same schedule (~monthly) as general newsletter. 2. Increase newsletter subscriptions by 10%. 3. Analyze social media followers and *Hub* newsletter readers to identify 2 additional areas for regional-specific *Hub* versions.	1. Expand number of regions covered from 2 to 4, including Asian version (Thai and Mandarin). 2. Increase newsletter subscriptions by an additional 10%.
D. Evaluate opportunities to run **world congress on seating and mobility** to promote information sharing.	1. Evaluate options to run a world congress on seating and mobility and identify regions which could provide revenue generation (2017/2018). 2. Host needs assessment meeting with international seating symposium leads and develop business case and action plan. 3. Based on business case results, run a world congress (2019) to promote information sharing across sector. **[S]**	2. Based on business case results, run a world congress (2021) to promote information sharing across sector. **[S]**

Area of Focus: ISWP as Independent Organization

Goal: *Establish ISWP as an independent non-profit organization.*

The strategies and objectives for this goal have a shorter timeline: 2017 and 2018.

	Objectives	
Strategy	***2017***	***2018***
A. Establish organization as an incorporated, non-profit corporation.	1. Submit laws of incorporation and not-for-profit application to Internal Revenue Service. 2. Receive incorporation certificate and non-profit tax-ID from Internal Revenue Service.	
B. Convert current governance documents and Advisory Board structure	1. Convert current Board and Working Group governance documents to ISWP bylaws, which will include roles/responsibilities of Board & voting rights. 2. Convert Advisory Board to Board of Directors with responsibilities outlined in bylaws.	1. Hold initial meeting of new Board of Directors
C. Create MOU with University of Pittsburgh	1. Sign Memo of Understanding (MOU) with University of Pittsburgh for specific services.	
D. Establish formal relationships with UN, WHO and ISO		1. UN: Submit application with organizational goals and description of ISWP's role. 2. WHO: Establish WHO collaborating center and develop/implement three-year work plan. Co-brand policy toolkit with ISWP and WHO names. 3. ISO: Establish membership for ISWP within ISO. Submit ISWP tests as technical specifications for ISO.

Implementation Plan

ISWP will implement the five-year strategic plan as follows:

Activity	*Timeframe*
ISWP Advisory Board comments on plan draft.	Three weeks after receipt
Working Group chairs share plan draft with their groups for input	At same time as Board review
ISWP incorporates final Board/WG feedback	Week of March 6, 2017
ISWP staff finalizes plan and presents to Board	By April 15, 2017
ISWP works to secure funding through memberships and grants	May 1 – September 30, 2017
Implement strategic plan, contingent on funding being secured	October 1, 2017
ISWP staff provides quarterly status reports to Board	Quarterly, beginning with December 2017 Advisory Board call

Sustainability Plan

Funding Challenges and Opportunities. ISWP currently is funded primarily through a USAID grant (90% of income), with some funding through donations and other small grants (10% of income). ISWP staff conducted over 40 interviews with decision-makers and service providers from organizations in the wheelchair sector to identify products and services that could be tied to revenue. Interviews were conducted with:

American Wheelchair Mission	Handicap International	Loh Medical	RSTCE (ISS conference franchise)
APDK	Health Volunteers Overseas	Medifab	Shonaquip
Bethany Kids	Hoggi	Mobility India	Stealth Mobility
Bodypoint	Hope Haven	Motion Composites	Sunrise Medical
Cascade Design	ICRC	Motivation	UCP Wheels for Humanity
CE Mobility	Impormedical	Motivation Romania	Varilite
Comfort Company	Inspiral	NuMotion	Vicar
Convaid	Invacare	Offcar	Wheelchairs for Kids International
DDO	Joni & Friends	Permobil	World Vision
Drive Medical	Ki Mobility	Pride Mobility	
Free Wheelchair Mission	LDS Charities	ROC Wheels	

Key takeaways from these interviews are broken out by funding challenges and opportunities:

Challenges:

- Organizations operating exclusively in less-resourced countries (e.g., NGOs) have very limited resources, making it unlikely that they will be able to pay for ISWP products or services.

- Large-scale manufacturers expanding into emerging markets have the resources to establish an in-country office and sponsor training and other capacity development activities. Although they support ISWP's mission and could become annual donors, they are not likely to benefit from the products or services directly.

- Congresses in seating and mobility generate revenue almost exclusively when run in countries where continuing education is required for licensure/credentials (e.g., ISS, ESS). Consequently, revenue generation opportunities from Congresses likely occur after adoption for credentials occur. We anticipate credentialing will be formally adopted in some countries in Southeast Asia within the next few years, but until then, revenue generation through conferences may be challenging.

- Customers desired a tailored set of products and services. For instance, some manufacturers were interested in ISWP's training/testing services, while others desired support on product evaluations.

Opportunities

- Market saturation in high-income countries has led many wheelchair manufacturers to look to expand in emerging markets, which is extremely challenging, especially for small- and mid-sized companies. ISWP can provide significant value to these companies which already commit significant time and money to identify and train foreign distributors. Based on estimates from manufacturers, only 20% of these trained distributors are successful at selling products after two years. ISWP's product testing, service provider testing, training and upcoming credential would be extremely valuable to this market segment.

- Governments which are developing or strengthening policies related to supporting wheelchair purchases and provision need turn-key solutions to product selection, training of service providers, and qualifying tests/credentials for service providers. ISWP's suite of product testing, training materials (e.g., hybrid), tests and upcoming credential provide an ideal solution to their need for a scalable solution.

- ISWP provides a core value to the sector because it can provide recommendations that are unbiased to any particular product, service provider or trainer/training organization. This leads to opportunities for the ISWP team and members to participate in a range of activities that are possibly revenue generating, such as managing grants and grant-review panels, providing consulting services related to training, testing, product evaluations and policy implementation.

***Funding Sources*.** Based on the discussions with manufacturers and other stakeholders, the following products/services could generate revenue:

1. Manufacturer support through:
   a. Data on emerging markets, including: a) location and qualification of trained service providers; b) ministries' policies, funding and other key information; c) market potential; d) pricing; and e) distributors.

   b. Distributor program to help manufacturers select high-quality distributors to expand volume in all markets.

2. Collaboration with non-government organizations to raise funds to support both the organization and ISWP. Collaboration would include:
   a. Co-sponsored events
   b. Co-branded marketing materials
   c. Network so person who is identified and needs a wheelchair can receive one quickly.

3. Testing and credentialing:
   a. Basic test in multiple languages
   b. Intermediate test in multiple languages
   c. Training of Trainers Trainee Competency Assessment (TCA)
   d. Credentialing process management
   e. Organizational accreditation (e.g., educational and/or clinical).

4. Product Testing:
   a. ISO & ISWP testing
   b. Field evaluation for products
   c. Product procurement support for large-scale contracts.

5. Product procurement activities for organizations managing large-scale contracting (e.g. CLASP, ministries of health).

6. Training facilitation.

7. Access to ISWP-created training materials.

8. Access to ISWP Data Center.

9. Consulting related to a range of topics including training, testing, product evaluations, product design and policy implementation.

10. NIH/NIDILRR/World Bank or other funding sources to support data center operations.

11. Fundraising through meetings with lead donors and ISWP organizational members.

12. ISWP world congress on seating and mobility in regions where credentialing and related continuing education have been adopted.

In response to customer interviews which revealed that a tailored set of services and products were desired across the sector, the ISWP team developed a membership model that bundles products/services, with a la carte services which could be paid for if they exceed what is bundled. Feedback about this membership program was gathered at Rehacare 2016 in individual meetings and a social event hosted by ISWP. The feedback was largely positive, and membership commitments were secured from one organization (Cascade Design), with several others requesting further information. Because many of the products and services are not mature, ISWP was not specifically marketing the membership program; rather, gathering feedback to validate the model.

Individual Memberships

Individual memberships will be free, with a la carte paid services for training, testing and credentialing for people in high-resourced settings.

Organizational Memberships

Organizational members pay an annual fee which includes a suite of products and services. The annual membership fee facilitates budgeting for members and revenue forecasting for ISWP. Non-member organizations can choose to purchase products/services a la carte at a higher cost than what would be included in an annual membership fee. There may be programs which warrant a separate revenue/expense model (e.g., distributor program) and would be developed to operate at break even, at a minimum.

ISWP Organizational Members will receive:

- Access to data on our global network including location, contact information and credentials of wheelchair service providers and distributors in 41 countries, with double-digit growth quarterly.
- Unlimited online competency tests for company personnel and partners.
- Access to online continuing education materials produced by ISWP and its members.
- Content review of member's internal training material.
- Preferred pricing on customizing training packages related to member's products.
- Strength of a global network to speak with one voice to government leaders, ministries of health and other organizations about the need for appropriate wheelchairs and services.
- Sponsored marketing on ISWP collateral including newsletter, brochures, website, and other online platforms (estimated audience of 2,000/month).
- Expedited review of products to be added to the wheelchair product catalog.

Organizational Membership Costs:
Inaugural members subscribing to these services will receive a 2-year membership for the cost of 1 year:

Company Type	***Annual Fee***	***Upper Middle Income****	***Lower Middle Income****	***Low Income****
For-profit > 25 employees	$20,000	$10,000	$5,000	$3,000
For-profit ≤ 25 employees	$10,000	$5,000	$2,500	$1,500
Non-profit organization	$5,000	$2,500	$1,250	$750

*Income classifications as defined by World Bank for fiscal year 2017, based on Gross National Income Per Capita in 2015 (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups):

World Bank Classification	**Gross National Income Per Capita in 2015**
High Income	$12,476+
Upper Middle Income	$4,036 - $12,475
Lower Middle Income	$1,026 - $4,035
Low Income	$1,025 or less

Organizational Structure

ISWP will be governed by a Board of Directors comprised of a cross-section of experts in the wheelchair sector. The Executive Director will report to the Board of the Directors and have responsibility for leads in each of these areas: Business development, education, standards and evidence-based practice, and administration. Leads will have one or more staff persons reporting to them. Student researchers will support all leads, with a particular focus on business development, education and standards and evidence-based practice. The staff will support ISWP Working Groups and Subcommittees: Business Development, Advocacy, Education, Evidence-based Practice and Standards.

The structure mirrors ISWP's current organization with these changes:

- The current Advisory Board will become a Board of Directors, with duties and responsibilities outlined in bylaws.
- A business development lead will be hired with responsibility for fundraising and member recruitment/retention. The person also will lead ISWP's advocacy initiatives.
- A full-time advocacy and marketing communications coordinator will be hired to support ISWP's business development, advocacy initiatives and overall communications efforts. This currently is a part-time, contractor position.
- A training development expert will be hired to strengthen education activities. The person would have a clinical background and experience leading trainings and will be tasked with developing new training-related content.
- A research coordinator will be hired to support ISWP's evidence-based practice initiatives, including the data center and outcome measures.

These additions to staff will help to shift some of the workload from the volunteer Working Groups and Subcommittees, whose support has been invaluable to ISWP's accomplishments to date.

ISWP will continue to have a relationship with the University of Pittsburgh to support the education lead, standards and evidence-based practice lead and student researchers (shown with an asterisk on the organization chart). There are technical resources and engineering talent at the University of Pittsburgh, so ISWP would like to continue a relationship there. For example, the standards efforts are led with an engineering team at the University.

Positions not shown with an asterisk will be hired through the separate non-profit organization.

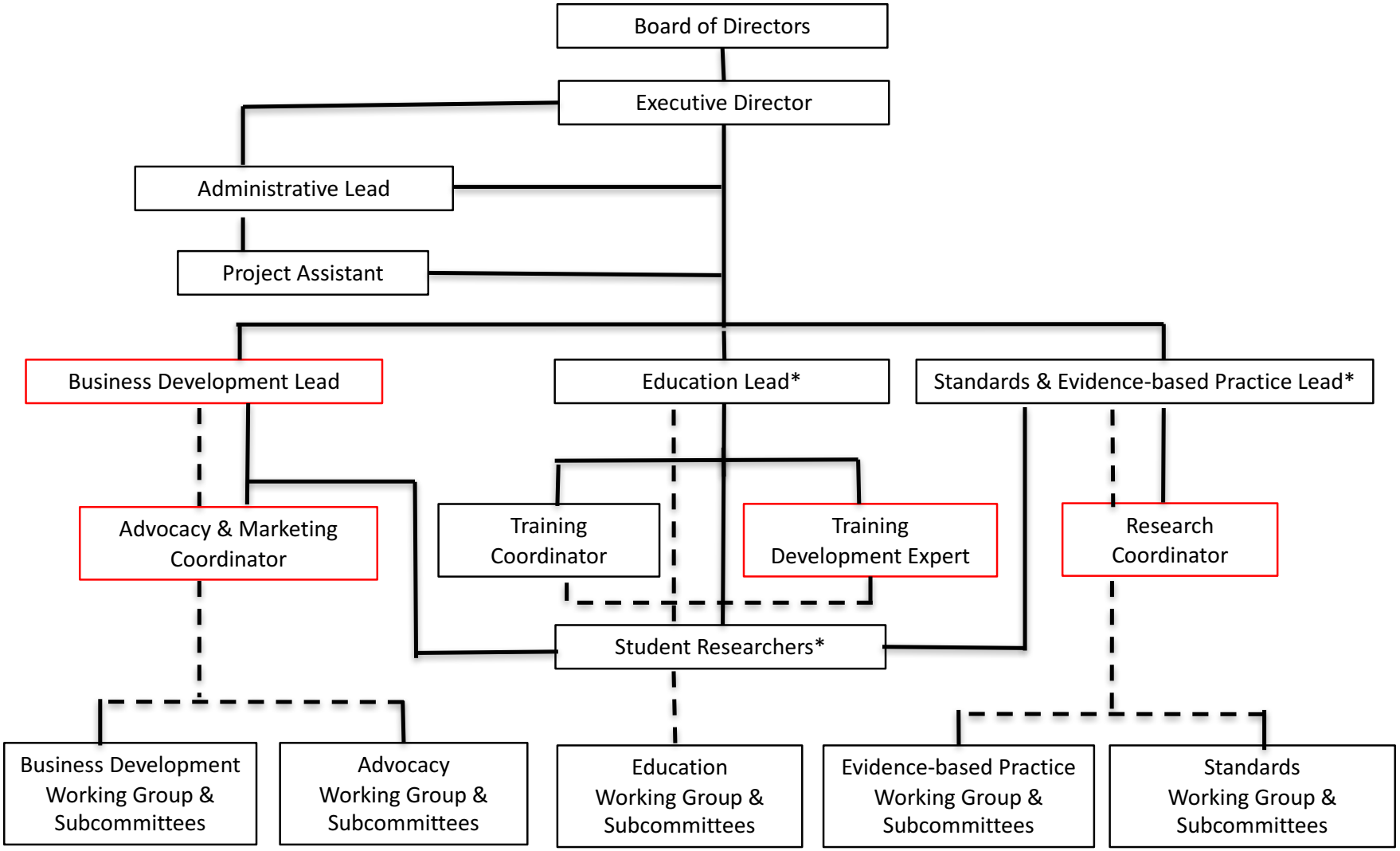
ISWP governance documents will describe policies related to Working Groups' contributions in greater detail, including what is expected to be a volunteer, what could be paid if funds are available and Working Group funding requests approval by the Advisory Board. Adding funding for an in-person meeting every year will also incent involvement, so those kinds of benefits will help to define the benefits of participating and contributing better.

Some subject matter experts would be hired on a contractual basis to help complete projects.

An organization chart appears on the following page.

Proposed ISWP Organizational Structure

Separate non-profit organization with some positions at University of Pittsburgh



*University of Pittsburgh position; all others are part of the separate non-profit organization. Red boxes indicate new hires. Dotted lines represent staff relationship to respective Working Groups/Subcommittees.

4/24/17

Monitoring and Evaluation Plan

Upon Advisory Board approval of the strategic plan, ISWP staff will support Working Groups and Subcommittees to develop work plans for each area of focus and related goals, strategies and objectives for: Advocacy, Education, Product Quality Standards, Evidence-based Practice, Training and Global Information Resource.

Working Groups and Subcommittees will meet a minimum of once per quarter to review progress. Meeting recaps will be issued within 72 hours following each meeting or call. Pending funding availability, Working Groups will meet in person once a year to plan for the following year. Some Working Groups may opt to hold joint meetings; e.g., Education and Advocacy.

Working Group chairs will present progress reports during quarterly Advisory Board calls/meetings. ISWP staff will provide an annual report of accomplishments relative to goals, strategies and objectives.

APPENDIX A

Goals/Objectives discussed but not included in the strategic plan

The following goals and objectives have been discussed with the Advisory Board and Strategic Planning Committee but have not been included in the strategic plan as they warrant additional conversation.

1. *Ongoing role of affiliates.* During the November 28 and 30, 2016 calls, Board members discussed ISWP's role in continuing to support affiliates, as they would be important coordinating bodies which are most knowledgeable about the market, affiliated with local ministries and have a vested interest in the area. Other board members like the broader funding of needs assessment and suggest organizations in country approach ISWP for support. ISWP staff feels next steps for affiliates will depend on the outcome from the current pilots in Philippines and Romania.

2. *Funding for in-country organizations*. During the September 28-29, 2016 Strategic Planning Subcommittee meeting, group suggested ISWP consider providing a pool of funds for in-country organizations, such as a DPO, to gather data. Group acknowledged DPOs' stature varies by country, and it will be important to find the right organization to partner. Upon further discussion with the Board, the best way to move forward is to identify (and develop if necessary) outcome measures, and if a need arises based on funding availability, ISWP can decide if and in what capacity to contribute to those projects.

3. *ISWP's role in leading and facilitating trainings.* ISWP is sensitive to stakeholder feedback related to competition in the training market but also acknowledges it is a service some members will seek and naturally turn to ISWP as a resource. Thus, ISWP would seek guidance from the Advisory Board on the primary role ISWP should play, including but not limited to: Recruiting participants and trainers, marketing the training opportunity to host organizations in the target region and overall coordination. Following Board discussions, ISWP has decided it will consider leading and facilitating trainings on a case-by-case basis.

APPENDIX B

ISWP Strategic Planning Process

ISWP embarked on a strategic plan to identify initiatives important to the wheelchair sector and to create a sustainability plan for the organization.

The planning process began with a staff meeting on June 9, 2016. Staff completed a SWOT analysis and provided input on ISWP's mission, vision, goals, strategies and objectives.

In July 2016, Jon Pearlman invited industry experts to participate on a Strategic Planning Subcommittee. Subcommittee members, who represent a cross-section of the wheelchair sector and include wheelchair users, are:

Dave Calver, UCP/Wheels for Humanity
David Constantine, Motivation
Sue Eitel, Eitel Global*
Jongbae Kim, PhD, Yonsei University*
Karen Reyes, MD, UCP/Wheels for Humanity
Tom Rolick, Consultant*

*ISWP Advisory Board member

ISWP staff participating: Jon Pearlman, Mary Goldberg, Nancy Augustine and Krithika Kandavel.

The Subcommittee met by conference call on August 17, 2016 and September 9, 2016 to review processes and timelines. Subcommittee members submitted a SWOT analysis and list of key ISWP activities which were the foundation for an in-person meeting on September 28-29, 2016. A meeting recap was sent to the group, and Jon Pearlman presented an update during the October 27, 2016 ISWP Advisory Board call. Open calls were held with Advisory Board members on November 28 and December 3, 2016 to gather additional feedback on proposed goals and strategies.

Advisory Board calls also were held on February 16 and 17, 2017 to obtain Board members' feedback to the plan draft; some Board members provided written feedback before and after the calls.

In addition to Board and Strategic Planning Subcommittee input, ISWP invited 1,085 members to participate in a survey regarding their awareness of ISWP products and services and recommendations for additional offerings. Responses from 239 members were considered in the plan development.

APPENDIX C

ISWP Strategic Plan Committee Meeting
September 28-29, 2016

ISWP's Strategic Planning Committee met on Wednesday, September 28 and Thursday, September 29, 2016 at Messe Dusseldorf Convention Center, Dusseldorf, Germany. A participants' list appears at the end of this document.

Link to September 28, 2016 meeting: https://iswp.adobeconnect.com/p8dct4dob4t/

Link to September 29, 2016 meeting: https://iswp.adobeconnect.com/p6ynzv58bps/

1. **Funding Sources:** ISWP's current funding is $2.5 million, which includes $2.3 million from the original grant and $200,000 recently approved through a costed extension. The costed extension includes approval to extend the grant six months -- from December 31, 2016 to June 30, 2017.

   ISWP has received $150,000 donations from American Wheelchair Mission and LDS Charities to support ISWP initiatives, including facilitating wheelchair distribution and testing wheelchairs using a salt fog chamber.

   ISWP has a subcontract with MSH to assist in the evaluation portion of the Training of Trainers (ToT) program and is negotiating with MSH to increase the amount to cover additional language translations for the Basic test.

   Mary Goldberg recently received a $50,000 grant from the Paralyzed Veterans Association to develop a wheelchair service professional credential. While the organization is based in the U.S., the program will include an international component.

   ISWP is exploring other revenue streams, including membership dues and fees for services.

2. **SWOT Analysis**: Strategic Planning Committee members submitted a SWOT analysis and list of key ISWP activities prior to the meeting. Attachment A is a workbook with tabs for each. The meeting discussion focused on Opportunities and Threats, along with ISWP activities.

   Activities, Opportunities and Threats were grouped into three broad categories:

   - Advocacy/Awareness
   - Global Wheelchair Standards and Evidence-based Practice
   - Global Resource for Information and Platform for Exchange.

   a. **Advocacy/Awareness**:
      i. *Raise awareness at UNCRPD level*: Advocate for basic mobility for many people. Advocate that service delivery is key. DFID is a key organization.

      ii. *Awareness campaigns promoting appropriate wheelchairs*: Advocate for need as well as opportunity to improve person's quality of life and contributions to society. Develop goal driven, objective-driven messaging that motivates, is achievable and

can be quantified.

P&O has raised awareness well.

iii. *Targeted outcome campaigns*:

- ISWP could advocate for funding on behalf of organizations without overstepping what organizations such as Motivation and UCP are doing on their own already.

- Talk with large organizations such as DFAT and DAR. Describe impact of providing a wheelchair in the correct way.

- Priority should be an advocacy message – what change can ISWP bring about.

- Country-specific campaigns are key.

- Campaigns need to be fact based; infographics are a clever way to communicate a message.

- Ideally, ISWP should set a goal, such as: By 2020, ISWP wants to have x number of service providers in x number of countries worldwide. Goal should include a call to action, such as: volunteer, join, donate, "and come with us on this journey."

  Current ISWP members and volunteers are converted. Need to convert manufacturers, policy makers, people working in the field, and those who currently believe any wheelchair will do.

iv. Link with manufacturing associations

v. *Lobby ministries directly*: Lobby governments to increase funding for appropriate wheelchairs and services. Ministers of health have high turnover rate, and messages and approaches vary by country. ISWP should provide members access to information so they can approach ministries directly. Also consider establishing stakeholder task forces in country.

vi. *Link with industry consortium*, such as NCART.

vii. *Support for-profit organizations entering a market:* Help for-profits move into emerging markets such as China, India and Brazil. Also consider a way to help manufacturers grow their distributor base; Jon mentioned hearing that only 1 of every 5 distributors are successful for a manufacturer. Sue cautioned against helping to introduce companies into new markets, as companies will expect ISWP's endorsement, which may not be good for ISWP in long run.

viii. *Use conferences to promote awareness of ISWP*: Examples are Posture Mobility Group (PMG) in UK and ICREATE in Asia.

b. **Global Wheelchair Standards and Evidence-based Practice**:

i. *Product standards with ISO:* Engage ISO to get ISWP tests branded with ISO label. ISO would like to have a standard for products used in adverse environments. ISWP would submit technical specifications, which will take a couple of years before becoming a standard.

ii. *ISWP testing equipment development:* This is an important activity for ISWP, unique to the organization.

iii. *Testing (individual and organizational):* ISWP should be considered the unbiased organization which provides testing. Translations of tests and materials are critical.

Also, more time/resources need to be devoted to the Intermediate knowledge and skills test.

There also is a lack of information on what happens after the person completes a training and/or test and how the person's skills improved following each level.

ISWP should be involved in updating the WHO materials. Mary suggested considering the MSH model for ToT. ISWP would update the WHO WSTP on behalf of WHO. Group acknowledged updating materials would require a large investment of time and resources.

iv. *Credentialing (individual and organizational*):

- Bring together key wheelchair service providers to define acceptable criteria for service provider capacity to better inform consumers and donors and help to provide pathway to improve quality. Assign category to providers based on objective assessment. Example: Category A, staff passes Basic and Intermediate, has management systems to support, turnaround time is less than an agreed upon metric; and is linked to Ministry of Health. Consider ISPO Category 1, 2, 3.

- In the short term, there is a big need for basic information. ISWP should report where trained people are located; e.g., who passed the Basic test in Zimbabwe or in a particular facility.

- ISWP can create an environment where people receive training and organizations aspire to be better – for the benefit of the end user.

- The Ministry of Health could help to create the skills and qualifications to support hiring qualified professionals.

- Sue feels moving to an individual wheelchair service provider credential in next year is too soon; rather, it should be a mid- to long-term goal. Group

acknowledged it could be an entry point for ATP and mobility specialists, which have heavy service requirements. It also could be a good step for students.

- Regarding organizational credentialing, a first step would be to conduct an Organizational Capacity Assessment (OCA) with a member task force. The task force would develop objective measurements (e.g., number of individuals who completed Basic, Intermediate training, number which passed the tests). Organizations would self report and classified based on meeting certain criteria. Once developed, the credential could be piloted, with results analyzed and business plan developed so the service is self-sustaining at a minimum.

v. *Research data center*: Members can access a data repository which will enable them to conduct additional analyses and/or inform future research. Karen Reyes mentioned more patient-centered data would be a big help.

Sue Eitel encouraged collecting data in support of an advocacy message. Organizations also can use to produce better quality products and services, which have a greater impact on wheelchair users.

To be viable and meet members' needs, the data center will require a significant number of data/studies from a variety of organizations.

vi. *Quality of Life (QOL) data collection tool*: Consider a tablet-based app to collect QOL. Also could consider other standard measures such as DAS (Disability Assessment Scale) or FMA (Functional Mobility Assessment). Members can opt in to contribute to data center.

vii. *Support/sponsor data collection*: There is a growing interest in outcome measurements, which ISWP can house in the research data center. Information can be used to improve outcomes for wheelchair users and help with process improvements (streamline/improve delivery and service).

Among manufacturers, there also is interest in collecting data at user level; e.g., number of people, which chair is used.

Data collection, which not compulsory, should be a key aspect of ISWP membership.

The data collection tool can be similar to Washington Group; e.g., what is base need, and how do you break it out for wheelchair users. Ministers and funders use this type of information.

Consider providing a pool of funds for in-country organizations to gather data, such as a DPO. Group acknowledged DPOs' stature varies by country, and it will be important to find the right organization to partner. Perhaps countries could be identified based on perceived level of effort required).

Jongbae mentioned an organization like Korean Association of Spinal Cord Injuries does not have its own funds but could be contracted to conduct data collection.

Research can be used to support specific statements in advocacy and awareness campaigns. Data collection also could help to determine gaps and additional research needs.

c. **Global Resource for Information and Platform for Exchange**

i. *Expanded and updated website*: A more robust website to serve as a knowledge hub of key resources and information. Would include information such as map to include NGOs working in country, where trained providers are located and where distributors are located.

Group acknowledged ISWP still needs to provide paper materials for distribution; e.g., downloadable PDFs.

ii. *Collaboration with GATE:* Increase communications about ISWP/GATE initiatives – could be related to products, training and advocacy. Emphasize importance of an appropriate wheelchair. Consider having a wheelchair section of GATE.

An alternative is that GATE delegates the wheelchair toolkit/assessment to ISWP. This would require a work plan and official relationship with WHO.

iii. *Collaboration with DAR*: Opportunities are with training bodies, including WCPT, WFOT and ISPO, to provide more content on wheelchair provision. Work to ensure ISWP and DAR message are complementary.

iv. *WHO materials revision*: ISWP should be involved in ToT development and in WHO WSTP revisions.

v. Affiliate program: Consider complexities of developing in-country affiliates which unite in-country DPOs that each has a different mission and governance. Affiliate program seems ambitious. Perhaps a first step could be to conduct a needs assessment and collect data, such as number of individuals who passed Basic and Intermediate, and list of trained providers in country. The goal could be that 70% of countries have needs assessment completed in five-year period.

vi. Communications vehicles: Participate in sector conferences with strong objectives; e.g., presentation on training. Hold regular forums/webinars on topics of interest to sector.

Develop information/materials about the sector, not just ISWP. Example: How wheelchair provision fits with what other organizations are doing. WFOT, WCPT and ISPO are channel partners. CBRs are groups on the ground. Will demonstrate that ISWP is doing something for the sector.

Provide a platform/moderated forum for wheelchair users on the website or through some other method. Topics could include wheelchair skills, how to stay healthy, how to adopt a healthy lifestyle. Wheelchairjunkie.com is a hub for wheelchairs by users. Carecure.com is a hub for care providers.

Regarding Hub:

- Invite partners to submit quarterly updates on their activities.
- Focus on different countries in each Hub issue. Or, create special editions for certain countries/regions.

3. **Vision:** The committee also discussed the ISWP vision and mission.
   a. *Current vision*: All wheelchair users are provided the best technology with the best service worldwide.

   b. *Recommendations*:
      i. Include words "appropriate" and "with dignity." "Appropriate" addresses unique cultures. "Dignity" indicates people are respected in society. Group acknowledged "dignity" has a different meaning in different countries.

      ii. Consider expanding to include a wheelchair user's ability to access education, job and quality of life. Sue feels focusing on appropriate wheelchairs and services is sufficient. Education, income and quality of life start to cross over to CBR. They also could be included in values statements, such as respecting the individual and valuing participation of people with disabilities.

      iii. Include UNCRPD and SDG in vision statement.

4. **Mission:**
   a. *Current mission*: Build a self-sustaining network of international and regional partners dedicated to the professionalization of wheelchair services around the world.

   b. *Recommendations*:
      i. Consider ISWP five-year goal versus current.

      ii. Ensure term "provision" is included as it is key phrase related to training and testing.

      iii. Revisit term "professionalization", which hasn't been well received by some audiences who feel they are professionals already.

      iv. Do not include people with disabilities in the mission as they are not the only individuals who need appropriate wheelchairs.

      v. Consider how ISWP fits/complements WHO, MSH, GATE, ISPO, WFOT, WCPT, in-country DPOs and other sector groups.

vi. Include statements which ISWP can control and are attainable, such as service standards and testing.

vii. Incorporate these phrases:
- Advocating
- Moving things forward/being a force for change
- Unifying/bringing sector together
- Improving people's mobility and health
- Sharing information; having a platform for dialogue and exchange

viii. Consider this wording: Serve as a global resource for wheelchair service standards and provision through testing, innovation and providing a platform for exchange.

5. **Prioritizing Activities:** Committee members prioritized activities based on their ease of implementation (difficult to easy) and benefit sector (small to large). Activities which have large benefit to sector and are easy to implement would be initial priorities for ISWP. See Attachments B, C and D.

6. **Next Steps:**

a. ISWP to present meeting highlights during Thursday, October 27, 2016 ISWP Advisory Board call (9:00 a.m. U.S. Eastern Time).

b. Following Advisory Board call, ISWP will hold open meetings in November - December with Advisory Board and Strategic Planning Committee members to discuss plan components.

c. ISWP also will:

i. Develop alternative vision and mission statements based on planning committee's input.

ii. Prepare list of tasks and timeframes based on September 28-29 meeting and identify resources needed to complete.

d. ISWP will incorporate feedback into plan to be presented for Board approval in January 2017.

Participants: David Constantine, Motivation UK; Sue Eitel, Eitel Global (by phone), Jongbae Kim, Yonsei University; Karen Reyes, UCP/Wheels for Humanity; Tom Rolick, Consultant (by phone, part time). From ISWP: John Pearlman, Nancy Augustine, Krithika Kandavel

International Society of Wheelchair Professionals (ISWP)

Advisory Board Meetings
November 28 and November 30, 2016

The International Society of Wheelchair Professionals (ISWP) Advisory Board met by conference call on Monday, November 28, 2016, 2:00 p.m. – 3:30 p.m., and Wednesday, November 30, 9:00 a.m. – 10:30 a.m. U.S. Eastern Time. Purpose: Obtain Board members' input on ISWP strategic plan components. Participants' list follows. A copy of the presentation is attached.

Link to meeting recordings:

- November 28: https://iswp.adobeconnect.com/p2mcgqi676j/
- November 30: https://iswp.adobeconnect.com/p8b8aboi27w/

1. **Strategic plan timeline:** ISWP internal staff met on June 9. The ISWP strategic plan subcommittee held calls on August 17 and September 9, followed by an in-person meeting on September 28-29. Dr. Pearlman reviewed the meeting highlights during the October 27 Advisory Board call. Now, we are holding open calls with Board members for additional input. An ISWP survey is being sent to members in December, which will help to inform a draft of the strategic plan which we will forward to the Board in January 2017 for comment and subsequent approval.

   Strategic planning subcommittee members represent a cross-section of the wheelchair sector and include wheelchair users: Dave Calver, UCP/Wheels for Humanity; David Constantine, Motivation; Sue Eitel, Eitel Global; Jongbae Kim, Yonsei University; Karen Reyes, UCP/Wheels for Humanity; and Tom Rolick, Handicare.

2. **Plan components:** The plan will cover five years, 2017-2021, with five areas of focus identified by the Strategic Plan Subcommittee and a mix of existing activities and new ones proposed by the subcommittee:
   a. Advocacy/Awareness
   b. Training
   c. Standards
   d. Evidence-based Practice
   e. Global Information Resource

   ISWP's mission and vision statements also will be updated.

3. **Areas of Focus and Related Activities**
   a. ***Advocacy/Awareness***
      1) *Raise awareness at UNCRPD level*, through attending UNCRPD meetings and advocating for basic mobility and appropriate service delivery. Long term, host side events at UNCRPD to raise awareness of WC sector needs. ISWP would need to establish itself as an independent organization first.

2) Board comments:
-- Consider a longer time horizon than 1-2 years to establish status with UN.
Eric Wunderlich commented that LDS gained consultative status with the UN, which was a long process.

-- Focus on governmental levels, in addition to the UN, as ISWP is well positioned.
Jon Pearlman explained that ISWP would engage or provide tools for local organizations to engage with governments. We would be at the table, but not leading.

-- Include WHO guidelines. UNCRPD is the umbrella, but the guidelines are critical as they are the key international standard for the wheelchair sector and the most effective tool.
Jon Pearlman explained the guidelines will be incorporated in Training area of focus.

-- Remain active within the GATE initiative. Serve as a resource for GATE.

3) *Lobby ministries directly,* through supporting organizations promoting policy change, lobbying governments to increase funding for appropriate wheelchairs/services and providing members with information so they can approach ministries directly.

Board comments:
-- Information and resources, including policy toolkit, are a great start and a critical activity. Mark Sullivan commented that a country often will provide funding for prosthetics, but not wheelchairs. If you can't get countries to fund wheelchairs, nothing changes. Group acknowledged there are significant differences in policies by country.

-- Focus on supporting local organizations rather than taking the lead with a Ministry of Health. Working with the main rehabilitation center in country or ministry would help. This may require doing country-specific evaluations of groups advocating for policy adoption first.

-- Continue to support affiliates, as they would be important coordinating bodies which are most knowledgeable about the market, affiliated with local ministries and have a vested interest in the area. Other board members like the broader funding of needs assessment and suggest organizations in country approach ISWP for support.

-- Put wheelchair users at the forefront of advocacy/awareness campaigns.

-- Consider how this activity ties into ISWP mission statement.

4) *Run targeted campaigns to effect change in wheelchair service/provision*, with an objective of a specific number of campaigns per year and number of service providers in a given number of countries who follow WHO 8 steps.

Board comments:
-- Run general awareness campaigns, not focused on a specific organization or organizations.

-- Determine how to measure the service providers goal.

-- Consider how this is tied to credentialing, as there are many factors that result in a change in wheelchair service/provision.

5) *Run general awareness campaigns promoting appropriate wheelchairs,* through social media, ISWP blog and other methods.

   Board comments:
   -- Reach consensus on whether advocacy/awareness should be a main focus as it may not be ISWP's core strength and could be a significant initiative. Perhaps we could accomplish this through evidence-based practice and testing activities.

   -- Strengthen arguments for policy changes, including: 1) trained service providers; 2) appropriate products; and 3) successes as a result of trained providers and appropriate products. Provide resource to support points and demonstrate specific outcomes as a result of appropriate wheelchairs and services.

   -- Provide outcome measures; e.g., number of trained providers and standards. An organization cannot advocate without outcomes.

6) *Collaborate with manufacturing associations,* to provide support for manufacturers entering emerging markets by identifying collecting and sharing key data, and assisting manufacturers in growing their distributor base.

   Board comments:
   -- Data is available but not organized.

   -- ISWP would be resource similar to NCART for organizations and manufacturers to provide data such as location and qualification of service providers; ministries' information; funding; policies and how to obtain funding for an appropriate wheelchair. Other suggested data: What is market potential; who are distributors; and what are import price points.

   -- Consider whether ISWP can provide resources to U.S. manufacturers. Economics of selling into less-resourced environments are a challenge. Service providers' information is available for the U.S. through the ATP; political influence may be more important.

7) *Promote awareness of ISWP*, through speaking opportunities at minimum of 4 sector conferences annually and host ISWP membership meeting in conjunction sector conferences, with a long-term goal of hosting regional meetings.

   Board comments:
   -- These are important activities but at what cost and what impact/payback.

b. ***Training***

1) *Establish ISWP as the unbiased organization for testing*, through Basic and Intermediate tests in multiple languages and a training pathway to track/assess skills improvement.

Board comments:
-- Determine how to evaluate whether test takers provide good service.

-- Acknowledge that as wheelchair service training packages are revised, tests need to be revised, too.

-- Include organizational performance in the testing/training category.

-- Assess sustainability of the Intermediate knowledge and skills test, particularly the skills evaluation as it requires subject matter experts to review and has financial and capacity implications.

-- Be realistic about work plans around testing and training in general. Work plans to date have been very ambitious.

2) *Play active role in WHO Wheelchair Service Training Packages' revision,* through establishing a collaborating center with WHO, recruiting ISWP members to participate on review committee, promoting/disseminating revisions and reviewing/revising ISWP tests to incorporate changes.

Board comments:
-- Guidelines have an expiration data and need to be revised.

-- Guidelines were written with focus on less-resourced environments. Should be adopted and welcomed around the world.

-- Encourage more interactive dialogue around revisions. More buy in up front, the better.

-- Recognize that developing the collaborating center is a long process; e.g., it has to be on the WHA agenda first; goal is 2018.

-- Involve wheelchair users as much as possible. Some organizations overdo it and ignore scientific approach. Need users' input but also need scientists to be involved.

-- Expand training to include other materials, such as wheelchair skills.

-- Consider moving away from training to focus on service support and development; e.g., skills improvement, mentoring individuals and service providers and tools to accomplish this.

3) *Implement wheelchair service professional credential*, by defining acceptable criteria for service providers, involving ministries of health to help create skills/qualifications, and launching awareness campaign to inform consumers and donors about the credential.

   Board comments:
   -- Explore other examples of international/global credentials. A credential usually is regional or national, like RESNA ATP.

   -- Make effective but not so restrictive that someone who is the only service provider but not credentialed cannot provide services.

   -- Consider ISO, where different countries propose/contribute to development of a standard. A country decides extent to which it is adopted. ISWP service standard should be reasonable and easily adopted by governments and organizations.

   -- Work with Training Working Group to align with its priorities. Important to integrate properly, not just add to work plan.

4) *Conduct Organizational Capacity Assessment for credentialing*, by establishing member task force, developing objective measurements and classification criteria, developing process for organizations to submit data, and if results are favorable, developing business plan to create self-sustaining program.

   Board comments:
   -- Consider WHO guidelines which have services assessment tool.

   -- Consult with Motivation which has experience to share.

   -- Consider how ISWP would handle; e.g., like ISPO or a stakeholder group.

5) *Provide system for tracking documentation related to trainees and trainers,* through launching the Wheelchair Information Network (WIN).

   Board comments:
   -- Consider whether there is an "expiration date" for training. If a person is trained in 2016, how good is it in 2021?

6) *Collaborate with training bodies, including WCPT, WFOT and ISPO to provide more content on wheelchair provision.*

   Board comments:
   -- February 2017 meeting in Geneva with representatives from these organizations will be important to identifying next steps and timing.

   -- Resources should be aligned for all settings, not just less-resourced environments.

-- Expertise from developed countries will help less-resourced environments.

c. ***Standards***

1) *Develop testing equipment for wheelchairs in less-resourced countries,* with a long-term goal of having 4 types of testing equipment (caster, rolling resistance, corrosion, whole chair) and protocols for others to reproduce testing labs.

Board comments:
-- Elevate ISWP standards to ISO level.

-- Promote testing as one way to qualify products that government would purchase.

-- Promote policies related to testing equipment outcomes.

-- Do not make hurdles more strenuous or punitive for less-resourced environments than in U.S. Will result in manufacturers not sending products for testing. Goal is to protect consumers from bad products.

2) *Request ISO to brand ISWP tests with ISO label*, by submitting technical specifications rolling resistance, caster and whole chair testing, and requesting technical specs be converted to standards.

3) *Support product development through testing and field evaluations,* by running tests, providing manufacturers with input on product development and publishing results on product list.

Board comments:
-- Tread carefully. Don't want to make hurdles more difficult for less-resourced environments than U.S. If a test is seen as a "punishment", there may not be a good outcome. Even if a part does not pass the ISWP test, the product overall still might be best for a client for other reasons.

-- For ISWP standards to be valued, they would need to be required; otherwise, they won't be used. Standards would be more valuable if they were adopted as "global standards" such as through WHO.

-- Promote that standards can provide new tools; e.g., failure information for manufacturers and assessment information for services providers.

-- Make service providers/clinicians gatekeepers for product quality. They are ones rejecting inferior products.

-- Recognize that hosting test results online may have consequences. Suggest pulling product off list if it fails and work with manufacturer to resolve.

d. ***Evidence-based Practice****:*

1) *Support/sponsor data collection,* by reinforcing advocacy and awareness messages, supporting health ministers and funders, offering in-country organizations financial support to gather data; and providing tools for organizations to collect and report data.

Board comments:
-- Ensure tools are easy to use to provide most value.

-- Simplify process of collecting data and standardizing it. ISWP would take lead in standardizing data. Standardized, de-identified data would feed into ISWP data repository.

2) *Maintain research data center,* by hosting a given number of studies, providing access to a given number of users and establishing links between data center and data collection via ISWP tools.

Board comments:
-- Tie in with goals related to advocacy.

-- Reframe data center configuration to enable primary data to be collected.

3) *Develop Quality of Life (QOL) data collection tool,* by developing tablet-based apps to collect QOL information, with a long-term goal of expanding tool to include standard measures such as DAS and FMA.

Board comments:
-- Outcome measures are critical.

4) *Map countries relative to capacity of service,* by inviting organizations to contribute data through wiki-based format; funding and providing service capacity information for a given number of countries.

Board comments:
-- This is less important than other activities; a nice to have rather than critical.

-- WIN, credentialing and accrediting would help to confirm information.

-- For organizations like LDS, information would be useful to identify who has been working in an area to facilitate collaboration and avoid duplication of activities.

e. ***Global Information Resource***

1) *Expand ISWP website,* with information including NGOs working in country location of trained providers and distributors. Provide in variety of formats for low/no internet access organizations/areas.

Board comments:

-- Link with Integration tools.

-- Provide forum for and create network of wheelchair users; could be a moderated forum or a blog. These also would be ISWP spokespersons.

-- Have regional versions of the Hub e-newsletter; more impactful.

4. **Vision and Mission Statements**

a. ***Proposed Vision:*** All people needing wheeled mobility devices receive the appropriate product and service with dignity.

Board had no additional comments.

b. ***Proposed Mission:*** Proposed mission: Serve as a global resource for wheelchair service standards and provision through testing, innovation and providing a platform for exchange.

Board comments:
-- Incorporate areas of focus (advocacy, training/testing, standards)

-- Define innovation.

-- Change "…and providing a platform for exchange" to "…and providing an information platform for exchange.

Participants: Lee Kirby, Dalhousie University; Tamsin Langford, Motivation; Hisaichi Ohnabe, Niigata University of Health and Welfare (Prof. Emeritus); Tom Rolick, Consultant; Mark Sullivan, Consultant; Eric Wunderlich, LDS Charities; and Marc Zlot, ICRC. From ISWP: Jon Pearlman, Director; Nancy Augustine. *Not participating*: Board -- Michael Allen, UCP Wheels for Humanity; Sue Eitel, EITEL Global; Eliana Ferretti, UNIFESP; Simon Hall, Central Remedial Clinic; Jongbae Kim, Yonsei University; Xavier Lemire, Handicap International; Chris Lewis, American Wheelchair Mission; Arturo Pichardo, Teleton; Elsje Scheffler, DARE Consult; Don Schoendorfer, Free Wheelchair Mission; and Urs Schneider, Fraunhofer. Ex officio: Rob Horvath, USAID; and Chapal Khasnabis, WHO; Jamie Noon, Consultant; and Cara Thanassi, USAID.

APPENDIX D

ISWP STRATEGIC PLAN SWOT ANALYSIS
Consolidated Responses, September 26, 2016

The ISWP Strategic Planning Subcommittee and ISWP staff provided input on ISWP's Strengths, Weaknesses, Opportunities and Threats. Feedback is grouped into these categories:

Advocacy	Mission/Focus
Awareness	Priorities
Competition	Research
Country/Regional Partners	Resources
Funding/Sustainability	Training/Testing/Credentialing
Inclusiveness	Website
Language/Culture	

While each category should include strengths, weaknesses, opportunities and threats, subcommittee members and staff did not provide in each case.

ADVOCACY

Weaknesses:

- Mechanism for connecting with wheelchair users.
- What are we advocating for?
- Inconsistent messages – such as presenting positive stories of sending second-hand wheelchairs to low-income countries including poor or inappropriate imagery whilst its aim of professionalising the sector.

Opportunities:

- Proliferation of ratification of UN CRPD.
- Advocacy campaigns can help establish ISWP as a brand.
- Potential to dovetail with GATE.
- Engage with advocates from countries which are going to make a leap forward to resource them with know-how, advice, materials, details on reimbursement system in other places. Give resources to advocates – not direct in-country advocacy.
- Use partner network to connect with end user and for advertising.
- Be a part of the broader opportunity to reform rehabilitation to meet the huge demographic, diagnosis and multi-domain disability trends that are happening globally.

- Present a clear, consistent message about minimum standards of product, service and training that is achievable and realistic within a range of settings in accordance with the WHO Guidelines.
- Promote a rights-based approach to service delivery in alignment with the UNCRPD.
- Be more engaged with the GATE movement.
- Put disability as a higher profile in international development sector (with inclusion/leave no one behind key part of SDGs).

Threats:

- Wheelchair sector is relatively small and unknown compared to issues such as stroke or cancer.
- Lack of interest and participation from different entities and users.
- Without clear targets, it is difficult to justify time/resource investments.

AWARENESS

Strengths:

- ISWP has created tools/key messages.
- Many partners have great awareness campaigns.
- ISWP is not a manufacturer and is potentially 'unbiased' as an advocate for best practices.

Weaknesses:

- Impact of awareness is numbers reached -- not measuring change.
- ISWP has not yet established itself as a brand.

Opportunities:

- Taking advantage of international conferences such as ISS, RESNA.

COMPETITION

Threats:

- Could be viewed as a competitor to the groups they are trying to unify and lead.
- Still high levels of competition within sector.
- Conflict with WHO GATE activities.

COUNTRY/REGIONAL PARTNERS

Opportunities:

- Countries that already have some structure in place to support this effort.
- Vast network of individuals who are capable of learning and leading their own efforts in various locations.
- Have in-country partners who are responsible for capacity building to scale efforts, especially for training and testing.
- Connect organizations like ISWP affiliated wheelchair providers with Mobility India. Mobility India only has one Motivation chair; rest are hospital standard.
- Cluster countries by regions. Partner with middle-income countries surrounded by low-income settings. Will help middle-income countries achieve goals and serve as leaders in regions. Could also help to reduce language and cultural barriers and cost.
- Interest from emerging economies (China, India, Brazil).

Threats:

- Government policies.
- Environmental conditions that prohibit or limit the use of wheelchairs.
- Global economic environment.

FUNDING/SUSTAINABILITY

Weaknesses:

- Grant funding 'competitor' rather than unifier and standard setter – as ISWP is collecting training grants that could have gone to others, this creates bias.
- Funding needed to address broader inclusion goals is not available.

- Rely on only one source of funding.
- No sustainability plan currently in place, and there is the threat of it being dissolved once USAID funding finishes. Theory of change is weak, and this maybe a result of the initiation being driven by a donor rather than as a clearly thought out solution to a need presented by beneficiaries (whether that be users of wheelchairs, or providers of wheelchairs).

Opportunities:

- Donor coordinators and donor guidance. Influence donors toward the best current opportunities to make high impact and well thought out investments.

Threats:

- Limitation of fundraising for AT provision.
- Limited funding available with unclear sustainability plan.
- Long-term funding.
- Applying for USAID funding comes with political and geographic restrictions.

INCLUSIVENESS

Strengths:

- Existing global network of wheelchair people.
- Connections with many, many organizations. Probably 'best' connected.
- High stakeholder collaboration.

Weaknesses:

- Involvement of professionals with disability.
- Lack of regional cooperation.
- ISWP appears too US-centric; not seen to provide enough representation from less-resource settings.
- Not working towards creation of new relationships (new countries, new places.
- All of the [current] effort is going to the same region.

- Not having good geographic representation on Advisory Board and Working Groups.
- Governance process is not clear to outsiders (and sometimes those inside) and therefore feels non-transparent (or at least not clear to outsiders) governance processes – such as means of election of board members – which weakens credibility and buy-in from stakeholders.

Opportunities:

- Be the consolidation organisation to bring together the sector to work with WHO to update the Guidelines.
- Be a global resource to connect groups doing research, manufacturers, donors, NGOs.

Threats:

- Unable to build and communicate relevance while decision making is led with a US-centric approach – bridging the cultural divide has so far not been successful.
- To build relevance, would require far more consultation than has been carried out to date – however, would funding for this be available?
- Relying too much on previous networking and resources means not creating new partners. Look for places where no one has worked before that are underserved.

LANGUAGE/CULTURE

Threats:

- Cultural differences.
- Language barriers.
- Contextual and language variations are often difficult to standardize.
- So far, a non-English speaker cannot be part of the Advisory Board or a Working Group. Need to work to promote access to people not fluent in English. Need to consider investment in translations and interpreters.

MISSION/FOCUS

Strengths:

- Its mission.
- Global need for this mission.

Weaknesses:

- Value added is still not clear to people. Especially those in less resourced settings (ISWP needs to focus on building a name and reputation for itself as priority so people want to be part of it). At times it feels like too much is happening and confusing for the sector.

Threats:

- Too much focus on wheelchairs and provision versus the wider set of interventions needed for users to actually participate in community, job, inclusion.
- [Organization] Staying in the U.S.
- [Organization] Staying at a University.

PRIORITIES

Weaknesses:

- Time
- Prioritizing activities, which has impact rollout of some initiatives.
- Timeline so far has been very ambitious, and there is fatigue from organisations and individuals who are being heavily relied on for input.

RESEARCH

Strengths:

- Pitt is a recognized leader in this area.
- Research initiatives are under way.
- Strong product testing.

Weaknesses:

- Unclear recognition of ISWP test results.
- Currently focused on products.

Opportunities:

- Vast need for research in the WC sector.
- Network researchers, promote future research, create standard research data sets and metrics. Generally, unite and advance research in the field vs. being a competitive brand.
- Become the leader in wheelchair standards.

Threats:

- Partner reluctance to support research on service provision (for their programs).

RESOURCES

Strengths:

- Expertise
- Funding
- Leadership
- Knowledge base of competent people
- Resources at Pitt
- Strong academic links
- Knowledge base on wheelchairs
- Research and design expertise
- Attached to HERL and VA so they have a vantage point to pass along research, know-how and resources.
- Jon is a recognized researcher, knowledge resource and leader.
- WHO guidelines exist and ISWP already has relationship with WHO.
- A lot happening in the sector which links to this work (e.g., GATE).
- In initial period, ISWP has done a lot – significant outputs.
- Unique organisation in sector that has created further dialogue amongst providers/players in the sector.
- Excellent user of resources and previous network.
- Established Advisory Board and Working Groups dedicated to achieving specific goals.
- Include international people on staff with different skills and backgrounds.

Weaknesses:

- ISWP is asking for a lot of work for free from the organizations which could have been eligible for funds ISWP received.
- Working group structure is not funded enough to provide motivation to the groups and drive progress. Using working groups for mission critical items could be dangerous.
- Processes are not available for reference in one central location, sometimes making them unclear or making transitions difficult.

Opportunities:

- Make guidelines and processes available in one location to keep everyone on the same page and develop ISWP as a brand. Could include ISWP's stand on certain issues.

Threats:

- Over taxing of participants/working group members could ultimately decrease support from the sector.
- Too reliant on too few people within ISWP-central team.

TRAINING/TESTING/CREDENTIALING

Strengths:

- A few standard tests already exist.
- Already robust number of test-takers.
- Intermediate nearly done.
- Funding offered to pilot credentialing.

Weaknesses:

- Many languages not yet available.
- Unclear how/where to find those who have passed the test.
- Unclear how information is used.
- Current trainers have little field experience. They have not operated in an intermediate environment. As result, ISWP is undermining the quality elevation that should be achieved by ToT initiatives. This also blemishes the ISWP brand.

Opportunities:

- Complete testing translations; intermediate test.
- Address hiccups identified already.
- Promote value of passing the test.
- Online teaching and learning.
- Good position to establish accreditation and credential to give validation to wheelchair provision as a medical specialty.

Threats:

- Cost of taking the test is unclear.
- Lack-of buy-in to take the test.
- Credentialing seems threatening.

WEBSITE

Strengths:

- Website foundation already in place.
- Initial sensitization has been made.

Weaknesses:

- Incomplete or outdated information.
- Staffing needed to keep site current.

Opportunities:

- USAID funding to make website the "gold-standard" and useful.
- Use website better – to provide more resources for users while ISWP rolls out testing and training, materials, design guidelines and other products/services.

Threats:

- Challenge to collect information from stakeholders.

APPENDIX E

RESULTS OF ISWP MEMBER SURVEY
DECEMBER 2016

EXECUTIVE SUMMARY

Prepared: February 6, 2017

ACRONYMS

AB	Advisory Board
GATE	Global Cooperation on Assistive Technology (WHO initiative)
ISWP	International Society of Wheelchair Professionals
NGO	Non-government Organization
OT	Occupational Therapy
P&O	Prosthetics and Orthotics
PT	Physical Therapy
SC	Subcommittees
ToT	Training of Trainers
USAID	U.S. Agency for International Development
WCs	Wheelchairs
WG	Working Groups
WHO	World Health Organization
WHO WSTP-B	Wheelchair Service Training Package-Basic
WHO WSTP-I	Wheelchair Service Training Package-Intermediate

University of Pittsburgh scientists are working with the U.S. Agency for International Development (USAID) under a 2 1/2 year, $2.5 million sub-award to develop the new International Society of Wheelchair Professionals, a global network to ensure a level of standardization, certification and oversight, to teach and professionalize wheelchair services, and build affiliations to put better equipment in the right hands.

Since 2002, USAID has granted more than $45 million to improve wheelchairs and wheelchair services worldwide. This sub-award – Agreement No. APC-GM-0068 – was presented by Advancing Partners & Communities, a five-year cooperative agreement funded through USAID under Agreement No. AIDOAA-A-12-00047, beginning Oct. 1, 2012.

BACKGROUND

The International Society of Wheelchair Professionals (ISWP) is developing a five-year strategic plan to enhance professionalization of the wheelchair sector so that wheelchair users worldwide are provided the best quality products and services. Through appropriate wheelchairs and services, wheelchair users are able to lead quality lives, support their families and engage in their communities.

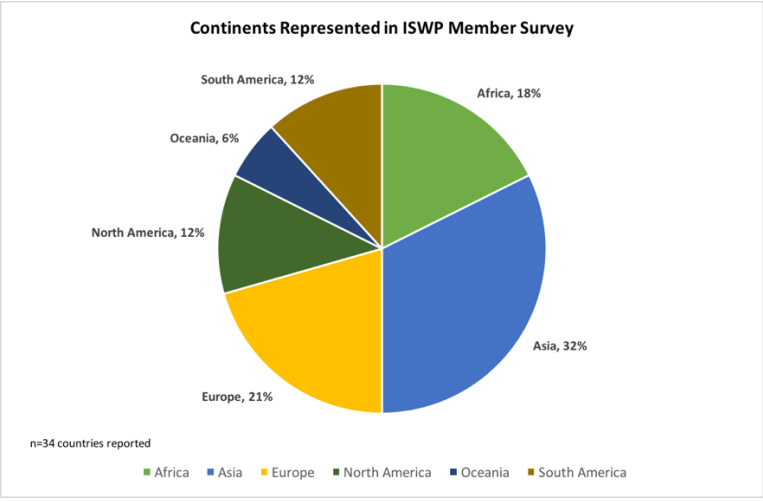
As part of the strategic planning process, ISWP surveyed members about their awareness of ISWP products and services and recommendations for additional offerings. The survey also fulfilled a USAID grant requirement to obtain member feedback on the organization's effectiveness.

METHODOLOGY

ISWP created two surveys: One for ISWP members and one for Advisory Board and Working Group (WG)/Subcommittee (SC) members. ISWP members received the survey request by e-mail on December 8, 2016, with a link to a Qualtrics survey which was estimated to take 5-8 minutes to complete. The e-mail was sent via the Mail Chimp platform; the survey was housed in Qualtrics. Follow-up reminders were sent on December 14, 2016 and on December 22, 2016. E-mails were sent to 990 e-mail addresses. Of those, 395 opened the initial e-mail (40%), 311 opened the first reminder (31%), and 308 opened the second reminder (31%). The survey response rate was 212, or 21% of those who received the invitation.

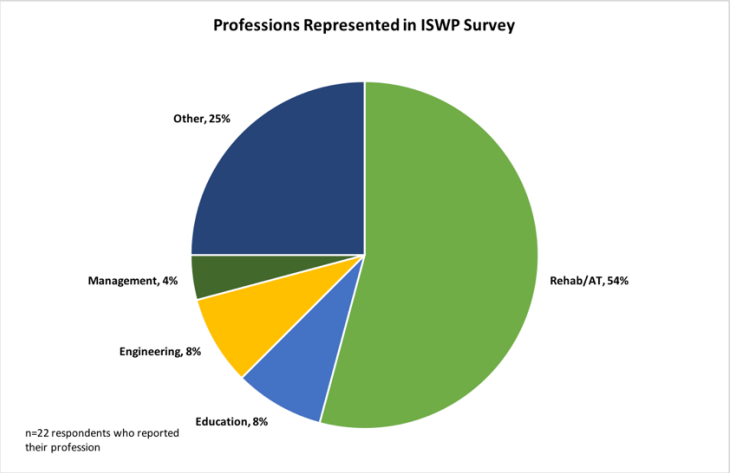
The Advisory Board and WG/SC survey request was sent by e-mail on December 13, with a reminder on December 22, also using the Mail Chimp platform and Qualtrics survey. E-mails were sent to 95 Board/WG/SC e-mail addresses. Of those, 48 opened the initial e-mail (51%), and 38 opened the reminder (40%). The survey response was 27, or 28% of those who received the invitation.

Respondents to both surveys had the option to provide name, country, occupation and organization name. Those who provided this information were from 34 countries across 6 continents, with over 70% from three continents -- 32% from Asia, 21% from Europe and 18% from Africa.



Respondents who offered their demographic information represented 22 occupations and 90 different

organizations, with over one-half (54%) in the rehab/AT sector, including physical therapists, physiotherapists, occupational therapists, and rehab medicine.



The member survey began with a question asking respondents to indicate their level of awareness of ISWP products and services overall. The Board/WG/SC survey started with a question regarding the respondent's role – Advisory Board and WG/SC, Advisory Board only or WG/SC only. In both survey versions, respondents then were asked to:

- Indicate which ISWP products or services they are aware of or have used and rate their satisfaction, along with provide comments.
- Indicate whether a list of ISWP products and services planned or being considered would be useful, along with comments.
- Describe other products or services that would be useful.

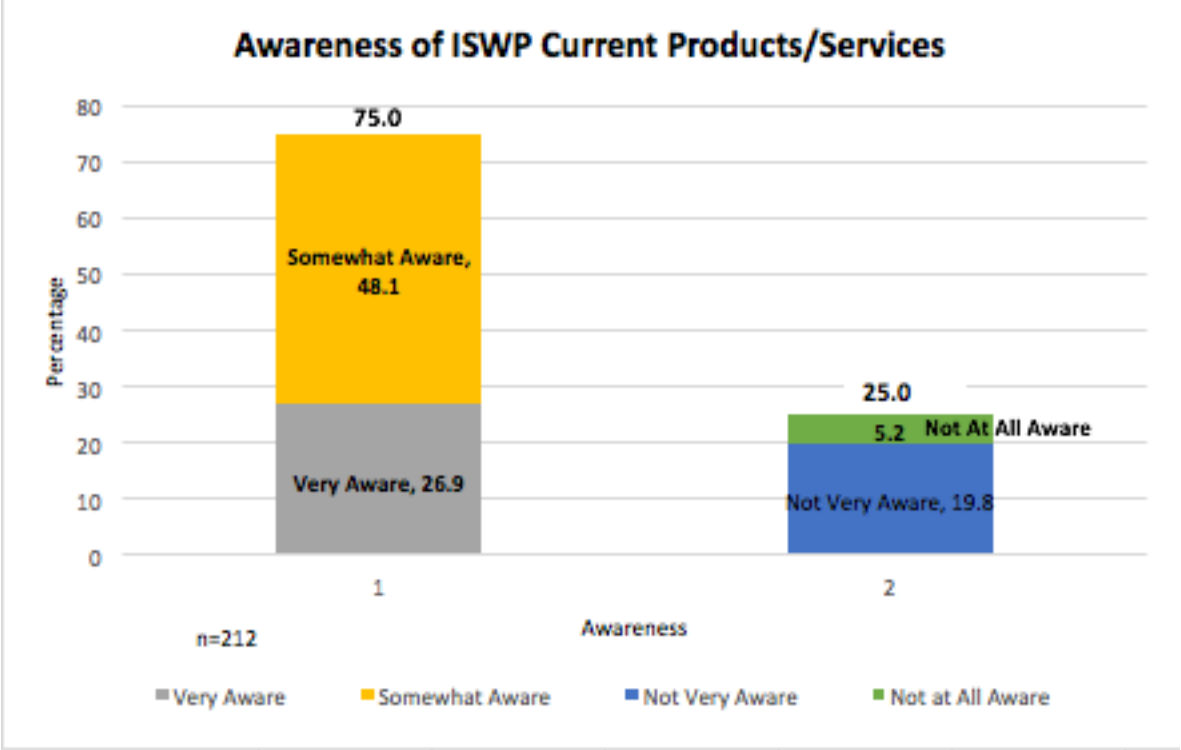
The Advisory Board/Working Group/Subcommittee survey included a question asking respondents to describe what aspects of ISWP are working well and what needs to be improved. Here is a summary of topics by survey type:

Topic	***Member Survey***	***Board/WG/SC Survey***
Awareness of ISWP products and services	✓	X
Current products/services used	✓	✓
Satisfaction with current products/services	✓	✓
Interest in additional products and services	✓	✓
What's working at ISWP and what needs to be improved	X	✓

KEY FINDINGS

Awareness of Current ISWP Products and Services

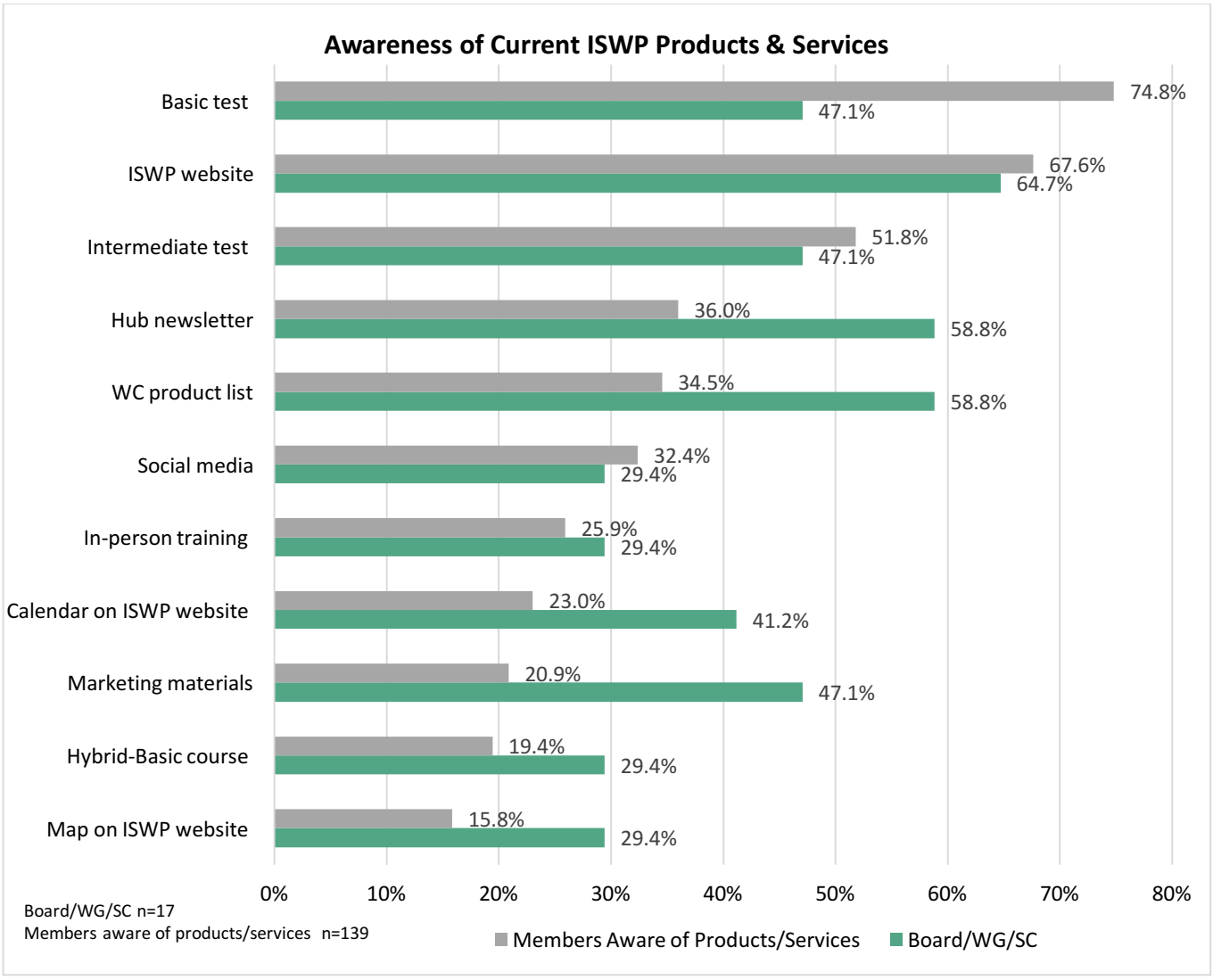
Of 212 members who completed the survey, three of every four (75%) either were very aware (27%) or somewhat aware (48%) of ISWP's products and services overall. The remaining 25% were either not very aware (20%) or not at all aware (5%). Advisory Board, Working Group (WG) and Subcommittee (SC) members were not asked this question.



n=212

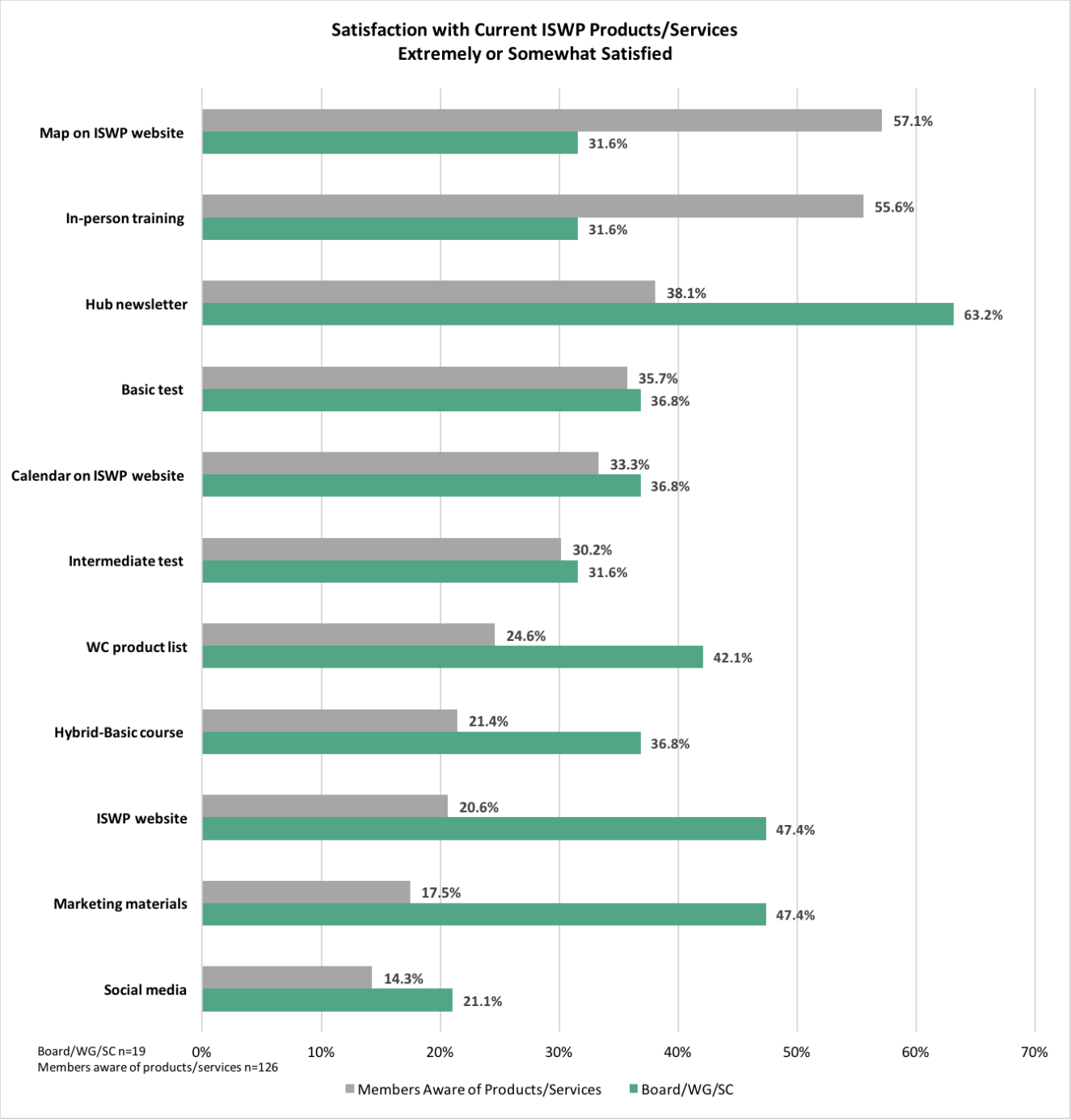
Those who indicated they were not very or not at all aware received a different version of the survey which included questions regarding their interest in products being considered or planned and suggestions for additional products and services.

Among the general membership and Board/WG/SC who were aware of or used ISWP's current products and services, members (n=139, top gray bar) said they were most aware of/used the Basic test (75%), the ISWP website (68%) and the intermediate test (52%). Board/WG/SC members (n=17, bottom green bar) said they were most aware of or had used the ISWP website (65%), Hub newsletter (59%) and wheelchair product list on the website (59%).



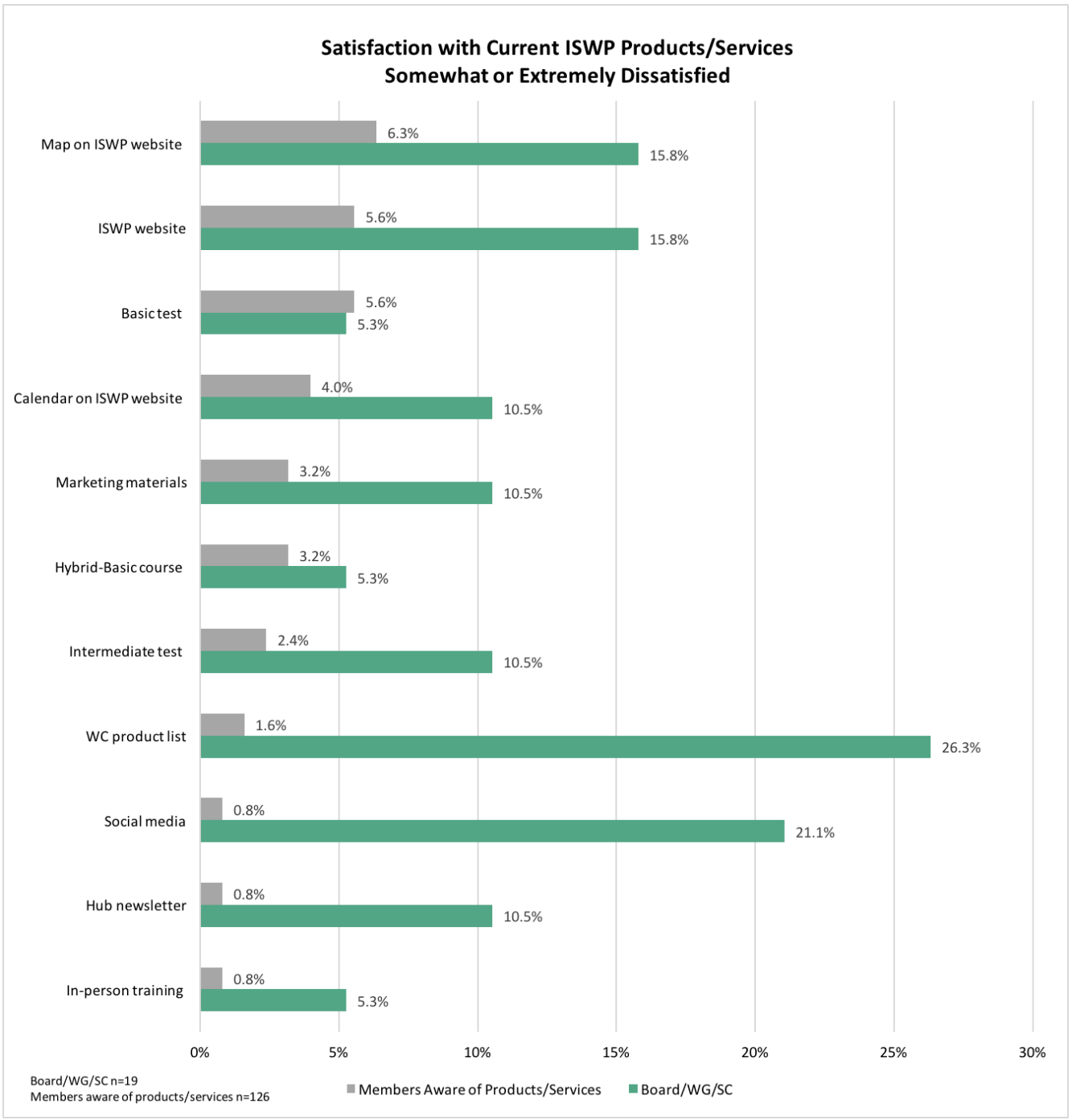
Satisfaction with Current ISWP Products and Services

Members aware of ISWP's current products and services who answered this question (n=126, top gray bar) were most satisfied with the ISWP website map (57%) and in-person training (56%). Board/WG/SC members (n=19, bottom green bar) were satisfied with the Hub newsletter (63%), ISWP website (47%) and marketing materials (47%).



Selected comments: "I hope to use the training product in the future. For now, the newsletter, web

page and Twitter work well." And, "Hybrid of basic course was useful and compactly designed." Fewer members and Board/WG/SC members expressed dissatisfaction with current ISWP products and services. Members (top gray bar) mentioned the ISWP website map (6%), website (6%) and Basic test (6%). Board/WG/WC members (bottom green bar) were not satisfied with the wheelchair product list on the website (26%), social media (21%), website (16%) and website map (16%).



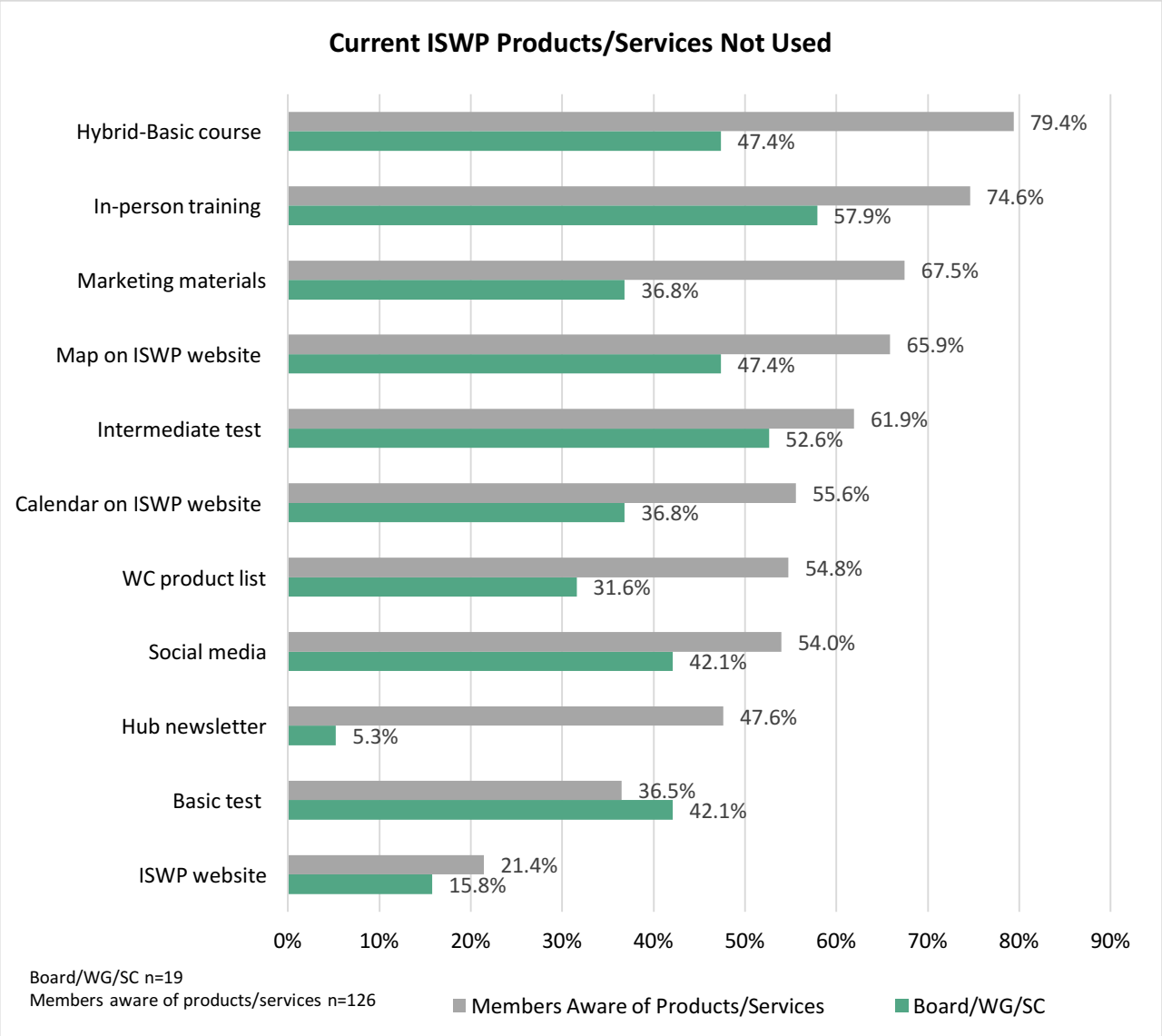
Some members commented that some Basic test translations were not up to par. For example, "The

basic test in Spanish has some problems in the translation…", and "The piloting Arabic version for the basic course was so poor and confused terminology were used." There also was a suggestion to use "real pictures instead of drawings" on the ISWP basic and intermediate tests.

Products and Services Not Used

In the satisfaction question, respondents were asked to indicate if they had not used a current ISWP product or service. Among members, 79% (top gray bar) indicated they had not used the Hybrid-Basic course, which makes sense since the program was still in pilot phase when the survey was conducted. Three of every four (75%) had not used an in-person training program, which also is likely since training programs were limited and held in conjunction with the Hybrid pilot in India, during an Intermediate training in Mexico and during stakeholder meetings in India and Malaysia. More than two of every three members (68%) indicated they had not used the marketing materials, which presents an opportunity for ISWP to promote more heavily and offer co-branding.

Board/WG/SC members (bottom green bar) indicated they had not used: In-person training courses (58%); Intermediate test (53%); Hybrid course (47%) and map on ISWP website (47%).



Potential ISWP Products and Services of Interest

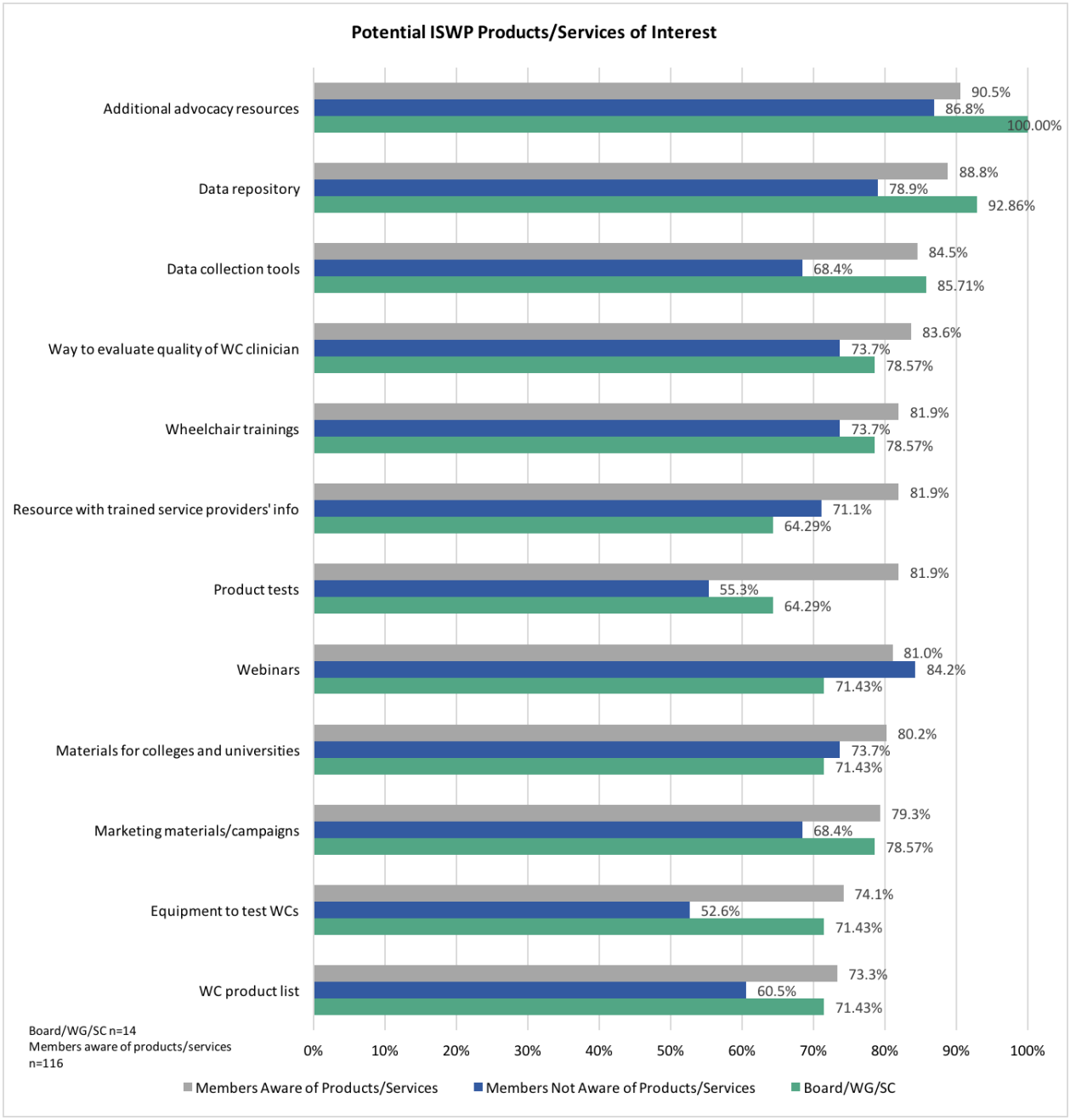
All respondents (n=239) – including members who indicated they were not too aware or not at all aware of ISWP's offerings – were invited to comment on whether a list of products and services being considered or developed would be useful to them. Of the 239, 130 answered the question.

High percentages of respondents indicated the potential products and services would be useful. Among members who were aware of ISWP's offerings (top gray bar), products and services receiving the highest percentage of "would be useful" responses were: Additional advocacy resources (91%); research data repository (89%); data collection tools (85%); and way to evaluate quality of WC clinician, technician or clinic (84%). These were followed closely by: Wheelchair trainings (82%); resource with information on name/location of trained service providers (82%); wheelchair product tests (82%) and webinars (81%).

Members who were not aware of ISWP's current products and services (middle blue bar) were most interested in: Additional advocacy resources (87%); webinars (84%); research data repository (79%); a method to evaluate the quality of a wheelchair clinician, technician or clinic (74%); and wheelchair trainings (74%). This group seemed to be less interested in the wheelchair product list (61%), wheelchair product tests (55%) and equipment to test wheelchairs (53%).

Board/WG/SC members' top preferences for potential products and services (bottom green bar) were: Additional advocacy resources (100%); research data repository (93%); data collection tools to help collect outcome measures (86%); a way to evaluate the quality of a wheelchair clinician, technician or clinic (79%); wheelchair trainings (79%); and marketing materials/campaigns (79%).

Selected comments about these products and services were: "All the products and services are very important and useful in my country and worldwide but some time the policies and plans are not there." "It would be great if all stakeholders will make use of the available information to further improve on the quality of wheelchair provision." And, "there is a big need for concise material. There is a lot of material out there but the volume makes it very hard for people looking for guidance to not get lost in the material and choices."


Potential ISWP Products/Services of Interest
Additional advocacy resources
90.5%
86.8%
100.00%
Data repository
88.8%
78.9%
92.86%
Data collection tools
84.5%
68.4%
85.71%
Way to evaluate quality of WC clinician
83.6%
73.7%
78.57%
Wheelchair trainings
81.9%
73.7%
78.57%
Resource with trained service providers' info
81.9%
71.1%
64.29%
Product tests
81.9%
55.3%
64.29%
Webinars
81.0%
84.2%
71.43%
Materials for colleges and universities
80.2%
73.7%
71.43%
Marketing materials/campaigns
79.3%
68.4%
78.57%
Equipment to test WCs
74.1%
52.6%
71.43%
WC product list
73.3%
60.5%
71.43%
Board/WG/SC n=14
Members aware of products/services n=116
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Members Aware of Products/Services
Members Not Aware of Products/Services
Board/WG/SC

Additional Products and Services

All respondents (n=239) had the opportunity to suggest additional products and services. Most related to training, wheelchair products and standards, and advocacy/awareness – which fit within three of the four focus areas of ISWP's current offerings (evidence-based practice is fourth). All suggestions were provided via open-ended responses and grouped based on ISWP's best understanding of the comments. Some were mentioned more than once; others were mentioned once but were worth noting:

Training

Materials	***Programs***	***Competency/Accreditation***
• Materials in more languages • Condensed version of training packages (less time consuming) • Broader offerings than current WHO-centric material	• Continuing education • WC engineering training to technical teams in LRE • Team of trainers available for organizations • Improved training/education in developed countries, not just LRE • Special conference on education and training	• Competency standards • Universal accreditation/credential • Internationally recognized, accredited training program

Products and Standards

Product Design, Standards, Tests	***Products***
• Local product design and manufacturing • Recommended sources of products; guides for local production • Ability to test new wheelchair components • Data: Failures in rural areas, long-term data for usability and breakdowns	• Contingency stock of WCs to support humanitarian need or training sessions • Appropriate WC cushions: Information and products themselves • Other locally available assistive devices (cushions) on product list

Advocacy/Awareness

Campaigns	*Materials*
• International advocacy campaign with ambassadors from each nation	• Promotional materials in broad range of languages for initial conversations and new business development

Additional resources mentioned were:

- Ratings of overall competence of dealers and suppliers and level of experience
- Funding to support initiatives to strengthen WC sector in developing countries
- Free registration to conferences, other training
- Wheelchair research-based journal

What's Working and Areas for Improvement

Board, Working Group and Subcommittee members (n=27) were asked to comment on what aspects of ISWP are working well and what needs to be improved.

The group suggested improvements in the areas of collaboration/support, Working Groups, training and the geographic scope of ISWP's offerings:

Collaboration/Support

- More concrete buy-in from WHO
- More long-term commitment from USAID
- Include clinical stakeholders more (e.g., for Design Guidelines)

Working Groups

- Ask more of working group members; contribute more than conference calls and periodic feedback
- Make better use of time on calls by distributing materials in advance and using discussions for most pressing points
- Better coordination between WG and overall ISWP efforts
- Time zones for calls are an issue

Training

- Bring ToT under ISWP umbrella

Geographic Scope

- Better implementation of services in various settings; country chapters

WG/SC members commented on what is working well in the areas of collaboration and ISWP products and services:

Collaboration

- Involvement of stakeholders from different backgrounds; can draw expertise across broad range of organizations
- Inclusive environment
- Collaboration beneficial to building community

ISWP Products and Services

- Research on availability of and need for professional wheelchairs
- Website and product list
- Systematic approach for professional development
- Integration materials

Here are selected quotes from ISWP members: "I think what you have achieved in such a short space of time is incredible." And, "ISWP work is progressive and well organized."