

WHO standards for
prosthetics and orthotics

Assessment package

Assessment guide



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WHO standards for prosthetics and orthotics assessment package: assessment guide

(WHO standards for prosthetics and orthotics assessment package: Assessment guide – User manual – Assessment tool – Planning document)

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1. Introduction



1.1 The WHO standards for prosthetics and orthotics

In 2017, the World Health Organization (WHO) published the *WHO standards for prosthetics and orthotics*, comprising the *Standards* (Part 1) and an *Implementation manual* (Part 2).¹ Developed in collaboration with the International Society for Prosthetics and Orthotics (ISPO) and a wide group of international specialists, the publication presents standards for countries to use in developing or strengthening essential, affordable, accessible, effective, efficient and safe prosthetics and orthotics services of high quality. Implementation of these standards will support governments in fulfilling their obligation to implement the *Convention on the Rights of Persons with Disabilities*² and in meeting the Sustainable Development Goals, in particular Goal 3.³

The publication presents 60 standards in four distinct person-centred areas: 1) Policy (including leadership, governance, financing and information); 2) Products (prostheses and orthoses); 3) Personnel (workforce and training); and 4) Provision of services (as part of the health system) (Fig. 1). The Implementation manual (Part 2) provides information on important considerations and steps that can be taken to implement the standards.

¹ WHO standards for prosthetics and orthotics. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259209>, accessed 9 January 2023).

² Convention on the Rights of Persons with Disabilities. New York: United Nations; 2006 (<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>, accessed 9 January 2023).

³ Sustainable Development [Website]. New York: United Nations Department of Economic and Social Affairs; 2015 (<https://sdgs.un.org/>, accessed 9 January 2023).



Figure 1. The WHO '5P' model of the Assistive technology ecosystem



1.2 The Assessment package

The Assessment package has been developed for countries to evaluate the implementation of the WHO standards for prosthetics and orthotics. It enables identification of areas in need of strengthening and facilitates relevant planning.

The complete Assessment package consists of the following four components:

- *Assessment guide* (current document): gives directions on how to organize and implement the assessment.
- *Assessment tool*: Excel instrument used to carry out assessments and record results.
- *User manual*: explains how the Assessment tool should be used.
- *Planning document*: Excel file into which the recommendations that are generated by the Assessment tool can be pasted for easy use in subsequent planning.

Before undertaking the assessment, stakeholders at the country level should familiarize themselves with the package components and the WHO standards for prosthetics and orthotics (Parts 1 and 2).

A PowerPoint presentation describing the assessment process and a video presenting the main assessment steps and key functions of the tool are also available to download from the WHO website to support assessments.

It is recommended that assessments are undertaken in collaboration with the ministry of health and other ministries responsible for prosthetics and orthotics, rehabilitation and assistive technology.

Assessment guide

This guide explains the process Member States can follow to assess the implementation status of the WHO standards for prosthetics and orthotics at country level with the use of the Assessment tool. It gives advice on the assessment process, including essential preparations, selection of stakeholders and suitable schedules.

While the standards assessment can be undertaken as a stand-alone exercise, its impact can be greatly enhanced if it is followed by a planning session (in which the results and recommendations from the assessment can be reflected upon, discussed and prioritized) and the implementation of the action plan that would be the expected outcome of that session (Fig. 2). This document gives guidance on assessment (section 2), planning (section 3) and implementation (section 4).

Figure 2. The impact of the assessment can be enhanced if it is followed by planning and the implementation of the resulting plan



Assessment tool

The Assessment tool has been developed to help countries objectively measure the degree to which the WHO standards for prosthetics and orthotics are implemented. It guides users through the assessment process and generates a score on the implementation of each standard. It also provides recommendations on steps that can be taken to improve standards implementation and further develop and strengthen prosthetics and orthotics services.

User manual

The User manual explains how to use the Assessment tool.

Planning document

The Planning document is an Excel file for use in the planning session. It has four main sheets (one for each standard area), to which the recommendations that are generated in the Assessment tool can be copied for easy use in planning activities.





2. Standards assessment



The standards assessment should be done by a Standards Assessment Group, convened by an organizing body at the national or sub-national level. With the use of the Assessment tool, the group can carry out the assessment face-to-face or online. The tool prompts the group to analyse and score different aspects of each standard, using their collective knowledge and readily available data. Based on their input, the tool automatically calculates implementation rates.

The assessment is typically done at the national level, but sub-national assessments may also be considered, particularly in federal and populous countries where prosthetics and orthotics approaches may vary between different parts of the country and the status of the whole country may be difficult to overview (see section 2.10).

2.1 Aim

The primary aim of the standards assessment is to understand the extent to which a country meets the WHO standards for prosthetics and orthotics. The assessment will help to identify strengths and weaknesses in the country's prosthetics and orthotics sector and to support the planning of actions that can lead to improvement.

A secondary aim of the assessment is to inform global strategies and policies related to prosthetics and orthotics. Standardized information collected from different countries will allow the global prosthetics and orthotics sector to be more fully understood and will help to identify common challenges and, in turn, priorities for improvement.

The standards assessment will also help raise awareness about the prosthetics and orthotics sector and the WHO standards for prosthetics and orthotics in countries where it is conducted.

2.2 Organizing body

The assessment should be organized and implemented by a body that is centrally involved in the prosthetics and orthotics sector, such as a national prosthetics and orthotics committee (or a similar body for the coordination of health, rehabilitation



and assistive technology), an association of prosthetics and orthotics professionals, a government body responsible for health and rehabilitation, or an educational institution in the rehabilitation field.

The organizing body should:

- study the content of the Assessment tool and consult the associated User manual to be familiar with the tool's complete functions and features;
- establish a Standards Assessment Group with the expertise needed to address the different topics discussed in the assessment – including ensuring the group has the right balance and is truly representative of rehabilitation sector stakeholders, which in some contexts may also require mapping of stakeholders;
- assign members to collect core data needed for the assessment;
- assign members to facilitate and lead assessments in each of the four standard areas;
- prepare a schedule and make all practical arrangements for the assessment;
- organize a brief preparation session, in which the Standards Assessment Group is introduced to the assessment process and the Assessment tool;
- implement the main assessment session;
- summarize assessment results;
- report results to the relevant government office(s);
- share assessment results with a broad group of national stakeholders; and
- disseminate results as needed.

2.3 Standards Assessment Group

The Standards Assessment Group requires representation from the necessary stakeholders to address all areas of the standards (e.g. from policy issues to technical aspects at the service unit level). It should not only comprise representatives of the prosthetics and orthotics sector, but also members who can contribute external views on standards implementation, including service users and their representatives (who should be given a particularly prominent role in the group), and health and rehabilitation professionals. The organizing body should make sure that the group is gender balanced.

In some settings, the assessment may be undertaken by a small group of stakeholders with a broad knowledge of the sector. In others, a larger group may be required.

Stakeholders that should be considered include the following:

- service users, caregivers and user groups;

- government agencies;
- civil society organizations;
- public, nongovernmental and private prosthetics and orthotics service providers;⁴
- other rehabilitation services;⁵
- other health services;⁶
- training and academic institutions;
- professional prosthetics and orthotics associations; and
- international organizations providing support to the country's prosthetics and orthotics sector.

It is recommended that four of the group members are appointed to facilitate and lead assessments in the four standard areas. This will require careful study of relevant sections of the Assessment tool beforehand and familiarization with all parts of the assessment process (as described in this guide and the associated User manual).

2.4 Preparations

In preparation for the assessment, the organizing body should assign members to collect core data that are readily available in the country on the topics to be discussed. If deemed possible, stakeholders can also carry out in-depth studies to gather more complete evidence and to verify information. This may include conducting service user and provider surveys.

It is also recommended that a short preparation session is organized (e.g. one to two weeks in advance of the assessment) to introduce the Standards Assessment Group to the Assessment tool. A video and slide presentation are available for this purpose. The group members can then, on their own, familiarize themselves with the tool or even conduct their own personal assessment in relevant areas. This can ensure that they are well prepared for the main meeting, where members harmonize their individual scores.

⁴ For the purpose of the Assessment tool, the term 'service provider' is defined as an establishment, company or organization offering prosthetics and orthotics services to the public.

⁵ Represented by, for example, rehabilitation physicians, physiotherapists and occupational therapists.

⁶ Represented by, for example, health personnel and managers.

2.5 Meeting format

The standards assessment will require approximately two full working days (see outline of a proposed 2-day programme in Annex I). It can be conducted in various ways, either by the full Standards Assessment Group together or in smaller workgroups (with 3–4 participants each, including one appointed facilitator) assessing the four standards areas in parallel.⁷

The organizing body may also consider carrying out the assessment as four half-day sessions, or spread over a higher number of shorter sessions. This may be particularly suitable if the work is done online.

Case example 1: Pakistan

Pakistan implemented a draft of the Assessment package in December 2021. The assessment included the following steps:

1. Formation of a Standards Assessment Group at Health Services Academy (Islamabad) with relevant members including representatives from prosthetics and orthotics including government offices, professional associations, universities, domestic and international nongovernmental organizations.
2. Individuals were assigned parts of the assessment based on their area of expertise, provided with the Assessment package via email and undertook the assessment independently.
3. A one day, face-to-face consensus-building meeting was called for all members of the Standards Assessment Group.
4. At the face-to-face meeting, each standard was discussed with individuals presenting their findings. Discussion on each standard was undertaken to hear the various perspectives.
5. When consensus was reached the final score was entered onto the Assessment tool.
6. Following completion of the tool, a subsequent meeting was arranged to discuss planning next steps and prioritizing recommendations.

The assessment team in Pakistan reported that the process went smoothly, and the outcomes of the assessment were “meaningful in understanding the current status of prosthetics and orthotics in Pakistan.”

⁷ As the number of standards components is not the same in all areas (i.e. Policy: 18; Products: 9; Personnel: 12; Provision: 26), the workload of the groups may need to be balanced out. The products group, for example, could also assess some standards in the provision area, particularly those that deal with technical issues at the service unit level.

2.6 Assessment method

The assessment is done with the use of the Assessment tool (Fig. 3), which prompts the Standards Assessment Group to consider different aspects of each standard and score them on a grading scale with four levels (Fig. 4). To facilitate this work, there is a short text describing each scoring option. Group members should jointly analyse each alternative, use objective data where such exist, and come to a consensus about the most appropriate score to assign. Based on the scores that are given, the programme computes an implementation value for each Standard, as well as an average for each Standard area and for the overall implementation, all of which is presented on the “Results” sheet.

Figure 3. The Assessment tool; screenshots of scoring and results sheets

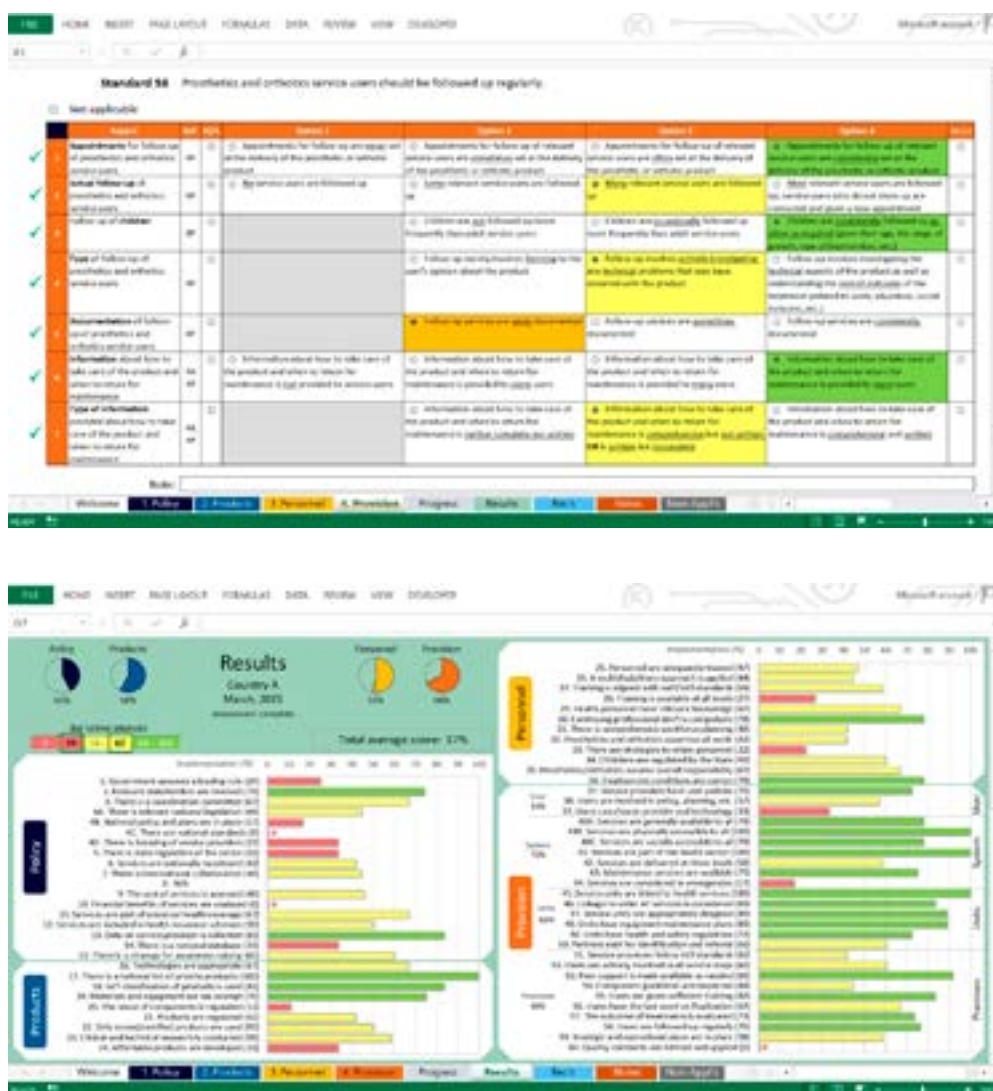
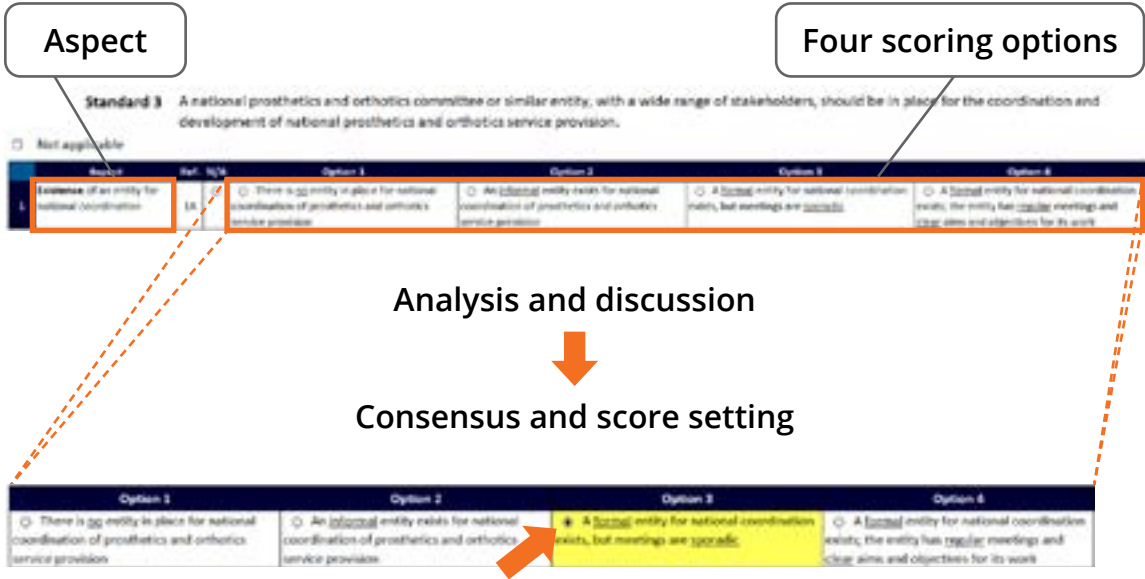


Figure 4. Different aspects of each standard are analysed and scored by the Standards Assessment Group



The User manual of the Assessment tool provides detailed information on how to use the tool.

2.7 Important considerations

There are some 250 standards aspects to consider and score.⁸ To manage this undertaking, it is important that the organizing body establishes rules for the assessment process, for example:

- Keep discussions short and focussed on the topic and question analysed.
- Make it clear that the assessment is not a planning session – should ideas for improvements and solutions to certain problems be proposed during the discussions, they can be noted and be further developed in the subsequent planning session.
- Make it clear that the assessment is not a venue to vent complaints. Minimize long discussions and anecdotal examples of challenges encountered in daily work. Instead, focus on a constructive discussion to arrive at a consensus as quickly as possible.
- Closely monitor the time so that the assessment is advancing at the pace required to complete the work within the set schedule.

⁸ Completed over two working days, this corresponds to an average of one aspect every 2–3 minutes. In reality, some aspects may be very easily scored, and others may not even be applicable, which would allow more time for those that remain.

While having all of this in mind, it must be ensured that all stakeholders – and in particular service user representatives – are given an opportunity to contribute to the scoring exercise and comment on topics. Avoid having only a few members of the assessment group setting the scores. It should be a collaborative effort in which all members contribute, and discussions lead to joint decisions.

2.8 Expected outcome

The standards assessment generates a score indicating the extent to which the WHO standards have been implemented. It shows strengths and weaknesses in their implementation, and gives an indication of where improvements are needed. This information is essential for understanding and developing the sector and can be directly applied in planning (see section 3). By repeating the assessment periodically, it is possible to see how a given country is progressing towards a more complete implementation of the standards. This can serve as an incentive and bring stakeholders together to work towards a common goal.

Case example 2: Australia

A draft of the Assessment package was piloted in Australia in November 2021. The assessment was implemented by the Australian Orthotic Prosthetic Association (AOPA) National Office, as representative of the orthotic/prosthetic sector in Australia. AOPA's roles include member services advocacy and regulatory oversight of the profession.

Representatives on the pilot assessment team included the CEO, Manager of Accreditation and Certification and Research and Policy Manager, who pre-read the assessment documents, and then worked together to proceed through the assessment step by step. The team prepared by reading the standards and Assessment guide. They then met face-to-face to undertake the assessment collaboratively. The assessment team sat together and discussed each standard, aspect and option sequentially until consensus was reached.

The feedback from the Australian implementation was used to shape improvements to the usability of the tool including clarity, accessibility, usefulness and relevance.

"We are pleased to be able to support the work of the World Health Organization as they support member states to improve access to [orthotics and prosthetics] services globally."
AOPA CEO, Leigh Clarke.



2.9 Reporting on the outcome

The organizing body is expected to summarize the outcome of the standards assessment and report on the findings to the relevant government office.

In order to raise awareness in the country about the findings of the assessment, the results could also be disseminated to a broad group of national stakeholders, including those service providers that could not be directly involved in the assessment.

Countries have the option to share assessment results (i.e. the completed Assessment tool) with WHO, so that a global picture can be generated of how well the standards are being met, how implementation is progressing, and in which areas global efforts are most needed. This can also help set directions for international research and development work and make sure available resources are used where they are most needed.

2.10 Assessment at national or sub-national level

While the standards assessment is typically conducted at the national level, it can also be applied at a sub-national level. In federal and populous countries in particular, many aspects of the prosthetics and orthotics sector may be decided by governing bodies of the regions of the country (e.g. states, provinces, cantons, territories or other sub-units). Policies, plans, regulations, technical aspects, etc. may therefore vary between different parts of the country. Depending on the importance of these differences, and also on the possibilities to overview the different approaches from a central level, a country may opt for national level or sub-national level assessments.

National level assessment (recommended)

Should the features of prosthetics and orthotics service provision be reasonably uniform in all parts of the country and be well known by key stakeholders at the national level, then the assessment can be made by a Standards Assessment Group at the country level. The group assigns scores for each standard according to what they deem is the 'average' situation across the country. However, because of the differences that may still exist between different parts of the country, some of the recommendations that are generated by the Assessment tool may not be generally applicable nationwide.

Sub-national level assessment

Should there be significant differences between the prosthetics and orthotics approaches used in different parts of the country, and only limited knowledge exists at the national level about the work done in the different parts, the option of making separate assessments for each region, state, province or other sub-unit should be considered.

Even though sub-units may be essentially self-governing, there may still be some nationally applied standards for prosthetics and orthotics service provision that need to be considered when making sub-national assessments.

Case example 3: Rwanda

A draft of the Assessment package was also piloted in Rwanda. A Standards Assessment Group of twelve key leaders in prosthetics, orthotics, rehabilitation, education and health was established to implement the Assessment package. This included representatives from the Government of Rwanda, universities, domestic and international nongovernmental organizations, professional associations and representatives from the private sector.

To implement the assessment, the group was divided according to individual areas of expertise across the four areas of policy, products, personnel and provision standards. Before the two-day face-to-face meeting was held, a leader for each area was nominated, and the documents were provided to the group.

On the first day of the face-to-face meeting, each group discussed and scored their respective area.

Assessors were asked to place comments throughout the document to justify and explain the decisions made.

On the following morning, each team leader presented the results to the broader group welcoming questions, discussions and suggestions. Some changes were made following discussions. Less clear items were workshopped by the whole group until consensus was reached.

“The value is in the process and it is very important – it raised many questions that the expert group had not considered before. It was valuable to bring the relevant stakeholders together and everyone had their say and worked together across the [prosthetics and orthotics] sector towards a common goal. There were items identified that had not previously been considered, and now they are recognised as priority areas”. Rwanda implementation leader, Dr Nuhu Assuman.





3. Planning



The analysis of the prosthetics and orthotics sector made in the standards assessment provides important material that can be used for planning. The Assessment tool automatically generates recommendations on actions that can be taken to more fully implement the standards. It is therefore useful to immediately – while assessment results and discussions are still fresh in the minds of participants – continue with a planning session.

3.1 Aim

The aim of a planning session is to reflect on the results from the standards assessment and the recommendations generated by the Assessment tool, to identify strengths and weaknesses in the prosthetics and orthotics sector, and to outline realistic steps for improving standards implementation.

3.2 Expected output

The planning session is expected to result in a framework for action that can be further expanded into a complete plan for implementation. The framework should outline priorities, actions, responsible stakeholders and expected timelines.⁹

The planning may also involve updating and expanding an existing national strategic plan – which sets detailed goals and concrete steps for developing and managing the prosthetics and orthotics sector – or, if such plan would not exist, developing one.

⁹ The format of such framework is provided in the Planning document (included in the Assessment package) once recommendations have been copied to this from the Assessment tool (see Fig. 5 on page 17).

3.3 Organizing body

It is recommended that the organizer is the same as for the standards assessment session.

The organizing body should:

- establish a Planning Group;
- prepare required documents and materials for the planning (see section 3.5 below);
- prepare a schedule and make all practical arrangements for the planning session;
- lead the planning process;
- summarize planning results;
- establish next steps for finalizing and executing the plan, and for monitoring and evaluating its implementation; and
- report the outcome to relevant stakeholders, such as the relevant government offices.

3.4 Planning Group

It is recommended that the Planning Group is of a similar size and has similar stakeholders as the Standards Assessment Group. By involving the same individuals, the experiences that were gained in the assessment can be immediately applied in the planning. The group should have adequate representation of persons with disabilities and be gender balanced.

3.5 Resources

The primary documents to be used in the planning session are:

- WHO standards for prosthetics and orthotics (in particular Part 2: Implementation manual);
- recommendations generated by the Assessment tool, which can be copied to the Planning document (Fig. 5);
- any notes that may have been made in the Assessment tool during the assessment session;
- any available data that can support the planning process; and
- existing national/sub-national health and development strategies and/or rehabilitation plans.

Figure 5. The recommendations that are generated using the Assessment tool can be copied to the Planning document. The format of the sheet can be adapted to local needs by inserting/deleting columns etc.

No.	Standard/Recommendation	Ref.	Priority	Who	What
A. Governments should assume a leading role in the development and maintenance of national prosthetics and orthotics service provision.					
1	Investigate ways of having the government assuming a leading role in the development and coordination of national prosthetics and orthotics service provision.	04			
2	Investigate ways of having a designated office for rehabilitation or assistive technology in a ministry, with responsibilities for prosthetics and orthotics.	04			
3	Investigate ways of having the government increasing its human resources to fully assume its responsibilities in prosthetics and orthotics.	04			
4	Investigate ways of having the government increasing its financial resources to fully assume its responsibilities in prosthetics and orthotics.	04			
B. Governments should involve all relevant stakeholders – including service users, caregivers and user groups – in policy development, planning, implementation, monitoring and evaluating prosthetics and orthotics services.					
1	Increase the involvement of service users, caregivers and user groups.	04			
2	Involve civil society organisations in all areas of work.	04			
3	Maximise the high involvement of public prosthetics and orthotics service providers in all relevant areas of work.	04			

3.6 Planning session format

The most suitable duration for the planning session depends on the number of items to be discussed. To cover all standards, a 3-day programme is proposed in Annex II (making a total of five days for the assessment and the planning together). If done online, half-day sessions (or shorter) can be considered. The organizer may also choose to look at a reduced number of standards, which would first be selected based on their priorities.

Planning is recommended to follow normal procedures for similar work in the country. To maximize the number of topics discussed, items may be distributed over several small workgroups (of 3–4 members each), who present proposed actions to all members in plenary sessions. At the end of the planning session, the Planning Group should come to an agreement on the next steps to be taken for each of the standards discussed.

3.7 Integration into broader planning

Where possible, prosthetics and orthotics planning should be integrated into other health planning processes. It is therefore important that the standards assessment and subsequent planning are in line with, and inform, national health strategies and national assistive technology and/or rehabilitation plans.



4. Implementation of the plan



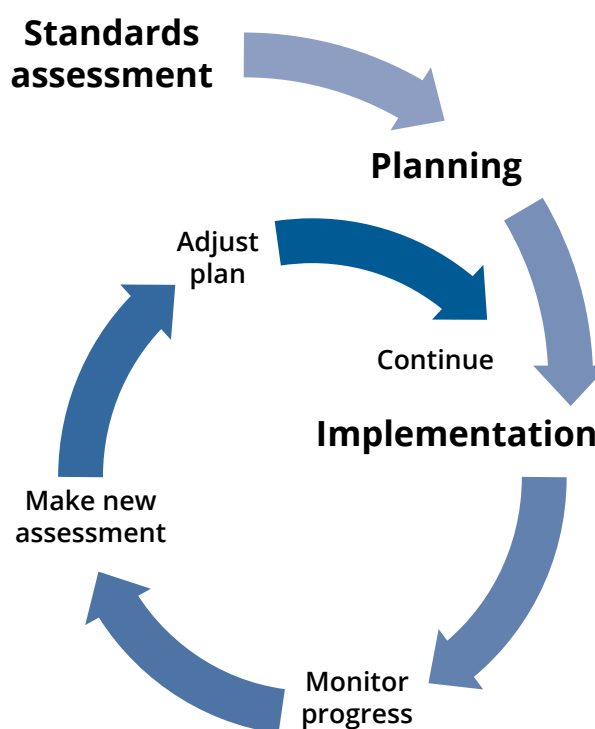
Once a plan has been developed and finalized, it can be implemented following the country's usual practices for similar work. Normally this would require, for example:

- identifying and allocating required resources;
- scheduling milestones and defining key indicators for measuring progress;
- developing tools to collect and analyse core data;
- monitoring and evaluating implementation;
- adjusting the plan as needed; and
- reporting on progress to relevant stakeholders.

In the implementation process, the Assessment tool can be used at regular intervals to measure developments and evaluate implementation results, helping to refine the plan and improve the outcome. These repeated assessments would use the same approach and involve similar stakeholders as the initial assessment (Fig. 6).

Figure 6.

The assessment–planning–implementation process can be seen as a cycle, in which the first standards assessment informs the planning session, which results in a plan that can be implemented. The results of the implementation can be evaluated by making a new assessment, which will help adjusting the plan and improve implementation results, etc.



Annexes



Annex I Assessment session programme example (2 days)

Plenary format*

Day 1

Morning session 1:	Presentation; purpose and method of assessment
Morning session 2:	Assessment of Standards 1–10
Afternoon session 1:	Assessment of Standards 11–20
Afternoon session 2:	Assessment of Standards 21–30 Summary of first day's work

Day 2

Morning session 1:	Assessment of Standards 31–40
Morning session 2:	Assessment of Standards 41–50
Afternoon session 1:	Assessment of Standards 51–60
Afternoon session 2:	Summary of assessment results Conclusions

* This presents one possible way of carrying out the assessment. Countries may choose other formats. The assessment can for example be made in smaller groups that work simultaneously on different standards (such as the four areas of policy, products, personnel and provision), with the results presented and discussed in plenary sessions.

Annex II

Planning session programme example (3 days)

Group discussion format*

Day 1

Morning session 1:	Presentation; Results of standards assessment Presentation; Aims of planning session Distribution of tasks for group discussions
Morning session 2:	Group discussions 1 (Standards 1–20)
Afternoon session 1:	Group discussions 1 (continued)
Afternoon session 2:	Presentation of findings from Group discussions 1 Plenary discussions on findings

Day 2

Morning session 1:	Group discussions 2 (Standards 21–40)
Morning session 2:	Group discussions 2 (continued)
Afternoon session 1:	Presentation of findings from Group discussions 2 Plenary discussions on findings
Afternoon session 2:	Group discussions 3 (Standards 41–60)

Day 3

Morning session 1:	Group discussions 3 (continued)
Morning session 2:	Presentation of findings from Group discussions 3 Plenary discussions on findings
Afternoon session 1:	Plenary discussions; Next steps
Afternoon session 2:	Conclusions

* This presents one possible way of carrying out the planning session. Countries may choose other formats, such as conducting all work in plenary sessions.



Annex III

Preparation of the Assessment package

A draft tool was first prepared, listing the different aspects to be assessed for each standard and the corresponding texts for four scoring options. This draft tool was used in Nepal, to field test the assessment approach and to confirm it was appropriate for use at the country level. Based on feedback and learning in Nepal, the tool was further developed in Excel and an Assessment guide and User manual were also drafted. The Assessment guide, Assessment tool and User manual were field tested in three countries: Australia, Pakistan and Rwanda. The package was also reviewed by members of an external review group and WHO staff (see acknowledgements for full details). The package was revised after each field-test and review cycle.





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