moving
physical therapy
forward
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SANDRA MERCER-MOORE, WCPT PRESIDENT
BRENDA MYERS, WCPT SECRETARY GENERAL

introduction

Two years ago, we celebrated the 50th anniversary of WCPT, and this year we celebrate 50 years of WCPT Congresses – the first occurred in London in 1953. But the four year period we have completed has witnessed not just the chronological maturing of our international professional body. We have also seen WCPT beginning to take some vital steps towards establishing the kind of global confidence – perhaps even the kind of global status – that our founders strove for. WCPT is well and truly beginning to grow up.

The fundamental ground on which WCPT is built – that it should be a meeting ground where professionals from around the world can work together to promote healthy populations – has remained unchanged for over half a century. But what we may be witnessing change is the understanding that governments, health bodies, other professions and NGOs have of physical therapy and the role it has to play in promoting and maintaining health. This has been evident in the numerous invitations WCPT has received to world health events. WHO, like WCPT, recognises that all professions and representative organisations must work together to tackle the world’s health problems.

Of course, this is not to suggest that many of our Members do not have a daily struggle to establish their status in the face of health systems which allow them little independence and autonomy. WCPT means a lot to them precisely because it helps them to hold their line, and establish their value. One of the Confederation’s key priorities has been to establish guidelines for practice, education and research which provide Member Organisations with leverage to achieve change. A lot of our Member Organisations are too small and under-resourced to take on policy makers by themselves, but WCPT can provide them with the leadership, direction, information and materials that can help them establish themselves and their profession. That will remain a priority for WCPT in its future strategies.

It has been a pleasure to see that some of these newer, smaller organisations have been as keen as anyone to mark WCPT’s first 50 years. They, like its founder members, are proud of the Confederation’s heritage and committed to its continuation. We all have huge aspirations for the profession.

Some of the initiatives we have set in train over the past four years will hopefully see some more of those aspirations being realised. This quadrennial review charts our work, and some of its achievements.

In particular, WCPT’s continuing work on evidence based practice is of vital importance to every one of us. It is a fine example of the way that we can achieve far more in partnership than alone, tapping into the expertise from Member Organisations, Regions and Sub Groups. In leading the way on such issues, WCPT aims not only to help individual practitioners achieve better outcomes for their patients, but to ensure that physical therapy is on an equal footing with other health professions that are pushing ahead with such work nationally and internationally.

Being in such a position of strength perhaps makes it easier for us, in turn, to establish equal and open partnerships with other health professions throughout the world. That can only be good news for our patients.
Executive Committee

President: Sandra Mercer Moore
Vice President: Dorcas Madzivire
Africa: Zola Dantile
Asia Western Pacific: Issa Nara
Europe: Inger Brandstetd
N America Caribbean: Nancy McKay
South America: Alexis Sellos
Secretary General: Brenda Myers

Through its Member Organisations, WCPT now represents more than a quarter of a million physical therapists around the world. This compares with less than 180,000 a decade ago.

WCPT achievements

In 2001, the Confederation began work on a new vision to take it well into the 21st century. The plan was launched by the WCPT Executive Committee as a central part of WCPT's 50th anniversary celebrations. It involved the input of all Member Organisations, Regions, Sub Groups and other stakeholders in WCPT, who responded to discussion papers and questionnaires identifying key issues and were involved in regional workshops.

"WCPT was established in the era of post-war health development, when the founding Member Organisations felt that the profession would be able to reach out further by banding together to achieve common goals," said WCPT President Sandra Mercer Moore, introducing the strategic review. "We now need to ask whether our goals are still relevant in a very changed world and a new competitive environment."

"I believe that this is a very appropriate time for us all to review what the Confederation does, what goals we would like to aspire to in the present era of health accountability, and how we propose to achieve them."

The proposed plan will be presented and discussed at the WCPT General Meeting in Barcelona, Spain, in 2003. "I believe it is dynamic, realistic and achievable," said Sandra Mercer Moore.

Here are some of the areas which the draft plan proposes should be priority issues for WCPT in the future:

- Evidence based practice
- Developing core curricular content and guidelines
- Developing new areas of practice
- Regulation and professional autonomy
- Developing skills at Regional and Member Organisation levels to influence local and national government policy
- Developing ethically based marketing relationships
- Increasing non-subscription sources of revenue
- Developing alliances with Member Organisations, national governments and world health agencies
- Increasing use of information technology
- Monitoring effects of competition, deregulation and professional encroachment
- Providing marketing tools for use by Member Organisations
- Using Sub Groups to develop position statements on their areas of expertise

WCPT's 50th Anniversary

The year 2001 was the 50th anniversary of the establishment of WCPT, and WCPT, its Member Organisations, Regions and Sub Groups marked the occasion with special events and publications.

The WCPT Executive Committee agreed that the object of the anniversary was to celebrate the profession and WCPT by reinforcing the partnership between WCPT and its Member Organisations, raising the profile of WCPT and recognising the link with the past and the importance of founders.

Throughout the year, commemorative plaques were presented to founding members. A publication charting the history of WCPT over five decades was published. Articles reflecting the heritage of the Confederation were published in WCPT News.

Regions, Sub Groups and Member Organisations held events, workshops and seminars recognising the anniversary, using them as an opportunity to promote their membership of the Confederation to governments and other bodies. A 50th anniversary logo and accompanying artwork were produced for use on promotional items.

In April 2001, the WCPT Executive Committee returned to the exact location of its foundation 50 years ago, when it held its meeting in Copenhagen.
The Danish Association of Physiotherapists, one of the 11 Founding Member Organisations, organised a visit to the Ingenierhuset Centre, where the first General Meeting was held, and hosted a dinner at the Restaurant Kong Hans’ Kælder to celebrate the anniversary.

Evidence Based Practice
WCPT hosted a three-day international meeting on evidence based practice (EBP) in 2001, bringing together leaders in the field from Member Organisations, Regions and Sub Groups to share their expertise. It aimed to encourage international interest and collaboration, identify national and international priorities, and develop a shared plan for a way forward. It proved to be the focus for a major international initiative by the Confederation.

The meeting was organised because it is important for physical therapists worldwide to be at the forefront of work in this area, which is high on the agenda of health authorities, funding agencies and national physical therapy organisations around the world. Nearly 50 people from Regions, Sub Groups and Member Organisations attended the event, held in London.

Over three days, the discussions examined what evidence based practice is, and how it is currently being implemented. Participants looked at where to find quality evidence about the efficacy of physical therapy practice, and how WCPT and its Member Organisations could move the EBP agenda forward.

A full report of the meeting was prepared and a plan of action approved by the WCPT Executive Committee. The report was circulated to all Member Organisations and delegates, and international bodies such as the World Health Organisation and the Cochrane Collaboration — raising the profile of WCPT and physical therapy in this field.

The action plan has resulted in a range of activity. An advisory group composed of people who attended the expert meeting has been established to support the work. A WCPT declaration of principle on EBP has been developed to present to the WCPT General Meeting in Barcelona. A new declaration on research has also been prepared to replace the existing one. Amendments have been made to the quality care, standards of physical therapy practice and education declarations to reflect these developments.

New WCPT Keynotes also focus on EBP. Topics include an overview of EBP and reading tips to help those developing their appraisal skills.

There is ongoing development of WCPT’s website to provide a gateway to international resources available in a number of languages. A WCPT e-mail discussion group on evidence based physical therapy is also operational.

Delegates take note at the Evidence Based Practice meeting in London

The WCPT Congress in Barcelona will reflect the ongoing effort to make evidence based practice central to WCPT’s work. A pre-Congress course for those who want to know how they can ensure their practice is based on sound evidence will introduce EBP Member Organisation representatives will review progress since the 2001 meeting. There will also be an expert panel session on EBP; an International Private Practitioners Association workshop on EBP and private practice, a symposium on qualitative research and round table discussions on a number of related topics. There are two post-Congress courses on the subject.

Community Based Rehabilitation
At the WCPT General Meeting in 1999 it was agreed that the Confederation develop a plan to recognise and promote the role of physical therapists in community based rehabilitation (CBR). The motion was the result of a workshop, research, and a discussion in the Africa Region to develop a regional profile for CBR. In particular, there was a strong impetus to document the involvement and opinion of physical therapists in CBR in Africa.

As a result, the Africa Region helped develop a discussion paper and questionnaire, circulated to Member Organisations in June 2002. A request for information on primary health care was also circulated. The responses to both these consultations were analysed, supplemented with a literature review and circulated to all those who responded. The summary has also been submitted to the international review of CBR being led by the World Health Organisation.

A declaration of principle on primary health care and a position statement on CBR have been prepared, and will be presented at the 2003 General Meeting. The existing declaration on education has
been amended in line with these.

The WCPT Executive Committee is developing
a plan of action on CBR and primary health care,
and an update on this will be provided at the
General Meeting.

Support for Victims of Torture
Delegates agreed at the 1999 WCPT General
Meeting that Member Organisations should back the
United Nations Day in Support of the Victims of
Torture on 26th June every year. In the succeeding
four years, WCPT has encouraged such support,
publicised the issue of torture, and continued to take
an active role in the anti-torture movement. One of
the Confederation’s declarations of principle
specifies that professional therapists shall not condone
torture and should support therapists affected by
torture.

WCPT Secretary General Brenda Myers and
Inger Brøndsted, a WCPT Executive Committee
member, were among the experts in health, the law,
education and the media from all over the world who
attended the Eighth International Symposium on
Torture in Delhi, India in September 1999. It was the
first major meeting on rehabilitation of torture victims
and prevention of torture to be held in Asia, and
delegates adopted a new declaration on rights to
freedom from torture, and put together a plan of
action for the UN.

Representatives from the WCPT and European
Region executive committees continued to meet and
collaborate with the International Rehabilitation
Council on Torture (IRCT) and the Rehabilitation
Centre on Torture (RCT).

Congress Structure
The 14th WCPT Congress in Barcelona is the first
managed and planned under a new structure.

The new structure allows more continuity, a
wider range of Member Organisations to host the
event, and means the host does not have to switch
resources from important national issues to organise
the Congress. At its centre is a new International
Scientific Committee (ISC), responsible for devising
the programme including representatives from all five
Regions and a representative from the host
organisation.

Website Development
WCPT launched its new web site in 2000, and in
2002 it underwent further development. The site is
designed to be clean and simple, with the needs of
disabled people in mind and providing easy access
to the maximum number of people. It includes
information about the Confederation’s work, events,
publications and key contacts.

Sub Group and Membership Issues
WCPT embarked on a process of re-examining the
structure of its relationship with Sub Groups, to
ensure that it meets needs and expectations in the
future. It also examined issues relating to WCPT
membership.

The Executive Committee was prompted to look
at relationships with Sub Groups because of a
growth in interest in Sub Group recognition in the
past decade. It sought input from current and
potential Sub Groups through a survey, and
developed a discussion paper outlining a vision for
the future. The outcome will be presented at the
15th General Meeting in Barcelona.

The 1999 General Assembly and the Executive
Committee recognised that WCPT needs to explore
the possibility of a new membership strategy that
best positions WCPT to meet its mission within a
changing global environment.

The Executive Committee conducted a
membership review to develop a WCPT membership
philosophy, with principles, requirements and
processes. Issues have been included in
a discussion paper for the General Meeting
in Barcelona.

Working with WHO
WCPT has continued to develop its relationship with
the World Health Organisation, with which it has
been in official relations since 1955. Confederation
representatives have been invited to many WHO
special events.

In September 2000, a representative attended
a consensus conference in Tanzania on appropriate
prosthetic technology held by the International
Society for Prosthetics and Orthotics (ISPO) in
collaboration with USAID and the World Health
Organisation.

In 2001, WCPT was represented at a WHO
global conference on re-thinking care from the
perspective of disabled people held in Norway.
Discussions focused on care services within the
context of the rules on equalising opportunities for
people with disabilities.

At the 54th World Health Assembly (WHA)
in Geneva, WCPT intervened during discussions
to highlight the contribution the International
Classification of Functioning Disability and Health
(ICF) can make to understanding how environmental
factors affect disability, and pointing out that it has
great potential in planning and delivering
rehabilitation services.

The WCPT President also attended the
WHO/WONCA invitational conference on rural health
in 2002, and WCPT sent a representative to
a meeting on human resources for health: policy
options for change.
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
World Health Organisation (WHO) definition of health

"There are effective ways to prevent and treat these disabling disorders, but we must act now. Joint diseases, back complaints, osteoporosis and limb trauma resulting from accidents have an enormous impact on individuals and societies, and on healthcare services and economies."
UN Secretary General, Kofi Annan

the world health picture

Physical therapists around the world are increasingly aware of the relevance of their work to global health. Their contribution has enormous potential to help tackle the lifestyle-related diseases and public health issues that are a priority for world health bodies. These are some of the issues that are important to global health, physical therapy, and WCPT.

Landmines
In 2001, an estimated 15,000 to 20,000 people were killed or injured by landmines every year worldwide. The actual figure may be far greater, since many victims of mine accidents never reach a health centre and are therefore not registered.

The Treaty on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, signed by 135 countries and ratified by 52 countries, calls upon the UN to respond to the needs of mine victims. The World Health Organisation has passed a resolution calling for a public health approach for dealing with the issue, based on epidemiological surveillance, prevention, injury management and rehabilitation.

WCPT resolved to encourage all of its Member Organisations to call on their governments to ban and clear landmines, in a motion passed at the 14th General Meeting in Yokohama, 1999. Delegates also called for appropriate rehabilitation facilities to be provided in those regions affected by landmines.

Some WCPT Member Organisations have been particularly active in work to help the victims of landmines. The Ethiopian Physiotherapists Association (EPTA), made a presentation at the International Seminar for Physiotherapists on Amputation and Rehabilitation for Landmine Victims in Italy, held a seminar to promote work helping landmine victims, and has made this work a priority in very difficult circumstances.

Torture
Amnesty International has received reports of torture and ill-treatment inflicted by state agents in over 150 countries since 1997. It says that torture by state officials is widespread in 70 countries and in over 80 countries people have reportedly died as a result.

WCPT has widely promoted the United Nations Day in Support of the Victims of Torture and the issue of torture generally, and many Member Organisations have organised activities. It has continued to collaborate with the International Rehabilitation Council on Torture (IRCT) and the Rehabilitation Centre on Torture (RCT).

Smoking
The Tobacco Free Initiative is a WHO project created to focus international attention, resources and action on the global tobacco pandemic which kills 4.9 million people a year. In 2000, there were 340,000 deaths due to mouth and oropharynx cancers, 1.2 million deaths due to cancers of the trachea, bronchus and lung and 413,000 deaths due to oesophagus cancer.

The 1999 WCPT General Meeting agreed that WCPT should call on national physical therapy associations throughout the world to support World No Tobacco Day on 31st May every year. WCPT has since publicised the issue and the Day through WCPT News.

Heart Disease
There were over 16 million deaths in 2000 due to cardiovascular disease. It kills more people than any other disease annually, around 30% of the global total. It is rapidly emerging as a major public health concern in most developing countries, where the
This is Bone and Joint Decade – a world wide initiative, instigated by a group of healthcare professionals who wanted healthcare system and individuals needed to address the problems at international level. It aims to promote action to combat the suffering and costs associated with musculoskeletal disorders, empower patients to participate in their own care, promote cost-effective prevention and treatment and advance understanding through research.

disease is often linked to low income, poverty, overcrowding, poor housing conditions and inadequate health services.

Half of all deaths worldwide result from non-communicable, chronic diseases such as cardiovascular disease, cancers and respiratory diseases. As many as 40% of deaths in developing countries are now due to them. WHO has called for an integrated approach to preventing, treating, rehabilitating and where possible, curing major non-communicable diseases. This involves sustained global campaigns to encourage healthy lifestyles, healthy public policies and acceleration of research.

**HIV/AIDS**
In 2001, 34.3 million people across the world had HIV/AIDS, including 1.3 million children under 15 years of age. In some parts of Africa, a quarter of all adults are infected with HIV. Of the estimated 36 million people living with HIV/AIDS, 95 per cent of whom are in developing countries, 16.4 million are women and 1.4 million are children. More than 4.3 million children under 15 have died since the epidemic began.

United Nations Secretary-General Kofi Annan told the World Health Assembly in 2001 that total spending on AIDS prevention needed to rise to between seven and ten billion dollars each year in low and middle income countries – at least five times the amount currently spent. He said that AIDS was not just an African problem – parts of the Caribbean and South-East Asia were almost as badly affected, and there could be an explosion in South Asia and Eastern Europe.

A WCPT Africa regional HIV/AIDS task force was established in 2001, comprising organisations in South Africa, Kenya, Uganda and Tanzania.

**Old age**
Life expectancy is increasing throughout the world, and the demographic revolution is predicted to continue well into the century. A new challenge is to ensure that the years added to life are healthy, active and productive and that disability is minimised.

One out of every ten persons is now 60 years or above; by 2050, one out of five will be 60 years or older; and by 2100, one out of three persons will be 60 years or older. But there are also striking differences between regions: while one out of five Europeans is 60 or over, only one out of twenty Africans is that age.

Joint diseases account for half of all chronic conditions in people aged 60 and over. Bone fractures associated with osteoporosis have doubled in the last decade, and forty per cent of all women over 50 years will suffer an osteoporotic fracture. The number of hip fractures is predicted to rise to 6.3 million by 2050. Osteoarthritis accounts for half of all chronic conditions in persons aged over 65. Some 25% of people over the age of 60 have significant pain and disability from osteoarthritis.

**Physical disability**
The sorts of musculo-skeletal conditions that physical therapists treat are the most common causes of severe long-term pain and physical disability across the world. They affect hundreds of millions of people. Road traffic injuries are becoming an increasing cause of disability and are increasing precipitously. By the year 2010, road traffic injuries are expected to account for as much as 25% of all health care expenditure in developing nations.

WCPT intervened during discussions at the World Health Assembly in 2001 to highlight the contribution the International Classification of Functioning Disability and Health (ICIDH-2) can make to understanding how environmental factors affect disability, and pointing out its potential for policy planning and delivery of rehabilitation services.
the Sub Groups

International Federation of Orthopaedic Manipulative Therapists (IFOMT)
The International Federation of Orthopaedic Manipulative Therapists (IFOMT) has undertaken an intensive review of its role and has developed a strategy to take it well into the twenty-first century.

Central to its new strategy is making the organisation an international resource of reliable and evidence-based information about the practice of manipulative therapy. Using the expertise of its members, it wants to develop its role in supporting organisations and providing information about good practice in manipulative therapy.

Following initial discussions at the IFOMT General Meeting in 2000, the new focus began to form in 2001 when IFOMT circulated a questionnaire to Member Organisations. It identified five areas of potential development: resources, funding and administration; advocacy and communication; education; academic standards; research. The response rate was very high and formed the basis for a strategic planning day in Antwerp in September 2001. From these discussions arose the IFOMT strategic plan, published in 2002. It consists of 14 goals, which include improving communications, raising profile, establishing a research committee and further promoting academic standards in educational institutions around the world – partly through a new external assessment system.

Specific goals include improving the IFOMT website, increasing funding, increasing the involvement of Member Organisations, developing IFOMT’s mission statements, establishing a resource centre, developing a review system to ensure the standards of Member Organisations’ education programmes.

International Acupuncture Association of Physical Therapists (IAAPT)
One of the Association’s first priorities following its General Meeting in Yokohama in 1999 was to establish working relationships with Member Organisations and to extend membership. In the ensuing years, organisations in Canada and Ireland have joined existing members from Australia, New Zealand, Sweden, United Kingdom, South Africa, Zimbabwe, Argentina, Bulgaria and Hong Kong. There has also been a great deal of interest in membership from organisations in Egypt, India, Uruguay, Cyprus and Greece.

During the past four years IAAPT has been co-ordinating information, encouraging research and providing support and evidence to those WCPT members encountering difficulties in establishing acupuncture practice within their own countries. It is also establishing a core curriculum for acupuncture training.

A key event was IAAPT’s 2001 conference, Pointing the Way to Good Health, held jointly with AACP (UK) near London. Keynote speakers came from the USA, Sweden and UK. The seminar dealt with both Western and traditional aspects of acupuncture, and parallel workshops covered electro-acupuncture, acupuncture techniques and legal matters. IAAPT members from New Zealand, Argentina, Zimbabwe and Bulgaria contributed to the seminars.

The association has also been improving communication with its members. A web site is being set up and the journal Meridian Worldwide continues to be published three times a year and forms a valuable forum for members. A questionnaire was sent to all WCPT Member Organisations to inquire whether they were using acupuncture, and
if they wished to learn about acupuncture in physical therapy practice. It was evident that Member Organisations need help in establishing education programmes, and advice on forming special interest groups. Plans are being put into place to communicate with those groups that have expressed interest, and advise them on establishing a training curriculum.

The association will be exchanging information with the other WCPT Sub Groups in Barcelona, and is assisting Member Organisations that are having financial difficulty to attend.

**The International Organization of Physical Therapists in Women’s Health (IOPTWH)**

The International Organization of Physical Therapists in Women’s Health (IOPTWH) was officially accepted as a WCPT Sub Group in May 1999. It aims to help WCPT members develop women’s health physical therapy practice – particularly physical therapists in those countries where there is no group for women’s health.

IOPTWH plans to contact all countries that do not currently have physical therapy women’s health groups, offering education, mentorship and support.

Other priorities areas over the past four years have included developing a scope-of-practice position paper and an interactive web site and informative newsletter.

The Practice Committee is putting together a document on the scope of practice in women’s health physical therapy to aid outreach efforts and help other organisations understand what women’s health physical therapists do. A draft of the document will be ready for distribution at the WCPT Congress in Barcelona, 2003.

The Education and Research Group has been collecting information from members on how education in women’s health is provided around the world. IOPTWH is also gathering information on current research into women’s health, so that it can facilitate information sharing.

The new IOPTWH web page, at www.IOPTWH.org, contains news and information on its mission, leadership and members. A bulletin board allows therapists to correspond with other women’s health PTs on issues of interest or concern.

IOPTWH is holding a course on low back and pelvic girdle pain in pregnancy just before the WCPT Congress in Barcelona. It is also sponsoring a Congress workshop on transient osteoporosis of the hip associated with pregnancy.

IOPTWH will set out a strategic plan for the organisation at its business meeting in Barcelona, and after this the executive committee will meet to address how to put it into action.

**International Private Practitioners Association (IPPA)**

Over the past four years IPPA has increased membership, improved communication and developed several initiatives.

The Association’s data collection project, which gathered information about physical therapy private practice across the globe, was published in 1999. It uncovered great diversity in physical therapy services and regulation. Many organisations in countries with an interest in private practice or hoping to establish private practice have requested the report.

In 2001, IPPA held a successful conference in Eastbourne, UK, marking WCPT’s 50th anniversary. It attracted over 500 people and speakers included Gwen Jull, Jane Greening and Brian Mulligan. Its General Meeting in the same year marked the beginning of a push to facilitate the involvement of all Member Organisations by opening communication channels. This was brought to fruition with the launch of IPPA’s website, www.ippaworld.org in 2002.

IPPA was represented at WCPT’s expert meeting on evidence-based practice in 2001, and as follow-up has organised its own workshop on EBP as it affects private practice at the 2003 WCPT Congress. It will examine strategies for private practitioners to manage new developments in EBP.
about WCPT

The World Confederation for Physical Therapy (WCPT) is a non-profit organisation supported by subscriptions from its 83 Member Organisations. Following the 2003 General Meeting, there will be 91 Member Organisations. The confederation represents over 253,000 physical therapists worldwide.

WCPT is a confederation of national physical therapy associations. Individuals are linked to WCPT through their national associations. Only one national organisation per country may be eligible for membership. Each national organisation representing physical therapists must meet set criteria before being admitted to WCPT as a member.

Member Organisations are organised into five regional groupings: Africa; Asia Western Pacific; Europe; North America Caribbean; South America.

Objectives
The World Confederation for Physical Therapy aims to improve global health by:
- representing physical therapy and physical therapists internationally;
- collaborating with international and national organisations;
- encouraging high standards of physical therapy research, education and practice;
- supporting communication and exchange of information among Regions and Member Organisations of WCPT.

Principles and statements
The WCPT publishes Declarations of Principle, which record the Confederation's agreed stance on issues affecting the practice of physical therapy internationally. Subjects covered include:
- ethical principles
- education
- protection of title
- torture and other cruel, inhuman and degrading treatment or punishment
- standards of physical therapy practice
- quality care
- research and evidence based practice
- autonomy
- private practice
- informed consent
- rights of the child
- rights of the client
- relationships with medical practitioners
- relationships with other health professionals
- human resource planning

Position statements reflect the Confederation's opinion on issues affecting the practice of physical therapy. They include:
- education for entry-level physical therapists
- specialisation
- support personnel for physical therapy practice
- physical therapy care of elderly persons
- policy for conduct in the management of patients with high risk infectious diseases
- regulation and reciprocity

Activity
WCPT undertakes a range of programmes and projects, as well as supporting international campaigns.

For example:
- evidence based practice (EBP)
- community based rehabilitation (CBR)
- participation in campaigns to ban and clear landmines
- support and rehabilitation of torture victims
- anti-tobacco initiatives
"The profession is strengthened in every country by being a member of a distinguished and honorable family, the World Confederation."
Mildred Elson, WCPT’s inaugural President pictured in 1954 (on left)

Publications
WCPT publishes a wide range of publications to inform, represent and support the profession internationally. These are available to individuals as well as organisations, and discounts are available for bulk orders.

WCPT publishes a newsletter, WCPT News, which provides news and information for and from Member Organisations, Regions and Sub Groups. It includes reports on WCPT initiatives, Executive Committee and General Meeting decisions and regional events. It also includes a calendar of international and regional events and opinion articles on international issues in physical therapy. It is available by subscription to individuals.

Other publications include:
- description of physical therapy
- WCPT declarations of principle
- WCPT position statements
- WCPT articles of association
- WCPT – the first 50 years, published in celebration of WCPT’s anniversary in 2001
- WCPT quadrennial review
- WCPT directory of Member Organisations
- Keynotes – a series of papers dealing with professional, practice and policy issues relevant to physical therapists worldwide. Topics include evidence based practice, critical appraisal skills, promotion, professional development and regulation.

These publications are available from the WCPT Secretariat, or from our web site: www.wcpt.org

Organisations admitted in 2003
Barbados Physical Therapy Association
Botswana Physiotherapy Association
Federacion Ecuatoriana De Fisioterapia

Mexican Fisiotherapy Association
Nepal Physiotherapy Association
Saudi Physical Therapy Association
Syrian Physical Therapy Association
The Sri Lanka Society of Physiotherapy

Past WCPT Presidents
Mildred Elson (USA) 1953-1956
Gwen Griffin (UK) 1956-1959
Rudie Agersnap (Denmark) 1959-1967
Gwen Park (New Zealand) 1967-1970
Doreen Moore (Canada) 1970-1974
Eugene Michels (USA) 1974-1982
Margaret List (Germany) 1982-1988
Brian Davey (Australia) 1988-1991
A J Fernando (Canada) 1991-1995
David Teager (UK) 1995-1999

WCPT history
The World Confederation for Physical Therapy was founded in 1951 in Copenhagen, Denmark, with 11 founding Member Organisations from Australia, Canada, Denmark, Finland, Great Britain, New Zealand, Norway, South Africa, France, Sweden and the United States of America.

The first international Congress and Second General Meeting were held in 1953, where the first Executive Committee was elected.

Administrative services were provided by the Secretary of the Chartered Society of Physiotherapy, which provided a base for the Confederation for its first decade.

During this time, membership increased to 16 organisations, even though WCPT had no regular income and depended on voluntary donations from its Member Organisations and occasional grants from other international bodies. By 1961, an annual
per capita subscription had been established, separate office accommodation in London had been obtained and a Secretary General had been employed.

The Confederation consolidated its international position by attaining consultative status with the United Nations and official relationship with the World Health Organization. It also forged links with voluntary international bodies like Rehabilitation International, the World Medical Association, and United Nations agencies such as UNICEF.

In 1991, a change in structure of the Confederation resulted in five WCPT Regions with autonomous regional committees being established. The intention was to encourage opportunities for more frequent contact among members with similar cultural, economic and social outlooks.

Early in the new millennium WCPT celebrated its 50th anniversary by holding a meeting of Member Organisations on Evidence Based Practice. The event underlined the coming of age of WCPT and the profession with a focus on the relationship between research evidence and practice, and the role that WCPT can play in supporting the exchange of information and knowledge around the world.

**WCPT Congress**


**What is physical therapy?**

Physical therapy helps people and populations to develop, maintain and restore maximum movement and functional ability. It helps people whose movement and function are threatened by ageing, injury or disease, and identifies and maximises movement potential through promotion, prevention, treatment and rehabilitation. Physical therapists work closely with patients, families and care givers to assess movement potential and agree goals. Their distinctive view of the body and its movement needs is consistent whatever the setting in which practice is undertaken.

WCPT has published a full international description of physical therapy, available on request from the WCPT Secretariat, or from our website.
Member Organisations by Region

WCPT is constituted of Member Organisations representing physical therapy in the following countries. The number of physical therapists represented by each organisation in the year 2002 is indicated. Where organisations have not reported numbers in 2002, the most recently reported numbers are given, and the year indicated in brackets.

### AFRICA

<table>
<thead>
<tr>
<th>Country</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>26</td>
</tr>
<tr>
<td>Egypt</td>
<td>700</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>19</td>
</tr>
<tr>
<td>Ghana</td>
<td>26</td>
</tr>
<tr>
<td>Kenya</td>
<td>405</td>
</tr>
<tr>
<td>Malawi</td>
<td>25</td>
</tr>
<tr>
<td>Namibia</td>
<td>36</td>
</tr>
<tr>
<td>Nigeria</td>
<td>300</td>
</tr>
<tr>
<td>S. Africa</td>
<td>2,166</td>
</tr>
<tr>
<td>Swaziland</td>
<td>11</td>
</tr>
<tr>
<td>Tanzania</td>
<td>60</td>
</tr>
<tr>
<td>Uganda</td>
<td>48</td>
</tr>
<tr>
<td>Zambia</td>
<td>60</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>92</td>
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<td><strong>Total:</strong></td>
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### ASIA WESTERN PACIFIC

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Australia</td>
<td>9,116</td>
</tr>
<tr>
<td>Fiji</td>
<td>30</td>
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<tr>
<td>Hong Kong</td>
<td>1,000</td>
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<tr>
<td>India</td>
<td>5,380</td>
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<tr>
<td>Indonesia (01)</td>
<td>422</td>
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<tr>
<td>Iran</td>
<td>818</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>54,640</strong></td>
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### SOUTH AMERICA

<table>
<thead>
<tr>
<th>Country</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina (01)</td>
<td>2,000</td>
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<td>Bolivia</td>
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<tr>
<td>Brazil (00)</td>
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<tr>
<td>Chile</td>
<td>700</td>
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<tr>
<td>Colombia</td>
<td>665</td>
</tr>
<tr>
<td>Peru</td>
<td>101</td>
</tr>
<tr>
<td>Uruguay</td>
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<tr>
<td>Venezuela</td>
<td>200</td>
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<td><strong>Total:</strong></td>
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### NORTH AMERICA CARIBBEAN

<table>
<thead>
<tr>
<th>Country</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bermuda</td>
<td>23</td>
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<tr>
<td>Canada</td>
<td>8,923</td>
</tr>
<tr>
<td>Curacao</td>
<td>60</td>
</tr>
<tr>
<td>Guatemala</td>
<td>50</td>
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<tr>
<td>Jamaica</td>
<td>74</td>
</tr>
<tr>
<td>Panama</td>
<td>64</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>248</td>
</tr>
<tr>
<td>Suriname</td>
<td>15</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>25</td>
</tr>
<tr>
<td>USA</td>
<td>45,158</td>
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<tr>
<td><strong>Total:</strong></td>
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### EUROPE

<table>
<thead>
<tr>
<th>Country</th>
<th>Members</th>
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<tbody>
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<td>Belgium</td>
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<td>Bulgaria</td>
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<td>Denmark</td>
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<td>Finland</td>
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<td>France</td>
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<td>Germany</td>
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<td>Greece (01)</td>
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<td>Hungary</td>
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<tr>
<td>Ireland</td>
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<td>Israel</td>
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<td>Italy</td>
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<td>Jordan (01)</td>
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<td>Luxembourg</td>
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<td>Portugal</td>
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<td>Romania</td>
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<td>Sweden</td>
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<td>UK</td>
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<td>Yugoslavia</td>
<td>850</td>
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<tr>
<td><strong>Total:</strong></td>
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</tbody>
</table>

### GRAND TOTAL:

**253,941**
the Regions: AFRICA

Socio-economic constraints mean the Region may be moving forward slowly compared to some other parts of the world. But it is developing surely and strongly, and in some particularly important areas – notably education and professional profile.

Education
One of the biggest success stories for the Region is the upgrading of qualifications for African physiotherapists. This process began at the University of the Western Cape in South Africa, and the Region has recently supported several Member Organisations in their endeavours to upgrade their training to a four-year degree level. It has now been confirmed that as from 2003, degree training will commence in Kenya. Degree training is likely to start in 2004 in Uganda. And Ethiopia is hoping to have a degree programme implemented in 2004.

South African universities have also opened their doors to African physiotherapists with appropriate basic qualifications who want to carry out postgraduate studies. Bridging programmes are available for those who do not qualify. Currently, the University of Pretoria has two foreign students on an upgrading program. Some physiotherapists go to European universities for the post-graduate studies.

Continuing professional development
The regional executive has embarked on a vigorous campaign for continuing professional development (CPD) in the Region. Two regional seminars were held in 2002, with the emphasis on evidence based practice and skills development. The regional programme now includes meeting annually in a CPD workshop, encouraging Member Organisations to organise CPD activities, and helping individuals within Member Organisations develop their skills.

The Region is also determined to promote research activity, and aims to help Member Organisations tap into appropriate expertise. Introducing Degree training at basic and post basic level, and promoting CPD will help develop the knowledge and skills for research.

HIV/AIDS
HIV/AIDS is having an enormous effect in Africa. Physiotherapy has a major contribution to make in improving the quality of life of HIV/AIDS patients. The Region set up a task team following a workshop in Uganda in August 2001, and this will be reporting to the Region in Barcelona 2003.

Improving professional profile
The Region’s executive aims to increase the profile of physiotherapy on the Continent by encouraging Member Organisations to embark on awareness campaigns and address health authorities directly. In Kenya, hard work by the Kenya Society of Physiotherapy and visits by the international and regional WCPT executive committees helped gain support for degree training. In Tanzania, the health ministry gave its support to developing physiotherapy in response to challenges from the regional chairperson. And in Swaziland, the Health Ministry gave a commitment to follow up on recommendations that came out of the WCPT Africa Conference in 2002. The Region has submitted a Swaziland Manifesto in response.

Networking with Europe
Many African countries have benefited significantly from the twinning arrangements made with Member Organisations of WCPT Europe. The two are revising strategies so that the programmes embarked on can be mutually beneficial.
The inaugural Asia Western Pacific Congress, held in 2001, formed the focus for the Region’s activities over the past four years. The Congress, held in Singapore, was the first scientific congress focusing on the profession’s development in the Region.

The event aimed to stage a visionary perspective as we entered the new millennium, and gained wide participation from all the Region. A total of 220 delegates attended the Congress including representatives from Australia, Belgium, Brunei, Cambodia, Canada, England, Fiji, Hong Kong, SAR, India, Indonesia, Israel, Japan, Korea, Malaysia, People’s Republic of China, Philippines, Sierra Leone, South Africa, Taiwan, Thailand, Ukraine and the United States of America.

Visitors and speakers included Lim Hng Kiang, Minister for Health and Second Minister for Finance, Sandra Mercer Moore, President of WCPT, Celia Tan, President of the Singapore Physiotherapy Association, and Professor Christina Hui-Chan from Hong Kong. Over the five days of the Congress, there were six plenary lectures, 61 paper platform presentations, 16 poster presentations, 10 workshops and one symposium.

A second Regional Congress is planned for Korea in 2005. One of the prime aims of the Region is to encourage international exchange of physical therapy research, educational curricula and practice, and such meetings are an effective way of achieving this. The Region has agreed guidelines for organising regional congresses.

Data collection
The Region embarked on a data collection project, gathering detailed information about degree conversion and post graduate educational opportunities within the Region. Member Organisations completed a survey for the Region.

The results of the survey will be followed up at the regional meeting in Barcelona, when a new strategic plan for the Region will be presented.

Regional journal
The Region is investigating the feasibility of establishing a regional journal. Journal editors around the Region are being consulted about this initiative, and a proposal is being drafted ready for the Barcelona Congress. In the meantime, the initiative is proving a useful means of encouraging networking among editors.

Barcelona
Like other regions of WCPT, Asia Western Pacific region will be holding a meeting in conjunction with the General Meeting and Conference in Barcelona.

Other events and developments
Regional representatives and Member Organisations also met in Manila, Philippines, in October 2000 and produced a paper on the Region's strategic plan.

In order to enhance communication between AWP Region Member Organisations and the wider WCPT, the AWP Executive Committee met on a regular basis by internet relay chat (IRC).
EUROPE

The European Region of WCPT has addressed some of the major issues facing physiotherapists in Europe through seminars, conferences, and new guidance. The issues of migration, and the means by which an expanding Europe can achieve a uniformity of high standards have been particular concerns.

Migration
Physiotherapy is one of the largest migrant professions in Europe: around 500 physiotherapists migrate each year. One of the major obstacles to free migration within the European Union is inconsistency in the way academic and professional qualifications are recognised. Some EU member countries only recognise academic status while others also consider skills and knowledge.

To increase understanding about the subject, the Region and the German physical therapy association organised two conferences on free migration in the European Union. The first event, in 1999, attracted physiotherapists from over 20 countries in Europe. They met with representatives of the EU Commission and national authorities to discuss ways to make it easier for physiotherapists to live and work in other EU countries. The second event, held in Berlin in 2002, discussed a new European directive and its implications, attracting 60 delegates from 26 countries.

Physiotherapists as specialists
Opportunities for post-basic physiotherapy education are variable throughout Europe. Much depends on cultural influences and the place of physiotherapy education within the national education structure. So, in 1999 the Region held a meeting to discuss post-basic education for physiotherapists, and the attributes of the physiotherapy specialist. Forty national experts in physiotherapy education from 26 European countries attended the event, held in Austria. Specialists in physiotherapy are recognised in a high percentage of European countries.

The European Region wishes to promote exchange of knowledge and skills within Europe. Its education working group is reviewing physiotherapy education within Europe, and continuing work on defining a “specialist”. Its education working group has reviewed physiotherapy education in Europe, and developed a statement describing the nature of programmes leading to physiotherapy awards.

Expanding Europe
In 2000, the Region addressed issues related to the future expansion of the European Union and the implications for physiotherapy organisations at a seminar aimed at new and prospective Member Organisations. The event, held in Slovenia, attracted delegates from organisations in Bulgaria, Cyprus, Croatia, Czech Republic, Estonia, Hungary, Poland, Romania, Slovakia, Slovenia, Turkey and Yugoslavia. Prime concerns were membership development, professional autonomy, relations with other health professions and the development of education to international standards. A second seminar for countries preparing to join the EU was held in Berlin in 2002. The aim was to identify the main tasks for professional associations before accession.

Core standards
The European Region of WCPT recognises the absolute importance of developing agreed standards for the practise of physiotherapy, and in 2002 adopted new European physiotherapy core standards. These provide clear statements about the quality of interaction required to fulfil the ethical principles outlined by WCPT. The statements are broken down into criteria, which describe how the standards will be achieved.
NORTH AMERICA CARIBBEAN

The main focus of the Region over the past four years has been on increasing membership. Contacts have been made with organisations in many countries in an attempt to improve communication: Antigua, Aruba, the Bahamas, Belize, Dominica, Guyana, Martinique and others. A regional representative provided support to the Costa Rican Physical Therapy Organization, which is consequently completing the documentation required to become a member of WCPT. The Barbados association is set to become the 11th Member of the Region at the General Meeting in Barcelona. Observers in the Region are St. Lucia and Nicaragua.

Active participation
Another aim has been to increase the active participation of current members. This has been done by holding meetings in different countries over the years. In Jamaica and Bermuda, the Region was able to meet with health and other government officials to explain physical therapy. In the US, the Regional members met and interacted with leadership of the American Physical Therapy Association (APTA).

Encouraged communication
The Region has been determined to exchange information on issues and trends in physical therapy in the Region. It developed a procedure manual outlining the rules of WCPT and the Region – provided in hard copy and disc to all members and provisional members, and made available to all observers via e-mail or disc. Regional members hope to form partnerships with the profession in smaller countries to help them become more active in the Region by becoming observers. In this way, they will receive communication on the issues from the regional Secretariat/Financial Officer.

Clinical education
The Region has taken a lead in enhancing the clinical skills of local and regional physical therapists by organising clinical education programs. A series of clinical courses have been conducted at regional meetings.

The future
The Region aims to:
- continue with educational programs at regional meetings
- encourage the development of Member Organisations, WCPT membership and participation in NACR activities
- continue to communicate with the Pan American Health Organization (PAHO)
- promote partnership and communication with the profession in smaller countries to help them become members and to promote physical therapy.
SOUTH AMERICA

This has been a period of considerable expansion and change for the South America Region of WCPT. The organisations comprising the Region are highly aware of the need to establish a permanent network that will ensure equal access to information for all Member Organisations. It has also been aware, like other Regions, of the need to reinforce standards of practice and professional education.

Rule changes
To further the process of creating an effective network, the Region proposed some changes to its regional rules, which were accepted by the WCPT Executive Committee last year. For example, it decided to constitute the Regional Executive Committee with people mainly belonging to the same country, because moving among Latin American countries is expensive and this makes the Region’s work difficult. A new board was created to strengthen and control this committee, composed of the Presidents of the organisations from each of the Latin American countries.

New members
Sustained progress has been made on incorporating new members into the Region. Since 1999, organisations from Ecuador and Mexico have joined. Recently several meetings have been held between the countries that comprise the Mercosur block (Brazil, Argentina, Uruguay and Paraguay), with representatives from the associate countries (Bolivia and Chile).

Standardisation issues
The need for consistency in formal training and professional practice across the Region is clear. The experiences of the European Region of WCPT in this area, bearing in mind the opening of borders and the new mobility of labour, has been very valuable. The Region is committed to a Curricular Standardisation and Globalisation Plan, to enhance the development of the profession in Latin America. The starting point for this is the assessment, standardisation and globalisation of minimum curricular requirements for physiotherapy training among the countries involved. This plan has been the subject of much debate and analysis by all the Region’s Member Organisations.

The Colombian Association of Physical Therapists and the Colombian Association of University Departments of Physical Therapy, who put forward the plan, are working with representatives from the other countries to achieve the objectives within a reasonable timescale. At the end of last October, at a meeting at Punta del Este, Uruguay, regional representatives discussed the plan with the members of the WCPT Executive Committee, and various suggestions for sharing its ideas at the forthcoming World Congress in Barcelona.
WCPT fund allocations

Development fund
1999
£34,479 was provided to Member Organisations to help send delegates to the 14th General Meeting in Yokohama.

2000
£2,055 to Member Organisations to help send delegates to WCPT regional meetings in the North America Caribbean, South America and Europe Regions.

2001
£3,808 to Member Organisations to help send delegates to WCPT regional meetings in the North America Caribbean, South America and Africa Regions.

2002
£2,053 to Member Organisations to help send delegates to WCPT regional meetings in the North America Caribbean and South America Regions.

Special project fund
1999
£3,890 was provided to the Fiji Physiotherapy Association and the Physiotherapy Association of Malawi, towards cardiac rehabilitation and cerebral palsy projects respectively.

2000
£4,984 to Member Organisations towards the following projects:
- Ethiopia – a programme with the Irish Society of Chartered Physiotherapists;
- Kenya – supporting curriculum development;
- Uganda – a computer for association work and the organisation of a regional conference;
- Czech Republic – a Bobath concept course;
- Zambia – supporting curriculum development.

2001
£331 to the Bulgarian association to distribute the code of ethics at the association’s third jubilee congress.

2002
£1,229 to the Member Organisations in Swaziland and the Philippines to support a continuing development course in sports physical therapy and ergonomics and assist participation at a Thailand CBR workshop respectively.

Regional fund
1999
£4,000 towards the following:
- South America Region to improve communication and to send a representative to a PAHO Meeting.
- For each Region to help with expenses for regional meetings held prior to the WCPT General Meeting in Japan.

2000
£4,727 towards the following:
- North America Caribbean – for an education workshop at the regional meeting;
- Europe – for a seminar for new Member Organisations to WCPT;
- Africa – for a planning meeting for the regional congress;
- Asia Western Pacific – for key personnel to attend the regional executive meeting.

2001
£5,000 towards the following:
- North America Caribbean – to conduct an educational event at the regional meeting;
- Africa – to assist attendance at the regional meeting;
- Asia Western Pacific – to host the regional meeting;
- South America – to support a pan-regional education project.

2002
£3,930 to the Africa, Europe and South America Regions to support seminars and for education projects.
financial activity 1999–2002

<table>
<thead>
<tr>
<th>INCOMING RESOURCES</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>-</td>
<td>-</td>
<td>1,552</td>
<td>-</td>
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<tr>
<td>Membership subscriptions</td>
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<td>192,557</td>
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<tr>
<td>Interest</td>
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<td>Congress and other</td>
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<td>309</td>
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<tr>
<td>Total incoming resources</td>
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<td>211,857</td>
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<table>
<thead>
<tr>
<th>RESOURCES EXPENDED</th>
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<th>2001</th>
<th>2002</th>
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<td>28,829</td>
<td>33,637</td>
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<tr>
<td>Governance</td>
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<td>16,858</td>
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<td>Programmes &amp; projects</td>
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<tr>
<td>Administration &amp; finance</td>
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<td>156,063</td>
<td>150,981</td>
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<tr>
<td>Total resources expended</td>
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<td>214,891</td>
<td>222,256</td>
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<table>
<thead>
<tr>
<th>NET INCOMING RESOURCES</th>
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<th>2000</th>
<th>2001</th>
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<table>
<thead>
<tr>
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<th>2001</th>
<th>2002</th>
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<tbody>
<tr>
<td>Realised</td>
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<td>-10,630</td>
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<td>Unrealised</td>
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<td>5,315</td>
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<tr>
<td>Total gains (losses) on investments</td>
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<td>8,244</td>
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<table>
<thead>
<tr>
<th>NET MOVEMENT IN FUNDS</th>
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<th>2001</th>
<th>2002</th>
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<td>-33,195</td>
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<thead>
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<th>2002</th>
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<tbody>
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<td>368,465</td>
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<td>340,480</td>
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<table>
<thead>
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<th>2002</th>
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<td>335,270</td>
<td>340,480</td>
<td>310,003</td>
<td>141,193</td>
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balance sheet

AT 31ST DECEMBER 1999-2002

<table>
<thead>
<tr>
<th>FIXED ASSETS</th>
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<td>286,827</td>
<td>264,981</td>
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<tr>
<th>CURRENT ASSETS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>10,350</td>
<td>14,176</td>
<td>12,726</td>
<td>13,629</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>77,115</td>
<td>64,063</td>
<td>61,561</td>
<td>67,301</td>
</tr>
<tr>
<td>87,465</td>
<td>78,239</td>
<td>74,287</td>
<td>80,930</td>
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<table>
<thead>
<tr>
<th>CREDITORS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
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<tbody>
<tr>
<td>Amounts falling due within one year</td>
<td>-36,634</td>
<td>-33,268</td>
<td>-33,299</td>
<td>-156,306</td>
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</table>

<table>
<thead>
<tr>
<th>NET CURRENT ASSETS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
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<tbody>
<tr>
<td>50,831</td>
<td>44,971</td>
<td>40,988</td>
<td>-75,376</td>
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<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>335,270</td>
<td>340,480</td>
<td>310,003</td>
<td>141,193</td>
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<table>
<thead>
<tr>
<th>FUND BALANCES</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
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<tbody>
<tr>
<td>Restricted</td>
<td>5,736</td>
<td>6,177</td>
<td>6,526</td>
<td>6,898</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>329,534</td>
<td>334,303</td>
<td>303,477</td>
<td>134,295</td>
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<table>
<thead>
<tr>
<th>TOTAL FUNDS</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>335,270</td>
<td>340,480</td>
<td>310,003</td>
<td>141,193</td>
<td></td>
</tr>
</tbody>
</table>