

FOREWORD

The International Society of Physical and Rehabilitation Medicine (ISPRM) serves as the global agency for Physical and Rehabilitation Medicine (PRM). As a non-governmental organization (NGO) in relation with the World Health Organization (WHO), as an international umbrella organization of PRM physicians, and as a catalyst for international PRM research, ISPRM has a *humanitarian or civil societal*, a *professional*, and a *scientific mandate*. According to its by-laws, ISPRM thus aims to “continuously improve PRM practice and facilitate PRM input in international health organizations with the goal to contribute to optimal functioning and quality of life of people experiencing disability” (1).

Since its foundation in 1999 ISPRM has been increasingly successful in achieving its mission, both within PRM and through its collaboration with the WHO. With its emergence as the pre-eminent international scientific and educational society for practitioners in the field of PRM and its evolving policy role in collaboration with the WHO and the United Nations (UN) system at large, ISPRM is now facing a number of challenges typical for an expanding international NGO.

To address these challenges, the President of ISPRM called for a retreat of the Executive Board, which was held in May 2008 in China. As a result of the retreat an *Organizational Structure Task Force* was appointed. To facilitate the work of the task force and to involve ISPRM’s constituency, a series of discussion papers were mandated and are now published in this special issue on “Developing ISPRM”. The first 2 chapters in this special issue of the *Journal of Rehabilitation Medicine* (JRM) (2, 3) focus on organizational aspects, while the following 4 chapters (4–7) focus on ISPRM’s evolving role from the policy perspective.

The first chapter (2) reviews the history of ISPRM since its foundation in 1999, summarizes current achievements and confronts them with current challenges. The second chapter outlines general approaches to develop ISPRM and how the challenges can be addressed (3). Key aspects include the understanding and positioning of ISPRM within the world architecture of the UN and WHO system and PRM, as well as the need for, and mutual benefits of, developing strong relations with the emerging regional PRM societies. To enhance ISPRM’s scientific mandate, yearly congresses organized by ISPRM’s Central Office based on a defined regional rotation procedure and possibly involving regional societies are discussed. The paper then elaborates on how to promote the field of PRM and to foster a common identity through its official journal and a web of related PRM journals. Finally, approaches to professionalizing ISPRM’s Central Office and overcoming resource restraints are addressed.

The second part of this special issue starts with a chapter on the broader perspective of the world society and health policy depicting the complex world societal situation within which NGOs such as ISPRM have to operate (4). Against this background, the subsequent chapter outlines a policy process

suitable to ISPRM’s evolving role and political mandate (5). The next chapter provides an in-depth analysis of organizational challenges ISPRM faces as an international NGO in official relation with WHO, including legitimate representation of membership, accountability of organizational procedures, and the humanitarian or civil societal mandate to help reach the health-for-all goals as defined by the WHO and the UN (6).

These chapters provide the basis for the final chapter, which summarizes ISPRM’s internal policy agenda in relation to its constituency and its external policy agenda in relation to international institutions, including the WHO, the UN and other NGOs in official relation with WHO (7).

Beyond organizational issues, this special issue emphasizes ISPRM’s particular role in promoting rehabilitation as an essential health strategy and PRM as a crucial discipline in achieving and maintaining optimal human functioning (8, 9). This also includes contributions to the realization of human rights, such as the full participation of individuals experiencing disability in society (10). Since ISPRM’s policy role may be less known to its constituency than the more visible educational and scientific work, this special issue may also raise awareness with regard to ISPRM’s political significance. It is intended to motivate collaborative efforts towards achieving ISPRM’s mission. This will enhance ISPRM’s capacity to contribute to the creation of a political and economic environment that allows PRM physicians globally to provide suitable services along the continuum of care, across health conditions and over the life-span. This will, on the one hand, create benefits for people experiencing disability in terms of more effective and inexpensive rehabilitation services all over the world. On the other hand, the individual PRM physician will profit from an increased social, political and economic recognition of the area.

In this context, it is important to recall the added value that ISPRM’s political action creates for its national and individual membership. Within PRM, only ISPRM can work in co-operation with other international professional organizations and global intergovernmental agencies such as WHO towards an international policy agenda that recognizes the need for an enhancement of the rehabilitation strategy and the role of PRM. ISPRM thus complements efforts of national and regional societies to foster the conditions suitable for PRM physicians’ work at the inter-regional and international level. Most importantly, ISPRM’s policy can contribute to a political and economic environment that allows PRM physicians to provide timely and effective care worldwide and in favour of people experiencing disabilities. ISPRM’s policy role can also contribute to a more coherent understanding of PRM’s field of competence.

All PRM physicians (9, 11, 12), physicians applying the rehabilitation strategy (8), health professionals and researchers in PRM and functioning and rehabilitation at large (13, 14) are called upon to contribute to making ISPRM more visible, effective and efficient, and economically and socially relevant.

These efforts will, on the one hand, in the light of ISPRM's humanitarian mandate, enhance the organization's capacity to contribute to the establishment of suitable rehabilitation services and optimal functioning of people experiencing disability worldwide. On the other hand, the coherence and the influence of the profession will be strengthened, including the enhancement of academic rigor and systematic structure in PRM research.

ISPRM members and readers of JRM are invited to contribute to this discussion and the development of a coherent position of ISPRM within the world health policy, by sending letters to the Editor of the JRM, to the corresponding author, or to ISPRM's central office.

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