

A publication from the
World Health Professions Alliance

A Core Competency Framework for International Health Consultants

World Health Professions Alliance (WHPA)



A Core Competency Framework for International Health Consultants

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ABOUT THE WORLD HEALTH PROFESSIONS ALLIANCE

Established in 1999, the World Health Professions Alliance (WHPA) brings together dentistry, medicine, nursing, and pharmacy through their representative international organisations: the International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association. The Alliance, speaking for more than 23 million health care professionals worldwide, assembles essential knowledge and experience from the key health care professions. The WHPA aims to facilitate collaboration between key health professionals and major international stakeholders such as governments, policy makers and the World Health Organization. By working in collaboration, instead of along parallel tracks, the patient and health care system benefit.

To learn more, visit: www.whpa.org

SECTION ONE: INTRODUCTION

We live in globalised world, one in which national borders continue to shrink as we integrate economies and other aspects of societies. Today people, products, services, disease, social movements – indeed all aspects of society – readily cross borders. Health care is no exception. Migration, technology, trade agreements, costs, international cooperation and a variety of other factors spur the movement of people and services.

Health services everywhere are under increasing pressure due to political, economic, social and epidemiological forces. Developed and developing countries alike are being challenged by health workforce shortages, ageing populations, increasing population growth rates, and a growing burden of chronic and noncommunicable disease. As well, increasing numbers of people are seeking health care services in countries other than their own. As a result the past decade has seen a sharp rise in the health tourism movement whereby people travel to other countries to obtain care while also touring, vacationing and enjoying the attractions of the country they are visiting. A variety of people and nations are also engaged in providing services in other countries, giving rise to an increasing number and variety of international health consultants.

Today, consultants provide an array of health-related services domestically and internationally. These may include: health service and personnel planning; construction and management of new facilities; curriculum development for a specific disease; budget development; disaster preparedness or response to a major threat, such as Avian Flu; development of types of technology needed

in a specific situation; or the establishment of quality assurance systems. In other words, consultants are engaged – either on an ad hoc or routine basis – in planning, assessing, implementing and evaluating health services in their own countries and abroad.

The number and variety of individuals falling into the international health consultants group is staggering. It includes individuals whose expertise lies in financial management, macroeconomics, health services planning and management, public health, epidemiology, human resources development, disease management, governance, standards development, education, primary health care and health technology, to name a few. As well, experts serve as consultants on both a voluntary and employed basis. They may work for large consulting firms or corporations, be independently employed, or be faculty members. They may work for professional associations, religious groups or national and international nongovernmental groups. Their clients are individuals, agencies or organisations involved in planning and/or delivering health care, interested nongovernmental organisations, advocacy groups, countries, United Nations' agencies, global health initiatives (e.g. the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria) or donors, such as governmental agencies, foundations, trusts, corporations, etc.

International consulting is increasingly becoming big business. With the rising variety and numbers it is more and more difficult for the potential client (or contractor where this is not the client) to find the best fit when faced with a range of consultants with varying credentials, experience, competencies and backgrounds. This

situation, coupled with the fact that more and more of our own members are interested in serving as or working with international consultants, led the World Health Professions Alliance to develop competencies for international health consultants.

These competencies serve to guide the individual, client and contractor. From the perspective of the client/contractor the competencies serve to:

- Set expectations and contract terms
- Benchmark informed decisions
- Negotiate contracts
- Monitor performance
- Evaluate project outcomes
- Assess qualifications
- Function in a transparent manner.

The competencies also have considerable benefit for the individual consultant and their employer. They are designed to assist in the consultant's practice, professional development and employment conditions. They are meant to facilitate self assessment and aid in identifying areas for added professional development as well as assist with contract negotiations with the client and the employer. In addition to aiding transparency, they serve as a marketing tool for the individual and as a tool to help the consultant select associates and associate competencies when working with others.

This document presents a framework of competencies for international health consultants. The competencies are intended to be broad enough to be applied to international health consultants, regardless of their specific profession, yet specific enough to serve as a useful guide to those who wish to make use of health care consultation.

The competencies were derived from a review of the literature and a series of reviews from experts who serve as consultants, employers, and/or clients. They are meant to reflect the abilities common to health consultants whatever their specific discipline. WHPA expects that the competencies will be used and interpreted within the client context. Lastly, they are designed to guide, not to prescribe. Feedback on their use is most welcome. Please send comments to:

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SECTION TWO: DEFINITIONS AND ROLES

The following definitions and role description underpin the framework of competencies for international health consultants.

1. Definition of Consultant

A consultant is an expert qualified and experienced in a specific discipline or field to give advice or services to a person, organisation or government.

2. Definition of International Health Consultant

International health consultants are experts working in health services who have specialised knowledge, experience and personal attributes that qualify them to provide advice or services (other than direct care) beyond their home country.

3. Definition of Competence

Competence is a level of performance demonstrating the effective application of knowledge, skill and judgement (ICN 1997).

4. Definition of Cultural Competence

“Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (Cross T, Bazron B, Dennis K & Isaacs M 1989).

5. Role of the International Health Consultant

In most instances the specific role of the consultant is dependent upon the agreements set out for the consultation. The breadth and depth of educational preparation and credentials, as well as practice experience in an international context, enable the international health consultant to have the expertise and accountability to provide services to clients in a country other than the consultant's own.

The particular role of an international health consultant always incorporates an element of empowering the client. This requires that the consultant has knowledge about the country, its history and current situation, and exhibits sensitivity to the customs, traditions, interpersonal rituals and patterns of the country within which the consultation occurs or the country intended to benefit from the work.

SECTION THREE: INTERNATIONAL HEALTH CONSULTANT PRACTICE CONTEXT

Whether in Africa, Asia, America or any other part of the world, the context within which international health consultants implement their knowledge and skills is dynamic and constantly evolving. The services provided aim at achieving outcomes that the consultant and the client have mutually established and are carried out to the highest ethical standards in accordance with the laws and culture of the country within which the service is provided.

As with other professions, consultancy work is influenced by the larger social, economic, political, cultural and operational context within which it takes place. It is further shaped by the availability of resources (both human and financial), organisational processes and the presence of enabling and other factors (see Figure 1 below). The framework of core competencies for international health consultants that follows in Section Four has been developed with these influencing factors in mind.

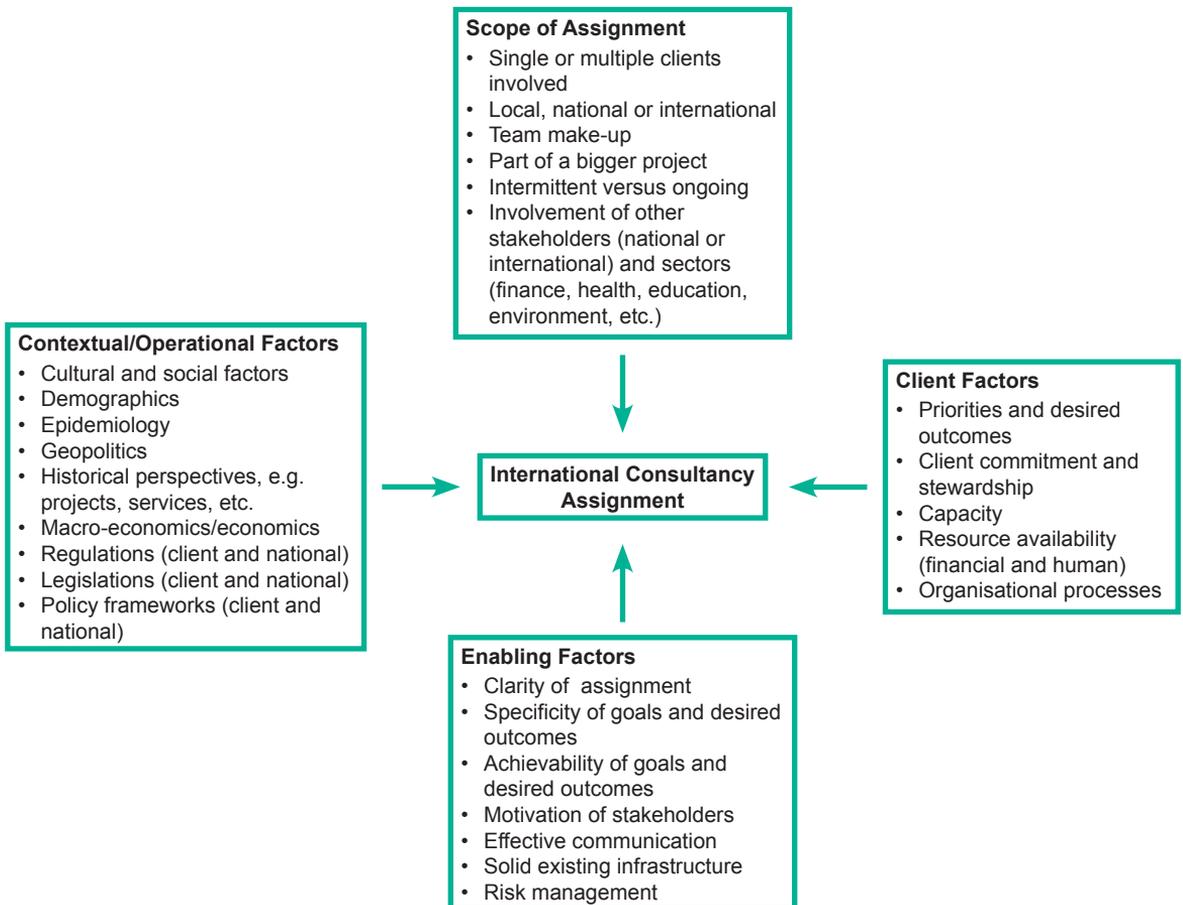


Figure 1. Factors Influencing International Consultancy Assignment

SECTION FOUR: FRAMEWORK OF CORE COMPETENCIES FOR INTERNATIONAL HEALTH CONSULTANTS

The following presents a framework of core competencies for the international health consultant. The competencies can be applied to a broad range of professionals working in health (e.g. nurse, physician, dentist, pharmacist, nutritionist, social worker, educator, occupational therapist, policy expert/analyst, planner, economist, etc.).

The competencies are grouped under seven domains. Clusters of behaviours, skill and knowledge identified as essential to high performance/quality consultancy are provided for each of the core competencies identified in the framework.

The competencies are presented in a numbered format for ease of reference only; the numbering system is not intended to indicate a priority or order of importance. All core competencies are equally pertinent to the practice of international health consultation.

The seven domains are:

1. Client Context
2. Accountability
3. Ethical Practice
4. Legal Practice
5. Service Provision
6. Communication
7. Continuing Competence

1. Competency Domain One: Client Context

Competency: Demonstrates sound understanding of the cultural, social, economic and political environments within which the client operates.

Knowledge	Skills	Behaviours
<p>Is knowledgeable of the cultural, social, economic and political environment.</p> <p>Is knowledgeable of demographic, morbidity and mortality data.</p>	<p>Collects, synthesises, interprets literature, data and other information and organises it in a logical manner.</p> <p>Draws accurate conclusions based on assessment of available information.</p> <p>Identifies gaps in information needed to understand the client context.</p> <p>Takes steps to acquire necessary information not present in data at hand.</p> <p>Networks to validate resulting analysis of client/country context.</p> <p>Formulates potential solutions that are congruent with the client's aims, context and which are deliverable within the socioeconomic, technological and political climate and agreed timeline.</p>	<p>Demonstrates an understanding of effectiveness and limitations of the health care system, the evolution of health care policy and the socio-political factors and competing interests that affect the delivery and quality of health care services in the country.</p> <p>Considers the impact of morbidity, mortality, and other demographic and outcome data confronting the country or specific populations when making assessments, interventions and recommendations.</p>

2. Competency Domain Two: Accountability

Competency: Is accountable to the client for the services rendered.

Knowledge	Skills	Behaviours
<p>Is knowledgeable about customary systems of reporting and accountability.</p> <p>Is knowledgeable about the important concepts, elements, and methodologies that are involved in undertaking a risk assessment.</p>	<p>Undertakes risk assessment before taking action.</p> <p>Recognises situations that are unsafe and identifies the actions needed to rectify them.</p> <p>Establishes and maintains appropriate accountability (including financial) and reporting systems with client.</p> <p>Checks that own understanding of role and responsibilities correspond and are acceptable to client.</p>	<p>Demonstrates accountability for one's own decisions and accepts responsibility for one's own professional judgements, recommendations and services provided.</p> <p>Demonstrates financial responsibility and accountability in the use of client resources and mitigates risks to such.</p> <p>Recognises and adheres to the limits of own knowledge, competence and role.</p> <p>Takes appropriate action to safeguard oneself and others who may be at risk of injury or danger related to the consultation work, the conditions of the work environment or the socio-political climate that exists.</p>

3. Competency Domain Three: Ethical Practice

Competency: Acts in an ethical manner in all interactions with, and on behalf of, the client.

Knowledge	Skills	Behaviours
<p>Is knowledgeable about human rights declarations and instruments (e.g. United Nations Universal Declaration of Human Rights and relevant professional declarations and statements) and reporting processes. Refer to the Annex for a list of professional declarations and statements by WHPA member organisations.</p> <p>Is knowledgeable about professional codes of ethics, if applicable.</p> <p>Is knowledgeable about information needs of clients and partners and about the legal and ethical rules for disclosures.</p> <p>Is knowledgeable about potential conflicts of interest.</p> <p>Is knowledgeable about ethical research conduct.</p>	<p>Values and takes appropriate action to safeguard human rights.</p> <p>Able to apply and adapt ethical principles and codes of practice to different work settings and client needs.</p>	<p>Upholds basic human rights and dignity at all times and reports observed violations as appropriate.</p> <p>Conducts oneself with honesty and integrity and in accordance with the published Code of Ethics of one's profession where such exists.</p> <p>Deals with others in an open and honest manner.</p> <p>Is sensitive to the client's culture, traditions and patterns of decision-making.</p> <p>Presents own professional qualifications and credentials accurately.</p> <p>Observes individual country requirements for conduct of research and obtains required clearance.</p>

4. Competency Domain Four: Legal Practice

Competency: Understands and works with in legal and ethical parameters.

Knowledge	Skills	Behaviours
<p>Understands professional and legal boundaries, roles and responsibilities in differing environments/contexts and in his/her home country.</p>	<p>Identifies and reports potential problems when contract is at specification phase.</p>	<p>Provides services in a manner consistent with the laws and regulations governing professional behaviour and practice in one's home country and the client's country.</p> <p>Provides advice and guidance that respect local laws, regulations, policies, standards and guidelines and his/her own ethical obligations.</p>

5. Competency Domain Five: Service Provision

Competency: Renders services that reflect client need and capacity.

Knowledge	Skills	Behaviours
<p>Is knowledgeable of client's assessed and expressed needs.</p> <p>Is knowledgeable of various modes of teaching, precepting, coaching and mentoring.</p> <p>Is knowledgeable about the specific environment that is the focus of the consultation – customs, work practices, relationships, modes of decision making, resource availability and utilisation.</p>	<p>Engages in information/ intelligence gathering and analysis in order to develop plans that reflect client need and capacity.</p> <p>Gathers information from a range of sources to build a clear, accurate and comprehensive understanding of the client's needs.</p> <p>Clearly articulates roles and responsibilities of all parties involved.</p> <p>Applies teaching/learning methodologies appropriate to the learning task.</p> <p>Plans, implements and evaluates strategies to meet identified client needs.</p> <p>Uses and develops where necessary appropriate evaluation tools.</p> <p>Solves complex problems through accurate analysis and application of appropriate solutions.</p> <p>Produces a critical path and identifies key decision points.</p> <p>Values and engages in consultative planning and decision making.</p> <p>Considers the impact of advice and services on the host culture and financial and human resources.</p> <p>Possesses contract review and negotiation skills.</p>	<p>Addresses client need in light of the context and short and long term client capacity, including resources available.</p> <p>Develops a mutually agreed plan and scope of work that responds to the client's assessed and expressed needs and capacity to sustain recommended actions.</p> <p>Establishes a system for regular review and assessment of progress.</p> <p>Assists the client to define roles and responsibilities for all parties involved in the consultation activity.</p> <p>With the client establishes concrete, measurable goals for the consultation, and strategies for ongoing evaluation of the results.</p> <p>Refers the client to appropriate agencies, organisations or people when services beyond one's abilities are requested or required.</p> <p>Demonstrates well developed problem-solving, critical thinking and strategic planning skills.</p> <p>Works to empower the client to act in an informed and skilled way on own behalf.</p> <p>Facilitates inclusion of all key people in planning, monitoring and evaluation activities.</p> <p>Prepares oneself with the business, contracts and negotiation skills that are necessary to the process of securing consultation work.</p>

6. Competency Domain Six: Communication

Competency: Communicates effectively and builds positive relationships with and on behalf of the client.

Knowledge	Skills	Behaviours
<p>Has knowledge of the client's conventions for propriety, including any cross-cultural differences when communicating with individuals and groups.</p> <p>Understands the dynamics of conflict and negotiation processes, how these dynamics manifest themselves and how to achieve solutions that are mutually acceptable.</p> <p>Is knowledgeable about disclosure of information and matters of confidentiality.</p>	<p>Customizes and presents information to best meet the needs of the target audience.</p> <p>Recognises, assesses and manages interpersonal conflict and acts to prevent or resolve it using a range of communication skills.</p> <p>Encourages and manages diverse perspectives constructively.</p> <p>Engages self and client in exploring alternative ideas and solutions and generates, analyzes and evaluates options.</p> <p>Builds and maintains working relationships with sensitivity and respect for diversity.</p> <p>Possesses good written and oral communication and listening skills.</p> <p>Demonstrates strong project management skills and organisational abilities.</p> <p>Compiles and reports information in a clear, accurate and concise manner.</p> <p>Differentiates between confidential and non-confidential information.</p>	<p>Adheres to the client's conventions for propriety, respect and polite behaviour.</p> <p>Interacts with individuals in a manner which is appropriate and in keeping with organisational culture.</p> <p>Uses precise, audience-sensitive and technically appropriate language when speaking with or presenting to others.</p> <p>Identifies potential sources of conflict and uses effective negotiation and conflict resolution strategies to prevent problems and resolve differences.</p> <p>Refrains from acting in conflicts that are outside the scope of the consultation.</p> <p>Frames group discussions and activities in a style that reflects an awareness of the client's culture, capabilities, and financial, human and legal constraints.</p> <p>Holds a non-judgemental, respectful perspective when confronted with disparate points of view, customs or ways of doing things.</p> <p>Writes clearly and cogently, using appropriate form and format for the writing activity at hand. Provides the client with a final written summary of the recommendations and actions taken on behalf of the consultation contract/commitment.</p> <p>Provides the client with contact information for follow-up questions or referral services.</p>

7. Competency Domain Seven: Continuing Competence

Competency: Assumes responsibility for life-long learning and continuing competence.

Knowledge	Skills	Behaviours
Is aware of the continuing licensure and/or certification requirements in one's profession and complies with requirements (where such exists).	Seeks out opportunities to enhance own professional knowledge and competence using a variety of strategies. Requests and accepts feedback and uses it to direct professional development and continuous learning opportunities supported by self reflection and/or critical event analysis.	Meets the requirements for continuing licensure and/or certification in one's profession (where applicable). Assesses on a regular basis the quality of own consultancy practice.

REFERENCES

- Cross T, Barzron B, Dennis K & Isaacs M (1989). Towards a culturally competent system of care Volume 1 in *Towards A Culturally Competent System of Care Volume 1*. Georgetown University Child Development Center, CASSP Technical Assistance Center, Washington, D.C., USA.
- International Council of Nurses (1997). ICN on regulation: towards 21st century models. ICN, Geneva, Switzerland.

ADDITIONAL BIBLIOGRAPHY

- Accreditation Council for Pharmacy Education (2005). *ACPE revised standards and guidelines June 2005*. Accreditation Council for Pharmacy Education, [Online]. Available: <http://www.acpe-accredit.org/pdf/ACPEDraftRevisedStandardsandGuidelinesJune2005final.pdf>
- American Nurses Association (2004). *Nursing: Scope and standards of practice*, nursesbooks.org, Washington, D.C. USA.
- American Nurses Association (2001). *Code of ethics for nurses with interpretive statements*. American Nurses Publishing, Washington, D.C. USA
- American Psychological Association (2002). *Ethical principles of psychologists and code of conduct* American Psychological Association, [Online]. Available: <http://www.apa.org/ethics/code2002.pdf>
- American Society of Consultant Pharmacists (2005). *Code of ethics*. Center for the Study of Ethics in the Professions, Illinois Institute of Technology. [Online]. Available: <http://www.iit.edu/departments/csep/codes/coe/American%20of%20Consultant%20Pharmacists.html>
- American Society of Consultant Pharmacists (2005). *Get started in consultant pharmacy!* American Society of Consultant Pharmacists. [Online]. Available: <http://www.ascp.com/public/pr/start>
- Anwar R (2001). Need management advice? A consultant may help. *Urology Times*, vol. 29, no. 5, pp. 62-63.
- Block P (2000). *Flawless consulting: A guide to getting your expertise used*, Second Edition edn, Jossey-Bass/Pfeiffer, San Francisco, California.
- Canadian College of Health Service Executives (2005). *Standards of ethical conduct for health service executives*. Canadian College of Health Service Executives. [Online]. Available: <http://www.cchse.org/Standeng.htm>
- Chalmers B (1999). What do international health consultants need to know? *Journal Soci t  des Gynecologues et Obstetriciens du Canada*, no. May, pp. 556-563.
- European Forum of Pharmaceutical Associations and the World Health Organization Regional Office for Europe (2003). Declaration: pharmacists and public health. *European Forum of Pharmaceutical Associations and the World Health Organization Regional Office for Europe (EuroPharm Forum) 12th Annual Meeting*. World Health Organization Regional Office for Europe, Geneva, Switzerland.
- International Council of Nurses (1999). *Nursing matters fact sheet: ICN on health and human rights*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: http://www.icn.ch/matters_humanrights.htm
- International Society for Performance Improvement (2005). *Standards of performance technology and code of ethics*. International Society for Performance Improvement. [Online]. Available: <http://www.certifiedpt.org/index.cfm?section=standards>
- Jenkins DA (1996). Nurse education consultancy: A new role. *Nurse Education Today*, no. 16, pp. 427-431.
- Norwood SL (1998). *Nursing consultation: A framework for working with communities*, Second Edition edn, Pearson Education, Inc., Upper Saddle River: New Jersey.
- Norwood SL (1998). Making consultation work. *Journal of Nursing Administration*, vol. 28, no. 3, pp. 44-47.
- Percival E & Affara F (2004). *International Principles and Framework for Standards Development in Nursing*. International Council of Nurses, Geneva, Switzerland.
- Rosenkoetter M (1995). A framework for International health care consultations. *Nursing Outlook*, vol. 45, no. 4, pp. 182-187.
- Rowley J & Rubin F (2006) *Effective consultancies in development and humanitarian programmes*. Oxfam Publishing, Oxford, United Kingdom.
- Schein EH (1990). Models of consultation: What do organizations of the 1990s need? *Consultation*, vol. 9, no. 4, pp. 261-275.
- Sneed NV (1991). Power: its use and potential for misuse by nurse consultants. *Clinical Nurse Specialist*, vol. 5, no. 1, pp. 58-62.
- Stichler JF (2002). The nurse as consultant. *Nursing Administration Quarterly*, vol. 26, no. 2, pp. 52-68.
- The International and American Associations of Clinical Nutritionists (2005). *Certified Clinical Nutritionist (CCN) Code of Professional Ethics and Responsibility*. The International and American Associations of Clinical Nutritionists, [Online]. Available: <http://www.iaacn.org/CCN%20Code%20of%202005.pdf>
- Thompson PA (2004). Leadership from an international perspective. *Nursing Administration Quarterly*, vol. 28, no. 3, pp. 191-198.
- United Nations (2005). *The millennium development goals report 2005*. United Nations, New York, USA.

- United Nations High Commission on Refugees (2005). *Numbers at a glance*. United Nations High Commission on Refugees, Geneva, Switzerland.
- University of Chicago, Career Advising and Planning Services (2004). *Careers in healthcare administration and consulting*. The University of Chicago, Chicago, USA.
- Wagstaff A & Claeson M (2004). *The millennium development goals for health: rising to the challenges*. The World Bank, Washington, D.C., USA.
- World Health Organization (2005). *WHO global competency model*. World Health Organization, Geneva, Switzerland. [Online]. Available: http://www.who.int/employment/competencies/WHO_competencies_EN.pdf
- World Health Organization (2005). *The world health report.2005 - make every mother and child count*. World Health Organization, Geneva, Switzerland.

ANNEX ■ PROFESSIONAL DECLARATIONS AND STATEMENTS BY WHPA MEMBER ORGANISATIONS

A. International Council of Nursing

- International Council of Nurses (2006). *The ICN code of ethics for nurses*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: <http://www.icn.ch/icncode.pdf>
- International Council of Nurses (2006). *Position statement: Torture, death penalty and participation by nurses in executions*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: <http://www.icn.ch/ps torture.htm>
- International Council of Nurses (2006). *Position statement: Nurses' role in the care of detainees and prisoners*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: <http://www.icn.ch/ps detainees.htm>
- International Council of Nurses (2006). *Position statement: Nurses and human rights*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: <http://www.icn.ch/ps humanrights.htm>
- International Council of Nurses (2005). *Position statement: Nursing and development*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: http://www.icn.ch/ps nursingdevel_00.htm
- International Council of Nurses (2000). *Position statement: Rights of children*. International Council of Nurses, Geneva, Switzerland. [Online]. Available: <http://www.icn.ch/ps childrights00.htm>

B. International Pharmaceutical Federation

- International Pharmaceutical Federation (2004). *FIP Statement of professional standards codes of ethics for pharmacists*. FIP, The Hague, The Netherlands. [Online]. Available: <http://www.fip.org/files/fip/counterfeit/FIP%20code%20of%20ethics.pdf>

C. World Dental Federation

- FDI World Dental Federation (2006). *FDI policy statement: Ethical international recruitment of oral health professionals*. World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Ethics/Ethical_Recruitment.pdf
- FDI World Dental Federation (2005). *FDI policy statement: Guidelines for dental volunteers*. FDI World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Ethics/Guidelines_dental_volunteers.pdf

- FDI World Dental Federation (2005). *FDI policy statement: Need and demand for oral health care*. World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Demand_for_Care/Demand_for_oral_care.pdf
- FDI World Dental Federation (2005). *FDI policy statement: Improving access to oral care*. FDI World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Access_to_oral_Health_Care/Improving_access.pdf
- FDI World Dental Federation (1997). *FDI policy statement: International principles of ethics for the dental profession*. FDI World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Ethics/Principles_of_Ethics.pdf
- FDI World Dental Federation (2003). *FDI policy statement: Basic dental training*. FDI World Dental Federation, Ferney-Voltaire, France. [Online]. Available: http://www.fdiworldental.org/federation/assets/statements/ENGLISH/Dental_Education/Basic_dental_training.pdf

D. World Medical Association

- The World Medical Association (2006). *Handbook of policies*. The World Medical Association, Inc. Ferney-Voltaire. Available: <http://www.wma.net/e/policy/handbook.htm>
- The Handbook of WMA Policy is issued as a record of the World Medical Association's stance on a variety of ethical and social issues.

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