J Epidemiol Community Health 2000;**54**:322–323

Editorials

A ready man?—The evidential and ethical basis for conferences

"Reading maketh a full man, conference a ready man and writing an exact man" (Bacon)

Bacon is not alone in having been moved to consider the value of conferences (fig 1). For John Kenneth Galbraith, " . . .conferences need to be understood. Some of course are purely recreational. Men and sometimes women gather at the expense of a cooperation or foundation. The purpose is free or tax-paid enjoyment. The justification is the exchange of ideas and the value of this is fiercely proclaimed. It is very difficult to say in criticism of such a conference that no ideas were exchanged.

Of serious conferences, very few are to exchange information and fewer still to reach decisions. Most are to proclaim shared purposes, to reveal to the participants that they are not alone and thus reinforce confidence. Or they are to stimulate action where action is impossible. By acting, they persuade the participants, and often others, that something is happening when nothing is happening or can happen."

A recent conference held in Thailand and organised by the World Health Organisation underlines Galbraith's analysis, raises new questions about the evidence base for the impact of this kind of intervention on population health and the ethical base of this kind of jamboree and throws doubt on Bacon's conclusion.

The stated purpose of the four day conference, held in the beach resort of Phuket and entitled *Towards Unity for Health,* was " . . .to study and promote approaches that can create convergence or even integration between health care activities which too often are conducted in isolation from each other by different stakeholders. The ultimate goal is to improve the overall performance of the health system [sic—that is, not just the health care system] and facilitate achievements consistent with the WHO goal of Health For All".[1] The intention was that through the use of case studies, initiatives which develop "unity in health" based on the integration of medicine and public health could identify the agenda for the reorientation of education for health.

The timeliness of such an initiative seemed self apparent to many of the steering group invited by the Division of Human Resources Development and Capacity Building at the WHO office in Geneva. This was now 21 years on from the Alma Ata Declaration on primary health care, and 18 years on from the adoption by WHO of its Strategy for Health for All by the Year 2000. There was on the one side evidence of shifts in thinking by government health departments around the world away from a domination by individualistic treatment towards public health policy and strategy, for example the recent public health strategy for England and Wales.[2–4] On the other hand, despite the high profile global impact of its Healthy Cities initiative, WHO itself was in a continuing crisis of identity and credibility and in need of visible contributions of a practical kind.[5 6] The tension between a health and a health care perspective was apparent in the discussions at the conference planning meeting in Bangkok at the beginning of 1998, but it seemed that a consensus had been reached that reconciled a medical perspective with one that embraced the multidisciplinary nature of health and health care and the imperative of public-professional partnership in modern public health. But it was not to be.

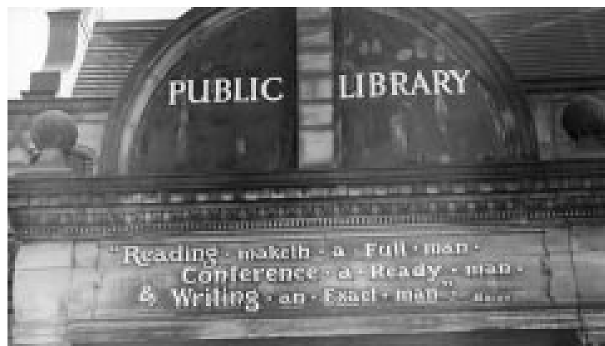

Figure 1 Bacon quote on public library in Kensington, Liverpool.

At the four day conference last August, attended by some 200 delegates from around the world and supported with a large grant from the Kellogg foundation, the participation was overwhelmingly male, medical and academic. This information was itself hard to come by as the delegate list was only made available on the third day. In the background paper for the conference WHO officer Dr Charles Boelen identified a "Pentagon Partnership" of stake holders for health consisting of policy makers, the health professions, academic institutions, communities and health managers.[1] Delegates included no health professionals from outside the health care system (such as from housing, the environment, transport, food), few policy makers and one community group from Liverpool. To add insult to injury, the Liverpool group had to raise most of their own transport and hotel costs despite apparently generous support to a circus of old time WHO conference circuit attendees. The group was faced with the disappointment of travelling half way round the world with the expectation of sharing their experiences with other community groups only to find a group of mostly remote academic medical men who gave the impression of being barely house trained in their failure to acknowledge a formidable community effort. They received no mention in the ritual boyzone backslapping of the final session.

From a technical point of view many of the speakers were poor despite being professional teachers, the chairmen of sessions were often not up to the task and many workshop facilitators controlled rather than facilitated discussion.

In the original discussions of the conference planning group much emphasis was placed on the idea of the conference producing an "oath" of ethics suitable for multi-professional groups of graduands to ground their practise. No mention of this was made in the opening session, and it was salvaged in the form of a consensus statement of the prerequisite for the development of partnerships to promote health for all people worldwide only by the untiring efforts of Professor Marla Salmon, from the USA, and a dedicated group who made the early decision that this would be the most productive way to spend the meeting (see appendix). Had some kind of oath of ethics been produced under the circumstances it would have compounded what bordered on the abuse of the community members.

J Epidemiol Community Health: first published as 10.1136/jech.54.5.322 on 1 May 2000. Downloaded from http://jech.bmj.com/ on September 21, 2023 by guest. Protected by copyright.

In his summing up at the end of the conference Charles Boelen said that he thought you could tell a good conference by three things:

- Whether you had made one or two new friends
- Whether you had come away with one or two new ideas
- Whether you had come away with something to do

From our point of view we met all these criteria, but we think it was probably the worst and most uncomfortable conference we have ever attended.

Surely the time has come, not least for the WHO, which often seems to be more a conference and travel agency than a public health one, to put conferences on an open, ethical and evidence based footing. Four initial steps come to mind but readers may have more:

- Conferences should have clearly spelled out outcome measures that link such considerations as Who pays? Who benefits? and what the opportunity costs are.
- There should be a performance framework that addresses such issues as equity of access for those who might benefit, the extent to which modern educational methods are soundly deployed and the impact of the event on the participants and their home organisations on return.
- Conference attendees should in turn make explicit their personal learning objectives in advance and be required to report fully to their peers on their return. They should be required to demonstrate that the proposed conference is the most cost effective means of furthering their personal development plan or the development objectives of their organisation.
- There should be transparency of conference accounts, including consultancy payments and sponsored travel and delegate fees.

If conferences are to produce ready people, fit for purpose as part of the repertoire of capacity building for public health, they must embrace good governance, openness and accountability. Is it too much to expect a lead from WHO with this important task?

Acknowledgements are due to Lynn Barry, Breckfield & Everton Community Health Advisory Group, Nancy Flanagan, Vauxhall Community Health Forum, Annette James, West Everton Community Council, First Years First, Patsy Patterson, West Everton Health Forum, Christine Wall, Liverpool Health Authority.

Appendix

Toward Unit for Health: The Phuket Consensus

BACKGROUND

The participants in the first International *"Towards Unity for Health"* Conference in Phuket, Thailand on this date of August 13, 1999, hereby present this *Consensus* to serve as a foundation for the development of partnerships to promote health for all people worldwide.

This *Consensus* is grounded in the fundamental principles outlined in the United Nation's *Universal Declaration of Human Rights,* Resolution 1997/71 of the United Nation's Commission on Human Rights, the *Alma Ata Declaration* and the World Health Organization's *"Health for All"* strategy derived from Resolution WHA30.43 (1977) of the World Health Assembly and the World Health Organization's definition of health. As well, the *Consensus* has imbedded within it the notions of health-related human rights found in the codes of professional ethics and conduct and patient rights found within many professions and nations.

We agree that:

- The health of individuals and families reflects the health of the communities and the environment in which they live, work and play.
- Each person has the right to healthy environments and equitable, humane and ethical health services.
- The good of individuals, communities and the environment must be respected and considered in all matters relating to health.
- Policies and practices that impact health must be rational, sustainable and aimed at achieving both individual and societal good.
- Effective partnerships between communities and private, public, professional and voluntary sectors are essential to creating and sustaining effective health interventions and programs.
- Society has to ensure adequate resources for the health of its members.
- Responsibility and accountability for health are shared among all partners.

Recommendations for Action Agenda

The following agenda for action is proposed. The implementation of this agenda will be dependent on a fundamental reorientation of the education, training and continued development of the wide range of stakeholders who impact health.

- The synthesis and promotion of the TUFH *Consensus.*
- The identification of the key determinants of partnerships that impinge on health.
- The creation of mechanisms for developing the new skills needed for community alliances: cross sectoral consensus building, community engagement, leadership training, management and resource development and deployment.
- The development of shared knowledge and information systems for appraising partnerships and bench marking the outcomes and impacts of TUFH projects.
- The engagement of civic society, the public and private sectors and community leadership in the TUFH partnership movement.
- The assurance of support for TUFH by all stakeholders.
- The provision of adequate resources to provide appropriate technical assistance, demonstration projects, research, and evaluation of sustainable TUFH partnerships.
- The development, dissemination and implementation of a strategic plan to advance, and expand a sustainable collaborating TUFH network.

The World Health Organization should take responsibility for assuming the vanguard leadership in developing and promoting this *Consensus.* A convention to be adopted by the World Health Assembly to give effect to the implementation of *Unity for Health* should be produced.

JOHN ASHTON, CBE
Joint Editor
MAGGI MORRIS
Assistant Editor, news and innovations

1 Boelen, C. *Towards unity for health. Challenges and opportunities for partnership in health development.* 1999 Aug 10–13; Phuket, Thailand. Geneva: World Health Organisation, 1999.
2 World Health Organisation. *Alma Ata 1977. Primary health care.* Geneva: WHO and UNICEF, 1978.
3 World Health Organisation. *Global strategy for health for all by the year 2000.* Geneva: WHO, 1981.
4 HMSO. *Saving lives–Our healthier nation.* London: The Stationery Office, 1999. Cm 4386.
5 Ashton J, ed. *Healthy cities.* Milton Keynes, UK: Open University Press, 1992.
6 Godlee F, ed. Who should be the next head of WHO? *BMJ* 1998;**316**:4–5.

J Epidemiol Community Health: first published as 10.1136/jech.54.5.322 on 1 May 2000. Downloaded from http://jech.bmj.com/ on September 21, 2023 by guest. Protected by copyright.