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EUROPEAN HEALTH COMMUNICATIONS NETWORK

Report on a WHO Planning Meeting

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Communication and Public Affairs

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PARTNERS FOR HEALTH

By the year 2000, in all Member States, a wide range of organizations and groups throughout the public, private and voluntary sectors should be actively contributing to the achievement of health for all.

ABSTRACT

The political, social and economic commitment and will to create conditions conducive to good human health depend greatly on people's access to health information that is accurate, relevant, readily available and impartial. To address this problem, a planning meeting was organized to develop a framework for a European health communications network. The participants represented a wide range of areas including medicine and public health, journalism, communication, education and television. They decided that working groups on ethics, management and science should be convened to further develop the concept of the network. They also agreed that designated national coordinators should meet in the autumn of 1998 to launch the network.

Keywords

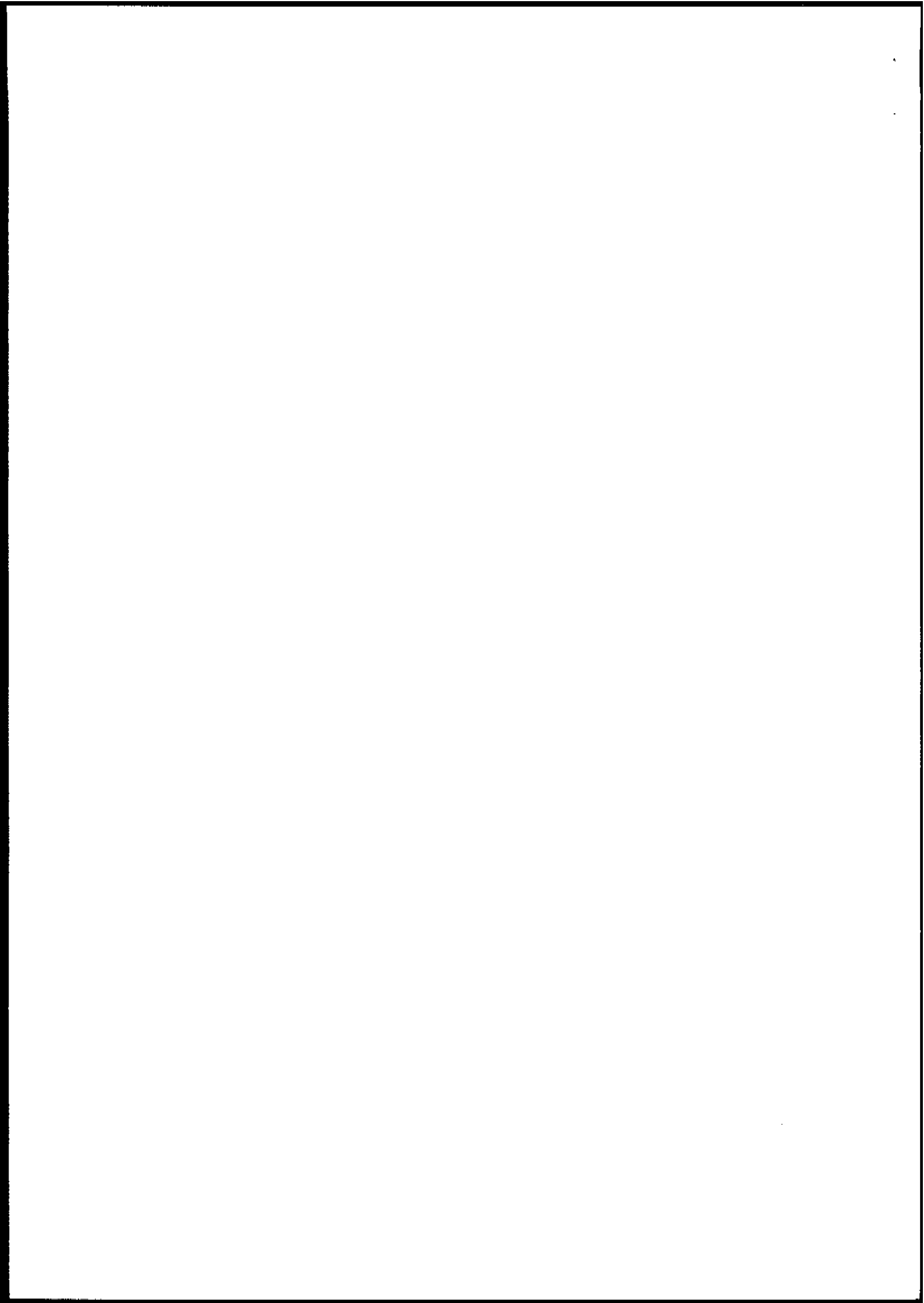
HEALTH EDUCATION -- methods
MASS MEDIA
HEALTH POLICY
EUROPE

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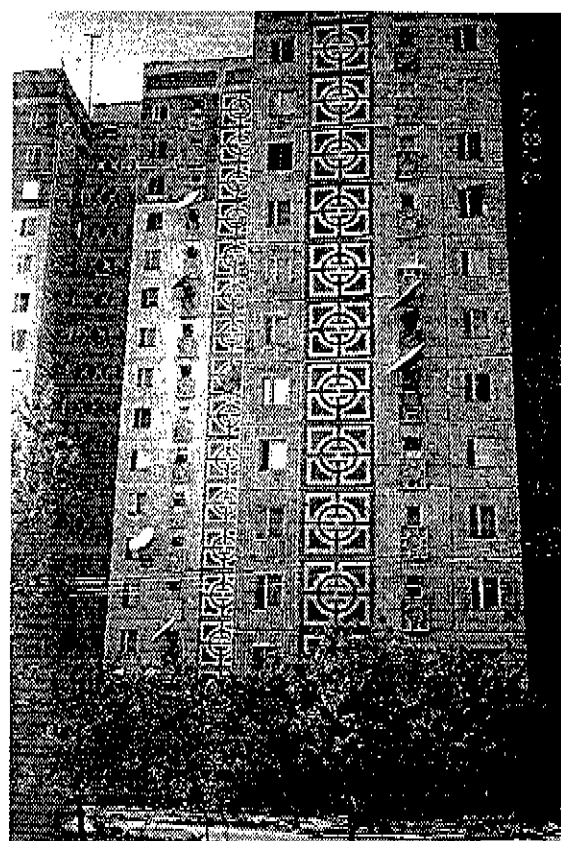
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Introduction

The political, social and economic commitment and will to create conditions conducive to good health depend greatly on people's access to health information that is accurate, relevant, readily available and impartial. All too often such information is lacking or buried in an avalanche of conflicting messages generated by various market forces. The western European countries have long faced this situation and have now been joined by the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former USSR.

Rapidly expanding telecommunication capacities increasingly shape health behaviour and opinions on and responses to new health laws, regulations and risks on the local, national, regional and global levels. Mechanisms and strategies are needed that can effectively communicate health policy and health-promoting messages to both technical and non-technical audiences throughout Europe.¹ To address this need, the WHO Regional Office for Europe convened a Planning Meeting to Develop a European Health Communications Network. The Meeting was held on 16–17 June 1997 at the King's Fund in London and was attended by 21 participants from 12 countries. The participants (Annex 1) had wide experience in a range of areas, including medicine and public health; print, radio and television journalism; communication; community advocacy; and education.



The event was organized as an open-space meeting (Annex 4) to maximize the involvement of each participant in the process, issues and outcomes. Rather than formal presentations or the delivery of technical papers, the Meeting emphasized small group sessions, whose topics were decided by the participants, and informal networking. Annex 2 contains the on-the spot reports and recommendations of seven of the small groups.

At the outset the participants agreed on a framework for discussion that identified five developmental areas. These included:

- the exchange of health information and the development of communication partnerships between policy-makers, professionals, educators, advocates and the media at the international, national and subnational levels;

¹ In this report Europe is defined as the 51 countries that belong to the WHO European Region.

- policy development (advocating policy environments that support open media, regulate hazard advertising, enforce quality standards for broadcasts and reporting and allow time and space for effective public service broadcasting);
- capacity-building for media professionals, policy-makers and health professionals, including terms of training, exchange of materials, comparative learning and use of new technologies;



- coordination of regional campaigns and disaster preparedness; and
- management of the Network, including resources, monitoring and evaluation.

Within this framework, the participants defined the Network in terms of its purpose and key activity areas. They discussed contributors and users, set-up and management issues, as well as sources of human and financial support.

This report summarizes the discussions, presents the conclusions reached and outlines a plan of action. Annex 3 comprises the agreed Meeting statement.

Purpose of the European Health Communications Network

The purpose of the European Health Communications Network (EHCN) is:

- to recognize and promote awareness of the importance of health communication;
- to involve communication professionals more deeply in the health sector and improve the relationship between health professionals, governments and the mass media;

- to support skills development; and
- to make available through the media health information² that is ethically and scientifically sound, relevant to current health concerns, reliable and understandable by target audiences.

In short, the EHCN should act as an honest broker and catalyst in health communication and information. In this regard, the EHCN could provide important input to policy-makers, health and media professionals and the general public in setting agendas, making decisions and taking action for health across Europe.

Activity areas

The major functions of the EHCN should include:

- facilitating research and the dissemination of knowledge on the effect of communication on health;
- catalysing links between health educators, promoters, policy-makers and databases, and public health advocates with the media;
- enhancing the media's access to reliable health information;
- increasing the media's awareness of their role and responsibility as health communicators, including the development of a common European set of ethical standards;
- building health communication capacities at the international, national and local levels;
- enabling intercountry comparisons of health communication; and
- establishing reliable and accessible international and national distribution mechanisms for health messages.

Discussion summary

Developing the scientific platform

The Meeting identified and shared numerous examples of relevant studies, including functioning model mechanisms for the dissemination of environment and health information³ and media surveys carried out by the United Nations Children's Fund (UNICEF) and others.⁴

The participants agreed on the need to support the development of evidence-based communication policies and practice. They felt that the EHCN should take a leading role in promoting communication research and disseminating information about good practice.

² Information is meant in a very broad sense and includes, for example, research results, reports and materials on successful programmes or projects, policy guidance, and performance standards. Information may be presented and distributed through the media in many forms including print, audio, digital, video and other electronic forms of communication, such as the Internet.

³ An example is the Environmental Medicine Information Forum, which provides physicians and others with an interactive information exchange mechanism through "normal" e-mailbox systems in combination with the internet (contact Uwe Kaiser – see list of participants).

⁴ Contact Maggie Murray-Lee (see list of participants).

Catalysing links

Participants identified four key participant groups for health communication networks.

The first is policy communicators, including policy-makers and their spokespeople, particularly public information officers (PIOs) in relevant ministries (health and environment) and private (contract) consultants. Policy communicators should have access to political decision-makers, be aware of relevant communication policy issues and be able to influence national communication policies.

The second group comprises public health educators, including doctors, nurses, academics, public health advocates, health promoters, engineers, etc. These educators may sit in governmental, nongovernmental or intergovernmental institutes and organizations. They may work in either the public or private sector. The educator should have good access to relevant national (and regional) health information systems and be able to connect these sources to the EHCN.

Third are public health advocates, including voluntary/third-sector foundations, associations and organizations, citizens' rights groups, community councils or regulatory bodies. These advocates may work in the public or private sector. Network public health advocates should be able to link the network to national quality assurance systems through official regulatory mechanisms or watch-dog group activities.

Fourth, the media include print, radio and television broadcasters and various electronic means of communication. Media representatives should have an interest in health, be in prominent communication organizations (preferably television) on a national level and be able to influence broadcast policy. The media coordinator should have good links with national media associations and be able to link the EHCN accordingly.

All these groups would also be among the contributors to and users of the EHCN. Other governmental sectors, such as transport and labour, could also be expected to use the EHCN. This may be especially relevant in the European Community which now demands that a high level of human health protection be incorporated into its policies and activities.

The EHCN as information service

The EHCN should not develop new health information collection systems but actively seek, through national secretariats, ways of linking and enhancing established mechanisms and activities to ensure that the output of these systems effectively reaches their targeted publics.

Information inputs to the EHCN might come from governmental ministries (health, environment, etc.), doctors, nurses and other health care providers, researchers, intergovernmental and nongovernmental (NGOs) organizations and academic institutions.

The experience of existing health information and media networks could be very useful in preventing duplication of effort, identifying gaps and building on good practice. In this regard mapping, including a resource and needs assessment, of such networks on both national and international levels is suggested.

The ethical base

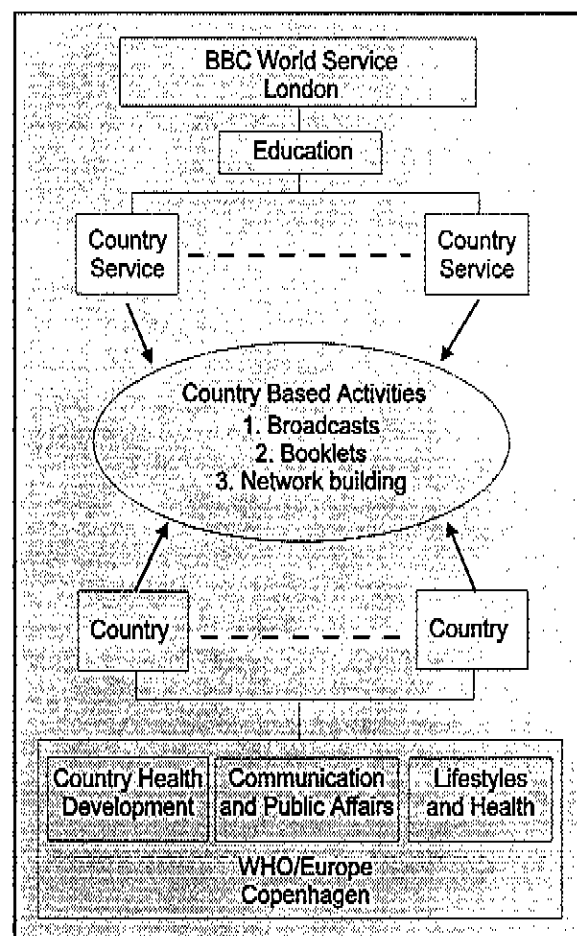
The Meeting felt that a useful task would be to develop a set of criteria that, if fulfilled, could lead to a designation of health-promoting media. Existing national standards need to be reviewed. Participants noted the work of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and several national media regulatory bodies in this area, and felt that a media-led initiative should be encouraged.

Capacity-building

A written communication from UNESCO emphasized the capacity-building aspect of EHCN activities.

Different users would have different needs. A flexible structure to accommodate the needs of the major subgroups of network users was recommended. The content and focus of capacity-building activities would be different for each of the key participant groups. For public information officers in ministries, capacity-building might usefully focus on communicating new health laws, managing risk perception and handling other public information issues. For the media, training might focus on new technologies and approaches to reporting. For health educators and advocates, basic communication skills might be emphasized.

The Meeting paid particular attention was paid to the disproportionate needs of the CCEE and NIS. The UNICEF media survey summarizes many of the resources and needs.⁵ Participants identified a wide variety of public and private entities as possible contributors, citing the recent consensus project in Hungary of the European Union (EU) PHARE programme⁶ as a good example of capacity-building aimed at enhancing the public information capacities of (in this case) the Ministry of Welfare. They also cited the WHO/British Broadcasting Corporation (BBC) healthy lifestyle project in Romania and Uzbekistan⁷ as a good example of how a communication product can drive the capacity development of a national network of NGOs, community-based government and intergovernmental organizations. The American International Health Alliance⁸ (AIHA) internet development activities in the NIS have led to institutional development and are being used in capacity-building education work with nurses, doctors and community groups.



⁵ Contact Maggie Murray-Lee (see list of participants).

⁶ Contact Eva Kerezsty (see list of participants).

⁷ Contact Jenny Stevens or Franklin Apfel (see list of participants).

⁸ Contact Martin Saggese (see list of participants).

The Meeting identified many useful tools for capacity development and a number of vendors.

Participants felt that the EHCN should facilitate the sharing of communication training materials through duplication and translation where needed. Where gaps are identified, arrangements should be undertaken to commission products.

Intercountry comparisons

An important function of the EHCN will be to provide a forum for sharing experience on a Region-wide level.

The Meeting noted that there was wide scope for the development and application of uniform methods of evaluating the effects of the media on health. The broad experience of several organizations such as the BBC and the Health Education Authority in the United Kingdom⁹ in audience and consumer research could be a great asset to the development of appropriate evaluation tools. Such standards, once developed, would allow for quantification of performance and more precise target development.

In the short term, participants felt that the selection and use of proxy variables should be explored in some demonstration work.

Distribution mechanisms

Participants considered that a major need would be the establishment of effective distribution mechanisms for developed health communication products, and reviewed several models. NIS participants introduced a barter model being used by "Medicine for You"¹⁰ in Moscow. Television station and print media owners barter space in magazines and time on television. The Central European Centre for Health and the Environment (CECHE) is producing public service announcements on health themes and marketing them to private and national television stations.

NIS broadcasters suggested that national media coordinators be appointed who could negotiate for prime-time television slots, and that the EHCN should commission vendors to produce regular broadcast shows or spots for these slots. Production and air time should be paid for by local or regional sponsors. A pilot project to test such an approach was recommended.

The issue of language in the EHCN (English, Russian and/or other languages) should be carefully evaluated as it would influence both the input and usefulness of information. The approach employed by Worldwide Television News¹¹ with its British Satellite News transmission was considered effective: undubbed tapes are provided with a script that local broadcasters can translate and dub in their languages and recognizable voices.

Since, to take one example, the Internet is not readily available in large parts of Europe, the technology standard for the EHCN should similarly be carefully considered. A questionnaire to identify potential contributors should be considered. The EHCN might use several types of technology, such as Internet, digital video broadcasting, CD-ROMs, diskettes, videos and films.

⁹ Contact Jenny Stevens, Richard Hannaford or Katie Aston (see list of participants).

¹⁰ Contact Nikolai G. Ignatov (see list of participants).

¹¹ Contact Steve Turner (see list of participants).

Managing the EHCN

Although the actual set-up and management may vary from country to country, the following approach may serve as a model. Within each country, a national secretariat, including at least one representative from each of the four key participant categories, would be responsible for receiving and disseminating the EHCN's information. Depending upon the financial resources available, this function could be initiated by one or more of the key category coordinators. The establishment and continued operation of the EHCN would most probably require at least one dedicated position in each country, designated as network manager. The national secretariat would be responsible for mapping/identifying the relevant contributors and users within that country. Additional responsibilities would include sharing experience at the European level, facilitating training activities in health communication and actively advocating health communication. A critical element in the success of the EHCN in any country would be the ability of the national secretariat to motivate, stimulate and mobilize the involvement of key players, including policy-makers, educators, health care providers, public health advocates and the media. Depending on the country, the national secretariat might also need to be able to raise operating funds.

A relevant international organization could provide overall coordination of the EHCN in coordination with selected national institutes. The coordination secretariat should be considered as the node connecting the country coordinators. Region-wide coordination should include resource mobilization, research, capacity-building and networking activities.

While WHO's relationship to the EHCN would be as contributor, coordinator and user, the Network would be collectively owned by its participating agencies and should not be viewed as a WHO network.

Funding

The EHCN's scope, content and vision would necessarily be limited by the resources available. Funds would be needed to cover the costs of management and administration within a country, including staffing. Governments might be unable to cover the total costs, and resources (in cash or kind) might have to be mobilized from sources such as the commercial sector. With this consideration in mind, guidelines for funding by nongovernmental sources, including ethical issues and terms of reference, are needed. Resource allocation should be guided by needs assessments with the aim of creating more equity in the availability of health information.

Next steps: recommendations

1. A survey should be conducted of the 51 Member States of the WHO European Region to identify the in-country interest, potential coordinators, users and contributors in relation to the EHCN.
2. Communication as a health intervention is a concept that needs to be more widely recognized and accepted. To this end, a working group should be established to promote this concept through the functions of the EHCN. A review of existing health communication research and distribution networks should be made and the results published. The EHCN should encourage peer reviewed contributions to journals such as the *International journal of health communications*.¹²

¹² Contact Scott Ratzan (see list of participants).

3. Research should be initiated on the language(s) needed for the EHCN.
4. The various technological options for the EHCN should be explored and a technology plan developed that can be implemented widely in the Member States.
5. The issue of ethics is basic to the EHCN. A working group should be established to review existing ethical codes and develop ethical guidelines for health communicators. An assessment of the media's impact on health would be very helpful. In this regard, a working group comprising media participants could meet to consider the development of the mechanisms of such an assessment and of developing criteria for the media from the media. The ethics working group should also establish guidelines for sponsorship and support.
6. The EHCN needs to be more precisely defined in terms of set-up and management. A working group should be established to do this. In this regard, recommendations 1-4 provide vital input.
7. Demonstration projects on both country and Region-wide levels that test the EHCN linkages model and distribution mechanisms need to be developed.
8. Each working group proposed above should finish its discussions in the next 6-10 months and prepare a report by the spring of 1998.
9. While the WHO Regional Office for Europe should act as coordinator, other intergovernmental organizations, including UNICEF, UNESCO, the World Bank, the United Nations Development programme (UNDP), the United Nations Population Fund (UNFPA) and the European Union (EU) should be approached and encouraged to become involved.
10. It is planned to launch the EHCN in the autumn of 1998. A meeting of designated national coordinators and key users should be held in October 1998 to agree on final details. The reports of the working groups should provide the foundation for this meeting.

Annex 1

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Annex 2

REPORTS ON SMALL GROUP DISCUSSIONS

Group Session 1: Who should be in the network? How should it be organized?

Convener: Franklin Apfel
Participants: Carlos Dora
Göran Tomson
Maggie Murray-Lee
Uwe Kaiser

Key discussion points

1. Although its precise nature would probably vary from country to country, the network should have strong communication, health and policy inputs.
2. The network should have broad intergovernmental sponsorship.
3. National coordination is needed. The national coordinator needs to be able to "map the system" regarding providers and users, be an advocate for communication, facilitate training, capacity-building and comparative learning.
4. An advisory group may be needed, which includes the following interests: consumers, business, medicine and nursing, children, the environment, local authorities, education, faith groups and the media.
5. The network needs to add value to existing mechanisms, not reinvent them.

Recommendations

1. There should be broad ownership of the network: it should be a health communication network, not just a WHO network.
2. While the approach will vary country by country, the "main node" should be a communication specialist.
3. The job description of the national coordinator should incorporate the points made in key point 3 above.
4. Full advantage should be taken of every development opportunity; for example, the Robert Koch Institute, a WHO collaborating centre for information on environment and health, in Berlin could provide valuable services.

Group Session 2: What role should the network play? How can it be linked to existing networks?

Convener: Ian Wylie
Participants: Gabriela Bezdekova
Nikolai Ignatov
Eva Kerezsty
Martin Saggese
Galina Slovyova
Raisa Maytanova
Carlos Dora
Renat Akmaev

Key discussion points

1. The major role of the network is to recognize the importance of health communication, to support skills development and improve the relationship between health professionals and government.
2. The aim of the network is to bring communication professionals more centrally into the health sector.
3. Communicating with communities requires a multidimensional approach.
4. One should talk about systems of work rather than geographical networks (e.g. "Medicine for You" in the Russian Federation).
5. The network should find the main connections in each country in order to activate the networks for wide health and environment issues.

Recommendations

1. The network should support Member States in developing high quality communications competence.
2. The network should enable countries to tackle such issues as poor health information leading to low understanding.
3. WHO country officers could play an important role by providing detailed information to allow broad-based appropriate support.

Group Session 3: What is the product of and who is the audience for the network?

Convener: Franklin Apfel
Participants: Maggie Murray-Lee
Angelika Weber
Elaine Price
Uwe Kaiser
Andreas Henke
Scott Ratzan
Luigi Bertinato

Key discussion points

1. The product is credible, independent, rapid, reliable and tailored information for health.
2. Product delivery should be flexible, depending on the target audience.
3. Input and output analyses are needed.
4. While the network will provide information, it should also be a communication tool. This implies capacity-building that takes into account the scientific, professional communication experience about what strategies work at various organizational levels.

Recommendations

1. WHO and other international governmental organizations should be both the receivers and providers of information. Messages should be tailored for target audiences.
2. The input and output stakeholders need to be identified.

Group Session 4: Mobilizing multinational concerns

Convener: Katie Aston
Participants: Angela Porter
Richard Hannaford
Steve Turner
Göran Tomson

Key discussion points

1. A list of public health concerns should be assembled that would serve to help identify those multinational concerns with relevant influence.
2. Efforts should be made to study how multinational concerns handle their employees' health issues.
3. Make technical assistance available to media colleagues to ensure rational capacity strengthening.
4. Multinational concerns should be studied as regards their use of resources (e.g. skills, commercial marketing) to reach a large audience.
5. The network could help to set the public agenda in Europe by monitoring and reporting on the behaviour of multinational concerns.
6. The media itself is often a multinational concern.

Recommendations

1. Ethical guidelines for working with multinational concerns should be developed.
2. Companies that influence public health should be identified.

Group Session 5: Financial aspects

Convener: Nikolai Ignatov
Participants: Gabriela Bezdekova
Eva Kerezsty
Martin Saggese
Galina Slovyova
Raisa Maytanova
Renat Akmaev
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Steve Turner
Angela Porter

Key discussion points

1. Need to engage vertical involvement: top (government officials) to bottom (grassroots NGOs).
2. Need to integrate commercial support, e.g. pharmaceutical companies.
3. Attract support through interest in being associated with an entity such as WHO, for image purpose.
4. Create mechanism to acknowledge and reward participation.
5. Create a pool of money to use from all sources (government, industry, NGOs, etc.)
6. Get intergovernmental organizations to invest 1% of their budgets in return for advertising space on the network in their regions.
7. Offer collaboration with the media for campaigns such as that against poliomyelitis.
8. Buy and sell information.

Recommendations

1. Establish guidelines for fund-raising, acknowledgement, editorial control, etc.
2. Identify specific funding group.
3. Involve ministry of health/government and EU/United Nations organizations.
4. Make the case to all Member States.
5. Create opportunities for joint financial support and profit, using a good image of intergovernmental organizations.

Group Session 6: National models and case study of the Hippocrates Club, Germany¹³

Convener: Angelika Weber
Participants: Gabriela Bezdekova
Nikolai Ignatov
Eva Kerezsty
Martin Saggese
Galina Slovyova
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Key discussion points with reference to the Hippocrates Club

1. There is a need to regulate the messages going into the centre to prevent monopolization of the information to the exclusion of factual healthful messages.
2. People most in need will not seek out the information: they need to be motivated to use the regional centres and social networks.
3. A key to the success of the concept is that people adopt the programme and take responsibility for its success.
4. Digital video broadcasting can be used to disseminate health information and to bring people together.
5. Regional centres could serve as a "second home" with similar activities.

Recommendations

1. A clear philosophy about the contents and structure of the Hippocrates Club project needs to be developed.
2. The Hippocrates Club should be launched as a pilot project in Germany with the possibility of expanding to other European countries.
3. A set of core values should be developed.

¹³ The Hippocrates Club Network for wellbeing and promotion of the quality of life aims to bring together various partners from the medical, environmental and health fields (in the broadest sense of the word) by developing an audiovisual library which could be accessed by consumers/subscribers through conventional television, video, CD-ROM, online services, digital television or the print media – in short, through multimedia. Particularly important is a quality management system that would work to ensure the reliability of information provided (contact Angelika Weber – see list of participants).

Group Session 7: Selected technologies: demonstration of the Environmental Medicine Information Forum and the possible use of mobile phones and teletext pages in emergency situations

Conveners: Uwe Kaiser and Gabriela Bezdekova

Participants: Nikolai Ignatov
Eva Kerezsty
Martin Saggese
Galina Slovyova
Raisa Maytanova
Renat Akmaev
Luigi Bertinato
Steve Turner
Angela Porter

Key discussion points

1. Use of an Internet/World Wide Web standard versus another standard – what is the balance?
2. Which is the primary audience – specialists, non-specialist concerned parties, the general public?
3. Should the language be English or should the network be multilingual?
4. Different technology tools (e.g. internet, mobile phones, teletext) serve different interests. To reach them, the information must be tailored to the different uses.

Recommendations

1. The scope and purpose of and audience for the network must be carefully defined.
2. Once this has been done, the resources (staffing, hardware, training) must be matched to them.
3. A plan should be developed to share the work of specialists with non-specialists and the public and to bring public concerns to the attention of specialists.

Annex 3

STATEMENT OF THE PLANNING MEETING TO DEVELOP
A EUROPEAN HEALTH COMMUNICATIONS NETWORK
LONDON, 16-17 JUNE 1997

RECOGNIZING the growing impact of global, regional and national health communications on public health policy, public awareness and as a determinant of health behaviour;

ACKNOWLEDGING significant contextual changes in health communications in the European region, including:

- greater demand and need for accurate, relevant, rapid and impartial public health information by technical and non-technical audiences;
- ever-growing competition in the health information market-place;
- a broad availability of new communication technology;
- a growing reliance on broadcast media, particularly television, as the principal source of information;
- a significant increase in the harmful influence on health behaviour of messages generated mainly by private interest groups,
- uneven accessibility to health information; and
- the critical influence of communication on public involvement to health reform policy and in risk perception;

IDENTIFYING the need for a major strengthening of public health communication capacities, particularly in the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former USSR;

The participants of this Planning Meeting call upon the WHO Regional Office for Europe to facilitate the development of a European Health Communications Network (EHCN) and engage the active support of other intergovernmental agencies in providing a mechanism for:

1. improving the health knowledge of the media and the communication skills of educators, health professionals and policy-makers, through:
 - supporting regional and national communication training workshops;
 - developing, sharing and distributing credible materials;
 - facilitating the establishment and/or development of relevant associations;
 - providing opportunities to exchange experiences and lessons learned;
 - supporting demonstration projects for coordinated health promotion and communication interventions;
2. stimulating interdisciplinary work among health professionals, governments, nongovernmental and intergovernmental organizations and the mass media, through:
 - providing opportunities to develop links between and among Region-wide and country-based programmes, both public and private;
 - increasing public awareness of needs and resources;

- attracting support for enhanced health communication activities;
 - serving as a model for other regions;
3. establishing a regional health communication platform that could:
- carry out coordinated Region-wide health campaigns;
 - provide a mechanism for public alerts and information in emergencies;
 - create an ethically and scientifically based standard for the field of health information;
 - build up a health literacy.

Supported by intergovernmental agencies and participating member countries, the EHCN would function at international and national levels. At the international level, the EHCN, through the activities of a secretariat, would process information supplied through existing data sources and facilitate the regular production and distribution of priority health messages. At national level, health communication coordinators supported by a multisectoral stakeholder advisory board would coordinate distribution through established channels, identify and facilitate capacity-building, share learning from other national experiences and evaluate the effectiveness of message delivery.

*Annex 4***A BRIEFING ON OPEN SPACE MEETINGS¹⁴****Introduction**

The concept of the open space meeting was developed in Canada and the United States by Harrison Owen, who is a consultant to large organizations and community systems. Having organized many conventional academic meetings and large conferences, he noticed that much of the real work took place outside formal meeting sessions and wondered how the dynamics of that work could be incorporated and made publicly available and how less effort could be put in to what he believed to be less productive formal meeting sessions.

This approach of harnessing the dynamics of the real work developed into a methodology of holding meetings, which was triggered by observing how the people of African villages manage their affairs and deal with complex decision-making through a participatory and democratic approach. The open space meeting has been used in many and varied settings for over 10 years in developed and developing countries. It has helped organizations, systems and communities to address and work together on complex, often contentious and intractable issues where there seem to be no obvious straightforward solutions but many diverse, interested parties. The open space meeting format can work well with as few as 10 people to many hundreds at a time. From its earliest days, it has been used with mixed groups of varying social and cultural backgrounds and has been shown to work where more than one language is spoken among the participants.

Our own experience in WHO and that of Canadian and American colleagues suggests that the format of the open space meeting is best seen as part of an organizational or systemic development process. The work that goes into the preparation and the follow up are just as important as the open space meeting itself; indeed the entire process is about gaining commitment from the widest range of stakeholders (the involved parties) not only to what needs to be changed but also to how that may be achieved in real situations. Generally, it alters and illuminates everyone's perceptions about the way the world works and can rapidly shift prejudices, often in surprising and very creative ways.

Structure and conduct of open space meetings

The open space meeting is distinct from a conventional meeting or conference in that each participant has a key role and responsibility for ensuring that the important and relevant issues are brought to light and addressed. In its formal structure, the meeting itself is opened in a plenary session by a facilitator, who explains the process and methodology of the open space meeting and why the group has been brought together on that occasion. Having determined the purpose and main issue(s) of the meeting, the participants are then invited to convene their own group meetings on topics concerned with the main issue(s). It is important to note that the structure of the open space meeting does not allow for presentations or delivery of technical papers. It is understood that the participants, both individually and collectively, have their own expertise, experience, visions and values that are essential to bring the agenda forward throughout the meeting.

The final plenary session offers an opportunity for everyone to share conclusions, clarify collective and individual responsibility and plot the next steps to continue their work in real life/work situations.

The group (topic) meetings is where most of the real work of the participants takes place. The group meetings are convened by individual participants who feel strongly about a topic that relates to, addresses and contributes to the main issue(s) and overall aim of the open space meeting. Each group meeting lasts

¹⁴ Source: Mitchell & Damon, London.

three quarters of an hour and, at any one time, several groups could be meeting concurrently. A set of meetings would be arranged at the start of the afternoon, but these could multiply in number as the afternoon progresses in the light of what transpires during the groups' discussions.

The participants who convene a group meeting are responsible for introducing their topic and then briefly recording (on a prepared sheet of paper) who attended their group meeting, the key topic, concerns and the recommendations that emerged from their group. When the group work is finished, these brief reports are immediately posted on a public notice board for all to see. It is at this stage that any other open space meeting participant may write additional comments to the report(s) that are posted.

A striking feature of the open space meeting format is the opportunity it presents for informal networking among the participants, the discussions this generates and the initiatives taken by the participants among themselves, who are often paired up or together in groups that may not have normally gravitated towards each other in everyday organizational life. It is this dynamic that is strongly encouraged to complement the formal side of the open space meeting.

Participants get involved and contribute in a number of ways. As has been described, they convene their own group meetings and/ or they attend the group meetings convened by others; they may move from one to another meeting whenever they please; or they may reflect and network outside the formal meetings. It is this open, flexible approach which allows and generates diverse involvement from everyone. There is only one rule: if you are neither contributing nor learning, then move on (to another group).

Immediate outcomes

The production of a report is one immediate outcome. All the topic group meeting reports, the comments on these reports and the summaries of the points made in the plenary sessions, form the open space meeting's final report which is made available to all the participants shortly after the plenary closure of the meeting. The final report reflects the dynamics of the experience and contains a wealth of comments, ideas, recommendations and action steps to be taken, some of which may have been lost (or never said or recorded) in a conventional meeting setting.

The opportunities and experience of the meeting(s) give rise to an unlimited range of unpredictable outcomes, new initiatives, attitudes and approaches that have direct influence on how things get done. New connections are made and things begin to happen immediately.

Follow-up

After the open space meeting, a task force would be responsible for analysis and distillation of the final report and its recommendations. Such task force groups have been organized and functioned in a number of ways. Some have produced summary documents which were then reviewed and followed up in other workshops, including key people to check conclusions and generate action. Others have moved recommendations back into the mainstream, with new forms of strategic planning documents and processes. Either way, what emerges from this is a set of initiatives for change which have been generated by the participants themselves, who will enjoy both ownership and legitimacy of the initiatives. Evaluations have shown that the ultimate success of the open space meeting approach to conferencing is highly dependent on serious, sound follow-through in the formal sense and fostering of desirable informal outcomes.