

REACHOUT and international conferences: How our engagement has prompted positive change

Part of REACHOUT's communication strategy was to attend and present at national, regional and international conferences – both to target other academic and research audiences to share learning on areas of mutual interest and also to network and engage with policy makers and practitioners. Over time our approach to conferences has adapted based on learning of what has the most impact and encourages engagement with stakeholders, evidence, and current debates. Our relationship with organisations like Health Systems Global (who organise the major two-yearly global conference) has deepened and we decided to invest time and resources in helping to found and organise their Thematic Working Group on Strengthening and Supporting the Role of Community Health Workers in Health Systems Development.

In parallel, as a team, we have improved our skills in facilitation and presentation through capacity development training and experiential learning, or learning-by-doing, particularly among the more junior researchers in our consortium. This has included how to define key messages, the use of photographs, making the visual lay out of slides engaging, presentation skills, and participatory approaches for meetings. We have invested in advertising our conference attendance, reinforcing the REACHOUT branding, buddying each other to provide support and make sure that our presentations, panels, and posters are documented and shared on social media and blogs. This has meant that over time we have learned to work as a team to maximise the impact of our involvement in these meetings, culminating in the Symposium on Community Health Workers and their Contribution towards the Sustainable Development Goals which was held in February 2017 in Kampala.

Evolving practice: engaging in conferences from the outset


REACHOUT has taken a strategic approach to communications and research uptake from the beginning of the consortium when we conducted a stakeholder analysis and policy and practice analysis which enabled us to better understand the potential audiences for our work and the channels through which they receive information. Our goal in conference interactions was to establish ourselves as an authoritative source of information and knowledge

on Community Health Workers (CHWs) and to enable continuous learning from our peers. A sub-goal was to ensure that all participating countries had an opportunity to showcase their work as well as representing REACHOUT as a coherent and cohesive partnership with shared beliefs and mutually supportive practices. This was supported by templates and guidance which aided researchers in using the REACHOUT brand consistently and reviewing abstracts and presentations as desired, as well as training and skills exchange.

Our pre-existing networks, knowledge, and embeddedness in relevant communities of practice meant that even before research findings were available publicly we were presenting our work internationally. The REACHOUT consortium was formed in early 2013 and later that year Korrie de Koning and Maryse Kok attended the **Women Deliver conference in Kuala Lumpur, Malaysia**.³ They organised a mini-event in the Dutch booth, to introduce REACHOUT to the public and presented in a panel session about maternal health interventions involving CHWs.



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In November of that year KIT attended the **Third Global Forum on Human Resources for Health in Recife, Brazil.**⁴ They were involved in a side session organized by the GHWA, USAID, NORAD and the Frontline Health Workers Coalition. Stakeholders from all levels and perspectives shared country experiences and discussed the CHW Harmonisation and Accountability Frameworks as well as priorities for a global research agenda on CHWs. They also presented the emerging findings of the REACHOUT cost-effectiveness study on CHW programmes in low- and middle-income countries. This was a formative interaction for the consortium as it enabled us to connect with stakeholders from around the world who have an interest in CHWs and it also embedded us in a community of practice, some of whom went on to form part of the Thematic Working Group and inputted to the WHO guideline development process on this issue.⁵

Because of its thematic focus the **Global Symposium on Health Systems Research** (which we first attended in 2014) has become a target of our conference attendance. In the 2014 conference in Cape Town, we held a session using a World Café participatory format where we explored challenges related to supervision (workload), referral, and community engagement and stakeholder coordination and how they hinder the efficiency, equity and scale-up of CHW programmes. We were also successful in securing three additional oral presentations and nine poster presentations which meant that we had a large REACHOUT presence at this

conference. People commented on the bold design of our branded posters – which really stood out.⁶ This was also the site of the inaugural meeting of the Health Systems Global Thematic Working Group where we co-defined our objectives and activities with a large group of stakeholders. The Emerging Voices for Global Health programme which runs alongside the conference was also important to us. Through a competitive process one of our team Rosalind McCollum secured a place on the programme which enabled her to network and learn from peers.

In 2015 the theme of the **22nd Canadian Conference on Global Health** was ‘Capacity Building for Global Health: Research and Practice’.⁷ This provided a great opportunity for our Bangladesh team (who lead on South-South technical assistance within the consortium). Sadia Chowdhury and colleagues secured a poster presentation which brought this area of work to a new audience.

The first month of 2016 saw Miriam Taegtmeier and Lilian Otiso represent us at an ODI event in London where the theme was **Putting the politics into international public health** this enabled us to make the links between quality improvement approaches and adaptive development.⁸ Later that month we were off to Thailand for the **Prince Mahidol Award Conference** where Lilian, on behalf of the Thematic Working Group, ran a session at the devoted to CHWs and Universal Health Coverage in partnership with USAID and the World Health Organization’s (WHO)

Global Health Workforce Alliance.⁹ This was an opportunity for the WHO to canvas views about the development of policy guidelines in this area.

In November we were represented by Ralalicia Limato and Patricia Junio Veronica Tumbelaka, members of our Indonesia team, at the **Flinders University Indonesian Alumni Symposium** where our work on “Power and politics at the decentralised level: Lessons from Cianjur district, Indonesia on how local governance effects the provision of maternal health services” was presented.¹⁰

Later in the month we secured a panel presentation at the **Global Symposium on Health Systems Research** in Vancouver, this time the theme was ‘Adaption and innovation in the health system: Embedding quality improvement in community health in Africa and Asia’.¹¹ This time the panel opened with ‘lightning talks’ from each of our country representatives which enabled plenty of time for small group work among participants. We were also represented by Lilian in a session on “Increasing the voice of community health workers in building resilient and responsive health systems” which we helped to organise as part of the Thematic Working Group. This was a session that mixed commentary with multi-media content from a range of countries (including Kingsley Chikaphupa representing Malawi). Additional engagement from the team included one multi-media presentation, 14 posters, and one oral presentation. Our colleague Robinson Karuga (Kenya) represented us as part of the Emerging Voices programme and he also gave a presentation at the Global Health Students and Young Professionals Summit on power and politics related to our work. Our colleagues Sally Theobald and Celso Give (Mozambique) were interviewed on Global Health TV!

Kampala Conference: the summit of our success!

The work that we put into preparing for, and learning from, conferences culminated in the Symposium on Community Health Workers and their Contribution towards the Sustainable Development Goals which was held in February 2017 in Kampala.¹² Because of our links with the Thematic Working Group, David Musoke, the organiser of the conference who is based at Makerere University, approached us for our inputs. We co-sponsored the conference with a small financial contribution along with many other organisations from around the world. We also actively supported and advertised the conference online and among the REACHOUT consortium which led to high-levels of interest among the team.



REACHOUT had a high visibility at the conference. Maryse Kok was asked to provide a key note speech on the software elements of Community Health Worker programmes (in line with her REACHOUT PhD);¹³ Rosalind Steege presented in plenary on “The voices of Community Health Workers”; Kate Hawkins was part of the opening plenary session advertising the Thematic Working Group; we organised a fishbowl session on the role of trust as one of the conferences parallel sessions¹⁴; we secured twelve oral presentations and presented one poster. Rosalind won an award for the best oral presentation at the conference for her work on gender which has led to her being asked to present at subsequent events. Kate Hawkins was part of the rapporteur team and helped to write the final conference statement with other colleagues.¹⁵ We also held a side meeting on the Thematic Working Group during the conference.

Beyond visibility with external stakeholders the conference was notable in the following ways:

- Although one Principle Investigator (Daniel Datiko) attended we were overwhelmingly represented by more junior REACHOUT staff. This is both a testament to the skills and ability of these staff and the supportive and trusting attitudes of their managers. It meant that people took responsibility and were leaders, supporting their own development.
- We were a large group – to the extent that some of our sessions clashed and we were unable to attend them all.
- REACHOUT was a recognisable entity. People approached us to say hello because they had heard of other elements of our work and recognised our name and logo.
- We could see clearly how our presentation skills and facilitation skills (in the sessions that we chaired) had improved over time. Robinson could see the impact of capacity development as part of Emerging Voices for Global Health and was also invited to chair a conference session for the first time. REACHOUT participants characterised our style as avoiding ‘death by PowerPoint’, not pushing our own opinions, respecting others’ views and experiences, ensuring fairness in the way that questions from the audience were handled, and participation and dialogue with a conscious decision to flatten hierarchies, for example in cherishing the views of CHWs (which is a core aim

of our research and communications). The team also felt that working together had developed their ability to understand other contexts and work across countries.

- Participants believed that being part of REACHOUT had enabled us to better understand what different audiences find interesting and to learn how to engage different stakeholders based on their knowledge and information needs. We felt confident in our ability to network with government and other stakeholders.
- It was the first time that REACHOUT has won a formal award for our communications at a conference.

Looking back, it is clear that investing in conferences including the manner that we prepare for them (and maximising opportunities for co-financing in this area) has paid dividends. This has only

been possible because managers in the consortium have ‘loosened the reigns’ and allowed others to represent the work and REACHOUT, knowing that they reflect the values and opinions of the wider group. This has led to ownership and leadership within REACHOUT which reverberates through our interactions with external stakeholders.

As REACHOUT funding from the European Commission nears its end and we look to our future we hope to continue to invest in both the Global Symposium on Health Systems Research and the follow up to the Kampala conference. We are currently supporting elections within the Thematic Working Group to ensure that there is a handover of responsibility to other members and that the group remains sustainable. We have supported our colleagues in Uganda in the process for choosing a host for the follow up Community Health Worker conference and will support the new hosts.



The process of engaging in conferences has offered learning that we would replicate in future work:

1. **Plan for impact** including skills development, branding, and the creation of a cohesive network of researchers who can offer mutual support and the exchange of advice which supports iterative learning about what works well.
2. **Eschew the traditional PowerPoint line up** for facilitation methodologies which prioritise participation of stakeholders and dialogue as opposed to the grandstanding of 'higher ups'.

3. **Support junior colleagues** to establish themselves in leadership positions within academic conference settings by building trust, valuing their unique contributions and developing skills – such as in abstract writing, presenting, and facilitation - which enable them to speak and guide us on their own terms.

4. **All conference engagement involves an element of self-promotion.** However, working in partnerships with other organisations and networks helps expand relationships and consolidate learning beyond a single consortium. Together we go further.

5. **See conferences as an opportunity for valuable face-to-face conversations** with other members of the consortium because physical proximity is important. We learn more when we have the chance to speak and see each other present the work. But we also gain confidence and power from each other in ways that are not always tangible for others.

6. **Investing in opportunities to excel publicly, and supporting each other, builds a sense of pride in our work** which is motivating and pleasing in other ways. Happiness derived from the research process is important and can help us through more challenging times with resilience.

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(Endnotes)

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