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The art of conversation

We tried something new at the recently concluded 35th Medic Africa meeting. Rather than inviting people to come and sit and listen to a pre-planned list of the great and the good in a given subject as per most conference settings, we invited people to join us for 'conversations' on given subjects. They were to be led by Dr Mohammad Pate, Minister of State for Health. In the event, he was at the last minute required to chair an economic committee for Mr President, but he ensured senior nominees attended to represent him.

What followed was very interesting. We introduced the concept of 'Chatham House Rules', which in essence mean that while participants are free to use the information received, but neither the identify nor the affiliation of the speaker(s) nor that of any other participant, may be revealed. Initially, people felt very reserved, but slowly the burdens of office (of all descriptions) were removed and open, candid, constructive discussion ensued. We learned more, much more than from a normal conference about the complexities and pressure of high office, about how politicians work, and about how administrators are very often frustrated from pursuing policies that they think are actually right. And we learned more, much much more, from those at the bottom end of the health pyramid whose voices are rarely heard at such a level. Afterwards, some very senior people told me 'We had not realised about that' nodding toward a nurse who had eloquently described how anomalies in 'the system' constantly frustrated her ability to deliver care. And the same nurse, had I had a chance to speak

to her would no doubt have expressed her surprise at the efforts of some health leaders to provide much greater support and training for her, but politicians were insisting on more new build (most especially in their constituencies!) and less capacity building and had thus frustrated their efforts.

At the end of each session people of all ranks mingled almost equally. Hierarchy of course didn't disappear entirely, but the mutual understanding of a conversation held on a level playing field brought much easier small talk than is usual.

I couldn't help thinking that we need more such conversations. Healthcare in Africa has made some important and positive strides in the last 15 years, following maybe as long a period of stagnation if not decline. And yet if everyone was pulling in the same direction, it would be much better than it is. Poor management, poor decision-making, and a lack of consultation are often the problems. We need to encourage more conversations. As the Chinese Proverb says: 'A single conversation across the table with a wise person, is worth a month's study of books'. We must aim for more dialogue and less monologue.



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