

## **Second International Conference** *June 13-16, 2002 - Toronto, Canada*

### **Final Report**

#### ***Equity: Research in the Service of Policy and Advocacy for Health and Health Services***

#### **I. EXECUTIVE SUMMARY**

The 2nd International Conference of the International Society for Equity in Health took place at the Medical Sciences Building of the University of Toronto from June 13-16, 2002.

Two hundred and fifty-six participants from 53 countries from all continents attended the conference. The participants presented 93 papers and 30 posters. There were 9 workshops offered and 11 vignettes presented.

The specific objectives of the conference were:

- a) To facilitate interchange of conceptual and methodological knowledge on issues related to equity in health and health care services;
- b) To advance research related to equity in health;
- c) To build, maintain and strengthen relationships with other relevant international and regional organizations;
- d) To have the ISEqH General Assembly and Executive Board and Committee meetings;
- e) To form a Canadian Equity in Health Network;
- f) To promote the development of tools and resources to measure equity in health and health services delivery.

#### **II. BACKGROUND**

- *From Havana to Toronto - Preparatory Phase*

Many things have been accomplished since the inaugural meeting in Havana, Cuba in June 2000. The International Society for Equity in Health has consolidated, and is now a growing and thriving 2-year old organization.

- *Establishment of a permanent secretariat in Toronto*

We now have a functioning and active secretariat, located at the University of Toronto, Canada. (The first year, the office of the President functioned as the secretariat.) The International's Secretariat became operational in the fall of 2001 and has successfully managed the Society since then - and planned this 2002 international meeting.

We have two staff persons: Monica Riutort is the Executive Director and Leslie Nuñez, the Communication Coordinator.

- *Consolidation of an Executive Board*

The Executive Board has carried out its advisory and decision-making functions in a timely manner, allowing for smooth progress on various activities. The 3-person Executive Committee, composed of the President (Barbara Starfield), Secretary (Jane Dixon), and Treasurer (Adam Oliver), has functioned extremely well and made speedy decisions when necessary.

Virtually all communications, except for a few essential faxes, phone calls, and express mailings, were accomplished through electronic communication. Apart from daily management functions, this also included newsletters, other mailings to members and interested persons, and the nominations process.

- *Development of Communication with members*

Three Newsletters were distributed: March 2001, September 2001 and March 2002. These documents chronicled the activities of the Society. All were sent to members and interested others, as well as published on several list-serves and on the Society's WEBSITE. All engendered positive comments from members and a considerable number of requests for information about the Society and about membership.

An upcoming issue of the Journal of Epidemiology and Community Health, to be published this summer, will carry several papers presented at the Havana meeting, as well as the keynote address by Sudhir Anand, and an accompanying editorial written by Dr. Starfield (then ISEqH President).

The ISEqH WEBSITE is regularly updated: it contains the Constitution and Bylaws, working definitions, the report of the inaugural meeting, information about membership, information about the Toronto meeting and additional information about the activities of the Society.

The ISEqH has developed a linkage with the Department of Public Health at Erasmus University, which has a Documentation Center for Socio-economic Inequalities in Health. As a result of activities of the ISEqH, and through the Pan American Health Organization, the bibliography will be translated from its English version into Spanish and Portuguese and made widely available to members of the ISEqH and others. Negotiations are currently underway with colleagues from Australia, to further expand dissemination of this work.

- *Development of working definitions*

The ISEqH has developed a set of working definitions of Equity in Health and Equity in Health Services. These are posted on the WEBSITE and have been cited in several published articles.

- *Planning for the 2nd International Conference*

For the better part of 2001 and from January to June 2002, the Society has been occupied with planning for the 2nd International Conference in Toronto.

- *Conference Management*

The conference was managed from the office of ISEqH in Toronto. In February 2002 a conference coordinator was hired to take care of site logistics, special events, catering, travel, accommodation and post-conference activities. The conference coordinator also supervised the production and printing of major conference documents and the conference participant kit.

A critical path was developed in June 2001 including staff allocations, conference budget, promotion strategies, and development of an agenda, special events, security, international travelling arrangement, catering and hotels. The critical path was revised and adjusted in January 2002. This was the guiding tool for the conference coordination team and the volunteer committee.

A call for abstracts and a call for subsidies and a preliminary agenda were developed and circulated by e-mail in December 2001. The WEBSITE was translated into French and English, including the call for abstracts. The deadline for accepting abstracts and requests for subsidies was January 28, 2002.

A committee, using pre-set criteria, reviewed 210 abstracts. The top group of 100 abstracts was chosen for oral presentation at this meeting. The resulting selection included presentations from people from over 50 countries, on topics related to equity policy, methods, pathways, evaluation and special populations. This process, which was established for the meeting in Havana, worked well, and we recommend its continuation for future meetings.

The University of Toronto contacted all Canadian Embassies for countries with representatives at the conference. Information regarding the conference was sent to all of them. (Only one participant was refused a Canadian Visa.)

### **III. Marketing/Promotion and Sponsor Recognition**

The conference was widely advertised in an extensive network of health-oriented electronic media through the World Health Organization, the Pan American Health Organization, the ISEqH mailing list and WEB page, Toronto Tourism, the University of Toronto and other universities in Canada and abroad.

A brochure was prepared and distributed at several international conferences by members of the Executive Board.

A marketing/promotion package was developed and 500 copies distributed to universities in Canada and to local, provincial and federal government and community organizations working in equity in health. The package included a poster (with major sponsors listed, including CIDA), a letter from Dr. Barbara Starfield (then President of ISEqH) bio sketches of Dr. Starfield and Dr. Lucy Gilson (keynote speaker) and the preliminary agenda.

The Website was totally revised and updated, and all information translated into French and Spanish. Major sponsors, including CIDA, were recognized and thanked on

the WEBSITE.

Digital Witness produced video documentation of the 2nd International Conference with Internet video clips, with recognition of the major funders included; and 10 CD-ROMs will be distributed to these funders (to follow to CIDA under separate cover).

A large recognition/appreciation sign (4' x 3.5') with the major funders listed, was set up on the main stage where the opening and closing ceremonies and all plenaries took place.

*All major funders, including CIDA, were recognized in all the advertising and promotion of the conference.*

- *Fundraising*

Then President Dr. Barbara Starfield fundraised for the conference primarily in the USA; and the International Secretariat fundraised in Canada. Approximately ten funding proposals were written, and seven of them were successful.

Support, primarily for activities directed at planning of this international meeting, was received from the Pan American Health Organization (PAHO), the Rockefeller Foundation, the March of Dimes Birth Defects Foundation, the Open Society Institute (SOROS Foundations), the Canadian International Development Agency (CIDA), Canadian Heritage, Health Canada - Health Human Resource Strategy Division, The Municipality of Toronto and the University Of Toronto - Department of Family and Community Medicine. The Society is very grateful to these funders for their generous assistance.

#### **IV. Achievement of Conference Goals/Objectives**

- *Overview of Conference Objectives*

a) To facilitate interchange of conceptual and methodological knowledge on issues related to equity in health and health care services: See enclosed agenda/abstracts/vignettes.

- Participants presented 93 papers (abstracts) and facilitated 9 workshops, all dedicated and designed to accomplish this conference goal of an exchange of current knowledge;
- Participants presented 11 vignettes on their current health equity research and practice;
- Participants displayed 30 posters describing their health equity research, practices and issues.

b) To advance research related to equity in health:

- See above (a);
- The workshops and Regional Sessions were focussed on how to work together globally and locally and share 'best practices', to advance health equity

research in priority equity areas and priority geographic areas of concern.

c) To build, maintain/strengthen relationships with other relevant international/regional organizations:

- Participants at the Conference represented 53 countries and major international and regional organizations concerned with health equity, including PAHO and WHO.
- Participants focussed on how to strengthen these relationships at the Regional Sessions.

d) To have the ISEqH General assembly and Executive Board and Committee meetings:

- The General Assembly and Executive Board/Committee meetings were held during the Conference;
- A new Board and a new Executive were elected.
- The new president is Dr. Yves Talbot.

e) To form a Canadian Health Equity Network:

- The Canadian Equity in Health Network was established and confirmed at the Regional Sessions.

f) To promote the development of tools and resources to measure equity in health and health services delivery:

- The 11 workshops were designed to focus on promoting the development of tools and resources that measure health equity. (See agenda)

*Note - All abstracts and vignettes were printed in book form so that participants had copies, with communication information about the authors, for future networking related to the Conference's health equity objectives and to their own specific health equity research/practices/advocacy efforts.*

- **Selection of Keynote Speaker**

After several consultations with informal advisors, this responsibility was offered to Dr. Lucy Gilson. She has nearly 20 years experience in health system research and policy analysis. She has worked primarily in Eastern and Southern Africa, with some experience in South-east Asia. She currently assists in managing a small research unit (15-20 people) in South Africa that conducts independent health policy and systems research nationally and regionally, and provides technical advice to the South African government and local non-governmental organisations.

She is directly involved in research development, supervision and implementation, as well as a wide range of capacity building activities. Dr. Gilson has an international reputation in health policy and financing research. Her particular areas of expertise include health care financing mechanisms, decentralization and organizational development, analysis of decision-making processes, health system equity and health

systems evaluation. She is currently developing a programme of work investigating the role of trust within health systems.

She holds a PhD, Health Economics and Policy (London); MA Development Economics (East Anglia); BA (Hon) Politics, Philosophy and Economics (Oxon). She is the Deputy Director and Associate Professor, Centre for Health Policy, University of Witwatersrand, South Africa and Senior Lecturer, Health Economics/Policy, Health Economics and Financing Programme, London School of Hygiene and Tropical Medicine (LSHTM) UK.

Following are some of her key current research and consulting activities:

- Investigation of the nature of vertical relationships within the South African health system and their influence over health system performance
- Mapping public/private interfaces within the South African health system
- Investigating the nature and influence of trust within health systems
- Provision of advice to the Tanzanian Essential Health Interventions Project (TEHIP).

Recent Publications by Dr. Gilson:

Over 50 papers, book chapters and mimeographs -

- Mackintosh M and Gilson L (2002, forthcoming) Non-market relationships in health care. In: Stewart F., Heyer J and Thorp R. Group Behaviour and Development Oxford: Oxford University Press.
- McIntyre D and Gilson L (2001, forthcoming) Putting equity in health back onto the social policy agenda: experiences from South Africa. Social Science and Medicine
- Gilson L, Kalyalya D, Kuchler F, Lake S, Oranga H and Ouendo M (2001) Strategies for promoting equity: experience with community financing in three African countries. Health Policy 58: 37-67.
- Gilson L, Kalyalya D, Kuchler F, Lake S, Oranga H and Ouendo M (2000) The equity impacts of community financing activities in three African countries. International Journal of Health Planning and Management 15: 291-317
- McIntyre D and Gilson L (2000). Redressing disadvantage: Promoting vertical equity within South Africa. Health Care Analysis 8: 235-258

### ***Organization of simultaneous sessions for scientific papers***

A total of 210 scientific abstracts were received. A small scientific committee was organized under then President Dr. Starfield, with the purpose of selecting those abstracts most related to the Conference's main theme of Research in the Service of Policy and Advocacy for Health and Health Services, and the Conference's objectives.

Abstracts were classified into five categories: Policy, Pathways, Evaluation, Methods and Special Populations. The following criteria were used to rate them:

1. Relevance to Equity: 4 points
2. Quality of Method: 2 points

3. Clarity of Message: 2 points
4. Relevance to a Conference Objective: 2 points

The Scientific Committee selected a total score of eight as the cut-off for acceptability for oral presentations at the Conference.

The final selection identified a total of 93 abstracts for oral presentation and 50 for posters. The oral presentations were distributed in three sets of four concurrent sessions in the morning and afternoon of the first day of the meeting and in the morning of the second day.

### **Presentation of 9 vignettes presentation**

The first lunch session was devoted to the reading of 'keynote vignettes'. A total of nine prestigious researchers were invited to talk for five minutes about what can be learned about equity in health by comparing areas within and across countries. They contributed with their ideas and proposals to further research on equity in health and health systems:

1. Cesar G. Victora - What can we learn about equity in health by comparing areas within and across countries, over time?
2. Angus Deaton - Health inequalities across space: puzzles and questions.
3. Ilmo Keskimäki - What can we learn from comparative international research on equity in health?
4. Johan P. Mackenbach - The value of international comparisons for the study of socio-economic inequalities in health.
5. Di McIntyre - Geographic and health system equity.
6. Denny Vägerö - How do health inequalities emerge? A co-evolution hypothesis.
7. Eddy van Doorslaer - Remaining worries about the equitable distribution of health care in rich countries.
8. Alistair Woodward - Are the most important comparisons unrealistic?
9. Abbas Bhuiya - Utility of regional database for challenging health inequity in Bangladesh. (Vignettes booklet for more details)

### ***Workshops***

Logistic support was given to 11 workshops presented during the conference. These workshops were an opportunity to share with other work in progress with respect to the development of tools and resources to measure equity in health and health services delivery and also to contribute to capacity building in research and evaluation concerning equity in health within and across countries. (See agenda)

### **Organization of the Second ISEqH General Assembly**

Since one of the objectives of the Conference was to organize the 2nd ISEqH General Assembly, all material for the Assembly was translated into French and Spanish.

Proposed changes to the Constitution were prepared by the Executive Board.

An executive board member slate was proposed with the following names: Barbara

Krimgold, Yves Talbot (North America), Lucy Gilson, Solani Khosa, Rosemary Kumwenda-Phiri, Godfrey Woelk (Africa), Kim Chang-yup, P.K.B. Nayar, Liu Yuanli (Asia), Ian Anderson, Philippa Howden-Chapman (Oceania), Bo Burstrom, Ilmo Keskimaki, Itziar Larizgoitia, Johan Mackenbach (Europe), Luis Zamora (Latin-America). For the Nomination Committee: Norberto Dachs (Brazil), Elsa Gomez (Colombia), Vivian Lin (Australia), Diane McIntyre (South Africa), Gavin Mooney (Australia), TJ Ngulube (Zambia).

## **V. Conclusions**

The 2nd International Conference of ISEqH successfully met all its objectives of becoming a vehicle for scientific interchange of conceptual and methodological knowledge, on issues related to equity in health and health care services.

Some of the concrete outcomes of the conference were:

- a. Toronto Declaration. An International Declaration Drafting Committee was appointed during the General Assembly to draft this declaration. The Draft will be ready soon.
- b. The 3rd International Conference will take place in June 2002. Four countries have expressed interest in hosting the meeting; France, South Africa, Brazil and Sri Lanka.
- c. The Society has been working with BiomedCentral. (BMC) to publish a Journal in Equity in Health. The journal's editor will be John Di Liberti and Barbara will be co-editor. This journal will be one of the vehicles to publish some of the outstanding papers presented at the conference.
- d. The ISEqH WEBSITE will be updated before the end of the year 2002 to include the book of abstract, the proceeding of the conference, changes in the Constitution and new executive board members.
- e. The Society will link with the Documentation Centre run by Dr. Johan Mackenbach at Emaritus University in Rotterdam. This will allow the sharing of resources and information among fellow researchers in equity in health
- f. The Executive Board will develop before the end of November 2002 a link-list for their region and send them to the Secretariat.
- g. A meeting with the Pan American Health organization will be set up by early October 2002 to develop a two-year working plan with countries in The Americas. This plan will include linking with PAHO virtual library and supporting the developing of resources in equity in health in Spanish.
- h. The Society increased its membership in 10% during the International Conference.

## **Lessons learned and recommendations for future conferences**

1. ISEqH has developed a process of selection of abstracts initiated in Havana that has

worked well and it should continue to be used.

2. To try to work in three languages is a very expensive and makes fundraising extremely difficult. ISEqH has the privilege of having an excellent relationship with the Pan American Health Organization to facilitate funds for Spanish translation. Canadian Heritage covered only 50% of all translation in French, leaving the other 50% in the hands of the conference organizers. There are very few sources of translation funds in Canada. However, this is a pre-requisite for CIDA. ISEqH will continue to strive to make the international conference fully accessible in these three languages.

3. The uncertainty of fundraising made it difficult to negotiate with hotel, travel agencies and special events companies that wanted large sums of cash in advance, to secure services. It is better not to get involve at all with hotel and travel services and provide a per-diem to participants on arrival.

4. To ask participants to evaluate a conference as it is happening does not provide accurate results. Participants are too busy absorbing new knowledge, networking and site-seeing. It is suggested that three to six months after the conference, a brief questionnaire be sent to a randomly selected group of participants to evaluate the impact of the conference in their work.

5. Even though the Medical Sciences Building at the University of Toronto holds conference almost every week, there is no central coordination for the site and facilities and this means the organizers of an event have to work with over 10 different staff, all of them with different responsibilities and demands.

6. Three days of intense conference work gives very little time for delegates to rest. It is preferable to organize only one special event at a low cost and to try to make two or more within the conference.

## EVALUATION

The responsibility of the monitoring and evaluation resided with the Executive of the Society as well, as the Toronto conference-organizing secretariat.

There was a general evaluation form of the conference where participants were able to comment about the quality of the speakers, logistics of the meeting, relevance of the topics, quality of the translation and overall quality of the meeting.

	Excellent	Satisfactory	Poor	No comment
Conference Registration	80%	20%	0	0
Opening Session	71%	29%	0	0
Luncheon	87%	13%	0	0
Vignettes	80%	20%	0	0
Social events (boat dinner)	50%	10%	0	40%

Did the Conference achieve its objectives?	99%	1%	0	0
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## **ALLOCATION OF SUBSIDIES**

In order to facilitate the participation at the Conference for interested individuals from developing countries, and following the specific intent of a part of the grant allocations received; a special fund was allocated to provide partial financial support.

A total of 61 participants received partial subsidies to participate in the meeting. The subsidies covered essential expenses such as airfare, conference registration, some accommodation and participation in special evening conference events. In order to allocate such funds, the ISEqH developed and considered the following four different categories, here ranked in order of priority.

1. Professionals from developing countries who submitted abstracts that were accepted for scientific sessions;
2. Professionals from developing countries who presented abstracts for poster sessions;
3. Professionals who were known to be active in working on equity issues in their developing countries; and
4. Professionals from developing countries who submitted a written statement explaining their interest in and commitment to work on equity in health.

In addition, money was allocated to 21 postgraduate and graduate students who had expressed an interest in the field, and offered to help in the organization of the Conference.

## **EXECUTIVE BOARD MEMBERS**

### **President**

TALBOT, Yves (Canada)

### **Secretary**

KRIMGOLD, Barbara (USA)

### **Treasurer**

GILSON, Lucy (South Africa)

### **Executive Secretary**

RIUTORT, Monica (Canada)

### **Past President**

STARFIELD, Barbara (USA)

### **Board Members**

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ZAMORA, Carlos (Costa Rica)