

## The 2008 World Congress Working Group Reports: An Opportunity for a Worldwide Consensus to Affect Children's Digestive Health

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Following the World Congresses of Pediatric Gastroenterology, Hepatology, and Nutrition in Boston in 2000 and Paris in 2004, the third World Congress will take place in Iguassu, BR, in 2008 and the World Congress Working Groups Report (WGR) will be published for the third time. When first conceived for the Boston congress, the WGRs had a general goal to be "the first global effort to define the current status of the digestive and nutritional health of children around the world and to outline a plan of action for the next five years to address current problems . . . and to recommend the future directions and initiatives needed to improve child health," as explained in the introduction to the 2000 WGR. This first WGR provided comprehensive reviews of 20 important topics, which were also presented orally during the Boston World Congress. For the second congress, the structure was modified by decreasing the number of topics to 18 and emphasizing the 3 most important aspects in intervention, education, and research for each particular topic. All of the reports were presented orally in Paris, as well as published in a *Journal of Pediatric Gastroenterology and Nutrition* supplement (2004, vol 39, suppl 2). For the third version of the WGR, it was clear that there were differences of opinion from Federation of International Societies of Pediatric Gastroenterology, Hepatology, and Nutrition (FISPGHAN) members on the structure and aims of the WGR, and that the WGR should be modified to better suit the changing needs of the pediatric gastroenterology community.

To objectively assess the strengths and weaknesses of the previous WGRs, the chairs of the first, second, and third WGRs prepared a brief questionnaire that was sent

to those chosen by their respective societies to participate in the third WGR, as well as members of the FISPGHAN executive committee. Thus, we gathered opinions from past and future WGR participants, as well as members of FISPGHAN. Approximately 50% of those polled responded.

The results of this exercise were interesting and we learned a great deal. First, these reports are read and heard by many in the pediatric GI community: 55% of responders had read previous WGRs and an additional 42% had read parts of the reports. In addition, 71% had attended the oral presentations at Boston or Paris. Second, most pediatric gastroenterologists (86%) believed that they understood the aims, scopes, and goals of the WGR.

When asked about the problems or drawbacks perceived in the 2 previous WGRs (>1 option could be chosen), 56% felt that there was a lack of follow-up on the recommendations, 40% felt that there was a lack of impact, 23% felt that the work was mostly written by only 1 or 2 members in some of the working groups, 13% were unhappy that they could not attend all of the oral presentations of the WGR (for diverse reasons), and 10% felt that the content was repetitive. Only 3% felt that the WGRs were not useful. Other opinions included lack of tangible outcomes, too broad of a scope, and failure to take into account the differences in local practices and access to health care.

When specifically asked if the WGRs had an impact in their country or region, only 20% reported positively. The majority (51%) chose the option "some impact, but not important," and 28% answered that the reports had no impact in their country or region. Impact is difficult to measure, although an indirect method is counting citations from the previous WGRs. Sadly, they average only 1.4 citations per report and many reports were not cited even once. Thus, even if written by experts in the field,

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they have not been widely cited by authors who are involved in these areas. To improve the impact, some of the suggestions were changing the format of the document by putting emphasis on gaps in knowledge, producing a more practical document that will relate to the individual who does clinical care or research, publishing also in Spanish, organizing a network of speakers to deliver society-approved presentations in local hospitals (like what has been done for gastroesophageal reflux disease and celiac disease), publishing in other journals (more exposure and higher impact), generating tangible outcomes, summarizing the findings and promoting further discussion through our local bulletin board, arranging a WGR meeting at the following year's regional meeting as a follow-up, and creating a consortium or research collaborative as an outgrowth of the WGR.

The feedback provided by the questionnaires has been illuminating, as has been the knowledge gained through personal interviews of individuals previously involved in this process. Thus, this third WGR will attempt to be more focused, practical, universal, and user-friendly, so that health providers can benefit in developed and developing countries worldwide. We believe that these changes should maximize the potential impact, most notably the opportunity for interaction in a worldwide forum, and should stimulate research and allow for a unified and visionary approach to worldwide problems. Those participating in the WGR have been instructed that when deciding on what to write about, each must consider that he or she is part of a forum of physicians from all over the world, and things are done differently and resources are not equal. How can we improve this particular aspect for everyone? There may be several answers to this, but we must reach consensus and prioritize. Everyone in the group must participate. Undoubtedly, many questions will be unanswered and this will lead to planning future research, which will also be addressed as a separate part of the document. Once the issues are decided upon, the panel must reach consensus

guidelines, which should be stated as tangible goals for the future so that we can have follow-up and measure the impact of the effort. To further improve follow-up and continuity, we suggest that at least 1 of the members of each report should be part of the fourth WGR, to ensure that there will be continuity with future vision and goals. In addition, it is recommended that local societies form subcommittees to address these issues on an ongoing basis following the congress.

We hope that the WGR will have a greater impact and will generate more follow-up than the previous reports. Besides the changes mentioned above, the editors and publisher of *JPGN* have agreed to publish this report electronically and allow it to be open and free to the public. Links to this document will be created on many different pediatric society, association, and medical-publication Web sites. We also will press to have a Spanish version electronically accessible to all.

Finally, when asked about participation in the WGR process, 100% of those previously involved said that they would again participate if asked. The main aspects that previous participants enjoyed included interaction with peers from around the world, the atmosphere of warm collaboration, the opportunity to improve personal education, participation in a forum that could stimulate research concepts, discussion of personal experiences with colleagues from different parts of the world, the potential for significant impact, and the opportunity to think strategically. Based on this feedback, the next WGR will be more responsive to the needs of the pediatric gastroenterology global community.

The authors hope that you will join us in hearing presentations of these reports in Iguassu in 2008. If you will not be able to attend the conference, we hope you will read the WGR in *JPGN*. We urge all to become involved, so that the golden opportunity presented here, one with a unique worldwide voice, will yield the best possible results toward improving children's digestive and nutritional health.