

WHEN is about creating two-way exchange platforms for health editors and scientists/policy-makers. **WHEN** uses the “benevolent cuckoo” approach to meetings, which links all meetings/workshops to other scheduled newsworthy health events (e.g. the World Health Assembly). By organising briefings and discussions at such international health-related events and conferences, **WHEN** aims to achieve a dual purpose. Journalists attending get early access to relevant newsmaker scientists/policy-makers. International agencies and companies get a sounding board, offering feedback about the efficacy of their information and campaigns.

Interested in joining WHEN? Please contact when@whcaonline.org or any of the representatives listed on the back of this brochure.



International Council of Nurses (ICN)
Linda Carrier-Walker
carrwalk@icn.ch



International Pharmaceutical Federation (FIP)
Myriah Lesko
myriah@fip.org



FDI World Dental Federation
Christina Thorsen
CThorsen@fdiworldental.org



World Medical Association (WMA)
Nigel Duncan
nduncan@ndcommunications.co.uk



World Health Communication Associates (WHCA)
Franklin Apfel
franklin@whcaonline.org



WORLD HEALTH EDITORS NETWORK



WHEN
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The World Health Editors Network (WHEN) is an international, inter-professional exchange and action platform dedicated to exploring and strengthening communications as a positive determinant of health. For health professional journal editors operating in highly competitive information marketplaces, **WHEN** briefings and contacts provide unique knowledge and content.

Through participation in **WHEN** events, editors get early access to global health news and experts and importantly, key international health agency agenda-setting intelligence.

WHEN development is being facilitated by the World Health Professional Alliance and its constituent association members, including the International Council of Nurses (ICN), the International Pharmaceutical Federation (FIP), the FDI World Dental Federation, and the World Medical Association (WMA). The World Health Communication Associates (WHCA) serve as secretariat to **WHEN**.

Membership

Membership is voluntary and free; editors are at liberty to engage when and where it is appropriate, but open to contribute, share and absorb ideas and information. The only requirement is that members agree to work towards agreed ethical guidelines (see below).

World Health Editors Network (WHEN) Ethical Guidelines¹

1. *First, try to do no harm. Human rights and the public good are paramount.*
2. *Get it right. Check your facts and your sources, even if deadlines are put at risk.*
3. *Do not raise false hopes. Be especially careful when reporting on claims for 'miracle cures' or potential 'health scares.'*
4. *Beware of vested interests. Ask yourself, 'Who benefits most from this story?'*
5. *Reject personal inducements. Always make it clear if material is being published as a result of sponsorship.*
6. *Never disclose the source of information imparted in confidence.*
7. *Respect the privacy of the sick, the disabled and their families at all times.*
8. *Be mindful of the consequences of your story. Remember that individuals who may be sick or disabled – especially children – have lives to live long after the media have lost interest.*
9. *Never intrude on private grief. Respect the feelings of the bereaved, especially when dealing with disasters. Close-up photography or television images of victims or their families should be avoided wherever possible.*
10. *If in doubt, leave it out.*

¹ First drafted in 1998 by the media ethics charity MediaWise, these guidelines were developed in consultation with health communicators, health correspondents and the International Federation of Journalists over two years. The final version was adopted by the WHO European Health Communications Network as guidance for good practice.

In effect, **WHEN** operates at a global level in the same way as informal associations of health writers operate at a national level; and by developing relationships with publications around the world, editors will facilitate opportunities for professional development as well as helping enhance the positioning of their journals in their information marketplaces.

WHEN provides practical opportunities for editors of specialist and generalist health journals to 'think globally and act locally' – meeting occasionally, sharing information, gaining specialist knowledge and contacts, networking among colleagues across disciplines and national boundaries, and developing new strategies for disseminating public health messages.

POSSIBLE **WHEN** ROLES

- An exchange platform to encourage professional development and 'quality control' (for example testing the efficacy of different approaches to 'peer review' and lobbying for common standards; considering the role of investigative reporting in health communications; etc, etc)
- A clearing house, sharing stories and materials across borders.
- A forum through which to devise or co-ordinate and develop ethical codes for health communications, to share lessons learned from mistakes.
- A conduit for myth-busting materials and to assist in quashing false rumours about health issues.
- A sounding board offering feedback to WHO and other IGOs, international agencies and associations about the efficacy of their information and campaigns.