

# WORLD CAFE CONVERSATION IN NEW JERSEY



**Delaware Valley World Cafe Conversation**  
 2pm Sep 6, Sep 27, Oct 25, Nov 29, Dec 27  
 2008, Jan 26, Feb 23, Mar 29, Apr 26 2009  
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## DELAWARE VALLEY WORLD CAFE CONVERSATION STARTED ON JULY 26.

Ustawi International Incorporated ([ustawi.com](http://ustawi.com)) is sponsoring a monthly World Cafe Conversation that will culminate in a global conference in the Delaware Valley in May 2009. All humans interested in Africa are invited to participate in the conversation.

The events are free, although donations are accepted. Your only obligation is to show up on time.

The first World Cafe Conversation was at Newton Friends Meeting which has a vegetable garden that grew our dinner; you can see Dr Macharia Waruingi chatting there with Quaker Dan Dougherty (he is on the mural on Haddon Avenue).

We discussed the questions and heard that a major problem in East Africa is drug distribution: even when drugs are brought into countries the lack of flexibility in distributorships frequently result in drugs expiring.

The concept of the World Cafe Conversation comes from Massachusetts Institute of Technology. For what the originators say about the concept, read through their website, <http://www.theworldcafe.com>. We have reproduced screen shots on this page.

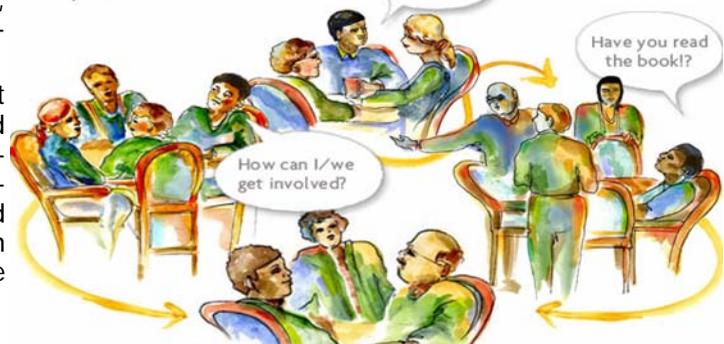
Dr Mac started with a talk on the disturbing fact that donor money often worsens poverty and disease. The conversation considers 2 questions: 1. How can we be effective in health delivery in African countries and in the US? and 2. What is my role in health delivery in African countries and the US? We would love to see you. *SJ Dodgson PhD, [ustawi@kdnc.org](mailto:ustawi@kdnc.org)*



"Awakening & engaging collective intelligence through conversations about questions that matter."

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## WORLD CAFE CONVERSATION STARTS IN NEW JERSEY

### World Cafe Conversation

In many countries in Africa, humans are becoming poorer and sicker in spite of increased investment to fight disease and poverty. We want to know why, and we ask you to join us on the road to learning how investment can reduce disease and poverty.

We see in sub-Saharan Africa a relevance paradox, in which highly relevant projects bring about negative results and unintended consequences.

Relevance paradoxes occur when projects are implemented by good people who have not tried to find out what locals know about staving off poverty and disease in their own community. This knowledge we call tacit knowledge because neither the locals nor the developers know what they do not know, and because of this, they do not know the questions they to ask to find effective solutions to local problems. Understanding local tacit knowledge is a function of knowledge emergence, and the foundation of effective health delivery in Africa.

#### BACKGROUND OF THE PROBLEM

Recognized stakeholders of global health are (a) members of the international development community such as the World Bank, the International Finance Corporation, the United Nations, and the International Monetary Fund; and (b) country governments. Frequently ignored fringe stakeholders, are those we consider the most important; they include (c) locals in African countries; (d) African diaspora nationals; and (e) the business community.

Relevance paradoxes start at the genesis of global health programs, which include the Global Fund, Roll Back Malaria and the Millennium Development Goals. Members of the international development community design the programs with no input from the fringe stakeholders, and African national governments facilitate their implementation.

Decisions about health in African countries directly affect the fringe stakeholders and yet they are usually not consulted when global health programs are developed. The business community is a stakeholder of health because business needs a healthy society to buy its products and services. Locals and diaspora nationals are stakeholders because they and



*Haddon Ave looking west from Market St. Newton Meeting is on the right shaded by trees.*

their family are patients and health professionals.

Excluding the fringe stakeholders from solving problems that affect them stops contribution of their tacit knowledge in solving these problems and leads to program failure.

The relevance paradox is a condition where developers do not see the relevance of information critical for making decisions. Because the developers are blind to this information, they do not seek it, and the results are inevitable, unintended, and undesirable consequences from project implementation. A focus on tacit knowledge provides the point of access to the knowledge resources of humans. The problem is that, unlike the easily expressed explicit knowledge, the tacit knowledge is internal, not codifiable, and only transmitted through experience. Tacit knowledge does not lend itself easily to identification by project implementers. One framework for understanding the flow of tacit knowledge follows a process of socialization, externalization, combination, and internalization, on a special platform of knowledge emergence.

#### PLATFORM FOR KNOWLEDGE EMERGENCE

Knowledge emerges through the process of conversion of explicit to tacit in a time and space clearing, which is what we are offering in the World Cafe Conversation on Global Health. Interactions between humans allow deep knowledge to emerge through individual-to-individual, and individual-to-environment exchange.

#### STATEMENT OF THE PROBLEM

In African countries, poverty and death from preventable diseases is increasing when global efforts to reduce poverty and control disease are increasing. Global interventions result in short-term improvements of the conditions they tried to solve. Long-term perverse effects typically follow the short-term improvements.

The current model of major developers of health in Africa fails to provide a process of emergence of relevant knowledge from all stakeholders. A model emerging from conversations among all stakeholder groups will lead to development of criteria to predict which programs can lead millions of African humans out of poverty and disease.

#### *By Macharia Warungi MD, DHA*

*Dr Warungi is Chairman of the 6,000-member Knowledge Development Network Consortium and CEO of Ustawi International Inc (publisher of MJoTA). He leads the monthly Delaware Valley World Cafe Conversation which start on 26 July 2008 at Newton Friends Meeting House, Cooper Ave, Camden NJ 08101. E-mail: macharia@kdnc.org*