

Session 5

The Way Forward

Identify competitive advantages of Red Cross and Red Crescent voluntary based activities in addressing some of key health and social challenges in an integrated manner

Chair: Dr. Thomas Gurtner, *Director, Coordination and Programmes Division*

Speakers: Mrs. Norma García de Paredes, *Regional HIV/AIDS Officer, Americas Zone Office, Panama*

Prof. Dr Siddiqur Rahman, *Bangladesh Red Crescent Society*

Mrs. Janet Lilian Muteiwa, *Zimbabwe Red Cross Society*

Abbreviations: VNRBD (Voluntary, Non-Remunerated Blood Donation); WHO (World Health Organization); M&E (Monitoring & Evaluation); PLHIV (People Living With HIV); MoU (Memorandum of Understanding); MoH (Ministry of Health); CDC (Centres for Disease Control and Prevention); DOTS (Directly Observed Short Course TB Treatment Strategy); ART (Anti-Retroviral Treatment),

Dr. Eshaya-Chauvin opened by thanking the Stockholm group for their continued support. He reflected that the Forum belongs to the National Societies, the International Federation aiming to help them present what they do. It is a time to stop and reflect on direction, to look 'upstream'. It is also a time for team-spirit.

It is crucial, as a complicated family, that National Societies share clear and simple aims, particularly the messages of

- 1) what they do;
- 2) how they do it, and
- 3) how they train their volunteers.

In terms of the first point, Dr Eshaya-Chauvin pointed to Dr Haldan Mahler's 1997 mandate, the need to connect "what we do with what the rest of the world is concerned by", and the importance of not taking on the role of government. The speaker went on to reflect on how the second point, 'how they do it', defines the identity of the National Societies. In terms of

the third point, the training of volunteers, it is important to have coherence.

Looking to the future it will be necessary to merge, coordinating and simplifying to prevent overlap and improve performance. The balance of international versus domestic planning and action must be considered and the International Federation's Global Agenda must be given a community base. To this end it is important that the International Federation has an understanding of what National Societies are doing and that the International Federation and National Societies continue to fight to ensure health objectives are understood and followed.

In conclusion, Dr Bruce Eshaya-Chauvin offered three personal messages to the Forum: shared wisdom, collective strength and harmony. He also reflected on the Forum as a burden and the importance of reconsidering its role and format in the future.

Presentation 1: Club25, Mrs. Norma García de Paredes, Regional HIV/AIDS Officer, Americas Zone Office, Panama

Mrs. Paredes outlined the concept of Club25, which is promoting the saving of lives through giving blood, primarily amongst those up to the age of 26, who are encouraged to donate 20 pints by this age.

Club25 comes in response to the low number of VNRBD in the Americas. According to figures from WHO, in 2003 only Cuba, USA, Curaçao, Aruba and Canada managed to attain 100% of the targeted number of VNRBD, with countries such as Uruguay, Brazil, Panama and Guatemala achieving under 10 percent of the target.

Mrs Paredes detailed the projects eventual implementation in July 2006 following the first Continental Workshop on Club25. With help from the Finnish Red Cross, the project was launched, to “establish a cohort or regular, safe, non-remunerated blood donors amongst young people and by promoting and acknowledging positive lifestyles, assist in achieving a reduction in the number of new HIV infections amongst programme participants.”

The project was launched in 17 National Societies, mainly those with low numbers of VNRBDs and who:

- currently operate blood banks;
- currently use the Club25 methodology;
- have expressed an interest in the methodology;
- have participated in the 10th Colloquium on VNRBD in Santiago de Chile.

Club25 has forged alliances with several organisations including Boy Scouts, Salvación & Servicio, Peace Corps and the McCann Worldgroup, who previously funded the ‘Faces’ campaign for the Red Cross and Red Crescent Societies. McCann has helped in the creation of adverts aimed at those aged up to 26 years to give blood, and Music Television (MTV) has been broadcasting a nightly program, ‘Scar’, to raise awareness. With enough funding, further adverts are planned in collaboration with MTV.

A Manual and M&E Toolkit have been produced to create a standardised format; simplify the recording and evaluation process; gather information from peers/National Coordinators, schools; gather perspective on lessons learned, strengths, weaknesses and future directions. It

consists of three sections: peer, regional and/or school coordinator and the Club25 National Coordinator.

Mrs Paredes highlighted Club25's continued growth amongst Latin American countries over the past two years, and that Red Cross and Red Crescent youth volunteers remained as key actors for Club25. However, she also cited several aspects of the program that needed developing. The MoU should be signed with the MoH, the MTV alliance needed political action and commitment, including collaboration with the American Red Cross, lessons learnt should be shared amongst all National Societies, and monitoring and evaluation should be mandatory.

Presentation 2: Public Health in Emergencies. Facing new challenges in emergency responses and preparedness, Prof Dr Siddiqur Rahman, Bangladesh Red Crescent Society

After situating Bangladesh geographically, Dr Rahman introduced the country as disaster-prone, citing hazards including floods, earthquakes, river erosion, cyclones, tornados and slum fires. This situation will be exacerbated by rising sea levels resulting from climate change.

The Bangladesh Red Crescent Society has a long history of successful community based disaster management programmes. Its Public Health in Emergencies goal, closely related to goal 2 of the Global Agenda, is to reduce excess morbidity and mortality due to preventable diseases in post disaster situations. This involves filling in gaps in the existing health system, providing basic preventative and curative measures, utilising resources optimally, and coordinating with other key players providing medical relief in the field. To prepare to meet these aims the Bangladesh Red Crescent Society has prepared emergency action plans, procured medical equipment ready for use, trained doctors and nurses to provide basic health care through mobile medical teams, and trained volunteers to support these teams. This preparation led to positive action in the 2007 floods, when 13.9 million people were affected by flooding, for example food and non-food relief was distributed to 64,000 families and the mobile medical teams treated 20,964 patients. In the aftermath of cyclone SIDR, also in 2007, over 83,000 patients were treated.

The Bangladesh Red Crescent Society faces a number of challenges in its work. These include levels of poverty, illiteracy in Bangladesh and the size of the population. There are problems

surrounding the selection, training and retention of staff, resulting in a high-turnover of personnel. Logistical difficulties prior to a disaster include stock piling of supplies, and, during the response, include reaching families in remote areas. A lack of information can hamper the decision making process. The Bangladesh Red Crescent Society also faces the emergence or re-emergence of a number of infectious diseases, including HIV and Avian Flu.

Future plans include training a greater pool of volunteers, stock-piling supplies and working with government to specify what activities the Bangladesh Red Crescent Society should carry out and where.

Presentation 3: Integrating TB Component, Mrs Janet Muteiwa, Zimbabwe Red Cross Society

Mrs Janet Muteiwa began by stating that TB had become the third most contracted disease in Zimbabwe, with 300,000 cases reported in 2006 out of a population of 12.5 million. It is also the commonest disease causing mortality amongst PLHIV. According to WHO estimates, 69 percent of adult TB patients are HIV positive.

According to National HIV estimates, the mortality rate of PLHIV aged 15-49 years has declined from 33.7% in 2003 to 15.6 percent in 2006, a result of Zimbabwe Red Cross Society's prevention methods, changing behaviours amongst that age group and other unknown factors, noted Mrs Muteiwa.

In addressing TB, Zimbabwe implemented the DOTS strategy in 1997, instigated a TB policy and guidelines, a HIV & AIDS and TB control activities in 2000 and set-up infection treatment centres in 2001 providing cotrimoxazole and fluconazole.

The Zimbabwe Red Cross Society implemented a CHBC programme for PLHIV and TB patients, testing and counselling services to TB patients and screening PLHIV for TB, as well as monitoring, evaluation and notification of TB cases.

Mrs Muteiwa said the Zimbabwe government had committed to National TB control by funding:

- National TB Reference Laboratory and other laboratory services
- Training of health workers and care givers in DOTS management
- Introduction of Fixed Dose Combination
- Free drug supply to TB patients.

Partnerships included WHO (technical and financial assistance), CDC (laboratory) and EU (medication).

The role of the PHC volunteers remained a key part of the TB program, with training being provided in basic nursing, nutrition education and monitoring drug intake. The DOTS included infection control and referral, and currently included 51,000 people on DOTS under the Zimbabwe Red Cross Society care.

Challenges remain to TB treatment, including weak internal/external quality assurance and TB/HIV collaborative activities, lack of community involvement in TB care, inadequate programme supervision and M&E, inadequate human resources and training and compounding these issues was a lack of funding.

There also remained a fear amongst volunteers of contracting TB from treating patients through breathing air-borne germs, and a misconception and stigmatisation by communities that people with TB are also HIV positive.

The future plans for the Zimbabwe Red Cross Society included refresher courses for volunteers on DOTS and ART, scaling up prevention of TB through community mobilisation, sensitisation and de-stigmatisation, development of a TB Training Manual for volunteer care givers and the use of TB patients as ambassadors of hope.

In questions at the end of Session 5 representatives from different National Societies reflected on their experiences of running TB programmes. One member of the forum drew attention underlined the positive work of Club25, referring to it as a "young blood revolution".

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