ABOUT THE EVENT

Background
Universal Health Coverage (UHC) is rapidly gaining increased attention. The WHO World Health Assembly in 2005, and WHO World Health Report 2010, called for health systems to move towards universal coverage, defined as “access to adequate healthcare for all at an affordable price,” including health interventions for promotion, prevention, treatment and rehabilitation.

Key to achieving UHC is the expansion of the network of health providers and health institutions so that the vast majority of the population can have access to health services.

The 2012 Mexico City Political Declaration on Universal Health Coverage recognized the “efforts of governments and civil society, including academic institutions and the private sector, to make progress within their health systems towards universal health coverage, irrespective of a country’s level of economic development”.

Experience has shown that volunteers and community health workers, such as those involved with the International Federation of the Red Cross and Red Crescent Societies (IFRC) and corporate community programmes, represent important and unique resources.

Event's goal
To turn a spotlight on the role of skilled volunteers to contribute to Universal Health Coverage and share ways in which multi-stakeholder efforts can enhance system capabilities and help bridge the gap between communities, caregivers and the formal health system.

3 THINGS you need to know about volunteers and health

Growing evidence from many countries supports the concept that community-based approaches, involving volunteers, can be highly effective in improving the health of populations, especially when these approaches are connected to other community-based activities for social and economic improvement.

1. Effects of volunteers on health service users and communities
In some contexts it has been proven that volunteerism can deliver benefits to health service users such as disease management and acceptance, mental health, longer

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2 Hainsworth, Barlow et al., 2001.
3 Anderson, Lipman et al., 2006.
survival times of hospice patients, physical health and functioning, medication concordance and clinic attendance, intensity of grief, breastfeeding uptake, immunisation of children, parenting skills and anxiety.

Critically, volunteers have also been demonstrated to bring benefits to the broader health systems, such as improved relationships between patients and health professionals and reduced need for hospital and outpatient treatment.

Evidence has also demonstrated benefits to volunteers and health service users in roles such as peer support and peer education: self-help groups, mentoring and teaching patients, social support of older people, organising activities for disabled people, palliative and hospice care provision, education and cancer support.

Volunteers can play powerful roles as a bridge between communities and health services, particularly where those communities experience health and social inequities. Volunteers connections to community and understanding of context ideally places them as key resources in helping to develop locally appropriate responses to health issues, encouraging community engagement and promoting sustainability.

2. Broader effect of volunteering

Volunteering has been repeatedly demonstrated to bring manifold benefits far beyond the specific role they are employed for. Importantly though, volunteering has been proven to have significant impacts on the individual’s own health status.

A systematic review of evidence presented across 87 papers revealed that volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, social interaction, healthy behaviours and coping ability. For volunteers who themselves are facing health issues there have been demonstrated positive links to pain management, psychological distress and ability to cope with illness.

In addition, volunteering has been proven to deliver benefits to the social functioning and inclusion of individuals and has led to improved civic engagement, strengthened governance, community cohesion and conflict resolution. It has been linked with family functioning and improvements in social support and interaction.

3. Factors that contribute to the success of volunteerism

There is no doubt of the success of volunteering based interventions, which are promising options to respond to the health need of vulnerable communities. However, the success of volunteering based interventions is highly context dependant. Variations in social, political and cultural environments can have an influence as do the specifics of volunteer management; design of roles, training, supervision, community engagement and many other factors which will impact the strength of the programme.

Globally, some key issues have been identified on the factors which underpin and contribute to success in volunteer programs:

- The age and time commitment of the volunteer;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
- The workload;
− How well the volunteers are trained, managed and supported by the community;
− The relationship between the volunteer and beneficiaries.

Other enabling conditions for volunteerism and sustainability can include:20
− The existence of many young, relatively well-educated people for whom employment opportunities are lacking; a tradition of serving others through volunteerism; traditional, often authoritarian structures underlying expectations of volunteerism; and a political commitment stimulating volunteer effort;
− A tradition of volunteering as moral behaviour, an apparent lack of respect for paid government workers, and the degree of community integration of the Program;
− Unified and coherent project image in the community as a whole.

An issue commonly raised in relation to volunteering is the capacity to retain volunteers for long enough to ensure that their work can be both effective as well as efficient financially. There are many factors impacting retention but key among them is understanding motivations of the target volunteers. These can vary widely between regions, communities and even individuals but there are some common issues of relevance.

Individuals frequently cooperate for sustained periods for the benefit of the collective. This cooperation is not determined simply by a calculation of the immediate costs and benefits of cooperation but the societal/local context of cohesiveness, moral underpinnings and perception of the value of their effort.

3 ACTIONS we need to take

1. Highly effective volunteerism within integrated health systems does not just happen. It requires investment, support and well planned approaches to engagement, management and retention. Governments, the private sector and the civil society sector must work together to fund and promote volunteerism as an integral component to health systems, recognising its complementary and specific benefits that it can yield.

2. Volunteerism must be recognised socially if it is to be sustained. Additional formal or informal incentives may also be necessary. In the absence of salaries to reduce attrition, other incentives may be necessary (i.e community status, training, work preparedness/employment readiness, visceral opportunities to make a meaningful contribution, public recognition efforts such as through media and other appropriate community communication channels etc.).

3. Governments can promote legislation, policy and other strategies that reduce barriers to the participation of volunteers and instead enable volunteerism and promote it socially. Providing legal protection to volunteers and formally recognizing their role within the public health system will add thousands of qualified and caring individuals to national systems extending the reach of health care through operating models that are culturally sensitive and cost.

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CONVENERS:

Government of Mexico
The Government of Mexico organized in April 2012 one of the latest high profile events on UHC, the International Forum on “Sustaining Universal Health Coverage: Sharing Experiences and Supporting Progress”. High-level participants from 21 countries gathered to exchange experiences and promote international cooperation on efforts to sustain progress towards UHC.

Government of Zambia
The Republic of Zambia is committed to providing comprehensive and affordable quality health care to all people. The country recognizes and would like to applaud the role that the different volunteers and partners in the health sector continues to play in providing health care for the people. Zambia will share its experiences in regard to the role that volunteers in health will continue to play as we advance towards UHC and add its voice in the call for recognition and the integration of volunteers as key contributors to achieving UHC.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer-based humanitarian network, reaching 150 million people each year through our 187 member National Societies and more than 13 million volunteers worldwide, 5 million of them are directly engaged in health programmes. Our volunteer workforce contribute more than 6 Billion dollars annually worth of service, 37 per cent of which is directly delivered on health programs. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Global Health Workforce Alliance
The Global Health Workforce Alliance (The Alliance) was created in 2006 as a common platform for action to address the crisis of health workers shortage. The Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions.

GBHealth was formed out of the United Nations in 2001, GBHealth (formerly The Global Business Coalition on HIV/AIDS, TB and Malaria), works with companies to boost their workplace health programs, develop and/or scale up community partnerships, leverage their core competence and advocate for critical health priorities. GBHealth also serves as the voice for private sector in key global and national dialogues while acting as the secretariat for the Private Sector Delegation to The Global Fund Board and the Corporate Alliance on Malaria in Africa (CAMA).

Global Health Fellows (GHF) is Pfizer’s signature international corporate volunteerism program through which the company pairs its highly skilled colleagues with leading international health organizations to strengthen health service delivery. Fellows are immersed for three to six months, working hand-in-hand with community-based partners to help improve health care systems while gaining new perspectives on global health challenges and how the public and private sector can work together to address them. 2013 marks the 10th anniversary of the GHF program. To date, Fellows have completed an estimated 325,000 hours of skills-based volunteerism valued at US $47.6M in pro bono service with local partners throughout the developing world.