Co-hosted by the Governments of Mexico and Zambia, the International Federation of Red Cross and Red Crescent Societies (IFRC), GBCHealth and Pfizer’s Global Health Fellows Program.

Dr Sunoor Verma, Executive Director of the Geneva Health Forum moderated the event.

Panelists:
- Dr Eduardo Jaramillo Navarrete, Director General of Health Promotion, Secretariat of Health of Mexico
- Dr Peter Mwaba, Permanent Secretary, Ministry of Health of Zambia
- Dr Gwendolyn Pang, Secretary General of the Philippine Red Cross
- Dr Matthias Schmale, Under Secretary General, IFRC
- Dr Dorien Mulder, Project Development Manager, PharmAccess Foundation
- Mr Michael Schreiber, Executive Director, GBCHealth
- Ms Taina Nakari, Partnerships Officer, Global Health Workforce Alliance/WHO

Discussion summary highlights:

1. Volunteerism is one more contribution to achieving Universal Health Coverage, but it will not solve all the problems. Volunteerism is a complement, not an alternative, to government service.

2. Volunteerism is possible in resource-constrained settings but we need to be clear about the different roles between volunteers and workers, and provide the adequate insurance, support and training.

3. Developing countries should seriously look at how volunteerism can be integrated in health systems, but they need good preparation and a framework to make it work.
The role of volunteers in Mexico
(\textit{Dr Eduardo Jaramillo Navarrete, Mexico})

- In the mid 1980s, Mexico achieved a universal rate of immunization. This would not have been possible without the commitment and efforts of volunteers. This initiative demonstrated the need to have partnerships in health system at all levels, from health promotion to primary care services, and specialty areas.
- Social mobilization and volunteerism are part of a deep community tradition in Mexico and are considered to be cultural assets.

Is volunteerism reliable in sub-Saharan Africa?
(\textit{Dr Peter Mwaba, Zambia})

- Yes and no; with 80 per cent unemployment, you can have hungry volunteers who may not have a high level of skills and they are not always predictable.
- To some extent, there should be a small incentive for volunteers with a view to them thinking, ‘this will give them an edge for employment.’ Zambia has sent volunteers to one-year trainings to be community health workers and support Universal Health Coverage (UHC).
- It’s about more than having someone who is bored and available. We need to look at skills and training so that volunteer interventions contribute to reducing mortality rates.
- It is possible to use skilled volunteers from North America and Europe to ramp up and help create a sustainable system for unpredictable volunteers. However, when they disappear, you risk losing gains. The role of volunteers will be limited without addressing health systems strengthening.

By advancing the issue of UHC, is there a risk of creating volunteer fatigue?
(\textit{Dr Matthias Schmale, Under Secretary General, IFRC})

- Experience has shown that immediate crises and disasters spark volunteer motivation, especially if they are trained.
- Motivation also occurs in non-emergency settings. Afghanistan has shown phenomenal success in reducing maternal child mortality with 22,000 volunteer health workers. The local Red Crescent complements their efforts by reaching into more vulnerable areas outside the reach of the Ministry of Health.
- It is essential to be clear about what the task is for volunteers and that it makes a difference. During an HIV programme in South Africa, antiretroviral drugs were made available but some rural communities didn’t know how to access them. Red Cross volunteers created a clear link between the people who needed them with the health authorities who could direct them to where drugs were available.

Is it ethical to ask skilled volunteers to remain unpaid?
(\textit{Dr Gwendolyn Pang, Philippine Red Cross})

- Yes, because people volunteer for their own choice, selflessness and commitment.
- The value of a volunteer is the willingness of a person to share his/her talent and time.
- We need to train more people to volunteer, as there are people interested in getting involved because it contributes to the overall well-being of society.

Why are corporations interested in sending volunteers outside the company?
(\textit{Mr Michael Schreiber, GBCHealth})

- Losing employees for good is more costly than for a short time volunteering.
- There is also a battle for millennial talent who want to volunteer and be engaged. An employer can facilitate this desire in a way that also drives company interest.
- Corporate volunteering makes sense from a business perspective. It is a concrete example of creating shared value.
- Corporations are moving from measuring output to focusing on outcomes. Pfizer’s Global Health Fellows Program is a living example of this type of corporate engagement.
Why do you work with Pfizer Global Health Fellows?
*(Dr Dorien Mulder, PharmAccess Foundation)*

- Skills are the primary driver of this partnership with Pfizer. Fellows integrate in our programmes and commit fully to projects and communities they are working in. Pfizer colleagues address for example supply chain challenges, such as disruptions and stock-outs, and train providers on quality control practices and standards.
- This type of engagement works and delivers results for both, the organizations and more importantly the communities where volunteers work. Overall, partnering with a corporate volunteer programme is a win-win situation.

What are two key messages on volunteers and UHC?
*(Ms Taina Nakari, Global Health Workforce Alliance/WHO)*

- Involve volunteers and community health workers in national plans.
- Communities need to be involved in planning tasks and worker selection; otherwise they don’t have a clear place or a clearly defined role.

Would addressing corruption in health be more impactful than volunteerism? *(All)*

- In the Philippines, health spending is 2 per cent, which is below the WHO recommendation of 3.6 per cent. With more crises and natural disasters, people are motivated to act. They know that if they don’t – who else will help?
- Where there is corruption, people suffer. We do need to strengthen governance and internal controls so that money for health does not go elsewhere. Thieves are everywhere. But when structures are stronger, there is an institutional capacity to tackle the problem. No system has improved solely on volunteers. Maternal mortality in Europe changed with skilled workers and improved water and sanitation. You need a good health system that communities can respond to. If you don’t have a system, what are the volunteers supposed to do?
- We need to be realistic about the limits of volunteer contributions. Volunteerism is a complement, not an alternative, to government service.

What are unintended consequences of volunteerism and lessons learned? *(All)*

- Volunteering is not for free. There are investment costs associated with setting up volunteer programs and the necessary support of systems, policies, training, code of conduct and management. It is not cheap, but can reap great rewards.
- Organizations need to be clear about the different roles between volunteers and workers, and provide the adequate insurance, support and training.
- It is crucial to match the task and skill needed to the volunteer, and also understand their motivation.

Is there reverse innovation with volunteers from Europe or North America? *(All)*

- Yes, in Zambia for example, medical students who return home have a much better understanding and appreciation of the context in which we operate.
- For corporations, if employee can deliver on projects in such demanding environments, it enhances their abilities to operate in other situations.
- Reverse innovation also occurs in products. L’Oreal for example had a program in Brazil, and when they wanted to design a programme for the U.S., they brought people from Brazil to advise the American team.