

INTERNATIONAL STUDY ON HEALTH VOLUNTEERS

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1.Aims: Health Volunteers (HVs) are essential to conduct health promotion activities effectively to achieve the Millennium Development Goal in Asia, the main theme of the 11th ICAMRH. Dr.Wakatsuki and Dr.Matsushima have reported the important roles of HVs for community health in Yachiho Village, which is well known nationwide and internationally. HVs are introduced and working in many developing countries as well. A study on HVs has been conducted to help strengthen HVs and its activities, referring to Japanese experience.

2.Methods/Results: A fact-finding survey has been conducted in 8 areas in 4 countries (2 areas in Japan, 3 in Philippine, 1 in Vietnam and 2 in Laos). The total number of 398 HVs interviewed using questionnaire with 64 items. In Senegal, the basic information on HVs is collected through JICA projects when the author worked as a JICA expert. Table 1 shows summary of the HVs surveyed. The HVs in Japan are not based on a national act, but supported by local governments. They are mostly recommended by communities and serve on self-disciplined way as well as supporting implementation of local health plan such as mass health screening/health checkup. Male HVs group serves in Yachiho village, HVs in Suzaka City are all female to the contrary. In Philippines, Vietnam, Laos and Senegal, HVs are introduced by national acts. They serve mainly to support national health plan implementation such as infection control, FP/RH, EPI, MCH, Nutrition and Sanitation etc and they mainly serve based at health centers like RHU or CHC. HVs in Philippines serve 12 years in average and almost female. HVs in Laos and Vietnam serves 6-7 years and male HVs are relatively common. HVs serve 8-30 days or more in a year. They suffer lack of tools and materials for daily activities and also lack of training. Most HVs are not paid salary or regular allowance but small amount of irregular allowance sometimes. Their motivation is important to maintain and to strengthen for and by communities.

3.Lessons Learned: 1) HVs serve and play very important roles for community health even in developing countries. 2) The experience in Japan suggest that Upbringing and Strengthening HVs are important to achieve the MDGs in Asia and Africa, which is declared in the Bamako Initiative. 3) Hospitals and health professionals should pay more attention to train HVs as part of their own basic roles. 4) Health professionals should coordinate more to set up and strengthen health network with liaison meeting, consultation and training. 5) In order to maintain and raise motivation, particular programs should be introduced and implemented, which residents and communities can participate in and get more incentives from activities such as comprehensive health care program in Yachiho village, CHOP, SHIP, PMHS and CBHPP in Philippines.

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Table1 : Summary of HWs /Areas/Countries studied					
Area (Country)	No of Volunteers	Age mean	F/M Ratio	Year served	No of Household (mean)
Kapangan (P)	117	45	116/1	12	42
Paracelis (P)	109	41	104/5	9	36
Natonin (P)	77	50	76/1	15	29
Yachiho (J)	14	51	0/14	6	97
Suzaka (J)	25	57	25/0	2	93
Hoabin (V)	12	34	3/9	7	56
Vientiane (L)	29	41	19/10	6	124
Odomxay (L)	15	39	4/11	7	100

Studied in 2006 in Philippin(P) and Japan(J) and in Vietnam(P), Studied in 2007 in Lao (L). Age, Year and Household No. is mean