

The role of the Federation in communicable disease prevention and control

by **Dr. Cleopas Sila Msuya**

As late as the 1970s, conventional wisdom in epidemiology held that communicable diseases were on their way out as the predominant contributor to the world's morbidity profile, and were being replaced by non-communicable diseases (NCDs) comprising degenerative diseases such as diabetes, circulatory disorders and cancers, and by accidents. Except for the developing countries, most of the rest of the world was already experiencing this so-called "epidemiological transition" from the terrible epoch of famines and pestilence that lasted from the dawn of mankind to the middle of this millenium, followed by the age of epidemics that culminated with the influenza pandemics of the earlier part of this century, to the prevailing situation since the 70s where diseases largely due to changed lifestyles — lack of exercise, high-fat diet, smoking and other substance abuses — predominate.

With the scientific advances that followed the Industrial Revolution, the elaboration of the germ theory of disease causation propounded and proved by Robert Koch, the discovery and development of antibiotics pioneered by Alexander Fleming and the much earlier work by Edward Jenner in the field of vaccination, communicable diseases were expected to be ultimately overcome. In view of the successful eradication of smallpox, this idea was not far-fetched at all. Developing countries, it was thought, were only a few steps behind but going in the same direction, when the time came they would, like their counterparts in the developed world, have their transition too. Indeed, there was ample evidence that this was happening. Diabetes, which was rarely seen in the 60s, was beginning to appear with greater regularity in hospital admissions and cause-of-death statistics. So were heart disease, hypertension, lung cancer and liver cirrhosis, to mention only a few. The epidemiological landscape,

while still quite different in the developed from that of the underdeveloped world, was gradually, decade by decade, becoming similar.

Were it not for the appearance in the early 80s of the AIDS pandemic, perhaps this projection would have come true and the age of non-communicable diseases would not, as it were, have eluded the developing world. The advent of HIV infection and AIDS has ushered in an extension of the age of communicable diseases —most definitely in the developing countries and to significant extent in the developed world as well. The human immunodeficiency virus which has succumbed neither to vaccine nor to antibiotic continues to promote, through its uncanny ability to destroy the immune system, many communicable diseases including those that were considered to pose little threat to public health, for example tuberculosis, whose rapid resurgence in giving rise to concern all over the world, and other infections which only a decade or so ago were of no importance at all. In the developing world, where the epidemiological evolution described above remains incomplete, old-established communicable diseases such as diarrhoea and malaria and newer scourges such as AIDS and AIDS-related diseases continue to dominate the morbidity and mortality profiles. Prevention and control of these and all other communicable diseases therefore become a priority for all nations in the developing world and for international partners who participate in health care provision in its many forms.

The Federation's role in the prevention and control of communicable diseases has been summarized in several key documents and resolutions. In the resolution on "Strengthening the Role of the Federation in Communicable Disease Prevention and Control" adopted at the IXth General Assembly, Birmingham, 1993, the Federation is urged to "...ensure that each National Society is adequately equipped to respond to the problem of endemic and epidemic communicable diseases". In another resolution the same Assembly "...urges all National Societies to strengthen and develop their capacity for advocacy and implementation of sustainable activities in the field of water and sanitation by providing staff and volunteers with knowledge, skills and training ability in basic hygiene methodologies, water quality protection techniques, distribution and storage of water in disaster relief situations and the control of communicable diseases". Further, the Secretary General of the Federation is requested to assist National Societies in the above activities and to share information and elaborate policy guidelines on water supply and sanitation.

On AIDS, specifically, the Federation at its VIth General Assembly in Rio de Janeiro in 1987 laid down the following recommendations:

1. All National Societies should actively support and ensure cooperation and consistency in their government's AIDS control programmes.
2. All National Societies should integrate their AIDS activities into their existing health and information programmes, and carry them out in a way that strengthens their existing activities and capacity.
3. All National Societies should coordinate their AIDS programmes with relevant inter-governmental and non-governmental organizations. They should involve people who are carriers of HIV and people with AIDS in the planning and implementation of such programmes.
4. All National Societies should do everything in their power to prevent discrimination against and offer humanitarian support to people who are carriers of HIV, people with AIDS and their families.
5. The Federation Secretariat should assist with the development of appropriate policies and strategies, in close consultation with the World Health Organization's Special Programme on AIDS and play an active coordinating role between National Societies and between the Federation and relevant inter-governmental and non-governmental organizations.
6. The Federation Secretariat, together with National Societies, the Henry Dunant Institute and other relevant organizations, should convene and coordinate a working group to develop policies, strategies and studies on the involvement of the International Red Cross and Red Crescent Movement with the human rights issues raised by the AIDS pandemic.
7. All participating National Societies should provide appropriate technical and financial assistance to the Federation Secretariat and operating National Societies, in view of the emergency nature of the AIDS pandemic and the consequent need to support AIDS-related activities from sources outside existing statutory budgets.

There are also other resolutions that address the communicable diseases problem and the Federation's response, such as the decision on primary health care from the Vth General Assembly, Geneva 1986, which urges National Societies to involve their voluntary auxiliary personnel in national primary health care programmes by developing closer cooperation with the appropriate government departments and other relevant organizations and the decision of the IVth General Assembly, Geneva 1985, on vaccine preventable diseases "inviting National Societies to determine ways in which they could become more actively involved in

the control of vaccine preventable diseases through their participation in national immunization programmes...". In the meantime the Federation has gone a step further by producing guidelines that address these specific issues and resolutions such as the document on the role of the Federation in water and sanitation, which was compiled as a result of the Moshi Consultation in May 1993 and the proceedings of the Mukono Workshop in June 1993 on the health of women, children and young people.

From these resolutions and guidelines it is therefore quite clear that the Federation has a role to play in communicable disease prevention and control. In doing so it must take advantage of its unique position as one of the few humanitarian organizations which has an established presence right through from the international scene to the most humble village and can therefore access resources, both material and human, that are available at the various levels of human organization.

In both relief and development, the Federation has very critical roles to play. In relief, the Federation can use its enormous capacity to mobilize funds, material and personnel to mount immunization campaigns against diseases that tend to occur in situations of population instability and displacement, such as measles and meningitis, and to provide treatment kits for diseases such as cholera and other diarrhoeal diseases, malaria and respiratory tract infections. Also in relief, the National Society may use its volunteers to provide health care as in Zambia during the cholera outbreak of 1992, when volunteers of the Zambia Red Cross Society manned the emergency treatment centres that were set up in response to the epidemic and drove ambulances to ferry sick people to the treatment centres. Right now the Tanzania Red Cross National Society, the Federation and delegates from outside National Societies are together engaged in one of the most heroic relief efforts of this century — that to help the 300.000 refugees (in May 1994) fleeing the horrors of the Rwanda civil war. In an extremely remote area of Tanzania, Red Cross health personnel of many nationalities are giving medical and surgical care to sick people as well as immunizing thousands of children and providing water and sanitation facilities. In Malawi, where there were over one million refugees from Mozambique until the ongoing repatriation began, the Red Cross has provided curative and preventive care as well as food aid.

In development, the Red Cross/Red Crescent has many opportunities to participate in the prevention and control of communicable diseases. Everywhere it is a genuinely grassroots movement whose members are truly members of the community and therefore conversant with the community's culture. They are well-known and often very highly re-

spected members of the community; they often know individuals and households very well — better than any outside organization could ever hope to know them. They can therefore intervene at household and personal levels where changes of behaviour frequently desirable in health education and other preventive action can best be brought about.

Using the Red Cross organization at the community level, volunteers may play a key part in the prevention and control of childhood communicable diseases, such as those which are vaccine-preventable, by mobilizing mothers to have their children immunized and by providing health education specially tailored for the household or the family. Volunteers may also be trained as the community's own resource persons to enable them to give community health care, such as that provided by community health workers in many villages in the third world. The firmly established tradition of voluntary service within the International Red Cross and Red Crescent Movement means that one of the major problems often encountered in the deployment of community health workers will be overcome. Besides providing health education for communities and mobilizing them to take appropriate action, as trained community health workers Red Cross/Red Crescent volunteers will also be able to help mothers in caring for their sick children at home and ensure that they comply with medical regimens indispensable for the treatment of diseases such as tuberculosis. Volunteers have been used by the Red Cross in Child Alive programmes in Sierra Leone and Malawi, for example, where they have been engaged in growth-monitoring activities, in encouraging immunization and in training mothers in the preparation and use of oral rehydration solutions (ORS). Unlike other humanitarian and health organizations, the Red Cross is the organization that never pulls out, but it has not yet turned all its uniqueness to full account. It could be a most effective vehicle for humanitarian programmes targeting the vulnerable that other organizations have the means but not the organization to carry out.

Also as community health workers, volunteers may train mothers — the first front-line health worker in all cultures — to recognize simple medical conditions that affect their families and how to deal with them appropriately at home or search for more expert help. We all know how early diagnosis and management of upper respiratory tract infections confer a favourable prognosis on the infant. The aim of this training must be to give the mother more options in dealing with her family's illnesses, to enable her to make time-saving decisions. For example, walking long distances for treatment which may not be available is pointless when nutritional measures such as breast-feeding or ORS available in her home may be what she needs most for a child with diarrhoea.

As regards malaria, a field in which medical and technological interventions have largely failed, the trained Red Cross/Red Crescent community health worker may mobilize the community and other volunteers to drain stagnant water and clear weeds, simple measures which are effective and, unlike poisonous chemicals, represent no danger to the environment.

Perhaps even more than the church, the Red Cross/Red Crescent is the most strategically well-placed organization to deal with the AIDS pandemic. Whereas religious organizations may be hampered by the feeling that they are dealing with persons whom they may consider to have sinned and are therefore receiving their just deserts, the Red Cross, being a secular organization imbued with the spirit of caring, is free of such constraints. AIDS is squarely within the Red Cross mandate. Through the trained volunteer, the Red Cross may provide home-based care such as that being provided by the Zimbabwe Red Cross Society to bed-ridden patients. As the disease takes its toll and the number of hospital beds declines, home-based care will inevitably become more and more important as a means of care-giving. Building on the African tradition of providing care at home for loved ones, National Societies on the continent will find this activity making heavy demands on their time and resources. The involvement of many Red Cross Societies in blood donor recruitment and donation will also mean, in this age of AIDS and hepatitis, that National Societies engaged in these activities will have to provide pre-donation and post-test counselling. Already the National Societies of Botswana, Zimbabwe and Lesotho, to mention but these, are providing highly valued services through trained counsellors. Virtually all the National Societies of southern Africa are leading partners of governments and NGOs that work in AIDS — their activities ranging from IEC, including peer counselling and public education, to social support for children and old people affected by the pandemic through loss of parents or adult children.

An area of AIDS intervention which will also grow along with the epidemic and which attracts fewer organizations is the whole area of human rights for persons with HIV and AIDS. The Federation has an important role to play in this respect by providing National Societies with the means to combat discrimination of any form, wherever it may be found, and to provide timely advocacy for persons being discriminated against because of their HIV status. This includes standing up against countries and laws that prohibit free movement, even across borders, of persons with HIV and discrimination in terms of jobs, educational oppor-

tunities, access to health facilities and mandatory testing. Meanwhile the Red Cross must intensify its educational campaign, employing innovative and effective methods, targeting all situations that promote vulnerability to this infection and including education for the prevention, early detection and management of other sexually transmitted diseases.

Most effective interventions against communicable diseases are indeed outside the medical realm. It is now recognized that the single most effective preventive strategy against diseases is the education of mothers. The more years of schooling mothers have, the greater the survival rates of their offspring and the lower the incidence of preventable disease. While education is not a traditional Red Cross activity, the Federation is well placed to play an advocacy role for education, especially on the international scene. The eighties and nineties have seen education and health budgets in the developing world slashed to comply with debt-driven structural adjustment programmes. The Federation's voice should be added to those that speak out for the child whose life has been mortgaged even before it is born.

Throughout the world, discrimination against women has increased their vulnerability so that they fall easy prey to illness, including AIDS. In disasters, the vulnerability of women and children is heightened. They are more exposed not only to the direct effects of war — during both the recent Burundi and the current Rwanda wars women and children have accounted for over 70% of the refugees and casualties — but also to epidemics and malnutrition. Through its worldwide membership the Federation must begin to address this discrimination.

The vulnerable suffer most from communicable diseases. With already lowered resistance, they carry proportionately higher mortality and morbidity burdens and their ability to increase their coping capacity is severely eroded on a daily basis as the haves continue to have more and the have-nots become destitute at both national and international levels. It is estimated that 20% to 30% of households (the poor in most countries) carry 80% of the morbidity burden. In southern Africa, the single most important cause of poor health for children is the almost all-pervading violence until recently in the Republic of South Africa, Angola and Mozambique. The two civil wars in the former Portuguese colonies have been responsible for the highest infant mortality rate ever recorded on earth — for both countries well over 380 per thousand live births. As we are witnessing — and can foresee — a grave deterioration in the health situation in many parts of Africa, the Red Cross/Red Crescent should seek ways not

only to help mitigate the effects of diseases, but also to cooperate with others in their prevention efforts.

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