Drowning Prevention Strategies in Asia

Royal Life Saving Society Australia supporting development in the Asia Pacific Region

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ABSTRACT

The International Lifesaving Federation (ILS) recognises that the Asia Pacific region presents substantial challenges in the global effort to reduce the alarming death by drowning statistics in the region.

The main exception to this situation is that Australia has a world-renowned history in lifesaving, dating back to the 19th century with the establishment of the Royal Life Saving Society (RLSSA) in comparison to the majority of the other countries in the region.

Over the last decade some initiatives have seen the establishment of SwimSafe Vietnam, the Thailand Life Saving Society, the Philippine Lifesaving Society and the International Centre for Drowning Research in Bangladesh being formed.

The Royal Life Saving Society has responded to the situation through a number of initiatives designed to assist the region develop sustainable solutions to the crisis and this paper will outline how these partnerships have developed.

The presentation will provide an overview of a number of strategies, their development, management and more importantly the sustainability for the people of the countries that have been actively engaged in the drowning prevention efforts.

In many applications it reflects the desire to encourage shared learning, knowledge and problem solving to achieve common goals between organisations in the region.

BACKGROUND

The RLSSA international development strategy is guided by the following principles:

1. A commitment to the principles of development aid effectiveness
2. A commitment to developing and contributing to evidence based interventions suitable to the in Low and middle income country (LMIC) context
3. Supporting the development priorities of emerging lifesaving agencies in LMICs
4. Facilitating and contributing to regional and global leadership in drowning prevention in LMICs

Whilst these principles may have guided RLSSA activities for decades, since 2005 RLSSA has taken a much greater recognition and emphasis on development aid effectiveness and contributing to the evidence base that may guide long-term investments in drowning prevention in the region.

The triggers for this shift included:

- Exposure to partners including The Alliance For Safe Children (TASC) and UNICEF, and the child injury based research that is best summarised in the working paper titled Child Mortality and Injury in Asia[1].
- Increasing recognition of the burden of drowning in LMICs which at that time was estimated by WHO to account for more than 96% of global drowning deaths[2], and the widely accepted notion that HIC drowning prevention can't simply be exported to these nations[3];
- and finally a recognition that many of our pre 2005 ‘development aid activities’ were not resulting in long term sustainable change or were being provided to partners who had the capacity to contribute to the costs of the lifesaving services and therefore did not really require the subsidies that were being provided by RLSSA.

DEVELOPMENT AID EFFECTIVENESS

The principles that have been adopted by RLSSA are well reflected in the International Life Saving Position statement on development aid effectiveness (ref).

This position statement provides guidance to ILS and ILS members on what constitutes effective development aid. It reinforces how stakeholders can contribute to the achievement of ILS objectives across drowning prevention, lifesaving and lifesaving sport by working within frameworks of the UN agendas including the Paris Declaration on Aid Effectiveness¹ (2005), the Accra Agenda for Action² (2008) and the Busan Partnership for Effective Development Cooperation³ (2011).

The essence of the ILS position statement is captured in the table below. In effect the position statement puts the recipient of development aid at the centre of all decision making with respect to priorities, interventions, equipment and medium to long term planning.

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Table 1: An ILS perspective on the Paris Declaration on Aid Effectiveness (extracted from the ILS position statement)

<table>
<thead>
<tr>
<th>COMMITMENT</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>OWNERSHIP</td>
<td>Ownership of Development Aid Partnerships policies and actions must be determined by recipient countries, members and communities and tailored to country-specific situations and needs.</td>
</tr>
<tr>
<td>ALIGNMENT</td>
<td>Development Aid Partnerships must ensure that support is directed or aligned to the actual and prioritised need of the recipient countries, members and communities.</td>
</tr>
<tr>
<td>HARMONISATION</td>
<td>Development Aid Partnerships must ensure that actions are coordinated and complementary across donors to improve effectiveness and maximise use of resources. Where actions intersect with those conducted by donors in other sectors, all efforts must be taken to align these activities.</td>
</tr>
<tr>
<td>MANAGING FOR RESULTS</td>
<td>Steps must be taken to ensure that Development Aid Partnership actions are evaluated for impact and effectiveness, and that such knowledge is shared for the benefit of the all countries, members and communities, and those seeking to initiate other such partnerships</td>
</tr>
<tr>
<td>MUTUAL ACCOUNTABILITY</td>
<td>All participants in Development Aid Partnerships are encouraged to publish development plans and results in a manner that encourages mutual accountability.</td>
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CORE DEVELOPMENT AID COUNTRIES

Centre for Injury Prevention and Research – Bangladesh

The RLSSA partnership with the Centre for Injury Prevention and Research – Bangladesh (CIPRB) commenced in 2005 with the scoping and development of the research program to test the feasibility, effectiveness and cost effectiveness of drowning prevention interventions.

This partnership was initiated by CIPRB, UNICEF – Bangladesh and TASC and was facilitated by ILS. This scoping resulted in the development of two main sets of interventions; a survival swimming program for school aged children, and a combination of crèche, community and home safety interventions for children under the age of five.

The interim results of this research partnership were presented at the World Conference on Drowning Prevention in 2011 in Vietnam[4-6] discussed in the TASC/UNICEF Report on Child Drowning in Low and Middle Income Countries and will be followed by many published reports in the coming years.

In 2009, in conjunction with support provided by the Australian Government to a regional drowning prevention capacity building plan, RLSSA and TASC assisted CIPRB to achieve their goal of developing centre dedicated to drowning prevention research. Inaugurated in 2010, the International Drowning Research Centre – Bangladesh is focused on three areas; building drowning prevention capacity in Bangladesh and in neighbouring countries, investigating further child drowning intervention including community first response systems, and building a long term business plan.
At the point of publication the IDRC-B has undertaken an external evaluation of its achievements to date, and among the key findings include evidence of increased government recognition of the drowning issue in Bangladesh, specific actions including the formation of a national drowning prevention committee, and an impressive but challenging research program. The results of this evaluation will contribute to future research and funding plans.

It is important to note that the support provided by RLSSA has included technical, management, resource and volunteer contributions. The guiding principle has always been on building sustainable systems that are not reliant on regular RLSSA interventions. For example, the CIPRB is no longer reliant on RLSSA training support in survival swimming. They have developed a cadre of master trainers, and staff with the capacity to conduct training workshops and supervise trainee instructors in both their own SwimSafe programs and those supported by other non-government organisations.

**SwimSafe Vietnam and Thailand**

In parallel to the SwimSafe Bangladesh, RLSSA has developed and supported SwimSafe pilot programs in Thailand and Vietnam. Whilst the Bangladesh program is recognisable by bamboo structures in ponds; a cost effective approach with high community acceptance, Thailand and Vietnam sort to test the feasibility of large above ground portable swimming pools[7].

In Thailand three swimming pools were established in primary schools in Bangkok and northern Thailand. The program was supervised by the Thai Life Saving Society, Chulalongkorn University and RLSSA volunteers. The program has been subsequently turned over to the Thai Life Saving Society and receives support from RLSSA when required.

In Vietnam, fourteen swimming venues have been created including eleven portable swimming pools in primary schools, a hospital pool and two open water locations. The program operates in partnership with various Government departments including the Danang Department of Education and Training. SwimSafe Vietnam is delivered in three modes; a vacation format, before and after school, and winter program. The main thrust is the vacation program where children are organised into groups who complete a 20 lesson survival swimming program with the goal of being able to swim 25metres and float for 1 min (check)|5]. Over 18,000 children have successfully completed the program ranging in ages from 5-12 years.

SwimSafe Vietnam has hosted regular workshops for the national government and provincial leaders who are seeking to implement the Government policy on survival swimming. It has successfully developed a cadre of ten master trainers who provide training and supervision for the 150 instructors who deliver the program annually.

Achievement rates and technical adjustments are monitored carefully in order to ensure that the model is suitable for expansion into other provinces.

**Philippine Life Saving Society**

Since 2007 there have been three delegations from Australia in 2008, 2009 & 2012 at the invitation of the Philippine Life Saving Society with distinct objectives identified by the Philippine Life Saving Society.
1. Provide initial training and accreditation to the inaugural members of the Philippine Life Saving Society through the RLSSA ‘Swim & Survive’ program and the Bronze Medallion.

2. Provide re-accreditation of the inaugural Philippine lifesavers, support the PLS trainers in the accreditation of the next generation of lifesavers and the introduction of Lifesaving Sport to the people of the Philippines.

In 2010 another opportunity presented itself with the Australian Water Safety Conference as an opportunity for members of the PLS to attend the conference to consolidate some of their own knowledge and to develop further insights from meeting and talking with the various speakers and delegates.

Since the initial enquiry in 2007 and three missions to the Philippines in 2008, 2009 and 2012, as well as a delegation to Australia in 2010 and Vietnam in 2011 the PLS has achieved the:

- Formation of the Philippine Life Saving Society (in affiliation with the Philippine Swimming Association).
- In excess of 2000 people trained to Bronze Medallion level throughout the Philippines.
- Formal links established with Philippine Volunteer Coast Guard, Philippine Swimming and Philippine Olympic Federation.
- Briefings conducted for resort owners and government representatives on water safety, lifeguard training and drowning prevention.
- Establishment of Regional operations at Luzon, Visayas and Mindanao to coordinate and promote programs within the local community.
- Philippine Life Saving Society accepted as full member of the International Life Saving Federation.
- Participated in the Australian Water Safety Conference and professional development in lifesaving rescue awards and sport.
- Participated at the World Conference on Drowning Prevention.
- Initial pool & beach lifesaving competition conducted for selection of PLS team for the Rescue 12 World Championships.

In five short years the Philippine Lifesaving Society has experienced phenomenal growth and impact throughout the Philippines and after three overseas missions to the Philippines by representatives from the RLSSA to support and share resources and expertise it is particular pleasing to note the achievements and the strong alliances that have been formed.

The patterns of drowning in the Philippines reflect those experienced across the region, with a predominance of children drowning close to home in a variety of water vessels, and children, adults and the elderly drowning during seasonal weather events and flooding.
The PLS and the entire community recognises the need to work collaboratively with allied bodies and other international organisations if it is to address the critical drowning figures throughout the Philippines.

The greatest strength that has been demonstrated in all activities associated with the PLS is the commitment, dedication and discipline demonstrated by the volunteers that have joined the effort. For example on the first visit with the initial 50 participants at Los Banos one individual was so committed to the program that after his employer refused him permission to take leave from work, he quit his job and sold the family pig to pay for his costs to become a lifesaver.

CORE DEVELOPMENT AID STRATEGIES

The initiatives described highlight a range of strategies, funding, infrastructure and achievements in reducing the drowning event in each of the areas identified in the paper.

Contributing to the drowning prevention evidence base

Though lifesaving agencies deliver programs and intervention with confidence very few can be considered to have been validated as effective or cost effective in the high-income context, let alone in the LMIC context.

In 2010, WHO[3] noted that swimming pool fencing could be considered a proven intervention, but that most other interventions such as lifeguards, lifesaver training, swim training for children considered to have promise but not yet been proven.

Whilst any lifesaving agencies may consider that scientific evidence is not required for interventions that have long been developed and used, the international development community and multilateral agencies such as WHO and UNICEF are more influenced by the need for proven effectiveness and costs effectiveness measures.

Key research areas from the perspective of child drowning in LMICs include;

- Gaining a deeper understanding of actual rates of drowning related mortality and morbidity in LMICs to counter the weaknesses in existing data collection systems. These weaknesses include those relating to the absence of effective national data collection systems (for all causes) in many LMICs, limitations in official approaches to coding drowning deaths and limited secondary studies focused on injury or drowning mortality to supplement the modelling that takes place for drowning mortality rates in LMICs in the global burden of disease.
- Child drowning interventions particularly those targeting children aged under five years.
- Child drowning interventions for school aged children
- Community first response systems in rural and remote LMIC communities
- Drowning and disaster risk reduction strategies

A comprehensive overview of child drowning in LMICs is provided in the recent publication Child Drowning in Asia: Evidence for a newly recognized cause of child mortality in low and middle income countries in Asia (ref). This report outlines the scale of the problem, and the challenges in reducing drowning in LMIC Asia. As an
example the table below shows the 5-17 year old population in five countries in LMIC Asia. Assuming that the survival swimming intervention is required by at least 50% of the population in order to make a significant reduction in child drowning, it would need to be structured to reach 31 million children per year. The scale of this challenge clearly requires carefully thought and a strong evidence base to ensure that the resource are secured, that there are thorough risk management procedures to eliminate risk to children, that the program itself doesn't increase child drowning risk.

Table 2: Size of the survival swimming challenge in five countries in Asia.
(Adapted from table in above report)

<table>
<thead>
<tr>
<th>Country</th>
<th>5-17 population</th>
<th>50% SS coverage over 5 years</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>41,231,000</td>
<td>4,123,100/year</td>
</tr>
<tr>
<td>Cambodia</td>
<td>4,068,000</td>
<td>406,800/year</td>
</tr>
<tr>
<td>China</td>
<td>240,567,000</td>
<td>24,057,000/year</td>
</tr>
<tr>
<td>Thailand</td>
<td>12,964,000</td>
<td>1,296,400/year</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>18,795,000</td>
<td>1,879,500/year</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>317,625,000</strong></td>
<td><strong>31,762,500/year</strong></td>
</tr>
</tbody>
</table>

**Facilitating leadership and regional capacity building**

Through its work domestically, RLSSA has recognised that population based drowning prevention requires multi-sectoral collaboration. The development of the Australian Water Safety Strategy [8] has reinforced the interconnectedness of expertise in policy, research and practice, as well as in diverse organisations which focus on public health, lifesaving, education and emergency management or specific demographics or regional areas. Based on this experience RLSSA has targeted the regional partnership and capacity building activities.

The most significant activity was the hosting by RLSSA of the ILS World Conference on Drowning Prevention in 2011 in Vietnam. Rather than conducting this event in Sydney, Melbourne or Canberra RLSSA took a clear plan to ILS, which targeted development across the Asian region, as well as a specific focus on LMIC drowning issues.

In negotiating a conference sponsorship agreement with the Australian government, it included the conduct of regional and national workshops over the two-year period leading into the event. These workshops focused on building the awareness and skills of public health, education and NGO sectors in key countries in Asia. Workshops were conducted in partnership with WHO, TASC and PLS in Manila[9], as well as in Bangladesh, and across Vietnam. They focused on identifying key drowning data issues, as well as providing a basis for discussing policy and program plans.

In addition to the conducting the event in a LMIC, RLSSA secured scholarships for over 115 conference participants from LMICs in Asia, Africa and provinces from across Vietnam. Workshops were facilitated focusing on Africa, Survival swimming, drowning data collection and disaster management. The later sponsored by the oldest lifesaving organisation the KNBRD Reddingsbrigades Nederland.

The impact of this event, and its ongoing legacies may take some time to determine. Areas that must be monitored include the ongoing regional strategies.
that emerge among partners in Asia and Africa, the depth or publications initiated or contributed to by those impacted by the event, and the success or otherwise in securing the substantial donor participation in the issue of drowning prevention in LMICS.

**Harnessing the skills and passions of our volunteers**

Though all of the initiatives outlined are making a contribution to the drowning prevention efforts in Asia the one that it is somewhat unique is the activities associated with the Philippine Life Saving Society as it doesn't have any specific funding allocation or government financial intervention.

The infrastructure that has been developed to-date is largely based on some limited funding to assist with the costs of shipping lifesaving equipment, some airfares (where possible) and time given freely by a range of volunteers from both the Philippines Life Saving Society and the Royal Life Saving Society of Australia.

The level of collaboration is of the highest order as the volunteers that have been involved and continue to maintain contact with colleagues through the PLS have included:

- National President of RLSSA;
- International/National Sports Referee;
- Active trainers with extensive experience;
- National athletes from RLSSA;
- Internationally and nationally qualified officials.

In all there have been a total 10 people involved in programmes within the Philippines and double that number when we hosted the PLS delegation to Sydney in 2010. Of particular note is the high level of enthusiasm of the volunteers in both organisations and their willingness to give so freely to the effort and to adapt their approaches to the environment and the level of equipment that is available.

Essentially, the efforts in this presentation that have been shared are concerned with the learning from each experience and then building upon such learning to achieve some common goals for all of our communities.

The following quote by Lord Chesterfield epitomises our approach and projects in all applications as we strive to, “Never seem more learned than the people you are with. Wear your learning like a pocket watch and keep it hidden. Do not pull it out to count the hours, but give the time when you are asked.” (Lord Chesterfield 1694-1773)
REFERENCES


