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Mr Sandy Hollway AO

Chair

Independent Review of Aid Effectiveness Secretariat

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Submission to Independent Review of Aid Effectiveness

Reinforcing Australia's role in reducing the global burden of drowning

Whilst reinforcing key elements of the Australian identity,

Leveraging its extensive skills, systems and community compassion for drowning prevention,

In response to a hidden epidemic that claims over 1 million lives a year

Dear Mr Hollway,

We offer this submission on behalf of Royal Life Saving Society – Australia (RLSSA), an organisation with over 115 years of commitment to reducing drowning across Australia, and partner to the International Life Saving Federation (ILS), which whilst being younger, also takes advocacy for the prevention of drowning as its mission.

We welcome the opportunity to contribute to the independent review of Australia's Aid program, and trust that our feedback will be useful in terms of evaluating the programs current state, but also in framing recommendations for future actions.

The Royal Life Saving Society – Australia brings two important perspectives that we believe warrant consideration in the review of Australia's Aid Program;

1. The perspective of a domestically focused Australian non-government organisation, with a large membership of committed stakeholders seeded into communities across Australia. An organisation which contributes not only to the prevention of drowning, but to Australia's sense of community and social wellbeing, and the development of a raft of skills and systems that contribute to civil society and strengthen its resilience in challenging times.
2. The perspective of drowning prevention advocates engaged in emerging research that is identifying drowning to be a significant burden on communities throughout Low and Middle Income Countries (LMIC's) in Asia and is developing innovative public health focused drowning prevention strategies that are being tested in countries like Bangladesh, Vietnam and Thailand. RLSSA is also organising the World Conference on Drowning Prevention in Vietnam in May 2011 as a strategy to increase awareness and garner action among stakeholders to prevent drowning in the region.

We believe that the scale of the drowning burden, particularly that borne by children throughout LMIC's in Asia-Pacific presents a strong case for action. Couple this with our nation's existing skills, awareness and community support for drowning prevention and there is a significant opportunity to initiate a Regional Drowning Reduction Strategy as a small part of the Aid Program. Such a strategy, in partnership with many LMIC's in neighbouring regions of Asia and the Pacific, reinforces a comparative advantage unique to Australia in terms of high levels of need, emerging evidence based interventions and a cause closely linked to the Australian Identity.

Background – A Snapshot of Global Drowning Issue

Our efforts to reduce global drowning are guided by the following principles:

1. *Drowning is a hidden epidemic that claims over 1 million lives every year*
 - a. In 2002 the World Health Organisation (WHO) estimated that approximately 382,000 people drown each year ¹
 - b. WHO acknowledges large gaps in evidence and suggest that the actual burden is likely to be significantly higher. A recent study confirms that WHO figures significantly underestimate the burden of injury death ²
 - c. WHO drowning data excludes flooding, disaster and transport related drowning
 - d. At least 96% of drowning deaths occur in Low and Middle Income Countries (LMIC's)
 - e. In 2007, UNICEF and The Alliance for Safe Children (TASC) published *Child Mortality and Injury in Asia*, which shows that drowning is the single leading cause of child mortality (1-17 i.e. after infancy) in Vietnam, Thailand, Bangladesh, Philippines, China, Indonesia ³
 - f. It shows that drowning accounts for half of all child deaths 1-17, and is estimated to exceed 350,000 children in Asia each year, or approximately 1,000 children drowning every day ³
 - g. Extrapolation of above results equates to a preventable drowning burden of over 1,000,000 people each year ³
2. *Drowning must be counted properly to ensure that governments, policy makers and donors take action*
 - a. Drowning has escaped the attention of governments and international development agencies due to large gaps in mapping drowning mortality due to a reliance on hospital driven data
 - b. Research from Cambodia shows that children who drown rarely present at hospitals (only 6.6%) and therefore are not often counted in that country's official death records. ⁴
 - c. Large scale injury surveys, such as those conducted in Bangladesh ⁵ and Vietnam ⁶, have allowed for greater policy and donor focus on drowning
 - d. Research from Bangladesh shows that 50% of child drowning occurs within 10m of the home in water more often used for cooking, cleaning, agriculture and livestock
 - e. The Australian Government has recognised the issue and has committed modest funds to seed research and innovative prevention strategies in Bangladesh and Vietnam
 - f. Drowning occurs in everyday life in low and middle income countries, and is generally not recreational in focus as in high income countries (HIC's) such as Australia
3. *Drowning Impacts the most vulnerable; the world's children, poor and elderly*
 - a. Children under five suffer the highest rates of drowning in both HIC's and LMIC's, although the water bodies in which children drown in LMIC's tend to be necessary for survival rather than swimming pools constructed for family entertainment as in HIC's
 - b. Large advances in reducing drowning rates are thought to have been achieved in Australia due to the development and implementation of swimming and water safety programs in the 1960's ⁷.
 - c. Research in Bangladesh is showing that teaching swimming and water safety in the LMIC context is safe, effective and scalable ⁸
 - d. Indigenous people, migrants and refugees are all over represented in LMIC and HIC drowning data
4. *Drowning is almost entirely preventable*
 - a. Prevention measures for children under five include barriers and hazard reduction, home safety education and supervision strategies, and funded childcare which has been shown to reduce drowning in Bangladesh if targeted at rural working poor
 - b. Prevention measures for school aged children include survival swimming and drowning prevention education, hazard identification and reduction, basic lifesaving and emergency response training
 - c. Many of these interventions can be packaged and integrated within existing child health, community development and disaster risk reduction programs
 - d. Many of the above strategies also contribute to youth leadership development, gender equality, strengthening community resilience, supporting school participation, and stimulating local economies.
5. *International Life Saving, with partners, are leading the global collaboration to reduce the drowning burden*

- a. No one sector can make a significant difference alone
- b. The scale of drowning requires a public health approach to achieve significant and sustainable reductions
- c. Preventing drowning in HIC's takes extensive partnerships and collaboration
- d. Royal Life Saving Society - Australia, along with Surf Life Saving Australia take key leadership roles in driving drowning prevention strategies across the Asia-Pacific on behalf of ILS

Response to scope

In terms of the scope of the review we seek to provide support in relation to the program's geographic focus, its sectoral focus and its relative focus on low and middle income countries.

Geographic Focus

- There is significant evidence to support the notion that drowning is the leading cause of child (ages 1-17) mortality in Asian countries including Vietnam, China, Thailand, Cambodia, Bangladesh, Indonesia, Philippines
- Evidence is less clear for other countries in the region, but drowning is likely to be a leading cause of child mortality in neighbouring countries such as Myanmar, Laos, Sri Lanka, India, Pakistan
- WHO estimates show high rates of drowning in the Pacific region. Anecdotal, media and stakeholder reports support this. However pilot research is required to map this burden in greater detail in key Pacific countries including Fiji, Solomon Islands and PNG and to design an appropriate response
- WHO estimates and limited studies show high rates of drowning in Africa. Anecdotal, media and stakeholder reports support this. Pilot research is again required to map this burden in greater detail in key African countries and to design an appropriate response.

In summary the evidence supports the need for:

- A comprehensive Asia Regional Drowning Reduction Strategy supported by the Australian Government and led by a consortium of Australian Organisations under the mandate of the International Life Saving Federation
- In other regions, exploratory research, along with targeted capacity building and awareness raising workshops and test interventions focused on:
 - key countries in the Pacific region supported by the Australian Government (and potentially New Zealand Government) and led by a consortium of Australian and New Zealand Organisations
 - key countries in the Africa region supported by the Australian Government in partnership with NGO's and institutions currently working in the field

Sectoral Focus

Drowning Prevention Strategies in HIC's commonly take a multi sectoral approach. In Australia we convene the Australian Water Safety Council which brings together organisations and government at all levels to develop, monitor and implement the Australian Water Safety Strategy⁹.

It must be stressed that the epidemiology of drowning in LMIC's is fundamentally different to that in HIC's on two points;

1. Drowning as a result of participation in recreational activities, which is high in HIC's, is extremely low in LMIC's where drowning occurs in everyday life, during disaster or in transportation related incidents.
2. The presence of long standing drowning prevention focused organisations in many HIC's provides an interface for Government, community and the corporate sector that is rarely present in LMIC's.

Considering these two factors, and our understanding of the epidemiology of drowning prevention strategies in an LMIC context we make the following sectoral recommendations;

- Strengthening our contribution to the health sector in order to reduce drowning

- Given the scale and patterns of drowning in LMIC's, interventions must be designed and delivered in partnership with the health sector. Strengthening health systems, particularly those delivered at a community level provide a stronger basis for the identification of drowning risk, and the implementation of reduction strategies
- Failure to address Child Injury is noted as an impediment to the achievement of Millennium Development Goal 4 in some LMIC's. Research shows that drowning accounts for 50% of injury mortality in children under five in Asian countries ¹⁰
- Drowning prevention strategies, particularly those targeting children under five are best integrated within existing child health interventions that are delivered either via the health sector or by NGO's who work in the health field
- Strengthening our disaster risk reduction program as a strategy to reduce drowning
 - Integration of drowning prevention themes within a program of disaster risk reduction has the potential to impact drowning in times of disasters, as well as being protective during everyday life. Community based risk reduction strategies, including risk identification and strategies to build resilience, are consistent with strategies to reduce drowning
 - Emerging evidence linking survival swimming skills in carers during the Aceh Tsunami resulted in increased survival among young children
 - The Australian Government supported International Drowning Research Centre Bangladesh is currently investigating strategies to increase community level basic rescue and response skills
- Integrating drowning prevention strategies within other sector activities
 - For years the international development workforce has provided anecdotal reports of child drowning in communities targeted in various sector programs
 - Drowning prevention strategies, particularly those relating to children under five can readily be integrated into existing programs
 - We suggest that the Australian Government consider piloting such integration, providing policy mechanisms and/or incentives to encourage aid programs to integrate or support the integration of drowning prevention strategies
- Drowning prevention programs in LMIC's must seek to engage governments, multilateral, bilateral and non-government agencies in policy development and implementation
 - The World Health Assembly May 2011 will consider ratification of a resolution on Child Injury that provides a policy framework for multilateral and bilateral cooperation and coordination ¹¹
 - The World Health Assembly Child Injury Resolution will support a greater focus on injury prevention, and within injury 'drowning' is the area where Australia has the greatest comparative advantage
 - In Asia, up to 50% of child injury mortality is drowning
 - Australia has an opportunity to highlight its support of initial drowning prevention research and contribute to strengthening leadership in this area in the future

Relative Focus on Low and Middle Income Countries

The only point that we wish to make in relation to the relative focus on LMIC's, is that drowning prevention in some middle income countries, particularly those where there is an international or even domestic tourism market, can present very visible increases in recreational drowning but often masks the underlying issue of drowning in everyday life. Just like the foreigner who contracts malaria whilst holidaying in Indonesia, these drowning deaths serve as reminders of a greater burden being suffered by children in non-recreational settings.

A track record

Royal Life Saving Society - Australia has developed a significant track record of achievement in recent years. This track record includes:

Partners in research and innovation

- Royal Life Saving Society – Australia has partnered with The Alliance for Safe Children to:
 - Develop and test child drowning interventions in Bangladesh, Thailand and Vietnam
 - Support the publishing of the Child Morality and Injury Papers (TASC/UNICEF)
 - Develop a set of Child Drowning Papers to be published in May 2011 in conjunction with the World Conference on Drowning Prevention 2011

Development of SwimSafe Bangladesh, Thailand and Vietnam

- In partnership with TASC and other public health institutes, RLSSA has developed, implemented and is evaluating the effectiveness of coordinated approach to survival swimming in LMIC's
- The program is implemented in Bangladesh in a model in partnership with various NGO's including UNICEF and BRAC
- The research is monitoring over 150,000 graduates and matched cohorts of over 200,00 children who received no survival swimming education to measure effectiveness
- Key to this research project are lessons around venue design, instructor training, community engagement, child protection and safety

International Drowning Research Centre – Bangladesh

- Established in 2010 with Australian Government support and focused on a program of research targeting drowning prevention in children under five, school aged children, emergency response, and efforts to build regional capacity.

World Conference on Drowning Prevention 2011

- Royal Life Saving Society - Australia is coordinating the World Conference on Drowning Prevention in Vietnam in 2011 as a strategy to raise awareness and focus attention on drowning in Asia. This conference is supported by the Australian Government and is providing a platform for supporting the Government of Vietnam's newly launched drowning prevention policy.

Summary

Royal Life Saving Society – Australia is confident that it is this experience that places it in a strong position to make recommendations regarding the shape and scale of Australia's response to global drowning issues.

The shape and scale of Australia's response to global drowning issues would be characterised by:

1. Development of a Regional Drowning Prevention Strategy which includes:
 - a. A program of engagement with governments, international development agencies and non-government agencies
 - b. Funding for regional drowning prevention and research coordination centres to provide technical expertise to the above in formulation of country level drowning prevention policy and responses
 - c. Promotes and supports the development of a global platform for drowning reduction
2. Adoption of a Public Health Approach to Drowning Prevention which includes:
 - a. Further research to measure the drowning burden in Pacific and Africa
 - b. Evidence based interventions targeting children under five
 - c. Support for an evidence based country and regional survival swimming interventions that target school aged children

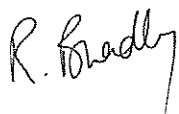
3. Coordinated support of Australia's drowning prevention organisations, members and volunteers including;
 - a. Assistance in supporting collaborative models among those organisations
 - b. Greater coordination of the Australian Government Volunteer Programs

In closing, we thank you for the opportunity to contribute to the review of the Australian Aid Program. Our experience and exposure to the Australian Aid Program to date has been very positive; we see its immense value to the Australian community and to communities across our region.

Given the scale of drowning in the region and beyond, our own organisational commitment to the prevention of loss of life here and abroad, and our emerging experience in the development context, we stress both the urgency and magnitude of this challenge.

We will continue our commitment to advocacy, research and interventions with the aim of reducing the global burden of drowning, and welcome any feedback or questions that you may have in the review process. Please do not hesitate to contact Justin Scarr on (02) 8217 3112.

Kind Regards



Rob Bradley
Chief Executive Officer



Justin Scarr
Chief Operating Officer

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