

Board :
Mohammed Saeme, president
Robert Verbist, vice-president
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International Maritime Health Association



IMHA Workshop on infectious diseases - Antwerp 6-8 August 1999

Report

On proposal of the ITF Seafarer's Trust, IMHA invited 14 experts in Antwerp to discuss research projects on infectious diseases in seafarers, more specifically AIDS and HIV.

The participants came from the following countries: 3 Belgian, 1 Poland, 1 Spain, 1 USA, 1 Denmark, 3 UK, 2 Philippines, 1 Switzerland and 1 South-Africa). Three were members of the board of IMHA and three were invited for their experience in research at university level. The program and list of participants are attached.

The meeting was opened by Dr. Verbist, vice-president of IMHA, who explained the motives and objectives of the meeting. The principal objectives were: to present some projects and to prepare a number of criteria to be used in the future for evaluation of projects in the maritime medical field that seek financial support by ITF's Seafarer's Trust.

Dr. Stuart Kingma of the Civil-Military Alliance to combat HIV and AIDS presented his organisation that mainly wants to give information, training and education about HIV/AIDS and its prevention. Started in the military sector, expanded to all uniformed services (like police-forces and prisons), they now want to focus on all "workers away from home". The Alliance developed a whole curriculum for training and education which in their opinion is applicable in the maritime sector. They have edited a booklet in different languages about how to protect oneself against the disease. They have prepared material about prevention of HIV and a change of conduct in the military, they have produced posters, a CD and newsletters. The Alliance also produced a handbook on design of HIV/AIDS programs. They not only focus on seafarers but also on the populations near port areas and commercial sex workers.

They have "maritime" projects already running in Panama, where they address seafarers passing the canal and commercial sex workers. In Durban (with 5 researchers from the University of Natal), in the Philippines (with participation of the National Maritime Polytechnic and other governmental and non-governmental organisations), in Kaliningrad (with Prof. A. Rasmanova), this study includes drug abuse, hepatitis B and tuberculosis. Other projects are on the way in South-East Asia: e.g. Cambodia, Vietnam and Thailand in collaboration with UNAIDS. Funding comes from UNAIDS, The Ford Foundation and DFAD UK, soon they will have a new donor meeting with Nordic organisations and in Germany and Austria.

The participants from the UK gave a presentation about their organisations. Capt. David Parsons proposed the UK MNWB (The UK Merchant Navy Welfare Board) a charity with participation of the owners (Chamber of Shipping) and the Unions, completely in accordance with ILO convention 163 and recommendation 173. With funding from the EU they have first looked at all the materials available on HIV/AIDS for seafarers in European countries and evaluated them.

They found out that most was limited to the own seafaring population and not well distributed. After a project in Southampton where ships were visited to find out what the needs of seafarers are on information, they launched, in a second phase, a European project to test and evaluate materials. With help of the Seafarers Trust they did this project in the ports of Liverpool, Barcelona, Copenhagen and Rotterdam to get a profile of the seafarers visiting these ports. In their experience the port chaplains are an excellent group to distribute the materials on board.

Andrew Elliot then presented the ICSW (International Committee on Seafarers Welfare) and its activities. It is an international umbrella organisation dedicated to the implementation of the ILO instruments on seafarers welfare, especially the convention number 163 and recommendation 173. Projects about welfare services in ports, help to implement the instruments of the ILO, projects to facilitate communications for seafarers in ports and on

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board, promotion of health and hygiene on board, the use of new technologies for the welfare of seafarers, international sportsactivities for seafarers...Originally started in the ILO, they became completely funded by ITF later and from April 1 1999 after some changes in their administration they are now looking for other support and would like to increase the number of members among which they now have governemental and non governemental organisations for seafarers. They have a website and edit a quarterly review, they hold seminars in various parts of the world and they have produced a briefing pack for ship visitors. Their best known projects are Sports of the Seven Seas and a project with the MNWB (Merchant Navy Welfare Board) "In search for good health" in which they use a video, telephone cards etc. to inform seafarers about health risks. A booklet they have about AIDS is translated in 6 languages. They have a special project about information to seafarers in the ports of Southampton, Liverpool, Rotterdam and Barcelona to find out how to actualize the information and in which way to bring it to the seafarers (see MNWB).

Alan Le Serve explained how he got from the ILO to running projects on HIV/AIDS for seafarers in various parts of the world. He works as a consultant for the WHO, ILO, EU, ICSW and MNWB. His approach focusses on how to get the message about HIV/AIDS through to the target group (often semi-literate people). He now tests the materials produced by the MNWB in the Caribic to find out how it can be used elsewhere. A project in South-Africa is discussed with the trade unions there. This could become a phase III of the MNWB project where the materials are tested and evaluated, later finished and distributed globally.

Sharon White presented a project on education about AIDS that is running in South-Africa. It is a well planned project that starts with an evaluation by questionnaire on the knowledge, attitudes, risk perception, behaviour, intention to change etc. They use some booklets with a lot of pictures adapted to the population they want to reach. She gave an example of how the questions asked may influence the answers given, so it has to be kept simple. They have developed materials to educate people in other sectors and use peer educators for that with easy flipcharts and drawings. It was clear that South-Africa is an area with high incidence of AIDS and limited economical means to treat it. She insisted that the important issue is to change behaviour and not only to give information. Her approach is: How to deal with HIV/AIDS on board legally, ethically, politically. What does a captain do with an HIV positive?

Another project was presented by two Philippino seafarers from the PSAP (Philippino Seafarers Assistance Program) in Rotterdam, where the education project on AIDS for Philippino seafarers started in 1996, using Philippinos that live in Rotterdam to approach Philippino seafarers with help from ITF and the local medical authorities (to train the peer educators). They have seen 4000 seafarers on board and 3000 on land in three years; on different "levels": level 1: hand out a leaflet (4500), level 2: discussion in group (4000) and level 3: maximal discussion up to 3 hours (750). They organise meetings, meals and parties, with special attention for the Philippine habits and culture and there they give information about AIDS through peer educators. The important for them is to talk about the subject, to overcome taboos on AIDS and sex. Their campaign takes into account: special social aspects like culture, religion, participation, group atmosphere (the tropa) and voluntariness. They also stress a "holistic" approach where the problem of AIDS is related to other problems like gambling, drinking, family life etc... In 1997 they started to give information in other ports like Barcelona and Pireaus. They use sweaters with "Sail safely" on an ancor in a condom, posters and a comic, they visit ships. Their campaign is based on avoiding discrimination, adequate information on AIDS as a right, the diagnosis and prevention of the disease, to integrate the campaign in other campaigns about the workconditions, safety, social rights. This was the only project to give an insight in their budget with 30000 GBP per year for three years plus 50000 GBP extra for evaluation.

Dr. Alastair Smith changed theme and gave comments on an outbreak of typhoid fever on board of a cruise ship. The responsibilities of the maritime world not to spread infectious diseases from one port to another. An outbreak of influenza in the US a while ago was thought to be caused by a cruise ship. The CDC launched the possibility to oblige all seafarers to have maximal vaccination status on coming to the US. Screening for TB is an important issue since the incidence in seafarers is at 40 (compare to 9.6 in the Belgian population in general). All medical contacts should be aimed at health promotion in general, no oportunity should be missed to spread the messages. In STD he particularly wants a focus on travellers lifestyle in general as e.g. in the relation alcohol - STD. One of the taboos that are rarely discussed at all is man having sex with man, though not gay...

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Dr. Canals remarked that this type of projects should not only give good information but should also be effective for prevention. Clear objectives and means of evaluation are crucial in any project. Epidemiological studies both longitudinal and transversal, improving the work that already has been done. It is of no use to start from zero every time again. She gave an example of a Spanish study with a pilot project, multicentre prevalence studies, studies in risk populations and cohort studies in both seronegative and seropositive populations. The decline in number of cases is hopeful. She also stressed that there are other disease and medical problems that are far more important for seafarers at this moment than AIDS. Efforts should be directed and a meta-analysis should bring knowledge about the risk populations, as well as methods of epidemiological vigilance and continuous evaluation.

Prof. Tomaszunas commented that in valorisation of projects IMHA should give priority to projects with clear objectives that relate directly with maritime health, preferably with international character. They should have a structured plan with responsibilities and capacities on behalf of the organising bodies. A cost / benefit evaluation seems necessary.

Prof. Meheus and Van Sprundel commented on the criteria of selection of projects in view of the goals of IMHA, international aspect of the project or objectives and how the maritime community can benefit.

Dr. Jensen also stressed that projects can be operational or investigatory, these can be descriptive, analytic or interventional. Projects that lead to intervention and that take quality and ethical aspects into account deserve preference.

Control and follow-up by IMHA as well as the use of IMHA's name and logo will be considered case to case.

Although no formal and agreed conclusions were made and this report has an unofficial character, the participants from the ICSW and MNWB stressed that they could not accept any of the criteria until approved by their board.

Dr. Verbist closed the meeting, promising to inform the board of IMHA in October in Poland and to make a proposal of an evaluation procedure.

Antwerpen, August 1999.

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LIST of participants – Workshop on infectious diseases – August 1999

Dr. Rob Verbist

Mediport
Italiëlei 51
B-2000 Antwerpen - Belgie

Prof. Dr. Stanislaw Tomaszunas

Institute of Maritime & Tropical Medicine
9B Powstania Styczniowego Street
80-519 GDYNIA

Dr. M. Luisa Canals

Santa Joaquina Vedruna 5, esc 3-2-2
43002 TARRAGONA - SPAIN

Dr. Alistair K.A. Smith

P&O , Princess Cruises
1413 Marinette Rd.
90242 PACIFIC PALISADES - USA

Dr. Olaf Jensen

Institute of Maritime Medicine
SUC / SDU
DK-6700 ESBJERG - Denmark

Dr. Alan Le Serve

5 Widbury, Stonewall Park Road, Langton Green
KENT TN3 0HW- UK

Prof. Dr. Marc Van Sprundel

U.I.A. depart. Epideminologie & Soc. Geneesk.
Universiteitsplein 1
2160 WILRIJK - Belgie

Capt. David Parsons

Merchant Navy Welfare Board
19 - 21 Lancaster Gate
LONDON W2 - 3LN - UK

Mr. Andrew Elliott

I.C.S.W.
11, Lancaster Mews
LONDON W2 3QE - UK

Dr. Stuart J. Kingma

Civil-Military Alliance to Combat HIV and AIDS
20, route de l'Hôpital
CH-1180 Rolle - Switerland

Ms. Sharon White

AIDS EDUCATION & TRAINING cc
PO box 812
AUCKLAND PARK 2006 - South Africa

Mr. Nonoy Ty

PSAP
Zeemanshuis - Willemskade 13
NL-3016 DK - Rotterdam - Nederland

Mr. Basco Fernandez

PSAP
Zeemanshuis - Willemskade 13
NL-3016 DK - Rotterdam Nederland

Prof. Dr. André Meheus

U.I.A. depart. Epideminologie & Soc. Geneesk.
Universiteitsplein 1
2160 WILRIJK - Belgie