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31st International Conference of the Red Cross Red Crescent
Geneva, 28 November–1 December – **For humanity**



31st International Conference of the Red Cross and Red Crescent

Geneva, Switzerland: 28 November – 1 December 2011

REPORT ON THE WORK OF COMMISSION D

(Tuesday 29 November – 9 a.m to 11:30 a.m)

INEQUITABLE ACCESS TO HEALTH CARE

Chair: Fatima GAILANI, President of the Afghan Red Crescent Society

Secretary: Al Panico, IFRC

Drafter of report: Rania Alerksoussi, IFRC

EXECUTIVE SUMMARY:

The chair of the Commission, Mrs. Fatima Gailani, opened the proceedings by warmly welcoming Government and Red Cross and Red Crescent representatives, highlighting the importance of the work of commission (D) to complement the resolution that will be adopted by this 31st International Conference. Mrs. Gailani introduced the subject by defining health inequities and inequitable access to health. Health inequities, sometimes referred to as health inequalities, are “unfair and avoidable differences in health status seen within and between countries”. She further stated that health inequities are systematic: they usually affect particular groups of people and they occur across the social gradient. The most vulnerable people have the least access, not only to health services, but also to the resources that contribute to good health.

The Commission focused on women and children not because they are vulnerable per se, but because they usually have less power than adult men, because they have less access to resources, because they are exposed to specific health risks. Women and children are less likely than men to have access to proper healthcare. The IFRC has on that particular subject launched a strongly worded and well documented report called *Eliminating health inequities: Every woman and every child counts*, clearly stating that eliminating health inequities is a health imperative.

As an illustration of this injustice, Ms. Gerry Eldson, the IFRC’s TB Goodwill Ambassador, stated a few words about the difficulties women in Africa face, particularly when they are faced by stigma and discrimination due to TB illness for example. She provided the rationale behind the importance of focusing on women and children. She further declared that if “you strike a woman, you strike a rock” as women are the backbone of the society. “You empower the woman, you empower the heart of the family. You heal the woman, you heal and entire community” she declared.

Dr. Carole Presern explained that health inequities exist everywhere. In every country we observe discrepancies in health, differences between the rich and the poor, between the residents of wealthy neighbourhoods and slum dwellers, between well-established citizens and undocumented migrants, between the educated and the illiterate. Policy and action can really make a difference on the social determinants of health such as female education or access to new technologies to reduce disparities. What works is to focus on the most vulnerable and hard to reach, and commit to promoting human rights and equity. She complemented her presentation with hard facts and figures on this harsh reality, as well as success stories from Brazil and Bangladesh. Dr Presern ended her presentation by recalling her work as a midwife early in her life. She confirmed receiving remarkable support from the Red Cross and Red Crescent and further stated that National Societies can really make a difference.

Following the presentation, the chair opened the discussion to the floor for questions and comments.

Then, the chair invited three speakers to present specific case studies as follows:

- Mr. José di Bello, sub-director for health and HIV/AIDS from Argentina Red Cross, spoke of the sexual and reproductive health rights of people.
- Dr. Mohammed Serajul Akbar, chairman of Bangladesh Red Crescent, presented a case study on addressing health inequities in urban settings, taking Dhaka as an example.
- Ms. Susan Johnson, director general of international operations of the Canadian Red Cross, discussed National Society partnerships in promoting health equity.

Again, the chair opened the discussion to the floor with two guiding questions:

1. How can National Societies, with their close ties to vulnerable communities and their extended network of dedicated volunteers, best contribute to dismantling barriers to health care?
2. How can National Societies support States and Government policies to eliminate health inequities?

Key conclusions and recommendations included a renewal of the commitment to work together on the part of, National Societies and Governments, for every woman and every child.

General Observations:

The commission was composed of the following speakers (in order of intervention):

- Mrs. Fatima Gailani, President of the Afghan Red Crescent Society and Chair of Commission (D)
- Ms. Gerry Elsdon, Director, Cinnamon Communications and IFRC TB goodwill ambassador
- Dr Carole Presern, Director of Partnership for Maternal, Newborn and Child Health, hosted by WHO
- Mr. José di Bello, Sub-Director for health and HIV/AIDS, Argentina Red Cross
- Dr. Mohammed Serajul Akbar, Chairman of Bangladesh Red Crescent
- Ms. Susan Johnson, Director General of International Operations, Canadian Red Cross

It was highlighted that the role of the Commission (D) was not to discuss or review the proposed resolution but to focus on current facts, opportunities and challenges, as well as to share best practices. There was a lively discussion and highly interactive series of exchanges where many Government and National Society representatives participated. Given the limited time and space, this summary cannot be exhaustive of all points raised but does capture the main themes and issues.

KEY POINTS RAISED:

- It can be argued that it is human nature that causes stigma and discrimination thus resulting in more difficulty to eliminating health inequities. Consequently, education, empowerment, and conversation are extremely important.
- Persons with disabilities need our support as well.
- In many countries, the problem is the inferior social status of women. For example, women will need the approval of their husbands for taking contraception. It is important for RC RC to advocate and train their volunteers to explain to women their rights.
- The Millennium Development Goal 4 for under five mortality is not likely to be met. While MDG targets are ambitious, some countries will fulfil them thanks to good governance, specific policies for outreach and against gender discrimination.
- Women empowerment, providing free education for girls, tackling neonatal mortality, and creating awareness in general are crucial.
- Situations of conflict and violence create additional obstacles in reaching the MDGs. However, RC RC volunteers can make a difference as they are neutral and impartial.
- Thinking more holistically, the role of men should be taken into consideration. Educating men to support women is important.
- RC RC volunteers can participate in vaccination campaigns, raise awareness among communities, educate young women to avoid teenage pregnancy, identify patients who stopped a specific treatment, etc...
- How can NSs use information from volunteers to influence policy?
- How can successful pilot projects be generalized in countries that have fewer resources?
- Even in developed countries, there are specific inequities, e.g. governmental barriers to undocumented migrants' access to health care. What is the added value of RC RC National Societies in situations where they are not in agreement with their governments but need to fulfil humanitarian work?
- In some countries, traditional practices and prejudices such as female genital mutilation, forced or early marriage affect women. Women accept these practices because of their culture and

education. This is a fundamental violation of Human Rights that we need to address by advocacy and with our volunteers.

- Partnerships need to be developed to increase access.
- Volunteers need to be motivated and not restricted, and through home visits, they can disseminate life saving messages.
- Inequities are affected by financing and human rights contexts.
- Governments can build on existing partnerships including those with, and between, the IFRC, ICRC and NSs.

CONCLUSIONS AND RECOMMENDATIONS:

- Volunteers can help identify needs that are not being attended to. Then RC RC National Societies should establish whether they have the capacity and whether they have the mandate. If yes, then it is our responsibility as RC RC to attend to those needs. We need to recognize that RC RC volunteers, as part of their communities, are the best placed to identify needs for the community that will help design the most appropriate programmes. RC RC National Societies can gather evidence, use it to dialogue with governments, and mobilize volunteers to advocate at the local level. They can help governments find very efficient ways to respond to the needs.
- We live in a global village and despite different problems; the answer is always the same: providing equitable access to health care by implementing comprehensive public health programmes that include vulnerable group such as slum dwellers and that tackle neonatal mortality as well as maternal mortality. RC RC National Societies should cooperate with governments and get support from active donors.
- Inequities in health and bad practices are very much associated to the culture of “machismo”. We can change culture by working on education. While cultural change is the most difficult, the RC RC has a symbolic value with governments. As auxiliaries to public authorities, the RC RC has a responsibility to remind governments to work on these inequities and change policies. RC RC National Societies need to listen to vulnerable people and talk on their behalf.
- RC RC National Societies can be partners with national governments not only in service delivery but also in dialogue.
- It is in the best interest of government to provide health care to all, including un-documented migrants.
- MDGs can only be met if inequities are addressed.
- RC RC National Societies are present when others are not, they can raise the voice of vulnerable communities to the national level.
- Women, children, refugees, poor people, and marginalized groups need our help the most. In this modern world, situations and problems are modern but the RC RC is in a privileged situation with governments.