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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 –4:30 p.m to 7 p.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 personal experience of giving birth to twins and another child and how lucky she considers herself of having access to adequate health care systems.

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:

- Dr. Yahya Tomoum, consultant at the health department of the Egyptian Red Crescent, discussed the empowerment of women through education during the implementation of a developmental programme following a devastating earthquake.
- Mag. (FH) Cornelia Hackl, coordinator of health and social services of the Austrian Red Cross, spoke about the elimination of barriers to health for the ageing population that is often socially isolated and subject to violence and abuse.
- Dr. Bayardo Bolaños, president of Ecuador Red Cross, discussed the elimination of barriers to health for indigenous people who practice ancestral traditions and how exchange of information and learning is important.

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
- Dr. Yahya Tomoum, Health consultant, Egyptian Red Crescent
- Mag. (FH) Cornelia Hackl, Coordinator of health and social services of the Austrian Red Cross
- Dr. Bayardo Bolaños, president of Ecuador 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 several 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:

- Every human being has the right to adequate health care. Unfortunately, there are striking health differences caused by history, politics, and economics. Social injustice is killing adults and children on a large scale.
- Millennium Development Goal 4 is unlikely to be met and success is solely possible if we address inequities.
- The problem lies with lack of knowledge, especially within communities that are far from urban centres, and goes hand in hand with women not having access to adequate health care such as women who try to give birth at home and then face problems as they arrive to the hospital too late.
- Questions were raised whether the draft resolution reflected the MDG 5 on maternal health. A strong resolution is needed where health should be seen holistically and not compartmentalised by MDG numbers. Delegates were encouraged to further participate in the last round of discussions for the resolution.
- It was noted with worry that some developed countries face difficulty for undocumented migrants' access to health care.
- Conflict and violence, as well as systems of gender discrimination, power and money are other causes of health inequities.
- In this economic crisis, we need to push for more resources for health and education, particularly for children and women.
- Ignorance and lack of medical information in distant areas are components that lead to inequitable access to health care.
- Funding is an issue.
- Awareness raising is important to convince women to regularly have breast cancer exams for example.
- Including women in the management of health services was mentioned as a way to increase awareness.
- There is a need to involve men in our efforts to tackle health inequities affecting women. Cultural and psychological changes are necessary to encourage constructive communication and behaviour between men and women.

- Primary Health Care for women and girls is recognized as a prerequisite. It has moral and ethical dimensions.
- Basic guidelines and training should be provided to health care personnel.
- What should be the ideal relationship between RC RC and their governments?
- It is important to find practical means for the participation of RC RC National Societies, governments, and countries.
- Is there an inequity of some kind which explains why women live longer than men globally? There are multiple factors including women's resilience, more men deaths in conflict, women are less likely to indulge in risky behaviour for non-communicable diseases caused by alcohol or tobacco or behaviour leading to sexually transmitted diseases, as well as other lifestyle factors like stress etc.
- Why is there lack of information? Is there anyone blocking information access? Access to information provides access to power and enables better living.
- Non-communicable diseases, mental health, and suicide are universal issues that need to be addressed.
- It was noted that we need to distinguish between vulnerable populations and situations of vulnerability. This will allow looking at the vulnerabilities from a different point of view and will encourage acceptance of diversity.

CONCLUSIONS AND RECOMMENDATIONS:

- 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.
- As auxiliaries to public authorities, RC RC National Societies have a responsibility to remind governments to work on these health inequities and change policies.
- Violence against the elderly is a new problem that needs to be addressed. There should be measures to scale-up services for older people, to raise awareness and to provide adequate training for health and social services staff.
- In many countries, the problem is the social status of women that is due to a traditional perception of the roles of men and women. It is important for RC RC to advocate and encourage governments to promote human rights and eliminate discrimination against women.
- Men must be involved in combating gender discrimination and the culture of "machismo".
- Women's access to education is improving and this is creating positive results for their health and quality of life.
- We cannot succeed alone, we have to cooperate with governments, and we have to cooperate with other RC RC National Societies as well as with other organizations.
- With free media, more communication is possible and positive change can be brought.
- If we don't recognise the people in a society and include them in decision making we will never succeed.
- Sign the pledge.