



Our world. Your move.

Geneva, 23 November–1 December 2011 – **For humanity**



COMMUNICATIONS BRIEF INEQUITABLE ACCESS TO HEALTH

BACKGROUND

Public health, development and human rights are the dimensions where the causes – as well as the solutions – to health inequities resides. It is possible to have simple, cost-effective measures to reduce health inequities, particularly when it comes to maternal-child health care.

The last few years have seen enormous and welcome developments in global public health. However despite this growth there is growing recognition - increasingly backed by evidence - that achieving the Millennium Development Goals will demand getting it right: ensuring that every woman and every child count.

Wealth, education, and place of birth significantly shape the health of women and children between countries and within them. Worldwide, we still have 7.6 million children dying every year. Almost 95% of newborn deaths occur in the developing world.¹ Even more worrying is that the current global economic crisis is driving more than 100 million people into poverty every year, leaving them out of access to any health services.

Women and children are among the most vulnerable, and not only are their deaths easily preventable but by focusing on their needs, the results provide benefits for everyone in the community, and society at large. Women and children are a gateway to improving population health, economic growth and development in every country.

RED CROSS RED CRESCENT RESPONSE

The International Red Cross Red Crescent Movement has been working in the provision of health care and emergency aid for decades around the globe. We advocate on behalf of the most vulnerable – including those who face the greatest challenges in accessing the resources and conditions that give rise to good health. We recognise that strengthening individual and community resilience requires that barriers to health equity be dismantled. This is why one of the main priorities for the IFRC and National Red Cross Red Crescent Societies as outlined in Strategy 2020, is to “enable healthy and safe living”.

Our goal is to draw on existing Red Cross Red Crescent activities, and utilise our strengths as a Red Cross Red Crescent Movement in order to meet current health disparities, especially for women and children, using a needs-based approach complemented by human rights principles. The Red Cross Red Crescent Movement recognizes that failing to reduce health inequities potentially leaves the most vulnerable at a sustained risk and disadvantage.

¹ World Health Organisation, the Partnership for Maternal, Newborn & Child Health available at: http://www.who.int/pmnch/media/press_materials/fs/fs_mdg4_childmortality/en/index.html

CALL TO ACTION

The Red Cross Red Crescent Movement acknowledges that reducing health inequities requires strong leadership, political will and the financial commitment of States. The Red Cross Red Crescent Movement is using the opportunity of the 2011 Statutory Meeting to ask States and Movement partners to align resources and work towards bridging the health divide so that all people, including the most vulnerable women and children, can achieve their fullest potential.

Through a proposed resolution titled, “Health inequities: reducing burden on women and children”, the Red Cross Red Crescent is requesting that States and Movement actors together:

- Help ensure women and children have access to health care throughout the life cycle.
- Ensure that reliable, evidence-based and accurate information on health is available and encourage health-seeking behaviours
- Promote gender equity, empower women and girls, and enlist the active support of men and boys.

Under these three principles for action, the Red Cross Red Crescent Movement is specifically calling for the following action:

States are called upon to demonstrate strong leadership in prioritizing equity:

Ensure universal access: States should ensure universal access to evidence-based public health interventions for all and allocate health resources according to need.

Enable informed decision-making: States should make accurate health information available to all so that everyone, particularly the most vulnerable, can make informed decisions about their health.

Take a holistic approach: States should promote equity, solidarity, participation, non-discrimination and non-violence in all aspects of society, not just health, because tackling health inequities means tackling inequities in society in general.

Harness the power of a volunteer network: States should make the most of Red Cross Red Crescent volunteers, who form part of the world’s largest humanitarian network, to reduce health inequities. Volunteers are uniquely capable of reaching the most marginalized groups. Some volunteers are themselves members of these and therefore are an entry point for reaching those whom the formal health sector fails to reach.

National Societies are called upon to scale-up efforts to:

Reach the unreached: Through their extensive volunteer networks, National Societies need to scale up their activities to bring prevention, treatment, care and support to those who are left out of the formal health system – the women and children who have the least access to appropriate health services. National Societies should expand their reach by encouraging health-seeking behaviours, as well as fostering social inclusion and peace.

Encourage prioritization and informed decision-making: National Societies should use their status as auxiliaries to government to engage decision-makers to prioritize health equity and equity in all aspects of society.

Develop powerful partnerships: In order to reduce health inequities as quickly and effectively as possible, National Societies should engage in meaningful dialogue with key stakeholders and form strategic partnerships to increase the effectiveness of advocacy.

WHAT ARE WE DOING TODAY?

Bangladesh Red Crescent

The Bangladesh Red Cross Society works to reduce human and financial obstacles to health care by providing it at the community-level. Mother-child health centres provide medical check-ups, education, counseling to pregnant women, skilled birth attendance, post-natal care, and primary health care services. With a total of 58 mother-child health centres, along with 5 maternity hospitals, the Bangladesh Red Crescent Society collectively treats more than 100,000 general patients, attends over 5000 deliveries yearly, and disseminates many more health messages on a regular basis to those who would not receive them otherwise.

Red Cross of the Democratic Republic of the Congo

The Red Cross of the Democratic Republic of the Congo together with GAVI Alliance was able to increase routine immunization, targeting the most vulnerable children and pregnant women in extremely remote areas. The Red Cross trained more than 1300 volunteers in five provinces, and volunteers went door-to-door to seek out pregnant women and children who were unvaccinated or whose vaccination calendars were incomplete. Volunteers, who speak the local language, raised awareness of the importance of vaccination and cleared up any misconceptions or myths about immunization. Working with the Ministry of Health, volunteers help increase the rate of infant routine immunization coverage, reaching over 5400 children in 2011 alone.

Harm reduction for injecting drug users

In many countries, pregnant drug users are unable to access HIV prevention and treatment services. The failure to address such needs will ensure that the cycle of addiction and HIV infection is passed on to the next generation. The IFRC advocates on behalf of injecting drug users by improving access to treatment, calling on governments to implement effective measures to reduce exposure to HIV/AIDS and promoting social inclusion. Several National Red Cross and Red Crescent Societies have initiated harm reduction strategies in collaboration with governments and other multi-lateral and non-governmental organizations. The Red Cross Societies of Australia, Belarus, Croatia, Kenya, Italy, Portugal, Russia, Spain, Lithuania, Latvia, Kazakhstan, Kyrgyzstan, Ukraine and Uganda are undertaking injecting drug-use programmes, and the Vietnamese and Chinese Red Cross Societies are making good progress. Many other National Red Cross and Red Crescent Societies are tapping into existing networks, which can be utilized to support injecting drug users and advocate for the acceptance, introduction and maintenance of harm reduction programmes.



Pakistan Red Crescent Society staff conduct an awareness session on health and hygiene in flood-affected areas of Sindh province.

Sadia Kaenzig, Health Communications Advisor

+41 (0) 22 730 4455 sadia.kaenzig@ifrc.org

Communications Department

International Federation of Red Cross and Red Crescent Societies

Chemin des Crêts, 17, 1209 Petit Saconnex, Geneva, Switzerland

Additional resources

[31st International Conference website](#)

[ICRC - Health “What we do”](#)

[IFRC - Health “What we do”](#)

[“Health inequities: reducing burden on women and children”, 31st International Conference, draft resolution and background report](#)

[“Out of harm’s way: Injecting drug users and harm reduction”, IFRC Advocacy Report, December 2010](#)