



# International Federation of Red Cross and Red Crescent Societies



Health and Care Forum  
Wednesday 14<sup>th</sup> May 2008

## Opening Session

**Chair:** Mr. Encho Gospodinov, *Director of Policy & Communications Division*  
**Speakers:** Dr. Bruce-Eshaya-Chauvin, *Head of Health and Care Department*  
Mr. Markku Niskala, *Secretary General, International Federation*  
Dr. Margaret Chan, *Director General, World Health Organization*

**Abbreviations:** WHO (World Health Organization), PLHIV (People Living with HIV)

“This Forum belongs to you,” said **Dr. Bruce-Eshaya-Chauvin**, Head of Health and Care Department, as the key objective of the meeting was to help support the activities of all the National Societies and for senior management to improve the services provided to National Societies. He stressed that the attendance of Dr. Margaret Chan, Director General of WHO, was very important as it gave special recognition to the International Federation of Red Cross and Red Crescent Societies.

As the official host of the event, the Secretary General of the International Federation, **Mr. Markku Niskala** spoke of the strong commitment of the International Federation to Primary Health Care. With a Global Agenda that is intimately connected and driven by the Millennium Development Goals, the International Federation seeks to reduce human suffering from disease and public health emergencies through community based activities and community development.

With 186 National Societies spread across the world, he reported that the recent efforts to scale up the activities of the International Federation have had a significant impact. In 2005, the International Federation had already served 42.5 million people across the world. Since 2000, over 80,000 volunteers have been successfully recruited for the Global Measles Vaccination Program. In South Africa alone, 10 National Societies support more than 68,000 PLHIV.

“The Red Cross and Red Crescent approach saves lives”, he said, through working and supporting the community before, during and after emergencies. National Societies enjoy a privileged position and this gives them easier access to dialogue with country authorities. They can thus be instrumental to increase the understanding of Primary Health Care, promote best practices in the field and identify sectors that are most useful for collaboration. Since the Alma Ata Declaration, there has been a significant shift towards Primary Health Care activities using a community based approach and focusing on increasing the self-reliance of communities which is especially important in developing countries. This work is all possible thanks to the many thousands of highly trained and dedicated Red Cross Volunteers.

**Dr. Margaret Chan**, Director-General WHO, highlighted:

- The importance that the International Federation gives to the health of vulnerable populations not only during emergencies but also during more stable situations.
- The fact that, with a global work force of over 100 million volunteers (of which 30 million work in health), the International Federation is well positioned to penetrate inaccessible areas under the most challenging conditions.
- The commitment of the International Federation to Primary Health Care through community engagement, inter-

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sectoral action, health promotion through disease prevention and cure.

- The fact that both the International Federation and the WHO share similar principles, priorities and practices, namely, addressing the health needs of vulnerable groups including women, poverty alleviation, reducing inequalities and strengthening community capacities.
- The potential of the International Federation to operationalize WHO recommendations profiting from its unique advantage of working at the grass roots level in every corner of the world. This makes the International Federation a most valued partner for WHO.
- The commitment of the International Federation to Primary Health Care through sustainable practices.

Thirty years after the Alma Ata Declaration, a revitalization of Primary Health Care is needed in order to strengthen Health Systems and reach the targets of the Millennium Development Goals.

Health is becoming an increasingly important driver for poverty reduction. But in spite of the boom in funding and the increasing PPPs (e.g. The Global Alliance for Vaccines and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other Public-Private Partnerships led by pharmaceutical industries), health systems still fail to reach those with greatest need, because of the past failures to invest in essential health infrastructures. As a consequence even today, more than 1 million people do not have access to clean water and sanitation, 10 million women and children lack of basic health intervention, and 1 billion people suffer from the consequences of Neglected Tropical Diseases.

The International Federation has the fundamental advantage of having operational and cost effective delivery systems, which work even in conflict zones and disaster situations. In addition the International Federation is universally recognised and enjoys one of the most respected and trusted reputations.

Dr. Chan raised the issue that all development agencies, including the International Federation, should be complementary to and supportive of national governments and should not compete or replace them.

Special thanks was given to the work of the International Federation and its volunteers and their

support of WHO initiatives and special reference was made to

- The 20,000 volunteers who participated in the success of the Measles Initiative in 2007;
- The contribution to Polio eradication in conflict zones;
- The distribution of malaria bed nets to remote areas;
- The support to the TB control program support with DOTS, social, nutritional and psychological support,
- The support in outbreak control during outbreaks of Ebola, Marburg, Epidemic Meningitis, and Yellow fever vaccination;
- The support to HIV/ AIDS program through various activities especially in the 10 hardest hit African countries, which have reached millions of people.

As a global strategy for health and development, primary health care needs to be set in the context of the new challenges affecting global health:

1. Soaring Food Prices: the health sector will have to deal with the human consequences.
2. Climate Change: climate change was the focus of World Health Day 2008. Although developing countries are the first and the hardest hit, climate change has a universal effect. Health systems need to be more prepared to cope efficiently with the effects of these extreme weather conditions.
3. Emergence of New Diseases: in today's globalised society emergent infectious diseases can spread very rapidly. *Early detection at the source through good local surveillance and reporting, enhanced global surveillance together with global solidarity is very important to limit their spread.*

"Primary Health Care starts with the people", concluded Dr. Chan and looked forward to more opportunities for collaboration between the International Federation and WHO "working together to revitalize Primary Health Care in the 21 century".

Questions addressed to Dr. Chan:

- The inspiration and reasons for the Declaration are still valid? What is the guidance to really achieve it now? How can we do it differently?
- There is a trend for WHO and industry to promote cost effective medical technologies at the expense of the environment. How does WHO balance the strong emphasis on medical technology at the expense of environmental interventions?
- Is the 15% global country budget too high for African countries?
- After the 1990's Primary Health Care became "business as usual" and nowadays many health care professionals cannot link it to the Millennium Development Goals or the Abuja Declaration. Where did we miss it?

The Abuja Declaration endorses that governments in Africa will contribute 15% to health care expenditure, but only 4 countries have met this target. The reasons for this shortfall are related to economic power, enlightened leadership and good governance. There is also the question whether the "out of pocket expenditure" for Health Care should also be included. It is estimated that 100 million people are pushed into poverty every year as a result of out of pocket expenditure for health care.

The failures in the past were the result of weak capacities of governments to implement primary health care. Health Care must be community driven and community led. WHO can help in building technical capacity but it cannot replace the role of government: "WHO can give the 'hands up' but not the 'hand out'", commented Dr. Chan.

Another reason for not succeeding was the fact that the health professionals did not

rally behind Primary Health Care as they saw it as a competition. Concerning the use of medical technologies at the expense of the environment, it is important to be evidence-based, and although the secondary and tertiary health sectors are important, they must network effectively.

The decentralisation of government is another challenge. Good policies may not cascade down to the local government. This was clearly seen during the SARS outbreak in China and Canada where, because of decentralisation, the flow of information could not reach to the top quickly.

The Primary Health Care movement in the 21<sup>st</sup> century needs to involve both the grass roots and the doctors' groups. The "one cookie cutter approach" has to be avoided. A model which is relevant to the economic development of the society and the needs of its community must be used if the Millennium Development Goals are to be reached on time.

Although there is no lack of Primary Health Care initiatives, much remains as just talk. "It is easy to promise but hard to deliver". The Global Health architecture has grown to such an extent that there are today 70-100 big players as well as other important national NGOs. Some countries are becoming inundated with many initiatives from all these groups only to find that they have no time to complete them and that the transactional costs are too high. As a result many fail to deliver health services to their people. Thus we may really be part of the problem. No agency can replace the role of government and there must always be a clear entry and exit strategy while standing by and supporting governments.

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