

Working Group discussion on GHC Strategy and PHC

Four color coded groups were required to address two questions, and then to deliver their conclusions to the other groups via one elected *rapporteur*. The questions were:

1. How does your National Society contribute to implementation of the GHCS as part of promoting PHC?

National Societies representatives highlighted a significant connection between the GHC strategy and the PHC components. Yet, the member National Societies endorsed the GHC Strategy as a useful document that is able to put words on action, and a useful document to show that the Red Cross and Red Crescent does more than emergency work.

Capacity building (CB):

- Performed through staff training followed by training of volunteers, keeping a balance between the two; Well trained volunteers should play a complimentary role to the health care system and can thus serve to bridge the gap between the health care provider and the household. This is of major importance in developing countries that may lack trained human resources. An issue that is also highlighted on the agenda of donor agencies and other partners.
- Volunteer includes recruitment, retention and management of volunteer activities;
- Training capacity developed by a 'cascade approach' from headquarters then spreading to the local level;
- Local level in which health education and promotion, water and sanitation programs, essential drug distribution, endemic disease surveillance;
- In Belize Red Cross Society, overall HC strategy served as a framework to

structure and scale-up community services.

Social mobilisation:

- Increase of community involvement in measles, malaria, HIV and harm reduction campaigns;
- In the Red Crescent Society of Kyrgyzstan, community outreach achieved through roundtable discussions at all levels;

Partnerships:

- Represents one of the key pillars of the strategy
- Includes assisting other National Societies to achieve their own objectives;
- National Societies strive to build partnerships with donor agencies and other international agencies such as WHO;
- Activities of the National Societies give support to activities of Ministries of Health
- In Ecuadorian Red Cross, Minister of Health guarantees volunteers are accepted as official after undergoing the training program; facilitates home visits;
- In Zimbabwe Red Cross Society, partnership is multi-sectoral, involving not only the Ministry of Health, but also other ministries such as Agriculture, Education, Information and Communications, and Civil Protection.

Advocacy:

- Care and support given to marginalized groups such as migrants and destitute;
- The Swedish Red Cross facilitates access to HC services for illegal immigrants.

2. What could you suggest to strengthen the interconnection between your implementation of the HCS and the promotion of PHC in your country?

- Focus on creation of all rounded trained volunteers using an integrated and coordinated approach;
- Focus on the use of appropriate indicators i.e. comprehensive criterion and tools that can be used to monitor and evaluate impact of activities by National Societies;
- Need for greater flexibility in responding to new and emerging issues;
- Increasing transparency to governments;
- Sharing of resources and best practices;
- Enhance the coordination between different programs;
- Increasing the involvement of Red Cross and Red Crescent Societies at government decision making stage;
- Clarification of National Societies' role not only a service delivery organisation but also in other areas i.e. education, prevention etc.;
- Adapt GHC framework to National Societies context;
- Development of more multi-segmented approach with government i.e. all ministries and not exclusively Ministry of Health;
- Formalisation of partnerships, through more official agreements;
- Strengthening advocacy through use of more evidence based advocacy messages;
- Need for more visibility

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