



International Federation of Red Cross and Red Crescent Societies

Civil Society: Bridging the Implementation Gap in Health Promotion

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To improve health, we have to tackle two major areas: the social determinants of health and health equity. In 2005, the World Health Organisation set up a special Commission on Social Determinants of Health. It was tasked to marshal the evidence for the greater promotion of health equity and to foster a global movement to achieve this. Like the Bangkok Charter for Health Promotion, the Commission also asked civil society to be critical partners working with governments and other partners to take action to close the health gap.

Many civil society and NGOs, as well as the Red Cross and Red Crescent National Societies, have a long history working at grass root level. Their engagement with communities over the years helps them to have better access to local knowledge and structures. This investment in community relationships also enhances the continuous community dialogue which influences change in social and health behaviour.

The International Federation of Red Cross and Red Crescent Societies (IFRC) since its founding in 1919 has made health promotion its first objective: to improve the health of people in countries that had suffered greatly during the second world war with the goals “to strengthen and unite, for health activities, already-existing Red Cross Red Crescent Societies and to promote the creation of new Societies”.

Nowadays, we in the International Federation have 186 Red Cross and Red Crescent member societies worldwide. They have also an auxiliary role to the government. Over 1 million volunteers carry out their activities in places that range from the most major of cities to the most remote of villages.

The IFRC and its donors not only bring essential funds and human resources to emergency and disease specific programmes, but also target health promotion as an integral part of these programmes. One of our programmes has young people aiming to donate voluntarily 25 units of safe blood throughout their adulthood. Such a programme makes health promotion one of the key pillars to empower young people to take care of their own health. The programme is called Club 25 and health promotion. The International Federation’s strategy is to streamline health promotion into our existing programmes.

Civil society by using their capacity in social mobilisation and outreach can make a major difference in scaling-up people’s involvement in promoting health. Civil society’ extensive networks of human resources and their capacity to do even more, better and further are not to be underestimated when bridging the gap in health inequity.

These capacities and potential must be recognised by all governments but the development of these capacities demands investment and funds. Capacity development takes time. The member of the International Federation in 186 countries, as well as civil society, should have the legitimacy to be part of the decision making process to improve health. Governments must support but also respect the independence of their operational modality.

The values that civil society and NGOs believe in often make them the social conscience of communities in general and vulnerable groups in particular. Civil society brings to the forefront the voice, needs and the right to health of both the underprivileged and the marginalised. Sometimes these people's voices can reach as far as the level of policy making. Often civil society and NGOs simplify and make sense of global health strategies and tools in order to take these resources to the people who then turn these resources into local action.

The role of NGOs and civil society in public health policies must be further recognised. Their roles are already recognised in measles, Stop TB and other disease specific partnerships. They are also recognised by the Global Fund for TB, Malaria and HIV architecture for their role in the consultation process.

However it is critical that civil society and NGOs are empowered as equal partners in both decision making and resource allocation when implementing the health promotion framework. This includes training, access to information, skills and tools in order to have the power and capacity to advocate for and work with the most vulnerable communities.

This involvement must happen not only at the international level but also at the local level where civil society are part of the national health plan. Partners such as WHO and key donors should continue to promote and institutionalise the participation of Red Cross and Red Crescent Societies and the civil society community in policy dialogue and accountability mechanisms to implement the Health Promotion framework. Civil society must collectively advocate that communities have greater control over their health and its determinants. This action will also bring in these communities' voices and thereby bridge the inequitable gap in health promotion.

The question for civil society and NGOs is which organisation should be sitting at the decision making table. Civil society and NGOs are often fragmented competing among themselves for visibility and resources. To be credible partners who can deliver what they say they can deliver, all civil society and NGOs in health and development must work together to find the best common approach for evaluating the impact of their joint efforts. This demands solidarity and building strong alliance among civil society and NGOs operating in health and development.