Declaration of Solidarity for a Unified Movement for the Right to Health

Preamble:
Despite the impassioned movement for comprehensive primary health care for all spearheaded at Alma-Ata in 1978, for much of the past 30 years the world's approach to health in the global South has been restricted to the delivery of targeted interventions—such as infant vaccination and distribution of oral rehydration salts—that are achievable with the limited funds available to poor countries for health. This approach of limited, preventive interventions is sometimes referred to as selective primary health care and has become the standard of health care for people in poor countries. Such interventions stand in stark contrast to the notion of health for all and are neither rights-based nor outcome-driven. Rather, selective primary health care arose from a perceived cost-effectiveness within accepted—though wholly unacceptable— funding constraints. While this strategy has shown some successes, it fails to respond to many major health needs and neglects the needs of vulnerable and marginalized populations. Among the most notable failures of these minimalistic strategies are the unabated death toll of women and their newborns during pregnancy and childbirth and the catastrophic decrease in life expectancy in sub-Saharan Africa due to HIV and tuberculosis. Moreover, the current approach to health care in the global South has resulted in a dire shortage of health care workers and non-existent or collapsing health infrastructure. Perhaps most importantly, it does not address the underlying social determinants of ill health, including gender inequality, household food insecurity, and inadequate access to water and sanitation. The social conditions imposed on the world's poor from which they suffer and die, either without access to health care or with access to woefully inadequate facilities and services, constitute unacceptable and untenable human rights violations.

Capitalizing on the success of the HIV/AIDS movement:
Much changed in global health due to AIDS. Today, in many of the world's poorest communities, there are billions of dollars of new money available for AIDS treatment, including independent financing mechanisms, and access to lifesaving drugs without regard to ability to pay. These changes were not the result of donor compassion, of overwhelming epidemiological evidence, or even worsening public health statistics brought about by the pandemic. Rather, activism of people, many of whom are living with HIV/AIDS and solidarity of this movement in the global North and South, forced change in the health care paradigm in many poor countries.

The global movement for AIDS treatment was originally, and remains today, a movement predicated on the right to health. Men, women and youth living with HIV/AIDS, and those in solidarity with them, posit and remind us that all human beings have rights that include:

1. access to health care regardless of ability to pay;
2. access to the benefits of scientific advancement (e.g., HIV testing and other diagnostics, access to antiretroviral therapy and treatment for opportunistic infections); and
3. non-discrimination

This movement has achieved great victories in combating user fees, intellectual property rights, and other obstacles to the access to AIDS treatment. It challenged the limits of available funds for health, both at national and international levels, and the idea that all countries should be able to finance the realization of the right to health on their own. Thus, it contributed to the creation of a novel financing structure in the form of the Global Fund to Fight AIDS, Tuberculosis and Malaria, a multilateral, results-based, open-ended, country-driven stream of funding to fight these deadly epidemics.
The HIV/AIDS movement has demonstrated that a rights-based approach to health can and does mobilize and engage communities locally and among civil society writ large. In addition, the scaling up of access to HIV testing and AIDS treatment has highlighted the essential role of the public sector in direct service provision, as well as the need for a regulatory framework that sets standards for the private sector.

Toward a unified movement for the Right to Health

Today we are at a critical crossroads. Drawing on the principles and achievements accomplished by the HIV/AIDS movement, we call for an expanded and reinvigorated movement of Health For All, based on the fact that the right to health is broad-based and all encompassing, responsive to the overall burden of disease and to people's expressed health needs and priorities; it calls for access for all regardless of ability to pay, and for inclusive strategies that address the social determinants of health. The right to health cannot stay confined to AIDS treatment; the unmitigated death toll from all preventable and treatable conditions and diseases is unacceptable. All communities fighting for the right to health must unite under a set of common principles and coordinate their actions under a common platform.

The public sector holds the primary responsibility for fulfilling the right to health, both in the delivery of services and in the regulation of the private for profit and not-for-profit sectors. Public systems need the active involvement of local civil society and communities in setting health policy, in allocating resources, in securing accountability, in monitoring the achievement of benchmarks, in advocacy, and in service provision. We acknowledge that the non-public sector, from faith-based organizations to NGOs to independent for-profit providers, now shares a large responsibility for health services in many countries. In the long run, what is needed is a unified and accountable system that addresses the social determinants of health and delivers equitable, comprehensive, preventive and curative health care and promotion.

As the economic downturn forces even the wealthiest governments to rethink priorities, global health activists must stay vigilant and active. This economic crisis will cause many people pain, but it need not cause more ill-health, malnutrition and death. If governments in the global North and South make the necessary investments in health, needless and extensive loss of life can be avoided.

We call upon HIV/AIDS activists and activists working on other health issues, including primary health care and the social determinants of health, to join forces in an international movement for the Right to Health:

Health is an inalienable human right. It is a right that carries national and international duties to provide access to health services for all human beings, regardless of the ability to pay and must be free from discrimination. People have the right to progressively achieve higher standards of health.

The right to health also encompasses the social determinants of health—the right to the living conditions necessary for good health, including food security, adequate housing, safe water and sanitation.

The right to health is indivisible—all conditions and disease and the factors that cause them must be addressed in a comprehensive, coordinated strategy. Thus, the movement for the right to health cannot be divided by disease, mental or physical disability, race, ethnicity, religion, nationality, gender, age, marital status, primary language, sexual orientation or immigration status.

The right to health requires that people are placed at the center of health systems and have a right to participate in decisions that affect their health; it requires that special attention be paid to marginalized and vulnerable populations; that governments secure the sexual and reproductive health needs of women, men and youth; and that governments be accountable to their people.

This Declaration calls for a broad-based movement for the achievement of the Right to Health for all people based on the following 15 principles:

1. There are sufficient resources in the world to meet all internationally agreed upon health goals, but insufficient resources have been committed to address health and its social determinants. The necessary

resources must be provided in full. We reject the notion that increased funding of one area of health must come at the expense of another.

2. We affirm and support the energy, organization, and determination of the global movement for HIV/AIDS prevention and treatment and its success in bringing together unprecedented, while still insufficient, resources that have been delivered in a rights-based framework—within the public sector, addressing the needs of the most vulnerable and free of charge. We also support the quest for universal access to AIDS treatment, care and prevention—there is no going back.

3. A broad coalition between HIV/AIDS activists and those fighting for equity in other areas of health and human development is possible. A united global health movement that builds on the lessons of the HIV/AIDS and other health and social movements is critical to secure health for all, regardless of an individual's health condition, disease or country of origin.

4. A new global architecture for health and development must be constructed: one that does not pit one health need against another and one that constantly demands all states to live up to their obligations – towards their own people, and towards people from other nation states in need of assistance.

5. Governments in the North and South must prioritize health as a human right, and must mobilize the resources needed to fulfill these rights. To achieve health for all for the world's citizens, countries in the global South and North must live up to their commitments, including UN covenants and the Abuja Declaration commitment of African Union countries to spend at least 15% of their budgets (excluding aid) on the health sector and the commitment of wealthy nations to spend at least 0.7% of their gross national income on Official Development Assistance, with an adequate portion directed towards health.

6. The current global economic order is bad for people's health. Neoliberal economic policies and market fundamentalism, unfair trade agreements and protectionism in rich country markets, exploitation of resources in developing countries and imbalanced terms of trade, inattention to income inequality, including the economic empowerment of women and marginalized racial and ethnic communities, all contribute to ill health and inequitable access to preventative and curative health services. Likewise, current agricultural policies, food aid, climate change, and agricultural trade policies undermine people's food security and nutritional status. We oppose this economic and structural violence and call for its remediation as part of our campaign.

7. People's health is dependent on access to affordable medicines of assured quality. The current intellectual property regime, which prioritizes pharmaceutical profits, neither delivers medicines that are affordable nor does it incentivize research into diseases that primarily affect poor people. We resist efforts to increase intellectual property protections within the WTO, at WIPO, or through free trade agreements and economic partnership agreements. New incentives for pharmaceutical research such as prize funds, expanded public research grants, and a WHO mediated R&D treaty must be deployed, robust generic competition must be promoted, and the registration of safe and effective medicines of assured quality must be facilitated.

8. Stringent macroeconomic policies—whether imposed by the International Monetary Fund, the World Bank or regional development banks or ministries of finance in the South—that restrict public investments, both directly and indirectly, in the social sector, including health, must be lifted. Such restrictions have resulted in worsening health and development statistics for the world's most vulnerable.

9. National government and development partners must be mutually accountable to the health of all peoples of the world. We reject strategies that call for sustaining health care services and living conditions based on the meager budgets of poor countries; we believe that financial commitment to health and development should

be in the form of solidarity beyond the borders of the nation state and not in the form of loans or conditioned on certain economic policies.

10. Funding for health and development should respect declarations and shared commitments such as those articulated in the Paris Declaration and the Accra Agenda for Action regarding alignment, harmonization and coordination with the needs of the people and with the burden of disease.

11. The too-simplistic dichotomy between vertical and horizontal health programs masks the fact that health systems need breadth and focus, and that strengthening health systems overall is not incompatible with specific efforts focused on major health priorities.

12. Innovative financing mechanisms and strategies are required to raise additional resources for health. At the global level, the currency transaction levy is a promising innovative source of new funds. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization represent successful innovations in global health financing. New mechanisms must be transparent and participatory, involve civil society including affected populations, and should be jointly designed and decided upon by both governments and civil society in the global North and South.

13. Nation states in the South need to increase domestic financing for health and should look in the direction of implementing progressive tax structures, decreasing capital flight, and increasing government social sector spending. Domestic innovations in financing including private giving and organized philanthropy should also be harnessed as resource streams for health sector funding. Civil society in the South has an important role to play in assuring that governments are transparent and accountable and that funds reach the community.

14. Communities must be actively engaged in all aspects of health policy formation as well as the provision, supervision, and evaluation of health services. A robust partnership between communities, governments and providers strengthens health systems by building a national consensus on health from the ground up and ensures that health systems reflect the needs of those who actually use them.

15. The world's economy cannot and should not be restored at the expense of the health of the world's poorest and most marginalized citizens. Health must be an even greater priority during the present economic downturn.

Under the banner of the Right to Health expressed in this Declaration, we pledge to work for all its principles, in an indivisible manner, and to call on all individuals and entities that share our commitment to make the right to health a reality.