



Health for All People

Health is a Right that Makes us Equal

Forewords

As human beings, our health and that of those in our care is a cause for daily concern. Regardless of our age, gender, socio-economic status or ethnic origin, we consider health to be the most basic and precious asset that we have. So as to have good health we are ready to make many sacrifices as long as they guarantee us and our families a longer and healthier life.

medicusmundi considers the right to health as an inclusive right that not only encompasses a timely and appropriate health care but also a wide range of socioeconomic factors promoting the conditions under which people can lead healthy lives.

We often associate the right to health with health care but the right to health is more than the absence of disease, it is a healthy life where there are “health key factors” that play an essential role such as poverty, food and nutrition, adequate housing, access to clean water, working conditions, healthy environment, as well as education and information on issues related to gender and health equality.

In 1978, during the major international proclamation on health that has ever taken place in the world, world leaders took the historic commitment to achieve “*health for all in the year 2000*” using Primary Health Care as a strategy. Forty years later, in 2018, the heads of state and heads of government in a meeting in Astaná reaffirmed what was stated in the 2030 Agenda for Sustainable Development and in the Alma-Ata Declaration of 1978, expressing the need for urgent action by all the governments and international agencies, by all male and female health workers and the global community to protect and promote the health of all the people in the world.

Medicusmundi was present in Alma-Ata and in Astaná whose results considers disappointing as a major commitment with the PHC was expected. **medicusmundi** believes unequivocally that the PHC is key to achieve the right to health; and it compels the States to invest in strengthening quality, integrated public health systems and to ensure a responsible care to the social health determinants.

At the same time, it reaffirms its commitment to continue working in a responsible and self-critical manner to make the right to health a reality. But this work is continually violated by transnational economic policies that affect the global health and that in Alma-Ata were considered so relevant that caused a new global economic order to be advocated. However, in Astaná there was no mention of this global economic order putting rights before geopolitical or economic interest.

We Assert

Based on the knowledge of our professionals and our experience of more than 55 years in international health cooperation, we assert that:

- 1) We have the knowledge and means in the world to make health a right to be achieved by every man and woman, reducing the inequalities that exist regarding the health of people around the world.
- 2) To achieve the right to health we must advocate for a political and economic practice that prioritizes human rights, fights inequalities, discrimination and stigmatization, protects people's health and ensures the necessary financial resources for sustainable development worldwide.
- 3) As established by the World Health Organization in the Alma-Ata Declaration of 1978, primary health care is the keystone of any health system. The PHC offers a high-quality comprehensive health care and allows communities to participate and play a central role.
- 4) We defend a public health system that guarantees every man and woman a universal and unbiased access to it.
- 5) Inequality, poverty and environmental degradation are some of the social determinant keys in the health of people. There are too many people that live and work in conditions that make them get sick preventing them from aging with dignity.
- 6) Our commitment to the right of health is also a commitment to equity as the main principle on which to base our progress to the Universal Health Coverage.
- 7) As well as a right, health is a global public good permanently threatened by those who see health as a commodity and by those who destroy the natural resources of our planet. **medicusmundi** reaffirms its commitment through the international healthcare cooperation to continue defending health as a global public good.
- 8) Globalization has reached health. Disease has no borders. Threats to health proliferate (climate change, conflicts, migrations, resistance to antimicrobials, among others) in addition to economic and social policies increasingly global affecting people's health more and more which requires a wide alliance for health at all levels.
- 9) The 2030 Agenda for Sustainable Development has established a collective global framework of goals.

Challenges and Stakes

The world has enough knowledge and technological, economic and human resources to promote the health of all the inhabitants of the planet. To achieve this, we must promote the strengthening of health public

systems and use Primary Health Care as a strategy. If we have this, we will achieve a basic health care that is one of the requirements to obtain the right to health.

However, the truth is that in many regions of the planet the population faces serious health risks, such as high maternal and neonatal mortality rates, the spread of infectious and non-infectious diseases and poor reproductive health. More initiatives are needed to face the obstacles that limit the access to a basic health care of quality, initiatives aiming at achieving more efficient financing of health systems, improving sanitation and hygiene, at increasing access to medical services or reducing environmental pollution to create healthy environments.

In the countries where we are present, either directly or through our local partners we face a series of challenges that make it difficult or prevent from the access to health.

a. Insufficient and/or inadequate infrastructures and facilities making it difficult the access to health centers and to the provision of health services. Governments have the responsibility to guarantee the right to health to the entire population in their territories. To achieve this, they must provide the necessary financial resources to provide their health systems with enough means. Mismanagement, corruption and unfair tax systems undermine the provisions that a good health system must offer.

b. Insufficient health workers, usually not well trained, working in inadequate conditions and poorly paid which lead them to abandon their jobs at the Public Health Service and choose other options, including migration. Training processes, as well as the organizational and technical strengthening of their institutions must be prioritized if we want to respond to the needs of a quality health system.

c. Treatment, medicine included, that is not available locally or is too expensive to be paid by the population. One hundred million people turn poor per year as a result of paying for the treatments they need. In Spain two million people have serious problems to buy all the medicine prescribed by their doctors, two million people whose economic situation endangers their health, that is to say, they suffer pharmaceutical poverty.

d. Decisions and interventions that are not always suitable to the conditions of the communities we cooperate with. Decisions and interventions on health grounds, if conditions allow it, must be framed within the strategies of poverty reduction in the countries and to guarantee a suitable sustainability.

e. Undermining of the acceptance of public health due to low quality services and commercial aspects of health services. In many places it prevails the idea, and is sustained ideologically from different spaces, that private health services are of higher quality and efficiency than public services.

f. Health services privatization increase as a consequence, among other factors, of the undermining of public health. Despite the lack of empirical evidence about the better performance or efficiency of the private suppliers over public ones, it is evident the orientation towards the supply of health services.

g. In spite of the predominance and appropriation of the statement of Primary Health Care by

governments and institutions, in practice there are few that have fulfilled their commitment with the practice of PHC, that is far from the global dimension they want to reach.

h. Increase of inequality, especially gender inequality, discriminations, poverty and environment degradation, main social determinants that limit the access of many people to health.

i. Limitation, in many occasions, of the individual and the community participation in the planification, organization, control and resource endowment of Primary Health care. Citizens must be listened to when determining what health requirements must be taken care of and how.

j. Restrictions to share knowledge and to integrate technology with intelligence. This sometimes limits the development of low and middle-income countries. The potential of new technologies in matters of efficacy, efficiency, quality and, mainly, in the reduction of geographic gaps is evident, enabling the access to resources, diagnosis, or to the scarce number of specialists through the interconnection of health care centers of different levels. Then, the biotechnological advances must be continually evaluated to ensure their contribution to equity.

k. Lack of regulation of advertising and corporate behaviour related to unhealthy habits (tobacco, processed food, alcoholic and sweet beverages) that have a very negative effect on people's health.

l. Some global economic politics do not opt to reduce the existent inequities.

m. Absence of a real leadership in global health matters that should shape the investigation agenda on health, establish rules and standards, issue health policies based on evidence, provide technical support to countries and ensure that health be a Right.

These are some of the challenges to overcome if we want to achieve health for all women and men. These are challenges that can be overcome even though we need the commitment of EVERYBODY, mainly, government authorities.

Our commitments and responsibilities

By knowing the challenges, **medicusmundi** reaffirms health care rights and defines the values and ideas that will guide its performance to contribute with every man and women to enjoy the highest health care level. It is **medicusmundi**'s main goal to help to enforce health care rights by means of cooperating with its development, focused on the structural causes that limit its development, the empowerment of the local social agents leading their own main development processes and the exercise of social and political impact on health care as a strategy to strengthen the Public Health Systems. For this:

1. We promote actions to defend health care rights of all people in any work and participation environments.
2. We work in the strengthening of politics and public health services that focus on the reinforcement and promotion of the primary health care as a strategy.
3. We collaborate with state actors to design projects and programs that fit and strengthen their national health systems respecting NGOs' codes of conduct for the strengthening of the health systems to which we have subscribed¹.
4. We place disadvantaged and most vulnerable populations at the center of our interventions.
5. We promote the fight against any inequities, especially those related to gender which in addition to create inequities by themselves, they are a factor which is added to those caused by socioeconomic status, age, ethnicity, and others.
6. We work in the most socially depressed areas of the countries and where the population have less access to health services of quality.
7. We encourage the participation of people and their community in any decisions that affect their health as we understand that it has a direct relationship with the sustainability of health actions.
8. We promote the preservation of the environment and the development of healthy and sustainable environments that contribute to improve people's lives.
9. We follow the WHO's Code of Practice in relation to our international recruitment policy of our health staff, ruled by principles of transparency, equity and reciprocity of benefits.
10. We are committed to the 2030 Agenda, in general, and to the Universal Health Coverage, in particular.

¹ The code is used as a guide to promote non-governmental initiatives that contribute to the development of public health systems and to discourage those that undermines them.

11. We defend the right to health worldwideWe will be alert and react against any situations that violate this indivisible right.
12. We assume our responsibility to spread solidarity in the Spanish society in a coherent and consistent manner, revealing the work that we are carrying out and reporting the supports we have, including our local partners and sponsors .
13. We work in order that Spain assume its international responsibility and be fully committed to fight against inequality and for the global health by providing the necessary economic resources that in no case should be less than 0.7 percent of the GDP as promised before the UN.
14. We are committed to a Social Transformation strategy that incorporates a more political action, reinforcing the processes of critical awareness that go beyond the logic North-South, connecting local with global issues and articulating personal changes with collective ones.