



DECLARATION ON "HEALTH CARE FOR ALL"

**Formulated by a ministerial working group
Endorsed by the participants of the conference on
"Health Care for All"
Antwerp, 25-26 October 2001**

The meeting on "Health Care for All" in Antwerp, Belgium on 25-26th October 2001, initiated by the Belgian Government as President of the European Union and the Antwerp Institute for Tropical Medicine, was attended by Ministers and Directors of Health of the fifteen African partner countries of Belgium, directors and high-level representatives of the European Union and its member states, of UN-associated, other international and non-governmental organisations, the pharmaceutical industry, and scientists and experts concerned with world-wide health development and disease control.

Full information: WWW.ITG.BE/HCA

Preamble

Health care in this declaration is not limited to health providing curative services but also includes health promotion, prevention, rehabilitation and cure.

Access to adequate health care is above all a fundamental human right, and thus a social, economic and political issue. Poverty, inequality, violence and injustice are still at the root of ill-health and death in many low income countries. Ensuring health care for all demands a review of the impact of globalisation, within a coherent socio-economic and political framework aiming at sustainable human development.

The universal objective of "Health for all", called for by the World Health Organisation and all its member states in the Alma Ata Declaration of 1978, has not yet been reached. Where states have played a strong role in social investment, and in particular in health systems, substantial improvements in the overall health conditions of their citizens have been made. These successes have largely been based on the interplay between the public demand for health services and better living conditions, and the adoption by the state of community supportive approaches to ensure universal access to health care, consistent with the spirit of Alma Ata.

For many low income countries, however, the increasing burden due to HIV/AIDS, tuberculosis, malaria, other tropical and infectious diseases, malnutrition and non communicable disorders, as well as the health needs of populations at risk from natural and man made disasters, have severely worsened and complicated the challenge to reach "Health for All".

In addition, economic restructuring has led to reduced public spending, shortages and demotivation of staff, lack of resources and training, and poor maintenance of infrastructures. International and national market failures contribute considerably to the imbalance in the global access to health care. The scarce human resources available for the health sector are limited or even reduced by structural adjustment programmes and brain drain. International assistance to low income countries, directed at strengthening national and local health systems and improving health, has not responded adequately nor timely to the increased needs.

Having reviewed their achievements, problems and needs, the participants of the meeting have formulated and endorsed the following declaration.

We consider that

Access to health care is a fundamental human right. While recognising health for all as the ultimate goal, accessible, efficient, adequate and equitable health *care* for all is the most urgent need for improving global health, fighting diseases and reducing poverty.

Pursuing the goal of providing accessible health care to all is also a common agenda behind which all stakeholders can unite their forces, for the following reasons:

- (1) **Social** - access to health care is a key to poverty alleviation, socio-economic productivity, human development and political stability;
- (2) **Medical** - quality health services are essential for proper case management, and the sound use of drugs, vaccines, health technologies and commodities;
- (3) **Epidemiological** - well structured and functioning health care systems are indispensable for the sustainable control, prevention and surveillance of diseases;
- (4) **Scientific** - new tools and methods need adequate health care systems for efficient application and the adherence to medical ethics of research;
- (5) **Economic** - adequate and well financed health care systems provide the structural market conditions for the distribution and development of drugs, vaccines and commodities;
- (6) **International** - universal access to health care is crucial to reducing poverty and to realising the development goals in health of the United Nations.

We recognise that

- (1) States have a responsibility to ensure the best possible health for their people, who have a right and duty to participate in their health improvement. The international community has the obligation to assist low-income countries in reaching their social goals, especially access to health care for all and the reduction of the burden due to poverty-related diseases.
- (2) Governments must provide the necessary stewardship, by creating optimal policy frameworks and conditions for all stakeholders in the health system, assuring and co-ordinating adequate public and private inputs, and guiding international assistance. They must ensure accessibility, particularly for the poor, financial sustainability, quality, efficiency and fairness of the health systems. Health services should be client oriented, responsive to the needs and demands of the population, and fully respect the individual.
- (3) The international community has the duty to provide all necessary financial investments and technical support to low income countries in order to ensure global access to health care, but must also promote fair market mechanisms for essential drugs and commodities, and the development of the human resources in the health sector.
- (4) Health research must go beyond the development of new drugs and vaccines. Research on the improvement of health systems and of existing control interventions must be strengthened. Strong emphasis must be given to the reinforcement of the research capacities in the disease-burdened countries, the development of international networks, and the linkage between the research communities and the policy makers, health workers, civil society and the population.

We call on

**national governments, international organisations,
all agencies and individuals concerned with health and development to**

- (1) Recognise access to health care for all, requiring adequate human resources, infrastructures, essential drugs and commodities, as a basic human right, and as essential for the control of the poverty related diseases.
- (2) Acknowledge the need for multi-sectorial approaches to reduce the burden of HIV/AIDS, tuberculosis, malaria, and other infectious and non-communicable diseases.
- (3) Ensure that specific disease control programmes strengthen regular health systems and that they are co-ordinated with other programmes and interventions;
- (4) Ensure that health systems are responsive to the needs and expectations of the populations, benefit from fair and sustainable financing and contribute to improving health outcomes;
- (5) Strengthen in partnership the financial, logistic, operational and scientific capacities of the low-income countries to improve their health services and disease control programmes, and to orient international research to the needs of the people and the health systems;
- (6) Facilitate and encourage the development and management of human resources in the health sector, and ensure that market mechanisms allow and promote global access to essential drugs and health-promoting commodities;
- (7) Share this declaration and the goal of "Health CARE for All" as a common agenda behind which all stakeholders can unite.

**This declaration supports all health initiatives to realise "Health for All"
and renews the commitment of the International Community to provide
"Health Care for All".**