

**From Alma-Ata to the Millennium Development Declaration
International Conference on Health for Development
Rights, Facts and Realities**

*Eliot Sorel**

The World Health Organization and its Regional Office for the Americas, the Pan American Health Organization, organized the first in a series of global meetings on **health for development**, in Buenos Aires, Argentina from 13 to 17 August, 2007. Health Ministers, Deputy Health Ministers, diplomats, other policymakers, technical advisors, civil society leaders and the public participated in its deliberations held at the Argentinean Foreign Ministry and the Buenos Aires Convention Center.

Following the work done in plenary sessions and that done by the technical work groups, the assembled leaders from sixty countries, including Dr. Margaret Chan, Director General of the World Health Organization and Dr. Mirta Roses, the Director of the Pan American Health Organization issued the historic **Buenos Aires Declaration** setting the global challenge for developing **a strategy for equity based on primary care**, providing basic health care packages for all citizens and forging a solid and essential alliance between health and sustainable development.

Such primary care focused, equity based, health care systems delivering basic health care packages for all citizens will have an intrinsic value as well as be the beginning of a solid foundation of promoting and protecting health, preventing illness and serve as one of the mitigating factors during global disasters.

The Buenos Aires Declaration

***Towards a health strategy for equity,
based on primary health care***

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* PAHO advisor, in the PAHO/WHO meeting in Buenos Aires, Argentina August 13-17, 2007, contributed to the technical work group that developed the Buenos Aires Declaration. Chair, WPA, Conflict Management and Resolution Section

We, the Ministers of Health and representatives of the Ministries of Health attending the International Conference of Health for Development: "Rights, facts and realities", have gathered in the City of Buenos Aires on August 16th and 17th, 2007, to analyze the achievements and difficulties in the implementation of the Primary Health Care Strategy and with the object to foster the strengthening of already established consensus and generate new proposals, tending towards the establishment of a strategy of an equity based comprehensive health care.

Whereas, and taking into account that:

1.- We reaffirm that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction as to race, religion, political belief or economic or social condition. This is a key responsibility of the State, together with the participation of the citizens.

2.- We acknowledge that the efforts of the public policies and societies must be oriented towards human development. This implies that said efforts require an orientation towards the improvement of quality of life for the people, against poverty and exclusion, ensuring equal opportunities and the development of the capacities of the persons and their communities.

3.- Health is an outcome of different and dynamic social, economic, cultural and environmental determinants. Responsibility for it belongs to everyone. Although it goes far beyond the curative, disease oriented medical care, health service systems have a key role in bringing sectors together including the community. This implies a need for policies by the State and the collaboration and commitment from all the sectors: public organizations, private sector, community organizations, international organizations and each citizen.

4.- We acknowledge that health is fundamental to secure the objectives of development agreed to internationally, including those stated in the Millennium Declaration, and that these objectives create an opportunity to integrate health as an essential part of development and therefore, to increase the political commitment and the resources destined to the sector.

5.- We affirm that equity, solidarity and universality should govern health and development systems and policies.

6.- The Primary Health Care (PHC) strategy is based on values and principles that remain relevant and which must guide the structure and operation of the health systems at all levels and for all.

7.- Health problems do not respect boundaries between states and jurisdictions. Further more, old problems of poverty and exclusion still exist today, and new challenges exist related to the environment, demographic changes, unhealthy lifestyles, and emerging and reemerging diseases.

8.- The Primary Health Care (PHC) strategy must be capable of dealing with both old health problems as well as the new and emerging ones.

9. Nearly 30 years after the Alma Ata Declaration the health situation of a great part of humanity is deplorable and large parts of humanity do not enjoy equitable, comprehensive, or even basic health care.

10.- Health human resources are generally not trained to respond to socially complex health problems involving prevention, promotion, inter-sectoral cooperation, client-provider relations and community participation.

11.- We are very far from reaching the Goals related to health contained in the Millennium Declaration. We acknowledge that international and national policies, including social and economic policies, have affected our ability to meet the MDGs and develop equitable health systems.

12.- It is imperative that we solve these difficulties and develop a new implementation plan for the strategy that brings us nearer not only to reaching the Objectives of the Millennium Declaration, but to the full implementation of the values and principles of Primary Health Care.

We accept the following principles:

13.- Health is a cause and generating factor of development and growth of a nation. For this reason, we consider health as an investment and not as an expenditure, and also a responsibility of the State and society as a whole.

14.- Equitable health care is a key factor for development and can stimulate equitable approaches in other fields. This requires priority and strong public policies which involve all stakeholders.

15.- In order to achieve equity based health care, it is imperative to strive towards universal and comprehensive coverage. In doing so, policies and programs need to be gender-responsive, inclusive, non-discriminatory, and prioritize vulnerable groups.

Therefore we commit to develop processes that:

16.- Take into account the values and principles of Primary Health Care, to guide the policies, structure and functions of the health systems at all levels for all.

17.- Support the leadership and stewardship role of the State and the participation of families, communities and all other stakeholders in guiding planning and where appropriate, in the implementation and support of health programs and services in a comprehensive and intersectoral manner.

18.- Determine the set of programs and services necessary to achieve equity-based health care, that the countries can implement according to their national contexts.

19.- Assure adequate financing of the programs and services that are considered necessary for each country, ensuring sustainability and working towards universal coverage.

20.- Incorporate into the design and implementation of health and development policies, factors such as socio-economic status, culture, ethnicity, gender, age and disability.

21.- Strive to eliminate inequities in the quality of health services within the countries .

22.- Ensure that health systems do not reproduce inequities found in other sectors and engage in intersectoral collaboration to promote social inclusion and poverty reduction public policies.

23.- Strengthen relationships between the health authorities and educational institutions to meet the needs of the population by training health workers to use interdisciplinary approaches for new social, environmental and health problems.

24.- To involve the health authorities in intersectoral collaboration to help develop public policies of other sectors when they affect health, such as those aimed at improving access to drinking water, safe food, decent work, a healthy environment and adequate shelter.

25.- Include into official publications indicators to measure equity.

26.- Strengthen joint cooperation between countries and institutions in managing health issues of local, national and international concern.

27.- Support rapid implementation of the above-mentioned actions, in a framework of equity and social justice, to achieve the enjoyment of the highest attainable standard of health, which is one of the fundamental rights of every human being with out distinction to race, religion, political belief or economical or social condition.
