

Introduction

As early as 1948, the Universal Declaration of Human Rights proclaimed the right to decent living standards and adequate health for all people. However, a quarter century later, in 1974, the World Health Assembly noted such glaring disparities in health and health services between countries that it decided to hold an international conference specially on healthcare in 1978 at Alma Ata in the erstwhile USSR. The Alma Ata conference was attended by delegations from 134 countries and by representatives of 67 United Nations agencies and non-governmental organisations. The Conference set a bold challenge of achieving health for all by the year 2000.

The year 2000 is now behind us. And as we look back, what do we see? The path traversed since Alma Ata is littered with several more international meetings on health and declarations and resolutions (which have even been ratified by governments); but the target of Health for All is far from being achieved. Not much seems to have changed for the people, especially for the poor people in the developing countries. The situation is getting worse with many countries channeling more funds into their defence budgets at the cost of other priorities, such as, health and social welfare. An increasing number of countries are meanwhile privatising their health services, pushing these services beyond the reach of the common people.

Is a vision of “Health for All” still possible? ask Zafrulla Chowdhary and Mike Rowson in their article, “Alma Ata 1978: Reviewing Another Broken Promise (*PHA Daily Alert*, 5 Dec. 2000). They believe it is possible through the People’s Health Assembly (PHA) held at Savar in Bangladesh on 3-8 December 2000 in which nearly 2000 people from over 80 countries participated. The authors believed that “the PHA aimed to act as a force for change...and to kick off a grassroots advocacy movement which can defend people’s right to health and make sure the Alma Ata vision became a reality”.

As the People’s Health Assembly looked at new strategies to remedy the situation, we found it useful to examine some of the international declarations and resolutions on health, and also the supporting instruments of the United Nations ratified by various governments. We also need to keep them in sight when working out our plan of action. At the end of this exercise, the question we are looking at critically is: “What is beyond this resolution? How do we reach healthcare to people at the grassroots? And what have we learnt from our earlier experiences?”

We therefore presented a draft compilation, *Healthy Documents: a sourcebook of important documents and instruments that impact on peoples’ health*, at the international People’s Health Assembly at Savar, and sought the views of some key participants - health activists, health professionals and practitioners, teachers, policy makers, UN officials and also officials from the government health departments and ministries. Their response has been overwhelming and we have tried to incorporate appropriate suggestions and comments before finalising this publication.

The finalised *Healthy Documents* contains resolutions, declarations and charters on health made at international meetings and also related UN instruments, such as international covenants, programmes and platforms of action which support these declarations.

The declarations and UN instruments are arranged in seven categories: 1) Medical Ethics, 2) Health Rights, 3) Public health, 4) Health and Social Development, 5) Nutrition, 6) Children’s Health, and 7) Women’s Health.

We also thought it relevant and inspiring to showcase in Section II, the success stories of

campaign by two international organisations, the International Baby Food Action Network (IBFAN) and the World Alliance for Breastfeeding Action's (WABA) both based in Penang, Malaysia. IBFAN's advocacy work centred around implementing a UN instrument, the WHO International Code of Marketing of Breastmilk Substitutes (1981), and WABA's efforts aimed at realising the Innocenti Declaration on Protection, Promotion and Support of Breastfeeding adopted in 1991. Both these organisations have worked relentlessly in pursuit of their goals and it would be useful to share their strategies so that other organisations could adapt and apply them in their own work of ensuring the implementing of international declarations and UN instruments.

The *Healthy Documents* also includes three Appendices containing websites which are the sources of the documents and contacts of organisations and individuals active in health issues, especially those who participated in the PHA. It also includes information about the World Health Organization, its objective and Mission Statement, and the role and responsibilities of the World Health Assembly.

We hope that the international declarations, especially the People's Health Charter, drafted after much deliberation and adopted at the Savar People's Health Assembly, are upheld. The People's Health Charter, in particular, needs special attention. As stated in *PHA Daily Alert*, 5 Dec. 2000, the Charter sets out the people's vision of hope for the future, their guiding principles, their commitments and demands, representing networks, organisations and individuals who are ready to challenge powerful interests ... who want to place health as a top priority in policy-making, and who believe social and economic policies have to be redirected.

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