

# SALUD por DERECHO

Right to health foundation

Framework



**Salud por Derecho** is a human rights defense organization whose **institutional purpose** is to contribute to the full realization of the right to health, understood as a complete state of physical, mental and social wellbeing, and not merely an absence of illness and disease, of all persons in impoverished countries.

## Vision

Salud por Derecho's vision is that of a world in which all persons enjoy the right to a dignified life, and to the best possible level of health, and in which all countries share a sufficient level of development. Furthermore, it includes a world in which the causes and effects of HIV/AIDS have been overcome.

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**Salud por Derecho believes that in a globalized world where we all feel co-responsible for the well-being and the lives of others, in a world that has a legislative, ethical framework for universal human rights, a change in the way in which these rights are stipulated and enforced would be brought about. To do so, international aid, currently lacking a common cause and based merely on will, would be based on a global cohesion model defining minimum, common standards for development and covering basic needs under a shared responsibility framework in order to attain these standards.**

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# Mission

- To encourage States to exercise their responsibility with people's health in impoverished countries.
- To demand fulfillment of commitments undertaken by political representatives.
- To generate and promote solutions and influence and participate in the design and implementation of public policies in order to make them effective.
- To contribute to citizens' being informed, involved and committed to making the right to health universal.
- We carry out our mission from a comprehensive health approach by innovatively and proactively putting forward proposals.

# Lines of Action

- Advocacy so that the engagements undertaken by political leaders are completely fulfilled, and both to impact the formulation and implementation of public policy and to impel a public agenda enabling the universal right to health, with special attention provided to poverty-related diseases.
- Communication and awareness's raising campaigns and actions, and education for sustainable development geared to achieving real, active participation on the part of citizens.

# Objectives

**1.Universal Social Health Insurance.** Securing a universal basic health package in impoverished countries financed by both domestic resources and international aid.

**2.Universal Access to HIV/AIDS.** Achieving universal access to HIV/AIDS treatment, prevention and care.

**3.An AIDS vaccine and More and Better R&D for poverty-related diseases.**

- Availability of a safe and affordable effective AIDS vaccine in as short a time as possible.
- Sufficient and appropriate investment in R&D for poverty-related diseases in a global innovation system able to ensure the availability and access of biomedical products as global public goods.

# Identity

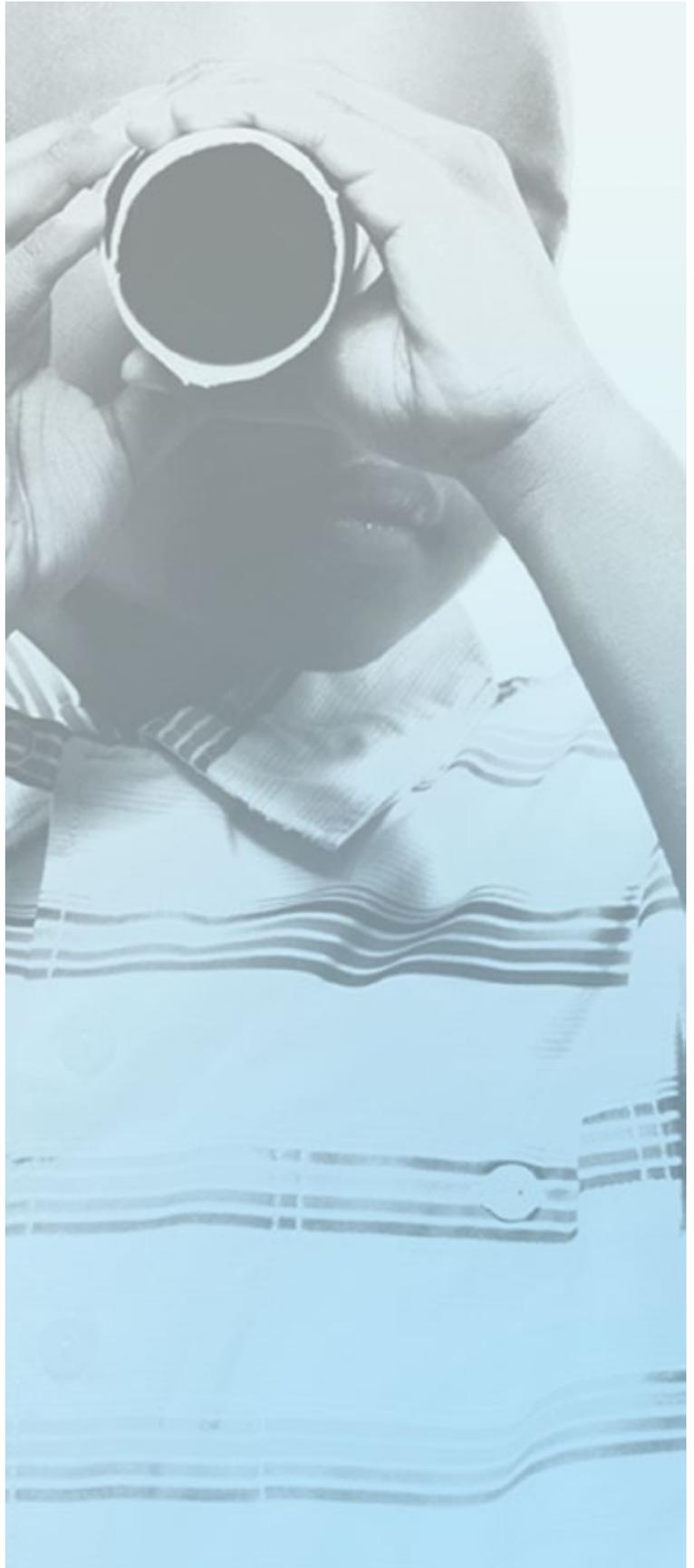
Salud por Derecho is a non-profit, nonconfessional, independent foundation, unaffiliated with any public or private entity or international organization. It is financed by both public and private funding, the latter of which comes from members, foundations, individual donors, and companies outside the sphere of health. We carry out our work in Spain, Europe, and globally.

- Salud por Derecho leads and coordinates the **Tenemos SIDA coalition**, established in 2005 in order to join forces in the effort to raise awareness and mobilize citizens for the purpose of impacting both Spanish and international decision-making bodies to secure an effective response to the HIV/AIDS pandemic in the countries of the Global South.
- It participates as the only Spanish organization on Developed Country NGO Delegation to the Global Fund Board.
- Is a member of the **Mesa de Armonización en Salud de la Cooperación Española** (MASCE, Spanish Cooperation's Health Harmonization Board) and member, and currently co-chair, of the **CONCORD (European NGO Confederation for Relief and Development ) HIV/AIDS Working Group**.

# The Right to Health

In its first paragraph, the Universal Declaration of Human Rights asserts that recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world. The declaration also establishes that all persons have the right to an adequate standard of living that ensures health and well-being, and particularly food, clothing, housing, medical care and necessary social services (article 25).

The Declaration recognizes that the right to health must be promoted and ensured to citizens by the States. At the same time, it establishes the responsibility of the rest of the international community to help those States with fewer resources to achieve the right to health as well as other fundamental rights effective. However, more than sixty years after the signing of



the Universal Declaration of Human Rights, governments around the world, in not guaranteeing the right to health, have not met their obligations under the International Covenant of Economic, Social and Cultural Rights.

As things stand today:

- **More than 1,000 million persons live in extreme poverty.** This equates to 20 times the population of Spain.
- **More than 70 million children still do not attend school in impoverished countries.**
- **99% of the deaths of children under the age of five occur in poor countries and 8 million children die every year.**
- **While in rich countries 1 woman dies in every 2,800 childbirths, in poor countries the figure is 1 in 16.**
- **Barely 40% of persons living with HIV who need treatment have access to treatment.**
- **Poor countries carry more than 90% of the burden of the illness around the globe** while most of the causes have been widely solved in developed countries and would be solved through quality primary health care available to all.

Over the last 10 years, a certain amount of progress has been made, though most has been wanting and slow, and the agreed goals have not been achieved.

The factors explaining that the vast majority of persons living in impoverished countries still do not have access to basic health care services and, that millions of persons fall ill and die prematurely are as numerous as they are complex. They include:

**Domestic resources allocated not only to health,** but also to other basic social services, are very scant due to the lack of will and/or capacity.

**There are not enough sound health plans and/or systems.**

**Policies violating the rights of women, excluded groups, and most vulnerable segments of the population still persist.**

**Social and structural factors** prevent citizens from enjoying good health and accessing health care services.

**The volume of Official Development Assistance (ODA)** devoted specifically to health, and which should cover the needs that cannot be met via domestic funding, is insufficient. Furthermore, regarding international cooperation:

- **Dispersion, fragmentation and a lack of coordination** in planning and implementing action still persist.
- **The various tools available for cooperation are clearly improvable.**
- Both **intervention models and solutions** put forward are usually partial, discontinuous, and not always pertinent or effective.

This is the context in which the international community must work in order to achieve, in 2015, the health-related Millennium Development Goals. The agenda to meet these goals mainly involves both the quantity and the quality of assistance, in addition to structural changes related to trade or tax regulations. This would mean more financial resources would be available, international aid would be more effective, and the results in terms of people's health would improve. Nevertheless, Salud por Derecho believes that an even farther-reaching transformation should take place, and that the road to reaching the Millennium Development Goals' scenario of minimum targets for 2015 must help to make **universal health coverage** possible in order to ensure that the right to health materializes for each and every person through a basic health package of quality services provided on a universal and permanent basis.

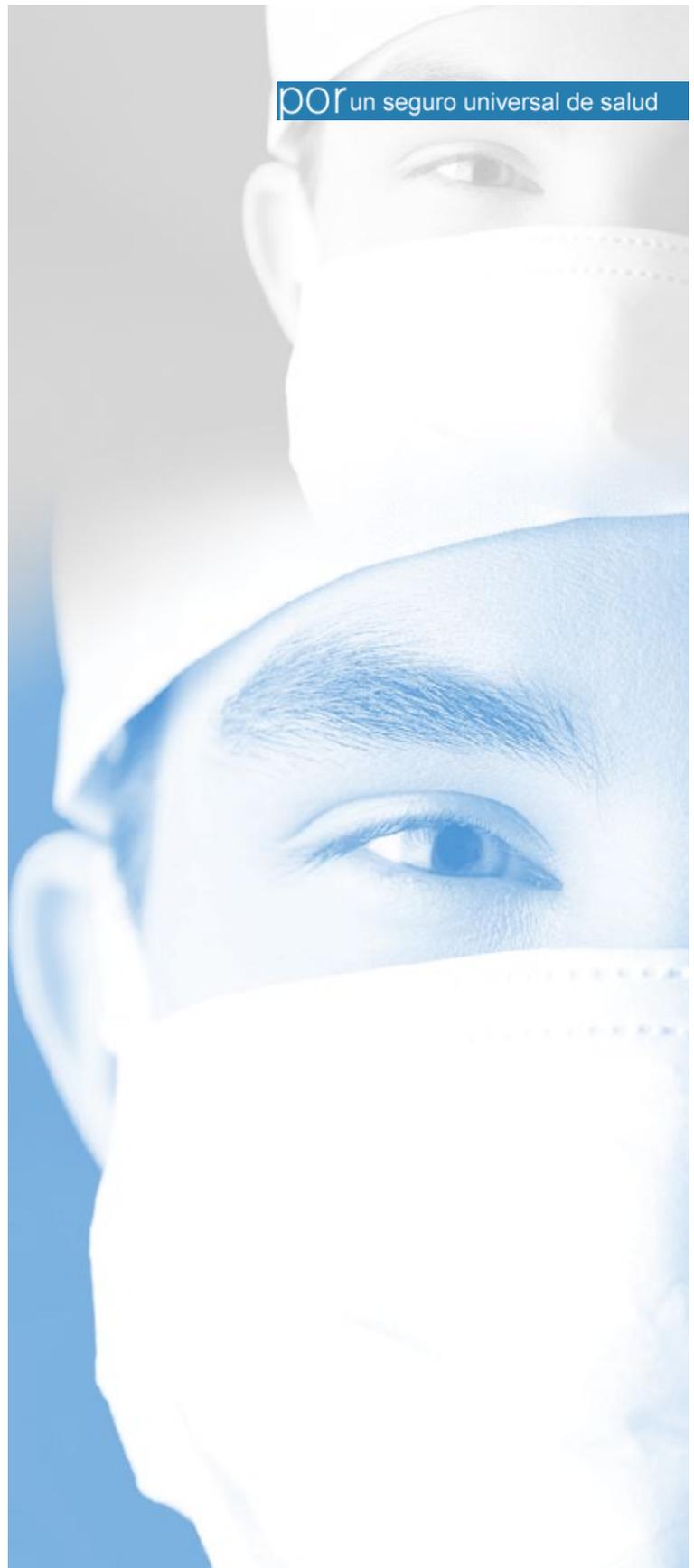
The basic inspiration of the development model we believe in resides in the need to move from a will-based model to a model based on **global responsibility** as the only way to bring about a sustainable solution. We believe that this core value must be based on the current framework used to tackle cooperation on health, and that a difference will thereby be marked in securing access to a basic health package on a permanent basis for each and every person in impoverished countries, irrespectively of their levels of income and the wealth of the countries in which they live.

# Universal Social Health Insurance

Humankind does have a universal human rights framework that nevertheless has proven itself unable to ensure economic and social rights in practice. Therefore, in order for the universal right to health to be exercised universally, political and legal instruments must be created so that citizens can claim their right to health, and in order to make compulsory for States to ensure it. Moreover, establishing the principle of **global co-responsibility**, including financial responsibility, and establishing a global architecture for health with instruments and forms of government able to accommodate this vision is indispensable.

The answer could be **universal social health insurance for low and middle income countries to guarantee** that every person would be covered through a **basic health package** of quality services, broadening the concept of solidarity that currently spans only national spheres... It could be financed by all countries on an ongoing basis through an equitable, dynamic contribution model based on a given country's wealth. Funding would come both from domestic sources and official development assistance and would be a sustainable solution because all the States would contribute on an ongoing foreseeable basis. In this dynamic approach, medium and low-income countries would gradually take on increasing amounts of responsibility in funding this coverage as their economies grow. This model would be compulsory for all States and would require international agreement regulated by a multilateral body under the aegis of the United Nations.

Not only the set of values that defines the current model of international assistance, but also its political underpinning, must change. Currently, international assistance is based on voluntary donations from countries, on a lack of co-responsibility, on a lack of donor and implementer accountability, and a lack of a common project. Change must be geared towards a model of **global cohesion** defining minimum, common standards for development and coverage of fundamental needs that enables dignified standards of living for all human beings. And this would be attainable if inscribed in a framework of shared responsibility. This is humankind's great ethical challenge.



For Salud por Derecho, the establishment of universal social health insurance and the transformation of Official Development Assistance (ODA) into **“global cohesion funds”** are attainable goals only in the long term, but they are feasible. Whether or not they materialize will depend on the road that the world, already undergoing deep transformation, takes over the years to come, and on how we capitalize today on developments and evolutions in global health and international assistance policies, and the political and economic context in general in order to set the groundwork for that future. It will also depend on the way in which we tackle our most immediate challenges in those areas since the decisions taken and solutions implemented today should set out a road map to pave the way in order for both goals to prosper in the medium and long term. The following are among the **current challenges** in development cooperation and global health policies:

- Donor countries must urgently increase their ODA to meet the 0.7% target as soon as possible and in any event before 2015, and they must make this contribution a compulsory commitment for all donor countries.
- The volume of ODA devoted to health in general, and to HIV/AIDS specifically due to its exceptional repercussion in all spheres of development, must be both significantly and urgently increased.
- Developing countries must increase allocations for health in their national budgets. Currently, as an orientation, they should devote a 15% of their national budgets to health.
- Health systems able to provide effective, accessible care leading to results in people’s health must be established and/or bolstered. At the same time, the most prevalent diseases in impoverished countries, such as AIDS, malaria and tuberculosis, must be combated.
- Current instruments must be perfected so that they can become more effective based on lessons learned. Those development instruments must be conjugated intelligently for use instead of setting different approaches and tools for aid, which should be complementary, against each other.
- The components of a basic health package should be defined on a worldwide basis.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, which is increasingly comprehensive and flexible in the health issues it tackles, should cover its financial needs by establishing a non-voluntary contribution model based on an objective assignation of all high income countries’ contributions based on their wealth. This is indispensable for achieving the Millennium Development Goals, and will also serve as a testing ground for a shared, global system to finance a basic health package.
- Calculations on financial needs for health must be consolidated, based on a single methodology that avoids double counting.
- Both the current framework of economic and social rights and States’ political and financial responsibility must be made operative in order for the principle of shared, global responsibility and universal social health insurance to be set.
- A global health architecture must be implemented that does not leave priority needs unmet, that ensures the harmonization and coordination of all actors, that avoids the fragmentation of assistance and intervention, and that encompasses the most appropriate multi and bilateral instruments for each task.

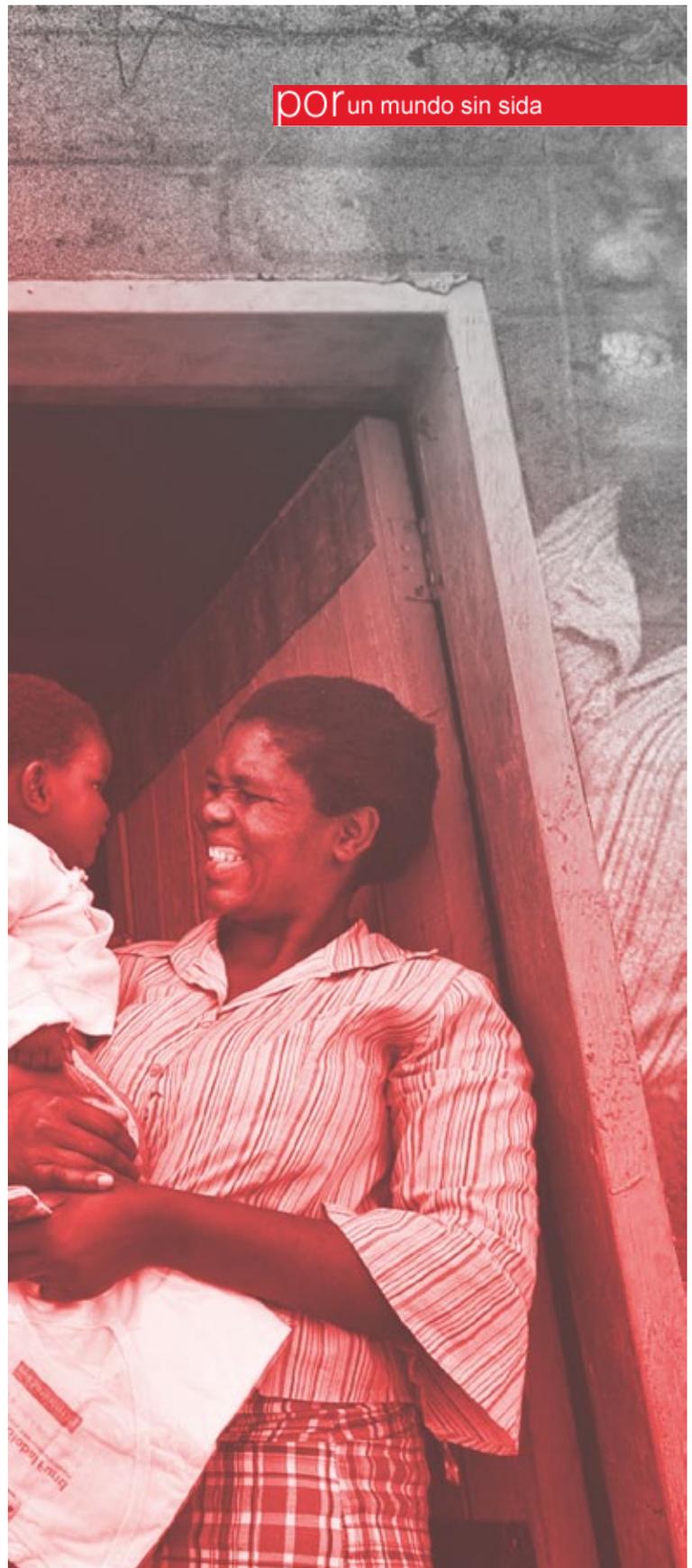
# Universal Access to HIV/AIDS prevention, treatment and care.

For Salud por Derecho the goal of all persons accessing basic health and the need to create and sustain necessary health care services within a bolstered, solid national health system is compatible with continuing to consider HIV/AIDS as a priority, exceptional public health issue on a worldwide scale and wherever pertinent.

HIV/AIDS is the first cause of mortality in women of reproductive age. In many countries, the epidemic is responsible for extremely low life expectancy rates and changes in social and demographic structures. And in many other countries the epidemic has become so concentrated and has reached such alarmingly high rates among certain population groups that it has become indispensable to implement specific, urgent and exceptional actions. Unquestionably, in all of these countries, the fight against AIDS must be a priority in any national health strategy. However, even in countries and communities where HIV/AIDS statistics are alarming and where AIDS changes everything, the epidemic coexists with other diseases and health problems that also cause suffering and premature deaths and that should therefore be addressed on a priority basis.

Further financial resources are required both for general health and for HIV/AIDS specifically. In addition, greater integration of health services is also required in order to ensure a continuum in care that will lead to making better use of resources deployed and better health for people in the medium and long term because their needs will be taken care of over different stages of their lives. Nevertheless, certain interventions must continue to be specific.

Moreover, HIV/AIDS must be a worldwide priority. Beyond the deaths and incapacity caused around the globe on a level comparable to that of other diseases and health problems, the lack of a cure, the stigma and discrimination involved, the lack of a preventive vaccine, and the fact that treatment is lifelong, together with the high cost of new medication and external dependency on the part of many poor countries in order to defray the cost of treatment, make HIV/AIDS exceptional. HIV/AIDS must maintain its exceptional status worldwide so that the achievements that have



been made so far can be furthered and to so that both the short and long term challenges that the pandemic poses can be faced. This includes:

- Sufficient investment, as well as R&D models and policies that enable an effective, accessible, preventive vaccine to be made available as soon as possible.
- The implementation of effective policies and legal instruments to preserve the rights of persons living with HIV/AIDS and of especially vulnerable segments of the population.
- A drastic reduction in the cost of new treatments and a framework of global responsibility enabling the financial burden of the cost of HIV/AIDS treatment to be shared, since both furthering and maintaining lifelong treatment of millions of persons is indispensable until an effective vaccine is developed.
- The definition, in the first instance, of an equitable, dynamic framework for allocating financing for responding to AIDS among donor and recipient countries, as well as the implementation of a financing model for the Global Fund to Fight AIDS, Tuberculosis and Malaria which is not voluntary but rather based on donors' economic capacity.

In the long term, universal social health insurance together with a significant reduction in the price of antiretroviral medication and an effective and affordable AIDS vaccine could be the solution that would curtail the pandemic and lead to overcoming its causes and effects.

# More and Better R&D for Poverty-related Diseases

AIDS, tuberculosis, malaria and other neglected diseases such as chagas disease or leishmaniasis, need accessible solutions in the form of vaccines, medication and diagnosis. Yet the current innovation and intellectual property system has yet to respond to these needs, and the market in and of itself is unable to offer medication and vaccines for these diseases that affect only, or disproportionately, impoverished countries.

Currently, progress in scientific research affords unprecedented opportunities to develop new biomedical products. However, although over the last few years the volume of research has increased in this field, only approximately 10% of annual spending in **biomedical R+D+i** on health is devoted to the health problems in impoverished countries. Much remains to be done in order to ensure that R+D+i in global health obtains sufficient funding, is effective, and tackles the problems in poor countries. The international community must:

- Devote the necessary public funding to research in these biomedical products and **develop effective R+D+i** in these areas, with more coordination and proper instruments and involving the actors needed and properly covering all of the areas needed in the innovation cycle.
- **Develop the business models and political and legal instruments** needed to promote a greater volume of research, mobilize public and private investment, involvement of the necessary actors and ensure these products can be accessible at affordable prices.



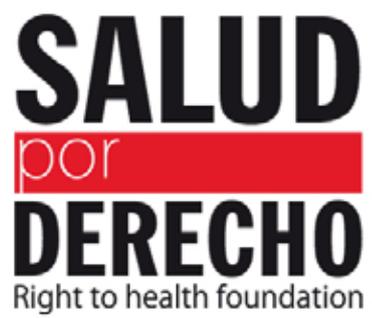
This document applies to both the present and future. It describes our horizon, the ideal, a dream that will depend on how we face our current challenges. Dilemmas do not build the world, but rather problems, those complex situations that urge us to step up our creative capacity and provide solutions in the way of breakthroughs. Cruel choices leaving people who are harmed by the wayside should never have to be made.

**For Salud por Derecho, these breakthroughs are:**

- The consolidation of a rights framework and **the adoption of a global responsibility model** that is concrete in both operational and financial terms in order to progress towards a global cohesion model and universal social health insurance.
- **Curtailling the HIV/AIDS pandemic** and overcoming its effects.
- **Biomedical R+D** that works for the poorest.
- Any of these challenges will be feasible possible **without accomplishing the 0.7% of GDP on Official Development Assistance.**

**¿YTUQUÉ?**

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