

# CIVIL SOCIETY PRINCIPLES ON THE IHP+

As civil society members and advocates for health care from all over the world, we are meeting with you this week to discuss the International Health Partnership and Related Initiatives (IHP+) Scaling Up for Better Health Plan aimed at strengthening primary health care to achieve the health-related MDGs. In order to deliver on its stated goals, the IHP+ must commit to a minimum set of guidelines. We stand united on three key principles that are non-negotiable for us:

1. **Comprehensive Primary Health Care for All:** As advocates for our communities, we stand together to call for a renewed push for comprehensive primary health care for all. We reject the notion of selective primary health care, that is, focusing efforts on a limited number of health interventions in our countries. We will no longer be drawn into a false debate about whether antiretroviral therapy is sustainable or whether vaccination and oral rehydration are more cost-effective: for too long, diseases have been pitted against diseases, forcing our governments to make impossible choices about who lives and who dies. No one deserves to die of any disease because he or she is poor.
  - ***Will the IHP+ pledge not to create collateral damage by undermining, de-funding, or dismantling effective, disease-specific programs in the name of increasing funding for overall budget support or 'health sector reform'?***
  - ***Will the IHP+ commit to investing in a rigorous assessment of the outcomes of its supported programs, so that we can monitor whether or not the IHP+ is having the desired outcomes, or is responsible for negative unintended consequence?***

*"Primary health care ... includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;" (Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978)*

2. **Governments Must Pay Their Fair Share:** Comprehensive primary care will only be possible by increasing both domestic and donor support for health. The concept of sustainability must be revised to take into account predictable, long-term financing for health from donors to supplement what developing countries can provide through their own fiscal resources. Even if developing countries lived up to their commitments to devote 15% of their budgets to health, comprehensive primary health care will still require **at least** US\$38 billion global health aid per year by 2015, as estimated by the WHO's Commission on Macroeconomics and Health—which is a conservative estimate. If high-income economies would allocate 0.7% of their GDP to global aid and 15% of global aid to global health aid, we would have enough money to meet our goals.
  - ***Will the IHP+ commit to raising the additional funding needed from donors and national governments in order to achieve its goals?***
  - ***Will the IHP+ stop referring only to 'donor coordination' and begin referring to 'donor coordination and additional funding'?***

- ***Will the IHP+ commit to ensuring that countries can scale up additional investments in health (and education) by challenging existing policies that restrict the ability of countries to increase aid investments in the health and education sectors?***
- ***Will the IHP+ stop pitting ‘priority diseases’ such as AIDS, tuberculosis and malaria against overall health investment in its presentations, website, and other communications efforts? We will not achieve our shared goals unless more funding is invested in priority diseases as well as primary health care—the IHP+ must endorse and support that goal.***

*"For the avoidance of any doubt, the Committee wishes to emphasize that it is particularly incumbent on States parties and other actors in a position to assist, to provide "international assistance and cooperation, especially economic and technical", which enable developing countries to fulfil their core and other obligations ..." (Paragraph 45 of the Committee on Economic Social and Cultural Rights (CESCR) General Comment 14, 25 April-12 May 2000)*

3. **The People’s Voices Must Be Heard:** We demand the institution of democratic, transparent and accountable governance mechanisms at the national and international levels that allow for ordinary people to participate in deliberations and decision-making about issues that affect their lives. These mechanisms must also provide the support necessary for this participation to be meaningful and substantive, rather than tokenistic.

- ***Will the IHP+ agree to integrate sufficient, meaningful representation of civil society within all of its decision-making structures?***
- ***Will the IHP+ require developing countries to include qualified, indigenous civil society representatives in national level policy development and decision-making bodies?***
- ***Will the IHP+ commit to fund the development of increased civil society participation in the IHP+, especially grassroots organizations operating with small budgets from the North and South?***

*"People have the right and duty to participate individually and collectively in the planning and implementation of their health care." (Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978)*

**Signed by,**

A. Sankar, EMPOWER, India

Abdul Majeed Siddiqi, HealthNet TPO Afghanistan and Pakistan

Adama Kompaore, Association African Solidarité (AAS), Burkina Faso

Adaobi Jennifer Okoye, Afro Global Alliance, Nigeria

Ade Adediran, African Council for Sustainable Health Development (ACOSHED), Nigeria

Aditi Sharma, ActionAid International

A. Frank Donaghue, Physicians for Human Rights, USA

Alessandro Colombo, International Rescue Committee

Alessandra Nilo, Gestos-Soropositividade, Comunicação e Gênero, Brazil

Alvaro Bermejo, International HIV/AIDS Alliance, UK

Andrew Hunter, Asia Pacific Network of Sex Workers

Anthony Mumo, Bridges of Hope, Kenya

Armen Khachatryan, St.Mary's Health Care Network, Armenia

Asia Russell, Health GAP, USA

Believe Dhiwayo, Black Coalition for AIDS Prevention, Canada

Benjamin Ogbalor, Initiative For Community Development (ICD), Nigeria

Beri Hull, International Community of Women Living with HIV/AIDS

Blesina Kumar, Misbah, India

Boubou Mamoudou, Réseau Nigerien de Personnes Vivant AVEC le VIH/SIDA, Niger

Brook Baker, Health GAP, USA

Caleb Orozco, United Belize Advocacy Movement

Cephas Kojwang, National Empowerment Network of PLHA in Kenya

Charles Adjei Acquah, Ghana Coalition of NGOs in Health

Cheick Tidiane Tall, African Council of AIDS Service Organizations (AfriCASO), Senegal

Chief Austin Arinze Obiefuna, Afro Global Alliance Ghana and Stop TB Partnership Ghana

Chris Collins, USA

Chris Dendys, RESULTS Canada

Cynthia Koko Ayanou, TB Voice Network Ghana

David Egilman, Global Health through Education, Training and Service, USA

Donna Barry, Partners in Health, USA

Elaine Ireland, Action for Global Health & International HIV/AIDS Alliance UK

Elena Traicu, PLWHA, Romania

Eric Friedman, Health Workforce Advocacy Initiative

Felicia Wong, Health & Development Networks (HDN), Thailand

Geoffroy Sawadogo, Association Laafi La Viim (ALAVI), Burkina Faso

Gorik Ooms, Belgium

Grace Mukasa, African Medical and Research Foundation (AMREF) UK

Gregg Gonsalves, AIDS and Rights Alliance for Southern Africa, South Africa

James Kayo, International Centre for Humanitarian Action, Networking & Grassroots Empowerment Cameroon

Jan De Maeseneer, Department of Family Medicine and Primary Health Care, Ghent University Belgium & The Network "Towards Unity for Health" & European Forum for Primary Care

Javier Ramirez, Medicos del Mundo, Spain

Jean-Paul Yengayenge, Observatoire des Droits des Personnes Infectées et Affectées par le VIH/SIDA (ODPIA+) & Ligue Burundaise des Droits de l'Homme Iteka, Burundi

Jeffrey Mecaskey, Save the Children UK

Jerry Clewett, Health Unlimited, UK

Joan Didier, AIDS Action Foundation, St. Lucia

Joanne Carter, RESULTS USA/RESULTS Educational Fund, USA

Joel Mayowa, Communication for Development Centre/Treatment Action Movement (TAM), Nigeria

Kieran Daly, International Council of AIDS Service Organisations, Canada

Khalil Elouardighi, Act-Up Paris, France

Louise van Deth, STOP AIDS Now!, The Netherlands

Lucia Stirbu, UNOPA/RoCAB, Romania

Lucy Chesire, tbAction Kenya

Maaïke Flinkenflogel, Primafamed, Belgium

Marc Ndayiragije, Alliance Burundaise contre le Sida (ABS), Burundi

Marcel van Soest, World AIDS Campaign, South Africa/Netherlands

Marco Gomes, Global Youth Coalition on HIV/AIDS, USA

María Lorena Di Giano, Argentinean Network of Women Living with HIV/AIDS, Argentina

Martha Kwataine, Malawi Health Equity Network

Martine de Schutter, AIDS Action Europe, The Netherlands

Matilda Moyo, Pan African Treatment Access Movement

Maureen Baehr, USA

Mayowa Joel, Africa Civil Society Coalition on HIV & AIDS

Meri Khachikyan, For Family and Health Pan-Armenian Association, Armenia

Michael O'Connor, Interagency Coalition on AIDS and Development (ICAD), Canada

Milinda Rajapaksha, Lanka+, Sri Lanka

Monique Lagro, Cordaid, The Netherlands

Mukosha Bona Chitah, Zambia

Nancy Adhiambo, +FN Kisumu, Kenya

Norbert Rakiro, Alliance for Care and Prevention of TB in Kenya (ACT-Kenya), Kenya

O. C. Nwaorgu, GHARF, Nigeria

O'Femi Kolawole, Journalists Against AIDS, Nigeria

Oswaldo Rada, PLWHA Colombia

Oum Sopheap, Khmer HIV/AIDS NGO Alliance, Cambodia

Patrick Bertrand, Global Health Advocates, France

Paul Kasonkomona, Treatment Advocacy & Literacy Campaign (TALC), Zambia

Peter van Rooijen, International Civil Society Support, The Netherlands

Raphael Wanjaria Njararui, Youth Intercommunity Network, Kenya

Raymond C. Onyegu, Socio Economic Rights Initiative, Nigeria

Rebecca Cooper, Worldvision International/UK

Rentia Agenbag, Tearfund, UK

Robert Carr, Caribbean Vulnerable Communities Coalition

Rotimi Sankore, Africa Public Health 15% Now Campaign, Nigeria

Semu Ketema Teffera, Christian Relief and Development Association, Ethiopia

Shanta Lall Mulmi, Resource Centre for Primary Health Care & Health Rights and Tobacco Control Network, Nepal

Sheila Davie, RESULTS UK

Shiva Sharma, National Labour Academy, Nepal

Simão Cacumba Morais Faria, SCARJOV - Associação de Reintegração dos Jovens/Crianças na Vida Social, Angola

Simon Mphuka, Churches Health Association of Zambia (CHAZ)

Simpande B. Haachizovu, Community Youth Concern, Zambia

Sin Somuny, MediCAM, Cambodia

Solomon Adderley, BNN+ & AIDS Foundation of the Bahamas

Stephen McGill, Stop AIDS in Liberia (SAIL)

Sue Perez, Treatment Action Group, USA

Ted Gaudet, GNP+ North America, Canada

Tendayi Westerhof, Public Personalities Against AIDS Trust (PPAAT), Zimbabwe

Ton Coenen, AIDS Fonds, The Netherlands

Uzodinma Adirieje, Afrihealth Information Projects/Afrihealth Optonet Association, Nigeria

Wan Yanhai, Beijing Aizhixing Institute, China

Wendi Losha Bernadette, ACTWID KONGADZEM NGO, Cameroon

Wendy Johnson, Health Alliance International, USA

Wim Vandeveld, European AIDS Treatment Group (EATG), Belgium & Grupo Português de Activistas sobre Tratamentos de VIH/SIDA (GAT), Portugal

Winfred Kudolo, Goodwill Aid Ghana