

Resolution concerning health care as a basic human right¹

The Joint Meeting on Social Dialogue in the Health Services: Institutions, Capacity and Effectiveness,

Having met in Geneva from 21 to 25 October 2002,

Recalling that the governments present at the UN World Summit for Social Development in Copenhagen (the “Social Summit”) committed themselves to give a high priority to health, especially for women and children and in rural areas,

Recalling also that the Social Summit recommended a reinforcement of cooperation between all competent international institutions, including the UN and its specialized agencies as well as the World Bank and the International Monetary Fund,

Recalling that the Declaration of Alma Ata of 1978 adopted by the International Conference on Primary Health Care reaffirmed that health is a fundamental human right,

Recalling the conclusions of the Joint Meeting on Terms of Employment and Working Conditions in Health Sector Reform in 1998,

Recognizing that health systems in some countries continue to remain in crisis – or even to be deteriorating from what were parlous circumstances,

Recalling that an effort must be made to improve the training, the access conditions to the profession and working conditions of people employed in the health sector, so as to guarantee the best quality of care,

Adopts this twenty-fifth day of October 2002 the following resolution:

The Joint Meeting on Social Dialogue in the Health Services: Institutions, Capacities and Effectiveness calls on the Governing Body and the Director-General of the International Labour Office to:

1. promote to governments, the social partners and other key policy-making bodies the belief of the ILO, as expressed in the 1998 Meeting that: “the ILO considers health

¹ Adopted unanimously.

care as a basic human right and an essential requirement for improving working and living conditions”;

2. identify ways in which social dialogue can contribute to: (a) making health services more accessible to all sectors of society so that no person is denied access to essential health services;² and (b) improvements in the quality of such services;
3. assist governments and the social partners in ensuring that social dialogue in the health services incorporates the views, concerns and needs of women working in those services;
4. work with other international organizations such as the World Health Organization, the World Bank and the International Monetary Fund in promoting discussions on the development of universal and accessible health services in developing and transition countries so that they especially involve all stakeholders, including employers’ and workers’ organizations³ and representatives of key user groups such as women and rural people;
5. provide information to governments and the social partners on how effective training and lifelong learning on an agreed basis in the health services can improve the quality of such services;
6. assist governments and the social partners, as concluded by the 1998 Meeting, in the development of a patients’ charter and conscience clauses for workers;
7. take into account the issues raised in this resolution in the future work programme of the ILO Social Dialogue Sector.

² “Essential health services” can be defined as “health service interventions that are considered important and that society decides should be provided to everyone. Values such as equity, cost-effectiveness, transparency and solidarity explicitly or implicitly underlie these concepts”. *Essential Health Service Packages: Uses, abuse and future directions. Current concerns*, ARA Paper, No. 15, WHO/ARA/CC/97.7.

³ When the term “workers’ organizations” is used, it refers primarily to trade unions.