The Istanbul Declaration

HEALTH: THE FIRST HUMAN RIGHT

We, the 2,380 participants from 142 countries assembled at the 12th World Congress on Public Health in Istanbul from 27 April to 1 May 2009, declare and affirm as follows:

Now is the time to make a new commitment to the health of populations. The need for improvement and maintenance of public health must now be recognized, advocated and achieved by all policy-makers and decision-takers. Protection of public health is a primary responsibility of governments at all levels, especially including heads of state and prime ministers. This implies renewed political will. It also implies a new understanding of public health as the first public good, needing adequate and therefore, increased human, financial, and other material resources.

The years 2008 and 2009 so far have been times of unprecedented and momentous social, economic, and political events. These have included linked food, fuel and financial crises. All this has occurred in the context of human-made global climate change, depletion of non-renewable sources of energy and of water, actual and potential extinction of innumerable habitats and species, and deterioration of soil, water and air quality.

These phenomena demonstrate massive structural failures in policies and systems. Social determinants are causing increased disease and ill-health. Unemployment and poverty are increasing. Nearly one billion people are hungry, living in fear of starvation. Food security is threatened as never before in recent decades, most of all in Africa and Asia. Senseless wars and conflicts are causing death, disaster and misery in many parts of the world. In the week of the Congress, an outbreak of a deadly infectious disease threatened to become pandemic. The global economic recession that began in 2008 is liable to jeopardize progress towards fulfillment of Millennium Development Goals agreed by member states of the United Nations in 2000.

This is a time of intense disturbance. We are now living in a new world, of unique challenge and also unique opportunity for those committed to public health and for everybody. The challenges we now face are as great as those that faced public health pioneers of the 19th and early 20th centuries.

Committed and sustained leadership is needed, including from young people. Now is the time for all those who affect the lives of others, working in government, industry, and in civil society, and as health care workers, academics, community and faith-based leaders, and citizens, to assert the fundamental and elemental importance of public goods, including public health, and to assert and practice the basic human values of solidarity, sustainability, morality, justice, equity, fairness and tolerance.
As representatives of our organizations, as health professionals and as citizens, we affirm and declare the following principles and goals. We pledge to work to achieve them.

Good health and well-being are necessary conditions for personal, family, community, national and global social, economic, and cultural development.

Human health and well-being depend on, and are inseparable from, the health, welfare and maintenance of the living world and the biosphere.

The determinants of personal and population health are social, economic, political and environmental, as well as behavioral and biological.

Elemental needs for the world of which humans are a part, are for light and heat, and for clean air and water, fertile earth, and adequate nourishing food.

Fundamental human needs include safe shelter, nurturing parents, supportive communities, primary schooling, rewarding work, and peaceful societies.

The protection of public goods, including public health, is the prime duty and responsibility of all those responsible for governance at all level.

Equitable access to comprehensive, effective health care systems, including primary health care and public health services, is a human right.

Adequate public health systems promote health and well-being, as well as prevent disease, disabilities and their risks, throughout the lifespan.

Reduction of inequities and disparities in national and personal economic and other material resources is a prerequisite of improved public health.

Vulnerable and marginalized people are at greater risk of illness because of impoverishment of basic rights and entitlements and economic resources.

The rights and the healthy traditions and cultures of Indigenous people and communities, need to be recognized, respected, promoted and protected.

Equal rights for all, and implementation of all components of the rule of law, are essential to encourage, protect and improve public health.

Population health also depends on the safe and timely elimination of all weapons of mass destruction – nuclear, chemical, and biological.

As education needs are met, the well-being of populations will improve, and the rates, severity and duration of diseases will decrease.

The globalization of migration, transport, trade and communications signals that public health cannot be addressed in isolation or only at national level.

Improvement and maintenance of public health requires increased strong commitment and capacity for training, research and education, and action.
FROM AGREEMENT TO ACTION

This document, including *The Istanbul Declaration*, was released to the world’s media at the close of the WFPHA 12th World Congress on Public Health in Istanbul, Turkey. It will form part of the statement made by the World Federation of Public Health Associations (the Federation) to the World Health Assembly of the World Health Organization to be held in Geneva in May 2009.

Participants at the Congress now commit their associations and themselves professionally and personally to advocate this Declaration. They will act to ensure that its principles and goals will now be appropriately quantified and steadily translated into rational public policies and effective actions, in their own regions and countries, and worldwide.

National public health associations affiliated with the Federation will be invited to monitor, advance and achieve the principles and goals specified in the Declaration. The special contribution of young public health professionals, as advocated at the Istanbul Congress, is encouraged.

This work will also be done as appropriate in partnership with sister international organizations. Partnerships will be forged with other actors such as multinational organizations. We will also collaborate with other actors such as multinational organizations, including UN agencies, civil society organizations, foundation including donors, national governments, industry, the media, schools and other workplaces and institutions, health professionals, and people as community and family members and citizens.

The Federation, with its member associations, is determined to strengthen public health research and teaching, in order to improve practice and action in all communities throughout the world.

The Federation is already committed to strengthening its capacity and resources. It is now also committed to monitor and evaluate the Declaration, its public impact, and progress towards quantifying and achieving its principles and goals. This will be reflected in the Federation’s annual reports, and those of its member associations. Progress will also be discussed at annual meetings of the Federation, and published in leading public health journals.

The Declaration will be reviewed, updated and revised annually, and at the 13th World Congress on Public Health to be held in Addis Ababa, Ethiopia in 2012, to be hosted by the Ethiopian Public Health Association.
Annex 1
Sources that have informed and influenced the Declaration*

1948 Universal Declaration of Human Rights (UN)
1978 Declaration of Alma Ata – Health for All (WHO)
1982 Ottawa Charter for Health Promotion
1989 Convention of the Rights of the Child (UN)
1997 Jakarta Declaration on Leading Health Promotion to the 21st Century
2000 Millennium Development Goals (UN)
2001 The Doha Declaration on the TRIPS Agreement and Public Health (WTO)
2001 The Indaba Declaration on Sustainable Development (WSSD)
2002 Calcutta Declaration on Public Health (WHO South-East Asia)
2005 The Giessen Declaration (IUNS)
2005 The Bangkok Charter for Health Promotion in a Changing World
2006 The Rio Declaration on Public Health (11th WFPHA Congress)
2008 Report of the Commission on Social Determinants of Health (WHO)
2009 The Social Causes of Health Inequities in Brazil (Fiocruz)
2009 Child Undernutrition in Developing Countries (DANIDA)

* This is a working document and will be expanded and updated
Annex 2

The World Federation of Public Health Associations

Vision
To lead the quest for a healthy global society

Mission
WFPHA is an international nongovernmental, multi-professional and civil society organization, dedicated to promoting and protecting global public health.

Values

Right to health
We hold that health is a fundamental human right and a public good.

Social justice
We advocate for equity and non-discrimination, and the elimination of health disparities.

Diversity and inclusion
We promote a global public health perspective that includes diverse social and cultural backgrounds, ethnicity, race, gender, sexual orientation, and disability.

Partnership
We use partnership as the basis for mutual learning and capacity building.

Ethical conduct
We believe in the ethical practice of public health for individuals and populations.

The 12th World Congress on Public Health was held in Istanbul between 27 April and 1 May 2009, under the auspices of the World Federation of Public Health Associations (WFPHA), and the hosts, the Turkish Public Health Association. The next Congress will be held in Addis Ababa in 2012, hosted by the Ethiopian Public Health Association.

Founded in 1967, with offices in Geneva and Washington DC, the WFPHA represents more than 70 national and regional public health associations, representing over 200,000 public health professionals. The WFPHA enjoys formal relations status with the World Health Organization.

The current President of the WFPHA is Professor Paulo Marchiori Buss of Brazil. Former and future Presidents come from Canada, Switzerland, Mexico, Bangladesh, and Germany.

Annex 3
Themes of the Istanbul congress

Themes of sessions and presentations at the 12th WFPHA Congress included, but were not confined to, the following. National and regional associations are encouraged to make progress towards realizing the goals specified or implied here, in association with one another and with other actors.

Public goods as the first priority of governments
Universal basic health services and primary health care
Development measured in terms of freedom and health
Need for the rule of law and for independent judiciaries
The use of law and regulation to protect public health
Reduction of air and water pollution
Universal assured food and water security
Increase in use of renewable energy
Halting of increase in the global human population
Control of precipitate urbanization
Absolute and relative reduction of slum dwellers
Reduction of inequities between and within nations
Reduction of external debt of impoverished nations
Reduction and eventual abolition of unfair terms of trade
Secure control and elimination of nuclear weapons
Slowing and halting of climate change
Toleration of all cultures and faiths
Protection of the rights of first nations
Universal basic primary education
Promotion of electronic means to strengthen democracy
Protection of primary health care services as public goods
Rapid increase in availability of essential drugs
Universal available vaccination
Cities designed to encourage walking and cycling
Equal rights and rewards for women
Reduction of prison populations
Safe elimination of weapons of mass destruction
Outlawing of pre-emptive wars and of land mines
Outlawing of children used as soldiers
Sharp reduction of extreme impoverishment
Containment of childhood obesity and diabetes
Freedom for children from marketing of harmful products
Sharp increase in exclusive breastfeeding for six months
Narrowing of relative rates of young child mortality
Halt in incidence of disabling and deadly chronic diseases
Reduction in disability life-years in middle and older age
Sharp reduction of rates of tuberculosis, HIV-AIDS, and malaria
The end of trade and aid used as a political weapon
The end of torture, female mutilation, and slavery
Abolition of illegitimate and illegal traffic in body parts
The end of famine and starvation
Annex 4

Background

Origins of the Declaration

At the 2008 annual general meeting of the WFPHA held in Geneva, it was agreed that a product of the Istanbul Congress should be The Istanbul Declaration, designed to set a new global agenda for the purpose and practice of public health. Other declarations and statements, have also informed this document, as shown in Annex 1, above.

Before and during the Istanbul Congress, a general agreement emerged, that political and economic events and other phenomena of 2008 and 2009 have created new and unique challenges and opportunities for public health. In their addresses to the Congress, Dr Margaret Chan, Director-General of the World Health Organization, and Professor Paulo Marchiori Buss, President of the WFPHA, expressed this new vision clearly and emphatically.

This implies a renewed conceptual framework, which takes into account the ‘causes of the causes’ of well-being, health and disease, guided by ethical and ecological principles, and also by current and anticipated social, cultural, political, social and economic considerations and circumstances.

At the 2009 assembly of the WFPHA held in Istanbul immediately before this Congress, the need for The Istanbul Declaration was confirmed. Those present agreed that we are now living in a new world in which ‘business as usual’ is unjustified. Opportunities for the public health vision and mission are now as obvious and pressing as they were in Europe and then North America and other newly industrialized countries as from the mid 19th century.

Nature and purpose of the Declaration

The Declaration is designed to demonstrate the crucial importance of public health policy and practice, as seen by the profession’s global representative organization. It is a call to new and renewed action at a momentous time in history.

While its immediate readership is the public health profession, the Declaration’s chief purpose is to communicate the vision, mission, purpose and value of public health to decision-takers and policy-makers within UN and other multinational agencies, national government, civil society organizations, industry, the media, and other professional organizations.

Public health involves all sectors of society, and is not a confined special discipline, nor a division of the medical sciences. The Declaration is being released to the media, and will be published in a leading journal of public health. It will be translated into all languages recognized by the United Nations, as well as other languages, by all national public health associations who are members of the WFPHA, as they wish.

While being the product of the Istanbul Congress, the Declaration is a living document, subject to examination and revision in the light of experience and circumstances, at subsequent meetings and congresses.
More information on this Declaration, its outcomes, the WFPHA, and other key organizations, can be obtained as follows:

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Members of the drafting group who guided the *Declaration* and its supporting text were Margaret Hilson, James Chauvin, Federico Paredes, Mengistu Asnake, Theodor Abelin, Hikmet Pekcan, Deborah Walker, Peter Orris and Alena Petrakova, of the public health associations of Canada, Costa Rica, Ethiopia, Switzerland, Turkey, and the USA respectively, and of the World Health Organization. They were supported by the secretariat represented by Álvaro Matida of Abrasco, Brazil and colleagues from WFPHA, including Morgan Taylor. Geoffrey Cannon acted as rapporteur. Guidance and comments also came from WFPHA President Paulo Buss and other WFPHA officers, staff, and members.