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WORLD HEALTH ORGANISATION  
HEALTHY CITIES PROJECT

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# THE LIVERPOOL DECLARATION ON THE RIGHT TO HEALTH

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Equity in Health

Community Participation

Partnerships for Health

Health Promotion

Primary Health Care

Research for Health

International co-operation

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The Liverpool Declaration was produced by the Healthy Cities Inter-Sectoral Committee, for ratification at the U.K. HEALTHY CITIES CONFERENCE held in Liverpool on 28-30 March, 1988

# THE LIVERPOOL DECLARATION

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“At least I know this, that if a person is overworked in any degree they cannot enjoy the sort of health I am speaking of; nor if they are continually chained to one dull round of mechanical work, with no hope at the other end of it; nor if they live in continual sordid anxiety for their livelihood; nor if they are ill housed; nor if they are deprived of all enjoyment of the natural beauty of the world; nor if they have no amusement to quicken the flow of their spirits from time to time; all these things, which touch more or less directly on their bodily condition, are born of the claim I make to live in good health.”

*William Morris, 1884*

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## BACKGROUND

The UK Healthy Cities Conference was planned by the agencies whose collaboration forms the basis of Liverpool’s involvement in the World Health Organisations (WHO) Healthy Cities Project. Its purpose was to bring together people from towns and cities in the UK to share ideas and experiences in setting **an agenda for the new public health in urban situations**. Two major aspects of this aim are the development of collaborative **healthy city plans** and the promotion of a **healthy cities network** of UK towns and cities committed to achieving health for all their citizens. This Declaration represents a third aspect: Liverpool’s agenda for the new public health.

## PRINCIPLES OF HEALTH FOR ALL

In seeking to achieve health for all citizens of the United Kingdom, we acknowledge and confirm these fundamental principles, expressed in the WHO “Global Strategy for Health for All by the Year 2000” (1981) and the WHO European Region “Targets For Health For All,” (1985).

### THE RIGHT TO HEALTH

Health is a fundamental human right and a worldwide social goal.

### EQUITY IN HEALTH

The existing gross inequality in the health status of people is of common concern to all countries and must be drastically reduced.

### COMMUNITY PARTICIPATION

People have the right and the duty to participate individually and collectively in the planning and implementation of their health care.

### INTERSECTORAL COLLABORATION

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and other social measures. The political commitment of the State as a whole, and not merely the ministry of health, is essential to the attainment of health for all.

### HEALTH PROMOTION

The starting point in changing lifestyles is to recognise that to a considerable extent health depends on the political, social, cultural, economic and physical environment. The first aim is therefore to provide opportunities and develop capacities for adopting healthy lifestyles.

## PRIMARY HEALTH CARE

Primary health care forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community.

## INTERNATIONAL COOPERATION

Where health is concerned no country is self-sufficient; international solidarity is required to ensure the development and implementation of health strategies and to overcome obstacles.

In addition to describing the principles of Health For All, the WHO Global Strategy reminds us that "In conformity with the recognition by the United Nations General Assembly of health as an integral part of development, the human energy generated by improved health should be channelled into sustaining economic and social development, and economic and social development should be harnessed to improve the health of people."

## TURNING PRINCIPLES INTO ACTIONS

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### THE RIGHT TO HEALTH

In recognising every citizen's **right** to good health, we accept the **responsibility** carried by all agencies, throughout our society, to take account of the public health costs of all their activities.

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Practically all of the activities of agencies in our society can affect the public health. Such agencies include central and local government, health and education authorities, the non-statutory sector, employers, landlords, academic bodies, the churches, communicators: everyone taking part in the production and consumption of our goods and services, our values and attitudes. If health for all is to be achieved we must complement the economic audit which accounts for the financial cost of these activities with a **social audit** which assesses their health and other human costs. Without this social accounting for the health costs of public and private decisions, the right to health is an empty goal.

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### EQUITY IN HEALTH — THE REDUCTION OF INEQUALITY

We reject all forms of discrimination that reduce people's chances of good health, and accept the challenge of substantially reducing current health inequalities.

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There are many aspects of people's lives which contribute to the substantial and increasing health inequalities in the United Kingdom. These include, amongst others, their sex, their social class, their skin colour,

their area of residence, their physical abilities and their sexual orientation, in asserting people's rights to equity in health, we assert also their rights to fairness of treatment in all of these areas. These rights include their access to:

- adequate income, in or out of paid employment
- safe, warm, sound, affordable housing
- healthy, cheap, accessible food
- worthwhile, safe, properly rewarded work
- cheap, ecologically sound public and private transport
- freedom from sexual or racial harassment
- equal respect regardless of personal circumstances
- safe, planned, health enhancing environments
- leisure facilities and social support networks
- comprehensive, properly resourced public services.

In actively promoting these rights we will work towards major reductions in the current inequalities in health.

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## **COMMUNITY PARTICIPATION**

We acknowledge the necessity for meaningful public participation in all processes and activities that affect people's health.

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Health for all cannot be achieved without participation by all. A crucial element in becoming healthy is taking control over one's life. This has to involve empowering people by offering them a voice in the decisions that affect their health. Among other things, it implies opening up the membership of all bodies, at all levels, which take such decisions within the public sector; legislation may be necessary to achieve full participation. Decentralising management structures can be an important prelude to inviting participation. Policy decisions should also be informed by surveys of public attitudes and priorities. Empowering individuals to take part in activities affecting their health involves choosing policies and allocating resources that **make the healthiest choices the easiest choices**; once we have achieved this, any necessary educational processes are straightforward. In seeking participation, however, we also acknowledge the freedom of people to make choices and hold views on health with which we disagree.

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## **INTERSECTORAL COLLABORATION — PARTNERSHIPS FOR HEALTH**

We will work with all agencies and groups whose activities are relevant to the promotion of the public health.

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Most of the major influences on health lie beyond the scope of health services. Despite this fact, there has been little real shared development

between agencies at central or local levels of plans and strategies for promoting public health. We acknowledge the need for genuine joint planning for health for all; this must start from a consideration of the health needs of the people and "work backwards" to the institutional means of meeting them. Such a joint approach to public health is required both between government departments and between local agencies and groups.

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## **HEALTH PROMOTION**

We acknowledge our collective responsibility to promote and create healthy physical and social environments, and to facilitate people's choices of healthy lives.

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Health promotion is a constant theme in public policy, since both are concerned with improving the quality of people's lives. We must be active in promoting awareness of this fact, and in working to make healthy the environments in which people live, work and enjoy leisure. People must also be given the resources and the information to make healthy choices. This involves a sensitive understanding of the responses of different social groups; traditional health promotion has often increased social inequalities in health.

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## **PRIMARY HEALTH CARE**

Primary health care must become the central function and main focus of our national health service.

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Primary health care is the promotion of health and the provision of health care within communities. It is based on **active partnership** between primary health care workers and the people, and on **teamwork** between workers. It should provide all but the most specialised elements of health care, and hence should be the main focus of health systems. In order to achieve these aspirations, embodied in the Declaration of Alma-Ata, we will strive towards:

- the direction of new resources toward primary health care
- the demystification of primary health care through patient participation groups, self-help groups, libraries, courses and other community resources in health centres
- the promotion of teamwork between all primary health care workers
- the provision of services sensitive to people's needs such as well person clinics, nurse practitioners and community health workers
- localising the organisation and planning of primary health care to the neighbourhood level

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## **INTERNATIONAL COOPERATION**

As health promoters in a rich nation, we acknowledge our shared responsibility for the health of the world.

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We wish to play a full role in Healthy Cities and other WHO networks which contribute to the health of all the world's peoples. In addition to material aid, we can fulfil this role:

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- by actively opposing the export of unhealthy products
  - by resisting the export by UK interests of practices harmful to the health of people in other countries, such as unsafe working conditions, inappropriate promotion of drugs or baby foods
  - by protecting and providing for the health of migrant workers, refugees and victims of torture who come to the UK
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## **RESEARCH**

We will encourage in all relevant ways the research necessary to achieve health for all.

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We shall not achieve our goals without considerable developments in researching the public health. Much work is required if we are fully to understand the nature of the many inequalities in health. The development of social audit, accounting and investment poses a major challenge. Little is understood of the mechanisms of community participation in health. Joint approaches to public health planning and to healthy public policy require evaluation. If we are to move towards primary **health** care (and away from primary **medical** care), we must first demonstrate its greater effectiveness.

As well as new research **agendas**, health for all requires new **styles** of research, such as participatory methods which involve the affected communities in the design, implementation and action stages of research into their health; and research instruments which are sensitive to people's own health perspectives. Monitoring and surveillance of the public health will require new measures and indicators. All of the above will together constitute the development of **a new social epidemiology** which will refocus away from the diseases of groups of individuals and towards the health of populations. And of course, this development will not occur without the allocation of the necessary resources.

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We seek the support all people of the United Kingdom for this Declaration. We are sure that with that support, we can move confidently towards health for all.

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