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- By the inclusion of requirements relating to medical care in the Workmen's Compensation (Accidents) Convention, 1925, and the Sickness Insurance (Industry, etc.) and (Agriculture) Conventions, 1927,

  By the communication to the Members of the Organization by the Governing Body of the
- By the communication to the Members of the Organization by the Governing Body of the conclusions of meetings of experts relating to public health and health insurance in periods of economic depression, the economical administration of medical and pharmaceutical benefits under sickness insurance schemes, and guiding principles for curative and preventive action by invalidity, old-age and widows' and orphans' insurance,
- By the adoption by the First and Second Labour Conferences of American States of the resolutions constituting the Inter-American Social Insurance Code, by the participation of a delegation of the Governing Body in the First Inter-American Conference on Social Security which adopted the Declaration of Santiago de Chile, and by the approval by the Governing Body of the Statute of the Inter-American Conference on Social Security, established as a permanent agency of co-operation between social security administrations and institutions acting in concert with the International Labour Office, and
- By the participation of the International Labour Office in an advisory capacity in the framing of social insurance schemes in a number of countries and by other measures; and

Whereas some Members have not taken such steps as are within their competence to improve the health of the people by the extension of medical facilities, the development of public health programmes, the spread of health education, and the improvement of nutrition and housing, although their need in that respect is greatest, and it is highly desirable that such Members take all steps as soon as possible to reach the international minimum standards and to develop these standards; and

Whereas it is now desirable to take further steps for the improvement and unification of medical care services, the extension of such services to all workers and their families, including rural populations and the self-employed, and the elimination of inequitable anomalies, without prejudice to the right of any beneficiary of the medical care service who so desires to arrange privately at his own expense for medical care; and

Whereas the formulation of certain general principles which should be followed by Members of the Organization in developing their medical care services along these lines will contribute to this end:

The Conference recommends the Members of the Organization to apply the following principles, as rapidly as national conditions allow, in developing their medical care services with a view to the implementation of the fifth principle of the Atlantic Charter, and to report to the International Labour Office, as requested by the Governing Body, concerning the measures taken to give effect to these principles.

## I. GENERAL

## Essential Features of a Medical Care Service

- 1. A medical care service should meet the need of the individual for care by members of the medical and allied professions and for such other facilities as are provided at medical institutions—
  - (a) With a view to restoring the individual's health, preventing the further development of disease and alleviating suffering, when he is afflicted by ill health (curative care); and
  - (b) With a view to protecting and improving his health (preventive care).
  - 2. The nature and extent of the care provided by the service should be defined by law.
- 3. The authorities or bodies responsible for the administration of the service should provide medical care for its beneficiaries by securing the services of members of the medical and allied professions and by arranging for hospital and other institutional services.
- 4. The cost of the service should be met collectively by regular periodical payments which may take the form of social insurance contributions or of taxes, or of both.

## Forms of Medical Care Service

- 5. Medical care should be provided either through a social insurance medical care service with supplementary provision by way of social assistance to meet the requirements of needy persons not yet covered by social insurance, or through a public medical care service.
  - 6. Where medical care is provided through a social insurance medical care service—
    - (a) Every insured contributor, the dependent wife or husband and dependent children of every such contributor, such other dependants as may be prescribed by national laws or regulations, and every other person insured by virtue of contributions paid on his behalf, should be entitled to all care provided by the service;
    - (b) Care for persons not yet insured should be provided by way of social assistance if they are unable to obtain it at their own expense; and
    - (c) The service should be financed by contributions from insured persons, from their employers, and by subsidies from public funds.
  - 7. Where medical care is provided through a public medical care service—
    - (a) Every member of the community should be entitled to all care provided by the service;
    - (b) The service should be financed out of funds raised either by a progressive tax specifically imposed for the purpose of financing the medical care service or of financing all health services, or from general revenue.