Dear Director-General Tedros,

Congratulations on your appointment as the new WHO Director-General. We recognize the mighty responsibility of your office, with its tremendous potential for bringing better health to the world’s people – and above all, to the poor, marginalized, and discriminated against, to whom you have long voiced your commitment. We were heartened to hear you state so powerfully upon your appointment that WHO must “put the right to health at the core of its functions, and be the global vanguard to champion them.”

One powerful tool to do just that is a proposed FrameworkConvention on Global Health (FCGH), which would be a global treaty based on the right to health and aimed at national and global health equity. It could help put the right to health not only at the core of WHO’s functions, but also at the core of the global policy agenda, with WHO in the lead. The treaty would contribute to priorities that you have articulated in your vision for WHO, including universal health coverage, the rights of women and other marginalized populations, the Sustainable Development Goals, and health emergencies, along with a reinvigorated WHO (please see the Annex).

As a first step, we urge you to use your legal and moral authority to establish a process, such as a WHO FCGH Working Group, to explore the potential benefits, principles, and parameters of the FCGH. It could also propose the basic structure the FCGH might take. The Framework Convention on Tobacco Control is one model to learn from. The FCGH could also draw from other recent treaties, like the Paris Agreement on climate change, with nationally developed commitments backed by global accountability, and the Convention on the Rights of People with Disabilities, with its inclusive negotiating process and powerful vision of equality.

We would leave to your good judgment whether to establish this WHO process through your own initiative or to bring the proposal to the WHO Executive Board. In any case, we believe that states, civil society, and affected communities should all participate in any process.

We would be happy to provide assistance in this groundbreaking process, and look forward to further discussing the FCGH with you in the very near future. We wish you well in your vitally important work as Director-General.

Sincerely,
Action for Global Health (Europe)

Action for Humane Hospitals (Cameroon)

Action Group for Health, Human Rights and HIV/AIDS (Uganda)

Africa Japan Forum

African Development and Advocacy Centre (UK/Nigeria)

AMREF Health Africa

Association des Journalistes Africains pour l'Environnement (Association of African Journalists for the Environment) (Cameroon)

Bangladesh Legal Aid and Services Trust

BRAC

CARE

Center for Health, Human Rights and Development (Uganda)

Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (Center for the Study of Equity and Governance in Health Systems) (Guatemala)

CHESTRAD International (Nigeria)

Communication for Development Centre (Nigeria)

Community Working Group on Health (Zimbabwe)


Doctors of the World

FUNDEPS (Foundation for the Development of Sustainable Policies) (Argentina)

Ghana Coalition of NGOs in Health

Global Health South

Global Oncology
Handicap International
Helen Keller International
I Will Give – Africa
IMAXI Cooperative
Incentives for Global Health (United States)
International Agency for the Prevention of Blindness
International Council of Nurses
International HIV/AIDS Alliance
International Network of Women Against Tobacco
International Rescue Committee
International Union Against Tuberculosis and Lung Disease
IntraHealth International
Kenya Ethical and Legal Issues Network on HIV and AIDS (KELIN)
Management Sciences for Health
O’Neill Institute for National and Global Health Law, Georgetown University Law Center (United States)
The Oswaldo Cruz Foundation (Brazil)
Partners In Health
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Southeast Asia Tobacco Control Alliance

Sustainable Resources Foundation (Pakistan)

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Annex: Links between your vision for WHO and the FCGH

* Universal health coverage: The FCGH would offer mechanisms, from standards, benchmarks, and timelines to catalyzing the use of tools to help ensure meaningful and progressively deepening health coverage for all people. These would include national health equity strategies to address the physical and mental health needs of all marginalized populations. The treaty’s financing dimensions, such as a domestic and global financing framework and closely monitored national strategies for equitable financing, would contribute to overcoming the financing challenges of universal health coverage (UHC) and of developing the resilient and secure public health systems that UHC requires. The FCGH could include creative and comprehensive approaches to improve accountability and participation, from rigorous assessments of current accountability mechanisms to new possibilities, including through social media and technology and processes that open up new democratic spaces for marginalized populations to engage. FCGH standards to ensure people’s meaningful participation in the decisions that affect their health would be key to empowering those whose needs, preferences, and rights are often neglected.

* The rights of women and other marginalized populations: Ensuring the health rights of women, children, and the entire range of marginalized and vulnerable communities is at the heart of the FCGH, which would reinforce human rights requirements on non-discrimination and equality – for all people, including migrants, people with living disabilities, and others frequently subject to discrimination. The treaty could include measures to protect the rights of women and children, from protections against gender-based violence, sex trafficking, and harmful cultural practices to ensuring sexual and reproductive health services.

* Sustainable Development Goals: The FCGH equity, financing, and accountability dimensions would help fill gaps in the SDGs. Currently, SDG financing needs far exceed the current resource commitments, the mandate to leave no one behind lacks clear mechanisms to change the power dimensions needed to realize that promise, and follow-up and review processes lack independent accountability mechanisms. Further, the FCGH could provide clear standards on
respecting the right to health in all actions and on conducting health impact assessments using participatory approaches, ensuring that health is promoted in all sectors and throughout the SDGs. The FCGH would also provide a robust framework for ensuring the centrality of health and human rights in the post-2030 era.

* Health emergencies: The same measures that contribute to UHC and building strong, equitable health systems are critical for addressing emerging and other infectious diseases, including AIDS, TB, and malaria, and the urgent challenge of antimicrobial resistance. Moreover, the FCGH will help ensure truly people-centered health systems, as called for in WHO’s 2016 Framework, through the treaty’s emphasis on participatory approaches. These should strengthen community involvement – including with the community-based health services that you have long championed – and help build the trust and local leadership that, as the West African Ebola crisis demonstrated, is vital to effective responses to disease outbreaks.

* Reinvigorating WHO: The FCGH can help reinvigorate WHO. The engagement of civil society and affected communities has been central to the vitality of such institutions as UNAIDS and the Global Fund to Fight AIDS, TB and Malaria, yet WHO’s governing and other processes have not adequately benefitted from the participation of civil society and affected communities, often left sidelined. WHO’s leadership on an initiative that demands extensive civil society and community participation and that holds the promise of increasing participation in health-related decisions from local through global levels would enhance WHO’s relevance to the communities it aims to serve. Leadership on the FCGH will also ensure that WHO is carrying out its normative functions to the fullest as it leads a process to carve paths to global health equity and the right to health.