



September 6, 2017

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 Framework Convention 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)

Le Consortium Panafricain des Droits de l'Homme et de lutte Contre la Toxicomanie (Pan African Consortium of Human Rights and the Fight Against Drug Addiction) (Republic of Congo)

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

Partners in Population and Development

Population Services International

Prayas (India)

SECTION27 (South Africa)

Socioeconomic Rights Initiative (Nigeria)

Southeast Asia Tobacco Control Alliance

Sustainable Resources Foundation (Pakistan)

Transparency International's Pharmaceuticals and Healthcare Programme

Treatment Action Campaign (South Africa)

Volunteer Health Services (Ethiopia)

Wemos (Netherlands)

WIPGG Nigeria

World Federation of Public Health Associations

Individuals

Dona Anyona
Regional Policy Project Manger, AMREF Health Africa

Brook Baker
Senior Policy Analyst, Health GAP (Global Access Project); Professor and Co-Director of the Program on Human Rights and the Global Economy, Northeastern University School of Law, USA; Honorary Research Fellow, University of KwaZulu Natal, South Africa

Adam Bertscher
University of Cape Town (South Africa)

Mekonnen Jima Biru
Ethiopian Civil Societies Health Forum Program Coordinator, Consortium of Christian Relief and Development Organizations

Kent Buse
Chief, Strategy Policy Directions, UNAIDS

Paulo Buss
Director, FIOCRUZ Center for Global Health; Full Member of the Brazilian National Academy of Medicine; Former Brazilian representative to the WHO Executive Board (2004-2007, 2008-2011); Former President of FIOCRUZ (2001-2008) (Brazil); Former President of the World Federation of Public Health Associations (2008-2010)

Mushtaque Chowdhury
Vice Chairperson and former interim Executive Director, BRAC; Founding Dean of
BRAC University's James P. Grant School of Public Health, Bangladesh

Andres Constantin
Argentina

Sheila Duffy
Chief Executive, ASH Scotland

Jonathan Edwin
Epidemiologist
Canada

Ezekwesiri Eluchie
Executive Director, People Against Drug Dependence and Ignorance (Nigeria); Sub-Saharan
Africa Representative, Civil Society Task Force, UN General Assembly Special
Session on Drug Policy (2016)

Case Gordon
Co-coordinator, IMAXI Cooperative

Anand Grover
Senior Advocate and Executive Director, Lawyers Collective (India); Former UN Special
Rapporteur for the right to health (2008-2014)

Leigh Haynes
People's Health Movement-USA

Martin Hevia
Dean, School of Law, Universidad Tortcuato di Tella (Argentina)

Joan Holloway
Human resources for health consultant; Steering Committee member and Former Acting
Director, Frontline Health Workers Coalition; Former Senior Advisor, Human Resources for
Health and Health Systems Strengthening, Office of the U.S. Global AIDS Coordinator, U.S.
Department of State

Bernard Kadasia
Chair, Alliance for Health Promotion

Runa Khan
Founder and Executive Director, Friendship (Bangladesh)

Bethany Kois
Research Director, Health in Harmony (Indonesia)

Gabriel Leung
Dean, Li Ka Shing Faculty of Medicine, University of Hong Kong

Nadja Meisterhans
Senior Lecturer, Institut für Gesellschaftspolitik und Sozialpolitik, Johannes Kepler Universität Linz (Austria)

Michelle Miller
Assistant Professor of Legal Studies, Quinnipiac University (United States)

Derejge Moges
Legal Consultant, Campaign for Tobacco Free Kids
United States

Emmanuel Kabengele Mpinga
Professor, Health of Human Rights and Health Division, Institute of Global Health, Faculty of Medicine, University of Geneva

Joia Mukherjee
Chief Medical Officer, Partners In Health; Associate Professor of Medicine, Division of Global Health Equity, Department of Medicine, Brigham and Women's Hospital (United States); Associate Professor of Global Health and Social Medicine, Harvard Medical School

Gorik Ooms
Professor of Global Health Law and Governance, London School of Hygiene and Tropical Medicine

Indira Paharia
Hillside Family of Agencies, Inc.
United States

H. Paramesh
Chair, Lakeside Center for Health Promotion
Pulmonologist and environmentalist
India

Joy Phumaphi
Executive Secretary, African Leaders Malaria Alliance; Chairperson, African Comprehensive HIV/AIDS Partnerships; Former Vice President for Human Development and Head of Human Development Network, World Bank (2007-2009); Former WHO Assistant Director-General for Family and Community Health and WHO Director-General's Representative on Gender Equality (2003-2007); Former Minister of Health of Botswana (1999-2003); Member of Parliament, Botswana (1994-2003); Former Board member, GAVI; Former Co-chair, Independent Expert Review Group, for Every Woman Every Child; Former member of the UN Reference Group on Economics; Former UN Commissioner on HIV/AIDS and Governance

Thomas Pogge

Leitner Professor of Philosophy and International Affairs, Yale University; Board Member, Academics Stand Against Poverty; Director, Incentives for Global Health

Leslie Ramsammy

Columnist at *Guyana Times*; Former Minister of Health, Guyana (2001-2011); Former Minister of Agriculture, Guyana (2011-2015); Former President of the World Health Assembly (61st WHA, 2008)

K. Srinath Reddy

President, Public Health Foundation of India; Former President of the World Heart Federation (2013-2014)

Mark Rosenberg

President Emeritus, The Task Force for Global Health; Assistant Surgeon General (Retired), US Public Health Service

Mirta Roses Periago

National Academy of Medicine, Buenos Aires, Argentina; Neglected Tropical Diseases Special Envoy, Sabin Vaccine Institute; PAHO/WHO AMRO Director Emeritus; Global Fund to Fight AIDS, Tuberculosis and Malaria, LAC Board Member

Gracia Violeta Ross Quiroga

Bolivian Network of People Living with HIV/AIDS

Ana Lorena Ruano

Center for International Health, University of Bergen (Norway); Center for the Study of Equity and Governance in Health Systems (CEGSS) (Guatemala)

Nelson K. Sewankambo

Professor of Medicine and Principal (Head) of Makerere University College of Health Sciences; Chair, Strengthening Research Capacity in Africa; Director; Medical Education for Equitable Services for All Ugandans (MESAU) - MEPI Consortium; Chair, African Medical Schools Association; Former Dean, Makerere University Medical School (1997-2007)

Neil Sircar

Global Health Masters in Law (LLM) candidate, Georgetown University Law Center (United States)

Gabriella Sozanski

Coordinator, Alliance for Health Promotion

Oyewale Tomori

President, Nigerian Academy of Science; Professor of Virology and former Vice Chancellor (2005-2011), Redeemer's University (Nigeria)

Miriam Were

Chancellor, Moi University (Kenya); Former Chair, AMREF (2003-2013); Former Chair, National AIDS Control Council, Kenya (2003-2009)

Debrework Zewdie

Distinguished Scholar at the CUNY School of Public Health and Public Policy (United States); Former Director, Global AIDS Program, World Bank (2002-2009); Former Deputy Executive Director (2010-2012) and Deputy General Manager (2012-2013) of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Shamiso P. Zinzombe

Human Rights and Health Law Policy Researcher

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.