Dear Director-General Tedros,

Congratulations on your appointment to be the next WHO Director-General. As you assume the sacred global trust as head of the World Health Organization, no doubt you feel 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, left behind, discriminated against – people to whom you have long voiced great 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. We call upon you to use your legal and moral authority to initiate a WHO process towards this treaty, with its transformative promise.

The treaty would contribute to priorities that you articulated in your vision for WHO, including:

* **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, such as national health equity strategies to address the physical and mental health needs of each marginalized population. The treaty’s financing dimensions, such as a domestic and global financing framework, along with closely monitored national strategies for equitable financing, would contribute to overcoming the financing challenge of universal health coverage. And the FCGH could include creative and comprehensive approaches to improve accountability and participation, from rigorous assessments of current accountability mechanisms to new possibilities, such as 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 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 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 SDGs stand out for their cross-sector dimensions, yet health’s priority throughout all sectors is not assured. The FCGH could help change that, with clear standards on respecting the right to health in all actions and on carrying out health impact assessments using participatory approaches. 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 universal health coverage, and the strong, equitable health systems they promote, are critical for addressing emerging and other infectious diseases, including AIDS, TB, and malaria, and the urgent challenge of antimicrobial resistance. Beyond this, the FCGH will help ensure truly people-centered health systems 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.

Further, 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 often left civil society and affected communities 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 could be a focal point for more extensive WHO engagement with civil society and affected communities.

Leadership on the FCGH will also ensure that WHO is directly confronting and seeking to resolve some of the deepest structural problems undermining global health – 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.

As a first step, we urge you to establish a WHO FCGH Working Group to explore the potential benefits, principles, and parameters of the FCGH. It could also offer initial proposals on the basic structure the FCGH might take. The Framework Convention on Tobacco Control is one model, but it 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 a Working Group of your own initiative or bring this proposal to the WHO Executive Board. In any case, we believe that states, civil society, and affected communities should all participate in the Working Group.

We look forward to further discussing the FCGH with you in the very near future, and wish you well in your vitally important work as Director-General.

Sincerely,