

Launch of the Platform for a Framework Convention on Global Health: Realizing the Universal Right to Health

JALI enters a new phase

(April 2014)

The JALI Steering Committee and a new ad hoc Interim Steering Committee of the Platform for a Framework Convention on Global Health (FCGH) met in March 2014. The central outcomes of these discussions are described here.

Continuing in the direction supporters of the Framework Convention on Global Health (FCGH) have been moving over the past year, we are pleased to announce the launch of the Platform for an FCGH. The Platform represents a new phase, distinct from JALI and aimed at fostering broad engagement, building the support required to achieve an FCGH. JALI will continue, with a modified identity, one encompassing but extending beyond the FCGH.

The Platform for an FCGH

The Platform for an FCGH will be the inclusive banner for all FCGH supporters to jointly determine the nature of the FCGH and to begin to build the social and political support for this global health treaty, to be grounded in the right to health and aimed at health equity. The broad outlines of the FCGH are outlined in the 2012 Manifesto for an FCGH (<http://www.jalihealth.org/documents/manifesto.pdf>) and the initial version of the Platform for an FCGH (full version at: <http://www.jalihealth.org/documents/platform-for-an-fcgh-march-2014-full-4-7-14.pdf>; summary at: <http://www.jalihealth.org/documents/platform-for-an-fcgh-march-2014-short-4-7-2014.pdf>).

Platform members will be bound by shared values – above all our determination to see the realization of the universal right to health for all, recognizing the right as an immediately enforceable obligation, a shared responsibility, and a birthright of all people – and our common commitment to an FCGH as one pathway to advancing this right. We welcome all those wishing to engage this effort to join this multi-stakeholder platform, including NGOs, governments, health workers, intergovernmental organizations, partnerships, foundations, private entities, and academics and other individuals.

Engaging the Platform

The Platform will have a decentralized structure, with national platforms for all those within a country that are part of this process, and regional coordinators to coordinate and help direct and channel regional activity. Regional hubs will coordinate with the global platform, responsible for steering the overall process and serving the needs of regions and national platforms.

Recognizing the early stage of the Platform and the ad hoc nature in which the FCGH Platform's steering committee has come together, it will be an interim steering committee (members are listed here: <http://www.jalihealth.org/documents/fcgh-campaign-sc-members-3-9-14.pdf>), to last in its current form approximately 1 1/2 years, until the launch of the post-2015 Sustainable Development Goals in September or October 2015. The Southern intergovernmental Partners in

Population and Development (<http://www.partners-popdev.org>) will be the initial host for the FCGH Platform's global secretariat.

National and regional platforms will engage in four broad areas of action. First, they will raise national awareness of an FCGH, its underlying principles, and its need. Second, they will engage other potential partners, from civil society including an array of social justice movements to government officials, to build the coalition of national supporters of and participants in the FCGH. Third, they would build political support for a strong FCGH, including with respect to coordinated regional and global action, including at the United Nations and through the World Health Organizations. And fourth, they would participate in developing the content of an FCGH, ensuring that it is relevant to their concerns and priorities so that it can meaningfully contribute to the right to health in their country.

We encourage all interested in being engaged to engage their national platform. If you and your organization are interested in a greater level of engagement, you may consider becoming one of your region's coordinators. Please contact the initial regional organizer(s), as listed at the end of this document. They will also have information on whether a national platform yet exists in your country.

We will endeavor to make FCGH discussions and documents available in different languages, so that linguistic diversity adds to the richness of rather than limits work towards and the content of the FCGH.

Initial phase and first action

The initial action that the ad hoc interim steering committee has decided upon, recognizing that the Sustainable Development Goals (SDGs) will powerfully shape global health discussions and actions over the next fifteen years, is to try to get mention of an FCGH incorporated into the United Nations' SDG resolution in September or October 2015. The SDG resolution could call for the United Nations – or perhaps the World Health Organization through a United Nations mandate – to initiate a process towards an FCGH.

Therefore, a specific action point for national platforms with their governments would be to support such inclusion in the SDG resolution. There may also be related actions needed at the WHO Executive Board in January 2015 and the World Health Assembly in May 2015.

The next phase of JALI

Now that the mission of the FCGH has been passed along to the Platform, JALI will enter a new phase. JALI will be a think tank or platform for broader incubating, analyzing, and promoting a progressive vision of the right to health, including helping define specific responsibilities under this right and the governance structures that could effectuate them. Our understandings and ideas will be grounded of the right to health as laid out in the Manifesto and Platform for an FCGH, with their emphasis on genuine equality, meaningful accountability, and powerful international responsibilities that encompass both the health and non-health sectors.

The FCGH will remain an important part of JALI. Our activities will include helping develop content for the FCGH – but as only one of many contributors. Ours will be a contribution, not a final word. And JALI will be part of the FCGH Platform, a continued stronger supporter of and

committed to the achievement of an FCGH.

Other activities and priorities are still under discussion, with a great range of possibilities. As illustrative examples, we might help develop and advocate for specific understandings of international responsibilities for the right to health that the UN Committee on Economic, Social and Cultural Rights might pick up. We might develop and advocate for specific mechanisms to advance the right to health, such as creating a right to health capacity building fund and greater use of right to health assessments. We could analyze right to health jurisprudence in different countries, with the aim of drawing out progressive decisions and reasoning that advocates could use to enhance their own efforts to advance the right to health in court. We might aim to advance understandings of right to health requirement to utilize the maximum of available resources towards this and other rights, and how within this context to measure the progressive realization of the right to health – along with immediate responsibilities. We might also assume a role in helping connect and facilitate lesson sharing and collaboration among right to health-focused organization.

JALI remains in the process of defining our priorities, along with the FCGH, and how the broader community of right to health supporters might get involved. Meanwhile, we strongly encourage you to join the FCGH Platform, contacting the appropriate organization(s) as listed in the FCGH Platform document and below.

To join the FCGH Platform and learn more, please contact:

Latin America and the Caribbean: Armando De Negri, Executive Committee, World Social Forum on Health and Social Protection (Brazil) (armandodenegri@yahoo.com)

West and Central Africa: Communication for Development Centre (Nigeria) (Mayowa Joel, mayowa@africadevelopment.org)

East Africa: Center for Health, Human Rights and Development (Uganda) (Moses Mulumba, mulumbam@gmail.com; Juliana Nantaba, jnantaba@gmail.com)

Southern Africa: Community Working Group for Health (Zimbabwe) (Itai Rusike, itai@cwgh.co.zw)

North Africa and Africa overall: Africa Health, Human, and Social Development (Rotimi Sankore, coordinator@afri-dev.net; Ogechi Onuoha, ogechi@afri-dev.net)

India: CREA (Geetanjali Misra, gmisra@creaworld.org; Sunita Kujar, skujur@creaworld.org)

Asia and Pacific Region (outside India): School of Public Health, BRAC University (Bangladesh) (Sabina Rashid, sabina@bracu.ac.bd); PPD (Joe Thomas, jthomas@ppdsec.org; Zayedul Hoque, zayed@ppdsec.org)

United States and Canada: O'Neill Institute for National and Global Health Law, Georgetown University Law Center (USA) (Eric Friedman, eaf74@law.georgetown.edu) and WaterAid America (USA) (Lisa Schechtman, lschechtman@wateraidamerica.org)

Europe: Medico International (Germany) (Thomas Gebauer, gebauer@medico.de; Nadja Meisterhans, meisterhans@medico.de); Save the Children UK (UK) (Simon Wright, S.Wright@savethechildren.org.uk)

Middle East: O'Neill Institute (Eric Friedman, eaf74@law.georgetown.edu; PPD (Joe Thomas, jthomas@ppdsec.org; Zayedul Hoque, zayed@ppdsec.org)

Global: O'Neill Institute (Eric Friedman, eaf74@law.georgetown.edu; PPD (Joe Thomas, jthomas@ppdsec.org; Zayedul Hoque, zayed@ppdsec.org)