

National FCGH Platforms and Regional Coordination

May 22, 2014

National platforms and region coordination bodies are the central structures through which organizations and individuals will engage the Framework Convention on Global Health (FCGH). National platforms will raise awareness, advocate, and channel ideas for the content of the FCGH nationally, while regional coordinators will help coordinate and catalyze activities in their region, and link to the global FCGH Platform. The national to global structures will be linked in a coordinated continuum, where national platforms and regional activity feed into and advance global opportunities, advocacy, and FCGH content creation, while global strategies and understandings of the FCGH are informed by the national and regional priorities and possibilities.

National platforms

National platforms will engage in five broad areas of action. First, they will raise national awareness of an FCGH, its underlying principles, and the need for an FCGH. Second, they will engage other potential partners, from civil society including an array of social justice movements (e.g., right to health, environment, trade unions) to government officials, to build the coalition of national supporters of and participants in the FCGH, including by linking the FCGH to national health priorities and health-related advocacy campaigns. Third, they would build political support for a strong FCGH, seeking leadership on the FCGH at the United Nations, the World Health Organization, and other forums. Fourth, they would advocate for national action to support specific regional and global advocacy priorities, such as incorporating the FCGH into the UN Sustainable Development Goals Declaration in 2015. And fifth, 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. National platforms will likely want to develop e-mail listservs or other locally appropriate equivalents for coordination. It may be possible for the FCGH website to link to country and regional pages.

How national FCGH platforms are organized will vary by country. In some contexts, they may be their own entities. But particular at this early stage, in many countries the best way to organize national FCGH platforms may be to link them to, or directly incorporate the FCGH into the work of, existing civil society national coalitions for health (or global health). This will speed the creation of beginning of broad national civil society FCGH engagement on the FCGH, rather than having to create such platforms from scratch. It will help mainstream the FCGH among civil society and their campaigns while creating a natural platform for adapting FCGH messages to local right to health campaigns – messages that should in turn inform the global campaign and the FCGH content. It will also enable national coalition FCGH advocacy absent separate resources for national FCGH platforms, as such resources are not presently available.

Where civil society national coalitions for health incorporate the FCGH into their work, thought is needed on how to enable stakeholders not part of these coalitions to participate and engage in FCGH processes. One model could be a multi-stakeholder working group of the national coalition for health with membership open to all who want to engage with the FCGH.

Regional coordination

Regional coordinators will help organize, coordinate, and support national platforms. In initial phases, they will identify organizations and individuals that could lead national platforms. They will develop regional action plans, which may include engaging regional intergovernmental bodies and civil society networks; identifying potential FCGH champion governments in the region, as well as other key strategic actors (including ones that might oppose the FCGH); identifying opportunities to dialogue with governments, including through and organizing FCGH presentations, side events, or other activities at regional meetings, and; organizing separate regional FCGH events. The regional coordinators could develop a power map of possible champions and opponents to the FCGH at regional level or within their region to inform these action plans.

Regional coordinators will also be the main interphase between national and global actions, enabling national platforms to contribute to global action and advocacy, coordinating feedback on FCGH content, and determining what support (such as materials or information) national platforms require from the global platform. They will keep the global FCGH steering committee informed of significant actions at national and regional levels, including possible champions that could advance the FCGH globally; significant arguments for or against the FCGH that emerge from their regions; significant emerging perspectives and priorities for the FCGH that emerge from their regions (including any specific proposals for the content of the FCGH), including links between the FCGH and existing national and regional health and other social justice campaigns, and; ways that the global platform (or other regions) could support national or regional activities.

These regional bodies could also coordinate exchanges of information or other networking activities among national platforms. This could include developing regional listservs. In some regions, there may be existing regional civil society coalitions for health or similar platforms that have the capacity and will to provide these FCGH coordination functions.

Regional coordinators will also need to coordinate among themselves, particular where the sub-regions of their focus belong to larger regions. For example, sub-regions within Africa have important sub-regional similarities and political bodies, but some of these entities cross several sub-regions (e.g., the East, Central and Southern Africa Health Community), while Africa-level work, including through the African Union, will be necessary as well.

The global steering committee, meanwhile, will be chiefly responsible for developing and implementing a global strategy towards an FCGH, which will help guide regional and national actions, and to serve the needs of national platforms and regional activities.

Funding to support national platforms and regional coordination mechanisms is not available at this time. At this point, they would need to raise their own resources, as well as minimize costs such as by incorporating FCGH-related activities into existing streams of work.

Regional coordination mechanisms are envisioned as encompassing a coordinating group of regional actors supporting the FCGH. National platforms would likely have a focal point to help develop and guide the platforms, and to engage the regional coordinators. Highly engaged

national and regional actors might also assume roles with the global platform, such as joining its steering committee or a to-be-developed advisory board.

Engaging the national FCGH platforms and regional coordination mechanisms

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) listed at the end of this document. Some, but not all, will continue to serve as one of their regions coordinators. They will also have information on whether a national platform yet exists in your country, and if so, whom to contact to get involved.

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 global FCGH 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 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.

To join this Platform and learn more, please contact the following. You can also contact the PPD Secretariat (info@globalhealthtreaty.org).

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: African Health, Human, and Social Development Alliance (Rotimi Sankore, coordinator@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)

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