

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

Fundamental Principles and Joining the Platform
March 31, 2014: Overview

(A full version of this Platform can be accessed at:
<http://www.globalhealthtreaty.org/docs/platform-for-an-fcgh-full.pdf>)

We are committed to the highest attainable standard of physical and mental health as a universal human right. Despite significant health improvements, unconscionable health inequalities within and between countries persist. They extend throughout the socioeconomic gradient, with the health of poor and marginalized populations, such as indigenous populations and people with disabilities, most seriously compromised. Unequal and unfair power dynamics among states, and varying respect for rights across states, leaves entire populations with life expectancies a generation and more below today's highest attainable standard of health. This must change.

Existing treaties and other instruments establish commitments to the right to health. Yet vast gaps exist between commitments and realities. The right to health itself poorly captures the global forces that partially determine its realization, such as economic, migration, and intellectual property regimes, along with the importance of global cooperation in achieving this right, including to resource the right. Clearer standards on the right's immediate enforceability and how to measure progressive realization of this right are required. Fundamental human rights principles such as participation, non-discrimination and equality, and equity, are not fully codified and defined in binding human rights law. Imprecise requirements impede enforcement. Largely absent are effective and legitimate structures and processes to secure action and accountability – a framework for legitimate democratic and global governance for the right to health.

An FCGH could establish precise, enforceable human rights obligations and empower people and civil society to assert and secure the right to health and related rights, from facilitating human rights education to ensuring the justiciability of the right to health. It could ensure that today's excluded populations can participate in tomorrow's policy development, monitoring, and enforcement. The treaty could enhance the right to health so that it responds to global forces, and develop democratic, inclusive, participatory forms of accountability and enforcement.

We call for a Framework Convention on Global Health (FCGH) to further empower people around the world struggling for their health and rights through a binding legal foundation for a new era of health justice. It could further empower health, human rights, and other social justice movements, supplementing and not subsuming local campaigns. The treaty would recognize all people need to be equally empowered to shape our common future, and contribute to human and economic development. An investment in health is an investment in our shared future.

An FCGH would establish a transformative understanding of the right to health. It would comprehensively codify the principles and standards required to realize the universal right to health: participation, accountability, equality and non-discrimination, and a special concern for

marginalized people. It would encompass health care and public health, financing for this right, and clearly defined extraterritorial obligations, while ensuring that policies in other sectors are responsive to public health needs. Its obligations would cover inclusive and democratic decision-making, with health delinked from market forces and part of universal social protection.

The treaty would be responsive to national and regional differences, with protocols that address specific issues with greater precision. The FCGH would be adopted by the United Nations General Assembly, the World Health Organization's World Health Assembly, or the World Health Assembly under the mandate of a UN resolution.

An FCGH could codify a renewed and reinforced commitment to the right to health and related rights. Building on international treaties, national constitutions, civil society proclamation, and global declarations and other key instruments and commitments, grounded in the right to health and aimed at closing health inequities, and in the spirit of global solidarity, an FCGH should:

- Set general standards for global health and participatory processes, to be adapted to national and local levels, to create inclusive, equitable, universal health systems, without discrimination, empowering governments and people to achieve such systems.
- Establish a clear national and international health financing framework, with enforceable norms.
- Establish accountability around well-defined obligations for the social determinants of health, at the least creating obligations to give force to Health in All Policies and advancing the “do no harm” principle embedded in the right to health, respecting this right in all contexts.
- Establish precise, enforceable human rights obligations and empower people and civil society to assert and secure the right to health and related rights, from facilitating human rights education to ensuring the justiciability of the right to health and giving full force to the principles of non-discrimination and equality.
- Ensure compliance, including but not limited to timelines, indicators, benchmarks, and targets; rigorous and transparent reporting, monitoring, and evaluation; inclusive platforms for remedying non-compliance, and; incentives and sanctions.

We invite individuals, civil society organizations, and other state and non-state entities that share this vision to join this Platform.

To join this Platform and learn more, please contact the following. You can also contact the FCGH 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) and Kassia Kassia Fernandes de Carvalho (Brazil) (kfcarvalho@hcor.com.br)

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

Francophone Africa and Cameroon: Action for Humane Hospitals (Cameroon) (Christian Locka, christiancouprie@yahoo.fr)

Republic of Congo: Pan African Consortium of Human Rights and the Fight Against Drug Addiction (CPDHLCT) (Victor Kaya, kayickvictor@live.fr)

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

Ethiopia: Dereje Moges, dms236@law.georgetown.edu

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

Africa overall: African Health, Human, and Social Development Alliance (fcgh-africa@afri-dev.net); Communication for Development Centre (Nigeria) (Mayowa Joel, mayowa@africadevelopment.org)

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

Asia and Pacific Region (outside India) and Bangladesh: 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: 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)

Canada: Jonathan Edwin (jonathan.edwin@alumni.ubc.ca)

Europe: Action for Global Health (to be confirmed). For now, please contact the FCGH Secretariat (info@globalhealthtreaty.org)

Middle East: FCGH Secretariat (info@globalhealthtreaty.org)