



## **Towards Universal, Sustainable, Rights-Based Health Security: A Framework Convention on Global Health**

*May 2016*

States and civil society are galvanizing around a proposed Framework Convention on Global Health (FCGH)—a global treaty based in human rights and aimed at national and global health equity. The FCGH has been endorsed by the UN Secretary-General Ban Ki-moon and the head of UNAIDS, Michel Sidibe.<sup>1</sup> In his report in advance of the June 2016 High-Level Meeting on HIV/AIDS, the UN Secretary-General issued this statement: “I further encourage the international community to consider and recognize the value of a comprehensive Framework Convention on Global Health.”<sup>2</sup>

In a world of new and evolving threats, from novel infectious diseases to the growing burden of non-communicable diseases, and persisting inequities that continue to cost millions of lives each year, the FCGH would help achieve sustained, universal, and rights-based individual and global health security. It therefore is a major value added to the promise of global health with equity in a time of deep insecurity and inequity.

### **The time is now: The value added of the FCGH**

We are at a pivotal moment in global health, with the vital need to seize the opportunities for health security and equity.

- ***Sustainable Development Goals (SDGs)***: The SDGs establish universal health targets, while encompassing access to clean water, sanitation, nutritious food, and housing, along with gender-based violence and host of social determinants of health. Yet they lack independent accountability mechanisms. The FCGH would bolster SDG accountability by ensuring independent, transparent, and rigorous monitoring, reporting, and redress mechanisms.

---

<sup>1</sup> Michel Sidibé and Kent Buse, “A Framework Convention on Global Health: A Catalyst for Justice,” *Bulletin of the World Health Organization* (December 2012) 90(12): 870–870A.

<http://www.who.int/bulletin/volumes/90/12/12-114371.pdf>.

<sup>2</sup> UN Secretary-General, *On the Fast-Track to Ending the AIDS Epidemic: Report of the Secretary-General*, UN Doc. A/70/811, April 1, 2016, at para. 74.

[http://www.un.org/ga/search/view\\_doc.asp?symbol=A%2F70%2F811&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A%2F70%2F811&Lang=E).

- ***Universal health coverage:*** Health systems are often under-financed, lack sufficient capacity, and struggle to overcome entrenched inequities. Bold new approaches are needed. The FCGH could establish a national and global health financing framework with mutual commitments and accountability to increase financing and strengthen health system capacity. The FCGH would break down barriers to equity, ensure participation, and strengthen accountability, enabling even the poorest and most marginalized populations to be full participants in and beneficiaries of UHC. Further contributing to capacity, the FCGH could reinforce the WHO Code of Practice on the International Recruitment of Health Personnel.
- ***Global health security:*** The Ebola and Zika epidemics demonstrate the grave vulnerabilities in global health security, disproportionately impacting lower-income countries. Future threats include novel influenzas and corona viruses such as MERS and SARS. These events take a huge toll in population health and economic prosperity. The FCGH would reinforce the International Health Regulations and ongoing WHO reforms following Ebola. Moreover, greater participation in health-related decisions and effective community-level systems would build trust and empower communities, which are vital for rapid and effective outbreak responses. The FCGH could enhance principles of benefit sharing by expanding the Pandemic Influenza Preparedness Framework on sharing vaccines, therapies, and diagnostics.
- ***Trade and intellectual property:*** The FCGH would address many sectors that can thwart health justice, including trade and intellectual property regimes that may impede access to medicines or national efforts to regulate unhealthy foods and beverages. Ensuring respect for the right to health with respect to intellectual property, and implementing the principles of the Doha Declaration on the TRIPS Agreement and Public Health, with its affirmation of states' right "to promote access to medicines for all,"<sup>3</sup> can enhance access to essential medicines.
- ***Migrant and refugee health:*** The rapidly growing number of displaced persons and migrants, both voluntary and forced, requires new strategies to safeguard the health of deeply vulnerable populations. The FCGH would clarify the right to health obligation of non-discrimination, strengthening a norm of health care for all migrants, while establishing an equitable framework or mechanism for cooperation and shared responsibility for migrants' health.

## **FCGH core content**

The FCGH would operationalize the principles of human rights, equity, participation, social justice, accountability, and mutual solidarity. While ensuring these vital cross cutting principles, the FCGH would be targeted to key concerns of communities and states. At its core, the FCGH

---

<sup>3</sup> Doha Declaration on the TRIPS Agreement and Public Health, adopted at the Doha WHO Ministerial 2001, November 14, 2001, para. 4.

[https://www.wto.org/english/thewto\\_e/minist\\_e/min01\\_e/mindecl\\_trips\\_e.htm](https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm).

would aimed to ensure for all people UHC, including access to essential medicines and the underlying determinants of health (e.g., nutritious food, water, sanitation), and health security, while advancing Health in All Policies and the social determinants of health. Its main guarantees would include:

- **Human rights:** The FCGH would clarify standards, establish mechanisms to enhance respect for and advance the right to health in other sectors and international legal regimes, such as right to health impact assessments, and advance central human rights principles:
  - **Accountability**, through comprehensive national health accountability strategies, encompassing courts, parliaments, and the executive, at community and national levels, with transparency, disaggregated data, and social empowerment, along with strengthened corporate accountability and international mechanisms, such as peer review and links to current human rights mechanisms.
  - **Equity**, requiring non-discrimination, gender-sensitivity, comprehensive strategies to enhance health equity, equitable health financing, and pro-poor pathways towards UHC.
  - **Participation**, with directives on people's inclusive, empowered participation at all stages of health-related decision making.
- **UHC, health systems, and underlying determinants:** National participatory processes following human rights criteria could establish standards for comprehensive universal coverage of health care and underlying determinants of health through equitable health systems, backed by global solidarity with financing, alignment, joint learning, mutual accountability, and resource sharing.
- **Global governance for health:** The FCGH would include rights-based principles for state engagement in other international sectors and legal regimes, protect national policy space to protect health, and provide institutional innovations, such as a multi-stakeholder, multi-sector forum to integrate and promote health in other international regimes.

## Models

Recent treaty precedents present several models for the FCGH:

- **The WHO Framework Convention on Tobacco Control (FCTC)** is a treaty adopted by the World Health Assembly, using a framework-protocol approach, where the Convention establishes broad principles and specific standards, along the protocols to cover emerging issues of importance.
- **The Paris Agreement**, adopted under the auspices of the UN Framework Convention on Climate Change, includes a mix of binding and non-binding elements. A central innovation is that each country determines its own contributions to greenhouse gas emission reductions, accounting for their progress and with an enhanced transparency framework, including independent technical review.

- ***The Convention on the Rights of People with Disabilities*** (CRPD), a UN treaty, stands out as the first human rights treaty where NGOs were directly involved in formulating the treaty, with delegates from NGOs, along with governments, national human rights institutions, and international organizations, agreeing to the final text.<sup>4</sup>

The FCGH could potentially combine elements of each model, with gradual progress from soft to harder law. For instance, like the FCTC, it might be adopted through WHO under the framework-protocol approach – an approach that could reinforce WHO’s global health leadership and mandate to engage other sectors, from human rights to trade, in support of the right to health. It could borrow from the Paris Agreement the idea of nationally determined targets, with national strategies and targets – such as on UHC – developed through inclusive, participatory national processes, along with multifaceted measures of accountability and compliance. And critically, like the CRPD, civil society organizations, including grassroots organizations, should be directly involved in developing the treaty.

---

<sup>4</sup> United Nations, *A Convention on the Rights of Persons with Disabilities* (question and answer factsheet) (2006), <http://www.un.org/disabilities/convention/pdfs/qna.pdf>.