University of Nottingham
Human Rights Law Centre

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Dr Tedros Adhanom Ghebreyesus

Global Health and Human Rights

Chair: Professor Aoife Nolan, HRLC Co-Director

[AN] My name is Aoife Nolan, I am Professor of International Human Rights Law and Co-Director of the Human Rights Law Center here at the University of Nottingham, and I am absolutely delighted, on behalf of my Co-Director David Harris and myself and indeed everyone at the Human Rights Law Center at Nottingham, to welcome you to this, our 14th Annual Lecture.

The University of Nottingham Human Rights Law Center is committed to the promotion and protection of human rights and the establishment and the strengthening of the rule of law worldwide. Since 1993, we have carried out our work through training, academic research, policy linked activities - a whole range of different avenues. And in doing so we have the pleasure of collaborating very closely with a wide range of governments, intergovernmental organisations, academics, students and civil society, many of whom I can see are here with us today, about which we are delighted.

We are deeply honoured that today's lecture on Global Health and Human Rights is being given by Dr Tedros. As you will all know, Dr Tedros was elected at WHO Director general for a 5 year term by WHO Member States in May 2017. He is the first WHO Director General to have been elected from multiple candidates by the World Health Assembly and Dr Tedros is the first person from the WHO African region to serve as WHO’s Chief technical and administrative officer.

Immediately after taking office in 2017, Dr Tedros outlined five key priorities for the organization: universal health coverage; women's children's and adolescents’ health; health impacts of climate and environmental change; a transformed World Health Organization; and, extremely presciently given our current global context, health emergencies.

Prior to his election as WHO Director General, Dr Tedros served as Ethiopia's Minister for Foreign Affairs from 2012 to 2016. And for those of us working on human rights, development, the SDGs, it will be of particular interest that Dr Tedros led efforts to negotiate the Addis Ababa Action Agenda in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals, and I know that Dr Tedros will be speaking to us about the Sustainable Development Goals later today. In addition to this, Dr Tedros served as Ethiopia's Minister for Health from 2005 to 2012, where he led a comprehensive reform of that country's health system.

It is generally well known - and I know that everyone who is here today will know and recognize - that Dr Tedros is internationally renowned as a health scholar, a researcher, a diplomat, a leader with first hand experience in research, operations and leadership in emergency responses to epidemics. However, what is possibly less well known is that Dr Tedros is very much part of the extended University of Nottingham family, holding a PhD in community health from this University .And we at Nottingham take enormous pride in welcoming Dr Tedros not just as a global leader in health and human rights, but also as one of our own.

Dr Tedros we would be delighted if you were prepared to give your lecture now. Thank you so much for being with us.

[DrT] Thank you, thank you so much for that very kind introduction. Professor Aoife Nolan, Professor David Harris, distinguished guests, dear colleagues and friends. It's a great honour to deliver the annual Human Rights Law Centre lecture on Global Health and Human Rights. In particular, I would like to thank Professor Harris and Professor Nolan for the invitation, and I dearly wish I could be with you in person today. I would also like to send my greetings to the Vice-Chancellor Professor Shearer West and to my friends Professor Tony Aubrey and Professor John Benton. And of course others. I'd also like to offer my congratulations to our university for being ranked third in the world in a list of the most sustainable universities.

As you know, our university, the University of Nottingham holds a very special place in my heart. I spent many happy days there completing my PhD in community health as Aoife said and I have many fond memories of walking around the beautiful grounds, including around the lake. My supervisor, Professor Peter Byass, tragically passed away just four months ago and I'd like to dedicate today's lecture to his memory. It's not overstatement to say that Peter and our university, the University of Nottingham, shaped my life and I owe them both so much. My experience as a student in the UK and in Denmark also taught me the value of universal health coverage, a value that remains central to everything I do.

In 1948, as the world was rebuilding from the second devastating global conflict in just 30 years, two foundational documents came into force that have shaped the health of the world and its people for more than 70 years. One was the Universal Declaration on Human Rights and the other was the Constitution of the World Health Organization. Both documents affirm that health is a fundamental human right, not a privilege for those who can afford it. Over time that right has been concretised in the statute books of an increasing number of nations. Many now have the right to health enshrined in their constitutions. Others have passed laws on universal health coverage, most recently the Philippines and South Africa. Last year all 193 Member States of the United Nations endorsed the political declaration on universal health coverage. The first paragraph states, I quote: ‘Reaffirm the right of every human being without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health’. And of course, just a few weeks later, legislators from many countries met at the Inter-Parliamentary Union Congress in Belgrade to adopt the Resolution on Universal Health Coverage, pledging to leverage the power of parliaments to translate political commitment into their legislation and regulations to make universal health coverage reality.

The rule of law is essential for health in several ways. First, it supports good governance by establishing formal codes or norms that effectively constrain or mandate certain actions by individuals, institutions, or governments. Second, it can help to establish clear standards for accountability, transparency, privacy and sanctions and to prevent or reduce corruption. And third, the rule of law also enables individuals to access health services, to participate in decision making and to prohibit discrimination. But despite all these advantages, the right to health is being challenged in unprecedented ways, especially by the Covid-19 pandemic. In less than a year, more than 1.5 million people have lost their lives and tens of millions of people have been driven into extreme poverty. These data are likely underestimates of the true picture of direct and indirect morbidity and mortality due to the pandemic.

Quite apart from its health effects, Covid-19 has had ripple effects in many other areas, including human rights. The pandemic has exposed and exploited the many inequalities in our societies, disproportionately affecting the poor, the elderly, ethnic and racial minorities, indigenous peoples and other vulnerable groups. We have seen evidence of significant increases in rates of violence against women and children abuse, exacerbated by reduced access to services for survivors. Rates of violence and abuse against older persons have also increased in some communities. Groups such as Roma and other ethnic minorities, migrants, people of Asian descent, and LGBT communities have been targeted. They face allegations of

bringing Covid-19 into communities or are targeted by authorities who use public protective measures as a pretext for discrimination and abuse, including in too many cases arrests and incarceration. Some governments have passed criminal laws or used existing ones to incarcerate people for breaches of lockdowns and curfews, or for alleged exposure to, or transmission of, Covid-19. We know from our experience with HIV that criminalization profoundly stigmatizes people and deters them from seeking out HIV services. Let me be clear: there is no public health rationale for criminalization, and WHO's position is that incarcerating people under such provisions is counterproductive as a public health strategy and raises serious human rights concerns. There are a range of proactive measures that authorities can take to lower the burden and danger to the incarcerated population, including reducing overcrowding, releasing nonviolent offenders, and ensuring continued health care services and access to personal protective equipment for prisoners, detainees, and correctional officials.

In addition to all of these challenges, the burden of both the virus itself and the measures to contain it fall most heavily on those who can least afford to bear it. Stay-at-home orders and so-called lockdowns have placed a huge burden on the poor, increasing hunger dramatically and denying people the ability to earn their daily bread. Most of the world's population do not have the luxury of being able to stay home and stay safe. Most must go out to earn a living or to fetch water. Governments therefore face a difficult balancing act between implementing measures to protect and promote health, while protecting and promoting other human rights.

But to suggest we must choose between health and human rights is completely wrong. We can and must choose both. International human rights law recognizes the need for temporary limitations of some rights in public health or other emergencies. The Siracusa Principles provide clear guidance to ensure that limitations pursue a legitimate aim, including public health protection, are proportional, time bound and reviewable by an independent court. Most importantly, the principle of equality and non-discrimination must be respected. In response to all of these challenges, WHO is supporting Member States with technical guidance to reduce transmission and save lives and to protect the right to life, the right to health and the right to equality and non-discrimination. Integrating human rights protections into the response to Covid-19 is not only a moral imperative, it is a binding legal obligation. Respect for all human rights will be fundamental to the success of the public health response. Many of the countries that have responded to Covid-19 most successfully are those that have engaged, educated, and empowered communities to implement measures to protect themselves and others. That includes the meaningful participation of groups that often face social exclusion and discrimination in designing, implementing and monitoring Covid-19 policies.

Covid-19 has exposed and exploited the inequalities and the injustices of our world. But it can also be the springboard for building more equal and equitable societies. Vaccines will help to end this pandemic, but they will not address the vulnerabilities that lie at its root. There is no vaccine for poverty. There is no vaccine for hunger. There is no vaccine for inequality or climate change. Once the pandemic ends, we will be left with even greater challenges than before it started. In 2015, the nations of the world adopted the Sustainable Development Goals with their sweeping vision for people, planet, prosperity, peace and partnership. We were off track for the SDGs before the pandemic. Now we are even further behind. Covid-19 has demonstrated why the SDGs are so important and why we must pursue them with even more determination and innovation and how we can only do that by protecting and promoting human rights. Covid-19 is teaching us that very hard lesson -one we ignore at our peril. A public health crisis can quickly become a human rights crisis, threatening not only the right to life and the right to health, but the entire range of civil, political, social, economic, cultural rights. This is a time for multilateralism and strong global health government that places human rights at the centre of its efforts.

As you know, yesterday was Human Rights Day, with the theme 'Recover Better - Stand up for Human Rights'. And tomorrow is Universal Health Coverage Day with the theme 'Protect Everyone'. These two days coming so close together at the end of this very difficult year are a

reminder that, as we rebuild from this crisis, we must do so on the foundation of human rights, including the right to health. The pandemic has demonstrated that health is not simply a by-product of development, but an essential component of the social contract upon which stable, prosperous, resilient societies are built.

I would like to leave you with three areas in which I believe the rule of law is essential for providing, promoting and protecting the right to health. First, the right to health must be provided by law. As I mentioned, all UN Member States last year endorsed the Political Declaration on Universal Health Coverage, which affirms the right to health. But only about 80 countries have a formal legal provision for the right to health, either in their constitutions or on their statute books. We need more political advocacy to provide the fundamental legal underpinning for health. And we need more research on the different ways in which countries translate the right to health into law and the different effects those laws have in different contexts. Our university can focus on this, for instance. Second, the right to health must be promoted by law. It's one thing to have access to health services guaranteed by law, but all too often health can be undermined by other laws - or the lack of them - that regulate many of the reasons that people get sick and die. In the air we breathe, the food we eat, the water we drink and the conditions in which we live and work. Prevention is better than cure and that applies to the law as well. In recent years, many countries have introduced new legislation and regulations to address what we call the determinants of health. For example, Australia, Canada, France, Saudi Arabia, Turkey, Thailand, Uruguay and more have mandated plain packaging for tobacco products. Singapore has passed a bill that will ban the use of artificial transplants, a leading contributor hypertension and heart disease from its food supply by next year. Countries including Chile, India, Malaysia and Mexico have introduced or increased taxes on sugary drinks. And there are many other examples. And again, more research is essential for helping to understand the impact of these laws on health and for building the evidence basis on how these laws can be used more effectively. And third, the right to health must be protected by law. Even in emergencies. The right to health is not a privilege to be enjoyed only in times of peace and prosperity. It's a right that must be protected at all times. In the current context, that includes ensuring equitable access to diagnostics, treatments and vaccines.

As you know, you in the UK are among the first people in the world to benefit from vaccines against Covid-19. To have safe and effective vaccines against a virus that was completely unknown to us only a year ago is an astounding scientific achievement, but an even greater achievement will be to ensure all countries enjoy the benefits of science equitably. We simply cannot accept a world in which the poor and marginalized are trampled by the rich and powerful in the stampede for vaccines. This is a global crisis and the solutions must be shared equitably as global public goods, not as private commodities that widen inequalities and become yet another reason some people are left behind. No one should be left behind. In April, with support from many partners, WHO established the Access to Covid-19 Tools Accelerator. This is a completely unprecedented partnership with two aims. First, to develop vaccines, diagnostics and therapeutics fast. And, second, to allocate and deliver them fairly, to clear objectives. The task of narrowing any inequalities does not start after the pandemic. It must be part and parcel of the response. We have an opportunity to build back better after Covid-19. But it will take all of us to do it. Governments, international organizations, businesses, civil society organisations and universities. The world has changed beyond recognition over the past 72 years. But WHO’s vision has not. The right to the highest attainable standard of health for everyone, everywhere. And we hope to realize this together. We are in this together and all roads should lead to Universal Health Coverage, respecting health and fundamental human rights.

Thank you so much, again. Thank you to my Alma Mater, to my school, to my University, for helping me being what I am, and I'm very glad to be connected virtually today, but hope to come and see you. I think I miss my campus, it’s time to come. Thank you. Thank you Aoife.

[AN] Thank you. Thank you so much Dr Tedros and I can tell you, you would be welcome anytime and we look forward very much to your visiting post the time of Covid. That was an absolutely inspiring lecture. I mean, prevention is better than cure: it's crucial in the context of health, and it's certainly crucial in the context of human rights. Anyone who is interested in human rights will have been very energized and very pleased to hear your very strong call for the protection and the promotion of human rights in law, even during - and maybe especially - during times of emergency. And the notion of health and human rights being at the centre of global multilateralism is certainly a point that is crucial in the Covid context, but obviously more broadly, so we're very grateful at the very strong and very clear messages you sent about the synergy and the very strong co-imbrication of health and human rights both during and beyond Covid. So thank you.

Dr Tedros has very kindly said that he will answer number of questions. I think it's important to flag that due to the number of questions we've got, we will not be accepting questions through the public chat, so please don't send them in that way. We had asked them to be sent in beforehand, not in a strange spirit of censorship, but simply because we knew we would have vast numbers of them. May I also ask the people, if you can resist it, please do not put messages in the public chat as each time it beeps and interrupts the sound. My apologies again.

Very quickly - towards the end of your lecture, Dr Tedros you spoke about obviously the very good news of the development of multiple vaccines. It’s good news for human rights. But obviously, concern has been expressed, and you refer to it in your lecture as well about this question of equal access to vaccines, particularly for people based in developing economies and Mohammed Ishmael asked: What is WHO currently doing to improve universal access to vaccines and preventative medicine around the world, especially for impoverished communities. It would be great to hear some of your thoughts on this.

[DrT] Thank you. By the way, my dear colleague Dr Maria Van Kerkhove who you see with me during our regular press conferences, is with me and she would be happy to join me in answering some of the questions. So I will start with this one, but I would like to recognize her presence with me and then I would be happy to bring her to Nottingham also.

[AN] Well, we are absoutely big fans of teamwork, so thank you.

[DrT] And Mike Ryan is busy with other things so he couldn't join us, but we really like to work as a team. So on the vaccines. There are three things, which we are focusing on now, especially to ensure fair distribution. The first one is we have a gap of around 4 billion US Dollars, an immediate need, so we need to mobilize that. And, second, is political commitment. I know you have been following this, and many leaders have pledged to make vaccines a global public good and that pledge has to be translated into action. So we are now reminding them that this is the time - we have the vaccines now, so you have to do it. You have to make it happen. So that's the political commitment which we are working on, to translate it into action. The third and very important one is preparing the countries’ infrastructures, because vaccines is one thing but vaccination is something else. We have to make sure that the vaccination starts the same in all countries. So it's money, the funding, the political commitment, the pledge, translate it into action and preparing the infrastructure. And we're doing it in partnership with many agencies, UN, private sector, non-UN, and recently we have signed a letter with the World Bank, UNICEF and others, Global Fund, GAVI, to instruct our country offices to help countries to prepare the infrastructure in countries, identifying the gaps they have and filling them, so they are ready to start the vaccination as soon as the vaccines are ready. So that the whole supply chain is being checked. So these are the three things we are doing to make sure that the distribution is fair and this was the reason behind the

establishment of the accelerator, as you know. But the most important thing is, this is now technical, because WHO has allocation criteria, it cannot be fairly allocated. The political commitment is very important and the Facilitation Council will meet on Monday. This is co-chaired by Norway's Prime Minister and the President of South Africa and we hope this will really galvanize the political commitment, which will make the fair distribution happen. But it will not be easy.

[AN] That's a very full answer if you didn't mind, I might move on to the next question. Thank you so much. And this, I'm afraid is a shamelessly parochial question, and Dr Tedros you studied here in the UK, so you know we sometimes have a tendency to parochialism. It's very much centred on discussions we're having at home, and this is a question from Emily Morgan who is based at ITV News: the UK is the first country to approve and start to deploy the vaccine, a process that has begun over the last two weeks. Do you have any advice for the UK going forward on how best to take advantage of this?

[DrT] So can I give this to Maria - do you want to give advice to the UK?

[MVK] I can start very briefly and then, Dr Tedros, if you can supplement. I think, as you pointed out, as Dr Tedros has pointed out, this is a wonderful thing to happen, to be at a point where we are actively, actually vaccinating individuals with a safe and effective vaccine for a virus we have only known about for less than a year. It's really quite incredible, but what we have been advocating for, and with the UK as well as with others, is to make sure that we have multiple safe and effective vaccines. So first and foremost, we must continue with the research. Secondly, we have to be sure that we distribute this safe and effective vaccine to those who are most in need at first. And so the UK is starting with the most vulnerable and that wonderful woman, 90 year old Margaret Keenan, who received that vaccine - it was really, I can tell you, many people saw that had a tear in their eye, who have seen that achievement being done. But I think this goes back to the fair and equitable distribution that Dr Tedros just mentioned. We need to make sure that, in the UK, but also across the world, that those who need it most receive this vaccine first, so that we vaccinate all people who are vulnerable as opposed to everybody in a few countries. And I think the UK can show us the way of how to do that. We are very grateful for the UK's support in all of the, to global health, to the vaccines and to the accelerator.

[DrT] Yeah, just yeah. [PAUSE] You're on, you're on mute

[AN] Sorry there's always one nitwit and it's me today. I just wanted to check. Would you like to add to that or will I move on to the next question?

[DrT] If you're satisfied with the answer then..

[AN] I's an excellent answer. Thank you so much. And as I say, the lovely ping pong teamwork is very nice. Very much the kind of multilateralism we like to see - you know, misappropriating that term. I think the next question I'd like to ask is, it's to do with -, and you hinted at this in your in your lecture as well, Dr Tedros - this question of lockdowns and human rights. And particularly the concerns that we've seen in many places with the instrumentalization of Covid as, in some instances, an excuse for violating human rights, particularly of socially unpopular groups. But, more broadly, are lockdowns for public health reasons a violation of human

rights? And, in particular - and this is from a colleague here at Nottingham, Professor Ellen Townsend- , given the fact that children are less at risk than other groups with regard to Covid and less likely to spread it, are lockdowns violations of children's rights?

[DrT] Thank you, thank you so much. I think when you say lockdowns, that makes it a bit extreme, we prefer to call them social measures. And that way, it's like, when you try to implement them, they can be considered as social contract. So with good communication the society understands that by taking the social measures, it can protect the society and even sacrifice their individual rights it has. So, you know, sacrificing the individual rights but believing that it has benefits for the society. So it's a matter of a balancing act. In countries who have done it very well, it starts from proper communication. The governments really communicate with their people about exactly what's happening, the risks, what it means to the society, what it means to their country. Then they propose: these are the measures we're taking and please bear with us, please cooperate. And they can choose to follow. Countries who have done it that way, they have brought, actually they have seen good impact. But it varies from country to country. For instance, if you take Asia, whether it's in Korea or in the Mekong region like Thailand, the society tends to follow and keep a balance of the individual rights and also what it should sacrifice to bring the social benefits or take the social responsibility into action. While in the West there are people even who argue that ‘I don't want to wear my mask because.a, mask, forget about social measures or lockdown, they refuse to wear a mask because they say it's my right. But they don't see that the lack of wearing a mask is actually affecting somebody else. So as I said in my lecture, it's a balancing act./ And individuals, if they understand very well and if it has a benefit to the society, it can be applied without a problem, and people would be, would agree to take the pledge, to sacrifice if it’s for the benefit of their society. So it's very difficult to say it's wrong or right. It's the application and the way we try to apply them could go whichever way, and probably I think we need to change the name -. the lockdown, I don't think it’s a good name. Anyway, if Maria would like to add to that..

[MVK] Just quickly to say that these measures are intended to reach a public health goal, and they're meant to be temporary. These are not meant to be long-time and in many situations are voluntary. Just to add to what Dr Tedros’ excellent answer is, communities need to be listened to and engaged, as he said in his speech, they need to be enabled. So if they are asked to stay at home, if they are asked to carry out certain measures, they need to have the provisions to do so. Specifically, children, that you asked about in your question, children are susceptible to infection. Children tend to have less severe disease thankfully, but they can transmit to others and in certain situations we have seen children who had severe disease, children who have died. Children are part of our communities, they need to be protected as well. But these measures that are in place, and I wholeheartedly agree the use of the word lockdown is a terrible word. Wwe do not use it, if we do, we say ‘so called lockdowns’, because there are so many different measures that are in place. But if any restricted movement is put in place, they’re meant to be restricted in geographic location, time bound and lifted as quickly as possible.

[AN] That's very helpful because of course what you're saying there is entirely in line with human rights limits on restrictions of rights caused by social measures or lockdown. So certainly for those of us who work in human rights, that'll sound very familiar. That's extremely helpful. Thank you. I wanted now to ask a little bit about how WHO has been, its response to Covid. Obviously you addressed that in your lecture, Dr Tedros, and it's clearly been the focus of much attention. And I think one of the questions that was asked by someone who emailed us was: to what extent has WHO's work in relation to Covid been affected by geopolitical

fragmentation and tension - and in particular the tension between China and the US? It would be wonderful to have some of your thoughts on this.

[DrT] Thank you. Let's start from the national level. As you may remember, throughout the pandemic actually we have been advocating for national unity. We said, or we advised Member States, to quarantine Covid politics and that there should be national unity and that political parties should actually come together starting from planning and implementation of fighting the pandemic, to be a joint activity. Countries who have politicized Covid, I think have paid dearly. And the countries who have chosen unity and really did their best to avoid any divisions across ideologies, religion or other factors have done very well. So it starts from country level. National unity is very, very important and I know for instance the PM of Finland, I spoke to her at the early days of the pandemic and she told me they have already established a committee of the ruling party and the opposition, they prepared a plan together and then they executed the plan together. So that's very important. And when you have that kind of national unity, that will be the foundation for global solidarity. And that's the second thing we have been asking for. Not only national unity, that should lead to global solidarity and that the world should work together. But unfortunately, there was a serious tension, geopolitical tension, and for us, instead of focusing on fighting the pandemic, we had this geopolitical tension, which was a distraction. And that's why from many of our press conferences, the most frequent message was solidarity, solidarity, solidarity. And that we cannot defeat this pandemic without solidarity. And the cracks between countries would actually be exploited by the virus, and that we should avoid this and work together. But one thing we did was, although there was this distraction, we focused on our work and we tried to handle it with care, without getting into that, without trying to be influenced by that, but with more focus on the things that we need to do to help countries to save lives. So, we tried to manage to the best we could without being dragged into that conflict. But it surely was a very difficult situation.

It would have been better for the world to have solidarity, to work together and focus on Covid. You know, if we focus on Covid, we need less energy to fight Covid. When we fight each other - forget about countries, big countries, even individuals - when they fight against each other, they need more energy, they waste more energy. They needn't waste more energy, but they would need less energy to fight the common enemy. Imagine, the energy that they could use to fight the enemy, they use it to fight against themselves, and imagine the level of energy we waste. So the geopolitical tension was a serious distraction and, to be honest, we paid dearly because of that. I know when global powers work together, even during the Cold War you remember, the Soviet Union and US chose to work together and they led the world to eradicate smallpox. That's the result of solidarity. But we don't see it now and I can give you another example. I know you can go back and see, until 2015, the world was converging. As you remember, in 2015 the Paris Agreement was concluded. In 2015, the SDGs were agreed. In 2015 the Addis Ababa Action Agenda on Financing for Development was agreed. In 2015, the whole world was converging. The leaders, the global leaders were leading. After 2015, the world started to diverge. The Paris Agreement was undermined, the SDGs were undermined. We were not really working together on those, and the rest I think you know. So for me, you can see that it's a choice: we can choose to work together. We can choose to converge. We can choose to diverge. So our choice should be to converge and work together, and then we can do as global community. Thank you.

[AN] Thank you so much Dr Tedros. Now I'm very conscious that we are one minute past two and that you are enormously busy. I'm wondering, do you perhaps have another 5 minutes you can give us? Or would you prefer at this point to call a halt?

[DrT] I think you said 10 minutes earlier. We were late by 20 minutes, so let's go - 10-15 minutes is OK.

[AN] That's enormously kind..

[DrT] A demand from my university, it's very difficult to say no…

[AN] I tell you, absolutely. Thank you so much. And can I also say thanks for the patience of all the participants? Please do - we will be finished wrapping up in 10 minutes, so it's just to be conscious that we appreciate your patience at the beginning of the lecture. And please do hang on now, but we will be coming to a close in 10 minutes. This call for national global solidarity is very powerful and I like the way, you know, it's obviously very significant, the way in which you tied it not just to the Covid context, but the SDGs more broadly, the climate goals, etc. So, that's a very strong call. A lot of what we've talked about so far though, has been very much focused on WHO in a way feeding into human rights being done by other people You know, wow does WHO engage with national states etc., in their efforts to advance human rights? Turning to WHO internally, and obviously human rights is an ever greater part of WHO's work, I wanted to ask -, and this question is from Judith Bueno De Mesquita who is based at Essex, who I think is an old friend of WHO - and she has asked: what have been the main challenges and opportunities for mainstreaming human rights at WHO in the context of the Covid-19 pandemic. So really looking, I suppose, at WHO itself and its own workings, rather than outside, if that makes sense.

[DrT] So I think, I would ask to reclassify maybe, to reframe it again.

[AN] So, I suppose, as WHO develops its work on human rights as an institution, has COVID-19 helped to advance WHO's efforts to integrate human rights in its programming? Or has it served as an obstacle, because, for instance, there's been so much to do?

[DrT] I got you now. I think it helped us. You know, in 2017, as soon as I became DG, we started a transformation agenda, to change the organization. So it's mainly focused on what you said on UHC, emergency, climate change, you name it, and then we called that 'WHO by design'. So we started to reach out to civil society, reach out to the private sector, reach out to others because we started to believe that, you know, we cannot stay in our shells. We need to engage as many partners as possible to achieve the objective of health for all. And then, at the same time, we have been saying, you say UHC, and bringing in civil society and others to work with us, UHC or health for all can only be realized if you take it as a rights issue, which is, which it is. So we signed an agreement with Human Rights Commission and try to incorporate some elements, so we can actively advocate for health for all putting human rights at the centre. So that started to get us into a new territory more and more, and when Covid came, it even accelerated it. So we started to reach out to more partners, who we have not known before, and mobilizing those whose work is actually focused on human rights to make sure that, you know, what we do in Covid, with regard to Covid and what we do with the rest of our mandates, actually centres around human human rights. But Covid, I think, has accelerated the transformation, accelerated many of the things we have started, and that's why now we say Covid is unprecedented. We have seen already some of the cracks in the society that's why I said in my speech about the roots, the inequality and poverty and so on. It has exposed the roots of our problems and all those are actually rights issues, and health being at the centre. So it's just an enlightenment even to the whole organization. And to take forward, not

only helps, but the others that can affect those indirectly or directly as a rights issue and work with others to push them forward. And now health for all alone, in addition to the rest, cannot be realized and cannot be realized if you don't take the rights approach, it cannot. Countries that have made progress - in health, in realizing health for all or universal health coverage, did that by putting health as a fundamental rights issue in their constitution. That's it. And Covid has showed that that's true. That's right, and we need to move. But not health in isolation, but including the other determinant factors, be it social determinants, political determinants, economic determinants - you name it. So we need to use this unprecedented situation of Covid to accelerate and have a better, a fairer, a healthier world.

[AN] That's very helpful I. I think at this point really I just want to pull back for the final question and get a sense from you of this. You know you have spoken about the SDGs and at the same time, you have spoken very strongly about the need for legal protection of the right to health. Now, as you know, there is huge support for the Sustainable Development Goals internationally amongst governments, but there is often significantly less enthusiasm for a legally enforceable right to health. But my sense very much from what you've been saying is that it's not about an SDG approach or a human rights approach. It's about both together and that this is what we require as we move forward in ensuring health for all. Would that be a fair depiction of your position?

[DrT] Exactly. I say exactly, but Maria doesn't like that...

[MVK] Thank you, no, you summarized it perfectly. I think one of the things we've seen in this in this pandemic is also the exacerbation of this dichotomy between, it has to be one or the other, and as we've just phrased it, it's both. It has to be. There is not one without the other. So I think you laid it out perfectly clear.

[AN] That's great. Thank you so much for really such a stimulating event. I know you have other things you need to do, tackling a global pandemic. I cannot, words cannot express how grateful we are that you were able to give us this time today. I know I speak on behalf of myself, the Human Rights Law Centre, but also Nottingham. Ad I'm conscious that this is the first of several engagements you will have with Nottingham over the next year about which the University is enormously excited. At this point I'd just like to ask everyone - and I know we have a very strange situation where we cannot clap - but you know, join with me in expressing huge gratitude to our speaker, Dr Tedros and to the team, to Dr Tedros' team. And also I would like to say thank you to Agnes Flues and other people here at Nottingham who helped to make this event happen. But I'd most of all like to thank those of you who've joined us. Thank you as well for your patience in dealing with the tech issue at the beginning. Thank you for being part of today, I'm conscious that we are all very tired and that there's a lot of webinar fatigue, but it's been wonderful to have you as an audience. Thank you for sending in the questions. Ad finally, and of course, really, most of all, thank you so much, again, Dr Tedros. We are enormously grateful that you were able to make this time for us. And just as you know you feel warm about Nottingham, Nottingham feels very warm about you. Thank you so much.

[DrT] Thank you. Proud to be Nottingham.