

The Role of Treaties, Agreements, Conventions, and Other International Instruments in Global Health

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KEYWORDS

- International agreements • Treaties • International law
- Global health multilateral agreements

International agreements, commitments, and partnerships are an integral part of every nation's global health engagement. As nations become more reliant on each other for cohesive development of global health policies and practice, and globalization increasingly makes health challenges in one part of the world concerns for all nations, the importance and use of international agreements in framing policy and national commitments have increased.^{1,2} These agreements establish political and legal commitments, formalize international relationships, and coordinate roles and responsibilities in an increasingly complex and interconnected world. Some of these agreements are legally binding under international law, and may also be binding under national law, whereas others are non-binding but may confer political, diplomatic, governance, or other expectations on parties.^{1,2}

Whether a nation chooses to become party to an agreement may send an important signal to the international community regarding national priorities, help to shape the dialog on key global health issues, and may in turn serve to influence the direction of national policies and programs. Despite the importance of these agreements, no single database is currently available for cataloguing the range of international agreements pertaining to health.

The authors have nothing to disclose.

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Infect Dis Clin N Am 25 (2011) 455–475

doi:[10.1016/j.idc.2011.02.002](https://doi.org/10.1016/j.idc.2011.02.002)

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To better understand the scope and content of international health agreements, and the status of country participation, the authors reviewed international agreements that are currently in place, looking specifically at multilateral instruments or partnerships—those in which three or more parties,³ including governmental membership, are involved—to identify those that either directly focus on or encompass health. The authors identified 50 of these agreements, including those that are legally binding under international law and those that are non-binding. This article defines the different types of agreements, describes the process through which governments enter into these agreements, evaluates the legality of agreements under international law, and assesses participation by member states.

METHODOLOGY

To compile the list of international agreements on health, multiple databases, reports, and other sources were reviewed, including the United Nations Treaty Collection, which provides a database of all multilateral treaties, including full text and status, deposited with the United Nations (UN), as all nations are obligated to do under the UN charter.⁴ The U.S. Department of State's required annual report to Congress on all *Treaties in Force*,⁵ the U.S. Library of Congress reference collection on *Treaties*,⁶ and other reference documents and databases were also reviewed.^{1,7} Each agreement was reviewed to assess its scope, purpose, and content, and only those that were health-specific or had a significant health component and were currently active were included in the final analysis. In addition, only multilateral international agreements were included; bilateral (country-to-country) agreements were not included, although nations are party to thousands of these agreements. Although the authors endeavored to identify agreements that met these criteria, selection involved some level of subjective judgment.

BACKGROUND

History

Governmental involvement in international health activities began more than a century ago, motivated by both public health and economic concerns as nations increasingly sought to promote international trade and travel while also protecting their countries from external disease threats by regulating shipping ports and other border access points.⁸ Largely to support international trade and shipping, in 1851 France convened the first International Sanitary Conference to begin standardizing international quarantine regulations and practices and to develop an international system of disease notification. Subsequent conferences ensued, and in 1892, participating nations approved the first standardized set of health measures—The International Sanitary Convention.^{8–12} Although this convention marked the first international health agreement of its kind,¹³ few multilateral agreements generally, let alone on health specifically, existed until after World War II, when several interrelated factors led to their growing use, including rising globalization and transborder movement; increasing international cooperation connected to foreign policy agendas, particularly in the post-Cold War period; the need to address new and complex areas internationally (eg, new disease threats and environmental challenges, as most recently evidenced by H1N1 in 2009); and the rise in the number of sovereign states, which makes the use of multilateral agreements not only more necessary but also more efficient compared with each nation negotiating individually with a large and growing number of unique states.^{1,2,14,15}

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