

# In this month's *Bulletin*

In addition to its regular research and policy articles, this month's *Bulletin* explores the role of international law in six areas of health development.

## Controlling infection (pp. 946–951)

European nations tried to coordinate their national control measures for cholera, plague, yellow fever and other infectious diseases by organizing international sanitary conferences in the 19th century. In the 20th, these international efforts multiplied and eventually merged in the World Health Organization. WHO adopted International Sanitary Regulations in 1951, renaming them the International Health Regulations in 1969. For the 21st century, these regulations are being revised with a special focus on global health security, public health emergencies of international concern, routine preventive measures, national focal points to see the regulations are carried out, and synergy between these regulations and others such as those governing trade. The theory is that countries will abide by rules to the extent that they see it is in their interests to do so.

## Resisting obesity (pp. 952–958)

By 2020 about two-thirds of the global burden of disease will probably be from noncommunicable diseases. The steep rise globally in obesity, diabetes and cardiovascular diseases is linked to the nutrition transition towards higher levels of sugars, oils and animal fats. In the United States, in which 55% of the population is overweight, US\$ 30 billion a year is spent on advertising food, and US\$ 40 billion on the direct medical costs of obesity. Food trade, which was worth US\$ 438 billion a year in 1998, globalizes this phenomenon, making obesogenic environments more common worldwide, even in parts of poor countries. Can international regulations mitigate this trend? It will require “innovative and committed collaboration on the part of all concerned”.

## Genetic engineering and human rights (pp. 959–963)

Human rights law presupposes that some basic principles transcend cultural diversity. This gives it the potential to provide a basis for international biomedical law, in which the “vague but powerful idea of human dignity” plays a central role. There is broad consensus about the urgency of preventing two procedures of genetic

engineering: germ-line interventions and human reproductive cloning. In these two technologies the identity of the human species is at stake. Germ-line interventions would have irreversible effects on future generations and could be used for eugenic purposes. Human cloning would be a radical form of instrumentalization of people, making them “copies” produced to meet other peoples wants rather than “originals”. International efforts are focusing on new common standards that take into account the interests not only of people alive now but of future generations.

## HIV/AIDS and human rights (pp. 964–969)

People who are marginalized, stigmatized and discriminated against tend also to be those most at risk of HIV infection. The “rights-based approach” to public health thus represents both a value in itself and a means of promoting effective policies. Human rights conventions, in contrast to the World Trade Organization, have no mechanism to impose penalties for violations of their rules, but they are an important factor in aid policy, and in building participatory control programmes within countries. In April 2001, 39 pharmaceutical companies bowed to worldwide condemnation by abandoning court action against the South African government over legislation that could be used to make essential drugs affordable for millions of South Africans. In this case, arguments supporting the government were based in large part on international human rights law and obligations.

## Controlling environmental health risks (pp. 970–974)

Multilateral environmental agreements that have the effect of protecting health include the Montreal Protocol on Protection of the Ozone Layer (1987), the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (1989), the Convention on Biological diversity (which includes the Cartagena Protocol on Biosafety) (1992), the Kyoto Protocol of the United Nations Framework Convention on Climate Change (1997), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (1998), and the Stock-

holm Convention on Persistent Organic Pollutants (2001).

International environmental law can help to galvanize action in favour of public health. The Stockholm Convention, for example, has been hailed as a “global public health treaty” and “the first global agreement ever to seek to ban an entire class of chemicals because of their direct effects on human health”. It was finalized in 2001 and is expected to enter into force in 2004 after ratification by 50 countries.

## Coordinating international lawmaking (pp. 975–980)

With many organizations sharing lawmaking authority over health-related issues, efforts to impose order can easily be fragmentary and ineffective. Issue linkage, a study area which defines the relation between the different subjects of international law, can help to avert this danger. International health law is increasingly recognized as central to other legal realms such as human rights, environmental law, international labour law, and arms control. Health thus becomes a rallying-point for multilateralism. The expansion of international trade, for instance, affects medicines, food security, nutrition, infectious disease control, and biotechnology. Health is likewise closely linked to international peace and security issues such as biological and other weapons systems.

Leadership in coordinating the codification and implementation of health-related law is needed. WHO is well placed by its mandate and visibility to provide it. Though it has no binding authority over the other activities of autonomous intergovernmental organizations, it can play a pivotal role in setting the international health law agenda and coordinating action.

## Classic: the highest attainable standard of health (pp. 981–982)

The Preamble to WHO's Constitution offers health workers a purpose, a challenge, and an obligation.

## Books: genomics (pp. 985–986)

Should market forces guide the world's research agenda and the demand for more competitive, attractive and cost-effective humans? ■