

THE HENRY J.
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U.S. GLOBAL HEALTH POLICY

U.S. PARTICIPATION IN INTERNATIONAL
HEALTH TREATIES, COMMITMENTS, PARTNERSHIPS,
AND OTHER AGREEMENTS

September 2010



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I. EXECUTIVE SUMMARY

The U.S. government's role in global health is long-standing and multifaceted. While primarily involving directly funding and operating programs in low- and middle-income countries, it also includes participation in international treaties, commitments, partnerships, and other multilateral agreements that address or encompass health. Such agreements serve numerous purposes including establishing political and legal commitments, formalizing international relationships, and coordinating roles and responsibilities in an increasingly complex and globalized and interconnected world. The role of the U.S. in international agreements has gained new attention in the Obama Administration, which has stated an intention to reinvigorate multilateral engagement and international partnerships on health and development^{1,2} and this is one of seven key principles of the Administration's new, six-year, \$63 billion Global Health Initiative (GHI).³ To better understand the U.S. role in this arena, this study provides an in depth analysis of the current status of U.S. participation in international health agreements, including those that are legally binding under international law as well as those that are not binding but may confer political, diplomatic, governance, or other expectations. It also reviews the process by which the U.S. becomes party to an international agreement, including the roles of the executive and legislative branches of government.

Key findings are as follows:

- Fifty multilateral agreements that address health were identified; of these, the U.S. government is party to 36.
- Twenty-six of these agreements are legally binding under international law; of these, the U.S. is party to 16.
- These agreements span many topics and areas, varying in terms of their legal status and strength. Most address specific diseases, such as HIV, TB, polio, or malaria (11 of 50), followed by those that address health through an environmental lens (7) or as a trade/intellectual property issue (6). A smaller number address health for specific populations, such as women, children, and refugees, through a human rights framework (5); as part of security/preparedness (4); or within agreements focused on water/sanitation (3) or food/nutrition (3). The remainder are generally international health agreements that serve to establish or support organizations that address health issues or agreements that address multiple health issues.
- The U.S. is most likely to be a party to health-related agreements that address: specific diseases (9 of 11), none of which are legally binding; trade/intellectual property (6 of 6), all of which are binding; and security/preparedness (4 of 4), two of which are binding. The U.S. is also a party to many other types of agreements that serve to establish organizations or programs that address health issues, although these are generally not binding. The U.S. is less likely to be a party to agreements that address the environmental or water aspects of health, or to those that address health for specific populations through a human rights framework, most of which are binding.
- The U.S. is not a party to 10 of the 26 legally binding international health agreements. Of these are seven in which the U.S. is among a minority of non-party States. These are primarily agreements related to environmental issues, such as the Kyoto Protocol to the United Nations Framework Convention on Climate Change (with 194 parties, representing all parties to the original Framework Convention except the U.S., Afghanistan, and Somalia) and also the one tobacco-related international agreement, the WHO Framework Convention on Tobacco Control (169 parties, plus an additional 14, including the U.S., who have signed but not become party to the Framework). They also include two of the main health-related international agreements that address the rights and needs of vulnerable populations—the Convention on the Rights of the Child (with 193 parties, except the U.S. and Somalia) and the Convention on the Elimination of All Forms of Discrimination Against Women (with 186 parties, except the U.S., Sudan, Somalia, Iran, Nauru, Palau, and Tonga).

As the U.S. seeks to examine and augment its role in global health through the Global Health Initiative and other efforts, including a stated emphasis on the importance of multilateralism and international cooperation, options to consider include:

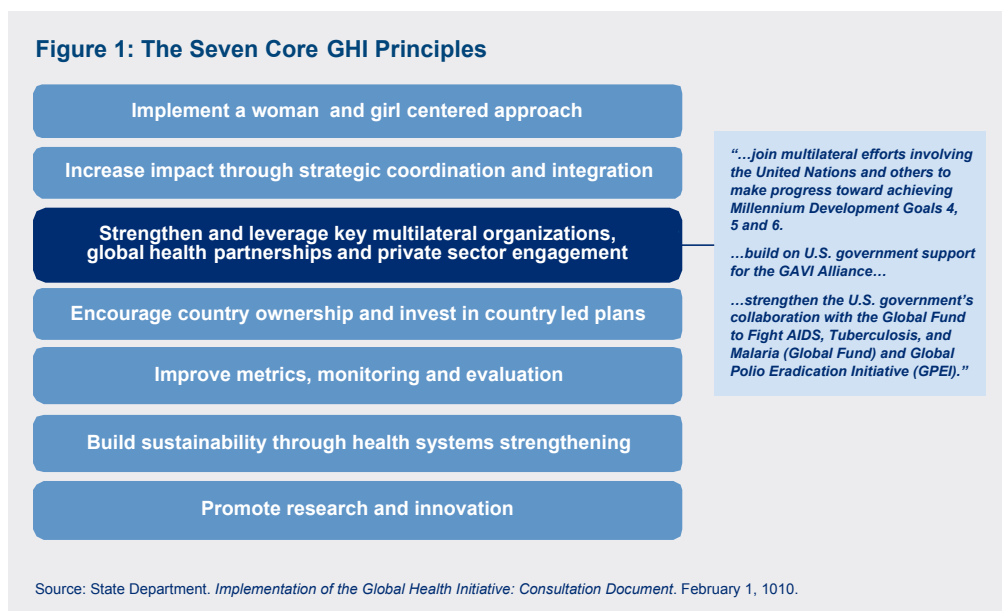
- Developing a centralized system for cataloguing and periodically reviewing all current multilateral agreements on health as well as the status of U.S. participation in these agreements;
- Assessing opportunities for strengthening or otherwise revisiting current multilateral agreements and partnerships to see if they are consistent with U.S. policy and programs and reflect current realities;
- Reviewing health-related agreements that the U.S. is not currently party to and assessing options and issues for reconsidering U.S. involvement. For example, the Administration as well as some members of Congress have expressed support for ratification of the Convention on the Elimination of All Forms of Discrimination Against Women while others have raised general questions about the effectiveness of such instruments as well as concerns about their implications for U.S. sovereignty and policies; and
- Identifying areas or issues that could be explored for the development of new international agreements, such as in the areas of health security or maternal, newborn, and child health, and/or better coordinating mechanisms across existing entities and efforts.

II. INTRODUCTION

The U.S. government's role in global health is long-standing and multifaceted. Beginning more than a century ago, the U.S. engagement in global health has increased significantly over time.⁴ While primarily involving directly funding and operating programs in low and middle income countries, it also includes U.S. participation in international treaties, commitments, partnerships, and other multilateral agreements that address or encompass health. Some of these agreements are legally binding under international law while others are non-binding but may confer political, diplomatic, governance, or other expectations.^{5,6} Such agreements serve multiple purposes including establishing political and legal commitments, formalizing international relationships, and coordinating roles and responsibilities in an increasingly complex, globalized, and interconnected world.

The use of multilateral agreements by the United States has increased significantly over time, particularly starting in the latter half of the twentieth century.^{5,6} Both the executive and legislative branches of the U.S. government play important roles in this arena, although much of the power to negotiate and enter into international agreements on behalf of the United States, particularly those that are non-binding but even some that are, rests with the executive branch. Whether or not the U.S. chooses to become a party to an agreement may send an important signal to the international community about U.S. priorities, help to shape the international dialogue on key global health issues, and serve to influence the direction of U.S. government policy and programs.

While international agreements have been long been part of the U.S. global health engagement, they have received new attention by the Obama Administration, which has stated an intention to reinvigorate multilateral relationships and international partnerships on health and development.^{1,2} In launching the Global Health Initiative (GHI) last year, the Administration emphasized the importance of leveraging support from multilateral partners⁷ which was included as one of seven core GHI principles (see Figure 1).³



To better understand the U.S. role in this arena, this study provides an in depth analysis of the current status of U.S. participation in international health agreements, including those that are legally binding under international law as well as those that are not binding but may confer political, diplomatic, governance, or other expectations. It first provides background and context for understanding international agreements. It both defines the different types of international agreements (including treaties, protocols, declarations, and others) and describes the process by which the U.S. government enters into such relationships, including the respective roles of the executive and legislative branches of government. It also discusses the legality of international agreements under international and U.S. law. Then, based on a review of current international, multilateral agreements, the study identifies which address health, categorized by type and area of focus, and assesses of the status of U.S. participation. Finally, it identifies opportunities and challenges for the U.S. government to consider regarding its role in international health agreements.

III. METHODOLOGY

To compile the list of active international agreements on health, the research team conducted a review of multiple databases, reports, and other sources, including the Department of State's required annual report to Congress on all Treaties in Force,⁸ the United Nations Treaty Collection,⁹ the Library of Congress reference collection on Treaties,¹⁰ the Congressional Research Service,¹¹ and other reference documents.¹² Each agreement was reviewed to assess its scope, purpose, and content, and only those that were health-specific or had a significant health component were included in the final analysis. In addition, only multilateral international agreements (those in which three or more parties are involved, including governmental membership¹³) were included; bilateral (country-to-country) agreements were not included, although the U.S. is party to thousands of such agreements. It is important to note that while we endeavored to identify agreements that met these criteria, selection involved some level of subjective judgment. Detail about each agreement, including its content, is provided in report appendices.

IV. BACKGROUND

History

The U.S. government's involvement in international health activities began more than a century ago, motivated by both public health and economic concerns as the U.S. and other nations increasingly sought to promote international trade and travel, while also protecting their borders from external disease threats through regulation of shipping ports and other access points.⁴ Such factors motivated France to convene what was the first International Sanitary Conference in 1851, intended to begin standardizing international quarantine regulations and practices and to develop an international system of disease notification, and subsequent conferences ensued. The U.S. participated for the first time in 1881, convening the fifth International Sanitary Conference in Washington, D.C., with the specific aim of persuading other nations that every ship leaving their home ports and traveling to the U.S. needed to carry a certified bill of health (this did not pass). It was not until 1892 that the participating nations approved the first standardized set of health measures—The International Sanitary Convention.^{14,15,16,17,18}

While the International Sanitary Convention marked the first international health agreement of its kind¹⁹, there were few multilateral agreements generally, let alone on health specifically, until the post-World War II period. This was the result of several interrelated factors, including: growing globalization and trans-border movement; increasing international cooperation by the U.S. as part of its foreign policy agenda, particularly in the post-Cold War period; the need to address new and complex areas internationally (e.g., 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 more efficient compared to negotiating with a large and growing number of individual nations.^{5,6,20,21,22}

The U.S. Role in and Consideration of International Agreements

The U.S. government's role in this arena is multifaceted, and may include promoting the development of an international agreement on a particular issue, participating in the drafting of an agreement, negotiating on its terms, and ultimately deciding whether or not to become a party to an agreement. A decision to participate in negotiating an international agreement, let alone becoming party to it, is shaped by many factors, including U.S. policy priorities, national security concerns, economic interests, health and humanitarian concerns, leveraging potential, and the formality and legality of the agreement, including its obligations on parties.^{5,6} An international agreement forged with other nations may be the result of a U.S. policy priority, wherein the U.S. actively engages the international community to produce an agreement around an issue of interest, as in the case of the 1881 International Sanitary Conference or the Biological and Toxins Weapons Convention, the first multilateral disarmament treaty banning the production of an entire category of weapons, including harmful agents and toxins. The U.S. may also play a lead role in helping draft international agreements, as in the case of the Kyoto Protocol²³ to the United Nations Framework Convention on Climate Change (Kyoto) and the Convention on Biological Diversity (CBD).²⁴ Playing such a lead role, however, does not always result in the ratification of an agreement, as in the case of both Kyoto and the CBD. A decision about whether to engage in the negotiation process may also arise in the absence of a prior U.S. interest, but may lead to or otherwise impact U.S. policy.

The strongest international instruments are those that are legally binding under international law, although non-binding international agreements may be politically binding or otherwise establish certain obligations between parties, and may carry "significant moral and political weight".⁶ In some cases, a non-binding agreement may be seen as more flexible and easier to pursue than legally binding agreements while still providing an opportunity to achieve policy goals.²⁵ Regardless, once an agreement is "on the books" and the U.S. has made an official decision to either be a party to it or not, at the very least, signals a U.S. position and may impact U.S. policy on that given issue.

Both the executive and legislative branches of government are involved in the international agreement process, although their roles vary depending on the type of agreement (see more detail in next section).^{5,6,25} While the power to negotiate and enter into legally binding and other international agreements rests with the Executive Branch (primarily at the Department of State), Congress plays an important oversight and approval role for some types of legally binding agreements to enable them to enter into force.^{26,27} In addition, Congressional action may also be needed in cases where implementing legislation is required to execute an agreement (e.g., The World Trade Organization's Trade Related Aspects of Intellectual Property Rights, implemented in the U.S. through the Uruguay Round Agreement Act of 1994) or where funding is requested (e.g., U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria).

V. THE TAXONOMY OF INTERNATIONAL AGREEMENTS IN U.S. LAW AND POLICY

The term "international agreement" is broad and used to capture a range of different instruments and arrangements between countries or organizations of States, including multilateral agreements (those between three or more nations or bodies) and bilateral agreements (those between two nations). It is also possible for agreements to take place between a State and an organization or between organizations. Agreements are generally in written form, and may be either legally binding or carry no weight of legal force.²⁸ According to the United Nations, the degree of formality chosen for an international agreement depends in part on the particular problem or issue to be addressed as well as the political implications for and intent of the parties.²⁹ Under international law, an international agreement is considered to be legally binding if it conveys the intention of its parties to create legally binding relationships and has entered into force. However, because the term "agreement" may be used to encompass, and even formally name, all types of international instruments, the official name of an agreement may not always be indicative of its legality, formality, or strength and may instead reflect political or other factors.^{6,25,30}

A) Legally Binding Agreements

Treaties & Executive Agreements

The strongest legally binding agreement, whether multilateral or between two nations, is a treaty. According to the Vienna Convention on the Law of Treaties, a treaty is an international agreement "governed by international law, whether embodied in a single instrument or in two or more related instruments and whatever its particular designation."^{31,32} It is a compact between at least two nations or between nations and an international organization, carrying with it international legal obligations that are binding under international law.³³ While there is no international rule that specifies when the term treaty should be used to formally name an international instrument, the term treaty is, according to the UN, "employed for instruments of some gravity and solemnity."³⁴ In addition to international legal obligations, a treaty may also create domestic legal obligations for the nations who are party to it. It is possible, however, to qualify entry into a treaty through submission of Reservations, Understandings and Declarations (also known as "RUDS"), which serve to modify or clarify the meaning of the agreement.^{5,34} For example, when the U.S. agreed to the International Health Regulations (2005), a legally binding treaty under international law that provides a framework for coordinating the international response to events that may constitute a public health emergency of international concern, it did so with one reservation and three understandings. The reservation states that the U.S. would assume the obligations of the agreement to the extent possible, given the federalist system of government.³⁵ The U.S. often submits such "federalism" reservations.

When the U.S. becomes party to a treaty, it is legally binding under international law. The term "treaty" in the context of the U.S., however, is used to refer only to those legally binding international agreements negotiated and signed by the executive branch with the "advice and consent" of two-thirds of the Senate and then ratified by the President.^{5,6,36} There are also international treaties entered into by the U.S. as "executive agreements", a term used within U.S. law only to refer to legally binding international agreements concluded by the President without the advice and consent of the Senate and with varying degrees of involvement by Congress; nonetheless, executive agreements are still considered to be treaties under international law. There are three types of executive agreements: "treaty-based Presidential agreements," which are concluded by the President as follow-on agreements to existing treaties; "Congressional- executive agreements," concluded by the President with either prior or subsequent statutory (majority) approval by both houses of Congress; and "Presidential" or "sole-executive agreements," concluded by the President alone based on the President's independent authority under the Constitution.³⁷ (See Figure 2).

In deciding whether an agreement should be pursued as a treaty or an executive agreement, the Department of State uses several criteria, including: the degree of commitment or risk for the United States; whether the agreement is intended to affect state laws; whether the agreement requires enabling legislation; past U.S. practice; the preference of Congress; the degree of formality desired; the proposed duration and the need for prompt conclusion; and general international practice on similar agreements.³⁷ Since the country's inception, more than 18,000 legally binding treaties and executive agreements have been concluded by the U.S. Over time, an increasing share have been concluded through executive agreement and executive agreements now represent the vast majority (more than 90%) of all legally binding international agreements entered into by the U.S.^{6,38,39,40}

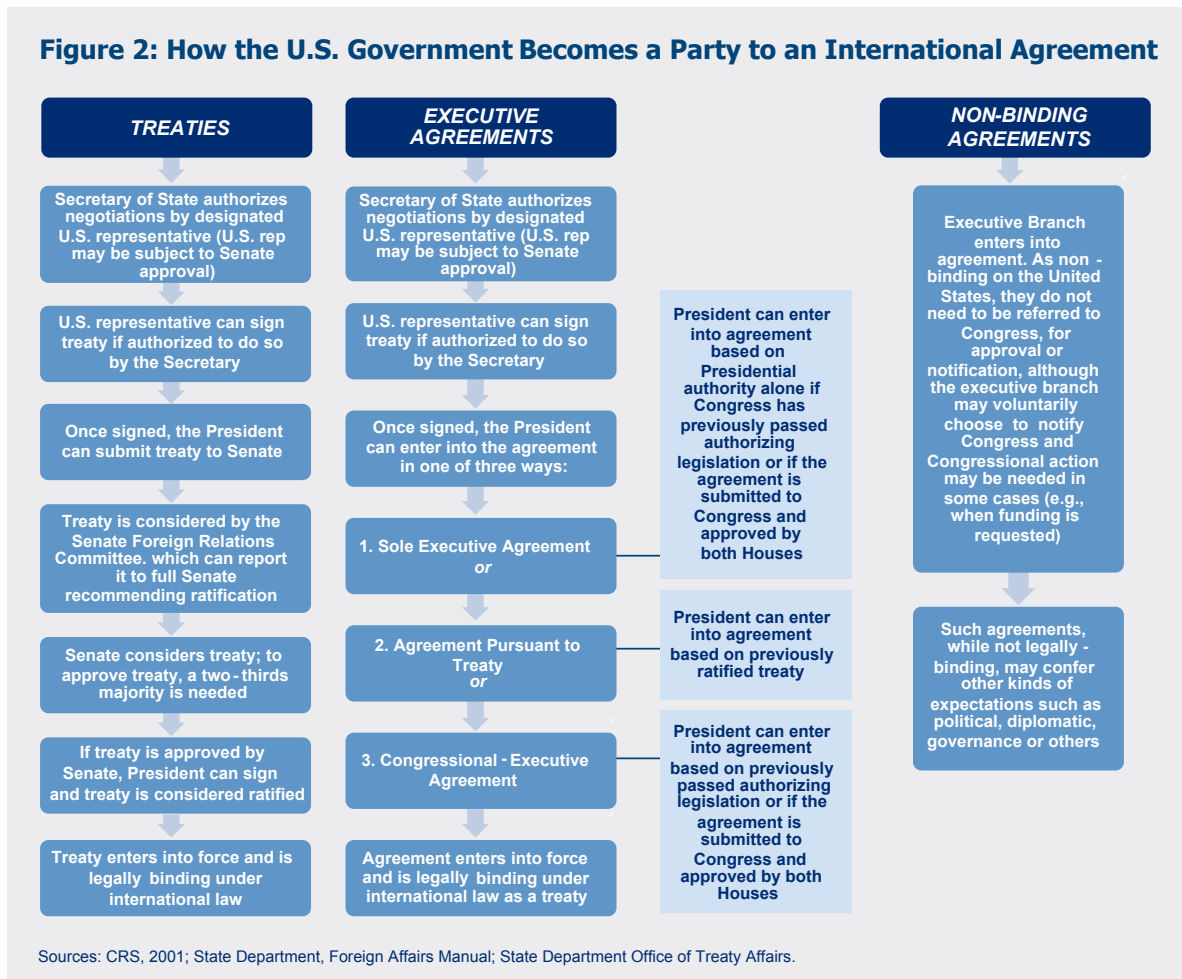
Once the U.S. becomes party to a legally binding international agreement as either a treaty or executive agreement, it may be legally binding not just for the federal government, but for all U.S. states as well, under the “Supremacy Clause” of the Constitution⁴¹ as the supreme law of the land (thus it will supersede any state legislation that may be inconsistent with the terms of the agreement). A 2008 Supreme Court decision [Medellin v. Texas, 552 U.S. 291 (2008)] held, however, that a legally binding agreement under international law is not legally binding under domestic law unless Congress has enacted implementing legislation or the treaty is considered to be “self-executing” (does not require implementing legislation).⁴²

Protocols

A protocol amends or otherwise supplements an existing treaty, including addressing issues of interpretation, establishing additional rights or obligations, or implementing components of a treaty. There are numerous types of protocols, as defined by the United Nations, including protocols of signature, optional protocols, protocols based on a framework treaty, protocols to amend an agreement, and protocols as supplementary treaty.⁴³ All require ratification by member nations. To be legally binding in the United States, a protocol must go through the same process as a treaty.

B) Non-Binding Agreements

In addition to legally binding agreements, there are many other types of international agreements and partnerships that, while not legally binding under international law, may carry other obligations or expectations (e.g., political, financial).^{5,6} The U.S. government enters into numerous non-binding multilateral agreements. These are concluded by the executive branch and, as non-binding, do not need to be referred to Congress for approval or even for notification, although the executive branch may voluntarily choose to inform Congress of such agreements. In addition, Congressional action may be required for some types of participation (e.g., when funding is requested) or may govern the extent of U.S. participation (e.g., as in the case of the Global Fund, where Congress has specifically included legislative language limiting U.S. spending in different ways). (See Figure 2).



Non-binding agreements may include commitments to organizations or common goals, and may go by a variety of names (e.g., declarations, principles, communiqués). The formal name of an agreement, which may be chosen for political reasons, does not always match its technical definition.⁴⁴ Below, the most common names and arrangements used for non-binding agreements are described (although again it is important to note that these terms can be used to apply to legally binding agreements in some cases, so each agreement must be evaluated separately).

Commitments to United Nations Organizations, Programs, Funds, or Specialized UN Agencies

In addition to legally-binding agreements for which the sole purpose is the establishment of a United Nations organization (as in the case of the World Health Organization), there are others that similarly establish United Nations organizations and/or specialized UN agencies (e.g., the Joint United Nations Programme on HIV/AIDS) but are not legally binding under international law. Instead, they confer some other kind of commitment—political, financial, governance, membership, etc.—to the organization. Once such organizations have been established, they often promulgate regulations and procedures applicable to the subject matter covered by the organization. Typically, by choosing to become a member of an international organization, nations agree to allow the organization to propose technical regulations and procedures that set priorities, identify collective action, provide a regulatory framework, and mobilize resources.⁴⁵ Membership in the organization, however, does not mandate that each nation follow the regulations and procedures, but often they become standards for global guidance.

Declarations, Principles, and Other International Agreements/Partnerships

A declaration is a term that can be applied to a variety of international agreements, and is generally applied to those that are non-binding. In fact, the term “declaration” is often chosen for an agreement to show that although parties are declaring shared intentions, there are no binding obligations.³⁰ In the context of multilateral agreements, declarations are often made by an international institution such as the United Nations. For example, the United Nations’ Declaration of Commitment on HIV/AIDS⁴⁶ is designed to guide and foster commitment and support by governments to address HIV/AIDS, but is not legally binding on them to do so.

Similarly, statements of principle are not legally binding, yet mark a commitment to a set of ideas, norms, and challenges. For example, the U.S. is committed to the principles outlined by the United Nations (UN) Millennium Development Goals (MDGs)⁴⁷, which represent a time-bound set of goals agreed upon by 192 UN member nations to promote poverty reduction, education, maternal health, and gender equality, as well as to combat child mortality, HIV, and other diseases. In addition, principles sometimes form the core of future international agreements including those that are legally binding.

There are also international agreements and partnerships comprised of multiple nations where a United Nations organization serves as Secretariat, coordinator, fiduciary agent, or advisor, or where multiple nations are involved in the governing body. Nations may make legally binding commitments to the partnership (often in terms of resources) but the partnership itself is not binding under international law and a legal contract between the nation and the organization is not necessarily required. For example, although the U.S. is a partner, board member, and funder of the Global Alliance for Vaccines and Immunizations (GAVI)⁴⁸—a global health public and private partnership designed to accelerate access to vaccines and stimulate development of new immunization technology—it is not legally obligated to fund, engage in, or support these endeavors.

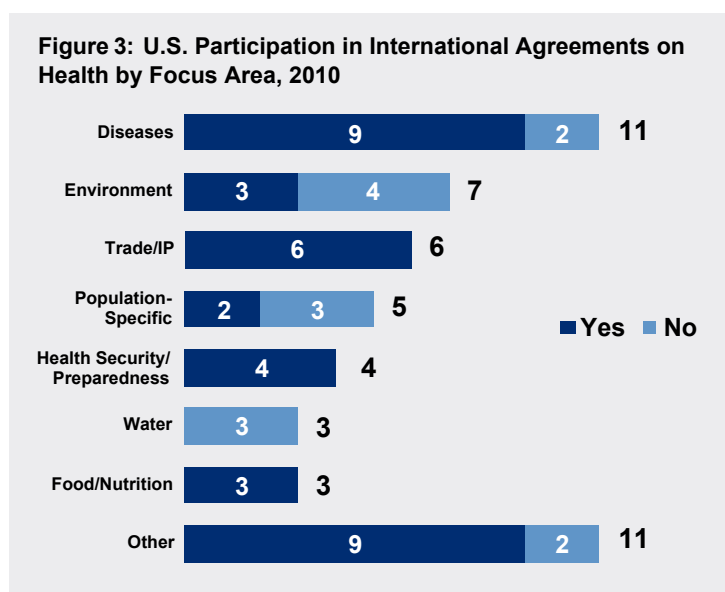
Since these types of agreements and partnerships are not legally binding on nations, their power and impact is variable—in some cases, they may not result in any action or change. In others, they may serve to mobilize nations to do more and help forge a global agenda.⁴⁹ In the case of the Global Polio Eradication Initiative, for example, launched by the World Health Organization (WHO) in 1988 with the global goal of eradicating polio, the number of countries with endemic polio had declined from more than 125 in 1988 to only four today.⁵⁰

VI. FINDINGS

Based on a review of current multilateral agreements, 50 were identified that either directly focused on or encompassed health. The U.S. is a party to 36 (or almost three quarters) of these agreements (see Table 1). Of the 50 agreements, 26 are legally binding under international law, of which the U.S. is party to 16.⁵¹

Table 1: Status of U.S. Commitments to International Agreements on Health By Type of Agreement	
Type	Number
Treaties	21
Ratified by U.S. as Treaty	8
Agreed to by U.S. as Executive Agreement	5
Unratified by U.S.	8
Protocols	5
Ratified by U.S.	2
Unratified by U.S.	3
Commitment to UN Organization, Program, Fund or Specialized Agency	6
U.S. is Party to Agreement or Member	6
Declarations, Principles, and Other International Agreements/Partnerships	18
U.S. is Party to Agreement or Member	15
International Total	50
U.S. Total	36

These 50 agreements span many topics and issues, and can be categorized into several broad areas (see Figure 3). They are most likely to address specific diseases such as HIV, TB, polio, or malaria (11 of 50), followed by those that address health through an environmental lens (7) or as a trade/intellectual property issue (6). A smaller number address health for specific populations, such as women, children, and refugees, through a human rights framework (5); as part of security/preparedness (4); or within agreements focused on water/sanitation (3) or food/nutrition (3).



The remainder are generally international health agreements that serve to establish or support organizations that address health issues, such as the WHO, the directing and coordinating authority for health within the United Nations system, the World Bank, the world's major international financing organization that focuses on poverty reduction efforts in low and middle-income countries, including through health projects,⁵² and the International Finance Facility for Immunisation (IFFIm), an innovative financing organization that raises funds for immunization by issuing bonds in capital markets,⁵³ or are agreements that address multiple health issues across a range of areas.

U.S. participation in international health agreements varies by area of focus and legal status (see Table 2). The U.S. is most likely to be a party to health-related agreements that address specific diseases (9 of 11), none of which are legally binding; trade/intellectual property (6 of 6), all of which are binding; and security/preparedness (4 of 4) two of which are binding. The U.S. is also a party to many other types of agreements that serve to establish organizations or programs that address health issues, although these are generally not binding. The U.S. is less likely to be a party to agreements that address the environmental or water aspects of health, or to those that address health for specific populations through a human rights framework, most of which are binding.

Focus	Number	Legally Binding
Disease	11	0
U.S. is Party to Agreement or Member	9	0
Environment	7	7
U.S. is Party to Agreement or Member	3	3
Trade/Intellectual Property	6	6
U.S. is Party to Agreement or Member	6	6
Population-Specific	5	4
U.S. is Party to Agreement or Member	2	1
Health Security/Preparedness	4	2
U.S. is Party to Agreement or Member	4	2
Water	3	2
U.S. is Party to Agreement or Member	0	0
Food/Nutrition	3	1
U.S. is Party to Agreement or Member	3	1
Other	11	4
U.S. is Party to Agreement or Member	9	3
International Total	50	26
U.S. Total	36	16

Among the 26 legally binding international health agreements identified, the U.S. is party to 16 as follows:

- **Thirteen of twenty-one international health-related treaties:** Eight were signed and ratified by the U.S. as treaties under U.S. law (with advice and consent of the Senate), four that address a particular health issue, and four that establish organizations working either directly or indirectly on health issues. Five were concluded by the U.S. as executive agreements, including the International Health Regulations (IHR 2005)⁵⁴ and establishment of the World Bank. One of these executive agreements, the IHR (2005), was concluded through a sole executive agreement; the remaining four were concluded as congressional executive agreements;
- **Two of five international health-related protocols** (supplements or amendments to existing treaties and ratified as treaties under U.S. law): The Montreal Protocol on Substances that Deplete the Ozone Layer and the 1967 Protocol to the U.N. Convention Relating to the Status of Refugees,⁵⁵ which has been signed and ratified by the U.S. with one reservation (although the U.S. did not sign the original 1951 Convention); and
- **The Doha Declaration on the TRIPS Agreement and Public Health (Doha Declaration):** The Doha Declaration, a waiver to the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), has complex legal status and, for purposes of this analysis, is considered legally binding. TRIPS is legally binding on all members of the WTO, including the U.S. The Doha Declaration, adopted at the Doha WTO Ministerial Conference in 2001, included a temporary waiver to TRIPS designed to enhance access to essential medicines and the waiver is binding on Member States of the WTO. In 2005, the WTO adopted a decision to amend TRIPS to make the temporary DOHA waiver permanent. However, the amendment has not been formally adopted by the required minimum number of WTO members (two thirds) to enter into force and the deadline for adoption has been extended several times, most recently through December 2011 or "such later date as may be decided by the Ministerial Conference." The waiver, however, remains in effect.⁵⁶

The U.S. is not a party to 10 of the 26 legally binding international health agreements (see Table 3). These include:

- **Seven in which the U.S. is among a minority of non-party States** (in some cases, the U.S. has signed the agreement but has not yet ratified it; signing is optional and signals an intent to ratify): These are primarily agreements related to environmental issues, such as the Kyoto Protocol to the United Nations Framework Convention on Climate Change (with 194 parties, representing all parties to the original Framework Convention except the U.S., Afghanistan, and Somalia) and also the one tobacco-related international agreement, the WHO Framework Convention on Tobacco Control (with 169 parties plus an additional 14 States, including the U.S., who have signed but not become party to the Framework). They also include two of the main health-related international agreements that address the rights and needs of vulnerable populations—the Convention on the Rights of the Child (with 193 parties, except the U.S. and Somalia) and the Convention on the Elimination of All Forms of Discrimination Against Women (with 186 parties, except the U.S., Sudan, Somalia, Iran, Nauru, Palau, and Tonga);
- **One that addresses the rights of persons with disabilities** (less than half of all Member States are parties): The Convention on the Rights of Persons with Disabilities—with 89 parties—was recently signed by the U.S. but not yet submitted to the Senate; and
- **Two that primarily concern European countries:** The Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Water Convention) and the London Protocol to the Water Convention parties include United Nations Economic Commission for Europe countries and the European Union, but are open to U.S. membership.

The U.S. is a party to almost all (20 of 24) of the non-binding international health agreements identified as follows:

- **All six of the agreements that represent commitments to United Nations** organizations, programs, funds or specialized U.N. agencies;
- **Fourteen of 18 that represent other types of international agreements/partnerships**, including declarations (e.g., the Paris Declaration on Aid Effectiveness⁵⁷) and principles (e.g., Three Ones Principles⁵⁸);
- **The remaining four non-binding agreements that the U.S. is not a party to include:** two innovative financing arrangements—the IFFIm and UNITAID (an international partnerships designed to increase resources for HIV, TB, and malaria by raising funds from long-term sustainable and predictable sources, principally through a tax on airline tickets⁵⁹; the International Health Partnership (IHP+)⁶⁰, an international organization designed to improve health services and health outcomes by fostering principles of aid effectiveness among donors, development institutions, and developing countries; and the Convention on the Law of the Non-Navigational Uses of International Watercourses which has not been signed or ratified by the U.S., although it is not considered legally binding under international law at this time because it lacks the minimum number of parties required by the Convention to enter into force and remains open for ratification or accession.⁶¹

Table 3: Unratified Treaties & Protocols^{9,10,25,62,63}

Treaty/Protocol	International Status	U.S. Status
1. The Convention on the Rights of the Child (CRC)	<ul style="list-style-type: none"> Adopted in 1989 by the UN General Assembly Entry into Force: 1990 Parties: 193 Two non-party States: the U.S. and Somalia; both have signed the CRC. 	Signed in 2005 but has not been submitted to the Senate for consideration.
2. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	<ul style="list-style-type: none"> Adopted in 1979 by the UN General Assembly Entry into Force: 1981 Parties: 186 Seven non-party States: the U.S., Sudan, Somalia, Iran, Nauru, Palau, and Tonga; the U.S. is the only nation to have signed but not ratified CEDAW. 	Signed in 1980, submitted to the Senate in 1981. The Senate Committee on Foreign Relations held hearings in 1988, 1990, 1994, and 2002, and reported favorably in 1994 and 2002, with 4 reservations, 4 understandings and 2 declarations. Has not been considered by the full Senate.
3. The Convention on Biological Diversity	<ul style="list-style-type: none"> Adopted in 1982 by the Intergovernmental Negotiating Committee for a Convention on Biological Diversity Entry into Force: 1993 Parties: 193 Two non-party States: the U.S. and Somalia; the U.S. being the only signatory that is not a party to the Convention. 	Signed in 1993, submitted to the Senate in 1993. The Senate Committee on Foreign Relations approved the ratification of the Convention, subject to 7 understandings. Has not been considered by the full Senate.
4. The Kyoto Protocol to the United Nations Framework Convention on Climate Change	<ul style="list-style-type: none"> Adopted in 1997 by the Conference of the Parties to the 1992 UN Framework Convention on Climate Change Entry into Force: 2005 Parties: 192 All parties to the Framework Convention are parties to the Protocol except the U.S., Afghanistan, and Somalia. 	Signed in 1998 but has not been submitted to the Senate for consideration.
5. The Stockholm Convention on Persistent Organic Pollutants (POPs)	<ul style="list-style-type: none"> Adopted in 2001 at the Conference of Plenipotentiaries on the Stockholm Convention on Persistent Organic Pollutants Entry into Force: 2004. Parties: 171 14 States (including the U.S.) have signed but not become parties to the Convention. 	Signed in 2001, and submitted to the Senate in 2002, but has not been considered for advice and consent to ratify by the full Senate pending the need for Congress to pass implementing legislation for the treaty obligations to be implementable in the U.S.
6. The WHO Framework Convention on Tobacco Control (WHO FCTC)	<ul style="list-style-type: none"> Adopted in 2003 by the World Health Assembly Entry into Force: 2005 Parties: 169 14 States (including the U.S.) have signed but not become parties to the Convention. 	Signed in 2004 but has not been submitted to the Senate for consideration.
7. The Cartagena Protocol on Biosafety to the United Nations Convention on Biological Diversity	<ul style="list-style-type: none"> Adopted in 2000 by the Conference of the Parties to the Convention on Biological Diversity Entry into Force: 2003 Parties: 160 	Not signed or ratified.
8. The Convention on the Rights of Persons with Disabilities	<ul style="list-style-type: none"> Adopted in 2006 by the UN General Assembly Entry into Force: 2008 Parties: 89 	Signed but has not been submitted to the Senate for consideration.
9. Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Water Convention)	<ul style="list-style-type: none"> Adopted in 1992 by the Economic Commission for Europe Governments on Environmental and Water Problems Entry into Force: 1996 Parties: 37 	Not signed or ratified.
10. London Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes	<ul style="list-style-type: none"> Adopted in 1999 at the Third Ministerial Conference on Environment and Health. Entry into Force: 2005 Parties: 24 	Not signed or ratified.

VII. DISCUSSION AND OPTIONS FOR THE U.S. GOVERNMENT

This analysis of the U.S. government's current involvement in multilateral health agreements finds that of 50 international health agreements identified, the U.S. is a party to a significant share—36. These agreements span many topics and areas, and vary in terms of their legal status and strength. The U.S. is most likely to be a party to agreements that address specific diseases and those that deal with trade/intellectual property issues, the former category consisting of none that are legally binding, whereas the latter are almost all legally binding. The U.S. is also a party to many other types of agreements that serve to establish organizations or programs that address health issues, although these are generally not binding. The U.S. is less likely to be a party to agreements that address the environmental or water aspects of health, or to those that address health for specific populations through a human rights framework, most of which are binding. Moreover, the U.S. remains among a minority of nations that has yet to ratify several binding agreements.

As the United States seeks to examine and augment its role in global health through the Global Health Initiative and other efforts, including a stated emphasis on the importance of multilateralism and international cooperation, there are several options it could consider specific to its involvement and role in international health agreements. These include:

1. Develop an ongoing and centralized system for cataloguing, updating, and reviewing all current multilateral agreements on health, including those that the U.S. is party to and those that it has not joined and/or has done so with reservations. As part of this review, the legal status of each agreement under international and domestic law could be assessed. Such an effort could be undertaken by the Department of State Office of Treaty Affairs, which serves as the principal U.S. government repository for all U.S. treaties and other international agreements and by law must report them to Congress and publish them annually. This office may already engage in this activity and only then consider making the information available to a broader policy community, or may wish to collaborate with the Department of State's Office of International Health and Biodefense. Another option is for the Department of Health and Human Service's Office of Global Health Affairs, which represents the Department with other governments, other Federal Departments and agencies, international organizations, and the private sector on international and refugee health issues, to undertake or otherwise be involved in such a review. An ongoing review of this sort would provide another mechanism by which the U.S. could measure and assess its involvement in the global health arena.
2. Assess opportunities for strengthening or otherwise revisit current engagements to see if they are consistent with U.S. policy and programs and reflect current U.S. and global realities. For example, the recent outbreak of H1N1 tested the International Health Regulations (2005) for the first time and such an experience may lend itself to new lessons and opportunities for the U.S. and other partners.
3. Review health-related agreements that the U.S. is not currently party to and assess options and issues for reconsidering U.S. involvement, such as regarding the WHO Framework Convention on Tobacco Control (WHO FCTC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), or the Convention of the Rights of Persons with Disabilities, all of which address issues that the U.S. government has recently emphasized in its domestic and foreign policy. For example, the Administration and some Members of Congress have expressed support for ratification of CEDAW while, at the same time, others have raised general questions about the effectiveness of such instruments as well as concerns about their implications for U.S. sovereignty and policies, including those related to parental rights, health care, and discrimination.⁶³ The Administration has also expressed support for the objectives of the CRC, and has indicated that it will conduct a legal review of the agreement.⁶² In addition, the U.S. is not currently a party to most of the multilateral agreements related to the environment, such as the Kyoto Protocol, and is not a party to any multilateral agreements related to water, two areas where the U.S. has expressed support and which are part of its global health engagement bilaterally. The U.S. could also consider formally joining the International Health Partnership (IHP+), a non-legally binding partnership of multiple donors and partners that is designed to strengthen health systems and integration, principles which underlie much of the Administration's GHI efforts (the U.S. has indicated some support for the IHP+ including recent collaboration⁶⁴) and while there are both policy and regulatory barriers to U.S. participation in innovative financing mechanisms, such as UNITAID and the IFFIm, the Administration has recently increased its attention to this area of global engagement.⁶⁵
4. Identify areas or issues that could be explored for the development of future international agreements and/or better coordinating mechanisms across existing entities and efforts. For example, some have pointed to the need to explore new agreements in the area of health security⁶⁶ and zoonotic diseases^{67,68} and donors have recently focused increased attention on maternal, newborn, and child health (MNCH) with some calling for a new or existing multilateral entity to raise additional resources to address MNCH.^{69,70,71}

Given rising globalization and increasing international cooperation as well as complexity, as evidenced by the recent international mobilization to respond to H1N1, it is likely that the use of multilateral agreements in the realm of health will continue to grow. While such agreements do not currently dominate the U.S. government's global health engagement, which is largely bilateral, they do represent a less known but important area of consideration in any assessment of U.S. global health policy. Such involvement not only helps to define the U.S. role in global health, it helps shape the international agenda on key global health issues, and sends a signal to the international community about current and future U.S. priorities.

APPENDIX 1

NAME OF AGREEMENT N=50	TYPE OF AGREEMENT	U.S. PARTY TO AGREEMENT N=36	LEGALLY BINDING UNDER INTERNATIONAL LAW N=26	LEGALLY BINDING UNDER U.S. LAW N=16	FOCUS AREA
Biological and Toxin Weapons Convention (BWC)	Treaty	Yes	Yes	Yes	Health Security: Biological Weapons
Cartagena Protocol on Biosafety to the United Nations Convention on Biological Diversity	Protocol	No	Yes	No	Environment: Biosafety; Modified Organisms
Convention on Biological Diversity (CBD)	Treaty	No	Yes	No	Environment: Biodiversity
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	Treaty	No	Yes	No	Population: Women
Convention on the Law of Non-Navigational Uses of International Watercourses	Treaty	No	No	No	Water
Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Water Convention)	Treaty	No	Yes	No	Water
Convention on the Rights of the Child (CRC)	Treaty	No	Yes	No	Population: Children
Convention on the Rights of Persons with Disabilities	Treaty	No	Yes	No	Population: Persons with Disabilities
Doha Declaration on the TRIPS Agreement and Public Health (TRIPS)	Other International Agreement/Partnership	Yes	Yes	Yes	Trade/Intellectual Property
Food Aid Convention (FAC)	Treaty	Yes	Yes	Yes	Food/Nutrition
Food and Agriculture Organization (FAO)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Food/Nutrition
Global Alliance for Vaccines and Immunisation (GAVI)	Other International Agreement/Partnership	Yes	No	No	Disease: Vaccines & Immunizations
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Other International Agreement/Partnership	Yes	No	No	Disease: HIV/AIDS, TB, & Malaria
Global Health Security Initiative	Other International Agreement/Partnership	Yes	No	No	Health Security: Public Health Preparedness
Global Polio Eradication Initiative	Other International Agreement/Partnership	Yes	No	No	Disease: Polio
Group of Eight Health Commitments	Other International Agreement/Partnership	Yes	No	No	Other: Multiple Issues
International Conference on Population Development (ICPD) Programme of Action	Other International Agreement/Partnership	Yes	No	No	Other: Health and Development
International Finance Facility for Immunisation (IFFIm)	Other International Agreement/Partnership	No	No	No	Disease: Vaccines & Immunizations
International Health Partnership (IHP+)	Other International Agreement/Partnership	No	No	No	Other: Health Partnerships, Health Systems Strengthening
International Partnership on Avian and Pandemic Influenza	Other International Agreement/Partnership	Yes	No	No	Disease: Avian & Pandemic Influenza
Kyoto Protocol to the United Nations Framework Convention on Climate Change	Protocol	No	Yes	No	Environment: Greenhouse Gasses
London Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes	Protocol	No	Yes	No	Water
Millennium Development Goals (MDGs)	Other International Agreement/Partnership	Yes	No	No	Other: Multiple Issues
Montreal Protocol on Substances that Deplete the Ozone Layer to the Vienna Convention for the Protection of the Ozone Layer	Protocol	Yes	Yes	Yes	Environment: Greenhouse Gasses
North America Leaders' Summit (Formally the Security and Prosperity Partnership Of North America)	Other International Agreement/Partnership	Yes	No	No	Health Security: Public Health Preparedness
Pan American Health Organization (PAHO) / Pan American Sanitary Code	Treaty	Yes	Yes	Yes	Other: International Health Organization

NAME OF AGREEMENT N=50	TYPE OF AGREEMENT	U.S. PARTY TO AGREEMENT N=38	LEGALLY BINDING UNDER INTERNATIONAL LAW N=26	LEGALLY BINDING UNDER U.S. LAW N=16	FOCUS AREA
Paris Declaration on Aid Effectiveness	Other International Agreement/Partnership	Yes	No	No	Other: Financing/ International Aid
Protocol to the United Nations Convention Relating to the Status of Refugees (1967)	Protocol	Yes	Yes	Yes	Population: Refugees
Roll Back Malaria (RBM)	Other International Agreement/Partnership	Yes	No	No	Disease: Malaria
Stockholm Convention on Persistent Organic Pollutants (POPs)	Treaty	No	Yes	No	Environment: Pollutants
Stop TB Partnership	Other International Agreement/Partnership	Yes	No	No	Disease: Tuberculosis
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Disease: HIV/AIDS
Three Ones Principles	Other International Agreement/Partnership	Yes	No	No	Disease: HIV/AIDS
UNITAID	Other International Agreement/Partnership	No	No	No	Disease: HIV/AIDS, TB, & Malaria
United Nations Children's Fund (UNICEF)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Population: Children
United Nations Development Programme (UNDP)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Other: Health & Development Organization
United Nations Framework Convention on Climate Change	Treaty	Yes	Yes	Yes	Environment: Greenhouse Gasses
United Nations General Assembly Special Session (UNGASS): Declaration of Commitment to HIV/AIDS	Other International Agreement/Partnership	Yes	No	No	Disease: HIV/AIDS
United Nations Population Fund (UNFPA)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Other: Health & Development Organization
United Nations World Food Programme (WFP)	Commitment to United Nations Organization, Program, Fund or Specialized UN Agency	Yes	No	No	Food/Nutrition
Vienna Convention for the Protection of the Ozone Layer	Treaty	Yes	Yes	Yes	Environment: Greenhouse Gasses
WHO Framework Convention on Tobacco Control (WHO FCTC)	Treaty	No	Yes	No	Other: Tobacco
World Bank	Executive Agreement	Yes	Yes	Yes	Other: Financing/ International Aid
World Health Organization (WHO)	Treaty	Yes	Yes	Yes	Other: International Health Organization
World Health Organization Revised International Health Regulations (IHR (2005))	Executive Agreement	Yes	Yes	Yes	Health Security: Public Health Preparedness
World Intellectual Property Organization (WIPO)	Treaty	Yes	Yes	Yes	Trade/Intellectual Property
World Trade Organization- Agreement on the Application of Sanitary and Phytosanitary Measures (WTO-SPS)	Executive Agreement	Yes	Yes	Yes	Trade/Intellectual Property
World Trade Organization- Agreement on Technical Barriers to Trade (WTO-TBT)	Executive Agreement	Yes	Yes	Yes	Trade/Intellectual Property
World Trade Organization- General Agreement on Trade in Services (GATS)	Treaty	Yes	Yes	Yes	Trade/Intellectual Property
World Trade Organization -Trade Related Aspects of Intellectual Property Rights (WTO-TRIPS)	Executive Agreement	Yes	Yes	Yes	Trade/Intellectual Property

For methodology and other information, please see text.

NAME OF AGREEMENT	YEAR CONCLUDED OR AGREED UPON	YEAR OF ENTRY INTO FORCE	STATUS IN U.S.	INTERNATIONAL BODY/ SECRETARIAT	MEMBERS/PARTIES TO AGREEMENT	FOCUS AREA	DESCRIPTION	URL
TREATIES								
Biological and Toxin Weapons Convention (BWC)	1972	1975	Signed in 1972, Ratified 1975	United Nations, BWC Implementation Support Unit	163 Parties	Health Security: Biological Weapons	This treaty bans the creation and possession of biological and toxin weapons that have no peaceful application. It also requires the destruction of all such weapons before ratification of the treaty. The treaty bans assisting a non-party in acquiring biological or toxin weapons and requires assistance to states exposed to danger as a result of violations of the treaty. The U.S. is a depository, submits confidence building measures yearly, and actively engages in both the annual work program meetings and the annual political meetings. The treaty promotes health cooperation between states in order to support the further development and application of scientific discoveries in the field of bacteriology for the prevention of disease. This includes promoting infectious disease surveillance, biosafety and biosecurity, and support in responding to biothreats.	http://www.opbw.org/convention.html
Convention on Biological Diversity (CBD)	1992	1993	Signed in 1993, but not ratified. Senate in 1993. Committee on Foreign Relations recommended 7 understandings	United Nations Environment Programme; The Secretariat of the Convention on Biological Diversity	193 Parties	Environment: Biodiversity	This treaty is intended to protect the biodiversity of ecosystems from human interference in order to protect both the environment and human health. It includes several measures to ensure human health, focusing mainly on pollution, sustainable water management, and emergency response.	http://www.cbd.int/1992.html
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1979	1981	Signed in 1980, but the full Senate has never held a vote for ratification. Transmitted to the Senate with 4 reservations, 4 understandings, and 2 declarations	CEDAW Committee High Commissioner for Refugees	186 Parties	Population: Women	CEDAW is an international treaty that focuses on the protection of the rights of women through legal and social measures, including the elimination of discrimination against women in health care and ensuring access to health services, including those related to family planning.	http://www.un.org/womenwatch/daw/cedaw/cedaw.html
Convention on the Law of Non-Navigational Uses of International Watercourses	1997	Not Yet Entered Into Force (too few nations signed and ratified the agreement)	Has not been signed or ratified	United Nations	19 Parties	Water	This Convention has never entered into force, but is considered a guide for future legal instruments. It was intended to govern the use of water, ensure sustainable development and prevent the spread of infectious diseases and pollution. The Convention includes several measures to ensure human health, focusing mainly on pollution, sustainable water management, and emergency response. Access to clean, potable water is a crucial element of human health and this agreement was intended to ensure that access.	http://www.un.org/Depts/los/convention_agreements/convention_text_full_text.html
Convention on the Protection and Use of Transboundary and Lakes (Water Convention)	1992	1996	Has not been signed or ratified	United Nations Economic Commission for Europe	37 Parties	Water	This treaty aims to strengthen national measures for the ecological protection and management of transboundary surface waters and groundwater. It requires Member States to prevent, regulate and reduce water pollution from point and non-point sources. It also includes provisions for surveillance, research and development, consultations, warning and alarm systems, mutual assistance, institutional arrangements, and the exchange and protection of information, as well as public access to information.	http://www.unhcr.org/refugees/1992/waterconvention.html
Convention on the Rights of the Child (CRC)	1989	1990	Signed in 1995, but not yet sent to the Senate for consideration for ratification	Committee on the Rights of the Child, United Nations High Commissioner for Refugees	183 Parties	Population: Children	The CRC is an international treaty that focuses on the rights of the child. Article 24 is particularly focused on health services. The article specifically addresses infant and child mortality, provision of primary health care, efforts to combat disease and malnutrition, and promotion of health education for children and parents.	http://www2.ohchr.org/ohdhr/law/doc/crc.pdf
Convention on the Rights of Persons with Disabilities	2006	2008	Signed in 2009, but not yet sent to the Senate for consideration for ratification	Joint Secretariat of United Nations Department of Economic and Social Affairs (DESA) and the Office of the High Commissioner for Human Rights (OHCHR)	89 Parties	Population: Persons with Disabilities	The Convention on the Rights of Persons with Disabilities is an international treaty designed to affirm human rights and fundamental freedoms, including to health, for all persons with all types of disabilities. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been denied. It is particularly focused on health, including health care access and protection against discrimination in health services.	http://www.un.org/disabilities/default.asp?id=21
Food Aid Convention (1999)	1999	1999	Signed in 1999, Ratified 2001	International Grains Council; Food Aid Committee	25 Parties	Food/Nutrition	This treaty is an agreement to ensure that the international community can respond to emergency food situations, and to address the needs in developing nations. In particular, it promotes food security, especially for vulnerable populations.	http://www.fao.org/legal/affairs/99-2a.htm
Pan American Health Organization (PAHO) Pan American Sanitary Code	1924	1924	Signed in 1924, Ratified in 1925	The Pan American Sanitary Conference	35 Parties	Other: International Health Organization	This treaty created an international public health agency that works to improve health and living standards in the Americas. It is the oldest and largest organization for health of the Inter-American System. It also serves as the WHO Regional Office for the Americas.	http://www.paho.org/hq/index.php?option=com_content&task=front_controller&Itemid=12&Itemid=12
Stockholm Convention on Persistent Organic Pollutants (POPs)	2001	2004	Signed in 2001, but not ratified (Senate in 2002)	United Nations Environment Programme; Stockholm Convention Secretariat	171 Parties	Environment: Pollutants	This treaty governs the use and elimination of chemicals that persist in the environment for long periods of time in order to protect human health and the environment. These persistent chemicals include some that cause cancers such as DDT and dioxins, and chemicals that cause birth defects, diminished intelligence, and disorders of the immune and reproductive systems.	http://chem.pops.int/default.html

NAME OF AGREEMENT	YEAR CONCLUDED OR AGREED UPON	YEAR OF ENTRY INTO FORCE	STATUS IN U.S.	INTERNATIONAL BODY SECRETARIAT	MEMBERS/PARTIES TO AGREEMENT	FOCUS AREA	DESCRIPTION	URL
PROTOCOLS								
Cartagena Protocol on Biosafety to the United Nations Convention on Biological Diversity	2000	2003	Has not been signed or ratified	United Nations Environment Programme, The Secretariat, The Convention on Biological Diversity	160 Parties	Environment: Biosafety, Modified Organisms	This Protocol to the UN Convention on Biological Diversity is intended to control the cross-border movement of living modified organisms intended for direct use in food, animal feed or the processing of other and requires specific measures for labeling, handling, and transporting living modified organisms. This promotes health by protecting individuals from harmful substances and organisms that could be ingested.	http://hbch.cbd.int/resource/ftp/download/cartagena_protocol_en.pdf
Kyoto Protocol to the United Nations Framework Convention on Climate Change	1997	2005	Signed in 1998, but not sent to the Senate for consideration for ratification	United Nations Framework Convention on Climate Change Secretariat	192 Parties	Environment: Greenhouse Gases	This Protocol to the UN Framework on Climate Change sets goals, markets, and compliance mechanisms for developed nations. These standards will be made possible by emissions trading, clean development mechanisms and joint implementations with other countries. The Protocol promotes health by ensuring cooperative policies will minimize adverse effects that affect climate change, trade, society and the economy.	http://unfccc.int/resource/docs/convkp/kp.html
London Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes	1999	2005	Has not been signed or ratified	United Nations Economic Commission for Europe	24 Parties	Water	This Protocol to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes focuses on preventing the spread of infectious diseases through water. The agreement includes several emergency response.	http://www.uneca.org/en/vdocuments/2000/wat/ind/wat2000_1_e.pdf
Montreal Protocol on Substances that Deplete the Ozone Layer to the Vienna Convention for the Protection of the Ozone Layer	1987	1989	Signed in 1987, Ratified in 1988; Implementing Legislation: Clean Air Act Amendments of 1990	United Nations Environment Programme, The Ozone Secretariat	196 Parties	Environment: Greenhouse Gases	This Protocol to the Vienna Convention for the Protection of the Ozone Layer defines the substances to be controlled and the levels they must meet. The original agreement specifically notes that climate change is a health concern and that any attempt to prevent damage to the environment will benefit health worldwide. All actions taken to preserve global climate stability are seen to have an effect on human health and social stability.	http://www.unep.org/ozonaction/status/montreal_protocol.shtml
Protocol to the United Nations Convention Relating to the Status of Refugees (1967)	1967	1967	Signed and Ratified in 1967 Protocol, but U.S. did not sign the original Convention. 1 reservation to the protocol	United Nations	144 Parties	Population: Refugees	This Protocol to the UN Convention Relating to the Status of Refugees defines who is a refugee, what their rights are, and what nations are required to do to support them. The Protocol removes geographical and temporal restrictions, and the two agreements together create the guiding concepts for the work of the United Nations High Commissioner for Refugees, providing support for refugee populations including food, medical assistance, education and resettlement assistance.	http://www.unhcr.org/refugees/PROTECTION/316622a2a19.pdf
COMMITMENTS TO UNITED NATIONS ORGANIZATION, PROGRAM, FUND, OR SPECIALIZED AGENCY								
Food and Agriculture Organization (FAO)	1943	n/a	U.S. commitment through Assembly Resolution U.S. sits on the Governing Council	United Nations	191 Parties plus 1 Member Organization	Food/Nutrition	The FAO leads international efforts to defeat hunger. Serving both developed and developing countries, FAO acts as a central authority in gathering, disseminating, analyzing, and providing information on all aspects of food security and nutrition. The FAO assists in sustainable development and long-term health improvement through disaster and food relief programs.	http://www.fao.org/docrep/018/06/x1800e/x1800e01.htm
The Joint United Nations Programme on HIV/AIDS (UNAIDS)	1994	n/a	U.S. Commitment through the ECOSOC resolution in 1994. U.S. sits on the Programme Coordinating Board	United Nations	22 Governments, 5 NGO representatives, and 10 UNAIDS Cosponsors sit on Programme Coordinating Board.	Disease: HIV/AIDS	UNAIDS was established through an ECOSOC resolution in 1994 to undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility. It has ten co-sponsoring UN agencies and five focus areas: mobilizing leadership and advocacy for effective action on the epidemic; providing strategic information and policies to guide efforts in the AIDS response worldwide; tracking, monitoring and evaluation of the epidemic as the world's leading cause of death; mobilizing financial, human and technical resources to support an effective response.	http://data.unaids.org/au/ExternalDocument/3944/ecosoc_resolutions_establishing_unaids_en.pdf
United Nations Children's Fund (UNICEF)	1946	n/a	U.S. commitment through passage of UN General Assembly Resolution U.S. sits on the Executive Board	United Nations	190 Parties	Population: Children	The goal of UNICEF is to help children by working to overcome the obstacles of poverty, violence, disease and discrimination. In cooperation with government and non-government organizations, UNICEF helps develop community-based programs to promote health and immunization programs, basic education, nutrition, safe water supply and sanitation services, and continues to provide emergency relief as needed.	Hyperl link does not work. Saved as PDF
United Nations Development Programme (UNDP)	1965	n/a	U.S. commitment through passage of the UN General Assembly Resolution. U.S. member of the Executive Board	United Nations	192 Parties	Other: Health & Development Organization	UNDP is the development arm of the United Nations, working with nations to solve development challenges. UNDP has organized to help meet the challenges put forth by the Millennium Development Goals, and is specifically focused on democratic governance, poverty reduction, crises prevention and recovery, environment and disaster preparedness, and HIV/AIDS. UNDP works to address the epidemic, protect the rights of people living with AIDS, and improving best practices for addressing the epidemic around the world.	Hyperl link does not work. Saved as PDF
United Nations Population Fund (UNFPA)	1969	n/a	U.S. commitment through Assembly Resolution. U.S. member of the Executive Board	United Nations	181 Parties	Other: Health & Development Organization	UNFPA is a development agency, working to reduce poverty, promote safe and desired pregnancies, fight reproductive health, universal primary education, reducing maternal mortality, reducing infant mortality, increasing life expectancy, and reducing HIV infection rates.	http://www.unfpa.org/pressroom/A-RES/23.15%28XXV%29.pdf
United Nations World Food Programme (WFP)	1963	n/a	U.S. commitment through passage of the UN General Assembly Resolution. U.S. member of the Executive Board	United Nations	36 Member States on the Executive Board	Food/Nutrition	The World Food Programme has five primary objectives: to save lives and protect livelihoods in emergencies, the prepare for emergencies, to restore lives after emergencies, to reduce chronic hunger and undernutrition, and to strengthen national capacity to reduce hunger. Acknowledging the importance of food security and nutrition in the care of people living with HIV/AIDS, WFP has implemented HIV/AIDS programs in over 50 countries.	Hyperl link does not work. Saved as PDF

NAME OF AGREEMENT	YEAR CONCLUDED OR AGREED UPON	YEAR OF ENTRY INTO FORCE	STATUS IN U.S.	INTERNATIONAL BODY SECRETARIAT	MEMBERS/PARTIES TO AGREEMENT	FOCUS AREA	DESCRIPTION	URL
DECLARATIONS, PRINCIPLES, & OTHER INTERNATIONAL AGREEMENTS/PARTNERSHIPS CONTINUED...								
Paris Declaration on Aid Effectiveness	2005	n/a	U.S. has endorsed the Declaration	Organization for Economic Co-operation and Development	90 partner countries, 30 donor countries and 30 development agencies	Other: Financing/ International Aid	The Paris Declaration was intended to effectively organize international aid to countries to ensure the funds are used most effectively. The Declaration includes provisions to use aid to further the development goals of receiving nations over donor nations. The Declaration also promotes all international aid programs that cover health issues by encouraging the coordination of aid at each location. It aims to reduce redundant efforts by making international aid more effective.	http://www.oecd.org/dataoecd/11/41/34428351.pdf
Roll Back Malaria (RBM)	1998	n/a	U.S. participates. U.S. is voting member of the board	World Health Organization	500 partners; 9 donor countries	Disease: Malaria	The RBM Partnership is the global framework to implement coordinated action against malaria. The RBM Partnership was established in 1998 by WHO, UNICEF, UNDP, UNFPA, UN Women, and the World Bank. The Partnership forges consensus among partners. The Partnership is made up of the following entities: malaria-endemic countries, multilateral development partners, OECD donor countries, businesses from the private sector, non-governmental and community-based organizations, foundations, research and academic institutions, the media, and U.S. agencies. The Partnership focuses on malaria control, scaling up for impact (SUF) of preventive and therapeutic interventions, and sustaining control over time.	http://www.rollbackmalaria.org/partnership/about/aboutadocsform_bvnews.pl
Stop TB	1998	n/a	U.S. member of the executive committee and coordinating board	World Health Organization	1049 partners	Disease: Tuberculosis	The Stop TB Partnership was established in 1998. Its aim is to realize the goal of eliminating TB as a public health problem. The Partnership involves organizations and individuals committed to short- and long-term measures required to control and eventually eliminate TB.	http://www.stop.tb.org/stop-tb/documents/stop-tb-partnership-agreement_2000_en.pdf
Three Ones Principles	2004	n/a	Endorsed by U.S. in 2004	United Nations (UNAIDS)	Multiple Parties	Disease: HIV/AIDS	The Three Ones Principles are structured to achieve effective and efficient use of resources, and to ensure rapid progress in the fight against HIV/AIDS. The Principles are: <ul style="list-style-type: none"> • One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. • One National AIDS Coordination • One agreed country level Monitoring and Evaluation System 	http://www.unaids.org/en/Content/Resources/WorkingWithTheMedia/WorkingWithTheMediaOne.asp
United Nations General Assembly Declaration on Commitment to HIV/AIDS	2001	n/a	U.S. endorsement through membership in the UN General Assembly	United Nations	189 Parties	Disease: HIV/AIDS	UNGASS addresses all aspects of the problem of HIV/AIDS, and is designed to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat HIV/AIDS in a comprehensive manner.	http://www.un.org/press/2001/20010523a2327.pdf

ENDNOTES

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- ¹³ The United Nations defines multilateral treaties as international agreements concluded between three or more parties, each possessing treaty-making capacity. Parties that have treaty-making capacity include sovereign States as well as international organizations with treaty-making capacity (e.g., the European Union). See: *The United Nations Treaty Handbook*, http://untreaty.un.org/ola-internet/Assistance/handbook_eng/hbframeset.htm.
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- ³⁰ United Nations Treaty Collection. *Treaty Reference Guide*. Available at: <http://untreaty.un.org/ola-internet/Assistance/Guide.htm>.
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- ³³ According to the Congressional Research Service, under international law, an international agreement is generally considered to be a treaty and binding on the parties if it meets four criteria: (1) The parties intend the agreement to be legally binding and the agreement is subject to international law; (2) The agreement deals with significant matters; (3) The agreement clearly and specifically describes the legal obligations of the parties; and (4) The form indicates an intention to conclude a treaty (see CRS 2001, *supra*, at 3-4).
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- ⁴⁰ Findlaw. U.S. Constitution, Article II. International Agreements without Senate Approval. Available at: <http://caselaw.lp.findlaw.com/data/constitution/article02/12.html#f389>.
- ⁴¹ The Supremacy Clause, U.S. Constitution, Article VI, Paragraph 2, states that, "This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the contrary notwithstanding."
- ⁴² *Medellin v. Texas*, 128 S.Ct. 1346 (2008). In *Medellin v. Texas*, the Supreme Court held that states were, in fact, not responsible for adhering to an international treaty (Vienna Convention on Consular Relations), nor the judgments of the international body recognized in the treaty for adjudicating treaty disputes (The International Court of Justice).
- ⁴³ United Nations Treaty Collection. *Treaty Reference Guide*. Available at: <http://untreaty.un.org/ola-internet/Assistance/Guide.htm>. Protocols of Signature are protocols that deal with the interpretation of sections of a treaty or the regulation of technical matters. An Optional Protocol establishes additional rights and obligations to a treaty. Protocols based on a Framework Treaty are used to implement specific obligations associated with larger objectives of a previous framework treaty. Protocols to Amend an Agreement are protocols to amend one or various former treaties. And Protocols as Supplementary Treaties are protocols that include supplementary provisions to a previous treaty. In the Protocol of Signature, ratification is usually done at the same time as the treaty; however, in all other protocols, the ratification process is separate from the ratification of the original treaty.
- ⁴⁴ See Aust A, 2007 *supra* at 28.
- ⁴⁵ For example, Constitution of the World Health Organization, Article 2.
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- ⁶⁰ See: www.internationalhealthpartnership.net/en/home.
- ⁶¹ See: http://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XXVII-12&chapter=27&lang=en.
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- ⁶⁴ See: www.who.int/workforcealliance/media/news/2010/pepfarihp/en/index.html and www.pepfar.gov/strategy/ghi/134854.htm.
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