

THE EFFECTS OF INTERNATIONAL HUMAN RIGHTS TREATIES ON THE POPULATION'S HEALTH: A SYSTEMATIC REVIEW

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Highlights: (1) The CEDAW convention positively affected the family planning indicator. (2) The OP-CEDAW treaty was associated with improvements in women's health indicators. (3) The adoption of the FCTC convention reduced the consumption of tobacco worldwide.

PRE-PROOF

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ABSTRACT

Objective: The study aims to describe the scientific literature regarding the association between the ratification of international pacts and the improvement of the health situation. *Methods:* This is a systematic review of the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes model in the bibliographic bases of the Virtual Health Library, the Scientific Electronic Library Online, the National Library of Medicine and National Institute of Health, and CAPES Periodicals Portal. *Results:* Studies from 9 international treaties were found in the

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literature. Among them, four were considered ineffective because they were not associated with positive changes in the health status of individuals. The other 4 achieved relevant practical consequences with statistically significant changes to anemia in pregnant women, the woman's life expectancy, family planning, prenatal care, infant and maternal mortality, and the prevalence of smoking. *Conclusion:* This review showed that there are few scientific works in this area and that, in general, the practical effects of international health commitments are less than expected.

Keywords: International Cooperation, Human Rights, Global Health, Health Status Indicators, Systematic Review

OS EFEITOS DOS TRATADOS INTERNACIONAIS DE DIREITOS HUMANOS NA SAÚDE DA POPULAÇÃO: UMA REVISÃO SISTEMÁTICA

RESUMO

Objetivo: O estudo tem como objetivo descrever a produção científica sobre a associação entre a ratificação de pactos internacionais e a melhoria da situação da saúde. **Métodos:** Trata-se de uma revisão sistemática do modelo Preferred Reporting Items for Systematic Reviews and Meta-Analyses nas bases bibliográficas da Biblioteca Virtual em Saúde, da Scientific Electronic Library Online, da National Library of Medicine e do National Institute of Health, e do Portal de Periódicos da Capes. **Resultados:** Na literatura foram encontrados estudos de 8 tratados internacionais. Dentre eles, quatro foram considerados ineficazes por não estarem associados a mudanças positivas no estado de saúde dos indivíduos. Os outros 4 alcançaram consequências práticas relevantes com mudanças estatisticamente significativas para anemia em gestantes, expectativa de vida da mulher, planejamento familiar, pré-natal, mortalidade infantil e materna e prevalência de tabagismo. **Conclusão:** Esta revisão mostrou que existem poucos trabalhos científicos nesta área e que, em geral, os efeitos práticos dos compromissos internacionais de saúde são aquém do esperado.

Palavras-chave: Cooperação Internacional; Direitos Humanos; Saúde Global; Indicadores do Estado de Saúde; Revisão Sistemática

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INTRODUCTION

Global health issues are increasingly challenging countries to international cooperation diplomacy. Governments are constantly faced with health problems of their citizens related to illness, whether through endemic and emerging infectious diseases or non-communicable diseases. They also face difficulties linked to environmental degradation, food security, harmful trade in products, and other human health challenges¹. The new coronavirus pandemic showed flaws in health systems², especially considering the social and economic inequalities associated with the proliferation of antimicrobial resistance and the acceleration of climate change³. It reminded us that health issues know no borders and that the political decisions of one country can affect others, demanding that global health diplomacy adopt a new posture^{4,5}.

The law and international cooperation in health have been used as tools to overcome these problems and improve the health situation of populations because legal protection makes it possible to trigger mechanisms of safety in the face of state omissions^{6,7}. At the international level, several commitments regarding health assurance are made in human rights conventions. This is because health is a fundamental human right to life⁸. These treaties seek to guarantee minimum precepts to human dignity related to autonomy and self-determination⁹.

Ratification rates of international human rights treaties are generally high¹⁰, but in reality, not all people on the planet have access to the same set of health-related rights¹¹. This means there is a legal consensus on health rights at the international level. However, it is necessary to verify if all the effort in the construction of international norms that protect health positively impacts the evolution of the population's health status. Most international human rights treaties came into force between the end of the 1970s and the beginning of the 1990s. Scientific works were developed during this period to observe the effects of these agreements on the behaviour of countries. Most of them confirmed the pessimistic hypothesis that these instruments were ineffective and served mainly for promotional purposes because their rights were unattainable¹²⁻¹⁴.

A study empirically tested the impact of the International Covenant on Civil and Political Rights in 178 countries over 18 years, from 1976 to 1993, and minimized the pessimism, understanding that it would be too early to completely discard the expectation of positive effects from these international agreements¹⁵. Today, more than 50 years after the entry

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into force of the first international human rights treaties, what does the literature say about the effects they have on health? The study aims to describe the scientific literature regarding the association between the ratification of international pacts and the improvement of the health situation.

METHODS

A systematic review was carried out based on the guidelines formulated by the Preferred Reporting Items for Systematic Meta-Analyses (PRISMA)¹⁶. The following question guided the research: is there an association between adherence to health commitments in international treaties and improving the population's health status?

Searching methods and identifications of studies

The literature search was carried out in the second half of 2023 using the following databases: Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO), PubMed/MEDLINE and CAPES Periodicals Portal (the Materials Science & Engineering Database, Taylor & Francis Online Journals, Sociological Abstracts, Science Citation Index Expanded - Web of Science, Social Sciences Citation Index - Web of Science, OneFile – GALE, Scopus – Elsevier).

Search terms combined with MeSH terms ("*international law OR international cooperation AND human rights AND health*") were surveyed by the same search key and were adapted to each of the databases searched. The reference lists of these studies were studied to identify other relevant studies to be included in the studies. Duplicates were also screened for and removed as appropriate. Any discrepancies were discussed and resolved by the authors.

Study selection

The inclusion criteria were: original articles published in the last 20 years in English, Spanish and Portuguese, and that evaluated the effects of international commitments on the health of individuals. It was also considered a fundamental criterion for inclusion that the study clearly described the method applied. Concomitant indexing, bibliographic reviews, works in

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the form of theses, dissertations, monographs and other publications that were not journal articles were excluded. Articles that were not available in online format were also not used.

For each study selected, we systematized the following information: authorship, year of publication, objectives directly related to the interest of this review, the method applied, country or region analyzed, aspects of human rights and health evaluated and main results found. First, we read the titles to identify the research topic. If they were in the scope of interest of the review, we would proceed to read the abstracts. Finally, the articles were read in full if the inclusion criteria were met. To complement the review, we manually performed a search in these same databases, based on the references cited in the selected articles.

The authors evaluated the quality of the articles. Initially discussed the quality evaluation criteria, and the evaluation was done together. The differences were debated and we took the final decision by consensus. We evaluated the quality of the studies with the instrument proposed by Downs and Black¹⁷, originally with 27 questions related to the quality of the information present in the article, external validity, internal validity (bias and confounding), and statistical power, which gives a score ranging from zero to 28. The issue about the attempt to blind the subjects to exposure was excluded, as it does not apply to the type of intervention performed. Therefore, the score of the articles could range from zero to 27. We classified each study according to the quality of the evidence as excellent (24 to 27), good (20 to 23), reasonable (15 to 19), or poor or limited (14 or less). The quality of the evidence was not an exclusion factor, since we considered it important to evaluate all the available evidence about the subject and relate it to the results found.

RESULTS

A total of 4045 articles were found according to the criteria reported: 819 from the VHL, 11 from SciELO, 1448 from PubMed and 1767 from the CAPES Periodicals Portal CAPES Portal. Of these, 315 were immediately excluded because they were repeated in the databases. After reading the titles and abstracts, 87 were selected and read in full. After this step, 84 were excluded, leaving only two works related to the researched topic. Figure 1 presents the article selection flow. In addition to these four articles, six other works were included. Although they

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did not appear in the bibliographic searches, they meet the inclusion criteria and are of interest to this review.

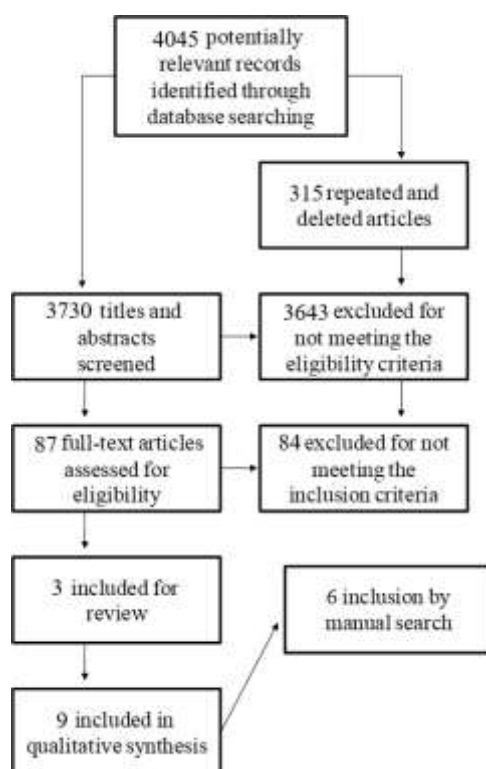


Figure 1 – Flow diagram for selecting articles for the systematic review regarding the effects of international treaties on human health, 2023.

The corpus of analysis of this study consisted of 9 scientific works, as shown in Table 1.

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Table 1 – Distribution of studies in the scientific literature regarding the association between the ratification of international health commitments and the improvement of the population's health situation, 2001-2023.

Authorship/year	Objectives	Method	Country or region	Aspects of human rights and health evaluated	Main results
Hathaway OA, 2002 ²³	Check the relationship between the CPPCG and the UNCAT and the practice of these rights in the countries	Correlation test with large-scale quantitative analysis	166 countries	Genocide and torture	Ratification was not associated with better human rights practices
Palmer A, Tomkinson J, Phung C, Ford N, Joffres M, Fernandes KA, et al., 2009 ³³	Assess whether the ratification of the ICCPR and the ICESCR is associated with improvements in social and health indicators	Regression model (Poisson) and association tests (Fisher and Wilcoxon)	170 countries	Prevalence of maternal and infant HIV, infant mortality rate and life expectancy	Ratification of human rights treaties was not associated with significant changes in the health status of the population
Wilson A, Daar AS, 2013 ²⁰	Analyze the effects of CRC on global health	Observation of the evolution of indicators	193 signatory countries CRC	Indicators related to child health	The CRC is booming, and it is possible to observe progress, such as a decrease in the percentage of underweight children, an increase in enrollment in primary education, a reduction of mortality rates in children under five years of age
Cole, 2015 ²⁵	Analyze the effects of the ICCPR	Two-stage regression model	All ICCPR member countries	Indicators relating to physical integrity	The ICCPR did not generate statistically significant practical effects for the indicators related to physical integrity.
Kastler F, 2016 ³¹	To analyze the effectiveness of the adoption of the FCTC on the behaviour of citizens	Review of WHO biennial reports that present global rates of	168 countries that have signed the FCTC	Smoking prevalence	Decreased prevalence of smoking in most countries that joined the FCTC

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		implementation of FCTC articles			
Tait CA, Abdillahi I, Wong W, Smith-Cannoy H, Siddiqi A, 2019 ²⁷	To analyze the association between CEDAW and women's life expectancy and mortality rate	Interrupted time series	187 CEDAW signatory countries	Women's life expectancy and mortality rate	CEDAW was effective in high-income countries and low-income democratic countries
Nichele CST, Ferreira AP, 2020 ⁹	To analyze the relationship between the ratification of CEDAW and OP-CEDAW and the results of women's health indicators	Cross-sectional descriptive correlation	189 countries	Prevalence of sexual violence against women, maternal mortality rate and life expectancy at birth	No correlation was found between adherence to CEDAW and OP-CEDAW and improvements in women's health indicators
Nichele CST, Horta MAP, Ferreira AP, 2021 ²⁶	Assess whether adherence to CEDAW and OP-CEDAW influenced women's health status.	One-way analysis of variance	190 countries	Maternal mortality rate, the prevalence of anemia in women, coverage of antenatal care, screening for syphilis during pregnancy, postpartum contact with health providers, and meeting family planning needs	Positive changes associated with CEDAW in family planning satisfaction scores. Positive changes associated with OP-CEDAW in the prevalence of anemia in pregnant women, coverage of antenatal care and satisfaction with family planning
Tumwine G, et al., 2022 ³³	Examine whether improvement in team capacity of SRHR practitioners resulted in improved organizational effectiveness and/or improved SRHR outcomes in low-income countries.	Self-reported evaluation data from healthcare practitioners who participated in a capacity development international training programme in SRHR was used.	13 countries	The global community has committed to achieving universal access to sexual and reproductive health and rights (SRHR) services, but how to do it remains a challenge in many low-income countries.	Improved team capacity, support from partner organisations and media engagement were positively associated with improved organisational effectiveness. Improved team capacity was the strongest predictor of organisational effectiveness even after controlling for other covariates at multivariate analysis.

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These works analyzed the effects of the following international pacts: Convention on the Prevention and Punishment of the Crime of Genocide (CPPCG); International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (OP-CEDAW); Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT); Convention on the Rights of the Child (CRC); and Framework Convention on Tobacco Control (FCTC); and The Swedish International Development Agency Cooperation (SIDA). The results found were summarized in Table 2.

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Table 2 – Distribution of effects produced on health by the adoption of International Treaties, 2001-2023.

International treaties	Health aspects tested	Positive effects associated with the treaty	Comments
Convention on the Prevention and Punishment of the Crime of Genocide (CPPCG)	Genocide rates	No	Countries that ratified CPPCG were just as likely to commit the worst practices of genocide as those that did not. There was even a worsening of genocide data in some countries after ratification ²³ .
International Covenant on Civil and Political Rights (ICCPR)	Physical integrity rate	No	The studies showed positive effects, but these were not statistically associated with the event of ratification of the ICCPR ^{25,33} .
	Prevalence of maternal and child HIV	No	
	Child mortality rate	No	
	Life expectancy	No	
International Covenant on Economic, Social and Cultural Rights (ICESCR)	Prevalence of maternal and child HIV	No	There was no difference in the indicators when comparing the periods before and after the ratification of the ICESCR ³³ .
	Child mortality rate	No	
	Life expectancy	No	
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	Female mortality rate	No	In high-income countries, CEDAW was essentially practical. In middle-income countries, it was ineffective, and in low-income countries, it was effective in the democratic ones ²⁷ . Only family planning had positive changes statistically associated with the ratification of CEDAW, although others also showed better rates after the treaty ²⁶ .
	Maternal mortality rate	No	
	Woman's life expectancy	No	
	The life expectancy of a woman at birth	No	
	Sexual violence against women	No	
	Prevalence of anemia in women	No	
	Prenatal care coverage	No	
	Syphilis screening during pregnancy	No	
	Postpartum contact with a healthcare provider	No	
	Family planning needs	Yes	

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Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (OP-CEDAW)	Sexual violence against women	No	Improvements found in the prevalence of anemia in pregnant women, prenatal coverage and satisfaction with family planning were associated with commitment to OP-CEDAW. In relation to the other indicators, this protocol did not promote positive effects with statistical significance ²⁶ .
	Maternal mortality rate	No	
	The life expectancy of a woman at birth	No	
	Prevalence of anemia in women	Yes	
	Prenatal care coverage	Yes	
	Syphilis screening during pregnancy	No	
	Postpartum contact with a healthcare provider	No	
	Family planning needs	Yes	
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT)	Torture index	No	The study showed that there was a statistically significant worsening of torture rates in some regions after the ratification of UNCAT ²³ .
Convention on the Rights of the Child (CRC)	Percentage of underweight children	Yes	The percentage of under-fives with low weight decreased by seven percentage points. The mortality rate also declined, from 99 to 66 per 1,000 live births. Enrollment in primary education rose from 82% to 89% ²⁰ .
	Child mortality rate	Yes	
	The enrollment rate in primary education	Yes	
Framework Convention on Tobacco Control (FCTC)	Prevalence of tobacco consumption	Yes	After adopting the FCTC, tobacco consumption decreased, and statistics showed a consistent correlation between this decrease and the implementation of the Convention's measures ²⁰ . More than two-thirds of the countries committed to the agreement have been shown to reduce smoking among adults, and more than half have reduced it among young people. However, the study cannot claim that FCTC would have been the principal or incidental cause of these results ³¹ .
The Swedish International Development Agency Cooperation (SIDA).	Sexual and reproductive health	Yes	Sexual and reproductive health and rights (SRHR) are essential components of good health and sustainable development. Although international policies are rather explicit as to what needs to be done to achieve universal access to SRHR services, how to do it effectively remains a challenge in many low-income countries ³² .

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DISCUSSION

The review found the analysis of eight international treaties in the scientific literature. Four were considered ineffective, while the other four showed positive effects associated with the countries' commitment to these agreements.

The ICCPR and the ICESCR, assessed as ineffective, were adopted by the UN General Assembly in 1966. It was the period of the Cold War, in which the world was divided into two sides, which impacted the debates on these pacts. The initial idea was to negotiate a single international human rights pact. The Western group understood that the pact should primarily address civil and political rights, while the Eastern group emphasized the issue of economic, social and cultural rights. The controversy was not overcome, and the solution was to institute these two treaties¹⁸. With the end of the Cold War, the influence of each political regime lost importance in the country's decision to adopt one pact or the other and today, the international community as a whole is committed to these two treaties. The ICCPR and the ICESCR have 173 and 171 states parties respectively^{19,20}.

Although these agreements have not had the expected effects, it is still good news that countries are committed to their precepts. The first step in the process is to have the law established. It is better to have the right guaranteed by law, even if ineffectively, than not. The law can be the first step in a multi-step process to effect positive change. The fact that nations have taken this first step is already a successful result. What is needed is to take the next step toward concretizing the text²¹.

CPPCG and UNCAT were also ineffective. The CPPCG entered into force in the international order in 1951, having been unanimously adopted by the United Nations General Assembly²². The UNCAT came into force in 1984 and aimed to ban torture and any other forms of inhuman, cruel or degrading treatment²³. The results found on the CPPCG and UNCAT worried literature because it was shown a worsening in indicators associated with the ratification of these conventions in some countries. A possible interpretation for this unexpected phenomenon is that the country starts to consider the problem as resolved after ratifying the treaty. Accepting the international agreement

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would function as a symbolic substitute for the possible actions that could be taken, which would lead to a drop in pressure for fundamental changes in practice²⁴. A later study commented on these findings and elaborated other hypotheses. After a country commits to an international treaty, it is possible that the records of rights violations increase²⁵. But it does not necessarily mean that the number of events has increased. The topic has attracted greater attention from the authorities, generating more significant inspection and, consequently, increasing the number of notifications²⁶. Another fact that can also influence is that, after ratification, conduct that was not previously considered a violation of rights becomes so. This would affect the number of reported cases but not the number of events themselves. An example from the literature is in the context of crimes of sexual violence against women because the stricter laws started to consider lascivious conduct as rape, which was previously classified as harassment. When the law goes into effect, the number of reported rapes increases, but that doesn't mean the law encourages rape. This same movement may happen with the entry into force of a new treaty in the country²⁵.

The literature evaluated CEDAW and OP-CEDAW as effective in some aspects^{10,27,28}. CEDAW was adopted by the United Nations in 1979 and is regarded as an international declaration of women's rights widely adhered to in the world. Part of the literature considered the results found disturbing because most of the indicators analyzed did not show an association with ratification, which means that CEDAW would not have achieved one of its intentions, that is, to improve the condition of women²⁷. However, a subsequent study showed that CEDAW was associated with positive changes in family planning indicators, which was an aspect that the Convention specifically addressed in its article 10, item h²⁷.

OP-CEDAW works as an executive annex of CEDAW because it creates a committee to receive complaints, which is competent to investigate violations of women's rights²⁹. It proved to be a little more effective than CEDAW because it was associated with improving three indicators of women's health out of a total of 9 analyzed. These results are still below expectations but allow for optimism because they implied minor improvements, demonstrating the potential for future achievements.

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The literature also considered the CRC a successful case of the effects produced²¹. However, the study itself recognizes the limitation because it cannot conclude an association between the observed improvements and the ratification of the Convention. This means that advances in underweight and infant mortality could have happened even without commitments.

The most successful case concerning the health of individuals was the FCTC. Unlike all other international treaties mentioned in this study, the FCTC is a specific health pact. It is the first global public health agreement in the history of the WHO and the most accepted by countries³⁰, having entered into force in 2005³¹. Its main objective was to reduce tobacco demand and consumption worldwide, and studies have shown that it has been effective in this regard^{21,32}. Other WHO international agreements also legislate on issues dear to health. Therefore, there is still a lack of scientific studies to evaluate its effects.

According to Tumwine et al.³³ there is consensus among practitioners and policymakers that to obtain meaningful and sustained achievements in health goals, critical improvements must be made not only to develop the capacity of communities to demand quality services but also to develop the capacity of organisations to deliver these services more effectively. Inadequate organizational capacity among health-sector actors has also been linked to health systems' ineffective use of resources and unresponsiveness to population needs. This study builds on this knowledge, and more specifically, regarding sexual and reproductive health and rights (SRHR) interventions, it highlights the potential and necessity of developing the capacity of members of implementing organisations (providing new knowledge, cultivating necessary skills and values systems, and broadening organizational networks) to improve organizational effectiveness and improve SRHR outcomes in low-income countries.

This literature review first showed that the effects of international treaties on human health are still unknown because few studies empirically measure the precise impact of these agreements in countries^{34,35}. There are many international assessments of the effects of economic and primarily commercial treaties. These studies help decisions restrict financial transactions, increase flows and encourage liberal trade policies.

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However, the impact of human rights treaties is not much explored³¹, especially regarding their health effects.

Second, this review helped to show that the legal instruments that guarantee and protect rights exist but need to be implemented more satisfactory way²⁶. The oversight of compliance with these standards is low. There are few mechanisms to ensure that countries strive to enforce the agreements' rights. Countries often benefit from external criticism when ratifying a treaty but are rarely punished for not complying^{26,35}.

FINAL CONSIDERATIONS

According to the literature reviewed in this work, the health commitments made in the CPPCG, the ICCPR, the ICESCR and the UNCAT did not achieve relevant practical effects. On the other hand, CEDAW, OP-CEDAW, CRC, FCTC and SIDA were associated with improvements in some representative indices of the health situation of individuals protected by these agreements.

Our findings are not intended to discourage the creation of international agreements on human health rights. The intention is to show the lower production of effects to stimulate policies capable of taking these legal guarantees off the ground and putting them into practice. This is because ineffective legal texts can be subject to judicial intervention to force the implementation of rights in specific cases. This is especially true in democratic countries, with solid and autonomous courts, whose governments are more likely to be held accountable for treaty violations²⁶. For this reason, we argue that the presence of an ineffective law is better than its absence.

It is hoped that this review work highlights the need to research the effects of international agreements on the health of populations and encourage public health policies to develop mechanisms capable of promoting the pragmatic effectiveness of these legal instruments.

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