

Commentary

Global Health Law as a Foundation for NCD Prevention — A Statement from a Believer

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Abstract

Over the past ten years, global health lawyers have actively engaged with noncommunicable diseases (NCDs). A pivotal instrument in this regard is the Framework Convention on Tobacco Control, adopted by the World Health Organization (WHO) in 2003. Despite its open-ended wording, it has significantly influenced domestic tobacco regulation. For instance, thanks to this treaty, the Dutch government no longer engages with the tobacco industry and has (independent from the tobacco industry) implemented various tobacco control measures, resulting in a significant reduction in smoking. The treaty also serves as an exemplary model for the adoption of similar treaties to regulate other behavioral risk factors such as unhealthy diets and alcohol use, as well as broader environmental determinants.

Keywords: Noncommunicable diseases; or NCDs Framework Convention on Tobacco Control; or FCTC

It is a real pleasure for me to reflect on the developments in global health law over the past ten years since Lawrence Gostin's publication of *Global Health Law*. I have thoroughly enjoyed participating in this discourse, observing the steady increase in activity through publications and debates. Many perspectives on the nature of global health law have been reviewed. While some authors (myself included) have argued that it is an emerging or even established branch of international law, others have suggested it is merely a collection of problems. Another viewpoint is that global health law is not necessarily a subfield of international law and might be better situated within public health law. Additionally, global health law has been described as an emerging community of practice, consisting of various actors engaging in the field. There is no right or wrong vision here; all these perspectives are valuable and enrich the field.

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In addressing NCDs and other concerns of global health law, human rights are crucial. One of the key concerns remains balancing public health (and the right to health for that matter) against other rights and interests. For instance, while a sugar tax may protect the right to health, it can also affect rights related to autonomy, freedom, and choice. Striking a balance between these interests should remain a priority for global health lawyers. The Convention on the Rights of the Child provides a clear bottom line: the best interest of the child and the child's right to health should prevail above the interests of the industry, parents, and society at large.

It might not seem very academic, but I confidently assert my strong belief in global health law as an important project for the advancement of global health. In particular, I earnestly hope that within the next decade, treaties on food and alcohol will be adopted. These treaties could profoundly enhance global public health by lowering mortality rates from NCDs. I also hope that human rights will remain a cornerstone of global health law and that global health lawyers will stay actively involved in researching the role of human rights in global health law. I hope that scholars and practitioners, whether supporters or critics, will continue to engage with global health law in the years ahead. Both perspectives are essential for achieving success in this endeavor.

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