



Justice in Global Health: New Perspectives and Current Issues edited by Himani Bhakuni and Lucas Miotto

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Justice in Global Health: New Perspectives and Current Issues, Himani Bhakuni and Lucas Miotto (eds) (Routledge 2024) 326pp; paperback £35.99/hardback £135/ebook £32.39

In the wake of the Covid-19 experience, considered one of the most paralysing global threats to health and human social lives, this book aims to provide perspectives on various issues in global health justice. As explained by the editors, the book avoids proposing a single theoretical solution for all health inequalities worldwide. Therefore, the fundamental hypothesis of the book may be the necessity of a particularistic perspective on global health justice, in addition to the systemic and unified view. Accordingly, the book is divided into five parts, each section looks at one particular challenge of justice in global health.

The first part, focusing on citizenship, power, and relational justice, highlights the need to discuss duty distribution alongside resource distribution, a connection that is closely tied to discussions on institutional and structural reforms. Aligned with that theme, Xuanpu Zhuang, in the first chapter titled ‘World citizenship and global health,’ supports the idea of a weak version of world citizenship. To realise this, he prefers a relational egalitarian approach to cosmopolitan justice, asserting that justice is a situation where everyone is related to others ‘as equal’ (at 18). In securing the social and political status of

world citizens as equals, medical support plays a crucial role. Taking a capability approach, he argues how lacking medical support will undermine global equal citizenship and exacerbate the problematic social hierarchies in terms of esteem, treatments, attitudes, power and deliberation (at 21–25). In the next chapter, Nils Freyer and Hendrik Kempt consider the concept of artificial intelligence-based decision support systems (AI-DSS) and elucidate how the global explainability standards for these systems create a concern for justice. They elaborate that such standards are less prone to be met in underdeveloped areas; a situation that leads to domination for those countries who have the technology and have defined the standards (at 39). Having assessed the complex implications of lowering standards in health-insecure collectives, they finally propose the idea of a plural standard AI governance that also advocates for the self-sustaining development of healthcare infrastructure in these collectives (at 49).

The second part of the book, ‘Responsibility for justice: law, civil society, and the private sector’ gathers discussions on how civil society, courts and the private sector can contribute to the development of global health justice. In the first chapter of this part, Luciano Bottini Filho argues that the structural litigation model can yield more satisfying results in transforming structural violence and addressing the root causes of inequalities in health services, compared to an individual litigations model. He further considers the factors required for constructing the pathway of structural litigations (at 64 and 65) and thoroughly compares this paradigm by studying cases, with the right-based judgments that seek to immediately eradicate the particular case of right infringement (at 66 and 67). Alternatively, the writer examines the cases of ‘states of constitutional affairs’, applied in the Colombian and Brazilian judicial systems, allowing the court to engage with systematic and structural injustice (at 69). Alice Trotter and Ioana Cismas consider Noma, a preventable but mortal disease. Defining ‘framing’ as a perspective on an issue that conveys a special understanding, they evaluate how framing Noma as an issue in human rights and also as a neglected tropical disease (NTD) will change the related international policies and the situation of patients and survivors. While medicalised and humanitarian framing, described as traditional framing, contributed to the ‘locality and scope of intervention’ (at 85), the writers provide reasons (including interviews) why it is time for new framings – namely, human rights and NTD – which will open a new path for advocacy and action on Noma (at 87–99). Alvaro Fernandez-Mora discusses the restrictive regulations of intellectual property rights due to public health concerns, including advertising bans, health warnings and plain packaging. He considers these restrictions on tobacco, alcohol and foods high in fat, sugar, and salt

(HFSS) and examines the relevant regulations and litigations across various jurisdictions. The struggle to maintain the balance between public health interests, and the stakeholders' rights and freedom of expression within tobacco, alcohol and HFSS industries falls under the responsibility of the courts, and Fernandez-Mora explains how each of these restrictions needs different justifications (at 124).

Part three contains discussions on sexual and reproductive justice and aims to highlight the challenges and complications faced by less-studied groups in the field of sexual and reproductive rights. Concerning children and adolescents, Gottfried Schweiger studies their sexual rights from the perspective of the capability approach, which Schweiger believes contributes to defining the well-being of these groups. He explains how the capability approach influences the rights of these two groups to enjoy sufficient well-being and to develop a personal conception of it (at 136). He then refers to the concept of 'sexual health' as a set of capabilities encompassing physical, mental, cognitive and social aspects (at 139). In the final section, the writer examines the concepts of vulnerability and autonomy concerning sexual rights and explores how these concepts vary between children and adolescents (at 140–142). In the last chapter of this part, Keerty Nakray focuses on people with serious intellectual disabilities living in assisted living facilities, with a special emphasis on India. Nakray considers the challenges of intellectually disabled people in fulfilling their sexual and reproductive rights and explains the common misunderstandings about them (at 155 and 156). Furthermore, she elaborates on the concept of 'network consent' as a process that assists mentally disabled people in enjoying their sexual and reproductive rights in long-term care homes. Delving deeply into the regulations in India, Nakray asserts that people with disabilities in this country encounter limitations on their reproductive rights. However, the laws related to the consent in these groups in India are not homogeneous (at 163).

The theme of part four is global health governance, security and transition. Aligned with this theme, Daniel Elliot Weissglass delves into the consideration of justice in global health governance and meticulously examines the role of enforcement. In this chapter, Weissglass focuses on the International Health Regulations (IHR) and the political consequences of noncompliance and how it reproduces itself in a cycle by eroding normativity (at 189). Following an examination of the fundamental obligations imposed by the IHR on countries, Weissglass elucidates how this noncompliance issue, among many others, erodes the legitimacy of the global health system and leads to the violation of global health justice, particularly during health urgencies (at 184–186). Ultimately, he proposes various strategies to

reform the enforcement issue, ranging from tactics like naming and shaming and halting conditional supports, to implementing more severe sanctions (at 195). Ryoa Chung and Joanne Liu refer to the context of health securitisation where health issues are construed as high-level national security issues (at 206). Their research centres on the ethical ramifications, specifically what they term the ‘subordination of basic human rights’ and, in particular, the right to health (at 208). By referencing illustrations of this process, the authors argue for the unconditional protection of human rights to health and the promotion of international solidarity and cooperation (at 211 and 212). In the final chapter of part four, Himani Bhakuni and Lucas Miotto deal with the concept of transitional health justice (THJ), defined as rules and mechanisms applied by states in their efforts to reform their health systems after emergencies (at 217). Clarifying the identification criteria of circumstances for THJ, Bhakuni and Miotto point to pervasive structural inequality and normalised individual or collective wrongdoing, as well as serious existential and fundamental uncertainty about authority as the defining circumstances of THJ (at 220 and 221). Following a thorough examination of the relationship between transitional justice and THJ, along with the mechanisms and demands associated with THJ, the authors endorse the idea that THJ can be considered as a facilitator of transitional justice (at 231).

Part five stands as the book’s most theoretical segment, containing papers on novel frames and approaches to global health justice. In her chapter, Erika Blacksher explores Nancy Fraser’s normative framework and her categorisation of two processes of subordination: maldistribution and misrecognition (at 243). Blacksher tries to evaluate the suitability of Fraser’s framework to be applied to health justice issues. Elaborating on the concept of ‘participatory parity’ in Fraser’s framework, Blacksher scrutinises how we can justify the significance of health for justice, determine health inequalities and establish priorities for health resources according to Fraser’s theory (at 246–254). She subsequently examines how applicable Fraser’s theory is in addressing current health justice problems globally, with a focus on population health studies (at 255). Running parallel to the conceptual and normative benefits of Fraser’s framework in discussions of health justice, Blacksher emphasises that applying Fraser’s theory to health justice problems lacks clarity regarding issues related to individuals who are not yet adults (at 260) In the subsequent chapter, Man-to Tang sheds light on the Confucian approach to global health, where sufficiency for all is the central rule (at 275). Explaining the fundamentals of justice in the Confucian approach, Tang clarifies the standards of such an account for global health. This entails individuals with health resources providing assistance to the less advantaged

and requires states to prevent stockpiling and scarcity of health resources (at 280). Tang proceeds to assert that sufficiency, fairness, and responsibility are the three main principles of the Confucian approach to health justice (at 281). Regarded as a non-egalitarian perspective, the writer illustrates how the Confucian approach can contribute to advancing global health justice. Finally, in the book's final chapter, which is particularly intriguing, Sridhar Venkatapuram provides answers to what we seek in a theory of global health justice. Differentiating between a theory of global health justice and a theory of global justice with health concerns, Venkatapuram puts the focus of his discussion on the necessity of determining the criteria of global health justice first (at 291). He briefly explains opposing approaches to global justice and highlights the health concerns of various ranges of these theories. Venkatapuram argues that, to decide on the best option for global health justice, it needs to meet some standards (at 298). He claims that relevancy and responsiveness to real-world health problems, perseverance and stability over time, and intertheoretical harmony are the satisfactory requirements of a theory of health justice (at 299). According to these criteria, he favours the idea that a capabilities approach is the best option among rival approaches to global health justice (at 301).

All five sections of the book have offered valuable insights, and, in certain instances, shed light on overlooked prospects for global health justice. This book does not encompass nearly all of the challenges related to global health justice. Nevertheless, the book has successfully attained a commendable balance, particularly in three dimensions. Firstly, the book engages in discussions on both theoretical issues and abstract concepts, offering fresh perspectives on practical challenges in health justice. This array of approaches to field problems aligns with the editors' perspective that the endeavour to create an extensive and purely theoretical account of global health justice, while beneficial, may not suffice to address inequalities. Thus, the highlighted balance aids the reader in perceiving the book's subjects in harmony with one another. As an illustration, consider the link between the suggested framing of Noma as an NTD and misrecognition as an injustice under the theoretical framework of Nancy Fraser's account.

Another notable balance achieved by this collection lies in navigating various realms of justice. The book does not confine itself to distributive justice or any specific subcategory of justice. Instead, readers can explore discussions on restorative, distributive and even transitional justice in global health. This is a significant accomplishment, especially considering the potential limitation of global health justice to a single type. Nevertheless, this book does draw readers' attention to other often

neglected areas of global health justice and illustrates the diversity inherent in this field of discussion.

Lastly, the book achieves a balance between two distinct perspectives on health justice problems. At times, the focus may shift to fundamental problems that are acknowledged and discussed as critical challenges to global health, along with the corresponding explanations and proposed solutions. Topics such as vaccine distribution, governance and enforcement (as discussed in Nakray's chapter 'Justice in global health governance' in this book) within the global health system, securitisation of health and so on constitute these discussions. Yet, this is not the sole perspective on the challenges of health justice at the global level. Alternatively, one can also address a problem with more localised dimensions that can have global implications; like an illness which is more common in some parts of the world (Filho's, 'Framing Noma'), or a type of litigation in some specific jurisdictions that can also be followed in some other jurisdictions (Freyer and Kempt's 'Everything is unconstitutional'). Additionally, and notably, this book delves into the global impact of a school of thought with parochial roots in the realm of global health justice (Blacksher's, 'Beyond egalitarianism').

The editors intriguingly explain the distinction between international and global perspectives on health justice. According to them, the former delves into the concept of justice within and between nations, while the latter extends justice beyond borders (at 2). The global understanding of justice transcends national and international boundaries, considering a complex network of actors, systems and notions, and appears less organised than under the international paradigm. Accordingly, while states remain crucial for evaluating justice/injustice, they are not the sole units in this intricate framework. From my perspective, the book could enhance its consideration of the global aspect over the international one. Most of the chapters present analyses based on the states and the relations between them. Therefore, despite the explanation that the editors provide in the introduction about the new paradigm of studying health justice at the global level, the reader is left with the question of examples of this new perspective across the discussions in the book.

There are numerous books addressing inequalities in global health, but this particular one challenges our conventional understanding of what should be included in discussions of global health justice. It successfully gathers a broad range of perspectives on existing problems while introducing new considerations that merit attention. It is undoubtedly worth reading and serves as a valuable reference for those conducting research in the field of global health justice.