Book review

Human Rights in Global Health: Rights-Based Governance for a Globalizing World, edited by Benjamin Mason Meier and Lawrence O Gostin*

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The 'Introduction', written by the editors of *Human Rights in Global Health*, opens as follows: 'Institutions matter for the advancement of human rights in global health', thus putting the key theme of this volume up front and centre.¹ Aiming to address the gap in human rights scholarship left by a focus on national governments, this edited collection instead focuses on global institutions. It brings together an ambitious range of contributions from academia, non-governmental organisations and scholars from within the UN system to examine the complex and evolving relationship between human rights, public health and global governance. This expansive and carefully researched collection is the first systematic review of the institutions of global governance, both filling a gap in the existing literature and calling for a new research field on human rights in global health governance. Each chapter offers a consistent structure, beginning with an historical context, before moving to discuss current practices, and concluding with an analysis of future opportunities or challenges. This consistent structure means that it is light work for the reader to draw out common themes and tensions across the collection, something which, given the breadth of material presented, deserves admiration. Some chapters assume an underlying understanding of definitions and characteristics of the global health system, but the book is clearly written and is eminently readable in all sections. Although no detailed previous knowledge is required to draw worthwhile lessons from this collection, the volume will be instructive for scholars and practitioners alike. Some chapters are yearning for more space to expand their analysis and conclusions, but the strict subject boundaries and structure ensure that the empirical comparison between institutions is methodologically rigorous.

The collection spans 24 chapters split into five sections. The breadth of material covered makes detailed examination of each chapter beyond the scope of this review, but notable chapters of interest to the reviewer will be focused on here.

Section One, entitled 'Global Health and Human Rights', provides the contextual, theoretical and historical basis for the collection and highlights the relevance of human rights for global health, with a particular focus on the rights-based approach to health. The first chapter, written by the editors, is a concise and wonderfully written introduction

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1 Benjamin Mason Meier and Lawrence O Gostin, *Human Rights in Global Health: Rights Based Governance for a Globalizing World* (Oxford University Press 2018) 1.

to the origins of human rights in global health. This chapter – tracing international frameworks of human rights through the introduction of the UN, the International Covenant on Economic, Social and Cultural Rights, the World Health Organization (WHO) and the Universal Declaration of Human Rights – charts the pivotal shifts which allowed public health to be understood as shaped by social determinants, as well as understanding human rights as rights enforceable against states. Chapter 2 traces the evolution of applying human rights to health and begins with a refreshing caveat concerning the subjectivities of this history, and a call for a critical eye from the reader to assess such disagreements and subjectivities. The chapter deftly and concisely weaves through the evolution of applying human rights to health. The next chapter examines the shift from state obligations under international health law to institutional responsibilities under global health law and frames human rights law through global health governance. Chapter 4 neatly moves from the context of global health governance set in the previous chapter to considering the future of ‘Global Governance for Health’. Split into two parts, this chapter explores the shortcomings of the current global health agenda resulting from the failure of governance to put people and their rights at its core and considers seven interrelated and mutually reinforcing reform proposals to transform the agenda with a rights-based paradigm at its heart. These transformations are broad and wide ranging, from ensuring accurate and detailed disaggregate data to enable effective scrutinisation of government performance, to addressing the negative human rights implications of corporate tax avoidance.

The second section explores the evolving role of the WHO in the development and implementation of human rights, before looking to the future of the organisation in an expanding global health landscape. The first chapter in this section begins with a description of the development of human rights through the WHO and its attempts – and failures – to achieve a rights-based approach for implementing human rights for global health. This chapter notes that the WHO Secretariat originally neglected a human rights discourse, instead projecting the WHO as a purely technical organisation, which resulted in a squandering of potential opportunities to implement rights-based approaches to health. This raises important questions about the framing of global institutions, as ‘objective’ and purely technical, and the tension this can create when attempting to hold governments accountable for global health policies and practices. Although the authors highlight that the WHO eventually gained traction in mainstreaming the health and human rights discourse by developing its normative framework, later chapters – such as Chapter 16 on the World Bank – demonstrate that endeavouring to maintain a purely technical veneer are problematic when attempting to bring in broader socio-economic bases for challenging state failures to promote health and human rights. The remaining chapters in this section review how the WHO has sought to revitalise the rights-based approach to health and human rights through its gender, equity and human rights mainstreaming efforts across the WHO; as well as looking to the future to discuss what role the efforts of the WHO to enable legal environments, increase accountability and focus on reaching marginalized communities will have in the future of global governance. Chapter 7 also questions the likelihood of the success of human rights mainstreaming without a strong leader championing commitment, funding and staffing.

Human Rights in Global Health then shifts toward a comparative analysis of institutions which have either an explicit or implicit health and human rights mandate. Section Three focuses on inter-governmental organisations (IGOs), dedicating a chapter each to the UN International Child Emergency Fund (UNICEF), the International Labour Organisation

(ILO), the UN Educational, Scientific and Cultural Organisation (UNESCO), the UN Population Fund (UNFPA), the Food and Agricultural Organisation of the UN (FAO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to explore global governance beyond the WHO. Each chapter in this section begins by outlining the origins of the institution and the evolution of global health and human rights within it, before describing current efforts to mainstream human rights through institutional policies and practices. This historical framing is followed by consideration of the factors which facilitate or inhibit human rights mainstreaming in global governance for health. Each chapter concludes by looking forward at future efforts of these institutions to mainstream human rights in global health governance. Overall, this section explores how such IGOs have played a pivotal role in implementing human rights through health-related mandates and demonstrates a chasm between actions and words which calls out for further research. Despite having specific human rights mandates, some IGOs, such as the FAO and UNFPA, have struggled to implement human rights mainstreaming whereas others, such as the ILO and UNESCO, have achieved significant advances in mainstreaming human rights without constitutional or institutional mandates to do so. Understanding why this is so requires more research. Some of the difficulties in implementation are clear: a lack of technical knowledge and expertise, lack of leadership and limited resources. However, a more detailed comparative analysis exploring the reasons for varying outcomes across the UN IGOs would provide some answers as to why there is intermittent success of implementing constitutional frameworks for achieving human rights aims. As succinctly noted in Chapter 9: 'In the end, the labels are less important than the practice.'² The editors, however, do remark at this point that there are rich seams in this collection that require more attention, noting that this volume is the 'start of a larger research agenda on human rights in global health governance'.³ The section concludes with a chapter dedicated to the future of IGO partnerships for health and human rights, noting a deficit in human rights-based approaches and suggesting potential remedies for this deficit.

Section Four moves on to interrogate institutions which have sought to address the link between economics and global health and critically assesses their attempts to integrate human rights into their recommendations and practices. Chapter 15 explores the integration of human rights-based approaches and the right to development into global governance for health. The section then moves on in Chapter 17 to examine the World Trade Organization (WTO) and the public health implications of its intellectual property rules in two prominent health-related issues where health and trade clash: access to medicines and tobacco control. These examples are well chosen by the authors and demonstrate how the ability of states to take action concerning public health is constrained by the rules governing global trade. The difficulties and political sensitivities of interfering in the market to protect health-related human rights and the resultant precarity of the position of health within the WTO are also discussed. More attention is paid here to the challenges in securing access to medicine rather than tobacco control. This is appropriate as access to medicines issues have had a longer history of conflict at the WTO than the relatively recent emergence of concerns surrounding tobacco control. What is aptly drawn out is the reactionary nature of the shifts in understanding intellectual property rights as linked with health and human rights rather than purely trade issues. For example, attempts by developing countries to clarify that nothing in the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) would

2 Ibid 217.

3 Ibid 570.

prevent the adoption of measures aimed at protecting public health were blocked by the USA until the threat of an anthrax attack was amplified by limited access to the only effective treatment, the drug ciprofloxacin, as a result of patents. This led to the USA relaxing its hard-line position. The reactionary nature of health and human rights developments is subsequently highlighted in Chapter 19, which critically explores the role of the public/private partnership of the Global Fund to Fight AIDS, TB and Malaria. The birth of the Global Fund grew out of a reluctance of traditional funders to finance anti-retroviral therapy which slows down the development of HIV. The strategies and initiatives undertaken to support human rights-centred programmes are described, as well as the Global Fund's history in becoming the principle funder for TB, malaria and HIV programmes. A striking comparison between Chapters 17 and 19 is the nature of relationships between global economic institutions and international non-governmental bodies. The Global Fund has formalized collaborations with international non-governmental bodies, such as Stop TB, to reduce human rights barriers. However, the WTO relationship with similar bodies, such as Médecins Sans Frontières, is more combative than collaborative. Chapter 17 outlines the heterogeneous ways in which civil society groups have responded to access to medicines negotiations, including through protest, petitions and media advocacy. These relationships, and the effectiveness of collaboration or conflict, are some of the rich seams which require more attention, and the comparative nature of the book expertly draws such themes to the fore.

The last section in the book focuses on the UN human rights systems and examines their roles in advancing human rights to global health, critically analysing the role of the Office of the UN High Commissioner for Human Rights, the UN Special Procedures and human rights treaties bodies in Chapters 21, 22 and 23 respectively. A common theme in the chapters of this final section is the need for further collaboration, not only with civil society groups, but also cross-institutional and cross-disciplinary collaboration, highlighting the complexities involved in mainstreaming human rights in global governance. The section concludes with an analysis of whether the Universal Periodic Review (UPR) will provide an opportunity to strengthen human rights accountability for global health. The UPR, under the auspices of the Human Rights Council, provides a periodic review of the human rights records of all UN member states and presents an opportunity for states to highlight what actions they have taken in respect of fulfilling their human rights obligations. The concluding chapter outlines that the UPR's recommendations, contained in an outcome report following assessment of a member state, have achieved uneven success to date. Nevertheless, it is still optimistic about the future of the UPR.

The collection concludes by drawing out four general themes from the preceding chapters and highlighting them as specific structures which shape human rights implementation. Governance mechanisms, specifically constitutional mandates and secretariat leadership, are vital for translating standards into mandates. Staff, through bureaucracy, need to see human rights as a normative basis for their human rights efforts. Staff particularly require commitment, understanding and application by technical professionals to sustain the incremental changes necessary for culture change. Collaborations with NGOs and inter-organisational partnerships are required to galvanise disparate sets of actors to a shared vision of human rights. Finally, internal and external accountability need to be strengthened, a point reiterated in many of the contributions to the collection. The conclusion yearns for more space to discuss such overarching issues, but it is bracing to look forward to further volumes dedicated to tackling such mechanisms and their relationship with human rights.

The editors have included an afterword to reflect on the rise of nationalist movements and the increasing isolationism of nations. One only needs to look at the withdrawal from UNESCO of the USA and Israel in 2017, and the similar proposed withdrawal of the UK announced in 2018, to see the impact that such threats may have on the institutions studied in this collection. The editors consider the effect such movements could have on global governance and human rights and conclude that, despite such challenges, the preceding chapters demonstrate a strength and resilience in the global institutions to resist such retrenchment from human rights. They remain optimistic about efforts to materialise the highest standards of health.

In conclusion, this volume is a timely and comprehensive analysis of the organisational approaches to human rights mainstreaming. The collection is the first systematic and comparative review of global institutions in operationalising human rights for global health and succeeds in providing contextual background and critical analysis of a broad range of institutions, as well as in providing an insightful, timely and necessary current commentary on the intersection of global governance, public health and human rights.