

[Review] Benjamin M. Meier and Lawrence O. Gostin (2018) Human rights in global health: rights based governance for a globalizing world

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Human Rights in Global Health: Rights Based Governance for a Globalizing World, BENJAMIN MASON MEIER and LAWRENCE O GOSTIN, Oxford University Press, 2018, hardback, 614pp., £87.00, ISBN 9780190672676

“By comparing the structures that facilitate organizational efforts to advance human rights across the contributing chapters in this volume, it becomes possible to understand the institutional determinants of a rights-based approach to health.” (p 557)

In *Human Rights in Global Health*, Meier and Gostin have assembled a team of collaborators and contributors, with whom they collectively provide a ‘comparative institutional analysis’ of the major global institutions with mandates to deliver global health (p 2). In doing so, they explore the ways in which a broad range of institutions and agencies function independently and collectively, to achieve this goal, and provide a detailed historical analysis of the institutions discussed, explaining their origins, evolution, and changing perspectives on rights-based discourse for health. Perhaps most importantly however, this analysis is also employed in a profoundly contextual manner to provide a comprehensive assessment of the strengths and weaknesses of these global institutions, and the extent of their achievements and failures in delivering global health. The evaluations which emerge from this assessment provide the foundation for the normative aspects of the book, which provide a compelling account of how these institutions must change, and what they must do, in order to better promote global health. Indeed, as I discuss below, one of the primary claims of the book is that in order to adequately respond to global health needs, global health institutions must adopt a rights-based approach to health and move beyond the technical, technological, or medical frameworks which have defined many institutions historically.

This book has 25 chapters, which are distributed across five parts, the first of which identifies its core claim and outlines the broad themes with which it is concerned.¹ It also provides a comprehensive history of the emergence of human rights generally, and for health specifically, and explains how robust governance systems for health and the human right to it can be achieved. In doing so, the section provides an overview of how adherence to ‘technical’ institutional mandates, rejection of a rights-based approach to health, and structural failures in global governance for health, have disempowered and disadvantaged the vulnerable worldwide. This is because they have been deprived of the substances of their right to health, through failure to adequately recognise the multifaceted requirements of health protection and promotion, or the structural, systemic, and social determinants of health. The final chapter of Part I is its most overtly normative. Here, Michel Sidibé and colleagues

¹ ‘Human Rights in Global Health’.

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provide a compelling synthesis of the legal and historical analysis of the previous chapters which ground a set of seven ‘transformations for global health’ (p 88).² These practical, policy suggestions offer a comprehensive, governance strategy for systemic change to adequately respond to the demands of global health justice.

Each of the following four Parts build on this premise and develop it through analysis of a particular global health institution or group of institutions. Part II focuses on the history of the World Health Organization (WHO), and of its varying relationship to the idea of human rights to health.³ In doing so, the authors in this Part provide a valuable illustration of the WHO’s trajectory with regard to health rights. They also provide a compelling argument for what the WHO should do next to promote human rights to health, vividly informed by careful analysis of those times when the organization has failed to acknowledge the human right to health. In doing so, they analyse its evolution from a largely technical organisation (in that its mandate was framed in the provision of technical, medical services in response to specific health needs), to one which increasingly views its responsibilities in terms of the fulfilment of the right to health more broadly. Part III provides detailed analysis of the wide range of intergovernmental organizations with responsibilities for health, such as the International Labour Organization (ILO), the UN Educational, Scientific and Cultural Organization (UNESCO) and the UN Children’s Fund.⁴ Chapters in this Part explore the complex interconnections of these organizations, their responsibilities, and methods, and explain their origins and history. As with Part 2, this Part concludes with a chapter which looks to the future of intergovernmental organizations, exploring the role of partnerships between such institutions, and offering a series of policy goals with which to realise the right to health.⁵

Where contributors to Parts II and III explore what can reasonably be called the technical organisations with responsibilities for health (in that they have direct responsibility for delivering particular services which promote, protect or restore health), the chapters in Part IV move to a discussion of financial and economic institutions. This Part is thus concerned with those institutions which are focused on addressing structural, rather than epidemiological, causes of deprivations of health. As I noted above, one of the common themes in this book is the need for global health institutions to adopt a rights-based approach to global health, and this is arguably most apparent for many of the institutions, such as the World Bank and World Trade Organization (WTO), discussed in

² M Sidibé and colleagues, ‘The Future of Global Governance for Health: Putting Rights at the Center of Sustainable Development’, ch 4.

³ ‘World Health Organization’

⁴ ‘Inter-Governmental Organizations’.

⁵ S Hawkes, J Kreienkamp, and K Buse, ‘The Future of Inter-Governmental Organization Partnerships for Health and Human Rights’, ch 14.

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this Part. Indeed, as Yusra Ribhi Shawar and Jennifer Prah Ruger note, the World Bank was once described as ‘a human rights free zone’ by a UN special rapporteur (p 353).⁶ Similarly, Suerie Moon and Thirukumaran Balasubramian provide important analysis of the role of WTO rules, such as the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), in constraining state abilities to respond effectively to a range of public health crises.⁷ Importantly however, both of these chapters, and the Part as a whole, also provide a thorough, detailed account of the progress of global economic governance agencies in promoting the right to health, with a particular focus on the role of these agencies in facilitating development and breaking ‘the vicious cycle linking economic poverty with morbidity and mortality’ (p 12). This Part will, therefore, be of particular interest to anyone working on questions relating to the social determinants of health. Contributors to it add support to the core normative claim of the book – that adequate promotion of global health can only be achieved through adoption of a rights-based approach to health.

Part V focuses on institutions which are arguably the most distant from the actual delivery of public health and medical care of those discussed in this book.⁸ The chapters in this Part explore the role of agencies such as the Office of the United Nations High Commissioner for Human Rights (OHCHR) in administering, monitoring, and regulating the fulfilment of the human right to health by nation-states, and the institutions discussed throughout the book. Again, particular attention is paid in this Part to the origins, history, and evolution of the institutions and agencies under consideration in the Part. A further unifying theme of these chapters is the importance of accountability for the fulfilment of the right to health, which is explored through analysis of the functions of the institutions, such as UN Special Rapporteurs and the Universal Periodic Review process, which evaluate the extent to which institutions and states are fulfilling their responsibilities.

In the final chapter in the final Part,⁹ Meier and Gostin set out their concluding comments, which summarise the narrative of the book – from identifying the scope of the challenge presented by the demands of public health, to analysis of the complex network of institutions, their roles and relationships, and how they collectively and individually shape global health.¹⁰ They also reiterate the goals of this ambitious and impressive project - to provide the foundation upon which to build ‘the start of a larger research agenda on human rights in global

⁶ Y Ribhi Shawar and J Prah Ruger, ‘The World Bank: Contested Institutional Progress in Rights-Based Health Discourse’, ch 16.

⁷ S Moon and T Balasubramian, ‘The World Trade Organization: Carving Out the Right to Health to Promote Access to Medicines and Tobacco Control in the Trade Arena’ ch 17.

⁸ ‘Global Health in Human Rights Governance’.

⁹ ‘Conclusion and Afterword’, Part VI.

¹⁰ B Mason Meier and LO Gostin, ‘Comparative Analysis on Human Rights in Global Governance for Health’, ch 25.

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health governance...[and] provide a basis to advance health as a means to a more just world' (p 570).

Human Rights in Global Health provides analysis of four distinct categories of global health institution, offering a history and critique of each, and suggesting a series of recommendations for how each should move forward to fulfil the human right to health. In itself, this would be an impressive achievement. However, the whole of this work is far greater than the sum of its individually impressive parts. The distinct elements of the book, each of which are valuable in their own right, are skilfully woven together to deliver a single, clear narrative thread. In combining these historical and normative analyses of the institutions of global health, the remarkable group of authors assembled by Meier and Gostin collectively provide a compelling humanitarian narrative which carefully explains the importance of a human rights approach to global health. They argue that 'Human rights provide legitimacy to global governance', and that institutional recognition of the human right to health provides 'a principal normative framework for health-related policies, programs and practices' (p 569).

The breadth, depth, quality and scope of *Human Rights in Global Health* mean that it will be a valuable resource for a wide range of theorists and practitioners of global health, as well as being a valuable teaching resource for academics working in a wide range of fields. It will, I think, be particularly useful as a reference work, given that it provides such an extensive historical account of the origins, evolutions, and practices of a wide range of institutions and agencies. This extensive historical analysis is perfectly complemented by the normative content delivered throughout the book, which provides a detailed argument for, and description of, a rights-based future for global health governance.

Meier and Gostin and their collaborators have delivered an important book, which will be of value to many people. Indeed, the quality and scope (and sheer amount – it is nearly 600 pages long) of information provided in this book will make it an invaluable resource, which provides both information and inspiration, for those working in global health, either as researchers or educators. It may be of most value to those teaching in these areas, since it conveniently collects a vast range of information which is fundamental to a wide range of discourses in global health. This edited collection is an example of remarkable scholarship.