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Introduction:

Global Health and International Community

John Coggon and Swati Gola

Introduction

Global health arguably represents the most pressing issues facing humanity. Trends in international migration and transnational commerce render State boundaries increasingly porous. Human activity in one part of the world can lead to health impacts elsewhere. And animals, viruses and bacteria, as well as pandemics and environmental disasters, clearly do not recognize or respect political borders. Both in policy and the Academy, public health is rapidly growing as a source of specific and directed concern. It is widely accepted that a global perspective is needed if we are to understand fully the nature of threats to health and how best to respond to them. And such a perspective simultaneously draws into question matters of justice, fairness and equity. While theories of morality tend to appeal to concepts of universality, global politics presents a gross imbalance in freedoms, rights, capabilities, duties and entitlements.

University curricula, researchers, pressure groups and policy bodies are therefore now assuming a keen focus on questions in public and global health, and seeking to identify and address a broad range of problems. With this book, we aim to provide a foundational text accessible to readers from across disciplines, and from outside of the university system, concerned with these issues. The book contains essays by internationally leading experts. Its balanced combination of critical analysis and practically focused policy pieces will make it, we hope, a valuable and enduring resource for researchers, students, activists and policy-makers across the globe. The multi-disciplinarity of the contributors, covering areas such as ethics, human rights, international relations, law, philosophy and politics, is underwritten by many of the contributors' practical experience in national and international policy. The book thereby adds positively to a literature that is of central and growing importance. This introductory chapter allows us to provide an outline of the book's contents, and to explain the structure that we have adopted.

The book's structure

We have separated the book's chapters into three parts. Broadly, these reflect three distinctive ways of coming to debates on global health: first, we have chapters exploring 'big picture' philosophical questions; second, questions relating to specific moral and regulatory problems in global health; and third, large-scale regulatory responses to global health governance. The divisions necessarily involve a level of artificiality, and readers might, of course, read the chapters in an alternative order. Nevertheless, we hope to have given the work a logical progression. While the chapters were each written independently of one another, we do see a flow throughout the work. We outline here how and why we have structured the book as we have.

Part One – framing global ethics and international justice

Part One addresses philosophical concerns and questions about how, as a matter of ethics or justice, we should approach and frame an analysis of global health. Given the stark self-evidence (to many minds) of current global injustices, some might question what role at all a moral theorist has in a work on global health: are the moral problems, it might be asked, not just obvious? While we have some sympathy with this view, we think it misses various crucial questions whose import spreads far beyond debates that might take place in the 'ivory tower'. Nevertheless, we agree that it is important to question properly what value moral theorizing lends to debates in global health. As such, the five chapters in Part One explore various theoretical challenges. Understanding both the role and limits of theory is crucial to making sound use of principled arguments. Without coherent principles on which to base moral imperatives, we lack the understanding needed to support coherent claims about how we and our governments should perceive our responsibilities and then choose to act. While on the face of things protagonists in global health might appeal to apparent widespread agreement about global injustices, it is not far below the surface that radical differences present themselves. Furthermore, we cannot ignore that there are nuanced philosophical arguments that (more or less) support the global *status quo*,¹ and their practical strength is reinforced by contemporary international political practices. Therefore, those who seek large-scale change – policy-makers, activists and students alike – must be able to speak to and refute the arguments that they would reject, and present a persuasive position in favour of reform.

1 Most notably, John Rawls, *The Law of Peoples* (Cambridge, MA: Harvard University Press, 2001).

Consequently, we begin Part One with two chapters that challenge the idea that ‘global health ethics’ or ‘global health justice’ present straightforwardly compelling ideals. Neither chapter is given to undermining the agendas or ends of global health activism, but each gives reason to consider carefully the moral basis – the *reasons* – for wanting to advocate for change. In other words, each asks us to be sure about what our fundamental concern is: is it *health*, is it at base something else, or is it health *among other things*. Furthermore, Chapter 1, by Stephen Latham, questions the very value of theory in debates on global health justice; he presents and examines problems for *any* theory of global health justice. Latham’s arguments provide a constructive but challenging position. If we argue that health is what motivates our concerns in justice, might that not undermine rather than reinforce what we really mean by moral respect? For example, when arguing about women’s reproductive autonomy, should this not be something that is directly due morally, rather than something we value because it is good for women’s health? And does a similar point not stand in relation to arguments in favour of education, peace, job opportunities and so on? Arguments based on ‘health justice’ seem to ask us to value these things not in themselves, but because – and insofar as – they are good for health. Latham also urges us to recognize the complex nature of the world itself, and the resultant limits to theories’ explanatory value. He notes the importance of being clear about whom the theory would address, of accounting for a theory’s demandingness and of dealing with conflicts of value. Furthermore, he asks, in the context of practical debates on global health, what value should be given to a theory of global (health) justice. Is it really concerns for justice that motivate actors in global health, or would it be wiser to appeal to potentially more motivating reasons, such as prudence?

Chapter 1, then, presents an important and complex challenge to moral theorists working in global health, and to those who appeal to theory. In Chapter 2, Richard Ashcroft further adds to the challenge by interrogating the question of global health inequalities. It is common in arguments concerning global health to find appeals to health inequalities, both internationally and within nation States. While these seem of themselves to present an injustice, Ashcroft asks whether it is health inequalities themselves that are fundamental to concerns about global injustice, or whether they are rather indicators of the actual injustices that (should) concern us. Ashcroft unpacks several distinct lines of argument. These include the problems of being clear about what we mean when discussing ‘health’ or saying that someone’s health is bad, and on deciding how we define the groups that we will compare with one another. He argues that when comparing in justice two groups, we will be building an analysis on *status inequality* rather than *health inequality*. At the root of an injustice that we would seek to remediate, he suggests, is an unmet need rather than simply a health inequality. Injustices give rise to claims for corrective action in the form of redistribution of resources, and health is not something that can

be redistributed in the relevant sense. We help someone who is in ill health because of a basic need; not because someone else is healthy at the cost of that person's health. In short, Ashcroft's argument is that resolving the conceptual difficulties implicated in claims about health inequalities requires a great deal of prior normative analysis about matters such as what we are measuring when we say we are measuring health, what we are comparing and which groups we are comparing. He agrees that health inequalities signal injustice and need, but his paper presents a strong argument that the *moral* concern is not ultimately with health inequalities themselves.

It is with Chapters 1 and 2 in mind, therefore, that we label Part One 'Framing Global Ethics and International Justice', rather than make explicit mention of health. Both chapters seem to suggest that those who are concerned about using moral theory should perhaps make their focal concern global justice, rather than global *health* justice. Against the backdrop that these chapters provide, it is instructive to read the remaining three chapters of Part One. Chapter 3, by Heather Widdows and Peter West-Oram, provides a positive argument for why (bio)ethics must be considered as a global endeavour. Although their practical focus is on health, their claims could clearly have a wider application, rather than be reduced to a theory of global health justice in the sense criticized by Latham or Ashcroft. In essence, their argument is that as medical and scientific problems are global, and as medical and scientific practices are global, ignoring their global nature will lead to injustice. These points allow that many questions will also be local rather than global. Likewise, their argument is about ethics; they are not advancing a case for global homogenization or standardization of health *policies*. Rather, the ethics of the framework within which health policies are developed must account for their global reach. Having made the case for (bio)ethics being global, Widdows and West-Oram finally note three characteristics that they find across arguments in global ethics: the frame is global, the approach is multidisciplinary, and it combines theory and practice. Rather than reduce ethics either to individuals' obligations or the justice of institutions, they argue that both of these must be addressed.

Solomon Benatar's approach, in Chapter 4, reinforces Widdows' and West-Oram's argument by demonstrating the three characteristics that they describe: a global frame; a concern for multidisciplinary; and a concern for combining theory and practice. Benatar's chapter presents stark facts both about inter- and intranational inequalities in health. He then usefully considers various ways in which the term 'global health' is used before arguing in favour of his preferred definition. For Benatar, global health should be thought of like public health, when the latter is seen as a mission aimed at eradicating or lessening disease.² Following a short history of public health efforts, Benatar

2 See the parallels with the influential definition of public health in C.-E. A. Winslow, 'The Untilled Fields of Public Health', (1920) *Science* 51:1306, 23–33, 30.

places the late 1970s as a turning point at which neo-liberal economics took hold, to the advantage of a global minority and to the detriment of the global majority. The minority's 'distorted values', such as hyper-individualism, short-termism and restricted concepts of rights are the root, Benatar argues, of unjust global disparities. He goes on, therefore, to consider how the position might be ameliorated. To do so, he provides 11 'moral lenses' through which to view international obligations to improve health globally: historical, social justice, self-interest and security, ecological, human rights, needs, solidarity, finite resources, moral global economy, international professional standards, and global crises. Benatar's message is strong and urgent: the *status quo* is unjust and unsustainable, addressing the problem is a matter for scholars from across disciplines.

Chapter 5, the final chapter in Part One, is by Gorik Ooms and Rachel Hammonds. Ooms and Hammonds note that to say that global inequalities are inequities requires a theory of global justice. They also recognize that there are principled arguments that hold that the nation State is special and thus gives rise to special obligations that do not obtain internationally. They note too that such a position can be argued to reflect practical reality. Their chapter, however, aims to weaken the claims for finding that ethical obligations end with national boundaries. They do so by taking to task the influential work of John Rawls who, as noted above, purports to defend a means of limiting the more demanding obligations in justice to bounded political communities, rather than allow them a global scope. In questioning the coherence of Rawls' theory in this regard, Ooms and Hammonds draw from the claims that Rawls makes in relation to justice within a single State.³ The demands of justice can limit what individuals should be free to do, and the same should hold, they argue, internationally. Furthermore, in their conception global justice is not simply about the rights and duties held between States, but at base is about individuals' rights and duties, held across national boundaries. Beyond even questions of principle, Ooms and Hammonds argue convincingly about people's global connectedness; that it is implausible to claim that the world's population comprises different people living in completely separate, isolated and self-contained systems of cooperation. Rather, there are many layers of cooperation. While they accept that political reality means that complete global justice is out of reach, there is scope for increased justice as global cooperation intensifies. Included in their argument here is the case for a global social justice scheme. With a firm basis in concerns for global justice, and with due account given to practical and political reality, this proposal presents a fascinating practical note on which to end Part One.

3 See John Rawls, *A Theory of Justice. Revised Edition* (Cambridge, MA: The Belknap Press of the Harvard University Press, 1999).

Part Two – practical challenges in global health governance

In Part Two, the book's focus moves to various specific problems that feature large in debates on global health. We do not aim, or pretend, to provide anything nearing an exhaustive span of problems in global health, or of scholarly approaches to responding to them. Nevertheless, the points of focus are representative of the scale and nature of the problems in global health, and both in themselves and by implication point to the sorts of considerations that need to be raised in seeking to address them. The chapters present perspectives from a broad range of approaches: law, philosophy and ethics, economics and regulation, international governance and international security. The problems studied are diverse, though overlaps also emerge between the chapters, which cover: climate change; sustainability policies based on the use of genetically modified organisms; access to essential medicines; access to antibiotics and 'ownership' of their effectiveness; international governance of biotechnologies; and controlling threats to global health in the form of bioterrorism and State offensive biological weapons programmes. In combination, the chapters demonstrate the breadth of ground and range of analyses relevant to global health.

Keith Syrett, in Chapter 6, examines the potential utility of human rights adjudication – specifically that based on the human right to health – in response to climate change. Climate change, as Syrett notes, has clear implications for populations globally, and furthermore will affect disproportionately people who are already relatively disadvantaged. While, he argues, climate change may bar the *realization* of human rights, including the right to health, for adjudication the important question is whether there has been a *breach* of these rights in a strict, legal sense. Reflecting on the work of the Office of the High Commissioner for Human Rights (OHCHR) on this question, Syrett notes several potential problems: attributing responsibility, causation, and the presence or immediacy of a rights violation. Furthermore, he notes the complexities of establishing who could litigate, problems of legal standing and questions of whether the right to health is justiciable. Even in the face of these problems, Syrett suggests that we should not give up on securing accountability through judicial or quasi-judicial mechanisms. Instead, he develops an argument in favour of a wider concept of accountability than that taken by the OHCHR, drawing from contemporary analyses of judicial approaches to socioeconomic rights, with particular reference to those protected under South Africa's constitution. Courts' decisions on this view, noting that they are given wide publicity, serve as a 'catalyst for further public dialogue'. In this sense, the judicial process may be viewed as part of a wider system of accountability and deliberative democracy, meaning that even when litigants fail in their legal case, the case itself potentially advances their cause. As such, we move beyond adjudication being seen as a zero-sum game, to a productive

and ongoing democratic discourse. Syrett's view is certainly not that such an approach would form the only strategy for effecting political change, but he is clear that it serves well as a means of supplementing such efforts.

Chapter 7, by Lisbeth Nielsen, also begins with reference to the effects of climate change and the challenges it raises. Nielsen's focus is on possible scientific responses to food shortages and sustainability, through the development and use of genetically modified organisms. Her analysis leads to a focus both on ethics and regulation. Again, her argument is advanced as part of a wider possible response to a practical problem. Her position is framed against a context, particularly within the European Union, of scepticism about genetic modification. Nielsen argues that the ethics of sustainability can be seen as being based on three responsibilities to compensate. First, there is corrective justice, which requires actors to compensate for harms that they have caused, and to correct negative trends through mitigation practices. Second, there is a shared responsibility to avoid further harm to vulnerable populations, which Nielsen characterizes as being comparable to the Rawlsian 'difference principle'. Finally, there is the responsibility to protect nature, a term that she argues should be taken to include the atmosphere. In order to overcome scepticism of genetically modified organisms, Nielsen addresses ethical concerns about 'the unnatural', noting among other things that these are driven by context, and that overall, given the fact of anthropogenic climate change, we may ultimately need anyway to alter the natural to save the natural. Her chapter goes on to provide a detailed account of the matters that those contemplating introducing genetically modified organisms should bring into an all things considered evaluation. It is clear too that public support is needed, both through funding and coordination of practices. While the institution of measures will be made locally, Nielsen insists that a global outlook is needed.

Sadie Regmi's focus in Chapter 8 is on another problem that is at the fore in many debates within global health: the question of access to essential medicines. As Regmi notes, millions of people die avoidably every year from diseases for which treatments exist but which, to those people, are unaffordable. Regmi describes the regulatory regime surrounding intellectual property, which is the main cause of the high price of medicines: rather than production costs, the prices are largely due to monopoly rights. Unaffordability of medicines itself logically affects those with fewer resources, compounding global inequities. But a further effect, given economic incentives, is that the global burden of disease is not reflected in research spending priorities, which are driven to respond to the problems of the world's richest people, thus further heightening inequalities. Against the justice-based concerns for global health to which this situation gives rise, Regmi's chapter evaluates intellectual property regimes, with a view to understanding whether global health outcomes are optimized within the current system. Regmi argues that we can find two presumptions underpinning justifications for current intellectual property regulation: first,

it incentivizes innovation; and second, the effects on innovation outweigh any public health concerns that would speak against protecting monopoly rights. There is, she suggests, reason to doubt these premises. And given the failure of the current system to meet the healthcare needs of so many people in low- and middle-income countries, she explores possible alternatives. First she considers public-private partnerships. Then she looks at the idea of a health impact fund, as famously advocated by Thomas Pogge.⁴ Although Regmi favours this approach, she acknowledges that as richer countries would be the greater contributors, politics may get in the way of it overcoming all equity-based concerns. Finally, she considers arguments for the development of a Medical Research and Development Treaty. Her overall conclusion is clear: a rethink is needed on how we protect intellectual property rights, whose drawbacks within the current system are too great to make the system defensible.

In Chapter 9, James Wilson's focus is also on access to treatments. However, the subject of his chapter is narrower than that of Regmi's. Wilson's essay considers the problem of antibiotic resistance. The discovery of antibiotics has revolutionized medicine. However, as any particular antibiotic becomes ineffective, there are especial questions of justice that give reason to doubt the appropriateness of the current intellectual property regime. Wilson notes three principal, complementary strategies that may be employed to control antibiotic resistance: first, limit their use by ensuring they are prescribed only where they will be effective; second, consider opportunity costs when prescribing, so even if their potential efficacy is not in doubt, accept that overall not prescribing may be more sensible in a given case; and third, replace the available antibiotics as they lose their effectiveness. Wilson notes that at present replacement happens more slowly than expiration of existing antibiotics. As such, he frames a convincing argument that we should conceive of an antibiotic's effectiveness as a limited resource, such as oil or coal. The time-limited nature of their effectiveness distinguishes antibiotics, and thus gives us reason to doubt whether they are subject to the general arguments that we find made in favour of granting a patent. The public interest arguments that would support granting time-limited monopolies to innovators, in order to incentivize innovation, make sense, Wilson argues, because then a public benefit is secured. In the case of effective treatment by antibiotics, however, this is not true because effectiveness will not be ongoing. He therefore contends that there cannot be a moral entitlement to 'own' antibiotic effectiveness. Rather, such effectiveness 'remains the common property of humanity', and should be subject to public controls.

Catherine Rhodes, in Chapter 10, looks more widely at the potential for biotechnologies to fulfil global health needs. Her analysis is framed through consideration of international governance, examining what could be done in the ideal to maximize benefits, manage risks, minimize harms and promote

4 See www.yale.edu/macmillan/igh/.

capacity building. She looks then at shortcomings in the current approach to international governance of biotechnologies. Finally, her chapter provides an argument for what could be done given the wider realities of the international system. Rhodes notes two distinct complicating matters. First, a significant upshot of advances in biotechnological innovation is the entrenchment of global inequalities. Second, health regulation is substantially intertwined with other areas of regulation. In echo of Widdows' and West-Oram's chapter, Rhodes points out that the global nature of biotechnology is born of its impact on inequalities, and in the way one country's policy may have effects beyond its borders (thinking, for example, about the possible effects of a country allowing xenotransplantation). States are interdependent, and there are clear areas where international cooperation is needed. In regard to biotechnology, Rhodes lists the following areas wherein international interdependence is high: arms control, development, drugs control, environmental protection, health, social impacts of genetics, and trade. In the governance of biotechnology, there are three strands of regulation that are of particular relevance: disease control, laboratory biosafety and biosecurity, and food safety. Having evaluated both areas where we can find signs of progress and key obstacles to progress, Rhodes considers the problem that States tend to assess national interest in economic terms, with a view on short-term gain rather than long-term welfare improvements.

The final chapter of Part Two, Chapter 11, by Malcolm Dando, examines an area of key importance in global health, albeit one that often receives less attention than it arguably should do. Dando divides threats to global health into three: those coming from natural disease; those coming from accidental disease; and those coming from deliberately caused disease by use of biological and chemical agents. While there are many discussions of public health measures to respond to the first type of threat, and of biosafety measures in regard to the second, Dando works to draw attention to the third. Knowledge and understanding of risks of deliberately caused disease, be it by bioterrorism or a State's biological weapons programme, are of key importance in global health. Dando therefore draws attention to international prohibitions found in the Biological and Toxin Weapons Convention (BTWC) and the Chemical Weapons Convention. His concern in the chapter is that properly to implement the BTWC, it is necessary to ensure that life scientists have a good awareness of the Convention's norms. Without this, they will not be able to assure due oversight to overcome the problem of misuses of technologies, or even to know what activities contravene the Convention. Dando presents strong evidence that internationally the scientific community is greatly under-informed on these matters, and in the main that life-scientists do not consider themselves as creating a significant risk of their work contributing to a biological or chemical weapons programme. Dando outlines how he and his colleagues have responded to this gap in education for life scientists, and reflects on the

problem and the development of their response to it. The programme they have designed, of which he presents an overview in the chapter, is not intended to prevent scientific advances or limit scientific freedom, but rather is to guard against misuse of science, preventing only exceptionally dangerous research and publication.

Part Three – political and regulatory responses in global health

With a view to bringing us almost ‘full circle’, Part Three again focuses on ‘big picture’ challenges, this time in the development of large-scale political and regulatory responses to global health problems. The final four chapters of the book contain analyses of particular problems, and are also heavily influenced by concerns from ethical theory. We collect them separately, however, because they also offer broader-ranging practical approaches than those considered in Part Two. The scales of the problems they seek to address demonstrate clearly the ambition required for a practical exercise in global health. Nevertheless, by articulating how global governance for health can work, they offer good reason to think that the challenges of global health are not *over*-ambitious and that they should be taken seriously. A research agenda has been set, and Chapters 12–15 suggest practical means of responding to it.

Chapter 12, by Doris Schroeder, bridges well Parts Two and Three. Schroeder’s chapter focuses on what must be the most famous and politically effective single measure in global health: the human right to health. The work that theorists and activists ask this right to do is quite staggering, and we can only imagine that its presence in academic and public debates will increase over the coming decades. As already seen in Syrett’s chapter, the potential of the right expands well beyond questions of its justiciability, or its successful use in litigation. Nevertheless, by purporting to articulate grounded, enforceable rights, the right to health is neither reducible to an abstract moral requirement, nor to a political slogan. Thus, while Schroeder gives her chapter practical focus by using the case study of access to life-saving medicines, her analysis is of much broader relevance. The chapter explores the important question of whose obligation is triggered by the right to health, considering its potential implications for governments, rich individuals, non-governmental organisations (NGOs) and pharmaceutical companies. With regard to governments, the argument seems straightforward: where they have signed up to the right to health, they have assumed definite duties under the right to health. Affluent, private individuals are in a different position. They are able to ameliorate the positions of people who are worse off than them. Furthermore, many distinct philosophical theories can support claims about strong duties to help others.

Nevertheless, Schroeder argues, these duties are not necessarily to protect those things that would be guarded by the right to health; *that* specific right is not only not enforceable in a legal sense, but also one that is harder to ground even in a moral sense (Schroeder makes the point by reference to Kant's idea of 'imperfect duties'). Still, she notes, moral arguments can be made against affluent individuals, as they have been by Pogge. Moving to NGOs, Schroeder is clear that their obligations are voluntarily assumed and charity-based. Thus, while they assume a role in addressing matters that would fall under the right to health, they do not do so as a matter of obligation in the relevant sense. Schroeder argues that pharmaceutical companies, however, are arguably subject to obligations under the right to health. Her argument is based on how such companies benefit, in a unique way, from the intellectual property regime, in goods that are necessary to benefit basic human needs.

Thomas Gebauer begins Chapter 13 by stressing that global health is not just about controlling pandemics or making structural or managerial improvements; it is a call to reconceive responsibility for health in a globalized world. Drawing from the World Health Organisation (WHO)'s famous aspiration of 'Health for All', Gebauer works towards an analysis of global health responsibilities, considering both ethical and practical concerns. The problem with achieving the ideal of health for all is not, he suggests, insufficient money; it is rather the need for better redistribution of existing wealth. This, of course, means a need too for a change in political will and public pressure. In echo of Benatar's chapter, Gebauer laments the neo-liberal promise of a regime that would benefit everyone; under neo-liberalism, inequalities have grown. In bringing a practical focus to his arguments, Gebauer emphasizes two big problems in global health: theses on the social determinants of health; and questions concerning the provision of universal healthcare. He acknowledges the importance of the former, but focuses the practical aspects of his arguments on the latter. His position can be summarized by noting his agreement with the observation that poverty fuels ill-health, and ill-health poverty. Given this, Gebauer argues, healthcare cannot sensibly be linked to individual purchasing power. He therefore frames an argument around five requirements: the need to challenge neoliberal ideology; health governance reform; the need to reduce out of pocket payments for healthcare; the need to create pooled funds; and the need to build the system on the principle of solidarity. Whether the healthcare system is financed through general taxation or a social health insurance scheme, Gebauer insists that solidarity is key. Arguing along lines advocated by Ooms and Hammonds, Gebauer pushes for a global system for redistributing wealth. He draws a normative basis for doing so from the Universal Declaration on Human Rights, and practical inspiration from the longstanding cooperation found in the equalization payment mechanism in the Universal Postal Union. He argues that a treaty, such as that advocated for in Lawrence Gostin's chapter, is needed to assure an International Fund for Health. His arguments would

thus reframe global health commitments to ones based in entitlement rather than charity.

In Chapter 14, William Onzivu demonstrates the scale of the challenge of global governance for health. Globalization has altered the spread of health threats, both through infectious and non-infectious diseases. And at the same time, the complexity of global health governance, which involves a vast array of actors including States, international organizations, and other non-state actors, presents a huge challenge in terms of shaping governance. In the face of this situation, Onzivu's argument is that 'adaptive governance' offers a good solution. He outlines the nature of adaptive governance, describing how it originates from complexity theory. Its strength comes in its being adaptable, flexible and responsive. To demonstrate how, Onzivu focuses on and explores five features of adaptive governance: continuous learning; policy making as experimentation; avoiding irreversible harm, monitoring and feedback; and pluralism and process. He then considers the role of adaptive governance within the context of WHO law. The need for flexibility demonstrated by the WHO's constitution, and the complexity of its governance, reinforce Onzivu's arguments for adaptive governance. As well as describing the array of different actors implicated in global health governance, he applies his arguments in the context of the WHO Framework Convention on Tobacco Control, and the International Health Regulations. He ends the chapter by addressing the benefits and problems of adaptive governance. Positively, it facilitates policy experimentation, promotes global health co-regulation and promotes implementation of WHO law and policy. However, there are concerns about its potential to undermine WHO law's binding nature, about regulatory capture and about robbing global health law of its 'public' character. For Onzivu, these problems are not compelling, and he advocates for the use of an adaptive governance framework.

The book's closing chapter, by Lawrence Gostin, details the project of developing a Framework Convention on Global Health. In Gostin's own summary, 'My proposal for a Framework Convention in a nutshell is to establish fair terms of international cooperation, with agreed-upon mutually binding obligations to create enduring health system capacities, meet basic survival needs and reduce unconscionable inequalities in global health.' The chapter is a valuable resource for scholars and activists alike, considering both our reasons for wanting to develop such a Convention, and the principles that it would enshrine. Gostin is clear that when international assistance is conceived as 'aid' we undermine the strong arguments that health is a shared responsibility internationally; as such, he characterizes global governance for health as a 'partnership', based on common goals. As a matter of justice, he argues, we can found obligations to protect health globally. In his framing, this is best explained by reference to a theory of human functioning, with health as a foundational human capacity. He also notes that States might be persuaded

of the importance of global health by reference to national interests. However, he argues, recognizing health inequalities as a problem does not of itself tell us where we find the duties to respond to the problem. In Gostin's assessment, globally we need to act just as nation States (should) do to protect the health of their own citizens. That is, in addressing major determinants of ill health, by providing, for example, sanitation and sewerage, clean air and water and healthcare, the international community could meet its responsibilities to ameliorate global health. In working toward this, law has an important role to play to galvanize responsibilities and offer much-needed coordination. Gostin sees it best provided through a Framework Convention on Global Health, drawing inspiration from international environmental treaties that are also founded on the idea of shared responsibility, shared resources and the need for international cooperation. He outlines the proposed Convention's principles, and highlights its strengths, which would be ethical, practical and political. Gostin recognizes that problems will remain that the Convention could not overcome, given, for example, entrenched economic interests of powerful global actors. He also notes the risks of adopting a strategy of developing such a Convention, but argues that all things considered it is worth pursuing. His closing message is to remind us of the cost of failing to agree on fair terms of cooperation between States in relation to the enormous problems of global health.

Global health: Intellectual and practical challenges

The chapters collected in this volume add to the growing literature on the vast but important range of matters implicated in a study of global health, from theoretical and political concerns, through practical questions, to matters of law and governance.⁵ It is common in texts on these issues, as has been the case in this introduction, to find multiple references to 'challenges'. Global

5 Our hope is that the volume complements and sits well alongside other works in this growing area, including: Wolfgang Hein and Lars Kohlmorgen (eds), *Globalisation, Global Health Governance and National Health Politics in Developing Countries – An Exploration into the Dynamics of Interfaces* (Hamburg: DÜI, 2003); Sudhir Anand, Fabienne Peter, Amartya Sen (eds), *Public Health, Ethics, and Equity* (Oxford: Oxford University Press, 2004); Belinda Bennett and George F. Tomossy (eds), *Globalization and Health: Challenges for Health Law and Bioethics* (Springer, 2006); Andrew F. Cooper, John J. Kirton, and Ted Schrecker (eds), *Governing Global Health: Challenge, Response, Innovation* (Ashgate, 2007); Michael Boylan (ed), *International Public Health Policy and Ethics* (Springer, 2008); Robert Beaglehole and Ruth Bonita (eds), *Global Public Health – A New Era* (2nd edn) (Oxford: Oxford University Press, 2009); Michael J. Selgelid and Thomas Pogge, *Health Rights* (Ashgate, 2010); Richard Parker and Marni Sommer (eds), *Routledge Handbook in Global Public Health* (New York: Routledge, 2011); Michael Boylan (ed), *The Morality and Global Justice Reader* (Westview Press, 2011); Solomon Benatar and Gillian Brock (eds), *Global Health and Global Health Ethics* (Cambridge: Cambridge University Press, 2011).

health does indeed present enormous challenges. Many projects are given to responding to them, and we are pleased to point interested readers to some of the impressive single-authored book-length treatments of questions in global health from ethics, philosophy and governance perspectives.⁶ The challenges of global health – both intellectual and practical – are enormous, but we should draw inspiration from the contributors to this book. The subject demands attention and true communication between scholars, activists, citizens and policy-makers. The urgency of the questions raised cannot be overstated, and their resolution requires a substantive, informed, respectful discourse.

6 While not at all comprehensive, we would here single out: David Fidler, *International Law and Public Health* (Ardsley, NY: Transnational Publishers, 2000); Peter Singer, *One World: The Ethics of Globalization* (New Haven, CT: Yale University Press, 2004); Norman Daniels, *Just Health: Meeting Health Needs Fairly* (Cambridge: Cambridge University Press, 2008); Thomas Pogge, *World Poverty and Human Rights – Second Edition* (Cambridge: Polity, 2008); Amartya Sen, *The Idea of Justice* (London: Penguin, 2009); Thomas Pogge, *Politics as Usual* (Cambridge: Polity, 2010); Michael Boylan, *Morality and Global Justice: Justifications and Applications* (Westview Press, 2011); Heather Widdows, *Global Ethics: An Introduction* (Acumen Publishing, 2011); Jonathan Wolff, *The Human Right to Health* (New York, NY: W. W. Norton & Company, 2012); Lawrence O. Gostin, *Global Health Law: International Law, Global Institutions, and World Health* (Cambridge, MA: Harvard University Press, forthcoming).