
Regiane Garcia  
*University of British Columbia*

Kristi Heather Kenyon  
*University of Winnipeg*

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Book Review

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Abstract
This groundbreaking compilation—edited by two scholars who helped to establish the “health and human rights” field—systematically explores the structures and processes of human rights implementation in global health institutions, arguing that a rights-based approach to health governance advances global health. This 640-page volume brings together forty-six experienced scholars and practitioners who have contributed to twenty-five chapters organized into six thematic sections. This “unprecedented collection of experts” provides unique, hands-on insights into how the “institutional determinants of the rights-based approach to health” facilitate—or hinder—the “mainstreaming” of human rights into global health interventions. The “institutional determinants,” which, in the contributors’ view, promote the effective integration of human rights implementation into global health governance, are: “governance” (formal commitments, human rights leadership, and member State support); “bureaucracy” (institutional structure and human rights culture); “collaborations” (inter-organizational partnerships and civil society participation); and “accountability” (internal monitoring and independent evaluation).
Human Rights in Global Health: Rights-Based Governance for a Globalizing World, edited by Benjamin M Meier & Lawrence O Gostin

REGIANE GARCIA & KRISTI HEATHER KENYON

THIS GROUNDBREAKING COMPILATION—edited by two scholars who helped to establish the “health and human rights” field—systematically explores the structures and processes of human rights implementation in global health institutions, arguing that a rights-based approach to health governance advances global health. This 640-page volume brings together forty-six experienced scholars and practitioners who have contributed to twenty-five chapters organized into six thematic sections. This “unprecedented collection of experts” provides unique, hands-on insights into how the “institutional determinants of the rights-based

2. Regiane A Garcia is postdoctoral fellow in the Global Health Research Program at the University of British Columbia’s School of Population and Public Health. Kristi Heather Kenyon is an Assistant Professor in the Human Rights Program at the University of Winnipeg’s Global College and CIFAR-Azrieli Global Scholar in the Successful Societies Program.
3. Meier & Gostin, supra note 1 at xxiv.
approach to health” facilitate—or hinder—the “mainstreaming”4 of human rights into global health interventions. The “institutional determinants,” which, in the contributors’ view, promote the effective integration of human rights implementation into global health governance, are: “governance” (formal commitments, human rights leadership, and member State support); “bureaucracy” (institutional structure and human rights culture); “collaborations” (inter-organizational partnerships and civil society participation); and “accountability” (internal monitoring and independent evaluation).5

The book’s first section offers an overview of the origins of human rights, the evolution of human rights-based approaches to health, the ways in which human rights is framed in global health governance, and the prospects for effective global health governance. Gostin and Meier introduce this section by taking on the ambitious task of writing the history of the health and human rights field and pinpoint the book’s intended contribution. In doing so they present objectives and underlying assumptions, depicting the field of health and human rights as a venn diagram of international law, human rights, and public health.6 While reflecting dominant contributors, this tri-partite structure under-represents the interdisciplinarity of the field (or “fields” as contributors Yamin and Constantin suggest). If “medicine is a social science, and politics nothing but medicine at a larger scale,”7 we might anticipate the inclusion of political science, sociology, social medicine, and, particularly, international development—which is examined in some detail in later chapters.

This section also presents important and challenging concepts that could usefully be revisited in later chapters. In chapter 2, for example, authors Yamin and Constantin focus on power and contestation, arguing that “[t]he history of how human rights have been applied to health is, as all histories are, deeply

4. The term “mainstreaming” refers to the various efforts, such as staff capacity building and evaluation of legislation, policies, and projects, to ensure that human rights principles and standards are central to all activities, sectors, and phases of research, advocacy, cooperation, legislation, financial and technical assistance, policy development, implementation, and monitoring within and across the United Nations system. For a concise description of mainstreaming, see, for example, the Office of the High Commissioner for Human Rights, online: <www.ohchr.org/EN/NewYork/Pages/MainstreamingHR.aspx> [perma.cc/RXE4-KDLC].
5. Meier & Gostin, supra note 1 at 558-67.
contested terrain,”8 and that claims of “objective” or “comprehensive” accounts are consequently problematic. Meier and Gostin cite UN Secretary-General António Guterres as “urging the UN system” to focus more “on people and less on process”9 and note, in reference to the Sustainability Development Goals (SDGs), that “the ultimate measure of success is whether the poorest, the most marginalized, and the most vulnerable benefit.”10 In a sub-section titled: “Priority Setting by People for People,” Meier and Gostin cite Amartya Sen as saying “progress on the SDGs is not about numbers. It requires a rich human conversation about how to reach the SDGs,”11 adding “[w]ho gets to participate in this conversation, where it takes place, and on what terms will be determining factors for success.”12 The focus on people and power that is highlighted here fades into the background in the book’s subsequent sections.

Sections 2 through 4 focus on specific institutions. Section 2 examines the implementation of the human rights framework within the World Health Organization (WHO). Describing WHO’s shift from technical support in the 1950s to its contemporary influential normative contribution to human rights for health, Meier and Kastler underscore the influential role of leadership and external factors (the threat of the AIDS pandemic in early 1980s) in sparking WHO’s turn to human rights. They do so, however, without exploring the unique role played by social movements both in collaboration with WHO and in advancing health as a human right. And, as Meier and Gostin argue, “civil society participation in global governance is a key determinant of human rights mainstreaming.”13

Thomas and Magar describe the “Unit of Support” (Gender Equality and Human Rights – GER Unit), a health and human rights team inside the WHO Secretariat, as providing positive “strategic directions” and staff training for institutional mainstreaming.14 They argue that the “Guideline Review Committee Secretariat” has led to substantial accountability improvements in internal evaluation processes. This section also outlines positive efforts to improve country

10. Ibid at 103.
11. Ibid at 91.
12. Ibid at 91-92.
13. Meier & Gostin, supra note 1 at 566.
support, including minimum standards tool-kits (evidence and data collection);\textsuperscript{15} Innov8 (review process related to underserved populations);\textsuperscript{16} and MiNDbank (a resource platform).\textsuperscript{17} Fruitful collaborations are also discussed, including “Youth Engage,”\textsuperscript{18} and WHO leadership with the Framework Convention on Tobacco Control.\textsuperscript{19} Section 2 praises the adoption of Universal Health Coverage (UHC) as a current leadership priority of WHO and presents the view that WHO has been successful in mainstreaming human rights in UHC strategies. It would be useful to engage with important concerns, such as those raised by Shawar and Ruger, that UHC gives free pass to the promotion of public-private partnerships and performance-based evaluations. Such practices arguably affect poor communities’ access to care,\textsuperscript{20} rendering it difficult to determine whether or not WHO efforts fostering UHC are in fact reasons to celebrate.

Focusing on Inter-Governmental Organizations (IGOs), section 3 includes chapters on the United Nations Children’s Fund (UNICEF), the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the Food and Agriculture Organisation (FAO), the Joint United Nations Program on HIV/AIDS (UNAIDS), and concludes with a chapter discussing “The Future of Inter-Governmental Organization Partnerships for Health and Human Rights.” The organizational chapters provide detailed historical background, highlighting the diverse ways in which these organizations came to work on health and human rights. The parallel structure of these chapters facilitates comparison between IGOs like UNICEF, the ILO, and UNFPA that have, respectively, shifted from “needs-based,” “technical,” and “population-based” approaches to human rights, and UNAIDS and UNESCO who have been explicitly rights-oriented from the outset. Chapman and Teraras’s chapter on UNESCO is particularly interesting as “global health is not an explicit area of UNESCO intervention.”\textsuperscript{21} Illustrating the breadth of health issues, Chapman

\textsuperscript{15} Flavia Bustreo et al, “The Future of Human Rights in WHO” Meier & Gostin, \textit{supra} note 1, 155 at 162-63.
\textsuperscript{16} Thomas & Magar, \textit{supra} note 14 at 140.
\textsuperscript{17} Ibid at 142.
\textsuperscript{18} Bustreo et al, \textit{supra} note 15 at 160.
\textsuperscript{19} Thomas & Magar, \textit{supra} note 14 at 141.
\textsuperscript{20} Yusra Ribhi Shawar & Jennifer Prah Ruger, “The World Bank: Contested Institutional Progress in Rights-Based Health Discourse” in Meier & Gostin, \textit{supra} note 1, 353 at 363.
and Teraras describe UNESCO’s work on bioethics, health promotion, water security, physical education, and scientific progress but, interestingly, not on the role of culture in health. With the exception of Filmer-Wilson and Mora’s chapter on UNFPA, politics are understated in these accounts, with the histories told as a sequence of events rather than the contested narrative referenced earlier by Yamin and Constantin. Similarly, Nygren-Krug’s discussion of personnel within UNAIDS and Michel Sidibé’s “human rights prize” for staff taking action that results in human rights protection is a rare account of the dynamics between the people that populate these organizations, with most accounts focusing on processes and structures.

Section 4 discusses the complexities of global health funding, the political implications and barriers of different funding approaches, and institutional factors influencing donor structures and options. In their examination of human rights across the World Bank (WB), Shawar and Ruger describe significant institutional hindrances such as the lack of explicit legal obligations to consider human rights issues and potential social harm of sponsored projects, as well as a poor human rights culture across the institution. Shawar and Ruger draw attention to the important impact of external actors, pointing to the Nordic Trust Fund—an internal training and evaluation project led by Nordic country members, rather than internal staff—as critical in fostering human rights culture within the WB. Interestingly, while Moon and Balasubramaniam find the World Trade Organization (WTO) has no institutional mandate or focus on human rights, they identify important steps the WTO has nonetheless taken to integrate human rights considerations into informal and formal norms, as well as adjudicated cases. Moon and Balasubramaniam link these changes to external pressure and power from labour, environmental, and public health organizations. The case of the WTO seems to identify factors that facilitate health and human rights mainstreaming beyond Meier and Gostin’s “collaboration” factor, such as the role of external pressure, the way pressure is exerted, and the level of influence power.

Hammonds and Ooms’s chapter on Overseas Development Assistance (ODA) raises critical monetary and structural questions. They ask: What kind of obligation is international assistance? When is ODA neutral and when is it political, and which is appropriate when? Who sets the priorities when donor and recipient nations disagree? Hammond and Ooms specifically examine


23. Ibid at 389.
the human rights challenges borne of divergent priorities where, for example, recipient nations resent donor-prioritization of marginalized and/or criminalized populations, or donors focus on health security in lieu of “health systems strengthening.” While acknowledging that these challenges require “far more than a new definition of ODA,” the authors make the critical observation that despite many similar states being involved, “none of the language found in the 1948 Universal Declaration of Human Rights (UDHR) or the two covenants is reflected in the definition of ODA.” Jürgens et al similarly interrogate the alignment between human rights mandates and funding structures, noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) did not take on human rights objectives until 2011. Ooms and Hammonds’s final chapter moves beyond description of existing mechanisms and proposes a series of possible models to better suit the changing international landscape, favouring a Global Fund for Health building on commitments in the International Covenant on Economic, Social and Cultural Rights and modeled loosely on the GFATM.

Section 5 addresses “Global Health in Human Rights Governance” including an analysis of the United Nations High Commissioner for Human Rights (UNHCHR), UN Special Procedures, and UN Treaty Bodies. This section is refreshingly personal, with a person-by-person analysis of High Commissioners that examines their particular strengths and impacts, highlighting right to health “champion” Mary Robinson who wrote the preface to this volume. Robinson established the first health-focused OHCHR position in the form of the Advisor on Human Rights and HIV/AIDS in 2001. In their examination of the role of independent monitoring experts, Murphy and Müller similarly place people at the centre, using phrases such as “peopling human rights” and “peopling global health.” They describe the Special Procedures as a “missing population” that is often overlooked by those promoting health and human rights at the global level, and whose omission results in the misrepresentation of human rights law.

25. Ibid at 415.
26. Ibid at 400.
29. Ibid.
30. Ibid at 501.
Meier and Gostin conclude this section with an effort to distill what they term “institutional determinants” and assess the critical factors that support human rights mainstreaming in global health.\(^{31}\) They argue that the multitude of global health institutions discussed in this volume do not, in fact, “undercut efforts to mainstream human rights.”\(^{32}\) In their view, these institutions are each addressing a broad array of health determinants “with the interconnectedness across these determinants of public health reflecting the inter-dependence of health-related human rights.”\(^{33}\) Meier and Gostin do, however, acknowledge the ongoing gap between ‘talk’ and ‘walk.’\(^{34}\) The book’s afterword references the current “populist age”\(^{35}\) and appeals for optimism. The authors argue that public health partnerships conducting “rights-based diplomatic advocacy” are a way to support global governance and “resist[] the populist challenges facing global health and human rights.”\(^{36}\)

This book carefully delineates the complex pieces of the puzzle that make up health and human rights governance. It is perhaps unfair then, that our principal critique of such a comprehensive volume is that it could include even more. This collection could include, for instance, greater examination of power, engagement with the development framework, and critical analysis of the impetus for human rights mainstreaming. The book, for example, portrays human rights and UHC as enterprises grounded on universal principles to be advanced worldwide. It would be interesting to incorporate critical perspectives on the universality of human rights and acceptance of UHC. In this instance, as scholars of civil society, in addition to the voices of those within these governing structures, we would like to have seen some engagement with the perspectives of populations and organizations affected by these structures are less prominent. Furthermore, in addition to the high-level organizational focus, it would have been useful to learn about the perspectives of the personnel who make up these organizations. No book can do everything, and we highlight the gaps left by this comprehensive volume to suggest areas where complementary readings may be useful, particularly where assigning this text.

Given the volume’s international-level focus, this book does not have specific Canadian content. Issues that are of particular importance in Canada, such as

\(^{31}\) Meier & Gostin, supra note 1 at 557.

\(^{32}\) Ibid at 569.

\(^{33}\) Ibid.

\(^{34}\) Ibid at 570.

\(^{35}\) Ibid at 573.

\(^{36}\) Ibid at 573-74.
Indigenous rights and health are referenced in passing. The volume provides useful guidance (and argumentation) with respect to ODA, framing it as a human rights obligation under article 2 of the ICESCR which could provide an angle for advocates seeking to increase Canada’s action in this area. Emerging bioethical dimensions of health and human rights, such as the recent addition of “genetic characteristics” as a protected ground under the Canadian Human Rights Act, are unexplored, but the authors do highlight UNESCO as an unexpected actor in this field.

*Human Rights in Global Health* promises to be a reference staple for health and human rights scholars. As with any pioneering endeavor, this compilation will cause debate and, in some instances, incite intense disagreements. This volume is also well-suited for classroom use for courses in law, public health, and human rights, but also courses on IOs, organizational development, and international development. The near uniformity of chapter length facilitates the division of readings over a syllabus, also making it easy to pair chapters with supplementary materials. Contributors provide helpful reference lists at the end of each chapter that readers can use as a resource. Pairing this text with materials on governance and traditional legal values and the role of lawyers could enrich classroom discussions.\(^{37}\) To highlight the “contestation,” “rich conversations,” and focus on “people over process” and marginalized groups called for in section 1, we also recommend supplementing this encyclopedic resource with readings from texts such as Farmer’s *Pathologies of Power*,\(^ {38} \) and, in terms of Canadian content, Maureen Lux’s *Separate Beds*\(^ {39} \) and Olena Hankivsky’s *Health Inequities in Canada*.\(^ {40} \)

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