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JOHN COGGON AND SWATI GOLA, EDS, *GLOBAL HEALTH AND INTERNATIONAL COMMUNITY: ETHICAL, POLITICAL AND REGULATORY CHALLENGES*, LONDON: BLOOMSBURY, 2013

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David McLauchlan[*]

Coggon and Gola's book is an impressively eclectic collection of essays on global health from the point of view of social and distributive justice. The work arose from a meeting on "Global Health, Global Goods and International Community" that took place at the University of Manchester in June 2011 with support from the Institute for Science Ethics and Innovation and the Wellcome Strategic Programme on The Human Body, its Scope, Limits and Future.[1] It is one of several volumes in Bloomsbury's series on Science, Ethics and Society, which has canvassed such subjects as Biotechnology Governance and challenges to the "ideal" nuclear family.[2]

One editor, John Coggon, is a Professor of Law and the Philosophy of Public Health at the University of Southampton with interests in legal theory and global health; he has previously published on a variety of topics in medico-legal ethics.[3] The other, Swati Gola, is licensed to practice law in India and England and Wales, and is pursuing a doctorate focusing on the right to health. This is their first collaboration. The authors are mostly experts on Global Health from the U.K. and continental Europe, though there are some notable contributors from North America. While a few have affiliations with non-governmental organizations, the majority are academics.[4]

Global health is concerned with the health of populations on a global scale, and with health inequalities between different populations. Issues such as pandemic disease and health disparities between the Global North and the Global South are considered to be within the purview of global health. The book's overarching aim is to offer "researchers, students, activists and policy-makers" an accessible, multidisciplinary primer on issues in this field. It includes a variety of content, from ethical theory, to policy pieces to a critique of educational programs on biological weapons. The book succeeds in remaining accessible while dealing with these technical subjects, although the editors do seem to assume that the reader has a basic understanding of ethical theory and global health. To the best of our knowledge, no other work in the field fills this niche.

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[*] L'auteur détient une maitrise en éthique biomédicale de l'Université McGill ainsi qu'un baccalauréat en droit de l'UQAM. Ces intérêts professionnels incluent le droit et les politiques de la santé ainsi que l'éthique de la recherche.

[1] The program and a video of Lawrence O Gostin's keynote address are available at <www.isei.manchester.ac.uk/research/conferences/globalhealth/>.

[2] Catherine Rhodes, ed, *International Governance of Biotechnology*, (London: Bloomsbury, 2010); Daniela Cutas & Sarah Chan, eds, *Families – Beyond the Nuclear Ideal* (London: Bloomsbury, 2012).

[3] University of Southampton, "John Coggon", online: <http://www.southampton.ac.uk/>.

[4] John Coggon & Swati Gola eds, *Global Health and International Community: Ethical, Political and Regulatory Challenges* (London: Bloomsbury, 2013) at ix-xiv.

A thorough introduction provides a roadmap to the remainder of the book with a summary each chapter. With such a diversity of content, the book can read more like a collection of independent essays than a coherent whole. However, there is a certain logic to the arrangement of the book's three parts. The first part (Chapters 1 to 5) addresses a number of theoretical issues, such as the value of ethical theory, the need for a global bioethics, and the relevance of Nation States in ethical discourse around health. While many readers might take it for granted that global health inequalities are inherently unethical, this part identifies a number of important unanswered questions. Thus, rather than equipping the reader with a set of tools to apply to the specific issues identified the second part (Chapters 6 to 11), the first part serves to break down certain pre-conceived notions that the reader may have. The issues are heterogeneous, ranging from climate change to antibiotic resistance to genetically modified organisms. Finally, the third part (Chapters 12 to 15) explores possible policy responses to global health issues. Each author has their own distingct methodological approach: while some chapters draw extensively on empirical evidence, others present arguments based in legal theory, or international law. Ultimately, these approaches appear more pragmatic than the more philosophical ones identified in the first part, and one wonders if the editors intention from the outset was to lead the reader to these types of solution.

Part 1 opens on a sceptical note as in Chapter 1, Stephen Latham questions the utility of ethical theorizing, both in general and in the context of global health. He reviews a number of established criticisms, notably the indeterminacy of such terms as health, global and justice. It then introduces the problem of "demandingness", that is, the idea that while ethical theory can generate qualitative information about ethical phenomena, it struggles to produce quantitative information, such as the extent of an individual's obligation to address a problem. He suggests that this is a serious impediment to invoking ethical theories in real-life discussions of ethical issues. Chapter 2, written by Richard Ashcroft, also questions some common assumptions about health inequalities, arguing that they should be regarded as indicators of broader socio-economic inequalities as opposed to an autonomous moral wrong. In Chapter 3, Heather Widdows and Peter West-Oram argue that the most pressing ethical issues of our day are global in nature, and that an adequate model of ethics must be able to account for them. This is especially true in the field of health, where phenomena such as disease, intellectual property regimes and medical research are global in scale. To rely on a purely local ethics, the authors claim, is to turn a blind eye to global injustices, and indeed, to exacerbate them. In Chapter 4, the book breaks away from theoretical considerations. Here, Solomon Benatar puts global health inequalities in stark relief, citing, for example, the fact that life expectancy in the world's poorest countries is half what it is in the richest. He places the blame for these inequalities squarely on Western neoliberalism, hyper-individualism, and distorted concepts of human rights, proposing an alternate set of moral lenses, based on notions such as solidarity, social justice and the ecological as an alternative paradigm for international relations. Finally, Chapter 5 returns to the theoretical as Gorik Ooms and Rachel

Hammonds rework John Rawls' *A Theory of Justice*[5] and *The Law of Peoples*[6] with a view to overcoming Rawls' own reluctance to apply his *Theory* on an international scale.

Part 2 includes pieces on a number of specific issues relating to global health. Chapter 6 is an essay by Keith Syrett that examines the impact of climate change on health, and how judicial and quasi-judicial mechanisms might be used to secure accountability for climate change on the grounds of the right to health. The author draws on a UN report in which the Office of the High Commissioner for Human Rights acknowledges the link between climate change and human rights while suggesting that attributing responsibility for the problem could be difficult in the context of prevailing notions of accountability.[7] Rather than abandoning such mechanisms, the author argues that practitionners of international law should apply a broader, more nuanced "reading" of accountability.

In Chapter 7, Lisbeth Witthøfft Nielsen picks up on the theme of climate change with a specific focus on Genetically Modified Organisms (GMOs). She sketches an ethics of sustainability that calls for both adapting to climate change and minimizing it. Then, she sets out four ethical criteria that should guide decisions around GMO policy. She argues that the international regulatory framework around GMOs should be modified in light of these criteria, and be open to the possibility that GMOs could represent an improvement over conventional crops.

The book changes focus in Chapter 8, where Sadie Regni explores how alternate approaches to incentivizing health research might spur innovation in neglected areas. She begins the chapter with an overview of disparities in health research spending, the TRIPS Agreement,[8] the Doha Declaration,[9] and of continuing difficulties that countries have experienced in securing access to essential medicines. She then explores public-private partnerships, a "Health Impact Fund" and the proposed "Medical Research and Development Treaty" as means of circumventing these difficulties.

In Chapter 9, James Wilson asks who ought to "own" the effectiveness of antibiotics. He notes that antibiotics lose their effectiveness over time as resistant strains of bacteria emerge. Effectiveness is thus construed as a scarce resource which could potentially be owned by different groups. Rather than delving into the real-life details of the question, the author proposes a thought experiment in order to illustrate the ethical issues at stake. In his experiment, a new and deadly disease, which can be treated by antibiotics, emerges. However, only 100 people can take the drugs before

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[5]   John Rawls, *A Theory of Justice. Revised Edition* (Cambridge, MA: Harvard University Press, 1999).
[6]   John Rawls, *The Law of Peoples* (Cambridge, MA: Harvard University Press, 2001).
[7]   *Report of the Office of the United Nations High Commissioner for Human Rights on the relationship between climate change and human rights*, UNGAOR, 10th Sess, UN Doc A/HRC/10/61 (2009).
[8]   *Agreement on Trade-Related Aspects of Intellectual Property Rights*, 15 April 1994, Marrakesh Agreement Establishing the World Trade Organization, Annex 1C, 1869 UNTS 299, 33 ILM 1197 (entered into force 1 January 1995).
[9]   WTO, *Declaration on the TRIPS Agreement and Public Health*, Ministerial Conference, 4th Sess, WTO Doc. WT/MIN(01)/DEC/2 (14 November 2001).

they lose their effectiveness. On the basis of this experiment, he suggests that a common ownership regime, in which the antibiotics are viewed as a public good is morally preferable to the alternatives. These include scenarios in which inventors have a priveleged right to effectiveness, paralleling the modern patent system, and one in which no one owns effectiveness.

Chapter 10 provides a progress report on international regulation of biotechnology. Catherine Rhodes begins by laying out four high-level goals that such regulations should address. Then, she catalogues the international agreements that are currently in place, as well as the organizations responsible for their implementation. She concludes that while collaboration among international organizations and concerted development agendas represent signs of progress, obstacles remain, such as States' narrow perception of their self-interest and power dynamics among them.

In the closing chapter of Part 2, Malcolm Dando discusses an under-studied area of global health, that of disease caused by biological and chemical weapons. After describing certain requirements of the Biological and Toxic Weapons Convention,[10] he presents evidence that the scientific community is under-educated on issues related to such weapons. He then summarizes an educational program designed to fill the gap and explains some challenges in implementing it.

In Part 3, the book moves from specific issues to political and regulatory responses to global health issues. In its first chapter, Doris Schroeder asks a crucial question about the right to health: "whose obligation?" She considers four candidates: wealthy individuals, NGOs, the governments of wealthy countries, and the pharmaceutical industry. She claims that wealthy countries have strong obligations by virtue of the treaties to which most are parties, as does the pharmaceutical industry, by virtue of the fact that it benefits from an advantageous intellectual property regime. NGOs and wealthy individuals also have obligations, but they are not as stringent on most accounts.

Thomas Gebauer calls for the creation of a Global Health Fund in Chapter 13. This fund would be a minimally bureaucratic wealth-redistribution mechanism, as opposed to a new top-down governance structure. Concentrating on the need for universal coverage, he criticizes the neoliberal trends that have characterized the last few decades, calling for a new order that places greater emphasis on solidarity on both the national and international levels. With regards to the latter, he notes that article 28 of the Universal Declaration of Human Rights provides for a right to an international order in which ones rights can be fully realized.[11]

In Chapter 14, William Onzivu outlines the concept of "adaptive governance", a philosophy in which policy making and knowledge generation are intertwined and applied iteratively. He then explains how it might be applied in the

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[10]   *Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction*, 10 April 1972, 1015 UNTS 163, Can TS 1975 No 12 (entered into force 26 March 1975).

[11]   *Universal Declaration of Human Rights*, GA Res 217(III), UNGAOR, 3rd Sess, Supp No 13, UN Doc A/810, (1948) at art 28.

context of international health, arguing that areas such as tobacco control and international regulation of disease outbreaks would benefit from such a governance approach. He concludes with a summary of the advantages and limitations of this approach.

Lawrence O Gostin anchors the book with a chapter arguing for a "Framework Convention on Global Health". First, he argues that global health should be viewed as a shared responsibility of rich and poor nations nations, as opposed to "aid". Next, he argues that health inequalities are profoundly unethical as health is the foundation of human functioning, and that providing poor countries with the ability to meet basic survival needs, as opposed to reacting to one crisis after another should be the focus of our efforts. Finally, he argues that framework convention approach offers significant potential for consensus building.

Needless to say, no work of this type can be exhaustive in terms of the topics it covers and the authors who contribute. Nonetheless, it might have been interesting to include more authors based in low- and middle-income countries, and to see if their concerns align with those of their counterparts from the Global North. We note that Solomon Benatar is the only author to list an affiliation with African institutions, that he is particularly critical in his essay, and that he does not hesitate to propose an ambitious moral agenda. In addition, although Latham references to women's reproductive autonomy, and Benatar and Gostin mention maternal mortality, the work might have benefitted from a piece with more sustained attention to gender as an important concern in global health.

Nonetheless, the book's greatest strength is its diversity, in terms of subject matter, methodology, and even ideology. It covers a wide range of topics from a refreshing variety of perspectives. While some authors decry neoliberal interventions in low- and middle-income coutries, others vaunt public-private partnerships as a solution to under-researched medical conditions. It is interesting to note that authors with such divergent philosophical committments share an interest in and concern for global health. One can only hope that this is a sign that divergent philosophies need not be an obstacle to progress in this crucial area.