

**The World Health Organization between North and South** by Nitsan Chorev. Ithaca, NY, Cornell University Press, 2012. 288 pp. \$45.00.

Instrumental to an understanding of agent preference, the World Health Organization's (WHO's) turbulent political history highlights the mechanisms by which international organizations influence international relations to impact global health. Rather than analyzing WHO simply as a passive agent of state preferences, *The World Health Organization between North and South* extends a growing line of constructivist scholarship that examines the WHO secretariat as an autonomous agent in global health governance. Problematizing the prevailing view that dichotomizes the options available to international organizations—conform or resist—Nitsan Chorev looks to the strategies through which WHO's actions correspond “not quite fully” with state objectives, with WHO policy reinterpreting state demands to realize organizational goals.

Through detailed comparative research, Chorev charts the paths through which states seek to shape the work of the WHO secretariat, and how the secretariat responds to these exogenous pressures through “strategic adaptation.” Focusing on two specific periods of transformation in the evolution of global health policy—the policy response to pressures for a new international economic order and to pressures for a neoliberal economic agenda—WHO is caught between the conflicting expectations of rich and poor nations. Analogous to WHO's strategic responses to the conflicting Eastern and Western superpowers of the Cold War in the 1950s and 1960s, *between North and South* seeks to examine gaps between the divided expectations of states and the responses of WHO from the 1970s through the 1990s—testing the limits of bureaucratic preference in the creation of global health policy.

Analyzing the conditions conducive to this strategic adaptation, Chorev looks at the independent preferences of the WHO secretariat, the specific demands of state supervision, and the social position of WHO directors-general. Through these conditions, *between North and South* chronicles how WHO, buffeted by shifting political winds from north and south, strategically adapts to these conflicting state preferences in implementing primary health care (chap. 3), realizing the benefits of breastfeeding and essential medicines

(chap. 4), linking public health with economic development (chap. 6), and transforming corporate influences on global health (chap. 7). By scrutinizing the secretariat's translation of exogenous pressures into WHO policy, this narrative allows Chorev to conceptualize deviations from state demands by international organizations and to develop a typology of "passive" and "active" responses in organizational sociology.

Where this analysis attempts to focus too much on the dueling preferences of WHO and its member states, however, it loses sight of the myriad forces influencing global health policy. In examining the actions of individual global health leaders, Chorev is limited to analyzing the ideational public health discourses elevated in the NIEO agenda, memorialized in WHO programs, and subverted in the march toward neoliberalism. Further, given the exogenous pressures in these specific historical periods of "WHO crisis," it is unclear whether the WHO secretariat is responding to its dependence on member states or if the Secretariat is using its normative authority to change state preferences. Without fully investigating the ideational discourses and independent preferences of the international organization it seeks to understand, *between North and South* assumes many facets of the state-centered approach it seeks to challenge, looking to WHO's actions as a reflection of geopolitical power struggles and undercutting the value of norms in influencing international consensus for global health.

Despite such limitations, *The World Health Organization between North and South* provides seminal understanding of strategic organizational change in global health policy—an issue of continuing relevance to contemporary transformations in global health governance. As WHO has faced institutional obstacles to strategic adaptation, this once-undisputed leader has progressively lost authority over global health, with a diverse new array of organizations rising to fill this governance void in a largely uncoordinated global health landscape. Extrapolated to the present day, Chorev's constructivist analysis can provide a framework for understanding both the loss of WHO authority and the rise of autonomous organizations, structuring corresponding analyses to understand the preferences of these new agents and their influence on global health.

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