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Edited by
MICHAEL FREEMAN FBA
*Emeritus Professor of English Law*
*University College London*

SARAH HAWKES
*Reader in Global Health*
*Institute of Global Health*
*University College London*

and

BELINDA BENNETT
*Professor of Health Law*
*Queensland University of Technology*
*Australia*

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# An Agenda for Normative Policy Analysis in the Study of Global Health Governance

*Benjamin Mason Meier**

While international health law was conceived as a means to protect independent state interests against global health threats, this paradigm of state power is increasingly being challenged by a new normative reality—with global health policy pursued as a means to realize a more just world. In seeking justice in an increasingly globalized world, norms are progressively framing global health governance. These norms for justice, collective understandings of 'right' and 'wrong', have become inherent in global health policy. Looking beyond calculations of state power interests in international health law, legal scholars must not ignore the expanding influence of normative frameworks for justice in global health policy.

Building from a long history of scholarship on international law as the basis of global norms, the past four decades have seen an unprecedented expansion of activity beyond legal norms, looking to policy in framing a normative agenda for justice in global health governance. In addressing global health (including the approaches, technologies, and systems that bear on the world's most pressing public health needs),[1] this global health governance describes the actors and norms that define global health policy in an increasingly globalized world.[2] With international legal scholars taking renewed interest in global health policy—driven by a recent rise of global health institutions and unprecedented levels of financial support—norms are proving increasingly relevant, if understudied, in framing global health governance.[3] As normative policy analysis has expanded in domestic health policy research,[4] a corresponding theoretical framework is necessary in global health policy, contributing to an understanding of how global health governance is both framing norms and being framed by norms.[5] Applied to global health governance, it will be necessary to understand the norms that bind together state and non-state actors (including non-governmental organizations, transnational corporations, and philanthropic groups) outside of the formal mechanisms of international

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[1] L. Fried et al, 'Global Health is Public Health' (2010) 375 *Lancet* 535.

[2] K. Buse, W. Hein, and N. Drager (eds), *Making Sense of Global Health Governance: A Policy Perspective* (New York: Palgrave Macmillan, 2009).

[3] N.A. Szlezák et al, 'The Global Health System: Actors, Norms, and Expectations in Transition' (2010) 7 *PLoS Medicine*.

[4] N. Kenny and M. Giacomini, 'Wanted: A New Ethics Field for Health Policy Analysis' (2005) 13(4) *Health Care Analysis* 247.

[5] N. Kenny and C. Joffres, 'An Ethical Analysis of International Health Priority-Setting' (2008) 16 *Health Care Analysis* 145.

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law. For international legal analysis to conceptualize this age of norms, it will be necessary to develop a research agenda on global health policy.

This chapter analyzes the expanding breadth of norms for justice in global health policy, advocating legal research on the impact of norms and outlining a research base for normative policy analysis in global health. Looking to international relations to conceptualize a theoretical foundation for this research, section 1 describes the realist foundations of international health law as a basis for communicable disease control and raises the constructivist challenge to this realist framework as a way of describing the growing influence of norms in global health. Section 2 chronicles the origins and evolution of the current 'age of norms', examining the principal norms for justice that now structure global health governance and outlining a research base for the study of norms in global health. With these norms supporting a focus on underlying determinants of health in a fragmented global health landscape, shifting legal analysis from international health law to global health policy, section 3 assesses the implications of normative policy analysis to the study of global health governance. This chapter concludes that there is a pressing imperative for international legal study to clarify the influence of norms for justice on global efforts to promote health. As these underlying norms determine both the reasoning by which policymakers seek justice in global health and the goals sought through policy advancement—answering 'why' there is a need for global health policy and 'what' it seeks to achieve—such normative policy analysis can seek to understand the process by which norms for justice are translated into policy for global health.

## 1. Conceptualizing Norms through Constructivist Theory

The application of normative policy analysis as a means of understanding changes in global health governance reflects a broader debate in international relations theory between realism and constructivism. Employing power against pandemic, the realist paradigm posits that states develop international law to serve national interests, controlling the spread of communicable disease through international legal cooperation.[6] Yet the realist paradigm, which for a century offered the predominant explanation of international affairs through state power, has been increasingly challenged by the growing influence of norms.[7] Viewing norms as both constraining and enabling action in global health—'constructing' the interests of state and non-state actors—the constructivist paradigm seeks to conceptualize the interactions between interests and institutions in the contemporary global system.[8] While power relations will continue to hold sway in global health governance, and often predominate in the international response to specific health threats threats, it is necessary to examine where the realist paradigm fails to describe global efforts to realize a more just world and how constructivist theory can conceptualize global health policy.

Grounded in realist theory, international relations scholars have long relied upon conceptualizations of power to elucidate state actions in international affairs, asserting that the paramount goal of the sovereign state is the pursuit of power.[9] Under this 'statist'

[6] D.P. Fidler, 'The Globalization of Public Health: The First 100 Years of International Health Diplomacy' (2001) 79 *Bulletin of the World Health Organization* 842.

[7] J. Checkel, 'The Constructivist Turn in International Relations Theory' (1998) 50 *World Politics* 324; A. Wendt, 'Anarchy Is What States Make of It: The Social Construction of Power Politics' (1992) 46 *International Organization* 391.

[8] S.E. Davies, *Global Politics of Health* (Cambridge: Polity Press, 2010).

[9] K.N. Waltz, *Theory of International Politics* (Reading, MA: Addison Wesley, 1979).

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perspective, state power in international relations—as defined in political, military, and/or economic terms[10]—has framed the manner in which states set foreign policy in the pursuit of increased national security and economic advantage.[11] Harnessing this state power as a means to international cooperation, realism theorizes that international institutions exist only to the extent that they benefit powerful states.[12] Within the field of international relations, the realist paradigm has placed emphasis on the materialist premise that power relations are formed and maintained as states use material resources to compel other states to act in specified ways, looking to a 'rational actor' model to understand how powerful actors dominate the international negotiating process to meet their own self-interested objectives.[13] Applied to international health, realist scholarship has sought to explain the international response to those infectious diseases that threatened the trading interests of powerful states and, through mutual self-interest among the trading powers, led to the birth of international institutions to harmonize national regulations and compel international cooperation. While realist theory could conceptualize this cooperative international focus on infectious disease control,[14] with states largely focusing on specific transboundary disease threats that pose an existential threat to national material interests,[15] the singular application of realist theory appears increasingly incommensurate to contemporary health threats and global health governance.[16]

The ability of realist theory to conceptualize global efforts has been diminished by the expanding influence of norms for justice in global institutions. With globalization leading to a re-engagement with underlying economic, political, and social determinants of health, state power interests do not completely encompass this revitalized engagement with global health, as policy actors have operationalized norms as a basis to address those underlying determinants of health that do not impact state interests.[17] Where this concern for justice in global health does not comport with the statist model of the realist paradigm, international relations scholars have been constrained to addressing health issues in the limited contexts of epidemic control for select diseases.[18] Although states have continued at times to focus on disease prevention and health promotion as a means to economic development or national security,[19] these countervailing forces now appear in retrospect to have been isolated realist examples on a constructivist

[10] K. Lee, 'A Neo-Gramscian Approach to International Organization: an Expanded Analysis of Current Reforms to UN Development Activities' in J. MacMillan and A. Linklater (eds), *Boundaries in Question: New Directions in International Relations* (London: Pinter, 1995) 144.

[11] S. Krasner, 'State Power and the Structure of International Trade' (1976) 28 *World Politics* 317.

[12] S. Mercado, 'Towards a New Understanding of International Trade Policies: Ideas, Institutions and the Political Economy of Foreign Economic Policy' in J. MacMillan and A. Linklater (eds), *Boundaries in Question: New Directions in International Relations* (London: Pinter, 1995) 107.

[13] M. Barnett and R. Duvall, 'Power in International Politics' (2005) 59 *International Organization* 39; A. Wendt, *Social Theory of International Politics* (Cambridge: CUP, 1999).

[14] D.P. Fidler, *International Law and Infectious Diseases* (Oxford: Clarendon Press, 1999).

[15] D.P. Fidler, 'Caught Between Paradise and Power: Public Health, Pathogenic Threats, and the Axis of Illness' (2004) 35 *McGeorge Law Review* 45; E.A. Prescott, 'The Politics of Disease: Governance and Emerging Infections' (2007) 1 *Global Health Governance* 1; A. Price-Smith, *Contagion and Chaos* (Cambridge, MA: MIT Press, 2009).

[16] J. Youde, *Global Health Governance* (London: Polity Press, 2012); J.P. Ruger, *Global Health Justice and Governance* (Oxford: OUP, forthcoming).

[17] Davies, *Global Politics of Health* (n 8); J. Shiffman, 'Issue Attention in Global Health: The Case of Newborn Survival' (2010) 375 *Lancet* 2045.

[18] C. Thomas, 'On the Health of International Relations and the International Relations of Health' (1989) 15 *Review of International Studies* 273.

[19] G.H. Brundtland, 'Global Health and International Security' (2003) 9 *Global Governance* 419.

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trajectory.[20] Through the collapse of traditional institutions for state cooperation and the creation of new institutions in a fragmented landscape for global health governance, norms have come to frame a more expansive vision of justice in global health.[21] Such global health efforts are no longer confined either to international legal frameworks or to the health sector, establishing a normative basis for a just world in a multilevel and multi-sectoral global health policy landscape.

Norms are collective understandings that have the capacity to shift the behaviors of a wider array of actors in global health.[22] These norms include certain shared ideas, values, attitudes, identities, and expectations that guide policymakers in choosing the most appropriate policy to meet the ideals of the global community.[23] Standardizing policymaking behavior, norms act by constraining or enabling the range of acceptable choices and actions, with normative theory categorizing norms as either:

- regulative norms, serving to order and constrain behavior;
- constitutive norms that create new options for available action; or
- evaluative or prescriptive norms, which provide a sense of 'oughtness' to shared ideas.[24]

Whereas the realist perspective attributes power to 'brute material forces', the constructivist paradigm holds that power is constituted by norms.[25] Thus, policy is both influenced by norms and influential in the development of norms, with norms internalized in policy outcomes and policymaking processes.[26]

In the same way that international relations theory employed realism to discuss power, it now looks to constructivism to describe norms. Situating ideas and discourse within a particular context, constructivism examines how the interests of actors are 'constructed', emphasizing the process of interaction among state and non-state actors such that interests are endogenous to the interactions between actors.[27] From this inherent endogeneity, creating a network of shared ideas, a model of governance emerges in which norms guide rule-governed, as opposed to power-driven, actions.[28] The constructivist paradigm is primarily focused on the formative role of these *ideational factors*, the most important of which 'are widely shared or "intersubjective" beliefs, which are not reducible to individuals, and these shared beliefs construct the

[20] J. Youde, 'Enter the Fourth Horseman: Health Security and International Relations Theory' (2005) 6 *Whitehead Journal of Diplomacy and International Relations* 193.

[21] B.M. Meier, 'Global Health Takes a Normative Turn: The Expanding Purview of International Health Law and Global Health Policy to Meet the Public Health Challenges of the 21st Century' in G.Z. Capaldo (ed), *The Global Community: Yearbook of International Law and Jurisprudence 2011* (Oxford: OUP, 2012).

[22] J.T. Checkel, 'The Constructivist Turn in International Relations Theory' (1998) 50 *World Politics* 324; A. Harmer, 'Understanding Change in Global Health Policy: Ideas, Discourse and Networks' (2011) 6(7) *Global Public Health* 703.

[23] J. Campbell, 'Ideas, Politics, and Public Policy' (2002) 28 *Annual Review of Sociology* 21.

[24] M. Finnemore and K. Sikkink, 'International Norm Dynamics and Political Change' (1998) 52 *International Organization* 887.

[25] Wendt, *Social Theory of International Politics* (n 13).

[26] J. Goldstein and R. Keohane, 'Ideas and Foreign Policy: An Analytical Framework' in J. Goldstein and R. Keohane (eds), *Ideas and Foreign Policy: Beliefs, Institutions, and Political Change* (Ithaca, NY: Cornell University Press, 1993) 3.

[27] J.T. Checkel, 'The Constructivist Turn in International Relations Theory' (1998) 50 *World Politics* 324.

[28] Wendt, *Social Theory of International Politics* (n 13).

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interests and identities of purposive actors'.[29] Thus, constructivist theory maintains that collective understandings of appropriate behavior, ie norms, have the ability to shape policy development and policymaker actions independent of structural constraints, such that international law and global governance are framed by ideas and values that exist apart from the distribution of state power.

Constructivism—both as a theoretical paradigm and as an empirical approach—considers these ideational factors as a basis for law and policy and describes the process through which ideas become 'socially causative', prompting action to realize the norm.[30] In this process of realizing norms, such ideational discourses evolve across time and space, emerging in particular communities, circulating domestically and internationally through the dissemination of ideas (stimulated in large part through globalized communications networks), and shaping global institutions that are continuously transformed by normative shifts. This 'normative life cycle' begins with *norm emergence* (where norm leaders, or 'norm entrepreneurs', work to persuade a critical mass to embrace a new norm), gains momentum through *norm cascade* (where states come to accept and maintain the norm), and becomes part of the social and political structure through *norm internalization* (where the norm becomes commonplace, is no longer an issue of public contention, and can achieve regulative status).[31] From this *norm internalization*, law and policy have come to reflect the negotiated codification of norms, advancing collective global ideas, discourses, and goals through governance institutions. Culminating in global governance, global norms may then 'trickle down' through incorporation in national law and practice, creating a feedback loop by which norms spread throughout the world.

Previous normative scholarship has looked to constructivism as a way of examining norms in international relations. As realist theory failed to explain the rise of new forms of governance following the Cold War, with the end of 'bipolar' international power struggles opening a space for collective global cooperation,[32] scholars sought to define the role of norms through constructivist international relations theory.[33] In an interconnected and rapidly globalizing world, constructivism (sometimes referred to as a 'globalist approach' to international relations) allowed scholars to examine changes in normative structures and analyze ideational shifts in international law and global policy.[34] Applied to global health, constructivist scholarship has examined, *inter alia*, how the World Health Organization (WHO) has diverged from state preferences in shaping global health policy[35] and how public-private partnerships are seeking to create new institutional mechanisms of global health governance.[36] From these specific examples, it is necessary to examine the contemporary role of constructivism as a theoretical paradigm for analyzing justice in global health policy—looking beyond

[29] M. Finnemore and K. Sikkink, 'Taking Stock: The Constructivist Research Program in International Relations and Comparative Politics' (2001) 4 *Annual Review of Political Science* 393.

[30] J.G. Ruggie, 'What Makes the World Hang Together? Neo-Utilitarianism and the Social Constructivist Challenge' (1998) 52(4) *International Organization* 855.

[31] Finnemore and Sikkink, 'International Norm Dynamics' (n 24).

[32] Wendt, *Social Theory of International Politics* (n 13).

[33] Ruggie, 'What Makes the World Hang Together?' (n 30).

[34] Checkel, 'The Constructivist Turn' (n 27).

[35] N. Chorev, *The World Health Organization Between North and South* (Ithaca, NY: Cornell University Press, 2012).

[36] A. Harmer, 'Understanding Change in Global Health Policy: Ideas, Discourse and Networks' (2011) 6 *Global Public Health* 703.

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national governments and international organizations to encompass the non-state actors that are increasingly assuming authority in the global health landscape.

This chapter seeks to develop both a theoretical and methodological agenda for normative policy analysis in global health, outlining an empirical research program that encompasses both state and non-state actors in global health governance. Where ethicists have begun to consider the role of bioethics norms in creating a moral imperative for global health governance,[37] it is necessary to explore the implications of norms for justice in this constructivist turn in global health. Under a societal approach to constructivism, this study examines 'regulative global norms' for justice—norms ordering the behavior of global health actors, whether termed human rights, social justice, or health equity[38]—viewing the development of global health governance as indicative of an evolving set of global norms.[39] In this sense, global health policy reflects the negotiated codification of global norms already in existence, and reifies those norms until they are revised through normative evolution and subsequent policy advancements.[40] During this iterative process of normative change, both state and non-state actors harmonize individual norms (negotiating potentially conflicting norms) and advance these collective ideational goals in global health governance, with these global norms then incorporated in national law and internalized in public health practice.[41] It is only once we understand the role of these normative frameworks in global health that practitioners can develop effective policies to realize these norms, and researchers can analyze the impact of norms on global health governance.

## 2. The Age of Norms

As a basis for normative policy analysis, global health actors are moving beyond the communicable disease control regimes long prominent in international health law and working with normative frameworks to set an expansive agenda for disease prevention and health promotion. Beginning as early as the 1970s, there arose a renewed influence of norms in global health—focusing on underlying determinants of health in the developing world, raising awareness through global efforts to programmatize primary health care, taking hold in response to the horrors of a deepening HIV/AIDS pandemic, and enduring as a feature of the public health response to the insalubrious ramifications of globalization.[42] Despite realist justification for a brief focus on bioterrorism at the turn of the century,[43] the realist paradigm could not completely account for the shift from 'state security' to 'human security' that has come

[37] S.R. Benatar, A.S. Daar, and P.A. Singer, 'Global Health Ethics: The Rationale for Mutual Caring' (2003) 79 *International Affairs* 107.

[38] M. Finnemore, 'Are Legal Norms Distinctive' (1999) 32 *NYU Journal of International Law and Politics* 699.

[39] Ruggie, 'What Makes the World Hang Together?' (n 30).

[40] P. Alston, 'Conjuring Up New Human Rights: A Proposal for Quality Control' (1984) 78 *American Journal of International Law* 607.

[41] C.O. Pannenborg, *A New International Health Order* (New York: Springer, 1979); M. Finnemore and K. Sikkink, 'International Norm Dynamics and Political Change' (1998) 52 *International Organization* 887.

[42] Meier, 'Global Health Takes a Normative Turn' (n 21).

[43] D.P. Fidler, 'Public Health and National Security in the Global Age: Infectious Diseases, Bioterrorism, and Realpolitik' (2003) 35 *George Washington International Law Review* 787; S.E. Davies, 'Securitizing Infectious Disease' (2008) 84 *International Affairs* 295.

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to define the norms of a more expansive global health policy.[44] Breaking from the state-centric focus of the realist paradigm, refocusing global health away from select infectious diseases and toward those determinants of health that affect premature morbidity and mortality in the least developed countries, the constructivist paradigm is increasingly seen to explain the motivations and behaviors of state and non-state actors, with global governance institutions increasingly demonstrating the significance of various overlapping norms for justice in global health.[45] This new reality in global health governance encompasses norms for justice through an ideational focus on, among other normative frameworks, human rights, social justice, and health equity. While these interacting frameworks serve as examples of the transformational ideas now framing global health, such 'ontological frames'[46] highlight the confluence of norms as a basis for global solidarity in health. In this age of norms, during which norms have become a force for justice in global health, constructivism becomes a necessary theoretical paradigm for understanding the meaning, evolution, and impact of normative frameworks in global health governance.

## 2.1 Human rights

With states developing human rights under international law as a tool for public health, human rights stand as a 'civilizational standard'[47] and universally accepted normative framework to advance justice in global health.[48] Framing health disparities as 'rights violations', states have provided international standards by which to facilitate legal accountability for the progressive realization of human dignity.[49] In building from the expansive legal standards of the WHO Constitution and evolving through the United Nations' international legal institutions,[50] human rights law has sought to identify individual rights-holders and their entitlements and corresponding duty-bearers and their obligations,[51] empowering individuals to seek legal accountability for health efforts rather than serving as passive recipients of government benevolence.[52]

Codified seminally in the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR)—providing for 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'[53]—the human right to

[44] L. Axworthy, 'Human Security and Global Governance: Putting People First' (2001) 7 *Global Governance* 19; H. Feldbaum et al, 'Global Health and National Security: The Need for Critical Engagement' (2006) 22 *Medicine, Conflict and Survival* 192.

[45] C. McInnes and K. Lee, *Global Health and International Relations* (Cambridge: Polity Press, 2012).

[46] G.W. Brown, 'Distributing Who Gets What and Why: Four Normative Approaches to Global Health' (2012) 3 *Global Policy* 292.

[47] J. Donnelly, 'Human Rights: A New Standard of Civilisation?' (1998) 74 *International Relations* 1.

[48] S. Gruskin, 'Is There a Government in the Cockpit: A Passenger's Perspective on Global Public Health: The Role of Human Rights' (2004) 77 *Temple Law Review* 313.

[49] L.O. Gostin and J.M. Mann, 'Towards the Development of a Human Rights Impact Assessment for the Formulation and Evaluation of Public Health Policies' (1994) 1 *Health and Human Rights* 58.

[50] B.M. Meier, 'Global Health Governance and the Contentious Politics of Human Rights: Mainstreaming the Right to Health for Public Health Advancement' (2010) 46 *Stanford Journal of International Law* 1.

[51] M. Robinson, 'What Rights Can Add to Good Development Practice' in P. Alston and M. Robinson (eds), *Human Rights and Development: Towards Mutual Enforcement* (New York: OUP, 2005) 25.

[52] A.E. Yamin, 'Beyond Compassion: The Central Role of Accountability in Applying a Human Rights Framework to Health' (2008) 10 *Health and Human Rights* 1.

[53] International Covenant on Economic, Social and Cultural Rights (ICESCR), GA Resolution 2200A (XXI), 993 (1966).

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health has evolved in subsequent international instruments to offer detailed normative standards for justice in health.[54] Where scholars and practitioners long debated the normative legitimacy of social and economic rights,[55] the end of the Cold War brought with it a global consensus that all human rights are universal, indivisible, interdependent, and interrelated.[56] Memorializing such interconnected human rights and corresponding government duties, the UN Committee on Economic, Social and Cultural Rights (the institution charged with drafting official interpretations of, and monitoring state compliance with, the ICESCR)[57] issued a General Comment in 2000 to provide authoritative interpretation of the norms inherent in the human right to health.[58] The Committee clarified in General Comment 14 that the right to health depends upon a wide variety of interconnected rights to 'underlying determinants of health', beginning in preventive and curative health care and expansively encompassing underlying rights to food, housing, work, education, human dignity, life, nondiscrimination, equality, prohibitions against torture, privacy, access to information, and freedoms of association, assembly, and movement.[59] Based upon this evolution of health-related human rights, UN agencies, development organizations, and advocacy groups have increasingly invoked a 'rights-based approach to health' (grounded in the right to health and rights to various underlying determinants of health) as a means to operationalize international legal norms through advancements in global health governance.[60]

Galvanizing international institutions and reforming government practices, human rights now impact health through an expansive and reinforcing set of international treaties, regional instruments, and national laws and policies. At the international level, the United Nations has sought a cross-cutting commitment to 'mainstream' human rights in all programs, policies, and activities, with the WHO adopting this commitment as a way of incorporating key human rights principles in its health programming.[61] As states have incorporated health-related rights under national constitutions and laws,[62] this rights-based approach to health is explicitly shaping accountability for government efforts—framing the legal and policy environment, integrating core rights-based norms into policy and programming, and evaluating the implementation

[54] J. Tobin, *The Right to Health in International Law* (Oxford: OUP, 2012).

[55] P. Alston, 'The United Nations' Specialized Agencies and Implementation of the International Covenant on Economic, Social and Cultural Rights' (1979) 18 *Columbia Journal of Transnational Law* 83.

[56] United Nations, World Conference on Human Rights: Vienna Declaration and Programme of Action, Vienna, 14–25 June 1993.

[57] M. Craven, *The International Covenant on Economic, Social and Cultural Rights: A Perspective on Its Development* (Oxford: OUP, 1995).

[58] UN Committee on Economic, Social, and Cultural Rights, General Comment No 14, The Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social, and Cultural Rights, UN Doc E/C.12/2000/4 (2000).

[59] General Comment 14 (n 58) para 11.

[60] H.K. Nielsen, *The World Health Organisation: Implementing the Right to Health* (Copenhagen: Europublishers, 1999) 37; L. Gable, 'The Proliferation of Human Rights in Global Health Governance' (2007) 35 *Journal of Law, Medicine and Ethics* 534; L. London, 'What Is a Human-Rights Based Approach to Health and Does It Matter?' (2008) 10 *Health and Human Rights* 65.

[61] W. Onzivu, '(Re)Invigorating the World Health Organization's Governance of Health Rights: Repositing an Evolving Legal Mandate, Challenges and Prospects' (2011) 4 *African Journal of Legal Studies* 225.

[62] E.D. Kinney and B.A. Clark, 'Provisions for Health and Health Care in the Constitutions of the Countries of the World' (2004) 37 *Cornell International Law Journal* 285; B.A. Simmons, *Mobilizing for Human Rights: International Law in Domestic Politics* (Cambridge: CUP, 2009).

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of programs and budgets.[63] This rights-based approach has come to influence a wide range of national policy implementation efforts for underlying determinants of health,[64] and to assure this implementation, a global accountability regime has evolved to encompass treaty monitoring bodies, rights-based litigation, and 'naming and shaming' advocacy.[65] Given this development of health-related human rights and accountability for rights-based policy implementation, human rights now provide influential normative frameworks for justice in realizing public health pursuant to international law.

## 2.2 Social justice

Where the global community long failed to make health a political priority,[66] this tradition of neglect has begun to change, with normative frameworks for social justice elevating public health discourse in international affairs.[67] Addressing underlying determinants of health,[68] social justice seeks to ameliorate the harms that arise when social structures protect the powerful while unfairly burdening the vulnerable.[69] Social justice norms are now seen as a foundational justification for public health, structuring 'fairness' in preventing disease and promoting health.[70] In the context of global health, advocates have looked to health systems as a means to secure social justice as a normative framework for global health governance.[71]

Arising out of the failed revolutions of 1848, developing through the rise of social medicine, and speaking to contemporary global health governance,[72] the evolution of social justice frameworks for global health have achieved many of the goals of formal norm-setting without requiring the adoption of a treaty or the establishment of new institutions.[73] Where the United Nations was once thought to be solely the domain and tool of powerful states,[74] social justice norms have come to frame UN policy-making in a globalizing world[75] and thereby provide legitimacy for global health

63 G. Backman et al, 'Health Systems and the Right to Health: An Assessment of 194 Countries' (2008) 372 *Lancet* 2047.

64 A. Chapman, 'Globalization, Human Rights, and the Social Determinants of Health' (2009) 23 *Bioethics* 97.

65 J. Wolff, *The Human Right to Health* (New York: Norton, 2012).

66 K. Lee et al, *Health Impacts of Globalization: Toward Global Governance* (London: Palgrave Macmillan, 2003).

67 D.P. Fidler, 'Reflections on the Revolution in Health and Foreign Policy' (2007) 85 *Bulletin of the World Health Organization* 243; H. Feldbaum, K. Lee, and J. Michaud, 'Global Health and Foreign Policy' (2010) 32 *Epidemiologic Review* 82.

68 B. Jordan, *The New Politics of Welfare: Social Justice in a Global Context* (London: Sage Publications, 1998).

69 D.E. Beauchamp, 'Public Health as Social Justice' (1976) 13 *Inquiry* 3.

70 Beauchamp, 'Public Health as Social Justice' (n 69); L.O. Gostin and M. Powers, 'What Does Social Justice Require for the Public's Health? Public Health Ethics and Policy Imperatives' (2006) 25 *Health Affairs* 1053.

71 M. Rowson et al, 'The Global Health Watch: Mobilising Civil Society Around an Alternative World Health Report' (2004) 1 *PLoS Medicine* 31.

72 N. Krieger and A.-E. Birn, 'A Vision of Social Justice as the Foundation of Public Health: Commemorating 150 Years of the Spirit of 1848' (1998) 88 *American Journal of Public Health* 1603.

73 I. Kickbusch and P. Buss, 'Global Health Diplomacy and Peace' (2011) 25 *Infectious Disease Clinics of North America* 601.

74 H.J. Morgenthau, *Politics Among Nations: The Struggle for Power and Peace* (New York: Knopf, 1948).

75 Wendt, *Social Theory of International Politics* (n 13).

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governance.[76] Through this normative framing of global health discourse, as policy-makers both develop and implement normative frameworks, health has moved beyond rhetorical invocation and become a basis for global political action.[77] The 2000 Millennium Declaration,[78] followed by eight Millennium Development Goals (MDGs) to be met by 2015, has heralded widespread political attention to global health, focusing global policy on the 'vicious cycle' that links poverty and health.[79] Created as a social justice framework for a massive, global campaign to advance human development, four of the eight MDGs invoke improvements in health—including the reduction of maternal and infant mortality, the prevention of HIV infection, and the alleviation of poverty and hunger—with the MDGs seeking to address these specific health conditions through the influence of moral authority.[80] While criticized for advancing social justice frameworks in the absence of legal accountability,[81] these hortatory goals for global justice have nevertheless proven effective in creating specific benchmarks to implement national health policy and accountability mechanisms to evaluate public health outcomes.

This social justice agenda for political action in global health has continued to impact global health governance, with norms becoming increasingly prevalent and specific in framing the political statements of the global community.[82] Going beyond national self-interest, and piercing the veil of national sovereignty to prevent individual harm, UN proclamations increasingly emphasize the need for global cooperation to solve health harms in every country, with social justice rising as the impetus for mobilizing the global community to intervene to protect public health.[83] With an increasing need for independent institutions to allocate resources to the most deprived, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was created in 2002 to manage funds for consultative projects developed by both public and private organizations,[84] with recent reforms allowing the Global Fund to target those with the greatest health needs, engage representatives from a wide variety of actors, and prevent national self-interest from impacting decision making and program management.[85] While improving health outcomes as a means to realize social justice is an explicit objective

[76] R. Beaglehole and R. Bonita, 'Global Public Health: A Scorecard' (2008) 372 *Lancet* 1988; J. Shiffman, 'A Social Explanation for the Rise and Fall of Global Health Issues' (2009) 87 *Bulletin of the World Health Organization* 608.

[77] Rowson et al, 'The Global Health Watch' (n 71).

[78] United Nations Millennium Declaration, adopted 8 September 2000, GA Resolution 55/2, UN GAOR, 55th Session, Supp No 49, para 5, UN Doc A/RES/55/2 (2000).

[79] L.P. Freedman, 'Achieving the MDGs: Health Systems as Core Social Institutions' (2005) 48 *Development* 19.

[80] J.G. Ruggie, 'United Nations and Globalization: Patterns and Limits of Institutional Adaptation' (2003) 9 *Global Governance* 301; D. Hulme and S. Fukuda-Parr, 'International Norm Dynamics and "the End of Poverty": Understanding the Millennium Development Goals (MDGs)', BWPI Working Paper 96 (2009).

[81] P. Alston, 'Ships Passing in the Night: The Current State of the Human Rights and Development Debate as Seen through the Lens of the Millennium Development Goals' (2005) 27 *Human Rights Quarterly* 755.

[82] R. Horton, 'Health as an Instrument of Foreign Policy' (2007) 369 *Lancet* 806.

[83] T.G.G. Weiss, *Thinking about Global Governance: Why People and Ideas Matter* (New York: Routledge, 2011).

[84] G. Maciocco and A. Stefanini, 'From Alma-Ata to the Global Fund: The History of International Health Policy' (2007) 7 *Revista Brasileira de Saude Materno Infantil* 4.

[85] P. Poore, 'The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)' (2004) 19 *Health Policy and Planning* 52; G.W. Brown, 'Multisectoralism, Participation, and Stakeholder Effectiveness: Increasing the Role of Nonstate Actors in the Global Fund to Fight AIDS, Tuberculosis, and Malaria' (2009) 15 *Global Governance* 169.

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within global governance, these social justice norms are playing an underanalyzed role in prioritizing public health in international affairs,[86] highlighting the need for constructivist scholarship as states recommit themselves to normative goals in developing a post-2015 (post-MDG) global health agenda.[87]

## 2.3 Health equity

To alleviate systematic disadvantage as a means to achieve substantive equality,[88] health equity gives meaning to justice within socially stratified societies, framing the amelioration of disparities in health outcomes between more and less socially advantaged groups.[89] Although it is not possible to eliminate all global inequalities (both in opportunity and in outcome), inequity refers to those inequalities that are unjust, driven by structural unfairness in the global system. Where not all health inequalities can be thought of as inherently unjust, health equity focuses on the socially controllable factors that affect health, specifically the unfair distribution of resources that limits disadvantaged groups from achieving the highest attainable standard for health.[90] Equity in health thus requires a just distribution of the burdens and benefits of public health across society. Necessitating global intervention to realize a more just world, scholars have looked to inequity (within and between countries) based upon inequality in health expenditures,[91] in health outcomes,[92] in underlying determinants of health,[93] or in capability to be healthy.[94]

With equity now accepted as a normative framework for global health governance, the implementation of health equity has shifted policy discourse to establish the principles for prioritizing and distributing determinants of health. Because health exists on a gradient, both within and between countries, it has become possible to focus on the relatively unhealthy.[95] Within countries, this focus on health inequity has drawn policy attention to the needs of vulnerable populations—for example to the unequal social status of women, considering the implications of gender to access to health care, participation in health decision making, and reproductive health systems and seeking to alleviate these inequities through differential treatment (affirmative action or 'substantive equality') to prioritize women's health.[96] Between countries, health

[86] I. Kickbusch, 'Health in All Policies: Where to from Here?' (2010) 25 *Health Promotion International* 261.

[87] UNAIDS, UNICEF, UNFPA and WHO, 'Health in the post-2015 UN development agenda: Thematic Think Piece' (Geneva, 2012).

[88] P. Braveman, 'Health Disparities and Health Equity: Concepts and Measurement' (2006) 27 *Annual Review of Public Health* 167.

[89] P. Braveman and S. Gruskin, 'Defining Equity in Health' (2003) 57 *Journal of Epidomiology and Community Health* 254.

[90] N. Daniels, 'Equity and Population Health: Toward a Broader Bioethics Agenda' in A. Dawson (ed), *Public Health Ethics* (Cambridge: CUP, 2011) 191.

[91] M. Whitehead, 'The Concepts and Principles of Equity and Health' (1992) 22 *International Journal of Health Services* 429.

[92] S. Kumanyika, 'Health Disparities Research in Global Perspective: New Insights and New Directions' (2012) 33 *Annual Review of Public Health* 1.

[93] M. Marmot, 'Achieving Health Equity: From Root Causes to Fair Outcomes' (2007) 370 *Lancet* 1153.

[94] J.P. Ruger, 'Global Health Justice' (2009) 2 *Public Health Ethics* 261.

[95] E. Blas and A.S. Kurup (eds), 'Equity, Social Determinants and Public Health Programs' (Geneva: WHO, 2010).

[96] Marmot, 'Achieving Health Equity' (n 93), 'Gender Equity in Health: Debates and Dilemmas' (2000) 51 *Social Science and Medicine* 931.

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inequity analysis seeks to apply a Rawlsian vision of justice at an international level,[97] looking to material wealth disparities as a basis of inequity and seeking to create a normative basis for international distributive justice.[98] Such normative frameworks for health equity have sought to prioritize the most marginalized through civil society participation at the national level and to justify mutual assistance as a basis for redistribution at the global level.[99]

Impacting global health governance toward those groups that experience social disadvantage,[100] with an understanding that health inequity is driven by underlying determinants of health and cannot be reduced by the health sector alone, actors have sought to develop multisectoral policy approaches to underlying determinants of health.[101] In meeting this imperative to address unjust disparities in status, resources, and power, the WHO Commission on Social Determinants of Health has attributed health inequities to the underlying circumstances in which people live, arguing 'for the ethical basis of action on social determinants of health[,] . . . the view that good health, fairly distributed, was a value in itself'.[102] The Commission has sought to apply this normative imperative to policy development, continuing the social movement for health equity coming out of the 1978 Declaration of Alma-Ata and employing its reports and political consultations to create plans for policy development and monitoring for health equity.[103] While a great deal remains to be done to address health equity on the global agenda and move health policy beyond health services,[104] steps are being taken to address equity through multisectoral action, encapsulated in the whole-of-government approach to health equity in the global governance initiative for Health in All Policies.[105]

It is in this political context, with a range of normative frameworks interacting to structure global health policy, that institutions have come together to realize public health in the twenty-first century. Reflecting on these overlapping ontological frameworks for human rights, social justice, and health equity—among myriad interconnected normative justifications for the global health response—global health policy development often begins by drawing on some combination of these normative frameworks to justify global action. As seen in the preamble to the 'working definition' of the Health in All Policies approach, the drafting committee for the 2013 Global Conference on Health Promotion noted that:

[97] F. Peter and T. Evans, 'Ethical Dimensions of Health Equity' in T. Evans et al (eds), *Challenging Inequities in Health: From Ethics to Action* (New York: OUP, 2001).

[98] A. Buchanan, 'Rawls's Law of Peoples: Rules for a Vanquished Westphalian World' (2000) 110 *Ethics* 697.

[99] G. Ooms and R. Hammonds, 'Taking Up Daniel's Challenge: The Case for Global Health Justice' (2010) 12 *Health and Human Rights* 29; R. Labonte and T. Schrecker, 'Globalization and Social Determinants of Health: Promoting Health Equity in Global Governance' (2007) 3 *Globalization and Health.*

[100] S.R. Benatar, S. Gill, and I. Bakker, 'Making Progress in Global Health: The Need for New Paradigms' (2009) 85 *International Affairs* 347.

[101] N. Daniels, B.P. Kennedy, and I. Kawachi, 'Why Justice is Good for Our Health: The Social Determinants of Health Inequalities' (1999) 128 *Daedalus* 215.

[102] M. Marmot et al, 'Building of the Global Movement for Health Equity: From Santiago to Rio and Beyond' (2012) 379 *Lancet* 181.

[103] Commission on Social Determinants of Health, 'Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health' (Geneva, 2008).

[104] K. Lee, M. Koivusalo, E. Ollila, R. Labonte, C. Schuftan, and D. Woodward, 'Global Governance for Health' in R.N. Labonte (ed), *Globalization and Health: Pathways, Evidence and Policy* (London: Routledge, 2009) 289.

[105] T. Ståhl et al, 'Health in All Policies: Prospects and Potentials' (Helsinki: Ministry of Social Affairs and Health, 2006).

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Health in All Policies is a systemic and sustained approach to taking into account the impacts of public policies on health determinants and health systems across sectors, at the levels the decisions are made, in political, legislative and administrative processes, in order to realize health-related rights and to improve accountability for population health and health equity.[106]

Much like this example, norms are increasingly proving to be the tie that binds, bringing together state and non-state actors to address underlying determinants of health as a means to realize justice in global health. While norms are at times poorly elaborated or rhetorically conflated in global health governance, there is advantage in defining and delineating these norms in global health, analyzing how normative frameworks structure global health policy.

## 3. Implications of Normative Frameworks to Global Health Policy

Meeting an expanding set of global challenges to underlying determinants of health, normative frameworks are guiding global health policy efforts beyond traditional forms of international law. With international law bearing most directly on states, such legal constructs have limited effect on the global forces that increasingly structure public health,[107] with realism appearing insufficient to understand contemporary changes in statehood, international relations, and global health.[108] These limitations of international health law have moved global health governance beyond the purview of international legal constructs, engaging a diverse array of state and non-state actors through the rise of new policy institutions—institutions bound by their normative foundations and understood through the constructivist paradigm.

Where once the WHO reigned supreme over international health, the contemporary era lacks a strong institutional authority to coordinate every global initiative to prevent disease and promote health. Compounded by ongoing challenges to the power of the nation-state,[109] with realism unable to 'analyze changes in statehood and their implications for international relations',[110] the international system of governance no longer exerts the influence it once had on the public's health.[111] While this statist approach to governance is inherent in WHO's authority as an international organization,[112] it is simultaneously undermining WHO's constitutional mission to promote global health among an expanding range of non-state actors.[113] Filling this vacuum in global health governance, multilevel partnerships of governmental, intergovernmental, and

[106] Action: SDH, 'Health in All Policies Approach' (Geneva, 2012), available at <http://www.actionsdh.org/Contents/Action/Governance/Building_governance/Health_in_All_Policies_approach3.aspx>.

[107] R. Labonte and T. Schrecker, 'Globalization's Challenges to People's Health' in R.N. Labonte (ed), *Globalization and Health: Pathways, Evidence and Policy* (London: Routledge, 2009), 1.

[108] O. Aginam, *Global Health Governance: International Law and Public Health in a Divided World* (Toronto: University of Toronto Press, 2005).

[109] S. Strange, *The Retreat of the State: The Diffusion of Power in the World Economy* (Cambridge: CUP, 1996).

[110] G. Sorensen, 'Big and Important Things in IR: Structural Realism and the Neglect of Changes in Statehood' in K. Booth (ed), *Realism and World Politics* (London: Routledge, 2011).

[111] S. Moon et al, 'The Global Health System: Lessons for a Stronger Institutional Framework' (January 2010) *PLoS Medicine* 1, 2.

[112] D.P. Fidler, 'After the Revolution: Global Health Politics in a Time of Economic Crisis and Threatening Future Trends' (2008) 2 *Global Health Governance*.

[113] S.E. Davies, 'What Contribution Can International Relations Make to the Evolving Global Health Agenda?' (2010) 86 *International Affairs* 1167.

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nongovernmental actors have arisen to address a multisectoral set of determinants of health.[114] These global health partnerships have complicated efforts to rely upon international law as a basis for the global health response.[115] Without steady institutional leadership or legal authority to coordinate this crowded and complex landscape—leading to what has been referred to generously as 'open-source anarchy,[116] less generously as a 'mosh pit'[117]—health advocates have turned to global health policy as a way of galvanizing a disparate set of actors to embrace shared norms for justice in global health.

Shifting governance from international health law to global health policy, partnerships have become particularly relevant in a landscape of scarce resources (and increased competition for those resources among an expanding set of actors), with partnerships for specific health priorities combining the efforts of inherently limited actors in achieving collective health goals. For example, in the aftermath of the politically-charged failure of WHO's malaria eradication effort in the 1950s and 1960s,[118] the contemporary Roll Back Malaria Partnership has brought together over 500 governmental, intergovernmental, and nongovernmental partners to create a coordinated global response, developing shared norms to articulate, carry out, and sustain this partnership to respond to malaria.[119] While these decentralized partnerships lack the hierarchical leadership structures and health systems focus of past efforts, the harmonizing force of normative frameworks allows for the combination of disparate actors in a single initiative.[120] Norms are influencing and binding the wide range of decentralized actors in this new global health architecture, and as a consequence of these changing global institutions for health, normative frameworks are playing a vital role in structuring global health policy.

Given the fragmentation of these uncoordinated initiatives (with each actor operating under independent motivations), policymakers seek shared norms for justice to coordinate these multilevel and multisectoral partnerships in the absence of international law.[121] Such norms 'act as a coalitional glue' in binding these actors together,[122] with policy making structured by an 'overlapping consensus' among state and non-state actors.[123] Moving beyond a state-centric approach—transitioning from international law driven by nation-states to 'soft law' binding the global community of state and non-state actors—norm-setting seeks to frame these new policy institutions to alter behaviors,

[114] Szlezák et al, 'The Global Health System' (n 3).

[115] B.M. Meier and A.M. Fox, 'International Obligations through Collective Rights: Moving from Foreign Health Assistance to Global Health Governance' (2010) 12 *Health and Human Rights* 61.

[116] D.P. Fidler, 'Architecture amidst Anarchy: Global Health's Quest for Governance' (2007) 1 *Global Health Governance*.

[117] K. Buse and A. Harmer, 'Global Health Partnerships: The Mosh Pit of Global Health Governance' in K. Buse, W. Hein, and N. Drager (eds), *Making Sense of Global Health Governance: A Policy Perspective* (Basingstoke: Palgrave Macmillan, 2009).

[118] J. Siddiqi, *World Health and World Politics: The World Health Organization and the UN System* (Columbia, SC: University of South Carolina Press, 1995).

[119] G.T. Keusch et al, 'The Global Health System: Linking Knowledge with Action—Learning from Malaria' (2010) 7 *PLoS Medicine*; see also R. Bruce Aylward et al, 'Global Health Goals: Lessons from the Worldwide Effort to Eradicate Poliomyelitis' (2003) 362 *Lancet* 909.

[120] Szlezák et al, 'The Global Health System' (n 3).

[121] G. Silberschmidt, D. Matheson and I. Kickbusch, 'Creating a Committee C of the World Health Assembly' (2008) 371 *Lancet* 1483.

[122] Goldstein and Keohane, 'Ideas and Foreign Policy' (n 26) 12.

[123] Ruger, *Global Health Justice and Governance* (n 16).

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sustain funding, and coordinate efforts for justice in global health.[124] While there are legitimate concerns that these partnerships will enable states to shirk responsibility for the realization of health,[125] partnerships have nevertheless proven vital to global health governance, delineating shared norms to promote institutional responsibilities. No longer grounded in traditional legal institutions or traditional health sectors, this multilevel and multisectoral global health policy landscape is proving a focal point of normative frameworks to prevent disease and promote health as a means to global justice.

As parallel normative frameworks guide the range of discrete partnerships across the global health architecture, various scholars, practitioners, and advocates have sought to bring these multiple partnerships together under a singular normative framework for justice in global health. In accordance with these proposals—alternatively named an International Health Partnership, Public Health's New World Order, a Global Plan for Justice, a Global Health Constitution, or a Framework Convention on Global Health—proponents seek a voluntary compact among states and their non-state partners in business, philanthropy, and civil society to redress global health harms under the normative auspices of human rights, social justice, and health equity.[126] While seeking to avoid the realist power constraints on international legal negotiations, these proposals often envision the WHO taking a leadership role through its constitutional mandate to develop norms and coordinate actors.[127] These proposals seek to reassert the WHO's institutional authority for normative development in global health to encompass the expanding sphere of global health policy, moving beyond 'vertical' partnerships for specific health priorities to address underlying determinants of health through 'diagonal' public health systems (combining horizontal and vertical approaches to health).[128] Supported by the institutionalization of a coordinated global health fund, proponents argue that the allocation of independent, predictable, and sustainable funding from state and non-state actors could be collected based upon financial targets and distributed to meet basic survival needs (as measured by poverty, morbidity, and premature mortality), with accountability mechanisms to assure compliance with established norms.[129] Where the WHO is presently thought to lack authority and direction in the new global health landscape,[130] proponents have looked to norms to provide legitimacy to WHO leadership, allowing it to coordinate the widening range of global health actors. Given these rapidly-evolving changes, constructivist scholarship provides a theoretical basis by which to analyze the roles, interests, and goals of state

[124] A. Barnes and G.W. Brown, 'The Idea of Partnership within the Millennium Development Goals: Context, Instrumentality and the Normative Demands of Partnership' (2011) 32 *Third World Quarterly* 165.

[125] D. Sridhar, S. Khagram, and T. Pang, 'Are Existing Governance Structures Equipped to Deal with Today's Global Health Challenges? Towards Systematic Coherence in Scaling-Up' (2008) 2 *Global Health Governance*.

[126] L.O. Gostin, 'Redressing the Unconscionable Health Gap: A Global Plan for Justice' (2010) 4 *Harvard Law and Policy Review* 271.

[127] L.O. Gostin, E.A. Friedman, G. Ooms, T. Gebauer, N. Gupta, D. Sridhar, W. Chenguang, J.-A. Røttingen, and D. Sanders, 'The Joint Action and Learning Initiative: Towards a Global Agreement on National and Global Responsibilities for Health' (2011) 8 *PLoS Medicine*.

[128] G. Ooms et al, 'The "Diagonal" Approach to Global Fund Financing: A Cure for the Broader Malaise of Health Systems?' (2008) 4 *Globalization and Health*.

[129] G. Ooms and R. Hammonds, 'Correcting Globalization in Health: Transnational Entitlements Versus the Ethical Imperative of Reducing Aid-Dependency' (2008) 1 *Public Health Ethics* 154.

[130] R. Horton, 'Can WHO Survive?' (2012) 380 *Lancet* 1457; D. Legge, 'Future of WHO hangs in the balance' (2012) *British Medical Journal* 345.

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and non-state actors and a new understanding of the contemporary operation of global health governance.

In the midst of a weakening international authority for global health, constructivism has the ability to capture the interests of state and non-state actors in the global community. Given a dearth of study on the norms that bind actors together and commit themselves to global health, normative policy analysis can move legal scholarship beyond an understanding of state power interests toward the study of global health policy. With no single normative approach providing a satisfactory account of global health governance, it is necessary for scholars to analyze areas where norms complement each other and where they conflict. Analyzed through the constructivist paradigm, it is possible to determine whether contemporary partnerships in global health governance are meeting norms for justice in global health policy. Through such scholarship, normative policy analysis can frame efforts to reform the global health landscape, set goals for global health progress, and evaluate efforts to realize justice in global health.

## 4. Conclusion

Global health governance is increasingly viewed as a means to a more just world, and these changes create an academic imperative for normative policy analysis in global health. In studying this shift toward normative frameworks as a basis for global health governance, it will be necessary to clarify what role norms play in the advancement of global health policy, how the influence of such norms can be measured through social scientific study, and what effects norm-driven policies have on global health. Applied to practice, such normative policy analysis can provide a basis for policymakers to reform institutions to meet normative goals, framing policy decisions to realize a more just world.

As global health policy finds justification across normative frameworks, the constructivist paradigm provides a basis to conceptualize the policy contexts and health issues correlated with particular normative frameworks. Given recent efforts to establish comprehensive normative frameworks for global health, it will be necessary to study the distinctions across normative frameworks before these frameworks can be harmonized across the global community. With these norms seeking to realize justice in global health, international legal research will be necessary to study the visions, goals, and consequences of these global health policies. Only through legal analysis of these normative frameworks will it be possible to understand why and how state and non-state actors come together in solidarity to address global health.