

Andrew F. Cooper and John J. Kirton, editors. *Innovation in Global Health Governance: Critical Cases*. Aldershot: Ashgate Publishing, 2009. 422 pp. Hardcover: £60.00, ISBN: 978-0-7546-4872-7, 978-0-7546-8985-0 (e-book)

From avian influenza to tobacco control and Andrew Speaker to the recent emergence of pandemic H1N1, a daunting series of global public health threats have emerged since the SARS outbreak of 2003. Additionally, the HIV epidemic continues to reap deadly havoc across the globe more than quarter of a century after its discovery and shows no signs of slowing despite increased financial resources and political commitment directed at the microscopic pathogen. Accordingly, it is from these unmistakable challenges that *Innovation in Global Health Governance: Critical Cases* wades in to offer critical analysis of both the current global health issues that have developed in an increasingly globalised and complex world as well as the actors and the relationships between them that are needed to successfully surmount the unprecedented quantity of threats in the early twenty-first century. Accessible to academics and policy makers alike, Andrew Cooper and John Kirton present an edited volume that highlights the highly interrelated, yet essential nature of the challenges that the global community will face in the coming decades.

After an introduction in Part I, Part II revisits the SARS outbreak, offers new contributions, and also explores the threat of pandemic influenza. In Chapter 2, Andrew Price-Smith and Yanzhong Huang argue that SARS generated both domestic institutional innovation and powerful changes at the level of global governance. Similarly, in Chapter 3 Carolyn Bennett explores how the outbreak served as a catalyst in Canada's preparation for future events of similar magnitude. Adam Kamradt-Scott's contribution in Chapter 4 challenges the post-Westphalian argument and suggests that World Health Organization (WHO) actions during the outbreak reflected its institutional responsibilities granted by states.

Part III addresses the issue of avian influenza. In Chapter 5, Shui Hing Lo examines how countries throughout Asia engaged SARS and are currently preparing for avian influenza. Kathryn White and Maria Banda in Chapter 6 develop a framework by which civil society actors can participate in confronting avian influenza. Finally in Chapter 7, Yanzhong Huang develops the security challenges within and amongst states in respect to pandemic influenza.

Part IV explores the mechanisms needed to access affordable medicines, with Hany Besada in Chapter 8 offering lessons and recommendations in respect to the HIV epidemic in Southern Africa. Despite multinational commercial interests, in Chapter 9 Jillian Clare Cohen-Kohler argues that social issues driven by a new set of actors are now challenging the traditional neoliberal paradigm. In Chapter 10, Lisa Forman explores how global social movements are contributing to the discourses on access to AIDS medications. Similarly in Part V, Robert Scott, Wilfred Wilkinson, and John Eberhard demonstrate in Chapter 11 the role Rotary International continues to play in polio eradication. While in Chapter 12, Jeff Collin and Kelley Lee argue that international frameworks are not effective in tobacco control and suggest that an impressive range of global health actors helped forge the radical Framework Convention on Tobacco Control.

Finally, Parts VI and VII look to the future. Benedikte Dal, Laura Sunderland, and Nick Drager argue in Chapter 13 that the increasingly interconnected relationship between health and trade, particularly in relation to the WHO and World Trade Organization, demonstrates a shift in how the determinants of health are perceived and addressed. In Chapter 14, John Kirton, Nikolai Roudev, Laura Sunderland, and Catherine Kunz analyse the developing role of the G8 in global health policy and the degree to which this group of states comply with annual summit goals. In order to look forward and improve global health systems, Caroline Khoubesserian in Chapter 15 examines how global health initiatives first emerged as well as the role of the more recent official development programmes. Finally in part VII, John Kirton and Andrew Cooper conclude in Chapter 16 that while a post-Westphalian framework has not yet emerged, the broad range of health challenges in the twenty-first century will require significantly new methods of engaging both natural and human-induced biological threats. Fundamentally, the current system of react and respond must be replaced with a more proactive, preventative, and ultimately holistic framework.

Unlike global health governance (GHG) claims in the immediate SARS aftermath of a shift to a post-Westphalian model, this text moves away from these perspectives and offers a more nuanced analysis. This is clearly developed in the SARS section, where the authors not only cast a critical eye on the actors involved with containing the threat but also how scholars are similarly challenging GHG itself. Further, the GHG framework has branched out and away from SARS demonstrating a width and depth of engagement missing in previous analysis. In doing so, the text displays a keen awareness that any movement towards a more efficient and equitable system of global public health will be lined with significant challenges which are stacked against, in some cases, established and firmly entrenched resistance.

However and despite these positive contributions, the text does display a weakness in the form of an uncomfortable relationship with the state. In many ways, GHG still remains firmly attached to the idea of a post-Westphalian environment. While there is an explicit acknowledgment by all of the authors of the centrality of the state in terms of its power, resources, and reality, the significance of non-states actors in the ultimate formation and dissemination of policy is overstated. That these actors participate and influence the policy process is not in question. Rather, the degree to which civil society, the WHO, or even individuals like Bill and Melinda Gates and Bill Clinton guide global health policy must be understood within and through the state. Even as state sovereignty may be diminished in this globalised era, it still remains the main actor with its absolute and relative power to dictate global health policy far from confined.

Despite this criticism, though, the text moves the GHG debate forward. Even as these contributors are optimistic that global health challenges can be met, there is a strong awareness that any movement will be difficult with the ultimate outcome not guaranteed. Perhaps stung by some of the post-SARS criticism, this most recent GHG work demonstrates that a wider perspective has generated a clearer research agenda and a way forward.

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