

Global Health Governance and Human Rights

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Abstract: Currently, globalisation in health has shown that human rights are a crucial aspect of global health governance. Nevertheless, in spite of numerous advancements, obstacles remain that hinder the identification of the health as a right, especially for those within need. Therefore, this study investigates the advancement and safeguarding of this basic right, considering the connection uniting social liberty laws and international health system.

This study explores disparities in healthiness and human rights by investigating the interaction allying international health policies, human rights legislation, global health governing bodies. This research uses a combination of methods, including qualitative content analysis, in-depth examination, comparative study. The anticipated outcomes consist of a thorough comprehension of middle of human rights law and global health governance, the identification of major challenges and opportunities for merging human rights into global health governance, along, suggestions aimed at improving the fulfilment of these human rights globally.

The study aids in formation of scientific frameworks for government and strategies that emphasize health in individual rights. Outcome of this paper is significant for policymakers in promoting the health as a right and decreasing health disparities, well as for those who support global health concerns and human rights. The key aspect of this paper is its focus on human rights issues within global health governance, which aids in advancing social justice and equity in health.

Keywords: Globalisation, Research, Global Health Governance, Healthcare, Human Rights.

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I. INTRODUCTION

Global Health Governance (GHG) and human rights are the two essential aspects of international law, where they apprehend justice and fairness in healthcare globally. Global health issues can be controlled by policies, initiatives and organisations facilitated by global health governance that operate beyond the national boundaries. This is a multi-tiered system which involves international institutions, states, Non-Governmental Organisations, and independent bodies who work together for solving global health problems. Global health governance is the main component in overcoming health emergencies, like pandemics, environmental health threats, which increasingly integrates human right principle.

Human right is the basic foundational rights that provide value to each and every individual regardless of their status. These are universal rights and provide individuals their freedom to make choices and develop potential. Human rights are more than an impact of social or medical area; it is an essential human right. That is every individual no matter their

background will have access to resources and conditions necessary for attaining highest standard of health life.

The connection between global health governance and human rights became significant after World War II, as there was a need for cooperative framework to avoid global emergencies which violate individual rights. This framework positioned at international system and individual rights set a way for ethical and legal benchmarks which requires organisations and states to enhance the health of individuals in the world. This act as a responsibility of the government not merely provide health care as a service rather it is their basic right and government become accountable for their actions.

The United Nations (UN), has established a universal standard for global governance, by highlighting social and economic rights¹ with health and recognised it as a fundamental human right. UN charter granted recognition to

¹ International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3.

health through United Nations Economic and Social Council² (ECOSOC) and World Health Organisation³ (WHO) in 1948. The WHO define health as a not only the non-appearance of disease but as the state absolute mental, physical and social well-being by providing significance to health rights in international law.

There are some challenges faced by global health governance, for instance unequal availability of healthcare, limited resources, conflicts in pharmaceuticals continue to hinder the impartial dispensation of health services. The pandemics has underscored these inequalities highlighting weakness in healthcare systems, specifically in developing nations. During that period were a significant gap in ability for institutions to enforce social liberty obligations uniformly. Instance, there was a differentiation in providing the vaccines with high income countries receiving large quantities of doses, while lower income countries are even struggling to get access to the supplies. This was a pressing issue regarding the efficacy of current health governance mechanisms for fulfilling human rights.

Given the ongoing challenges of implementing human rights within global health governance, it is essential to reconsider the current methods and make innovative strategies to make more strengthen. These exist a gap in research and practice for the enforcement mechanisms for human rights in health, particularly in institutions like WHO. Additionally, the lack of universal standards to make responses to health emergencies has resulted in inconsistent and inadequate responses to pandemics and environmental threats. Through this study the efficacy of existing individual rights frameworks can be known internationally.

The current discussions are whether the present frameworks are efficient and sufficient to protect human rights during crises. The WHO foresees a rise in cross-border upsurge. It is necessary to reoperate the principles that oversee the global health measures to make sure that emergency situations will not violate basic human rights. The governments, businesses, should take efforts to solve cross-border health issues with effective improved collective efforts influencing health risks and benefits. The success of global health governance relies not only upon the measures taken in international institutions but also their capability to adjust to changing global health requirements.

➤ *Scope and Significance*

The paper focuses on current frameworks, policies, institutions engaged in international health systems. It examines the position and function of organisations such as

the United Nations⁴ (UN), World Health Organisations⁵ (WHO), Non-Governmental Organisations (NGOs), and regional health entities in influencing and developing global health governance. The study look into how successfully the human rights are being implemented, the health challenges that require a unified response including chronic illness, infectious diseases, environmental health threat and health effect of climate change. The scope for this study includes the development and implementation of global policies to solve these problems and the extent to which these policies rely to human rights standards. The study is made on different countries and regions for a comparative analysis of implementation of international health systems.

In present scenario health related problems in one nation can widely impact other nations as our world is interconnected. This research is essential in the ground of international health system as it undermines for impact of international contribution to manage health risk efficiently. This study focus, how to reinforce global health governance in a more equitable and effective by responses from the side attitude of human rights.

The study highlights how global health governance resolve the inequalities existing in low-income and marginalised communities by focusing on universal access to vital health services and resources. The suggestions can help global organisations, policy makers in developing more accountable, effective and ethical health governance practices.

II. METHODOLOGY OF THE STUDY

The study uses a mixed method approach combining both qualitative and comparative analysis. This method will help to have a detailed knowledge of the structures and mechanisms in the global health governance and their interaction with individual rights. This methodology covers qualitative analysis of international health policies, legal documents, and organisational reports supported by case studies and comparative analysis of health governance among different countries.

The primary sources include international treaties, regulations, United Nations declarations, World Health Organisations reports, and supported by secondary sources such as journal, books, reports on global health governance and human rights. Case study approach is used to examine instances of global health governance during health crises; these case studies will act as evidence for evaluating the effectiveness and limitations of existing governance. A

² United Nations Economic and Social Council (ECOSOC), Charter of the United Nations, art. 62, June 26, 1945, 1 U.N.T.S. XVI.

³ World Health Organization (WHO), Constitution of the World Health Organization, 45 Am. J. Pub. Health 129 (1955), adopted 22 July 1946, entered into force 7 April 1948, available at <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

⁴ Charter of the United Nations, June 26, 1945, 1 U.N.T.S. XVI (entered into force Oct. 24, 1945).

⁵ Constitution of the World Health Organization, Preamble, 45 Am. J. Pub. Health 129 (1955), adopted July 22, 1946, entered into force Apr. 7, 1948, available at <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

comparative analysis will help to identify the imposition of well-being governance and individual liberties initiatives across countries with different income levels.

III. LITERATURE REVIEW

The literature review act as the most important part in research. The knowledge of existing research is required to a researcher to complete a study without duplication. The global health governance is an issue that has gained attention from a long ago, recently also studies are being conducted on this topic for current challenges faced by different countries. This literature review mentions the past studies conducted by different researchers, scholars in their articles, journals, papers, books etc.

Benjamin Mason and L O Gostin has published a book on “Human rights in global health⁶” in their book they have mentioned the fundamentals of human rights which act as ground for international health systems and they identify the connection of human rights in international government bodies with relation to public. They examined the methods used by different organisations to human rights such as WHO's effective steps to promote and develop individual liberty for social benefit. It brings together leading healthiness and individual rights scholars and practitioners to assess institutional factors that facilitate or inhibit human rights. The volume provides a comparative analysis of different organisations in imposing individual integrity in practices.

Benjamin Mason Meier and others wrote an article on “A critical juncture for human rights in global health: Strengthening human rights through global health law reforms⁷” in which they discuss the importance of nourishing individual rights with the help of international law reforms by highlighting the role of the World Health Organization (WHO) in promoting a human rights-based approach to health.

Benjamin Mason, Huffstetler, and L. O. Gostin in their article “Human Rights in Global Health Governance⁸” they highlighted the establishment of certain rights of actions within global health foundation and analyse the points that make ease of individual liberties popularising in international health systems.

David Patterson in his article “Human Rights-based Approaches and the Right to Health: A Systematic Literature Review⁹” uses a PRISMA informed systematic literature review to address the current status of human rights-based approach to health in international law¹⁰. It highlights the confusion arising from different interpretations of terms like individual social security and healthiness across disciplines. Their review suggests that interdisciplinary collaboration is essential to overcome these obstacles. It also emphasizes the need for scholars to clarify their perspectives when using these terms. The study concludes that human rights law and social health qualifications should be integrated to enhance interdisciplinary dialogue.

Debie, Khatri, Assefa in their article “Successes and challenges of health systems governance towards universal health coverage and global health security: a narrative review and synthesis of the literature¹¹” this provides a review of challenges and success of healthiness governing mechanisms, focusing on Universal Health Coverage (UHC) and health security. The author mentions functions of international health bodies as institutions in uplifting health. Enhance solving the issues in current health systems.

Nora and Jennifer wrote an article on “Global Health Governance at a Crossroads¹²” in which they mentioned the transformation of international health governance to global health governance and analyse their roles as international agencies that complies with global health. They examine different varieties where health has been structured as national security, human rights and their impacts on the frameworks.

Wolfgang Hein and Lars Kohlmorgen in their article on “Global Health Governance: Conflicts on Global Social Rights¹³” examines that global health governance is mixture of morality and common interests which will not include social rights rather they provide some disputes against poverty related diseases. They mentioned the need for more established systems in global health governance for developing countries for their recognition of civil liberties.

⁶ Mason Meier, Benjamin, Lawrence O. Gostin, & Mary Robinson, *Human Rights in Global Health: Rights-Based Governance for a Globalizing World* (Oxford Academic 2018), (last accessed Nov. 13, 2024).

⁷ B.M. Meier et al., A Critical Juncture for Human Rights in Global Health: Strengthening Human Rights through Global Health Law Reforms, 3 PLOS Glob. Pub. Health e0002663 (Dec. 2023), doi: 10.1371/journal.pgph.0002663.

⁸ Lawrence O. Gostin et al., Human Rights in Global Health Governance, 12 Global Health Gov. 4 (2018).

⁹ David Patterson, Human Rights-Based Approaches and the Right to Health: A Systematic Literature Review, 16 J. Hum. Rts. Prac. 603 (2024), doi: 10.1093/jhuman/huad063.

¹⁰ David Patterson, Human Rights-Based Approaches and the Right to Health: A Systematic Literature Review, 16 J. Hum.

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¹¹ A. Debie et al., Successes and Challenges of Health Systems Governance Towards Universal Health Coverage and Global Health Security: A Narrative Review and Synthesis of the Literature, 20 Health Res. Pol'y Sys. 50 (2022), doi: 10.1186/s12961-022-00858-7.

¹² Nguyen Y. Ng & Jennifer P. Ruger, Global Health Governance at a Crossroads, 3 Glob. Health Gov. 1 (2011), PMID 24729828; PMCID PMC3983705.

¹³ Wolfgang Hein & Lars Kohlmorgen, Global Health Governance: Conflicts on Global Social Rights, 8 Global Health Governance Issues 1 (2008), doi: 10.1177/1468018107086.

Veer Mayank and Nidhi Saxena in the article¹⁴ “PHEIC and Global Health Governance: Do Human Rights and Sovereignty Carry Any Value¹⁵” has stated that during a global pandemic the states are required to supervene with instructions of security council, the states have their own right to make rules in emergency situations but to avoid global consequences it is required to follow the structure developed by global organisations. They mentioned the proclamation of PHEIC should by no means become over deprivation to states it must be flexible and accepted by the nations. WHO has stated that there is a great need for the nations to comply with declarations as there are high chances for increased spread of global diseases.

Julie Hannah has made a review on “Assessing Human Rights in Global Health Governance¹⁶” with review she stated that book focus in history as well as emergence of individual rights global health governance. She embarked on different sections and specified each of them.

Richard Dodgson, Kelley Lee, Nick Drager in their review to “Global Health Governance¹⁷” they stated about the impact of globalisation on the individuals and society. They defined meaning of global health governance and their features. This particular topic has been standing as a debate for long. The challenges of globalisation in protecting and promoting health are mentioned in detail. Their aim was to identify the difference between the international and domestic global health governance and current impact.

➤ *Role of International Institutions in Global Health Governance*

The international bodies of health indicate institutions which health was established globally. How the policies were formulated and process by which these carried out internationally. The aim behind global health governance is that individuals should be able to get access to healthcare services irrespective of their backgrounds. This chapter deals with functions of different global organisations in influencing international health systems and promote health as a human right is held in detail.

The main organisation that leads global health governance is United Nations (UN) with the help of World Health Organisation¹⁸ and United Nations Children’s Fund¹⁹. They provide health services by coordinating health initiatives, assisting national governments by setting international standards. This organisation is the main international body that relies on public health, it was founded in 1948. WHO states healthiness as a foundational human right of every individual. Their functions include setting and maintaining health standards, developing guidelines for global issues. They assist the member states in implementing health care systems specifically in low-income nations where there are less resources available. They are responsible for maintaining global health initiatives by giving rights even in difficulties facing during the crises. WHO²⁰ collect data from different nations related to health indicators and give way for policy making. Despite these measures the organisation faces numerous criticisms for its limited enforcement authority.

The UNICEF furnish protection as well as promotion of children’s rights which is covered under health rights. Their role is to support the children and ensure safety by providing healthcare and nutritional supports in emergency situations. They must have an impact on low-income countries, the children living in poor societies must be taken into consideration and their right to health needs to be protected. The organisations primary aim is to fulfil the needs of children across the world and improve their standard of living. The IMF and world bank²¹ though they are not having any direct connection in global health governance they do influence the economic policies and provide financial support to medical system especially in developing countries.

The World bank is financial institution which supports nations financially during crises. They do offer loans and grants for the emerging nations by focusing healthcare. They provide essential services and help nations in preparing for the pandemic situations through the initiatives like Pandemic Emergency Financing Facility, by lessening the financial gaps that restrict healthcare access²². The bank faces a challenge in balancing economic development and human rights in health. The organisation is not a health organisation, but it provides

¹⁴ Veer Mayank & Nidhi Saxena, PHEIC and Global Health Governance: Do Human Rights and Sovereignty Carry Any Value?, 17 Indian J. Hum. Dev. 148 (2023), doi: 10.1177/09737030231155241.

¹⁵ David Beirens et al., Lokale Besturen Geannoteerd: Addendum Decreet Lokaal Bestuur 2021 (2021).

¹⁶ Julie Hannah, Book Review, 21 Health & Hum. Rts. J. 283 (2019), reviewing ‘Benjamin Mason Meier & Lawrence O. Gostin, eds., Human Rights in Global Health: Rights-Based Governance for a Globalizing World (Oxford Univ. Press 2018)’.

¹⁷ Richard Dodgson, Kelley Lee & Nick Drager, Global Health Governance: A Conceptual Review, Centre on Global Change & Health, London Sch. of Hygiene & Tropical Med. & World Health Org., Discussion Paper No. 1 (Feb. 2002).

¹⁸ World Health Organization Constitution, art. 1, <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

¹⁹ Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3, <https://www.unicef.org/child-rights-convention>.

²⁰ World Health Organization (WHO), Constitution of the World Health Organization, Preamble, 45 Am. J. Pub. Health 129 (1955), adopted 22 July 1946, entered into force 7 April 1948, available at <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

²¹ Marika W. Bauer et al., The Challenge of Administrative Internationalization: Taking Stock and Looking Ahead, 42 Int’l J. Pub. Admin. 904 (2018), <https://doi.org/10.1080/01900692.2018.1522642>.

²² World Bank, Health, Nutrition, and Population Global Practice, World Bank Group, <https://www.worldbank.org/en/topic/health>.

assistance to global health governance in suggesting fiscal policies to member states. IMF gives timely advices to the nations and they do support in terms of finance. The IMF impact of a fiscal policy affected the healthcare system largely as they lessened the budget for healthcare but in recent change, they have made a long-term impact for healthcare in their policy and budget²³.

➤ *Challenges to Human Rights in Global Health Governance*

In current world, incorporating individual liberty into international health governance will be very crucial. Even though health is reflected as the fundamental human right by international institutions there are still challenges faced by them. In this chapter author mention certain challenges such as inequality in resources distribution, political pressures, lack of accountability and the difficulty created by pandemics and other health emergency that concede civil liberties in international health administration.

The higher-income countries or the developed nations are entitled to strong healthcare systems, accessibility to medications and vaccines, while low-income or middle-income countries are having restrictions that act as a threat to health of the people. There is disparity in allocation of resources and access to healthcare systems which is a major challenge for individual rights.

For instance, the corona virus pandemic highlighted this issue of inequality as richer nations got access to vaccines early by purchasing with high cost, where the low-income countries were not able to possess the required supplements. During this period the authority noted the shortcomings of global health governance in providing fair access in emergency. This issue pave way for many improved systems for enabling equitable access to health resource in the world. This problem of inequality is not formed during the pandemic; it was traced long ago.

The geopolitical tensions and concerns regarding national sovereignty become and additional obstacle in harmonising global health governance with human rights²⁴. The health policies are framed by political parameters of particular states and organisations, causing tensions between global health and individual nations. For instance, the nations might oppose to the international health guidelines if they are in a view that these policies are against their nations political objectives.

These tensions were a clear reaction to medical crisis. During covid-19, some of the governments were against the

international health policies where they choose to implement domestic policies which was contradictory to global health. This kind of acts revealed the disparity of global health institutions like WHO in establishing frameworks²⁵.

Additionally geopolitical tensions also affect the finance of health programs. The more influential countries get funded on the focus of specific concerns, while rejecting other countries that are in urgent requirement but are less politically dominant. This differentiation not only relocate the fair allocation of resources but also distorts the global health in favour of influential nations.

Another, challenge of international health systems is fragmentation. Institutions like UN agencies, WHO, World Bank, different NGOs are having similar kind of functions in health governing, there are chances for overlapping and inconsistencies in policy making and their execution. The inconsistency affects human rights in case of global health governance as they become an hinderance the creation of uniformed, coordinated strategies in addressing health issues²⁶.

Although WHO set health standards there are uncertainty in accountability and responsibility. The authority lacks an enforcement of these policies that implies other nations might not completely comply with its standards. The disputes arising between these institutions will lessen the initiatives to promote human rights in health, as they are focusing on their organisational specific goals rather than providing a uniformity to attain equity in global health.

To solve this problem of fragmentation, more coordination mechanisms need to be implemented by WHO. The IHR has been implemented for managing public health emergencies, and relying upon this regulation is optional to the nations, if not enforced will reduce the effectiveness. Without an effective authority in regulating human rights, it will remain as a challenge due to inefficient government²⁷.

➤ *Case Studies in Global Health Governance and Human Rights*

In this chapter the author discusses certain case studies that says about empirical difficulties by focusing on whether these principles were successful in operation or stuck as challenges. These principles will help to understand the functioning, adaptation and failures of international institutions structures coming to health emergencies. This chapter mentions some case studies related to global health governance, human rights, political factors that affect the expected outcomes.

²³ Alexander E. Kentikelenis et al., The IMF and the Global Health Crisis: Fault Lines in Funding, Development, and Governance, *Lancet Global Health* (2020), [https://doi.org/10.1016/S2214-109X\(20\)30325-8](https://doi.org/10.1016/S2214-109X(20)30325-8).

²⁴ Andrew F. Cooper, *Innovation in Global Health Governance: Critical Cases* (Routledge 2009), <https://doi.org/10.4324/9781315588629>.

²⁵ James T. Gathii, *African Regional Trade Agreements as Legal Regimes* (Cambridge Univ. Press 2011).

²⁶ Lawrence O. Gostin & Eric A. Friedman, *Public Health, Ethics, and Equity* (Oxford Univ. Press 2006).

²⁷ Benjamin Mason Meier, 'Human Rights in Global Health: Rights-Based Governance for a Globalizing World' (Oxford Univ. Press 2018).

The late 20s century, the problem regarding the access to fair and essential medications arise in global health governance system. This access to vital medicines was incorporated as a right to health, by WHO also many more human rights agreements. This HIV/AIDS epidemic continues as an important case study in the health, human rights and pharmaceutical policies²⁸.

During this period, HIV/AIDS became a vital socially affecting pandemic, especially in Sub-Saharan Africa, the virus was highly spread. Even though medications were available, the accessibility towards it was not there as their cost was excessively high because of the patents owned by the pharmaceutical firms. Due to this patent the selling companies make a huge cost on the antiretroviral medicines.

Many protests were conducted by different nations for reforming WHO to implement the Doha Declaration in 2001, to give more importance to public health over the patents during health emergency situations. This protest was made against certain agreements, they imposed strict patent protections, by restricting the countries in manufacturing antiretrovirals. There was involvement of advocacy groups and health organisations saying that these patent protections restrain the human rights of those requiring treatment for HIV/AIDS²⁹ as they restricted their right to medications.

The polio eradication in India conducted on 2014 is a major example of coordinated global health governance system. Where these initiatives involved the participation of international institutions, national governments and other stakeholders. This was a successful initiative where vaccines were provided even to marginalised communities, right to health was enacted to equitable implementation of the scheme.

➤ *Ebola Virus Outbreak in West Africa*³⁰

The 'Ebola outbreak in West Africa'³¹ during the time 2014 to 2016 showcased major deficiency in global health governance and its capability in protecting human rights. More enquires regarding, efficiency of global health systems in heading public health crises in poor resource environments were humans suffered dominantly due to virus which impacted Guinea, Liberia, Sierra Leone.

There was a slow reaction from global governance regarding Ebola epidemic by that time the virus disseminates very quickly in the communities. The WHO has taken several months to declare outburst as a public health emergency with that times several lives were taken over by the virus. The delay underlines the fundamental strain in WHO's emergency

response system, along with inadequate preparation and resources in affected nations.

The spread of virus made government to enforce strict quarantine and isolation protocols to avoid future spreading. Even though this was essential for public health, those measures violated human rights, where the movement was restricted, there was no sufficient access to food, water, and medical care for those in quarantine. The whole community was isolated this resulted in lack of necessary availability of goods and services. The Ebola crisis pointed out requirement for global health governance that considers public health measures of individual rights protection³².

➤ *Covid-19 Pandemic*

The pandemic is the recent one that highlights international health systems and individual liberty. This pandemic challenged the healthiness systems for showing inequalities to healthcare access, especially for vaccine distribution. The inequality in distributing vaccines showed a failure in international level with the challenges in maintaining individual rights during crises. Thus, unequal distribution of vaccines has violated human rights with reference to right to health. The limited access of vaccines resulted in long duration of virus and high mortality rates. The vaccines are not a simple commodity that can be simply purchased or sold, rather it's a basic human right and it should not be denied to anyone due to their location or income. This emphasised as a moral obligation to the countries to promote global health equity and rely on human rights principle of 'leave no one behind'.

The nations during the pandemic focused on acquiring the vaccine supply to their own citizens without considering global requirements, this became a barrier for the institutions for a fair supply of vaccine. The higher-income countries have directly contacted the manufacturers and made agreements for the supply of remarkable quantities of vaccines before they reached the markets. These countries possessed many vaccines for their population and even provided with the booster doses, while some countries struggled to get the initial doses.

This situation has breached the foundational human rights principle in fairness with healthcare. The restriction of lifesaving vaccines goes against the standards of international human rights as stated by WHO³³.

IV. DISCUSSION

Studies show that blending human rights into global health governance (GHG) is important but difficult. Existing

Opinion in Pharmacology 360-65 (2021), <https://doi.org/10.1016/j.coph.2021.08.002>.

³¹ Ibid.

³² Devi Sridhar & Chelsea Clinton, *Governing Global Health: Who Runs the World and Why?* (Oxford Univ. Press 2017).

³³ World Health Organization, *Fair Allocation Mechanism for COVID-19 Vaccines through the COVAX Facility*, (WHO, Geneva 2020).

²⁸ World Trade Organization, Doha Declaration on the TRIPS Agreement and Public Health, WT/MIN(01)/DEC/2, Nov. 14, 2001.

²⁹ Joint United Nations Programme on HIV/AIDS (UNAIDS), *Global Report: UNAIDS Report on the Global AIDS Epidemic* (2010).

³⁰ Elijah Ige Ohimain & Daniel Silas-Olu, *The 2013-2016 Ebola Virus Disease Outbreak in West Africa*, 60 *Current*

frameworks often ignore systemic inequalities, disconnected governance structure and inadequate accountability mechanisms. This is a serious obstacle to equal way into health care system as a universal human right. These results agree upon the research objectives and inquiries put forth in the study especially in addressing resource inequality, and guarantees responsibility and integrate the social determinants of health and hardship.

Resource inequality remains a key issue in this field. This is evident from the previous pandemics where the highly developed countries have had early access to vaccines. As a result, low-income countries are disproportionately at risk. A trend that reflects broader systemic inequality and weakens the global principle of equal access to healthcare. Similar inequalities were evident during the HIV/AIDS epidemic. This is because intellectual property rights have controlled the access to available cheaper antiretroviral therapy for developing countries. These discrepancies demonstrate for inadequacy in the current GHG framework in addressing the important human rights of marginalized groups.

Research highlights inefficiencies caused by fragmented governance. The overlapping responsibilities and insufficient coordination often result in delayed and inefficient use of resources. Incorporating social factors like economic stability, tutoring, environmental factors into GHG policies is critical to addressing health disparities. However, research has highlighted that these factors are often overlooked. Examples of small island developing states (SIDS) and their weakness towards global warming shows how environmental elements can exacerbate health disparities.

V. CONCLUSION

The study emphasises that global health (GHG) governance is closely linked to human rights. It serves as a fundamental concept of impartial way in to health care worldwide. With despite in great progress of recognising health as basic human right. But systematic problems quiet exist. As a result, the effectiveness of the GHG framework is reduced. These problems are especially evident in the unequal allocation of resources. A disconnected governance system and ineffective accountability measures all of this disproportionately affects developing countries including at-risk communities. This need to emphasize and ensure that GHG practices are compatible models of ideals with justice, equity and social liberty.

A key finding of this study is persistent inequalities in access to health care. This remains a major obstacle to achieving health equity. High-income countries (HICs) have received early ingress to vaccines and medical supplies, leaving LMICs struggling to protect their populations. This trend indicates a fundamental failure of the GHG framework to prioritize marginalized communities which undermines the right to universal health. Moreover, the HIV/AIDS crisis has created comparable inequalities. It emphasizes the need to address environmental factors that affect health. If these factors are not included in the GHG framework, the quest for health equity will not be completed.

In conclusion, this study underscores the critical consequence of social justice in promoting international health coordination, however, many systemic barriers prevent access to these rights. This is especially true for marginalized and vulnerable groups. Addressing these challenges requires a concerted dedication to revising the GHG framework to emphasize equity responsibility and teamwork can be developed to meet the needs of all groups by combining human rights principles with health governance. Promote the fair allocation of resources and deal with social determinants. These initiatives are critical to attain healthiness as a universal human right. It ensures that global health governance will be upheld with the principles like justice, dignity and justice for all.

RECOMMENDATIONS

Empowers the WHO and different multinational health institutions to enforce their health as a rights obligation. Establish an independent monitoring organization to assess compliance with international health standards and enable clear reporting, it builds on existing agreements to ensure the equitable distribution of health resources especially during times of global crisis. Work with local authorities and NGOs to develop community-tailored interventions to address social determinants. Improve cooperation between international health organizations to reduce inefficiencies and ensure coordination in responding to health emergencies. Create a centralized platform for information sharing and policy alignment to increase collaboration among stakeholders. Focus on investing in healthcare infrastructure personnel development and technology in low-resource environments to strengthen health systems. Promote cooperation between international organizations, administrative bodies, independent borough, for a sustainable health care framework. Create policies that pointing health actions of climate change especially for groups at risk such as SIDS, to promote environmental justice in governance to achieve a comprehensive strategy for health equity.

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