



## **Pandemic Flu Controversies: what have we learned?**

### **A workshop to discuss lessons, policy implications and future challenges**

Jointly hosted by the STEPS Centre and the Centre for Global Health Policy, University of Sussex

10-11 January 2013

Convening Space, Institute of Development Studies, University of Sussex

### **Context and issues**

Since the first human deaths from H5N1 were recorded in Hong Kong in 1997, avian influenza has spread across the world, concentrating in South East Asia. Billions of dollars have been spent on control measures, contingency plans and policy measures. In 2009 another influenza virus, H1N1 (popularly named 'swine' flu), was recorded in Mexico, and spread in pandemic proportions over the coming months. None of these events to date have resulted in major human mortality on the scale some have predicted. The virus was either virulent but did not spread, or spread but was mild. Yet the prospect of some future combination where pandemic spread and mass deaths occur is very real, as recent laboratory research on H5N1 confirms.

Over the last 15 years, scientific advances in our understanding of the genetics, epidemiology and ecology of flu viruses have been rapid and impressive. Yet flu pandemics have generated multiple controversies, around threat perception, modelling, spending and response measures - implicating questions about whose knowledge counts, and who gains and who loses. How can a better understanding of the social, political, institutional and policy dimensions of pandemic control and preparedness planning help us deal with such controversies? What lessons can we learn from recent controversies, and for the future?

This workshop brings together researchers, practitioners and policy makers to discuss these questions around a series of policy issues and challenges. Through short presentations followed by debate amongst panellists and invited participants we aim at a frank discussion that will genuinely advance future planning around pandemic flu.

#### **1. Outbreak policy narratives**

Public and policy reactions to H5N1 and H1N1 have been guided by the prospect of the devastating impacts of an outbreak. 'Outbreak narratives' have guided policymaking, with the building of drug stockpiles, the development of contingency plans and so on. Draconian measures for containment have often been devised, including restrictions on movement, travel bans and closures of public spaces. How have these 'outbreak narratives' arisen – what are the roles of policy-makers, scientists, media and other actors in creating and

sustaining them? If 'the big one' really came, would the recommended measures be of any use? What would really happen? And why is less being invested in catching signs early through more effective surveillance? Most commentators recognise that surveillance systems failed. The world was caught unawares, but what incentives are there for investment in long-term systemic surveillance to spot new viruses or combinations? What alternative policy narratives exist that might counter the dominant outbreak narrative?

## **2. Modelling for policy**

Global public policy has been deeply informed by epidemiological models of influenza outbreak and spread. These have had huge influence on thinking about the potential speed and scales of impact and the forms of response required (particularly the prophylactic use of anti-viral drugs). With a particular type of modelling thus dominating policymaking, what other perspectives are excluded? What other types of modelling – for example pattern based macro-ecological models or participatory epidemiological models – offer alternative insights? And what about other sources of knowledge, informed by anthropological and sociological insights or the perspectives of disease-affected people themselves? Do these other perspectives tell a different story, one with very different policy implications? What would be a more effective way of combining insights from multiple sources of knowledge and expertise in policymaking?

## **3. The political economy of virus control**

Much policy response has involved a politics of blame: it's the fault of someone else, somewhere else, threatening 'our' health and economic wellbeing. There is sometimes a north-south dimension to this, as the industrialised north blames others in the south for lack of virus control, as well as one that blames the backyard chicken or pig rearers rather than the larger scale industrial producers with poor biosafety. Power and politics are central, with international geopolitics intersecting with national politics and the politics within animal production sectors. The result often is misdirected attempts at control. Backyard chicken producers were targeted in South East Asia before it was realised that the greatest risks lay in medium scale peri-urban poultry units. In Egypt small scale pig producers were required to slaughter their animals en masse for political and religious reasons, masquerading as veterinary and public health ones. And when H1N1 was discovered in Mexico, the links to US farms and the role of migratory workers was not fully investigated. Even the naming of viruses becomes contentious. Avian flu blamed birds, swine flu blamed pigs, but they could have been Chinese or Mexican (perhaps even Californian) flus under a different nomenclature. What are the key dimensions of a political economy of control that, at times, involves both high politics and hard cash? Who is gaining and who is losing – and what might be done?

## **4. Pharmaceuticals and health security**

Pharmaceutical products – especially anti-virals – play a central role in pandemic preparedness planning and control. In the United Kingdom, government policy sought the creation of an anti-viral stockpile of *Tamiflu* and *Relenza* large enough to cover 80 percent of the UK population. Around the world many other countries similarly created sizeable precautionary stockpiles of antiviral medications as part of their pandemic preparedness planning, collectively spending billions of dollars on these medicines. Pharmaceutical companies have thus emerged as prominent partners in strengthening health security, and have worked with governments to make sure the products are available in sufficient quantities, and that these products can get to the right people at the right time in the event of pandemic. Yet pharmaceutical companies also have strong commercial interests in pandemic preparedness planning as a new market for their products. Reviews of the handling of the swine flu pandemic in Europe have thus expressed concern about the close role of pharmaceutical companies in these policy processes. The Cochrane Collaboration, *BMJ* and investigative journalists have added their voices to these concerns. So what do we know about the role of

pharmaceutical companies in pandemic preparedness planning? How can this tension between 'industry as partner' and 'industry as lobbyist' be responsibly managed?

## **5. Intellectual property and virus sharing**

Effective infectious disease control requires the sharing of virus samples between countries – a task traditionally facilitated by the Global Influenza Surveillance Network (GISN). Whilst this system of international virus exchange works well in inter-pandemic periods, recent experience has shown that when concerns about an impending pandemic rise, the virus sharing system comes under increased diplomatic and political pressure. Of particular concern for developing countries is that although they share these virus samples readily with the international community, they face challenges when it comes to accessing the benefits that arise from working with these virus samples – whether this is the advancement of scientific knowledge, the development of new medicines for public health, or indeed the commercial benefits accruing from new medical products that are developed on the basis of these virus samples – like the creation of new vaccines. As a way of drawing attention to these issues, Indonesia controversially ceased to share its virus samples with the international community from 2006 onwards, despite the fact that Indonesia was widely perceived to be at the 'forefront' of H5N1. What pressures does pandemic planning put on international virus sharing practices? How have different countries sought to resolve this difficult standoff diplomatically? What legal and policy instruments should govern this area of pandemic preparedness planning in future?

## **6. Researching deadly viruses**

According to the World Health Organization, more than 50% of people infected with highly pathogenic bird flu (H5N1) have died. So why did two publicly funded university research teams (in Holland and the USA) try to develop new H5N1 viruses that could transmit more easily between humans? And why do they want to publish the findings of how they did it in leading scientific journals? The high risk to human health involved, combined with the risk of bioterrorism, has prompted calls for deeper reflection on the implications of such 'dangerous' research. The U.S. National Science Advisory Board for Biosecurity (NSABB) even took the unprecedented step of requesting that the journals *Science* and *Nature* withhold key information when publishing the results. With the UK Cabinet Office risk register listing influenza pandemic as the number one civil emergency risk, should scientists researching viruses be censored? What are the ethics of developing deadly virus strains in the lab? How should governments balance security issues with those of health?

## **7. Organising for global public health: final panel**

At the centre of the global response to influenza viruses are a number of international organisations, notably the WHO (but also the FAO and OIE on animal health issues). Each of these organisations was established with particular mandates in the post-War period. How have they fared? Certainly there has been greater coordination and interaction and newer UN units such as UNSIC have played an important role. But given the challenges, and the particular controversies discussed in the previous sessions, are these organisations, as currently organised, fit for purpose? How different would they look if they were to be more effective in overseeing, facilitating and guiding the international response to influenza viruses? What would a global architecture for a 'One Health' look like, for example?

## Programme

**Thursday 10 January 2013 (Day 1)**

<b>13.00 – 13.30</b>	<b>Arrival/Registration – Convening Space, Institute of Development Studies, Sussex University</b>
<b>13.30 – 13.45</b>	<p><b>Welcome and Opening Remarks:</b></p> <p>Melissa Leach/Ian Scoones, STEPS Centre</p> <p>Stefan Elbe, Centre for Global Health Policy</p>
<b>13.45 – 15.15</b>	<p><b>Panel 1: Outbreak Policy Narratives</b></p> <p><b>Chair/moderator:</b> Ian Scoones, STEPS Centre</p> <p><b>Panellists:</b></p> <p>Paul Forster, Independent Consultant and STEPS Centre, Sussex</p> <p>Mark Nichter, Regents' Professor and Professor of Anthropology, Public Health, Family Medicine, School of Anthropology, University of Arizona</p> <p>Paul Gully, Senior Medical Adviser, Health Canada</p>
<b>15.15 – 15.45</b>	<b>Refreshment break</b>
<b>15.45 – 17.15</b>	<p><b>Panel 2: Modelling for Policy</b></p> <p><b>Chair/moderator:</b> James Wood, Alborada Professor of Equine and Farm Animal Science and Director, Cambridge Infectious Diseases Consortium, University of Cambridge</p> <p><b>Panellists:</b></p> <p>Neil Ferguson, Director, MRC Centre for Outbreak Analysis and Modelling, Imperial College London</p> <p>Jeff Mariner, ILRI</p> <p>Melissa Leach/Ian Scoones, STEPS Centre, Sussex</p>
<b>17.15 – 17.30</b>	<b>Closing Remarks – Day 1</b>
<b>17.45</b>	<b>Minibus transfer to Jurys Inn Hotel</b>
<b>18.45</b>	<b>Minibus transfer from Jurys Inn Hotel to Chilli Pickle Restaurant</b>
<b>19.00</b>	<b>Workshop Dinner at the Chilli Pickle Restaurant</b>
<b>21.30</b>	<b>Minibus transfer from Chilli Pickle Restaurant to Jurys Inn Hotel</b>

## Friday 11 January 2013 (Day 2)

<b>08.30 - 09.00</b>	<b>Arrival</b>
<b>09.00 – 10.30</b>	<p><b>Panel 3: The Political Economy of Virus Control</b></p> <p><b>Chair/moderator:</b> Peter Bazeley, Peter Bazeley Development Consulting</p> <p><b>Panellists:</b></p> <p>Richard Smith, Centre on Global Change and Health, London School of Hygiene and Tropical Medicine</p> <p>Sophal Ear, US Naval Postgraduate School</p> <p>Stephen Hinchliffe, Professor in Human Geography, University of Exeter</p>
<b>10.30 – 11.00</b>	<b>Refreshment break</b>
<b>11.00 – 12.30</b>	<p><b>Panel 4: Pharmaceuticals and Health Security</b></p> <p><b>Chair/moderator:</b> Stefan Elbe, Centre for Global Health Policy</p> <p><b>Panellists:</b></p> <p>David Salisbury, Director of Immunisation at the Department of Health</p> <p>Richard Bergstrom Director General, European Federation of Pharmaceutical Industries and Associations</p> <p>Deborah Cohen, Investigations editor, <i>British Medical Journal</i></p>
<b>12.30 – 13.30</b>	<b>Lunch (room 221) and video recording*</b>
<b>13.30 – 15.00</b>	<p><b>Panel 5: Intellectual Property and Virus Sharing</b></p> <p><b>Chair/moderator:</b> Colin McInnes, Director of the Centre for Health and International Relations, Aberystwyth University</p> <p><b>Panellists:</b></p> <p>Rachel Irwin, Stockholm International Peace Research Institute</p> <p>David Heymann, Chairman, UK Health Protection Agency &amp; Head and Senior Fellow, Centre on Global Health Security, Chatham House</p> <p>John Lange, Bill &amp; Melinda Gates Foundation</p>
<b>15.00 – 15.30</b>	<b>Refreshment break</b>
<b>15.30 – 16.45</b>	<p><b>Panel 6: Researching Deadly Viruses</b></p> <p><b>Chair/moderator:</b> George Griffin, Chairman of the Committee on Dangerous Pathogens</p>

	<p><b>Panellists:</b></p> <p>Derek Smith, Professor of Infectious Disease Informatics, Cambridge</p> <p>James Revill, SPRU Science and Technology Policy Research</p> <p>Alexander Kelle, Politics and International Relations, University of Bath</p>
16.45 – 17.30	<p><b>Final Panel and Closing Remarks: Organising for Global Health</b></p> <p><b>Chair/moderator:</b> Andrew Jack, pharmaceutical industry correspondent, Financial Times</p> <p><b>Panellists:</b></p> <p>Jimmy Whitworth, Head of International Activities, Wellcome Trust</p> <p>Paul Gully, Senior Medical Adviser, Health Canada</p> <p>Angus Nicoll, Influenza Co-ordinator, European Centre for Disease Prevention and Control (ECDC), Stockholm</p> <p>Charles Penn, Co-ordinator Pandemic and Epidemic Diseases, World Health Organisation</p>
17.30	End of Workshop

**\*Video:** As the workshop is being held under the Chatham House Rule, we will not be video recording sessions other than the final one (which is open and unrestricted by the CH rule). However, we would like to carry out some short (2 minute) ‘on the record’ video interviews for use on the website. We will be asking participants for thoughts on the following question: *What can recent pandemic flu controversies and debates teach us about taking forward the One Health agenda?* We look forward to hearing your views.

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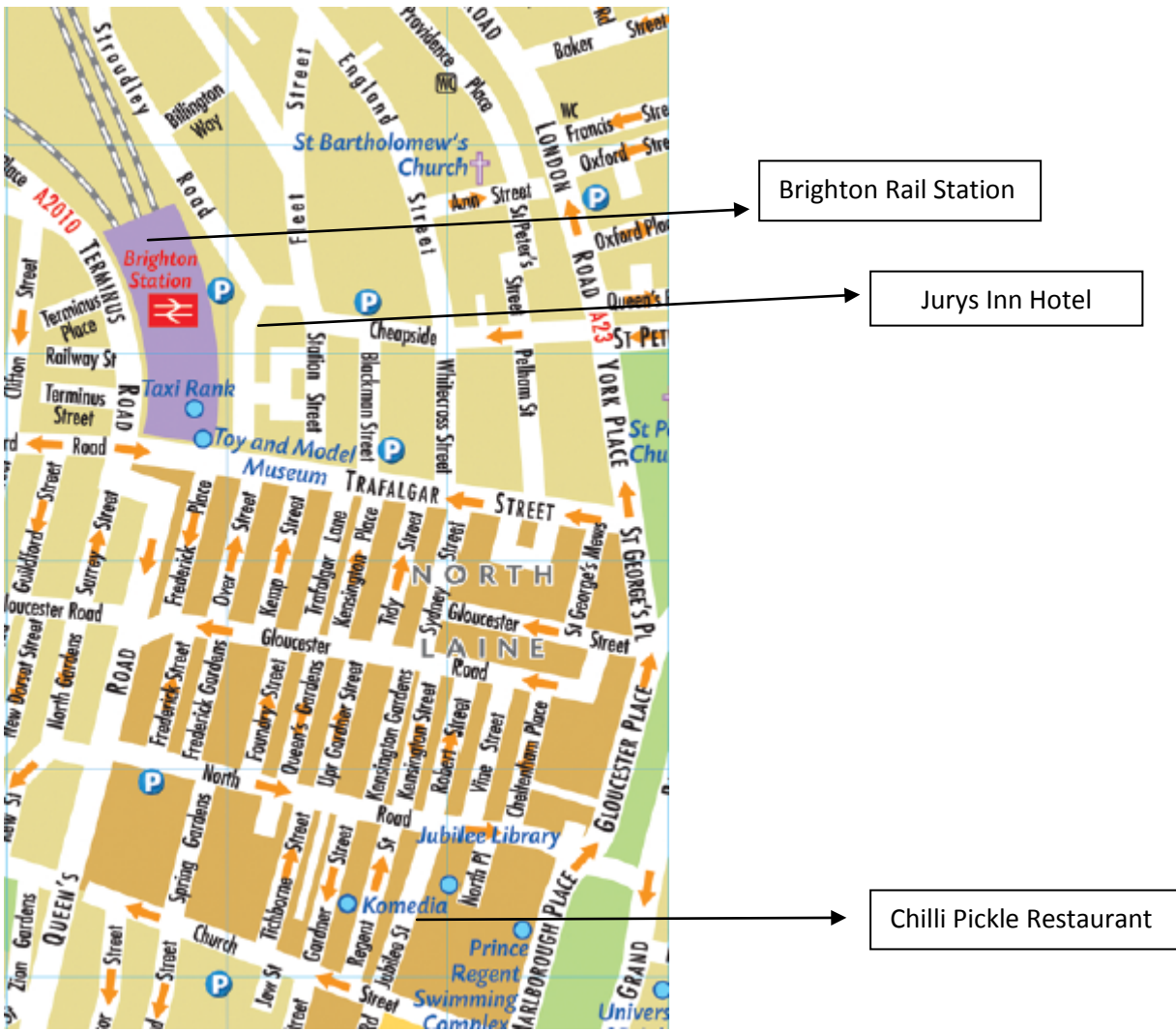
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Map 1 – Brighton



Map 2 - Sussex University Campus (Falmer Rail Station at bottom)

