

## HPAI and International Policy Processes - A Scoping Study

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### 1. Summary

The objective of this research project is to investigate the international policy processes surrounding avian flu, identifying key actors and networks and associated narratives and practices of policy. The research will involve an extensive literature review, interviews with key players and a roundtable discussion of a draft paper. This report presents the results of the literature review element.

From a recognition that avian flu might once again be a potential problem for human health following deaths in Hong Kong in 1997, it was the SARS outbreak in 2003 that alerted the international community to the potential global threat of pandemic outbreaks, and began to set the scene for the global response to HPAI from 2004-05, the focus of which increasingly shifted from dealing with the problem in areas where outbreaks occurred to developing a large infrastructure for pandemic early warning and response.

Tentatively, more as hypotheses to be tested, five overlapping actor networks driving the international policy debate have been identified. The three core international public agencies involved in the HPAI response – WHO, FAO and OIE – are at the centre of much of this debate. While the coordination and apparent common cause of these three large international organisations is impressive, there are clearly differences of view and contradictions in practice within and across this tripartite alliance.

## 2. Introduction

The objective of this research project is to investigate the international policy processes surrounding avian flu, identifying key actors and networks and associated narratives and practices of policy. The research will focus on the international level, highlighting broad issues in terms of the framing of the problem, and the forms of response. An analysis of the political economy of policy will reveal key challenges, obstacles and opportunities for responding to avian flu – and potentially other global epidemics.

The research will involve an extensive literature review, interviews with key players and a roundtable discussion of a draft paper. Here we report on the results of the scoping work, which focused on the literature review element only. These results include an:

- Assessment of the avian flu ‘time line’, identifying key policy events, moments and shifts.
- Assessment of key narratives driving policy debate from different sources.
- Assessment of the actor networks associated with international policy change around avian flu.

## 3. A ‘Policy Process’ Timeline of Events

Looking across a series of available timelines outlining changes in the disease, its impacts on humans and birds, the scientific/medical response, and the policy and political dimensions our aim has been to identify key moments, when major shifts in the international policy process have occurred. In the period from 1997, we have identified the following key moments:

1997 – Hong Kong outbreak, and first recognised human-human transmission. The public health implications of avian flu became highlighted in public policy.

2003 – SARS outbreak, and the successful response, highlighted to public health agencies, including WHO and national governments, the importance of preparing for potential pandemics – and the difficulties this implies in a globally connected world.

2005 – Widespread incidence of HPAI in SE Asia recognised.

2005, winter – Heightened awareness among European and North American populations, fuelled by media speculation and political concern about the arrival of infected wild birds to Europe. First H5N1 case in poultry Europe (Greece) in October 2005.

2005 – Tamiflu antiviral response seen as key to contingency planning, and securing health of ‘key workers’ in Europe and North America.

2005, 29 September – Speech by David Nabarro suggesting the prospect of up to 150 million deaths from avian flu globally.

2005 – WHO International Health Regulations agreed, with countries putting them into force before 2007 deadline in response to pandemic threat.

2005, December – Beijing pledging conference: WHO/FAO/OIE come together for a joint global effort to combat avian flu. US\$1.9 billion pledged.

2006, January – First case of HPAI in poultry in Africa (Nigeria).

2006, November – Major investments in pandemic preparedness planning in the US (and elsewhere), increasingly linked to a (health) security agenda.

2007 – Limits of pharmaceutical (anti-viral) responses recognised, and non-pharmaceutical behavioural interventions encouraged.

2007, February – Access to information and viral samples raised as an issue, with intellectual property complaint forwarded by Indonesia.

### **A Shifting Policy Story: 1997-2007**

From a recognition that avian flu might once again be a potential problem for human health following deaths in Hong Kong in 1997, it was really the SARS outbreak in 2003 that alerted the international community to the potential global threat of pandemic outbreaks, and began to set the scene for the global response to HPAI from 2004-05. The heightened media and political interest in Europe and North America from 2005, and especially following the speech by WHO's David Nabarro in September 2005, led to a reframing of the policy debate – from a problem of chicken farmers and hygienically inadequate markets in East and SE Asia to one that could affect everyone.

The raising of the spectre of a repeat of the 1918 outbreak in the media during this period added to the levels of heightened anxiety. But once avian flu became of interest to European and North American constituencies the focus increasingly shifted from dealing with the problem in areas where outbreaks occurred to developing a large infrastructure for pandemic early warning and response. The pledging conference in Beijing, and subsequently in Bamako, raised tremendous resources from the international aid community, much of which has been invested in increasing

the capacity of the core UN and other international public organisations, and the flourishing of initiatives, units, networks and conferences.

The argument for dealing with the problem at source was reinforced powerfully by a series of high profile disease spread models, published in 2005. These provided justification for investment in more local responses systems. Investment in these however has been patchy, given the variable capacities of national health and veterinary systems and the major challenges of dealing with outbreaks quickly and effectively have been highlighted by the spread of H5N1 to and within Africa.

However, most of the international debate has continued to focus on the 'global response' and the investment in the prediction and planning infrastructure, as well as the capabilities for technological response, in terms of boosting the capacities of veterinary and health services as well as the supply of appropriate vaccines and antiviral drugs. With avian flu a public and political concern in Europe and Northern America, fuelled by episodic media interest, there remains pressure to create 'global' response capacities which protect western publics, businesses and economies. Thus international public funds are being allocated to major disaster preparedness planning exercises, contingency planning for businesses and economic systems, as well as public-private partnerships for the production of anti-virals and vaccines.

This response has raised some 'second-generation' issues, including access to information (on genetic sequences, viral samples), intellectual property and drug/vaccine manufacture, incentives to the private sector through public support and partnerships for the production of cheap drugs/vaccines, the limits of the technological response, and an emphasis on non-pharmaceutical options.

## 4. Policy Narratives

As part of this phase of work, we reviewed a large body of diverse material emerging from across numerous sources. This has resulted in the identification of a series of 'narratives' (policy story lines, which frame the problems and (sometimes) solutions in particular ways). These are associated with different individuals, groups and organisations, suggesting ways that framings of policy are linked to actors, networks and political interests.

Below a series of stylised narratives are presented. Sometimes highly contradictory framings are emerging from the same organisation, or, quite often, from the same individual. The aim here is to identify with some greater clarity the underlying framing assumptions that are driving different policy positions and the debates, often not at the surface, that are on-going. This is clearly highly preliminary and schematic, and requires further depth and understanding.

## **Pandemic Risk Narratives**

These come in a number of forms, including:

*'Pandemics are indiscriminate: rich or poor, north or south, old and young, everyone is at risk. This is a global humanitarian problem at a potentially enormous scale.'*

*'A potentially major disaster, on a scale never seen before, is almost certainly just around the corner. The 1918 pandemic will look like a minor event compared to what is going to come. The international public system urgently needs more money to protect humanity.'*

*'Scares about avian flu is hype to raise money for large international organisations, big pharma and governments, and to control people.'*

## **Global Public Health Narratives**

*'An avian flu pandemic is potentially a major global public health catastrophe. Our global response must involve better prediction, preparedness planning and response capacity.'*

*'Global health means global responsibility and globally enforceable rules and regulation to assure health security.'*

*'We must adopt a 'one health' approach, integrating human, animal and environmental health concerns in a combined approach.'*

## **Security, Disaster and Contingency Planning Narratives**

*'Being prepared means having local contingency plans in place – for individuals, communities, businesses and administrations.'*

*'A major pandemic will be a disaster for economic systems and businesses. This requires up-front contingency planning now.'*

*'Pandemic outbreaks are a threat to national security, and may be a tool of bioterrorism. Protecting against pandemics requires strict immigration control, control of movement and travel, border security and strong surveillance systems.'*

## **Human Health and Influenza Outbreak Narratives**

*'Strict quarantines must be imposed, and essential workers, pregnant women and children should be given antivirals and vaccinated. Personal hygiene, the use of gloves and masks will reduce basic infection.'*

*'Restrictions of choice and suspension of rights may be necessary. This may require the intervention of police/security forces.'*

*'Antiviral drugs need to be made available immediately in large quantities at the outbreak's epicentre (most likely in Asia). This will check the spread of the disease and avoid a global pandemic.'*

*'Drugs will be stockpiled in rich countries and will not be available where outbreaks occur in large enough quantities to check the spread of the disease. Everyone therefore must be prepared and local community mitigation strategies will be essential.'*

## **Pharma / Technology Narratives**

*'Global health security can be delivered through effective and timely supply of new drugs and vaccines. This requires public support for R and D through public private partnerships, advance purchase agreements etc.'*

*'Manufacturing capacity in the developing world is the only way that supplies will be assured. Otherwise, in the face of a pandemic, all available vaccines and drugs will be used elsewhere. This is neither effective nor ethical.'*

*'The global capacity to research, manufacture and deliver vaccines or drugs in sufficient quantities and on time is woefully inadequate. We must not pretend that current systems will deliver – except to a very few.'*

*'Reliance on technical pharma solutions is unwise. Drug and vaccine efficacy is questionable, and there may be potentially serious side-effects. Social and behavioural measures may be more effective, and much cheaper.'*

## **Science, Data and Intellectual Property Narratives**

*'Scientific uncertainty and ignorance prevails: we don't even know what we don't know. And the sooner we wake up to this, and don't pretend we do the safer we will be.'*

*'Public responses are restricted by lack of sharing of information – whether gene sequences or data on outbreaks.'*

*'Patent restrictions on key products of global importance should be overcome through compulsory licensing and generic manufacture.'*

*'Sharing of data or samples may result in large pharma companies making profits out of it. This should be national property, not a global resource which quickly becomes privatised by pharma interests.'*

## **Veterinary Control Narratives**

*'Standard measures for control of livestock/poultry disease outbreaks exist, and are the responsibility of veterinary authorities. These involve setting up protection and surveillance zones and slaughtering all birds in affected areas. Standard biosecurity measures must be followed.'*

*'Control is easiest at source. Outbreaks can be contained if measures are implemented immediately to restrict the spread of an outbreak. This requires effective local surveillance systems and the capacity to respond quickly on the ground.'*

*'Preventing avian flu outbreaks can best be achieved by reinforcing and improving the capacity of existing veterinary systems. As a transboundary disease, this is a public responsibility.'*

*'On-the-ground capacity to implement veterinary control measures is limited and ineffective in many developing countries. Top-down control measures and lack of effective compensation mechanisms result in low effectiveness, as people hide birds from surveillance and control measures. A more participatory, bottom-up approach is required.'*

*'Mass culling (often without compensation) is not acceptable and vaccination is a better route, especially in endemic settings.'*

*'Vaccination doesn't work, particularly in the dominant backyard chicken production context. Slaughtering out/mass culls is the only option.'*

## **H5N1 Epidemiology Narratives**

*'Wild birds are the carriers of the virus, and migratory routes need to be carefully monitored, with birds culled if potentially dangerous viral samples are found.'*

*'Migratory wild birds have always circulated avian flu viruses in natural ecosystems. The problem is not wild birds, but the disease ecology contexts into which naturally circulating viruses are introduced – notably highly dense human-poultry populations.'*

*'Lack of movement control and high densities in smallholder poultry populations means that viral spread is fast and effective in smallholder settings.'*

*'Industrial poultry operations present the ideal conditions for an outbreak when biosecurity is lax. Movement between factory farm units by trucks is the major source of spread.'*

## **Farming, Livelihood and Food Systems Narratives**

*'Big chicken' is to blame. Factory farming involves keeping poultry at high densities, recycling waste as feed and creating a breeding ground for disease. Uncontrolled and unregulated expansion of such industrial farming approaches will be the source of the next pandemic, probably in Asia'.*

*'Large scale industrial poultry farming allows close surveillance, containment and effective response to disease outbreaks, including vaccination and slaughtering as appropriate. With growing demand for chicken meat across the world, and particularly in Asia, this type of farming system is needed. Effective global regulation and good industry practice is of course essential.'*

*'Those who have suffered most from avian flu to date are small-scale, poor backyard chicken farmers who rely on their birds for their own, often precarious, livelihoods. To date, the uncompensated impact of veterinary measures imposed (including mass culling or restrictions on market sales) have far outweighed the impacts of the virus itself on such flocks.'*

*'The solution lies in a 'restructuring' of the poultry industry, with all production types being modernised to allow for improved biosecurity.'*

## **5. Framing the Debate**

Across the above stylised narratives a series of (often implicit) debates can be identified where contrasting sides of a continuum of positions are presented (sometimes, as mentioned, by the same organisation or individual). These contrasts seem important in identifying the underlying framing discussions that are ongoing in the avian flu policy process, and help locate different individuals/organisations along these continua. These contrasts will be explored further through detailed interviews, so are presented here as simply indicative.

Four broad frames have been identified, each represented below as ends of a continuum:

### **1. *Framing Risk and Uncertainty***

From a focus on (measurable) risk, prediction and planning **to** an emphasis on deep uncertainties and ignorance, and the need for monitoring and adaptive responses.

### **2. *Framing Economic and Livelihood Issues***

From a 'global health security' framing, focusing on threats to (northern) economies, corporations and the circuits of global capitalism **to** the economic and livelihood consequences for poor (and immuno-compromised) people in the global south.

### **3. *Framing Health and Disease Issues***

From a classic global public health framing, focusing on the need for a global institutional surveillance and response architecture **to** a focus on local disease ecologies and response dynamics, and the need to understand particular contexts and design responses accordingly.

### **4. *Framing Food and Farming Issues***

From a focus on global value chains and food systems and the challenges of biosecurity in 'restructured' industrial agricultural and food chains **to** the importance of poultry to smallholder livelihood systems.

It is these dividing lines, we suggest, which influence in large part the dynamics of policy processes, and the configuration of interests and positions in the international debate. Despite the apparent consensus on ways forward – for example among the core international agency network of WHO, FAO and OIE – different framings of issues (and so underlying conflicts and disagreements) are clearly evident.

The next section explores how these different narratives, and overarching frames, are articulated by different actors and networks, and how in turn different political processes and interests are promoted through these.

## **6. Actor Networks, Politics and Interests**

The shifts in policy focus and debate described in the discussion of policy timelines has involved a huge array of different actors. From a small group of virologists, veterinarians and public health practitioners involved in 1997, the actor network has spread to encompass the media, the

business community, environmentalists/conservationists, military/security interests, as well as local governments, city authorities and the blogging general public.

The three core international public agencies involved in the HPAI response – WHO, FAO and OIE – are at the centre of much of this debate, each linked to different initiatives – some cross-cutting institutions, most linked outwards to others. The institutional maze represented by an array of acronyms is, to any outsider, and indeed many insiders, highly confusing.

The media has become key in influence policy debates in all quarters, and the growing demands of politicians, fuelled by media interest and public demands, particularly in Europe/North America, but also increasingly in China, for example, means that the way actor networks are configured is highly determined by political influences.

Of course politics, interests and power underlie everything, and the key task is to identify the sub-networks and their influence on the overall policy process. Tentatively, more as hypotheses to be tested, we therefore identify the following five overlapping nexuses.

### **The Health Security Nexus**

This represents a cluster which starts with political concerns (most particularly in the US) with the consequences of a pandemic on political-economic systems. This is framed as a threat to national security, and so links with wider narratives around terrorism and security. It clearly involves national politicians as actors, but also, critically, military/security interests. Public health authorities – including international ones – are enlisted in this network, and the more draconian, top-down response planning is seen to be central, requiring centralised authority (and possibly military/security force intervention).

### **The Public Anxiety and Media Panic Nexus**

This is again centred on Europe and North America, with public responses (and so political demands) being fuelled by a particular type of risk framing portrayed by the media – and reinforced by key experts. This actor network is key in driving the debate through a combination of media commentary and on-going public blogging (of which there are many, many examples). These highlight potential personal risk and (in the USA in particular) the type of family and communitarian responses that can be undertaken if an outbreak occurs.

## **The Pharma Business Nexus**

Both the above two actor networks are central to providing the political and economic demand for pharma led responses to a potential pandemic. The core pharma companies involved in antiviral manufacture and vaccine development and manufacture are reliant on a potential market. Speculative panic buying by anxious consumers and stockpiling and formal advance purchase arrangements by international agencies and governments are seen as critical to business plans. Even with questions about the efficacy and appropriateness of the products still alive, the generation of demand is critical. Thus advertising agencies, industry lobbyists and media interactions are important in generating a sense of policy momentum. International agencies are involved in this network as catalysts with discussions of 'public private partnerships' for drug/vaccine development and delivery being central to current policy narratives.

## **The 'Big Chicken' Nexus**

With the growth of large, vertically-integrated feed-production-marketing poultry concerns globally, these often very large, multinational businesses are highly concerned about the consequences of avian flu outbreaks. With outbreaks occurring in such large factory units, the need for careful surveillance is seen as vital. It is argued that surveillance, management and control is more feasible in such units and that high quality practices are encouraged through the business, and the potential source of a global pandemic is more likely from the unorganised, backyard sector. This argument is put forward by a range of companies, industry lobbyists and websites. However, with some exceptions, these groupings do not include the emergent Asian 'big chicken' players, with similarly large business operations, but fewer regulatory controls. Major international players show variable associations with these interest groups, with different statements over time.

## **The Small Farmer Livelihood and Backyard Poultry Nexus**

Of all the actor networks, this grouping is perhaps the most important (in terms of numbers of birds and numbers of people dependent on them), but has the least access to and influence over the international policy process. Backyard chicken farmers have been subject to fairly arbitrary – and often ineffective – mass slaughter interventions in a number of countries following outbreaks, with little or no compensation. This has bred resentment and passive resistance to veterinary restrictions, but there has been little organised response articulating the rights to livelihoods of poorer poultry farmers within national policy processes, and almost nothing in international arenas. The only NGO which has articulated this view in the wider policy process has been GRAIN, through a series of policy briefings. This position allies with elements of the FAO, particularly field-level operations, which accept the importance of local level knowledge and

response, especially through approaches centred on participatory epidemiology and surveillance. The OIE similarly (sometimes) accepts such a position, but emphasises less the livelihood dimensions of the issue, and more the need for effective, conventional veterinary services.

## 7. Conclusion

In terms of the global debate about avian flu, the first two actor networks have been driving the discussions for the last few years, with the pharma industry responding astutely to the business and PR opportunities that have arisen. The focus has been on human public health and contingency planning, with WHO, of the core international agency grouping, being in the driving seat of the international policy process, with important formal and informal alliances with key political and business interests being forged.

The consequences for food systems and farm livelihoods in the developing world have remained significant, but increasingly a backdrop to this Euro-American centric perspective, fuelled by foresight exercises, media stories and public anxieties. The 'East' – and now Africa – is seen as the source of danger and disease (adding to other fears of terrorism and security), with health security discourses shoring up a fortress approach, based on an often centralised, technocratic response to possibly very real, but of course uncertain, threats.

Thus, while it is difficult to characterise a singular global debate – there are always multiple, competing ones – our review identifies an increasingly dominant perspective, reflected both in the way issues are being framed and in terms of the way funds are spent and institutional arrangements are constructed. This centres essentially on a top-down public health perspective that relies on the building of a prediction, planning and response infrastructure to deliver a set of measures (including pharmaceutical options) to ensure health security, particularly in North America and Europe.

In the international arena this has of course been led by WHO which has successfully positioned itself at the centre of the international response, although in alliance with FAO and OIE. While the coordination and apparent common cause of the three large international organisations is impressive, with the UN System Influenza Coordination from the UN Development Group providing a lean mechanism to link the three, there are clearly differences of view and contradictions in practice within and across this tripartite alliance.

While it makes much sense to have demarcated responsibilities between the core international group (WHO – public health; FAO – agriculture and OIE – animal health), the attempts at an all-encompassing 'one health' narrative sometimes fall short. In particular this arises when specific organisational needs drive the responses and the allocation of funds. Thus OIE makes a strong

argument for reinforcing existing veterinary systems, while FAO and WHO argue that meeting the needs of public health systems or supporting agricultural development are the route to addressing the challenges of HPAI.

But the question inevitably arises – and of course is raised most cynically by those who argue that the threat of avian flu is simply being used to raise funds for the existing functions of cash-strapped international organisations – is the bigger challenge being missed by focusing on integrating existing organisational mandates, and adding a plethora of initiatives, networks and funds at the same time? Does avian flu – and future potential pandemic threats – require a different response, with a different international organisational architecture? This question cannot be answered yet, but must be posed, and is central to the enquiry proposed for the next phase of this work.

## 8. Disclaimer & Contacts

Research Reports have not been subject to independent peer review and constitute views of the authors only. For comments and / or additional information, please contact:

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