ACTION AGAINST AIDS, GERMANY – MAY 2021

IN FOCUS

COVID-19, HUMAN RIGHTS AND WHAT WE CAN LEARN FROM HIV WORK

GLOBAL HEALTH SECURITY DISCOURSE & COVID-19

Towards aligning public health measures with human rights and contemporary approaches to health promotion

Outlook

What measures can we take to overcome the coronavirus crisis, limit its effects and use scarce resources efficiently? Every day we experience uncertainties and contradictions regarding these questions among scientists, health experts, politicians, and in society. We must all strive for a broad consensus to overcome the global COVID-19 pandemic. With our IN FOCUS publications, we aim to stimulate discussion and encourage individuals to form their own opinions, whereby we write based on our experience of working on the HIV-response. Our intention is not to equate COVID-19 with HIV, but to discuss which experiences from the work on HIV may prove helpful in dealing with COVID-19. We do not intend to replace scientific papers, nor are we in a position to comprehensively and conclusively represent the current state of scientific knowledge.

Global Health Security: Origin and Concept

The World Health Organisation (WHO) defines Global Health Security (GHS) "as all activities required to minimise the risk and impact of acute public health events that threaten the collective health of populations occurring across geographic regions and international borders". The concept appeals to the responsibility of each individual state: "All countries have a responsibility to ensure the safety of their populations". The aim of the GHS strategy is to "demonstrate how collective international action on public health can create a safer future for humanity."

Retrospective

The political agenda of Global Health Security was first developed by the WHO in the period from 1994 to 2005, background and reason were the renewed confrontation with threats from infectious diseases.

In the 1960s and 1970s, the use of antibiotics and vaccinations helped to reduce the incidence of infectious diseases.

The culmination of the success of these measures was the eradication of smallpox in 1980. Leading politicians such as the American President Lyndon Johnson already declared the age of infectious diseases to be over. The HIV pandemic of the 1980s and subsequent epidemics and pandemics such as dengue, cholera, Zika, Ebola, influenza and especially the outbreak of SARS in the turn of the century proved the opposite.

In October 1995, the WHO established a new department "Newly emerging and other infectious diseases". The aim was to develop a global early warning system: targeted restriction and isolation measures were to prevent the global spread of communicable diseases. In addition to health promotion, the aim from the outset was also to safeguard the economy and to ensure that the movement of goods and travel was as undisturbed as possible.

Global Health Security Structures

The WHO developed structures and procedural guidelines according to military and security policy logic. With key structures to detect global threats (early warning and response system, EWARS); with rapid response tools to combat emerging communicable diseases (global outbreak response network, GOARN); and - as an important international legal framework - the development of international health regulations (IHR).

The early warning systems – EWARS - initially focused on improving laboratory diagnostics of pathogens using mobile "high-end" devices. Soon, the spectrum of infectious agents with global spread potential expanded to include new threat situations, such as poison or radioactivity. Today, the complex laboratory technology is only available ready for use in the richest countries. The decision to deploy warning systems more often follows a political rather than a public health logic. In addition to data from laboratories or health authorities, reports from social media are also specifically evaluated to determine a threat situation. The objectivity of the data used for decision-making can be doubted.

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GOARN, as a network to mobilise a rapid response group, repeatedly proved not to be very functional in the past. A timely response was hampered by

- to first mobilise the necessary finances, which - since the WHO was not granted a sufficient financial budget - had to be requested from rich countries, as is so often the case,
- coordination with national authorities,
- duplication with the capacities of international humanitarian aid organisations, or
- last but not least, the international experts lacked local expertise in the outbreak country.

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The International Health Regulations, IHR, are - in theory - a legally binding instrument aimed at international cooperation, a treaty under international law that empowers the WHO to act as the main global surveillance authority. However, during outbreaks in the past, it could be observed that affected states and the industrialised nations affected in their economic interests exerted great political pressure on planned decisions of the responsible WHO Expert Council, which weakened both the role of the WHO in fulfilling the tasks attributed to it and the enforcement of human rights, especially the right to health.

In favour of and against the GHS strategy?

Global health problems can only be solved together: "We live in a world at constant risk of public health emergencies. In our increasingly interconnected world, public health emergencies can affect anyone, anywhere", says WHO Director-General Tedros Adhanom Ghebreyesus.

The concept of global public health security puts the safety of all people worldwide at the centre. This goal builds on global responsibility and solidarity. This can only be welcomed, but what exactly is meant by "security" remains unclear:

- the protection of physical integrity,
- protection against mental threats,
- social security through the restriction of fundamental rights such as the limitation of freedom of movement, contact restrictions and specifications for joint social, economic and possibly also political action?

How can global health security be agreed upon in a binding way under international law, even though it is largely a matter of human rights?

How problematic it is to delineate national or economic interests beyond the enforcement of human rights is illustrated by the issue of global vaccine equity in COVID-19 vaccines. Efforts to declare globally scarce goods, public goods, i.e. equally due to all people, have so far failed due to patent rights, supply chains, ambitions on the world market, national egoisms and, last but not least, political pressure from domestic constituencies ("Make my country, strong again").

As mentioned above, the time of infectious diseases is far from over. Global networking alone contributes to the fact that new threats, for example new emergence or modification of viruses, mutations of pathogens or resistance to active agents can spread worldwide. Misguided research funding and a pharmaceutical industry oriented towards profit maximisation and dividend distribution lead to insufficient investment in necessary research. The market failure has not only been evident since COVID-19.

Epidemics and pandemics develop in a triangular relationship between humans, pathogens and the environment. The One Health approach examines these relationships. As humans move into ever new natural environments and thus increased contact with animals is inevitable, the risk of zoonoses, the transmission of infectious diseases from animals, increases, as they can arise in nature but also in the laboratory. The WHO is currently trying to dispel this suspicion in the case of the SARS-CoV-2 virus. Nevertheless, humanity will continuously be confronted with research on pathogens for military purposes.

Improved laboratory diagnostics, improved animal and plant health, including monitoring, and new technologies for personal protective equipment must be researched in order to be better prepared for outbreaks in the future and to be able to better protect health workers. Publicly funded research is urgently needed, as the private sector does not see a profitable economic model here either: another example of market failure.

Our HIV perspective

Society and political decision-makers often assume that dangers for infectious diseases and pandemics are caused whenever national borders are crossed. Cross-border migration is considered a threat to national public health. The contribution of the "domestic" population to the transmission of infections is ignored. Moreover, it is ignored that our way of living, travelling and doing business puts people in resource-poor countries in risk situations they cannot control. Cross-border pandemics such as avian flu, Ebola, Zika, since last year especially COVID-19, increasing resistance of pathogens to antibiotics etc., are to be effectively averted and "fought". The focus is not on the security of all people - worldwide - but on one's own security, at best even national security. In response, national defence measures are demanded and implemented: COVID-19 shows impressively how unilateral action by nation states jeopardises the principles of cooperation and coordinated, joint action.

Our concern is that the basic premise of GHS, to counter an exclusively external threat, inevitably leads to legitimising measures of demarcation: National borders are transformed into places of compartmentalisation in order to ward off supposed risk carriers and thereby ensure the security of one's own population, instead of seeing them as opportunities for (cross-border) education and prevention. However, when economic interests are involved, measures of closure against seasonal workers, commuters or compatriots hardly attract public attention.

The noble goal of the need for global health promotion has been justified with different arguments in the past: the human rights argumentation is closest to our tradition coming from the AIDS empowerment movement. In the wake of neoliberal convictions, where the economy and the market govern everything, actors of the past 20 years have increasingly invoked cost-benefit calculations and presented health promotion as an "investment". COVID-19 is now leading to more safety-based arguments being made: Each line of argument has its advantages and disadvantages.

The restrictive view of security around global health is increasingly shifting priorities from a needs-based to a risk-based approach to action: non-contagious diseases, social exclusion due to illness, weak health systems, lack of access to medicines and their availability, especially in countries of the Global South, are treated as secondary, provided that they do not pose a security risk to the leading industrialised nations.

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People living with HIV have been exposed to the effects of stigma and discrimination for 40 years. The stigma was triggered by the clichés, ideas and threat scenarios associated with HIV in the 1980s. It was not without reason that respect for human rights and anti-discrimination measures were placed at the centre of HIV work. The discourse associated with COVID-19 raises fears that HIV history could repeat itself. The security framing means that health is increasingly not defined as an (individual) "right" or as a "value" in itself, but is discussed in the context of risks to one's own economy, or to the entire nation: the focus is not on the well-being and public health of the people, but on that of the private sector. Actions are formulated with a focus on averting and avoiding these "threats".

The debate with Corona shows us how national egoisms, xenophobia and barely concealed racisms can be served and politically instrumentalised: the insistence on terms such as "Wuhan virus", "Chinese virus", "Kungfu virus" (Trump) etc. is sufficient evidence to this. In terms of misinformation and instrumentalization, they are comparable to terms from the history of HIV, such as the description of "AIDS" as a "gay epidemic" and people with HIV as "drivers of infections".

The approaches and instruments derived from GHS discourses are manifold. They include temporary, democratically legitimised measures ordered to protect public health, such as contact tracing, quarantine and isolation, but also disproportionate, partly discriminatory entry restrictions and measures to deport affected persons. We are also familiar with this from the beginnings of the AIDS epidemic and have had to observe that it can take decades before corresponding discriminatory and human rights violating laws are withdrawn. We consider it indispensable that measures are ordered according to scientific evidence, adapted to the context and democratically legitimised. It can be observed that the selection of measures taken is influenced first and foremost by fears and related threat scenarios. We know from the history of HIV that stigma and discrimination are reinforced as a result.

Security framing can turn a low-priority issue into one of extreme sensitivity in a short period of time: as if under a magnifying glass, Corona illustrates how this can affect human rights and policy formulation. Examples from different countries illustrate the extent to which pandemics can be misused for political-populist purposes: In the Philippines, for example, punitive measures against drug users, LGBTI communities and other unpopular groups are enforced under the pretext of fighting COVID-19. Measures such as the restriction of civil liberties, data surveillance and even military operations at home are legitimised with arguments referring to security.

A further danger of security framing is that problems of global health could in future only be considered relevant when security risks are present: However, health should be regarded as an indispensable basic prerequisite for social participation and individual well-being and less as crisis management and a threat factor for industrialised countries. Health is a human right that must apply to all!

Distraction from structural problems, suppression of other discourses

The GHS discourse often leads to health risks associated with epidemics being classified in a similar way to natural disasters, the deadly consequences of which leave individuals and society defenceless.

However, this comparison is flawed: if the political will were there and the situation in countries of the Global South were the guiding principle, we could have effective medicines against many diseases. Access and market failures, research gaps, lack of production capacities in countries of the Global South, pricing, lack of applicability in the affected areas, etc. could be addressed and dealt with politically. In order to address structural problems, it is therefore important to break through the "obfuscation" produced by the GHS discourse:

By focusing on "safety-relevant outbreaks", everyday disasters in the countries of the Global South are suppressed, as they have little chance of reaching us: Measles, malaria, cholera and also meningitis outbreaks occur every year, but are hardly noticed in the media and politically in the Global North: These diseases claim extremely high numbers of lives, especially in countries with few resources of their own and weak health systems, and they burden or interrupt already fragile local health care.

We observe that civil society and humanitarian actors are increasingly restricted in carrying out their work. Access to areas is denied, work is made more difficult, criminalised or even banned altogether. At the same time, however, it can be observed that new actors are appearing in the field, claiming to offer humanitarian aid or health care services, but with a strong GHS rhetoric and displacing established and trained professionals in the field of global health.

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Resilience instead of a security agenda: Our claims

COVID-19, as well as other new and known global health problems - which include HIV, tuberculosis, malaria and other pandemics - must lead to consolidating and developing the positive learning experiences of multilateral cooperation in SARS-CoV-2 vaccine development. It would be wrong to settle for solutions from the past and put safety before resilience.

- Research and development efforts, as well as production capacities, must be internationalised. Research results and technological progress that serve the global public health good must be detached from purely market-based interests. This makes a rethinking of patents imperative.

- The sustainable development agenda must not be abandoned. We see in GHS an agenda that focuses solely on security aspects, which serve resource-rich countries and give a false sense of security. Global health problems can only be solved in partnership and not with insinuations and mistrust.

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- There is a threat of political and institutional competition for the prioritisation of approaches. Global Health, One Health or Planetary Health must be brought together in order to cope with the upcoming human task of socio-ecological change in the coming years.
- Any form of nationalism is a step backwards where people suffer, are marginalised and their human right to health is challenged. Multilateralism must be developed towards a broad consensus of human rights, public goods, fairness and equity in access to scarce resources. In the field of health, this means that health system strengthening is accepted as a global task. It must be linked to structures of social protection against illness to which all people have access
- As security framing leads to defence and exclusion, the possible impact on stigmatisation and discrimination of vulnerable groups must be considered in all measures taken: Diseases must not be misused for populist political purposes. Appropriate countermeasures must be taken and financed.
- We have shown how the security framing of global health suppresses discourses on structural problems and other diseases: Measures to promote global health must be taken on a sound medical, scientifically validated basis. Here, too, the following applies: First do no harm!
- Health for all, leaving no one behind, is a prominent goal of human cooperation at the United Nations level. UN institutions such as the WHO that work towards these goals must be consolidated and supported. These institutions must be protected from continuing to be misused as a stage for political interests. Their actions should be guided by universal values and scientific evidence.
- In view of the highly complex and highly dynamic challenges, action must be taken immediately.

Previously published in the IM FOKUS series:

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IM FOKUS-3/German: COVID-19, Quarantäne und Isolierung: https://bit.ly/3usgQKo

If you would like to know more

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- The term GHS: https://www.who.int/health-security/en/
- Global Health Security Index of Countries: Homepage - GHS Index
- Global Health Security Agenda: The Global Health Security Agenda - GHS Index
- Georgetown Infectious Disease Atlas (GIDA): Georgetown Infectious Disease Atlashttps://www.ghsindex.org/ar/georgetown-infectious-disease-atlas-gida/(GIDA)- GHS Index
- CDC - Global Health Security Branch : advancing global health security: Global Health Security Branch : advancing global health securityhttps://stacks.cdc.gov/view/cdc/34473/(cdc.gov)
- Osterholm MT. Global Health Security—An Unfinished Journey. Emerg Infect Dis. 2017;23(Suppl 1): S225-S227. doi:10.3201/eid2313.171528
- EWARS: Early Warning, Alert and Response System https://www.who.int/emergencies/surveillance/early-warning-alert-and-response-system-ewars/(EWARS)
- https://www.who.int/emergencies/surveillance/early-warning-alert-and-response-system-ewars/(who.int)
- GOARN: Global Outbreak Alert and Response Network - Wikipedia
- IHR: Internationale Gesundheitsvorschriften – Wikipedia
- Planetare Gesundheit: Planetary Health: Ein umfassendes Gesundheitskonzepthttps://www.aerzteblatt.de/archiv/201358/Planetary-Health-Ein-umfassendes-Gesundheitskonzept (aerzteblatt.de)
- Quote Tedros: Tedros Adhanom Quotes - BrainyQuote
- One Health; One Health Basics | One Health | CDC
- On the misuse of policies in the response to COVID-19 and impact on communities: Interview with Jeffry Acaba: https://youtu.be/4kggG_9Kxks

Impressum

Publisher: Aktionsbündnis gegen AIDS, Deutsche Aidshilfe, Missionsärztliches Institut Würzburg v.i.S.d.P.: Klaus Koch
Editors: Klemens Ochel, Sylvia Urban, Gerhard Schwarzkopf, Peter Wiessner
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