Pharmaceuticals in Global Health – Life, Security and Governance

A workshop hosted by the Centre for Global Health Policy, University of Sussex

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Workshop Summary

Christopher Long

The growing availability of new pharmaceutical interventions with the ability to treat deadly diseases at molecular scale has profoundly reshaped global health policy over the past two decades. Most prominently governments have sought pharmaceutical solutions to a range of health-based threats including those endemic, naturally arising and deliberately released. This has raised a number of issues as to the way life is conceived, the way security is conducted, the way health efforts are coordinated, and the way political economy has been shaped by this pharmaceutical turn.

These issues were addressed on the 25th and 26th of May 2017 at a two-day workshop entitled 'Pharmaceuticals in Global Health – Life, Security and Governance' hosted by the Centre for Global Health Policy, University of Sussex with support from the European Research Council (ERC). The workshop explored key dimensions in the turn to pharmaceuticals in global health policy over the past two decades. Across five panels and 20 presentations, UK-based and international experts from multiple academic disciplines presented and discussed ongoing research work on pharmaceuticals in relation to new conceptualisations of life, health security, global governance and political economy.

A number of key issues and themes emerged out of the presentations and discussions:

1. Crises: One of the most prominent themes was the role that crises play as drivers of global health governance. Crises not only stimulate the development of new medicines such as the antiviral *ZMapp* but also frame the political debate and interaction between global health agencies. Here, the crisis model can precipitate a short-term response and coordination framework relying upon short-term pharmaceutical solutions. This can be to the detriment of an approach seeking to address long-term structural issues.

2. Markets: The reliance on pharmaceuticals as instruments of global health governance turns the spotlight on wider macro-economic issues at play. Many of the organisational strategies and programmes discussed in this workshop such as non-market solutions for pharmaceutical development and the decoupling of patents from innovation and prices from R&D costs would entail a much bigger role for the state. These global health governance efforts seek to challenge the free market model re-embedding markets in society so as to generate wider social benefits.

3. Neglect: A pharmaceutical focus in global health governance can conceal the fundamental underlying issues that lead to the neglect of particular populations and an over-reliance on pharmaceutical solutions. Moreover, a focus on accelerated pharmaceutical development for health emergencies can also serve to neglect issues such as the secrecy and lack of accountability surrounding drug pricing.

4. Life: The impact of new understandings of life arising from molecular tools and technologies has significant power effects. Molecular understandings of life have generated new perceptions of biological threats and dangers. Life is often conceived as being dangerously complex giving rise to new form of surveillance and political subjectivities. This has had correlative effects across time and space with threats emerging at an ever-smaller scale that take on extended temporal properties.

The issues raised here shape the way pharmaceuticals are developed and the way they are shaping politics and society. Serious consideration of these factors must be developed in order to address the inequities and inequalities arising around them.

Roundtable I: The Pharmaceuticalisation of Society and New Visions of Life

This roundtable first addressed the wider dynamics of pharmaceuticalisation through an analysis of the antiviral *Tamiflu* (oseltamivir). Medical countermeasures (MCMs) such as *Tamiflu* highlight the focus within global health discourses on pharmaceutical products with a security significance. The turn towards pharmaceutical solutions in global health governance also facilitates the continuation of a political rationality focused on maintaining infrastructures and systems of circulation to facilitate the movement of people and goods. Pharmaceutical solutions further capitalise on our ability to understand and shape life at the molecular level, an ability that has given rise to new understandings of threat and security as well as new medicines in response. This roundtable then assessed the politics of knowledge that arise around molecular understandings of life. Issues of genetic sovereignty and access to medicines generate exclusions and the creation of populations as either active subjects in the creation of molecular interventions or the mere recipients of medicines.

The roundtable also addressed the effects of pharmaceutical interventions through an analysis of the way that anxiety is manufactured as a social problem. Anxieties can be tied to the nature of the neoliberal economic system that employs regimes of work and labour which produce particular subjects. The pharmaceutical industry has been accused of manufacturing certain psychopathologies such as anxiety, but at the same time anxiety was recognised as a mobilising and potentially emancipatory force. The roundtable also discussed the subject-shaping effects of molecular based threats. The subject experiencing the uncertain future as part of present existence prioritises the potential over the actual. For the subject of possible future molecular threats, the threat gets smaller in scale but extended in time as it threatens to emerge at any point so extending the sense of possible risk.

Roundtable II: Pharmaceuticals, Health and Security

This roundtable began with a discussion of the ethical issues arising when there is a scramble for drugs in a crisis as occurred during the Ebola outbreak of 2014. Crises like this often create a space for extraordinary measures that can also be used to weaken civil liberties, human rights, democratic procedures and the ethical principles of clinical drug development. It was argued that a normative perspective considering the ethical principles and particular values of ethical drug development should be emphasised in times of crisis. This includes the fact that any research should have a clear social benefit, subjects selected should have a favourable risk benefit ratio, all patients should give informed consent and all research should be aware of potential conflicts of interest. The understanding of threats like the Ebola virus were assessed in relation to an understanding of life

that highlights the complex and connected world of emergent bodies and threats. Such an understanding of life, which emphasises its inherent dangerousness, has given rise to new forms of surveillance seeking to manage potential life in formation.

International efforts to manage the future emergence of threats like Ebola were then assessed through the case of the Coalition for Epidemic Preparedness Innovations (CEPI). CEPI aims to facilitate the development of vaccines in response to future outbreaks through the pooling of funds, the prioritisation of pathogens according to the WHO Blueprint and the rational allocation of resources through the development of a pipeline. The aim of these efforts is to develop vaccines as a public good so that they will be developed to have greater social benefit over time and incorporate the principles of broad access, equity and shared benefit. The efforts of CEPI draw from the successful attempts of the US government to develop Medical Countermeasures (MCMs)through the Biomedical Advanced Research and Development Authority (BARDA). Such efforts have incorporated the needs of pharmaceutical and biotech companies in the development of MCMs, including through financial and technical support. BARDA and CEPI therefore capitalise on our ability to visualise and manipulate life at the molecular level by making intelligible the threat presented by bioterrorism and addressing potential bioterror agents through the creation of MCMs that such threats at the molecular scale.

Roundtable III: Global Governance for Health or Pharmaceuticals?

The first presentation of this roundtable discussed the securitisation and liberal-constitution critiques of global health. Fear of diseases has led to concerns about the use of exceptional security measures. Moves towards securitisation have sought to incorporate pharmaceutical solutions with MCMs becoming a top policy strategy at the national and multilateral levels. Critiques of this approach that focus on social medicine may not question it thoroughly enough. By seeking to manage inequality, rather than question it, more fundamental issues that drive inequality are not addressed. Similarly, the focus on pharmaceutical solutions can also play a role in concealing the production of neglect in global health and the role of power in the production of and access to pharmaceuticals. Extensive media attention to outbreaks and 'miracle drugs' can further obscure how neglect is produced.

The contribution of International Law to the response and management of infectious diseases has focused on the One Health approach. This approach brings together different and sometimes competing interests – including access to pathogens and the equitable and just distribution of pharmaceuticals. This focus underpins the WHO pandemic influenza preparedness (PIP) framework and the Nagoya Protocol. These efforts are focused on the creation of a global framework for access to genetic resources and the equitable sharing of benefits arising from their use. They can help establish a sharing regime that puts access to pathogens on an equal footing with the sharing of benefits such as vaccines and diagnostics and treatments. Regimes of governance are also heavily affected by the way issues are framed. Often, responses to issues of global health occur within moments of crisis that seek pharmaceutical solutions. Such solutions look for a 'silver bullet' medicinal response that can eradicated disease and reinforce the crisis response as an adequate framing. Global health governance is also characterised by divisions preventing cooperation and are reinforced by conditionalities. The crisis response to the issues of global health governance has also contributed to the lack of a clear direction in this area. This response framing and emphasis on 'silver

bullet' pharmaceutical solutions prevents a consideration of the larger underlying social issues and structural conditions that lead to disease.

Roundtable IV: The Political Economy of Global Health in the Era of Pharmaceuticalisation

Pharmaceutical innovation was the first topic of this roundtable. The truly innovative aspects of new pharmaceuticals have been contested with estimates ranging from 5 to 40 percent of new molecular entities do not provide any significant therapeutic advance. The development of new pharmaceutical solutions emerges in relation to changing risk factors and measurements of efficacy. One instance of a reform that has been implemented to accelerate the development of drugs has been the introduction of biomarkers rather than statistical outcomes to measure the efficacy of a drug. This streamlining of safety standards represents one of the structural factors shaping drug availability. Efforts to accelerate drug development can often serve to conceal other drug development issues, such as the secrecy and lack of accountability surrounding drug pricing. Another issue discussed at this roundtable session was the development of drugs in emerging economies and the importance of South-South dynamics in this area. India has become one of the major suppliers of pharmaceuticals to the world and, in particular, to the developing world. Within the context of sub-Sharan Africa, Indian companies have come to dominate in the areas of formulation, distribution retailing and generic medicine production, yet sub-Saharan firms try to gain greater influence. The focus has predominantly been on greater local production and a reduced dependence on imports.

China has emerged as the second largest pharmaceutical market in the world. The potential and constraints of pharmaceutical companies from emerging nations to play a leadership role in global health has been revealed by the actions of Chinese firms in the Ebola outbreak of 2014. The Chinese company Beijing Mabworks copied the active part of *ZMapp* and used its more efficient manufacturing process, developed prior to the outbreak, to produce the antibodies in mammalian cells. While discussions were undertaken as to the possible mass production, concerns were raised regarding patent infringements. As a result of this issue Mabworks was unable to produce at a large-scale and market internationally. This case demonstrated the fact that IP rights remain an issue in cooperative global health responses. The final presentation at this roundtable situated global health governance in wider macro-economic shifts, notably recent attempts to re-embed markets within society after a period focused on price stability and deregulation. Efforts in global health governance such as to de-link prices and R&D costs for medicines by creating a prize fund, for instance, or an international R&D treaty could be seen as part of such broader macro-economic trends.

Concluding panel: Pharmaceuticals in Global Health – Life, Security and Governance

The concluding panel assessed the wider implications of the previous few days discussion. It began with an analysis of the nature of security as focused on the future and the imaginary. Security is where danger becomes monetised and politicised. When danger is molecularised it becomes internal and portable. One of the implications of the molecularization of life and security is that man as a moral and spiritual actor and subject of rights is lost in the perception of biological and molecular specificity. The political implications of the biological sciences have further been linked to regimes of expertise, subjectification and practices. Particularly within the area of biodefence the question of what kinds of expertise are brought to the table in the creation of security concerns was

raised. Specific forms of expertise and knowledge also influence the politics of global health and the way particular circulations are conceived of as good or bad.

Particular understandings of circulatory processes often impact the way that practices of global health governance are understood and carried out. Diseases impacting certain populations and geographical areas are given greater priority and significance, sometimes gaining exceptional status as with the AIDS pandemic. The framing of problems in ensuring the equitable access of needed medicines across all populations becomes ever more important as technologies develop and gain ever greater power to divide. Being aware of the way issues are framed can empower us to ask who is responsible and how do they selectively benefit certain populations? Highlighting the particular nature of a selective frame, so generating an awareness of the action it supports and limits can raise the cost of the status quo. Moments of unsettling raised by this process can be capitalised on and used to raise issues of equity and generate change.