

Seminar on Comparative Health Policy: Asia and the Global Governance of Epidemics

Hosted by the Walter H. Shorenstein Asia-Pacific Research Center, Freeman Spogli Institute for International Studies, Stanford University
Encina Hall, 616 Serra Street, Stanford, CA 94305-6055
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Speakers' Information and Abstracts

Session 1

Privacy, Rights, and the Law: Revisiting the Global Governance of Epidemics in the Context of Asia

Paper #1

“Global Governance in the Context of HIV/AIDS, SARS, and Avian Influenza in Asia “

Speaker

Jim Whitman, Director, MA Programme, Department of Peace Studies
School of Social and International Studies, University of Bradford, United Kingdom

Biographical Note

Jim Whitman is a senior lecturer in the Department of Peace Studies, Bradford University and the Director of its MA programme. He is co-editor of the *Journal of Humanitarian Assistance*; and general editor of the Palgrave/Macmillan series, *Global Issues*. He edited *The Politics of Emerging and Resurgent Infectious Diseases* (Palgrave, 2000); and his most recent book is *The Limits of Global Governance* (Routledge, 2005).

Abstract

The opening section of this paper will address the theme in two parts. The first will examine what kind of challenge epidemics pose for the conceptual and practical development of global governance; and, conversely, to what extent the machinery of global governance is geared to the likelihood of epidemics. Second, what should the global governance of epidemics comprise? How effective can we make general preparations to stand against the biological and human complexities of disease agents causing illness on a large scale, when pathogen dynamics, vectors and human consequences vary as widely as those for HIV/AIDS, SARS and avian influenza? The second section will concentrate on the possibilities for extending global governance mechanisms to cope with epidemics; and the blocks and limitations that are likely to persist into the near future, including but extending beyond the compass of law. The emphasis will be on the Asia-Pacific region, but with a focused awareness of the globalised condition of all places and peoples.

Paper #2

“Responding to Epidemic Disease Threats in Asia: Why Good Governance Matters”

Speaker

Professor Chris Beyrer, Director, Johns Hopkins Fogarty AIDS International Training and Research Program and Director, Johns Hopkins Center for Public Health & Human Rights, Johns Hopkins Bloomberg School of Public Health

Biographical Note

Chris Beyrer MD, MPH, is an Associate Professor in the Departments of Epidemiology and International Health at the Johns Hopkins Bloomberg School of Public Health. He serves as Director of Johns Hopkins Fogarty AIDS International Training and Research Program, and as founder and Director of the Center for Public Health and Human Rights at Johns Hopkins. He has an undergraduate degree in History from Hobart & Wm. Smith Colleges, did his medical school training at the State University of New York, Downstate Medical Center in Brooklyn, NY, and did his public health and infectious diseases training at Johns Hopkins University.

He currently has research or training activities in Thailand, China, Burma, India, Laos, Malawi, Uganda, Ethiopia, South Africa, Brazil, Russia, Tajikistan and the US. He is the author of the 1998 book *War in the Blood: Sex, Politics and AIDS in Southeast Asia* (Zed Books, London, St. Martins Press, New York.)

Dr. Beyrer has published extensively HIV/AIDS epidemiology and prevention research, HIV vaccine research, and public health and human rights and is the author of more than 100 articles and scientific papers. He has served as a consultant on health in developing countries to the World Bank Institute, the World Bank Thailand Office, The Office for AIDS Research of the U.S. NIH, The Levi Strauss Foundation, The U.S. Military HIV Research Program, the Henry M. Jackson Foundation for the Advancement of Military Medicine, The Open Society Institute, The Avahan Program of the Bill and Melinda Gates Foundation, The Royal Thai Army, The Thai Red Cross Program on AIDS, and numerous other organizations.

Abstract

The recent emergence of SARS and the threat of pandemic Avian Flu have underscored the critical importance of international collaboration, free and open exchange of scientific information, and the centrality of good governance to early and swift responses. The experience of past epidemics in Southeast Asia and in China, most notably HIV/AIDS, has shown how difficult these kinds of transparency can be for Asian societies and governments. The examples early responses to SARS and HIV in China, and of responses to HIV, TB, and malaria in Burma will be used to illustrate how Asian Governments have attempted to control information and control scientists rather disease outbreaks. Recent examples of markedly better responses to Avian flu in Thailand and Vietnam will illustrate the benefits of collaboration, transparency, and scientific integrity. At a policy level, these very divergent responses need to be understood in the context of authoritarian responses to threats—and of the manifest failure of such approaches in dealing with emerging and transnational disease outbreaks.

Session 2

Crisis Preparedness: the Role of International Organizations in the Prevention of HIV/AIDS, SARS and Avian Influenza in Asia

Paper #3

“The Global and/or the Local in Strategies Against HIV/AIDS in Asia “

Speaker

Professor Graham Scambler, Director, Unit of Medical Sociology, and Deputy Director, The Centre for Behavioural and Social Sciences in Medicine, Department of Medicine, Faculty of Clinical Sciences, University College London, United Kingdom

Biographical Note

Graham Scambler is Professor of Medical Sociology at University College London. His early work was on the ramifications of chronic conditions, particularly those involving stigma, on the quality of life of people experiencing them. Other research projects focused on menstrual disorders and the health of sex workers. He has also contributed to social theory and health, applying both critical realism and critical theory to issues of health and health care. He is founding co-editor of the international journal *Social Theory and Health*. He has published many journal articles, and recent books include *Habermas, Critical Theory and Health* (Routledge, 2001); *Health and Social Change* (Open University Press, 2002); and *Sociology as Applied to Medicine* (5th.Ed) (Saunders, 2003). He is currently working on a book entitled *Social Exclusion: Critical Perspectives* (Polity Press).

Abstract

This contribution represents an attempt on the part of a medical sociologist to analyse the tension between the global and the local in interventions against HIV/AIDS in Asia. A few paragraphs of ‘social accounting’, summarizing the current epidemiological characteristics of the HIV/AIDS epidemic in Asia, serve as a prolegomenon. Distinctions are then drawn between institutional, structural and cultural approaches to understanding global and local initiatives. It is suggested that interventions can be ‘with’ or ‘against’ the flows of institutional, structural and cultural processes, globally and locally, and that an appreciation of this is vital if they are to be optimally effective. A further qualification is that optimal effectiveness can involve social costs as well as social gains. A number of ways in which sociological thinking and theorizing might facilitate the planning of interventions against HIV/AIDS in Asia are outlined. The paper concludes with reflections on the roles of civil society and the public sphere in this arena of activity.

Paper #4

“Successes and failures in HIV/AIDS policies in the Asia region: Tackling the Tiger”

Speaker

Kari Hartwig, Division of Global Health, Dept of Epidemiology and Public Health, Yale School of Medicine

Biographical Note

Dr. Kari Hartwig is an Assistant Clinical Professor in the Division of Global Health, Yale School of Public Health and research scientist with Yale's Center for Interdisciplinary Research on AIDS. Dr. Hartwig's public health experience includes more than fifteen years of research and practice related to international HIV/AIDS programs in Africa, Asia and Latin America including three years working on an international HIV/AIDS prevention initiative from an Asia Regional office in Bangkok, Thailand.

Her research interests include examining structural interventions and gender analysis of HIV/AIDS programs and policies; participatory monitoring and evaluation strategies for southern NGOs; faith-based responses to HIV/AIDS; issues of stigma and AIDS, access to anti-retroviral treatment and responding to the growing orphans' crisis. Recent publications include *Globalization, Women and Health in the 21st Century* (2005) co-edited with Ilona Kickbusch and Justin List; *Corporate Citizenship, AIDS and Africa: Lessons from Bristol-Myers Squibb Foundation's Secure the Future Project* in Eds., W. Visser, M. McIntosh and C. Middleton, *Corporate Citizenship In Africa: Lessons from the Past, Paths to the Future* (2006) and *AIDS and 'Shared Sovereignty' in Tanzania from 1987 to 2000: A Case Study* *Social Science & Medicine* (2005).

Abstract

The global AIDS pandemic has challenged governments and political leaders to confront localized epidemics that highlight weaknesses in health care systems, existing health disparities, and bring to the public eye sex, sexualities, and intravenous drug use – topics and behaviors that in the past were discreetly addressed or ignored. The rapid political and economic forces of globalization in the past decades have also caught governments in transition, in some cases facilitating the spread of the virus. This paper compares the successes and failures of HIV/AIDS country strategies in the Asia region by examining the structural and policy factors that have facilitated reductions in HIV incidence and prevalence. Globally, countries that have been successful in reducing their epidemics or maintained low prevalence rates have shared characteristics of early political leadership, assuring a clean blood supply, aggressive condom social marketing campaigns, a comprehensive reproductive health and HIV curriculum in schools, targeted mass media campaigns, active civil society partners, and early provision of anti-retroviral therapy.

In the Asia region, Thailand and Cambodia are often held up as examples of “successful” country programs with China heavily critiqued for its failure to maintain a safe blood supply, while India – with the exception of the state of Tamil Nadu – Indonesia, and Vietnam are seen as coming in late with policies that often increase HIV risk. In recent years, many of these latter countries have begun to initiate significant policy changes to try and change the trajectory of the growing HIV epidemic in their respective countries. This paper concludes with highlights of positive policy and structural interventions underway as well as recommendations to address weaknesses and oversights.

Session 3

Public Health Infrastructure for Epidemics in Asia: Learning from Successes and Failures

Paper #5

“On Trust and Health Consensus-building: Lessons from SARS on the Management of the HIV/AIDS Epidemic

Speaker

Stella Quah, Professor of Sociology, National University of Singapore, Singapore; and Visiting Scholar, Shorenstein APARC, Stanford University

Biographical Note

Stella Quah, PhD, is Professor of Sociology at the National University of Singapore. Her research areas are medical sociology, public policy and family sociology. She is member of the International Advisory Board of the British Journal of Sociology; the Editorial Advisory Board of Health Sociology Review; the International Advisory Board of Asian Population Studies; Editor of the Sociology in Asia Series; and Editor of the Health Systems Section, Encyclopedia of Public Health (Elsevier Inc).

Among her most recent publications on medical sociology are: Quah, S.R. (2005) “Health and Culture”, in W.C. Cockerham, ed., *The Blackwell Companion to Medical Sociology*. Oxford, UK: Blackwell, 23-42; Quah, S. R. and Lee H.P. (2004)“Crisis Prevention and Management during SARS Outbreak, Singapore,” *Emerging Infectious Diseases*, 10, 2, 364-368; Leung, G.M., Quah, S.R., Ho, L.M., Ho, S.Y., Hedley, A.J., Lee, H.P., and Lam, T.H. (2004) "A Tale of Two Cities: Community psychobehavioral surveillance and related impact on outbreak control in Hong Kong and Singapore during the severe acute respiratory syndrome epidemic", *Infection Control and Hospital Epidemiology*, 25(12), 1033-1041; Quah, S. R. (2003) "Traditional Healing Systems and the Ethos of Science," *Social Science and Medicine*, 57, 10,1997-2012; Seow, A., Quah, S. R., Nyam, D., Straughan, P., Chua, T., and Aw, T.C. (2002) "Food Groups and the risk of colorectal carcinoma in an Asian population," *Cancer*, 95 (11): 2390-2396; and Quah, S.R. (1998) "Ethnicity, HIV/AIDS Prevention and Public Health Education," *International Journal of Sociology and Social Policy*, 18, 7, 1-26.

Abstract

While East and Southeast Asia have been affected by an increasing HIV/AIDS for nearly two decades, several countries in the region battled and controlled the new epidemic SARS in 2002-2003. The difficulties of controlling HIV/AIDS and the experience of dealing successfully with SARS are examined in this paper from the perspective of public policy focusing on one key question: What aspects of public health infrastructure are most important in the control of epidemics and why? Two possible explanatory factors are discussed conceptually and empirically: trust in the health authorities and health consensus-building. Social science research has discussed the concept of trust primarily at the micro-level by examining trust among pairs, triangular relationships or small groups. I examine trust at a collective level which involves citizens and their government. Similarly, I present consensus-building as a crucial process involving citizens and the health authorities. Using empirical data from a study in Singapore and evidence from other East and Southeast Asian

countries, I attempt to demonstrate that trust and consensus-building are crucial infrastructure factors in the success of epidemic control efforts.

Session 4

Advances and Gaps in Medical Knowledge on Screening and Immunization: Opportunities and Obstacles for Collaboration with Asia

Paper #6

Research collaboration in the field of HIV/AIDS (Specific title to be provided by speaker)

Speaker

Douglas K. Owens, Associate Professor of Medicine, Freeman Spogli Institute for International Studies, Center for Health Policy, Stanford University

Biographical Note

Douglas Owens is a general internist; a senior investigator at the VA Palo Alto Health Care System; an associate professor of medicine (general internal medicine) and, by courtesy, of health research and policy at the Stanford School of Medicine; and a core faculty member at CHP/PCOR. He directs the Stanford-UCSF Evidence-based Practice Center; the Program on Clinical Decision Making and Guideline Development at PCOR; the Palo Alto VA's Ambulatory Care Fellowship Program; the VA's Postdoctoral Informatics Program; and serves as associate director of the Fellowship Program in Health Research and Policy at Stanford.

Owens' research focuses on technology assessment, cost-effectiveness analysis, evidence synthesis, and methods for clinical decision-making. He is studying the cost-effectiveness of preventive and therapeutic interventions for HIV/AIDS in several countries; diagnostic and therapeutic interventions for cardiovascular disease; approaches to quality improvement; strategies to respond to bioterrorism attacks; and he is also developing methods for producing clinical practice guidelines tailored to specific patient populations. He chairs the Clinical Efficacy Assessment Subcommittee (CEAS) for the American College of Physicians. CEAS develops clinical guidelines that are used widely and are published regularly in the *Annals of Internal Medicine*.

Owens received a BS and an MS from Stanford University and an MD from the University of California-San Francisco. He completed a residency in internal medicine at the University of Pennsylvania and a fellowship in health research and policy at Stanford.

Abstract

Forthcoming

Paper #7

“Global Public Health Research Preparedness Against Emerging and Re-emerging Infectious Diseases”

Speaker

Gabriel M. Leung, Department of Community Medicine, Faculty of Medicine, University of Hong Kong

Biographical Note

Gabriel Leung, MD, MPH, is currently Associate Professor in Translational Public Health at the Department of Community Medicine and School of Public Health, University of Hong Kong, and holds an adjunct appointment at the University of Pennsylvania. He is an honorary consultant to the Hong Kong Department of Health and Vice President of the Hong Kong College of Community Medicine.

His research focuses on synthesizing best, current evidence for high-impact public health priorities in Hong Kong and other East Asian populations, particularly Greater China and the Asian Tigers. Since the SARS epidemic in 2003, Leung has developed and currently directs a new research program in infectious disease epidemiology with particular reference to influenza and other emerging or reemerging pathogens of regional importance. He has also pioneered the systematic integration of psychobehavioral surveillance as an important component of communicable disease control. He chairs the Scientific Committee on Advanced Data Analysis and Disease Modeling at the Government Centre for Health Protection and also serves on its Board of Scientific Advisers.

On the policy front, Leung believes strongly in underpinning public health practice and advocacy by original research. His edited volume *Hong Kong's Health System: Reflections, Perspectives and Visions* analyzes root problems of the local financing and delivery infrastructure and relates them to politico-economic discourse. Leung has published over 100 original articles on infectious disease epidemiology, pediatric and lifecourse epidemiology, cancer epidemiology, evidence-based medicine, and health services and policy research. As a Fulbright Scholar, Leung trained in health policy and management at Harvard University and recently returned on sabbatical as Takemi Fellow in International Health. He earned a higher doctorate by research from the University of Hong Kong, majoring in pediatric epidemiology and health services research. He is a medical graduate of the University of Western Ontario and completed specialty residency in family medicine at the University of Toronto.

Abstract

The resurgence of infectious diseases, new and old, represents a major global threat to human health, development and equity. Population growth and ecologic disturbance in developing regions, social deprivation in affluent nations, the collapse of health systems due to political or socio-economic transitions, global interconnectedness in trade and transport, and human behavioural and ethno-cultural traits in a post-modern setting have together compounded microbes' natural evolutionary pressures resulting in an unprecedented level of pathogen emergence and re-emergence as well as resistance to anti-infectives. Whereas many, including the World Health Organisation and other national and supranational agencies, have called for and largely implemented a global epidemiologic and laboratory

surveillance and response infrastructure, albeit with clear gaps in areas of the world that most require coverage, the development of a parallel public health research network worldwide remains an as yet unrealised priority.

The collection and collation of masses of raw surveillance data that are for the most part sparsely subjected to rigorous statistical inferential procedures and mathematical prosecution not only represent lost opportunities towards a better understanding of infectious diseases generally, but may lead to false intelligence informing policy decisions in epidemic control. Bringing to bear the best analytical epidemiology expertise globally on local epidemics in developing regions however often exposes the hazards of “helicopter epidemiology”. The discordance in disease burden, scientific expertise and resources between rich and poor nations almost guarantees failure of a global research preparedness model unless such collaborations are handled sensitively and responsively. Apart from overwhelming moral and equity justifications, providing proactive research assistance to the developing world is in fact a matter of enlightened self-interest. Balancing global best practice with local ownership and capacity building is key to long-term sustainability.