The Sheffield Institute for Biotechnology Law and Ethics (SIBLE)
School of Law, University of Sheffield

THE ZIKA OUTBREAK – PARALLELS, LESSONS, AND WAY FORWARD?

Tuesday 12th July 2016 Leopold Hotel Sheffield, Leopold Street, S1 2GZ

Workshop Programme

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<td>08.45 – 09.00</td>
<td>Arrival, Registration and Refreshments</td>
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<td>09.00 – 09.15</td>
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| 09.15 – 11.15 | **Global Health Governance and Public Health Emergencies**  
Chair: Dr Julie Balen (ScHARR, Sheffield) / Dr Atina Krajewska (Law, University of Sheffield)  
**Speakers**  
Dr João Nunes, (Department of Politics, University of York)  
**Title:** Brazil and the frontline against Zika: The intersection of global, national and local governance strategies  
Brazil is the epicentre of the current Zika virus disease outbreak. It is the country where the largest number of Zika cases have been reported, and also where the strongest association between Zika and microcephaly can be observed. Brazil also epitomizes the quandaries that surround Zika/microcephaly, and the challenges to an effective response – issues pertaining to social and economic inequality, gendered vulnerability (including access to reproductive rights and maternal healthcare), urban sustainability and the strength of public health systems. This paper examines the Zika response in Brazil, considering the different actors – state, sub-state, military and civil society actors – that have played a role. It analyses the challenges faced by these actors, but also the existing potential in Brazilian responses. This analysis is done against the background of global dynamics and tensions, but also emphasizing the importance of an attention towards local and community-level strategies. |
**Background reading:**

Dr Simon Rushton (Politics, University of Sheffield)  
**Title:** Lurching from one crisis to the next: Ebola, Zika and the maintenance of Global Health Security

This paper examines the Ebola and Zika outbreaks in the context of the implementation of the 2005 International Health Regulations and the push for a more effective global system to provide for ‘Global Health Security’. The Ebola crisis of 2014-15 revealed a number of shortcomings in the current arrangements – shortcomings that were examined in some depth by a series of ‘lessons learned’ report that emerged in the aftermath of that outbreak. Drawing on the central arguments of Davies, Kamradt-Scott and Rushton’s *Disease Diplomacy*, this paper examines the extent to which Zika has similarly reflected the problems with the current IHR regime, and what obstacles remain in the quest for greater global health security. If Zika is different from Ebola, why? If it is the same, what can we do about it?

Professor Keith Syrett (School of Law & Politics, Cardiff University)  
**Title:** WHO, IHR and legal issues in the response to ZIKA.

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<td>11.15–11.30</td>
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| 11.30–13.30 | **Medical Research and IP Rights**  
Chair: TBC  
**Speakers**  
Professor John Harrington (School of Law & Politics, Cardiff University)  
**Title:** Towards a Critical Global Health Law: A Chronotopical View from Kenya

The emerging field of global health law has been developed with reference to two main discursive frames. A human rights frame which emphasizes solidarity and humanitarian concern; and a security frame which foregrounds the threat from (re-)emerging infectious diseases and other pathogenic factors. Scholarly work on global health law has significantly focussed on the elaboration of normative grounds for health promoting interventions at international and regional levels and by way of cross-border accountability. It has also mapped the legal
field using theories of nodal governance and global legal pluralism. A critical legal perspective on the field has been slower to emerge, however. This paper argues that recent work by Mariana Valverde on ‘chronotopes of law’ offers the analytical tools for developing such a critique. By investigating the diverse spatio-temporal figures (or chronotopes) which structure legal doctrines and policy arguments we may better grasp the cultural and historical plausibility of interventions in the field, investigating the specific audiences which they constitute and privilege and those which they exclude. Drawing on research on infectious disease control and the regulation of traditional medicine in Kenya, the paper seeks to show the enduring persistence of colonial, developmental and imperial time-spaces in contemporary, ‘globalized’ health law.

Dr Sarah Edwards (Health and Humanities, UCL)
Title: TBC

Dr Ruchi Baxi (Nuffield Department of Population Health)
Title: Ethical issues in infectious diseases data and sample sharing: insights from the literature.

Data and sample sharing has been discussed extensively in the medical sciences, in relation to genomics and biobank research. Attention within the context of infectious diseases has increased in the wake of recent outbreaks and public health emergencies, with calls for rapid, open sharing of data. There is a lack of ethical guidance in the international arena for sharing infectious disease related data and biological samples.

In relation to public health data sharing more broadly, there have been two recent relevant systematic reviews published. One of the reviews is on views of ethical best practice for sharing individual-level health research data, accompanied by a series of empirical studies on stakeholder perspectives in different low and middle income country contexts (Bull et al., 2015). The second review is on the barriers to sharing public health data (van Panhuis et al., 2014). Documented concerns related to sharing public health data and biological samples include issues of consent, confidentiality, cultural sensitivities, reciprocity and distribution of benefits, and capacity building.

The practical ethical issues related to infectious diseases related data and sample sharing initiatives require specific attention - due to the particular nature of infectious diseases and the required response, and the urgency by which decisions may need to be made.

I will discuss the findings to date of a systematic scoping review of the literature that is being undertaken, aiming to (i) consider the meaning of ‘sharing’ in relation to infectious diseases data and samples, and (ii) review the ethical issues raised, and not raised.
Findings suggest that data and sample sharing is unclearly defined in the context of infectious diseases. The term is used to encapsulate a broad number of activities, which at times depart from common use of the term ‘sharing’. The justification provided for the need for data and sample sharing is grounded in the idea of enabling and advancing the public health response, maximising scientific outputs, and for ‘global health security’. Ethical issues are identified and discussed at (i) the data subject, (ii) the institutional, and (iii) the global levels.

A number of areas require further research to better understand the issues in practice, particularly in low and middle income country contexts. This includes exploration of the distinct issues associated with the nature of the sharing activity, the purpose of the activity and types of data and samples being shared. Clearer delineation of the issues will inform best practices for infectious disease data and sample sharing.

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Chair: Dr Julie Balen (ScHARR, Sheffield)

**Speakers**

Professor Dilly Anumba (Obstetrics and Gynaecology, University of Sheffield)

Title: TBC

Dr. Jasmine Gideon (Development Studies, Birkbeck, University of London)

Title: *Analysing the gendered institutional constraints to women’s sexual and reproductive health and rights in Latin America: new challenges in the context of Zika.*

In the context of the current Zika virus crisis the Pan American Health Organisation has identified a number of ethical duties that states and health care providers should comply with in order to support vulnerable populations, notably women of reproductive age, respond to the challenges posed by the spread of the virus. Within the realm of health care delivery these include the provision of information, respect for the right to choose, access to comprehensive sexual and reproductive health care and social support. Nevertheless women across Latin America continue to be denied access to sexual and reproductive health and rights (SRHR) and are therefore not able to access these services. This paper seeks to understand how the deeply embedded gendered institutional structures within Latin American health systems continue to deny women’s access to SRHR and considers what the implications of this might be for shaping responses to Zika.
The Zika outbreak highlighted the issues of reproductive rights in Latin America. This paper takes the opportunity to analyse the development of abortion rights in Colombia and Brazil in light of the Zika outbreak. The first aim of this paper is to analyse the different approaches to reproductive rights in both countries and the potential impact of Zika on the scope of abortion laws. The second aim is to examine the factors that may contribute to these developments. Despite progressive jurisprudence of both, the Columbian Constitutional Court and the Brazilian Federal Supreme Court in the area of socio-economic rights, both countries have been criticised by human rights and women’s organisations and advocacy groups for their implementation gap. The implementation gap signifies low levels of implementation of court rulings, and consequently very limited enjoyment of reproductive rights in practice. The difficulties in the realisation of reproductive rights are usually explained by reference to the Catholic/Christian composition of Latin American societies and their traditionally patriarchal structures. The paper acknowledges the relevance of these factors as evidence in literature. However, it seeks to assert that so far insufficient attention has been given to other social factors determining the exercise of reproductive rights. Consequently, the paper proposes a different line of enquiry. It sets out the basis for an argument that one of the reasons for the implementation gap is the level of autonomy gained by the medical profession in individual society. This argument is inspired by the analysis of the historic developments of abortion laws in the USA in the context of the Rubella outbreak in the 1960s. The outbreak of Rubella has revealed the constraints imposed on the professional freedom exercised by the doctors providing abortion services in the USA, contributing to the change among the medical profession in favour of support for liberalisation. The Latin American context today is obviously different from that of the USA in the middle of the twentieth century, not least because of the globalising forces impacting on the autonomy of the medical profession. However, looking at reproductive rights and health through sociological lenses helps not only to understand the recent developments of the area, but also predict its future trajectory.