**African regional colloquium on public health, law, and human rights:
emerging research agendas in the context of the climate crisis**

Colloquium Report

Overview

On 25 February 2022, the Global Health Law Groningen Research Centre held an online colloquium on public health, law, and human rights in Africa. The colloquium aimed to identify opportunities for collaboration between institutions, networks, and researchers across the region to address global health challenges.

Panellists and discussants comprised leading academics and advocates for public health, law, and human rights in the region (Annex I). Over 100 participants registered for the colloquium from academic and development institutions, and government and civil society organizations in Africa, Europe and beyond.[1] This report presents the observations and suggestions of the expert panellists and discussants and of the participants, though not by name, as the colloquium was held under Chatham House rules. It also includes the responses to two interactive exercises (Annexes II and III) and to the exit assessment (Annex IV).[2]

Background

In recent years the Global Health Law Groningen Research Centre (GHLG) has held annual summer schools on aspects of global health, law, and human rights. In 2020 and 2021 the summer school was cancelled due to COVID-19.

During this period, the GHLG team has reflected on how we can work more effectively with academic partners and other actors to strengthen global health law capacity, particularly in low and middle-income countries. COVID-19 and the climate crisis also demand that priorities and ways of working be adapted to meet these and other health challenges.

Given GHLG's growing links with academics and student alumni in the Africa region, we decided to commence 2022 with an online colloquium with colleagues from the region to further to identify opportunities for collaboration between institutions, networks, and researchers to address global

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[1] Registrants listed their country as Australia, Austria, Canada, Ethiopia, France, Germany, Ghana, Italy, Kenya, Netherlands, Pakistan, Portugal, Rwanda, Scotland, South Africa, Tanzania, Uganda, UK, and USA. Just over 70% of the registrants were from African countries. About 50 people participated in the colloquium, however this report will be sent to everyone who registered and posted on the GHLG website.

[2] This report of the colloquium was prepared by Michael Woldeyes, LLM and edited by David Patterson, LLM, MSc.

health challenges. The ultimate objective would be to engage in and strengthen cross-regional cooperation amongst institutions working in the field of human rights and health.

Colloquium objectives

1. Identify priority current and emerging issues in global health, law, and human rights in the African region with specific reference to the climate crisis.
2. Explore opportunities for identifying academic institutions, networks, and researchers working these issues across Africa.
3. Identify opportunities to support collaboration between institutions, networks and researchers and other actors to address the issues identified across the region.

The colloquium addressed the following questions:

- What are the one or two top public health issues in Africa that could benefit from further research from the legal and human rights perspective?
- What opportunities exist to identify and support greater research collaboration between academic institutions, networks, and researchers to address these issues?

Summary of Discussion

1. Top public health issues in Africa that could benefit from further research from the legal and human rights respective

1.1. Public Health Law Regime in African countries: Public health law was a neglected matter in many African countries before the outbreak of the Ebola pandemic in 2014. When Ebola broke out, it was found that many African states had not reviewed or revised their laws since colonial times. For example, in Nigeria, the Public Health Act is from 1916 and the Quarantine Act is from 1926. All the States of Africa, in particular West African states such as Liberia and Gambia and North African states, have not reviewed their laws for a very long time. Their existing laws concentrate on issues such as nuisance without being linked to the One Health framework.

The concept of the One Health framework links with climate change. Within the One Health approach, the environment, food, issues around chemical radiation and other similar issues are a core part of the public health system alongside infectious diseases and food related issues. Impacts on the ecosystem have impacts on public health in various ways. For example, climate change brings drought which then leads to migration of humans and animals. This opens the door for the migration of infectious diseases. However, the question is how well this scientific fact is recognized in legal systems. The public health laws of some African states do not embed the issues around climate change. What this means for many African States is that the various Ministries are working separately. Because of Ebola and now COVID-19, discussions on these issues have increased. However, the law is left behind in these conversations. This gap should be addressed.

1.2. Inequality: Inequality in the distribution of the determinants of health and disease is very fundamental to the practice of public health. However, the value of law to redress inequality is rarely recognized. Inequality is seen in the COVID-19 pandemic in access to vaccines and in climate change since the consequences of climate change differ across countries – wealthy countries have more capacity to cope. The lack of public health regulation in some African States has also contributed to inequality. For example, when issuing regulations to control the COVID-19 outbreak, some States issued regulations that did not cover all of their citizens. In some States, each regional government had to issue their own regulations. These created inequalities. Therefore, inequality is a fundamental issue that should be tackled. However, law and human rights have not been utilized to address it.

1.3. Trade and the Rights to Health: COVID-19 vaccines and the campaigns regarding intellectual property have exposed the clash between trade and the power of economic forces and the need for access to care and the need for equality. This raises a question about what kind of development States need. The role of law and human rights in this issue is critical.

1.4. Utilizing the right to benefit from scientific progress: There is fertile ground to explore the question of the right to benefit from scientific progress. Africa gets scientific discoveries such as MRNA vaccines at the end of the queue. It is important to think about what a science system means if it is going to enable people to enjoy the benefits of science. What implications are there for governments of both the global North and South, and for non-governmental actors?

Policy makers want data and evidence in order to address health problems and other issues. However, because Africa's scientific capacity is very poor, it is difficult to get data that persuade policy makers. This applies to issues including gender-based violence and mental health. However, the right to scientific progress puts the obligation of obtaining scientific data from research on governments – whether they do it themselves or they seek it through international cooperation. This means that they should have a health surveillance system to monitor the health status of individuals. There is an opportunity to advance human wellbeing if policy makers, activists, and practitioners are shown the way to operationalize the right to enjoy the benefits of scientific progress.

1.5. Gender-based violence (GBV): There is growing evidence that gender-based violence is growing globally for different reasons, including COVID-19. This is mainly because families are forced to stay together because of curfews and lockdowns. In addition, victims do not report incidences of GBV – it is not clear whether this is out of fear or lack of knowledge about reporting. There is also the problem that some women accept GBV as a part of life. As a result, governments and researchers should focus on examining and analyzing the law to see, for instance, to what extent the existing laws and legal framework address the issues related with GBV. Further, what are the specific factors and reasons that force women to accept GBV? Studies should also address how the survivors of GBV are affected. We need to see to what extent victims are supported in order to reduce the impact, and also to reduce the occurrence of GBV. Furthermore, there is a gap between the law and GBV. Research is needed in order to bridge the gap.

1.6. **Public health issues in relation to agri-food systems:** Two hundred and eighty-two million Africans are suffering malnutrition. The biggest majority are smallholder farmers. Researchers, academicians, and practitioners should investigate the issue of the regulation of pesticides and chemicals. Although the market in Africa has been neglected for a long time, it is a new market for chemicals and synthetic use manufacturers. However, there is very weak or nonexistent regulation in Africa for synthetic chemicals and pesticide use in the agri-food system whether in the farm, in storage, or even in cooking. Although many people are engaged in farming, many of them do not understand that these are hazardous chemicals. There are no trained extension lawyers in Africa and governments do not have adequate resources to invest in preventing environmental contamination. Therefore, one of the issues that public health law practitioners should critically look at and involve themselves in is finding out what the causality and linkages of these chemicals are and the concerns arising.

1.7. **Increase in non-communicable diseases (NCDs) in Africa:** Beyond tobacco, sugar, and a lack of physical activity, unhealthy diets are causing various non-communicable diseases in Africa. When it comes to NCDs, there is a double burden. The rich consume excess high salt, sugar and fat-rich foods and the poor are malnourished. This is one of the key issues that we should be looking at because many in Africa including courts of law do not understand the consequences of unhealthy diets on health. Therefore, law makers should be assisted so that they understand that the food sector should be regulated.

1.8. **Investing in healthy diets:** Research should be conducted to show that investing in healthy diets will be profitable. Governments do not want to interfere in the food and chemical industries, which bring in money. Therefore, a clear case should be made for healthy diets. The number of advocates and researchers that connect law and non-communicable diseases is very small. Therefore, universities could be used as a steppingstone for advocacy and research.

1.9. **Poverty and mental health**: Poverty affects people economically and structurally, such as in health and education. It is multifaceted and contains intersecting issues. For example, the focus has always been on the physical health aspects of the climate crisis or especially on inequality and how that impairs access to public health services. However, mental health is an increasing concern of poverty and the climate crisis, which are intersecting issues. In this regard, the mental health effects of the climate crisis and how it connects with poverty and inequality should be analyzed.

Mental health is also one of the areas in which African States are lagging in terms of the law. For example, in countries such as South Africa, there is a right to access to healthcare but there is no explicit mention of mental health. In Nigeria, the Lunacy act is from 1916. Many countries have signed the Convention on the Rights of Persons with Disabilities but that has not filtered down into national law. Nor has it filtered down into attitudes, awareness, and inclusion when it comes to mental health. There is a research gap in this regard.

1.10. **Global health and social protection:** There are concerns regarding the linkage between global health and social protection. For example, there are street children in most developing countries. When it comes to issues such as prevention and accessibility to

COVID-19 prevention measures, they are not able to access some of the key COVID-19 protective equipment. Therefore, the issue of global health in relation to social protection is an important area that needs to be explored. The following questions need also be answered: To what extent do health policies target the poor? How are resources distributed across social groups in terms of public health equity?

1.11. Plastic bags and related plastic pollution: Plastic pollution is a concerning issue in Africa. There are also best practices: for example, Rwanda has addressed plastic pollution. It is among the countries that has totally banned the production and use of plastic bags.

In addition to the above public health issues, several other issues were identified as among the most pressing public health and human rights challenges in Africa. These include a lack of and unaffordable health care, technology gaps, the lack of skilled workforce, lack of resources and low healthcare financing, and the lack of awareness by governments of these issues. The responses to the interactive exercise on this issue are contained in Annex II.

2. **Opportunities for research collaboration between academic institutions, networks, and researchers to address the top public health issues that are identified in this colloquium**

2.1. **Review, research, and experience sharing:** It is high time for African countries to come up with action research on the various issues that were discussed in the colloquium, such as NCDs, GBV, and climate change. The problems in these areas that affect various African states need to be understood and a complete research agenda and recommendations that will inform interventions should be developed. There is also a need to adopt mechanisms that will ensure the responsibility of governments.

2.2. **Inclusion of African professionals in global health research:** There are many ways to look at inclusion but in developing a research agenda, focus should be on including the people being researched in order to develop a comprehensive research agenda that is relevant to the realities of African States. Therefore, Africans, African researchers and human rights lawyers, health lawyers, and public health experts should be taken along that journey.

2.3. **Collaboration and networking between civil society organizations, government institutions and researchers:** The efforts of civil society organizations for the better implementation of international conventions could be strengthened by the engagement of academics both in the drafting process of the law and its practical implementation. There is evidence of how science could be used in advocacy. Academics and civil society organizations could collaborate to formulate policies. There is a great need for capacity development in policy formulation. The capacity to use law by policy makers and public health practitioners could also be developed.

2.4. **Exchange visits:** Best practices should be benchmarked in countries and institutions that are using law to advance public health. Exchange visits and fellowships for emerging researchers and practitioners on public health law and human rights should be arranged.

3. Suggested next steps after the colloquium

The participants suggested the following next steps after the colloquium.

1. Develop a research agenda that will suit the African context.
2. Conduct action research to explore the issues raised in detail and develop recommendations for interventions.
3. Establish a research consortium to address issues of public health and law. In addition, form a human rights law and health network in order to advocate for human rights approaches that could help address the challenges in Africa.
4. Launch mentorship sessions for young researchers who are passionate about public health and human rights.
5. Arrange additional partnership ventures between health law institutions in high income countries and those in low- and middle-income countries. This can be done through virtual or in-person fellowships and internships that will strengthen the knowledgebase on health law in Africa.
6. Keep the participants of the colloquium in contact.
7. Organize another online colloquium to share issues on public health and law and discuss the methodologies of addressing the issues.

[version: 28 March 2022]

Annex 1: Agenda

February 25, 2022

Opening remarks
David Patterson, LLM, MSc, PhD Candidate, Global Health Law Groningen Research Centre, Department of Transboundary Legal Studies, Faculty of Law, University of Groningen, Netherlands

Chairperson[3]
Prof. Brigit Toebes, Chair, Health Law in a Global Context, Global Health Law Groningen Research Centre, Department of Transboundary Legal Studies, Faculty of Law, University of Groningen, Netherlands

Panellists
- Prof Cheluchi Onyemelukwe, Managing Partner, Health Ethics and Law Consulting; Professor of Law, Babcock University, Nigeria.
- Prof Leslie London, Chair of Public Health Medicine, University of Cape Town, South Africa
- Dr Idda Lyatonga Swai, Senior Lecturer, Researcher and Head of Department of Local Government Management of Mzumbe University, Tanzania
- Mr David Kabanda, Executive Director, Centre for Food and Adequate Living Rights, (CEFROHT), Uganda

Interactive exercise
Break
Discussants
- Dr Denis Bikesha, Dean of the School of Law, University of Rwanda, Rwanda
- Dr Mackfallen Anasel, Senior Lecturer in Health Systems Management (Demography) and Head of Department of Health Systems Management of Mzumbe University, Tanzania

Open discussion
Interactive exercise
Next steps and closure

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[3] The colloquium was chaired by Prof Dr Brigit Toebes, with assistance from Marlies Hesselman LLM and Ellen Henricson, LLB, Faculty of Law, University of Groningen.

Annex II

Responses to interactive exercise

Annex III

Responses to interactive exercise

Annex IV

Report of Exit Assessment

Identify priority current and emerging issues in global health, law, and human rights in the African region with specific reference to the climate crisis.	Please explain your answer.	Explore opportunities for identifying academic institutions, networks, and researchers working these issues.	Please explain your answer.	Identify opportunities to support collaboration between institutions, networks and researchers and other actors to address the issues identified.	Please explain your answer.	Further comments and suggestions for next steps.
4	It could have been 5 but the focus of the discussion was around human rights. The global health and climate crisis was fairly discussed.	5		5		
5	A diverse group of discussants, panelists and participants all contributed to identify a wide spectrum of issues that need to be addressed.	5	The interactive and contributory session assisted in establishing potential networks for further collaboration. A contact list, by those consenting to the sharing of their information, could also be useful.	5		If there could be an overall research agenda, it could assist in providing a direction for the group as a whole.
2		2	This did not come out clearly.	2	There was no clear elaboration on this.	
5	All issues presented and discussed were related with the objectives and themes of the colloquam	5	Different institutions from different countries participated in the events ans shared their experiences on the issues of human rights, law and public health	5	Experience shared seem to cut accross countries and that the interventions may be developed by the institutions from different countries	Need to have this kind of forum to raise awareness, share issues and expand the possibilities of network and partnerships