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HAIAP News Bulletin, 1 May 2023

1. News from HAIAP

1.1 HAIAP Forum 'Health Action for All - the way forward' May 27-29 in Penang

In collaboration with long time partners at the Universiti Sains Malaysia and other colleagues based in Malaysia we have put together an exciting program that will be wonderful to share and to inspire newcomers. We are trying to make at least some of the program available online so more people can participate.

Long time partners have continued to expand their activities and will share their challenges and achievements. **On the third day - May 29 - we will look to the future of HAIAP and plan our 'way ahead'.**

We look forward to seeing many of you in Penang.

As you all are aware, HAIAP like other civil society groups globally has had to deal with funding constraints and withdrawals in recent years.

In view of this issue, interested potential participants are self-funding their travel to Penang for the occasion. TWN has very generously agreed to cover accommodation and USM will provide the meeting venues.

HAIAP Forum 'Health Action for All - the way forward' May 27-28 in Penang	
PROGRAM SUMMARY	
Saturday May 27, Official Opening at USM	
2.00	Opening remarks by Vice Chancellor of USM
2.15 - 3.30	**Introduction: Chair - Beverley Snell** Prof .Emeritus Tan Sri Dzulkifli Abdul Razak - the story of USM and HAIAP with Prof. Dr Habibah Wahab **Key Note Address** Dato Seri Anwar Fazal and **tribute to the late Dr Zafrullah Chowdhury**
3.30	**Olle Hansson AWARD presentation** by Dato Sri Anwar Fazal Recipients - Dr Claudio Schuftan and Prof. Dr Michael Tan
4.00-5.00	**Session 1** **Evelyne Hong, Third World Network** Universal health care and the ongoing the need for robust public health systems to address, for example, 'long covid', vaccine access and antimicrobial resistance.
Sunday May 28	
10.00-11.15	**Session 2** **Chair: Karina Yong** **Beverley Snell and Chee Yoke Ling** An overview of current key Intellectual Property issues: 'TRIPS' and access to medicines.
Morning break	
11.45-1.00	**Session 3** **Chair: Edelena de la Paz** **Dr Niyada Kiatying Angsulee** Faculty of Pharmaceutical Sciences, Chulalongkorn University, Thailand The importance of the ONE HEALTH approach to Antimicrobial Stewardship and Thailand's ONE HEALTH approach - Thailand's 'Smart programs' for rational use of antimicrobials.
Lunch	
2.30 -3.30	**Session 4.** **Chair Dr Hadzliana Zainal** **Country Presentations:** Pakistan, Kerala, Sri Lanka **Discussion**
3.30 - 4.30	**Chair: Prof Habibah Wahab** **FORUM - DISPENSING SEPARATION: IS IT MERELY AN ACADEMIC DISCUSSION?** **Moderator : Prof Emeritus Tan Sri Dzulkifli Abdul Razak**
4.30 4.45	**Beverley Snell Award** for winners of 'Catalyst Crew' video competition 3 x 3 min videos
4.45-5.30	**SUMMING UP AND THE WAY FORWARD: Prof Emeritus Tan Sri Dzulkifli Abdul Razak**

1.2 Vale Zafrullah Chowdhury

Dr Zafrullah Chowdhury was one of the founders of Health Action International. He was born in December 27, 1941 in Raozan, Chittagong. He passed away at 11 pm on April 11, 2023. He leaves his wife Shireen, son Bareesh and daughter Bristi. Our sincere condolences are with them.
It is a devastating loss for all of us. Dr Zafrullah has been a fighter, mentor, guide and inspiration. He has been the father of a huge community family in Bangladesh and leaves Gonoshasthaya Kendra as a living memorial to his life. We will remember forever his uncompromising role in the battle for health and justice for all.

In 1971, during the Bangladesh Liberation War, he and colleagues set up the 480-bed Bangladesh Hospital for freedom fighters and refugees; run by a team of Bangladeshi doctors, medical students and volunteers. Women were trained within days to help provide care for patients.

Gonoshasthaya Kendra (GK) was set up in Bangladesh in 1972 when Dr Chowdhury took on the challenge of developing an effective rural health care delivery system based on his experience of running a field hospital with young women and men with no previous medical training. GK began providing all basic healthcare to the community with paramedics from the community – trained at GK and supported by a strong referral system. The experience of Gonoshasthaya Kendra became the basis of one of the main working papers on which the Alma Ata Declaration of the World Health Organization was framed. One of the first initiatives of GK was the local manufacture of affordable high quality essential medicines. Over the years GK expanded geographically as well as beyond health care to include appropriate technology and skills building especially for women's empowerment while continuing to respond to current challenges such as natural and man-made disasters, epidemics and working conditions - especially for women. Zafrullah believed that women should not be the recipients of training in only stereotypical women's pursuits - craft work, basket making etc. Women's development options should include professional training to provide the services that a population cannot live without: electricians, plumbers, drivers, builders, carpenters, boiler makers, printers ..... GK has succeeded in breaking social barriers and creating a training environment conducive to women's confidence building and skills development, as well as self-determination for the whole community. This environment has allowed both capacity building and job creation for those rendered poor, especially women; as well as better health care for those who have not in the past had the access to the means to health care. Nationally, this work has influenced the government to include community health workers in its health and family planning program and also influenced the government to increase opportunities for women in other sectors.

The mainstay of GK's health care delivery system rests on a team of community health workers called 'paramedics', most of whom are young rural women. Through them, health services have reached rural homes and the poor in particular have been able to gain access to education, medical services, health education and essential medicines.

Zafrullah Chowdhury was instrumental is setting up the Bangladesh National Drug Policy. The Bangladesh National Drug Policy formulated in 1982 ensured access to essential medicines for all Bangladeshis. Before that most drugs – many unnecessary or even dangerous - were manufactured by multi-national companies, priced out of reach for most of the people - while the most essential 150 remained in short supply.

The GK centre also runs a university, hospital, agriculture cooperatives, printing press, community schools, a generic drug manufacturing plant and a vocational training centre. All basic services, for example plumbing, electrical services, vehicle maintenance, carpentry are provided by women who are trained on site.

GK's philosophy of people's health care - two main pillars: economic and health security: Primary Health Care with a holistic approach to health – a basis for human rights.

Response to current needs

A dialysis centre for all who need it in Dhaka, Bangladesh

According to Zafrullah Chowdhury:

> *'Global institutions like the World Health Organisation and the World Bank are paying too little attention to health economics. I think European donor governments should promote, at the global level, the kind of governmental health care that works so well in their own countries. The challenge is two-fold. Services must not only become available, but affordable too. The free market does not deliver that. To cover everyone, solidarity is more important than competition. And in regard to non-communicable diseases, we must consider that availability and affordability are both long-term issues. If you are diabetic or suffer from hypertension, you must take your pills every day for the rest of your life. It is not like taking an antibiotic for a few days. People who depend on dialysis need a session every other day. Making that happen is a huge challenge.'*

The GK Dialysis Centre was opened on 13 May 2017 with the capacity to serve 400 patients a day. Haemodialysis uses a machine to replace the function of the kidneys to filter blood to remove waste products and water from the blood.

The centre is equipped with 85 of the best German-manufactured dialysis units and 15 Japanese-made units. It is the single largest dialysis facility in the country.

The centre was set up to provide affordable dialysis for poor patients. The charges vary according to the economic status of

the patient. GK had planned to provide dialysis for up to 25 ultra-poor patients per day for free, for 300 poor patients at 1,100 Bangladesh taka[1] per session, and for some 100 middle-class patients at BDT 1,500 per session. The actual cost per session is estimated at BDT 1,700. The plan was to have a sufficient number of rich patients who would avail of the dialysis service at BDT 3,000 per session in order to meet the deficit of approximately BDT 80,500 per day.

However, the charges have since been revised downwards so the ultra-poor continue to get free services, the poor pay BDT 800, the lower middle class BDT 1,100, the middle class BDT 1,500, the upper middle class BDT 2,500 and the rich BDT 3,000. The revisions were made to accommodate a larger number of poor patients coming from outside Dhaka city who have to spend a substantial amount on transport and having someone to escort them. GK has observed that if a patient can afford to undergo haemodialysis three times a week for three months, they can go back to work and travel without escorts to the dialysis centre.

Bangladeshi NGOs, industrialists, business houses and a host of individuals have contributed to the setting up of the dialysis centre. Dr Muhammad Yunus's Grameen Social Business has extended an interest-free loan to meet the deficit.

Health cover for ready made garment (RMG) workers

After the Shahriar garments collapse,[2] Tazreen Garments fire[3] and the biggest ever tragedy in the garments sector, the Rana Plaza collapse,[4] GK saw the need to provide sound and affordable health services for the low-income workers in garments factories.

A strategic paper was drawn up on providing comprehensive health care to RMG workers in Bangladesh. To make the scheme possible, GK partnered with SNV[5] - the Netherlands Development Organisation - to provide sexual and reproductive health services for women RMG workers. Subsequently, in response to demand from the workers, GK extended its services to the male workers. GK provides dental care, physiotherapy and ophthalmic care along with general health services to ensure comprehensive health care services for this low-income group.

In Bangladesh's garment industry, the workers mostly deal with general illnesses such as fever, diarrhoea and colds and some non-communicable diseases by purchasing over-the-counter medicines. Major reasons for not seeking further medical assistance are the cost, time constraints and, most importantly, not having onsite health facilities. Most factories do not have any medical doctors or nurses to care for their staff, nor are they linked with any healthcare program of the government or non-government organisations.

Therefore, the overall objective of the project is to make health services available, accessible and affordable for the workers and thus improve their health status and productivity.

The current project is funded by Weave Our Future (WOF)[6] with technical assistance from SNV.

Treating COVID-19 patients: Gonoshasthaya at their doorstep

Sadi Muhammad Alok

In August 2020, Gonoshasthaya Kendra started an initiative to treat coronavirus patients at their homes with mobile medical teams, in four areas of the capital, Dhaka. The Gonoshasthaya Kendra Mobile Corona Medical Services also collect samples from people with coronavirus-like symptoms from their homes in Dhanmondi, Kalabagan, Old Dhaka and Mirpur.

Dr Zafrullah Chowdhury, founder and trustee of GK, explained that GK's medical officers would visit homes in ambulances for COVID-19 patients who call the institution or book the service using a special app. The service was provided every day from 9 am to 8 pm, he said. There are two types of services they can provide through home visits - firstly, carrying out tests on a large scale, and secondly, if any COVID-19 patient calls them, their medical team will go to the patient's residence and provide the necessary management.

Treatment is according to WHO guidelines with all chest X-rays, ECG and all the needed tests carried out; in other words, a hospital would go to a corona patient's house.

Dr Chowdhury told *The Daily Star* that the government had not taken the necessary precautionary measures regarding COVID-19 treatment.

> *'I have been saying from the beginning that oxygen is most needed for COVID-19 patients. We can easily produce that oxygen ourselves. It costs around Tk 30 crore (about US$350,000) to build a small oxygen plant, and it is not difficult for the government to spend [that amount]. If the money is given to the hospitals as a grant, they can produce oxygen as per their requirement.*

[1] The current conversion rate is BDT81 for USD1.
[2] https://cleanclothes.org/news/2005/04/01/factory-collapsed-bangladeshi-garment-workers-buried-alive
[3] https://en.wikipedia.org/wiki/2012_Dhaka_garment_factory_fire
[4] https://www.ilo.org/global/topics/geip/WCMS_614394/lang--en/index.htm
[5] SNV stands for Stichting Nederlandse Vrijwilligers
[6] https://weaveourfuture.org/en/the-foundation/. WOF works to improve working conditions within industries in developing countries, particularly within the textile industry, as well as living conditions for workers and their families.

'At the same time we from GK will teach other people associated with the COVID infected patient how to measure temperature, blood pressure and oxygen level. We will provide this service from door to door, so that the crowd in the hospital is reduced and the panic among the people is also reduced.'

Dr Chowdhury said there is no alternative to standing by the people amid the deteriorating COVID-19 situation

IN MAGNANIMITY and service to humanity, Dr Zafrullah Chowdhury (1941–2023) dwarfed many people comparable to him in professional background and expertise. His social activism and medical philanthropy for the downtrodden in Bangladesh will remain of enduring value and will continue to play an essential role in society. Early in life he relinquished the glamour of the prospect of a bright medical career in the UK to serve his country and its people. He chose a modest lifestyle that many people of his stature would find freakish, weird and aesthetically unacceptable.

Even in his sickness, Zafrullah Chowdhury maintained the principle of health/medical egalitarianism by refusing to seek privileged medical treatment. He trusted the physicians of his Gonoshasthaya Nagar Hospital in Dhaka's Dhanmondi and relied on the medical services that he founded. He declined to receive medical care overseas or in healthcare facilities other than his own in Bangladesh.

Dr Md Mahmudul Hasan
teacher of English and postcolonial literature at International Islamic University Malaysia.
https://www.newagebd.net/article/199546/a-champion-of-health-care-for-the-poor

2. Information sharing

2.1 The Big Catch-Up

https://www.who.int/campaigns/world-immunization-week/2023

World Immunization Week 2023 - 24 to 30 April

World Immunization Week, celebrated in the last week of April, highlighted the collective action needed to protect people from vaccine-preventable diseases.

Under the banner of 'The Big Catch-Up', WHO is working with partners to support countries to get back on track to ensure more people are protected from preventable diseases.

We need to act now to catch-up the millions of children who missed out on vaccines during the pandemic, restore essential immunization coverage to at least 2019 levels and strengthen primary health care to deliver immunization.

The ultimate goal of World Immunization Week is for more children, adults – and their communities – to be protected from vaccine-preventable diseases, allowing them to live happier, healthier lives.

- The pandemic saw essential immunization levels decrease in over 100 countries, leading to rising outbreaks of measles, diphtheria, polio and yellow fever.
- 'The Big Catch-up' is an extended effort to lift vaccination levels among children to at least pre-pandemic levels and endeavours to exceed those.
- Led by a broad range of national and global health partners, The Big Catch-up also aims to ensure stronger primary health care services for essential immunization in the future.

The above statements are very relevant but It will take more than those statements to achieve Health for All.

2.2 Lancet: Routine immunisations: reversing the decline

https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(23)00815-2.pdf

Over the past 3 years, the COVID-19 pandemic has shown the power and potential of vaccination in real time. But it has also disrupted health services and caused supply chain challenges, resulting in stagnation and backsliding of routine vaccinations. For example, global coverage of the third dose of the diphtheria–tetanus–pertussis vaccine fell from 86% in 2019 to 81% in 2021—the lowest level since 2008. Many other routine vaccinations showed similar reductions. 25 million children missed out on lifesaving measles, diphtheria, and tetanus vaccines in 2021. 18 million have never received a single dose of any vaccine (so called zero-dose children). To prevent further setbacks, World Immunization Week 2023, from April 24 to 30, calls for a catch-up to return to pre-pandemic vaccination levels. But what are the prospects of doing so?

With respect to bolstering national routine immunisations, the centrepiece of global efforts is WHO's Immunization Agenda 2030, launched in 2021, which aims to make immunisations accessible to all by integrating them into primary health-care services and encouraging the development of national strategy plans. As we argued in an Editorial in 2021, the Agenda's success depends on how well national plans are implemented and ensuring that financing is sustained. Whether any progress has been made will be revealed later this year in the Agenda's first monitoring and evaluation report. But the recent statistics on global immunisation coverage and continuous shortages of health-care workers do not bode well.

Read the whole Lancet Editorial https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(23)00815-2.pdf

2.3 Access to Covid-19 Therapeutic Flowchart Medicines Law and Policies

Download to access links https://medicineslawandpolicy.org/wp-content/uploads/2023/04/Flowchart-Covid-Therapeutics.pdf