



**Health Action International Asia Pacific (HAIAP)**  
(in collaboration with USM TWN DMDC IIUM)



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## **HAIAP News Bulletin, 1 August 2023**

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### **1. News from HAIAP**

#### **1.1 Record of HAIAP Forum 'Health Action for All - the way ahead' May 27-29 in Penang**

We are well on the way to preparing a full record of the HAIAP Forum that was held in Penang in May 2023. It will be produced in the form of an electronic 'book' that will be easily accessed and shared. A draft will be shared very soon.

Many of the presentations are already available on the HAIAP website. It is a 'work in progress' as we add to the record of the proceedings.

<https://www.haiasiapacific.org/events/haip-forum-penang-may-27-28-2023-health-for-all-the-way-ahead/>

#### **Brochure:**

<https://www.haiasiapacific.org/wp-content/uploads/2023/06/HAIAPPenangConferenceBrochure-1.pdf>

As a follow up from the forum a meeting of key collaborators will be held in Kuala Lumpur soon - to develop strategies for the way ahead. More news will be shared in the HAIAP News August 2023.

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## 1.2 Philippines partners

From Dr Delen de la Paz we hear that our Philippines partners have launched their campaign entitled 'Justice for Negros: a Campaign Against Hunger and Disease' to which PHM SEAP has given financial support.

The people in Negros suffer from Hunger, Disease and rampant Human Rights Violations.

The objectives of the campaign are to:

- Raise the awareness of the health sector and the broad public of the worsening peace and human rights situation in Negros and its negative impact on health, human rights, and people's livelihood;
- Reach out to and mobilize health workers, health professionals, health students, and health advocates locally and abroad;
- Support and popularize the call to prioritize food, livelihood, and health services and stop militarization in Negros;
- Raise and provide timely support (food, psychosocial intervention, technico-material) for the malnourished children and their impoverished families, the displaced communities and victims of human rights violations;
- Expand support network among individuals, institution, church groups and other service-oriented, justice and peace-loving individuals and groups locally and abroad; and
- Project the Negros people's health and human rights issues, calls and demands internationally.



A full account will be provided in the August HAIAP News

See also <https://www.hrw.org/news/2019/07/30/killings-escalate-central-philippines>

## 2. Information sharing

### 2.1 Big Pharma USA

**Remember the Doha declaration? And remember the commitment to peoples' health before COVID vaccines were available?**

from *Public Citizen*

Last year's landmark Inflation Reduction Act (in USA) at long last requires Big Pharma to negotiate with Medicare — its single biggest customer — over the price of some prescription drugs.

*Public Citizen* spent years working to secure this hard-fought victory over Big Pharma's greed.

Now companies like Merck, Johnson & Johnson, Bristol Myers Squibb, and Astellas Pharma are suing to block this common-sense reform, which is expected to save taxpayers almost \$100 billion in its first decade.

Pharma giant Merck even had the nerve to call the requirement to negotiate directly with Medicare — over the price of just a handful of drugs - 'extortion.'

Umm **NO**

- It is Big Pharma that is making Americans pay more for prescription drugs than people almost anywhere else on Earth do.
- It is Big Pharma that is forcing people to ration essential medicines because they cost too much.
- It is Big Pharma that is driving people into bankruptcy or even letting people die because they can't afford life-saving treatments.

Big Pharma's price gouging of the American people is economically destructive and just plain immoral.

We can't let Big Pharma get away with courtroom manoeuvres that would overturn even modest efforts to rein in its seemingly boundless greed.

(*Public Citizen* is calling for people's support in writing letters to the applicable Pharma companies.)

*The Lancet* picked up the issue (Vol 402 July 29, 2023) **US pharmaceutical companies sue to halt cuts in drug prices**  
<https://www.haiasiapacific.org/wp-content/uploads/2023/07/LancetUSMedicarePharmaChallengesJul2023.pdf>

**[Note: It seems that the new prices will not come into effect until 2026 anyway!!]**

### 2.2 Big Pharma and blister packs

Craig Reucassel is an Australian campaigner and educator about the management of waste and its impact on the health of the planet and on climate change (among other things). In his latest series, Craig Reucassel returns boxes of medicine blister packs to pharmaceutical companies to highlight their failure to recycle a product that doesn't have to end up in landfill. There is a process whereby blister packs can be ground up and the components - aluminium and PVC - will be separated.

The aluminium can be easily recycled but the PVC is another matter. Big Pharma makes enough money to easily afford the process.

It seems that the pharmaceutical and supplement companies who produce and profit from selling products in blister packs need to get a very clear message that their customers do not want them to add to waste.

These rich companies with an abundance of clever people working for them have had many years to address this problem, but have not. Taking end-of-life responsibility for your products is not a new concept. In fact, the OECD and some countries have mandated it. And any company that is spruiking about its 'commitment to sustainability' must deal with the waste caused by its products.

Craig highlighted the immense profits of big Pharma and asked why they had not taken responsibility for dealing with the mountain of waste from blister packs of medicines. Predictably his crews got a hostile reception when they turned up at the Big Pharma (Astra Zeneca, Sanofi and others) headquarters and dumped blister packs for them to recycle. He admits he should have written to them first but did send letters later asking them to take responsibility for recycling their waste. We will see what happens next with big pharma. Some pharmacies have recently started a process for patients to return blister packs to them for recycling.

<https://www.abc.net.au/news/2023-07-19/craig-reucassel-takes-aim-at-pharmaceutical-blister-packs/102610616>  
and

<https://www.biome.com.au/blogs/eco-home/help-send-message-take-your-blister-packs-back>

## 2.3 India's Rejection of Drug Patent Term Extension in FTAs will promote access to essential medicines

TWN Info Service on Health Issues (Jul 23/05)  
Third World Network

By Chetali Rao and K M Gopakumar

If media reports are accurate about the Indian Government's stand to not go ahead with certain harmful intellectual property (IP) provisions in the Free Trade Agreements (FTAs) with the European Union and the United Kingdom, India has yet again upheld its position on those provisions that are detrimental to ensure access to affordable medicines.

In recent times, many FTAs contain provisions which go much beyond the obligations of the Trade-related Aspects of Intellectual Property Rights (TRIPS) Agreement administered by the World Trade Organization, also known as the 'TRIPS Plus' provisions. Patent Term Extension (PTE) and Data Exclusivity (DE) find a place in almost all FTAs. FTA draft texts from developed countries especially the United States, EU, UK, and European Free Trade Association (EFTA, comprising Iceland, Liechtenstein, Norway and Switzerland) contain DE and PTE along with many other TRIPS Plus provisions related to the scope of patentability, enforcement of patent etc.

It is a well-known fact that being a WTO member, India was required to amend or enact its patent laws to conform to the TRIPS Agreement. While enacting the Indian Patent Act, the Indian lawmakers incorporated some flexibilities in the TRIPS Agreement to mitigate its impact on pharmaceutical patents. These were mostly implemented to balance India's public health concerns and dependency on its domestic generic industry to improve the affordability of medicines for the world's poor population. The law and policy makers were conscious that mirroring the US patent system would not only limit India's ability to supply affordable medicines both domestically and globally, but also jeopardize the interests of the generic industry and allow global pharmaceutical profiteering.

Read the whole article

<https://www.twn.my/title2/health.info/2023/hi230705.htm>

## 2.4 Lancet letter:

### How to avoid causing polio in the name of its eradication

Letter to the Lancet Vol 402 July 15, 2023

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Read the whole letter here: <https://www.haiasiapacific.org/wp-content/uploads/2023/07/LancetPolioEradicationJul2023.pdf>

Only one tactic could eradicate polio: to introduce Injectable Polio Vaccine (IPV) and when 80% coverage of three doses of IPV is reached, to phase out Oral Polio Vaccine (OPV), country by country. This method required a policy shift in the early 1990s so that the industry could ramp up IPV production.

Continuing use of the OPV beyond 1999, without ensuring protection from polio with IPV, has resulted in: between 8800 and 17 600 children being paralysed by VAPP; 6 sporadic polio, caused by vaccine-derived polioviruses types 1, 2, or 3, and polio outbreaks, caused by these circulating viruses, having paralysed nearly 5000 children; and wild poliovirus not yet being eliminated in Afghanistan and Pakistan where a section of society do not trust the OPV, particularly when given in repeated house-to-house campaigns.

Since the future polio-eradicated world can use only the IPV, transition to IPV is the sensible way forward. This policy shift must be announced without delay so that supply, especially of combination vaccines containing IPV, can be expedited. No child is recorded to have developed polio after receiving three doses of IPV during infancy. We appeal to the GPEI, donors, and global opinion leaders, to ensure that no more polio is caused in the name of its eradication. The promised equity must be delivered.

We declare no competing interests. TJJ is a retired employee of the Christian Medical College.