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

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HAIAP News Bulletin, 1 September 2023

1. News from HAIAP

2. Information sharing

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1. News from HAIAP

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

A record of the HAIAP Forum that was held in Penang in May 2023 is available now. Refinement of the document will continue and we would welcome feedback. Please read it and let us know additions and modifications that are needed.

https://www.haiasiapacific.org/wp-content/uploads/2023/08/Penang_Report_Full_HAIAP_31_August_2023.pdf

A copy of a specific section can be sent to you to facilitate revision.

Many of the actual presentations are available on the HAIAP website.

https://www.haiasiapacific.org/events/

Following up from the forum a zoom meeting of key collaborators will be held ion September 11 - to develop strategies for the way ahead.

1.2 Public health advocacy strategies to influence policy agendas: lessons from a narrative review of success in trade policy

Belinda Townsend , Brigitte Tenni, Sharni Goldman and Deborah Gleeson
https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00960-7

[We have seen what happens when the health sectors of countries attempt to use the legal access to the TRIPS flexibilities for issuing a compulsory licence or other legal mechanism to gain affordable access to necessary new essential medicines. The trade and economic sectors of government are completely ignorant of the process and block their own peoples' access to what is rightfully theirs. For example, see https://www.haiasiapacific.org/wp-content/uploads/2023/06/Session-3.-Access-to-new-drugs-Beverley-Snell_.pdf and https://www.haiasiapacific.org/wp-content/uploads/2023/06/Session-3-Country-case-study-on-CL_Chee-Yoke-Ling.pdf.]

Abstract

Background Despite accumulating evidence of the implications of trade policy for public health, trade and health sectors continue to operate largely in silos. Numerous barriers to advancing health have been identified, including the dominance of a neoliberal paradigm, powerful private sector interests, and constraints associated with policymaking processes. Scholars and policy actors have recommended improved governance practices for trade policy, including: greater transparency and accountability; intersectoral collaboration; the use of health impact assessments; South- South networking; and mechanisms for civil society participation. These policy prescriptions have been generated from specific cases, such as the World Trade Organization's Doha Declaration on TRIPS and Public Health or specific instances of trade-related policymaking at the national level. There has not yet been a comprehensive analysis of what enables the elevation of health goals on trade policy agendas. This narrative review seeks to address this gap by collating and analysing known studies across different levels of policymaking and different health issues.

Results Sixty-five studies met the inclusion criteria and were included in the review. Health issues that received attention on trade policy agendas included: access to medicines, food nutrition and food security, tobacco control, non-communicable diseases, access to knowledge, and asbestos harm. This has occurred in instances of domestic and regional policymaking, and in bilateral, regional and global trade negotiations, as well as in trade disputes and challenges. We identified four enabling conditions for elevation of health in trade-related policymaking: favourable media attention; leadership by trade and health ministers; public support; and political party support. We identified six strategies successfully used by advocates to influence these conditions: using and translating multiple forms of evidence, acting in coalitions, strategic framing, leveraging exogenous factors, legal strategy, and shifting forums.

Conclusion The analysis demonstrates that while technical evidence is important, political strategy is necessary for elevating health on trade agendas. The analysis provides lessons that can be explored in the wider commercial determinants of health where economic and health interests often collide.

Keywords Trade, Access to medicines, Social determinants of health, Trade agreements, Trade policy, Health policy, Health equity, Public health, Commercial determinants of health

Conclusion of article

Despite accumulating evidence of the health impacts of trade policy, health is often on the periphery of trade policy agendas. This review collated and analysed the literature on what has worked to enable the elevation of health in relation to trade across different forms of trade-related policymaking. Access to medicines is the dominant health issue in focus in these studies, likely reflecting the greater success for this health issue, although wins have still been small and ad hoc. We found four common conditions for elevating health: favourable media attention, leadership by trade and health ministers, public support and political party support. Six strategies were identified from the literature that shaped these conditions: using and translating multiple forms of evidence, acting in coalitions, strategic framing, leveraging exogenous factors, legal strategy, and shifting forums. The analysis demonstrates that while technical evidence is important, political strategy is necessary to influence the conditions for elevating health on trade agendas. The analysis provides lessons that can be applied to the wider commercial determinants of health where economic interests and health interests often collide.

2. Information sharing

2.1 TWN Third World Resurgence: Big Pharma isn't working

Read the whole article here
https://www.twn.my/title2/resurgence/2023/356/health1.htm

This article was first published by Global Justice Now as a campaign briefing (June 2023, https://www.globaljustice.org.uk/resource/big-pharma-isnt-working/). The London-based Global Justice Now campaigns for a global economy where people come before profit, and works in solidarity with social movements to fight injustice and inequality.

Why we need a new way to make medicines - Extracts

The major drug companies prioritise profits over people's lives, and are making a killing in the process.

BIG Pharma's profit-driven model of making medicines is bad for our health. While in theory these companies exist to make the medicines we need, most are more interested in making money for their shareholders than finding cures for the most deadly diseases.

Because they are set up to prioritise shareholder interests, Big Pharma companies prioritise making drugs that will secure high profits, rather than those that will create the most health benefit. This system fuels irrational results, with some studies finding that more than half of approved medicines in recent years offered no therapeutic advance.

A system driven by profits also ignores many deadly diseases, especially those most prevalent in the Global South, where Big Pharma companies see less opportunity for profit. Diseases like tuberculosis kill millions, yet receive very little attention from Big Pharma companies.

Moreover, there is little within the current system to guarantee that medicines are affordable for the patients who need them. Patent monopolies prevent competition, effectively allowing companies to charge the price the market will bear.

Big Pharma's profiteering model proved especially catastrophic during the COVID-19 pandemic, with pharma companies refusing to share vaccine patents and recipes with manufacturers in the Global South, even as billions of people were left without access to vaccines.

Following decades of Big Pharma failure, the disastrous inequality of the pandemic must mark a turning point for the way we produce medicines. Never again can Big Pharma be allowed to put profit before people's lives.

A key pillar of the Big Pharma model is intellectual property, which allows companies to retain exclusive ownership over 'inventions of the mind'. Patents allow pharma companies to prohibit the manufacture, use or sale of an invention without the patent holder's permission, for a minimum 20-year period. This market exclusivity is supposed to incentivise innovation to benefit the public. In reality, patents provide excessive financial rewards to patent holders, as the monopoly created by the patent allows high prices to be set.

Studies have shown that Big Pharma's estimates for the cost of producing new drugs are wildly overestimated, even when adjusted for the risks taken in bringing an untested product to market. Big Pharma increasingly buys up the work of public researchers and smaller biotech companies rather than doing its own research and development. In this way, pharma companies build up huge concentrations of market power, which in turn allows them to raise prices sky-high.

The profiteering of these companies is even more scandalous when you consider that every major vaccine was rooted in billions of pounds of public funding. The Oxford-AstraZeneca vaccine was 97% publicly funded, and the Moderna vaccine 100% publicly funded, yet both of these ended up in the hands of private corporations. The case of Moderna, whose vaccine was dependent on mRNA technology developed over decades – and at the cost of billions of dollars – by public scientists in the US, was particularly egregious, with the company making profit margins of over 70%. Meanwhile, the Pfizer-BioNTech vaccine, which also depended on mRNA technology, was supported by nearly half a billion euros of German public funding.

Failing the Global South

Vaccine monopolies proved deadly for people in low- and middle-income countries during the pandemic, but this was far from the first time that Big Pharma has failed people living in the Global South. At the peak of the HIV and AIDS epidemic, and amid annual global deaths of over 2 million, Big

Pharma companies charged a crippling £9,000 per person for key treatments, even though generic companies showed that a 97% reduction in price could still be profitable. When Nelson Mandela's South Africa passed a law that would allow it to import generic medicines, the pharma industry responded with fury, with 39 companies issuing a lawsuit to prevent the action. The companies eventually withdrew, but only after huge resistance from grassroots movements both in South Africa and internationally.

Given that the public is paying for so much of the most important pharmaceutical innovation, governments could do far more to apply conditions on that funding. By doing this, they could ensure cheaper access to drugs, give the public a share of the revenues produced by taxpayer-funded research, and make the medical science available for others to improve on. A more collaborative and open approach to knowledge sharing would likely encourage more medical innovation, especially when compared with the strangling effect of patents and the litigious monopolies that hold onto them.

Our demands

1. Break Big Pharma's patent monopolies and support better ways of rewarding innovation.

2. Share vaccine and treatment technology with lower-income countries, so all countries can make the medicines they need.

3. Attach public-interest conditions to publicly funded research to hold pharma companies accountable.

4. Invest to make the medicines the world needs, not the ones that make the most profit.

5. Build up publicly controlled medicines research and manufacturing, to ensure the right to health for all.

**Third World Resurgence No. 356, 2023, pp 7-10*

2.2. Big pharma opposes WHO and EU attempts to prioritise health over patents in future pandemics

http://aftinet.org.au/cms/aftinet.org.au/cms/latest-news/big-pharma-opposes-proposed-patent-changes
AFTINET is an Australian network of community organisations and many individuals concerned about trade and investment policy. We support fair trade based on human rights, labour rights and environmental sustainability.

28 August, 2023: Negotiations to improve the international response for future pandemics are underway through talks for a new World Health Organisation Global Pandemic Agreement and amendments to the existing International Health Regulations.

The international response to COVID has been heavily criticised as inadequate. The World Health Organisation (WHO) Director-General, described inequities in vaccine access as 'catastrophic moral failure.' In low-income countries vaccination rates were still less than 20% by January 2022, and are now only at 32% in August 2023.

Global Pandemic Agreement negotiations have been stalled by what the WHO Director-General has described as 'vested interests'. A small group of high-income countries including Australia, Japan, Switzerland, the UK and the US, acting in the interests of their pharmaceutical companies, want to retain strict World Trade Organisation Trade-Related Intellectual Property Rules (TRIPs) for 20-year monopoly patents on pandemic-related medicines.

Human Rights Watch has described the Global Pandemic Agreement negotiations as 'essentially a proxy war between corporate interests aiming to entrench intellectual property protections for profit and the WHO and its Global South allies seeking greater accountability and transparency from wealthy governments that enable pharma profiteering.'

G20 health ministers met this month in Gujarat, India. They released an outcome statement, seemingly attempting to 'pre-empt' the outcome of the Global Pandemic Agreement. The statement recognised the importance of tech transfer and knowledge sharing, but, crucially, only under 'voluntary and mutually agreed terms'. This flies in the face of efforts to include legally binding obligations (non-voluntary) commitments to temporarily waive intellectual property rules when an international health emergency is declared. The temporary waiver is intended to speed up the manufacturing of pandemic products at affordable prices, and avoid profit-driven vaccine decisions by pharmaceutical companies which led to such disastrous delays with COVID vaccine distribution.

Pharmaceutical companies have also criticised the EU's recent compulsory licensing proposal released this month. Compulsory licensing, allowed in very particular circumstances under TRIPS, means that governments can enable patented products to be produced without the permission of the patent holder. Compulsory licensing proved, in practice, much too complex to be usefully employed during the COVID pandemic, in part because of legal complexities created by pharmaceutical companies. This prevented a crucial way in which pandemic products could have reached low-income countries.

The EU's reforms are aimed to resolve some of these complexities for future pandemics, but pharmaceutical companies have strongly opposed this move, calling it 'misguided' and 'deeply concern[ing]'.

Both these recent developments have been criticised as attempts by these companies to protect their own interests, at the expense of improving the international response to future pandemics.

2.3 Britain's trade deal with India at risk amid row over cheap generic drugs

India is standing up to pressure !

https://www.telegraph.co.uk/business/2023/08/25/britain-trade-deal-india-row-cheap-generic-drugs/
See also https://12ft.io/proxy?ref=&q=https://www.telegraph.co.uk/news/2023/07/28/india-uk-free-trade-deal-by-end-2023/

A multibillion-pound free-trade deal with India is under threat from a row over the UK's demands for new curbs on the production of cheap generic drugs.

Indian negotiators have rejected Britain's demand that patents on drugs should be extended before cheaper copies can be produced as a means to protect pharmaceutical giants' businesses from generic competitors.

The differences over drug patents as well as India's demands for more visas for nurses and care workers have dampened hopes of any imminent announcement. It is thought final agreement on a free-trade deal is unlikely before the end of the year although there is a possibility parts of it could be announced before then.

At the heart of the Indian drugs patent row is India's thriving generic drug industry which is set against Britain's pharmaceutical prowess that has led to the development of world-leading drugs such as vaccines for Covid.

Britain wants India to accept so-called TRIPS-plus arrangements, which offer longer patent protection for drugs than normally applies under the international agreements to which India has signed up, according to a leaked draft of the free trade agreement.

An official at India's commerce ministry told The Telegraph that the Indian government was strongly opposed to the UK's demand for patent term extensions on drugs and claimed it was unlikely the UK would be able to get it included in the final agreement.

He said the Indian government was 'committed to protecting access to affordable medicines' and that it would not agree to any provisions in the trade deal that would make it more difficult for generic drug manufacturers to operate in India.

'We are still in negotiations over the trade deal, and it is possible that the UK may withdraw its demand for patent term extension,' he said.

More than 120 health and human rights groups and experts have written to Ms Badenoch this weekend urging her to withdraw the proposals which they claimed could threaten the supply of generic medicines not only to low and middle-income countries but also globally.

In their letter, the health experts cited as an example this year's decision by the Indian patent office to reject an attempt by Johnson & Johnson to extend the patent on its tuberculosis drug bedaquiline.

'This case opened the door for other companies to produce affordable generic versions of bedaquiline, with some health experts estimating the cost of treatment could be cut by up to 80pc,' said the experts from 28 countries ranging from Italy and Thailand to India, Ghana and Vietnam.

They added: 'Depriving people of affordable medicines would increase health inequality, as only the wealthiest in our countries may be able to afford these medicines. Moreover, it would add further financial burden on our already stretched health systems.'

Opponents of the UK proposals have warned they could have a knock-on effect in the UK. Four in five of the medicines and drugs used in the NHS are generics, of which a third are from India, meaning about one in four medicines are un-branded Indian versions.

However, officials at Ms Badenoch's business and trade department have strongly denied such claims.

'The NHS, its services and the cost of medicines are not and have never been on the table for any trade deal. We will never agree provisions that would increase the cost of medicines for our NHS,' said a department spokesman.

'The UK's approach to IP is to strike a balance between encouraging innovation and ensuring access to affordable medicines – this has not changed.'

As revealed this week by The Telegraph, India is also demanding more visas for nurses, care workers and IT professionals as the price of a free-trade deal. UK ministers have, however, said there will be no special treatment for Indians under the Government's points-based immigration system for skilled workers.