



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



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HAIAP News Bulletin, 1 October 2023

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1. News from HAIAP

1.1. HAIAP Malaysia Group meeting September 11, 2023

Key participants from the Penang HAIAP Forum met by Zoom to discuss their ongoing collaboration with HAIAP. We are very happy to have a strong group of wonderful HAIAP colleagues to move forward together.

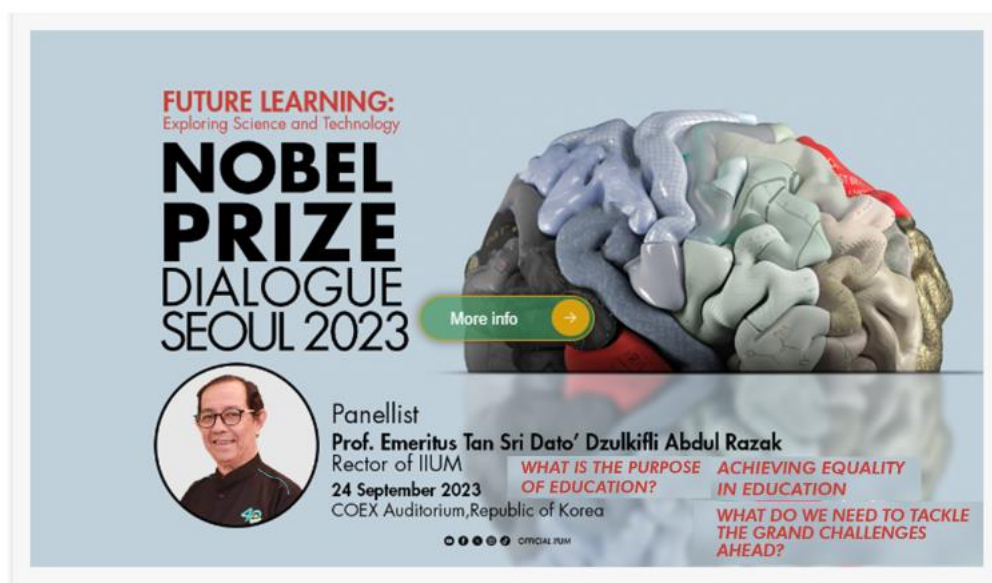
We will be exploring possible projects we can work on together as well as activating our news exchange.

1.2. Nobel Prize Dialogue

Prof Emeritus Tan Sri Dato' Dzulkifli Abul Razak participated in the Nobel Prize Dialogue in Seoul September 24
Future Learning: Exploring Science and technology

<https://www.youtube.com/watch?v=GliERCOJSxs>

His contribution starts at 6.20.10



1.3 The Fifth People's Health Assembly of the People's Health Movement will be held in Mar del Plata, Argentina from 7-11 April 2024.

<https://phmovement.org/pha5>

In view of the political changes in Latin America, in terms of more progressive governments that have been lately elected, this gathering provides a unique opportunity for strengthening the movement in Latin America and will inspire the social movement around the world. The PHM-Latin America coordinating committee emphasised that hosting the Assembly in the region will benefit from the large-scale mobilisation process in Latin America since the previous decision of organising the Assembly in Colombia.

HAIAP was one of the founders of the PHM at the inaugural assembly at Gonoshasthaya Kendra in 2000.

2. Information sharing

2.1 Gandhi Jayanti, celebrated annually on 2nd October, marks the birthday of Mohandas Karamchand Gandhi, revered as [Mahatma Gandhi](#).

http://timesofindia.indiatimes.com/articleshow/104040398.cms?from=mdr&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Gandhi Jayanti, celebrated annually on 2nd October, marks the birthday of Mohandas Karamchand Gandhi, revered as [Mahatma Gandhi](#). He is considered an eminent leader in India's struggle for independence against British colonial rule. This day holds profound historical significance and serves as a tribute to the man who championed non-violence, civil disobedience, and truth as powerful means for social and political transformation.

2.2. UNGA: Political Declaration on pandemic pays lip service to equity

<https://www.twn.my/title2/health.info/2023/hi230903.htm>

Chee Yoke Ling and KM Gopukumar provide a detailed analysis and explanation of the text of the Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR) that was presented to the United Nations General Assembly (UNGA) High Level Meeting on 20 September, saying it merely pays lip service to equity.

Many observers including developing country delegates are concerned that mere reaffirmation of the right to use the TRIPS flexibilities is not enough without addressing the various barriers to use of those flexibilities. The most important barrier is the bilateral political pressure from developed countries against the use of TRIPS flexibilities.

2.3. Medicines Law and Policy: Current drafts of the WHO Pandemic Accord lack a provision for access to knowhow/trade secrets. ML&P drafted one.

Read it here

https://medicineslawandpolicy.org/wp-content/uploads/2023/09/Revised-MLP-Proposal-for-knowhow-trade-secret-sharing_final.pdf

Negotiations are currently taking place at the World Health Organization (WHO) to conclude a new pandemic agreement by May 2024. The objective of the new agreement is to learn from mistakes made during the Covid-19 pandemic and to be better prepared for future outbreaks. A key learning from the Covid-19 pandemic is the need to address access to intellectual property to assure timely and equitable access to pandemic counter-measures. An important issue that is not adequately addressed in drafts of the agreement that have so far been publicly available is the sharing of knowhow and trade secrets necessary for the production of pandemic products. Knowhow/trade secrets sharing is particularly important for more complex medical technologies that cannot be easily replicated with access to patents alone. Examples include vaccines and monoclonal antibodies. Therefore, the new WHO pandemic instrument needs to include a provision for access to knowhow/trade secrets. We have drafted a proposal for such a provision.

2.4. The role of patients in health policy and the problem with industry links to patient groups - ISIUM newsletter September 2023

Read the whole report of the conversation:

<https://mail.google.com/mail/u/0/#inbox/WhctKKZGfHqjRXSpLvVJMnQtsnqjFXngqLhnqCgTffRJjmszjvHCbctgLbbmTzcrFrDqzKB?projector=1&messagePartId=0.1.1>

The ISIUM newsletter September 2023 featured a conversation about the role of patients in health policy and noting that patient groups are taking an ever-increasing role in shaping health care policy, especially when it comes to prescription medications. However, this role is often complicated by the source of funding for these groups. The conversation was led by Joel Lexchin from Canada along with Lisa Parker from Australia and Sharon Batt from Canada.

Lisa Parker is a medical doctor and researcher in Sydney, Australia. Her work focuses on industry influence in health care, including the interactions between patient groups and pharmaceutical companies.

Joel Lexchin spoke of the early 1990s when Health Canada still funded patient groups, which has since ceased, and now the number of patient groups that use industry for funding has grown considerably. Associated with this the

influence of industry on health policy has been growing. This affects government consultation with stakeholders, potentially affecting independence of opinions.

Lisa and colleagues have converted published company reports into a searchable database of funding to patient groups. Lisa used this data and interviews with patient group staff to investigate how relationships between industry and patient groups unfold. She found high confidence among patient group staff that they are not influenced. However, some patient groups had no formal conflict of interest management process, with a lack of disclosure and policies.

Patient groups were aware they were only getting funding from industry when there was a product to sell; and they were aware their voice was silenced once they did not have anything the industry wanted to hear. The messages not communicated strongly are concerns about drug safety, interest in non- drug management, or high drug prices. The limitation of only hearing voices pharmaceutical companies want us to hear is a major concern. There is space for independent guidance on how to avoid industry funding and/or how to engage more safely with industry, including, for example, an independent template for a funding agreement with industry.

John Jackson from Australia talked about his research into policy on pharmacy practice and vested interests. Industry policy is masked as health policy. There is a need to distinguish between the patient groups that are established by the drug companies (particularly for disease states with a single therapy) and those groups that are established by patients or patient carers. The first have commercial interests masked by a veil of need and the second are driven by genuine need and often desperation to access care.

2.5. Lancet: Richard Horton says Primary Health Care is not enough

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2823%2901843-3>

Perhaps you don't agree. For example, our HAIAP colleagues at Gonoshasthaya Kendra in Bangladesh, Jamkhed in Maharashtra India, HANDS in Pakistan and in Kerala health services are expanding and strengthening PHC services to encompass the challenges of new disease profiles.

Richard Horton says *inter alia*

The solution offered to delegates at the UNGA this year is the same as that proclaimed in 2019— primary healthcare. In 2019, the call was to prioritise primary healthcare as 'a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving UHC'. The 'fundamental role' of primary healthcare is, once again, central to the 2023 vision for UHC—'90% of essential interventions for UHC can be delivered using a primary healthcare approach.' But these statements lack ambition, are desperately misguided, and display a wilful ignorance of the growing needs of disadvantaged populations worldwide. The stubborn persistence of this narrow approach to UHC utterly fails to recognise the transformation in disease profiles taking place in low-income and middle-income settings. Primary healthcare alone is insufficient to meet the demands of this new health landscape. Take cancer as one example. *The Lancet Oncology's* 2022 Commission on Cancer in sub-Saharan Africa estimated a major increase in cancer mortality—from 520 000 deaths in 2020 to 1 million deaths by 2030. With the population of sub-Saharan Africa predicted to grow from 1 billion people in 2017 to over 3 billion people by 2100, we will see a dramatic increase in demand for cancer services in countries already struggling to meet the health needs of their populations. As *The Lancet Oncology* Commission argued, rapid expansion of services for screening, diagnosis, and treatment is an urgent priority. CT, MRI, and PET scanning facilities are the bedrock for the modern diagnosis and monitoring of cancers, but are lacking in many countries. Access to chemotherapy, presently low in Africa, will need to be massively scaled up. Immunotherapy has transformed cancer care in western countries, but its delivery demands hospital-based services and a more specialised workforce. The same facility-based needs apply for surgical care and radiotherapy. If the global health community truly believes in "health for all", we need to upgrade our vision for UHC to include specialist hospital care. The current preoccupation with primary healthcare condemns millions of people to disease, pain, and death. This acceptance of failure is intolerable.....

2.6. Medicines donations: a review of policies and practices

Hannah Permaul Flores, Jillian C. Kohler , Deirdre Dimancesco, Anna Wong and Joel Lexchin

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-023-00964-3>

Joel Lexchin and others look at the continuing problems associated with inappropriate medicines donations - problems that were first addressed by guidelines from the World Council of Churches in 1988 but continue to plague us.

Findings suggest that both donors and recipients could further align their policies with the existing *Guidelines* and both groups should be consulted on any revisions to ensure that their experiences are reflected and their needs are addressed. While the current *WHO Guidelines for Medicine Donations* are a solid base for medical humanitarian efforts, evidence points to the need for an update to meet current challenges.

See also

<https://www.haiasiapacific.org/?s=Donations>

2.7. Infection prevention and control guideline for Ebola and Marburg disease - World Health Organization (WHO) August 2023

<https://www.who.int/publications/i/item/WHO-WPE-CRS-HCR-2023.1>

Ebola and Marburg disease outbreaks remain important public health threats. The newly published WHO Infection prevention and control guideline for Ebola and Marburg disease contains the Organisation's most up to date recommendations for IPC measures to be implemented in all health facilities when caring for people with, or managing outbreaks of, Ebola or Marburg disease.

This comprehensive guideline is based on GRADE methodology and uses the best available evidence to ensure patients with Ebola or Marburg disease can be safely cared for while preventing transmission within health facilities and promoting health and care worker safety. This guideline includes **11 new recommendations** and **10 new good practice statements**. Nine recommendations from previously published IPC documents have been carried forward and are included in this new document.

This guideline replaces three previously published IPC guidance/guidelines from 2014 and 2016.

The guideline is available in both a [downloadable pdf](#) file and an [online platform](#).

<https://iris.who.int/bitstream/handle/10665/372261/WHO-WPE-CRS-HCR-2023.1-eng.pdf>

2.8. Doubt about efficacy of oral phenylephrine.

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-clarifies-results-recent-advisory-committee-meeting-oral-phenylephrine>

Phenylephrine is extremely common as an ingredient of OTC oral cough and nasal decongestant preparations. There is currently doubt about its efficacy and FDA is considering the removal of its monograph.

FDA held a Non-prescription Drug Advisory Committee meeting Sept. 11-12, 2023, to discuss the effectiveness of oral phenylephrine as an active ingredient in over-the-counter (OTC) cough and cold products that are indicated for the temporary relief of congestion, both as a single ingredient product and in combination with other ingredients.

Many OTC medicines, including phenylephrine, are sold because they have an ingredient that FDA generally recognizes as safe and effective when used as recommended on the product labelling, which is documented in an 'OTC monograph.' If FDA determined that oral phenylephrine is not effective, the agency would first issue a proposed order removing phenylephrine from this monograph. The public would then have the opportunity to comment on the proposed order. If, after considering the comments, FDA continued to conclude phenylephrine is not effective, the agency would issue a final order removing this ingredient from the monograph, and phenylephrine would no longer be considered safe and effective.

2.9. Under the knife: the 2024 health budget for the Philippines

By Maricar R. Piedad

<https://www.ibon.org/2024p-health-cuts/>

In the 2023 State of the Nation Address (SONA), President Ferdinand Marcos Jr vowed that the health system would go through structural changes. But the proposed 2024 budget for the sector is slashed by Php2 billion, while the new appropriations for the Department of Health (DOH) Office of the Secretary (OSEC), which facilitates most of the health programs, is decreased by 4.8% from Php199.12 billion in 2023 to Php209.13 billion in 2024. The DOH-OSEC itemised budget further shows grave prognosis for public health.

The 2024 proposed health budget reflects the Marcos Jr administration's utter neglect of public health – by giving a low budget to direct service provision, increasing the financialization of healthcare by relying on insurance, and defaulting on its national responsibility by commercializing health services down to the local government level.

The government continues to turn over public health to private sector hands to provide for the health needs of the people. The UHC framework only serves as the mechanism to realize health privatization and commercialization and government's main health governing policy. This has only weakened and debilitated the system.

2.10. 19th International Association of Health Policy Europe (IAHPE) conference on 'Capitalism, Pandemics and Public Health' Thursday 21st September 5.30pm (EEST) until Sunday 24th September 2.30pm (EEST).

<https://iahponline.org/>

Every capitalist epoch presents distinct struggles for health, social justice, and access to health care. The onset of this decade has been characterised by growing health and health care disparities. In addition to having increased the class divide in accessing health services, healthcare, and vaccines worldwide, the COVID-19 pandemic illustrates the global public health crisis within the context of a planetary health emergency. Both have been propelled by a cynical economic system that prioritizes profit-making at the detriment of planetary needs. Furthermore, ongoing conflicts and wars over resources – which exacerbate nationalism amidst an increasingly unstable climate – continue to shape the political economy of health worldwide. Human engagement with the planet is imperative for understanding and strengthening public health and health care systems against future threats. Within the above context, the 19th IAHPE Conference focussed on looking forward to preparing for future public health challenges. addressing the following themes:

PHM is one of the Supporting and Participating Organisations and Chan Chee Khoon contributed a key address.

<https://www.researchgate.net/publication/357864783> Time to get serious about an Asean NWFZ

The full programme of the conference is available online at: <https://iahponline.org>