



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



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HAIAP News Bulletin, 1 April 2024

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1. News from HAIAP

1.1 HAIAP activities - Books at TWN

We are very grateful to TWN for agreeing to house our HAIAP resources.

A large number of HAIAP-related books and documents is now being held at TWN - 131 Jalang Macalister in Penang. Catherine Hodgkin - a well known colleague associated with HAI Amsterdam has also donated from her collection. The result is that there is now a collection of significant resources that can be useful for anyone interested in our history and activities associated with access to essential medicines or for preparing an academic treatise or other publication on any aspect of our interests and activities.

1.2 Where There Are No Pharmacists Mozambique

Where There Are No Pharmacists is being used in Mozambique for training health workers. Portuguese translation is being prepared.

Where There Are No Pharmacists is worth looking at again. You might find something you would like to use or share. As Dr Bala said in his Foreword to the book:

'Persons or programs are encouraged to translate it into their national languages for preparing their manual for health workers. *Where There Are No Pharmacists* can be used in full or in portions provided it is distributed free or at cost without any profit.

'Knowledge associated with medicines and healthcare should not be a guarded secret among health professionals but freely shared by everyone. There is an increasing need to demystify medicines. People with little or no formal education can also be trusted to grasp what is communicated if the communication tool is comprehensive enough. And hopefully, *Where There Are No Pharmacists* is just that.'

Please ask me if you like a 'Word' copy for accessing sections of the book that you need. (Bev Snell)

1.3 Reminder WAAW - November 18-24 2024

Community projects/studies around antimicrobial resistance (AMR) will be undertaken during 2024 and during **World Antimicrobial Resistance Awareness Week** the results of those studies will be reported at an event in Penang along with the presentation of the winning videos from the **Catalyst Video Competition** and their Awards - to be jointly organised by HAIAP, USM, TWN, CAP with the support of the Ministry of Health of Malaysia,.

The publicity for the **HAIAP Catalyst Video Competition**, which is running again this year, has already been prepared by Dr Hadzliana Zainal (USM).

(See details about the video competition this year

<https://www.haiasiapacific.org/what-is-on/>

A description of last years three winning videos can be seen here <https://www.haiasiapacific.org/events/haiap-forum-penang-may-27-28-2023-health-for-all-the-way-ahead/> Scroll to the end of the report.

and the three winning videos can be seen.....

<https://youtu.be/iThaso5K-kl>

<https://youtu.be/eYks0YyPv4A>

<https://youtu.be/QpnoYRHRhek>

1.4 More reminders -

1.4.1 April 2024 HAIAP News is being prepared

Please send contributions NOW.

1.4.2 HAIAP Website <https://www.haiasiapacific.org>

The HAIAP website is intended as a source of information about our history, interests, battles and activities, and includes all issues of our publications, eg HAIAP News and monthly Bulletins as well as records of major events. It is also a 'library' of significant useful publications from all sorts of sources.

Clearly the website must be more user friendly and we will work on that.

Also it must be more **visible**.

We are asking our colleagues to visit the website and have a good look around. We have some ideas how to make it tidier and more user friendly (and we are getting onto that) but we would very much appreciate your ideas too.

Also, if you are involved with other organisations please could you get a link to HAIAP included on their site if possible.

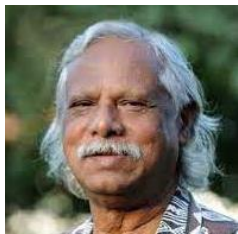
Health Action International Asia Pacific (HAIAP) <https://www.haiasiapacific.org>

Let's see if we can become more visible and useful.

2. Information sharing

2.1 Bangladesh Independence Day March 26

Bangladesh Independence was [declared](#) on 26 March 1971, and that date is celebrated as [Independence Day](#), from [Pakistan](#). The [Bangladesh Liberation War](#) started on 26 March and lasted till 16 December 1971 which is celebrated as [Victory Day](#) in Bangladesh.



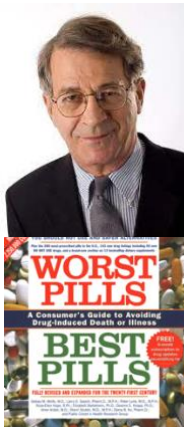
During the war, 30-year old Zafrullah Chowdhury, who trained as a surgeon in the United Kingdom, left London with a few colleagues and returned to Bangladesh. There they established the Bangladesh Field Hospital at the border with India to treat wounded fighters and civilian refugees. After the war, they stayed on to contribute to the war torn new country's rebuilding effort, and Gonoshasthaya Kendra was born.

Read more: <https://www.haiasiapacific.org/dr-zafrullah-chowdhury-1941-april-11-2023/>

2.2 Vale Sidney Wolffe

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2824%2900542-7>

From *The Lancet* Obituary:



Consumer health advocate and physician, born on June 12, 1937, in Cleveland, OH, USA, he died of a brain tumour on Jan 1, 2024, in Washington, DC, USA, aged 86 years.

There was little precedent for Sidney Wolfe's tireless advocacy to get dangerous medicines and medical products off the market, to strengthen their regulation, and to improve the delivery of health care.

'There is a tradition of public interest lawyering, but not of public interest doctoring', said Robert Weissman, President of Public Citizen, a consumer rights advocacy group based in Washington, DC, USA. Wolfe 'invented a lot of advocacy approaches', he said. As the Director of Public Citizen's Health Research Group, Wolfe armed himself with scrupulous research to challenge the pharmaceutical industry or question the decision making of the US Food and Drug Administration (FDA). He 'often won due to his focus on rigorous science, rigorous evidence.'

Worst Pills Best Pills published in 1988 is familiar to many HAIAP colleagues.

2.3 World Health Day, April 7, 2024: *My health, my right*

Around the world, the right to health of millions is increasingly coming under threat.

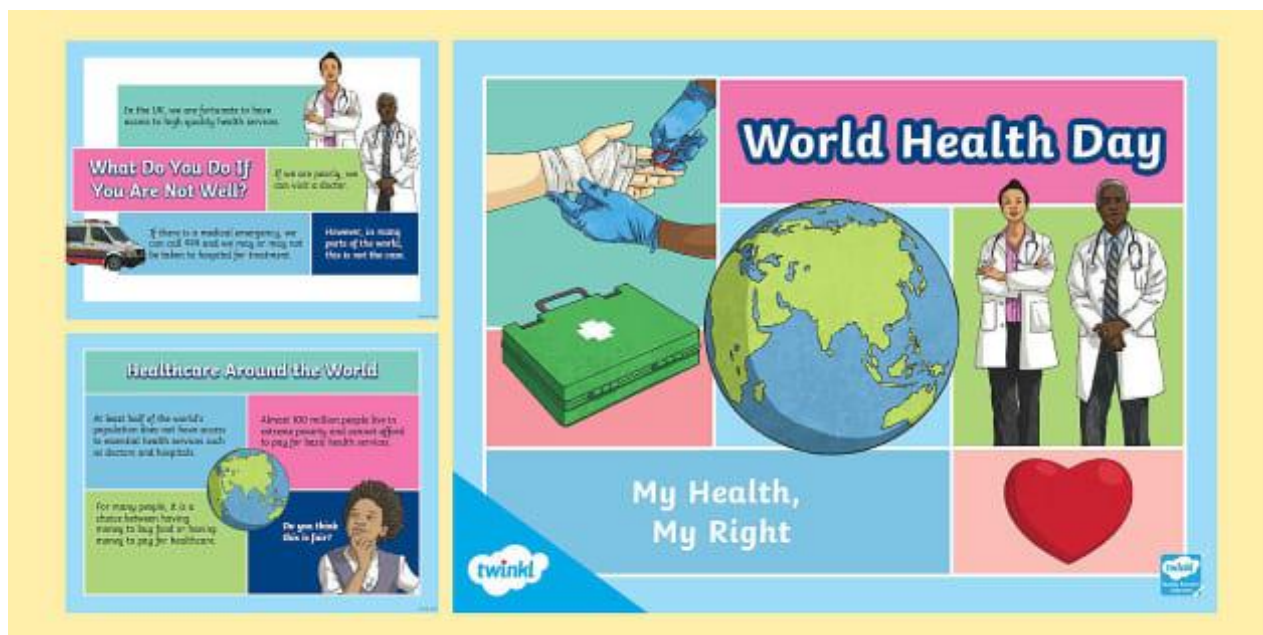
Diseases, conflicts and disasters loom large as causes of death and disability.

Conflicts are devastating lives, causing death, pain, hunger and psychological distress.

The burning of fossil fuels is simultaneously driving the climate crisis and taking away our right to breathe clean air, with indoor and outdoor air pollution claiming a life every 5 seconds.

The WHO Council on the Economics of Health for All has found that at least 140 countries recognise health as a human right in their constitution. Yet countries are not passing and putting into practice laws to ensure their populations are entitled to access health services. This situation underpins the fact that at least 4.5 billion people — more than half of the world's population — were not fully covered by essential health services in 2021.

To address these types of challenges, the theme for World Health Day 2024 is 'My health, my right'.



Marking the 75th anniversaries of the Universal Declaration of Human Rights and the World Health Organization, this event will look at how to continue to advance human rights for health, even in the face of serious emergencies.

The theme was chosen to champion the right of everyone, everywhere to have access to quality health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination.

War on Gaza is a health justice issue

With 95% of Gaza's population lacking access to safe water and Gaza's water and sanitation and health care systems battered by airstrikes, young children face heightened risk of infectious and waterborne diseases like cholera and typhoid, as well as chronic diarrhea.¹

Famine in Gaza is occurring, with immediate and long-term health consequences² according to the analysis from the Integrated Food Security Phase Classification (IPC) partnership.

'The current situation will have long-term effects on the lives and health of thousands. Right now, children are dying from the combined effects of malnutrition and disease. Malnutrition makes people more vulnerable to getting severely ill, experiencing slow recovery, or dying when they are infected with a disease. The long-term effects of malnutrition, low consumption of nutrient-rich foods, repeated infections, and lack of hygiene and sanitation services slow children's overall growth. This compromises the health and well-being of an entire future generation.

'Famine can be halted— and it requires urgent and proactive measures from parties to the conflict and the international community. They must immediately curb the rapidly escalating hunger crisis in the Gaza Strip, garner political support to put an end to the hostilities, mobilise necessary resources and ensure the safe delivery of humanitarian aid to the people of Gaza.'

World Health Day Campaign site: <https://www.who.int/campaigns/world-health-day/2024>

2.4 Countering misinformation

Practical Playbook for Countering Misinformation from Johns Hopkins University Centre for Health Security, February 2024.

https://centerforhealthsecurity.org/sites/default/files/2024-02/24-02-14-cdc-misinfo-playbook_0.pdf² 3 Industry:

The playbook builds on the Centres for Disease Control (CDC) Health Information Management and Alert System which provides a framework to tackle circulating health misinformation. It is worth a look to see if it can be useful.

¹ <https://www.aljazeera.com/opinions/2024/3/1/the-war-on-gaza-is-a-health-justice-issue-too>

² <https://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-97/en/>

What is this playbook for?

This practical playbook is designed to help public health and medical professionals and other health communicators—such as yourself—understand when to step in and what actions to take to address rumors and misinformation related to public health issues.

The playbook can help you (1) **prepare for** health-related rumors, (2) decide **when to act**, (3) determine which **actions to take** to address misinformation, (4) **develop messages** to address misinformation, and (5) **gather feedback** about your messages.



The actions outlined in the playbook assume the following:

- Your institutional leadership supports misinformation management activities.
- Staff members are available and have the time and resources to carry out the suggested actions.
- Your organization can identify misinformation that is circulating.

Note: This playbook's recommended actions may help manage the spread of misinformation and the problems it creates but are unlikely to completely alleviate the concern.

CDC's Action Plan:

Health Information Management and Alert System (HIMAS)



Figure 1. CDC's Health Information Management and Alert System (HIMAS)

2.5 WHO List of Medically Important Antimicrobials

WHO released this year the guidance 'WHO List of Medically Important Antimicrobials (MIA): a risk management tool for mitigating antimicrobial resistance due to non-human use'. It is a tool that provides guidance for authorities in the public health and animal health sectors, veterinarians, prescribers of antimicrobials, and agricultural professionals, to support decision-making to minimise the impact of antimicrobial use in non-human sectors on antimicrobial resistance (AMR) in humans. As such, the guidance complements the WHO AWaRe (Access, Watch, Reserve) framework; but it also aligns with related guidance of the Food and Agriculture Organization (FAO), the United Nations Environmental Programme (UNEP) and the World Organisation for Animal Health (WOAH).

The MIA list categorises antimicrobial classes as critically important, highly important, and important to human medicine, eg based on its role to treat serious bacterial infections, and bacterial infections possibly transmitted from non-human sources. For instance, it contains a list of 21 antimicrobials marked as 'authorised for use in humans only', such as plazomicin, aminomethylcycline, anti-pseudomonal penicillins with and without β -lactamase inhibitors, carbapenems with or without inhibitors, third- and fourth-

generation cephalosporins with β -lactamase inhibitors, sulfones, as well as medicines critical to treating tuberculosis and other mycobacterial diseases.

A second category of medically important antimicrobials refers to those 'authorised for use in both humans and animals' (further broken down into 'highest priority critically important antimicrobials (HPCIA),' 'critically important antimicrobials (CIA),' 'highly important antimicrobials,' and 'important antimicrobials.').

You can find additional information here: [WHO publishes the WHO Medically Important Antimicrobials List for Human Medicine](#) ; and here: [WHO Issues First-Ever List Of Antimicrobials With Category 'For Use In Humans Only' - Health Policy Watch \(healthpolicy-watch.news\)](#)

[2024 WHO WHO List of Medically Important Antimicrobials.pdf](#)

2.6 Medicines Law and Policy on TRIPS

<https://medicineslawandpolicy.org/>

At the 9th session of the Intergovernmental Negotiating Body (INB9), 18 March 2024, **Ellen 't Hoen**, Director, Medicines Law and Policy Director, spoke on the Intervention to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

'Thank you for the opportunity to speak. Covid-19 exposed grave inequity in access to pandemic countermeasures and lack of access to manufacturing know-how. This is one of the important reasons why we are here. My comments focus on article 11 transfer of technology and know-how. The draft before us contains some important improvements compared with the last version discussed at INB8.

'1. We welcome the clearer language on commitments to technology and know-how sharing as well as to transparency.

'2. The provisions related to intellectual property (IP) in the draft operationalise provisions in World Trade Organization (WTO) rules – and do not contradict them.

'3. Also welcome is the recognition of Parties' rights to use the WTO Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities. Recognition of existing rights does of course not change the status quo. **But an unambiguous commitment not to challenge the use of these rights, in Article 11, would.**

'4. A provision to guarantee access to undisclosed information or know-how is still missing. We have drafted a proposal for such a provision, which is in an annex to this statement.'

Annex: How to solve the know-how problem in the WHO Pandemic Accord

By Christopher Garrison

<https://medicineslawandpolicy.org/2024/03/intervention-at-intergovernmental-negotiating-body-to-draft-and-negotiate-a-who-convention-agreement-or-other-international-instrument-on-pandemic-prevention-preparedness-and-response-9th-session/>

2.7 Donald Light: Good Pharma and Bad Pharma

See <https://www.donaldlight-pharma.com/>

5 MYTHS & PILLARS OF CURRENT PHARMACEUTICAL POLICY

eg 1. *'Most new drugs are 'life-saving' and must be rushed to patients who need them.'*

Responses:

- a. Most new drugs are not for life-threatening conditions. Perhaps 10 percent.
- b. Independent reviewers judge about 90% new drug products as clinically little or no more effective or safe than existing drugs. (Consistent pattern for 40 yrs)
- c. About 1% new drugs would be 'life-saving.' (10% x 10% = 1%)
- d. Companies spend most R&D on developing minor variations for new patents; and on massive marketing that promotes them as 'better.'
- e. Inverse Benefit Law: More marketing dilutes benefits and proliferates risks of harms.

.....See selected articles <https://www.donaldlight-pharma.com/>