



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



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HAIAP News Bulletin, 1 August 2024

1. News from HAIAP

1.1 New book from Dr Ekbal

Dedicated to Dr Zafrullah Chowdhury at Medico Friends Circle 50th anniversary

1.2 Nipah outbreak in Kerala

1.3 Reminder- HAIAP website

2. Information sharing

2.1 New HIV medicine, lenacapavir, by Gilead Sciences

2.2 ISIUM conference proceedings

2.3 AMR Campaign: Task force of AMR survivors

2.4 World Hepatitis Day July 28

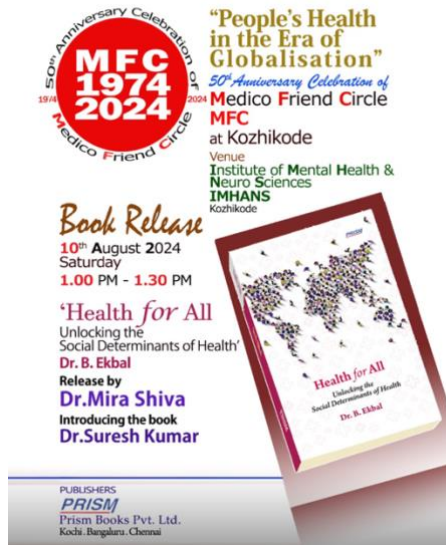
2.5 Lancet: More attention should be given to commercially driven health harms

2.6 MSF Access Campaign to close

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1. News from HAIAP

1.1 Dr B Ekbal book



Dr B Ekbal's new book 'Health for All- unlocking the social determinants of health' will be launched at the 50th anniversary of the Medico Friends Circle on 10 August, 2024. Dr Mira Shiva will introduce the book. The book is dedicated to Dr Zafrullah Chowdhury.

We will cover Dr Ekbal's book in more detail in the August edition of HAIAP News.

Medico Friends Circle (MFC)¹ is a nationwide group of socially conscious, secular, pluralist, pro-people, pro-poor health practitioners, scientists, and social activists interested in the health problems of the people of India.

Since its inception in 1974, MFC has critically analysed the existing health care system and has tried to evolve an appropriate approach towards health care that is humane and can meet the needs of the vast majority of the people in India. MFC's commitment has been to intervene in and understand the debates, policies, and practices of health in India. It has tried to evolve an

appropriate approach towards health care that is humane, and which can meet the needs of most of the people in India. It tries to foster among health workers an ethos that upholds human values and aims at restructuring the health care system.

1.2 Nipah virus outbreak in Kerala

A new Nipah virus outbreak was detected in Kerala in July. Checkpoints at the Tamil Nadu borders were put in place quickly to prevent spread to that state from Kerala

Nipah is a zoonotic virus which can cause a severe respiratory infection and attack the brain. It was first detected in 1999 during an outbreak among Malaysian pig farmers, and was also found in Singapore. While no new infections have occurred in either location, there have been periodic flare-ups in Bangladesh and India since 2001. The Malaysian outbreak is believed to have been caused by the virus spreading from infected pigs to humans. But in India and Bangladesh, the most likely transmission path is thought to be from the consumption of fruit products — such as date palm sap — contaminated by the urine or saliva of infected fruit bats, according to the WHO. WHO also said that a high percentage of subsequent outbreaks likely involved human-to-human transmission.

<https://pib.gov.in/PressReleaseFramePage.aspx?PRID=2034771#:~:text=A%20case%20of%20Nipah%20virus,higher%20health%20center%20in%20Kozhikode.>
Ministry of Health and Family Welfare

75
Azadi Ka
Amrit Mahotsav

Notice posted July 21

A Nipah virus patient in Mallapuram district of Kerala, confirmed by NIV, Pune succumbs to the disease
Immediate public health measures have been advised by the Centre to contain the disease
A joint outbreak response Central team will be deployed to assist the State with case investigation, identification of epidemiological linkages, and technical support

Posted On: 21 JUL 2024 3:29PM by PIB Delhi
A case of Nipah virus has been detected in Mallapuram district of Kerala. A 14-year-old boy from Mallapuram exhibited AES symptoms and was admitted to a healthcare facility in Perinthalmanna before being transferred to a higher health center in Kozhikode. However, the patient later succumbed to the disease. The samples were sent to NIV, Pune which has confirmed a Nipah virus infection.

The Centre has advised the following immediate public health measures to be taken by the State government:

- Active case search in the family of the confirmed case, the neighbourhood, and areas with similar topography.
- Active contact tracing (for any contacts) during past 12 days.
- Strict quarantine of the contacts of the case and isolation of any suspects.
- Collection and transportation of samples for lab testing.

A multi- member joint outbreak response team from the National 'One Health Mission' of Union Health Ministry will be deployed to support the State in investigating the case, identifying epidemiological linkages, and providing technical assistance.

Additionally, at the State's request, ICMR had sent monoclonal antibodies for patient management, and a mobile BSL-3 laboratory for testing additional samples from contacts has arrived in Kozhikode. The Monoclonal Antibodies had reached before the patient died but could not be used due to his poor general condition.

It is important to note that outbreaks of Nipah Virus Disease (NVD) have been reported in Kerala in the past, with the most recent one occurring in 2023 in the Kozhikode district. Fruit bats are the usual reservoir of the virus, and humans can become infected by accidentally consuming bat-contaminated fruits.

MV
HFW/NipahVirusDetectedinKerala/21st July/1

Read this release in: [Urdu](#), [Hindi](#), [Hindi MP](#), [Marathi](#), [Manipuri](#), [Bengali](#), [Punjabi](#), [Tamil](#), [Telugu](#), [Malayalam](#)

¹ <https://mfcindia.org/about/>

The emergence of Nipah and Hendra (found in Australia in 1994 affecting horses and humans) is a direct result of deforestation and habitat destruction causing the bat hosts to look for new habitat.² Previously the relevant bats had been living entirely in undisturbed remote forests.

In our book *HAIAP at 40*³ from Page 102 Dr Ekbal explains in detail how the 2018 outbreak was managed and contained in Kerala and how learning from that experience assisted Kerala's response to Covid-19. The Nipah virus first appeared in Malaysia 1998/99. See page 253 *HAIAP at 40*.

How does a new virus suddenly appear?

It is probable that initial transmission of Nipah from bats to pigs occurred in late 1997/early 1998 through contamination of pig swill by bat excretions, as a result of migration of the host forest fruit bats to cultivated orchards and pig-farms, driven by deforestation, fruiting failure of forest trees during the El Niño-related drought and anthropogenic fires in Indonesia in 1997-1998.

Lessons from the Nipah virus outbreak in Malaysia -

https://www.mjpath.org.my/2007.2/02Nipah_Virus_lessons.pdf is a particularly good comprehensive reference.

The Hindu July 27 covered Kerala's fast response to the latest Nipah outbreak.

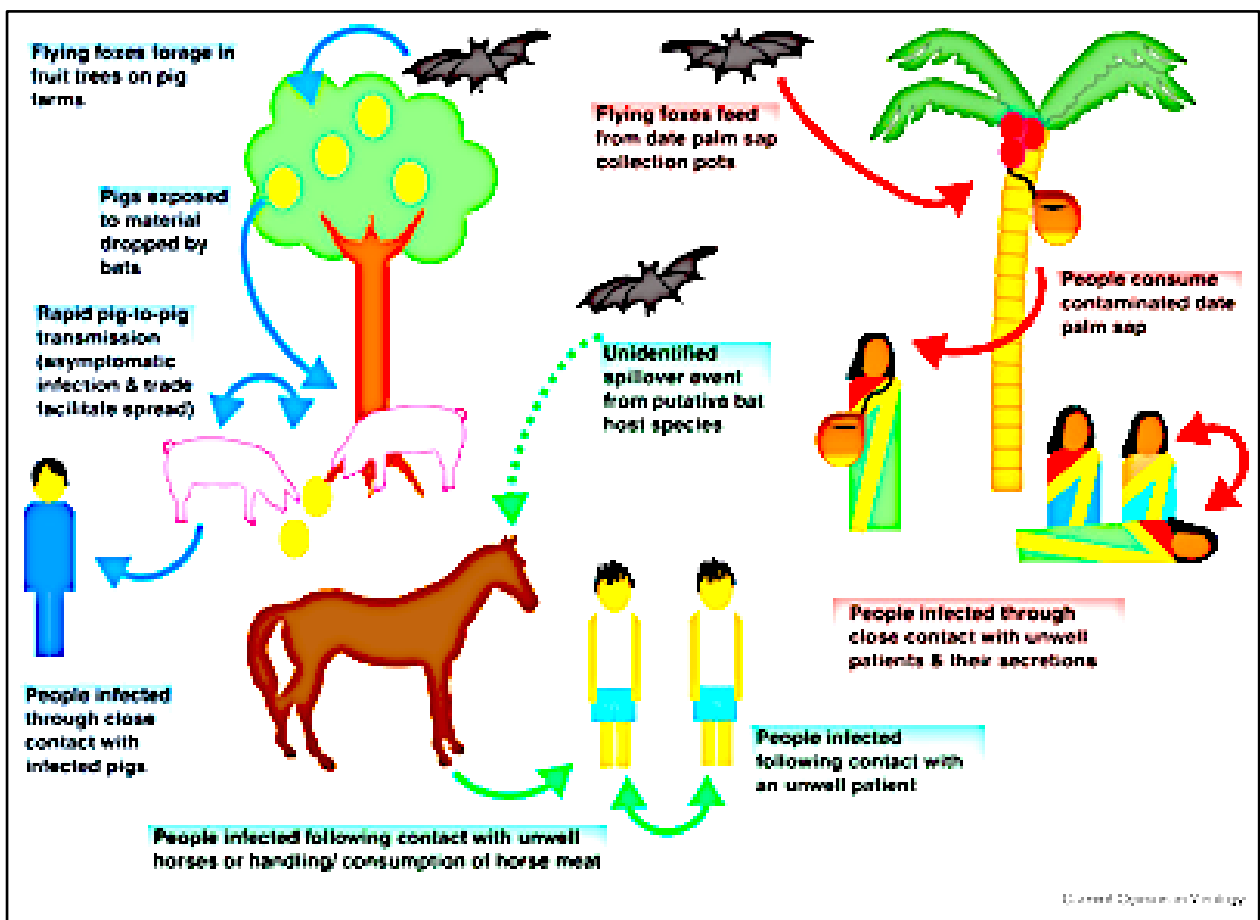
Major references

<https://www.thehindu.com/sci-tech/science/kerala-breaks-the-shackle-of-centralised-testing-sequencing/article68450219.ece>

<https://www.pnas.org/content/pnas/117/46/29190.full.pdf>

https://www.mjpath.org.my/2007.2/02Nipah_Virus_lessons.pdf

<https://www.cnbc.com/2024/07/25/nipah-virus-outbreak-what-you-need-to-know-as-india-issues-an-alert.html>



² <https://www.sciencedirect.com/science/article/abs/pii/B9781455748013001636> Zoonotic Paramyxoviruses: Nipah, Hendra, and Menangle Anna R. Thorne, Raphael Dolin

³ Page 102. Download the book here: <https://twn.my/title2/books/HAIAP%20at%2040.htm>

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

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>

2. Information sharing

2.1 New HIV medicine, lenacapavir, by Gilead Sciences

The International AIDS Conference was happening in Germany the last week in July - **the perfect platform for Gilead Sciences to announce its rollout plan for this HIV vaccine. But?**

<https://www.iasociety.org/conferences/aids2024>

Research shows the new HIV medicine, lenacapavir, by Gilead Sciences could cost just \$40 per year instead of \$40,000 USD.

<https://www.theguardian.com/global-development/article/2024/may/30/celebrities-join-campaigners-in-call-for-cheaper-version-of-gamechanger-hiv-drug-for-poorer-countries>

There is global pressure for Gilead to make HIV medicine accessible and affordable for everyone.

The US company Gilead Sciences has been urged to “shape history” by avoiding a repeat of the “horror and shame” of the early years of the Aids pandemic, when 12 million⁴ lives were lost in poorer parts of the world after effective drugs became available, because the medicines were not affordable.

Gilead’s drug, Lenacapavir, can treat HIV when given as two injections a year. Ongoing trials are expected to show it is also an effective prevention drug.

It is currently only available in a handful of wealthy countries and has a list price⁵ of \$42,250 (£33,170) in the US for the first year of treatment, and \$39,000 for subsequent years. The company’s patent will not run out for almost two decades.

<https://peoplesmedicines.org/wp-content/uploads/2024/05/Gilead-Open-LetterMay-2024.pdf>

2.2 ISIUM conference proceedings

You can see from the table of contents that there were some very useful presentations.

The whole proceedings document is here: <https://isium.org/wp-content/uploads/ISIUMConference2023Proceedings-compressed.pdf>

The Program and Abstracts are here

<https://isium.org/wp-content/uploads/ConferenceProgram20201007CorrectedForWebsite.pdf>

⁴ <https://www.nature.com/articles/d41586-020-02774-8?faodatalab=2020-10-06-2>

⁵ <https://www.managedhealthcareexecutive.com/view/fda-approves-first-in-class-hiv-1-treatment>

Proceedings for ISIUM International Conference 2023

Day 1 – Saturday 28th October 2023

- [Welcome and introduction](#)
- [Keynote](#): Learning from patients and communities to improve the use of medicines
- [Video](#): Thai grocery stores
- [Panel](#): Learning from patients and communities to improve the use of medicines
- [Working session 1](#): Working with practitioners, patients and communities to design rational medicine use programs
- [Working session 2](#): Diverse challenges, innovative solutions
- [Working session 3](#): Educating health professionals to practise rational use of medicines
- [Working session 4](#): Integrating guidelines with essential medicines lists
- [Working session 5](#): Understanding and improving medicines literacy
- [Working session 6](#): Excess or access: innovative approaches to improve use of antimicrobials

Day 2 – Sunday 29th October 2023

- [Keynote](#): Using routine data to identify medicines problems at local and national levels
- [Video](#): Tuk tuks and AMR in Tanzania
- [ISIUM voices](#): Diverse challenges, innovative solutions
- [Panel](#): Policy, system and financial approaches for rational use of medicines
- [Working session 7](#): Using routine data: innovative methods and measures
- [Working session 8](#): Deprescribing and other chronic disease management issues
- [Working session 9](#): Learning from each other

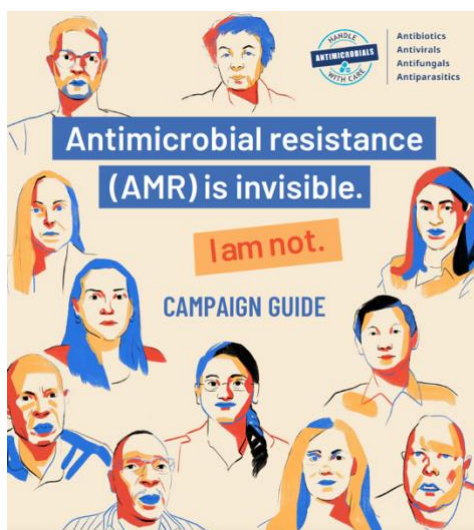
Day 3 – Monday 30th October

- [Keynote](#): Medicalisation of society and how it influences medicines use by patients
- [Video](#): Thai RDU indicators
- [ISIUM voices](#): Diverse challenges, innovative solutions
- [Summing up](#): Conference outcomes and messages
- [Vote of thanks](#)

Other information

- Refer to the Conference Program for the following information
 - About the conference
 - Conference program
 - Poster sessions
 - Abstracts
- The terms rational drug use (RDU) and rational use of medicines (RUM) have been used interchangeably in these proceedings.

2.3 Taskforce of AMR survivors



The WHO Task Force of AMR Survivors is made up of people who have survived drug-resistant infections or cared for those with such infections, and has been formed to ‘humanise’ the narrative around Antimicrobial Resistance.

They have prepared a campaign guide called *AMR is invisible - I am not*

You can download that and other tools here:

<https://www.who.int/campaigns/world-amr-awareness-week/2024/amr-is-invisible-i-am-not>

More information is here <https://www.who.int/groups/task-force-of-amr-survivors>

2.4 World Hepatitis Day July 28

World Hepatitis Day, observed on 28 July, raises awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease and cancer.

This year’s theme was: **It’s time for action**. With a person dying every 30 seconds from a hepatitis-related illness, we must accelerate action on better prevention, diagnosis, and treatment to save lives and improve health outcomes.

There are 5 main strains of the hepatitis virus – A, B, C, D, and E. Together, hepatitis B and C are the most common infections and result in 1.3 million deaths and 2.2 million new infections per year.

Despite better tools for diagnosis and treatment, and decreasing product prices, testing and treatment coverage rates have stalled. But, reaching the WHO elimination goal by 2030 should still be achievable, if swift action is taken now.

Hepatitis in India

India accounted for a significant 11.6 per cent of the world's hepatitis cases in 2022, according to *2024 Global Hepatitis Report* by the World Health Organization (WHO). This translates to a concerning number of over 35.3 million hepatitis infections in the country, with 29.8 million hepatitis B and 5.5 million hepatitis C cases.

The country ranked second after China, contributing 27.5 per cent of the global total with 83.8 million cases in 2022. The two countries were among the top ten, which also included Indonesia, Nigeria, Pakistan, Ethiopia, Bangladesh, Vietnam, the Philippines and the Russian Federation. Together, they accounted for nearly two-thirds of the global burden.

We will cover Hepatitis in India in more detail in the August HAIAP News.

2.5 Lancet: More attention should be given to commercially driven health harms

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00011-9/abstract?dgcid=raven_jbs_aip_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00011-9/abstract?dgcid=raven_jbs_aip_email)

Tobacco, ultra-processed food, alcohol, and air pollution from fossil fuels cause at least 19 million deaths each year—a third of global deaths and over 40% of non-communicable disease (NCD) deaths.¹ This represents only a fraction of all commercially driven health harms, underlining the importance of addressing the commercial determinants of health (CDOH)—'the systems, practices, and pathways through which commercial actors drive health and equity'.

As preparations begin for the 2025 High-level Meeting on NCDs, how best to address these commercially driven health harms needs to be top of the agenda.

The response to the COVID-19 pandemic shows that the world can collectively mobilise to respond to existential threats. COVID-19 caused about 7 million deaths over 4 years. Surely the 42 million deaths each year from NCDs, the 19 million deaths from just four commercial products, and the climate crisis are sufficient to warrant urgent collective action? The children of the world will be watching as leaders gather at the High-level Meeting on NCDs in 2025: will they put the interests of the many, including future generations, above corporate profits and the rapidly growing wealth and interests of the few

Full article <https://www.haiasiapacific.org/wp-content/uploads/2024/07/LancetCommercialHealth-HarmJul2024.pdf>

2.6 MSF Access campaign to close

In a *Lancet World Report*⁶ author Talha Burki reported that 'On June 25, 2024, Médecins Sans Frontières (MSF) announced that it was replacing its Access Campaign with a new structure that will start operating from next year'. The announcement was met with uproar. As of July 1, an open letter urging MSF to reverse its decision had been signed by 155 organisations⁷ and 392 individuals, including high-profile figures such as Helen Clark, former Prime Minister of New Zealand, and Unni Karunakara, former International President of MSF. 'The planned dismantling of the Access Campaign's core structure, capacities, expertise, and networks will reverberate across the access to medicines movement and beyond', stated the letter. While the MSF International Office has characterised the restructuring as merely shutting down a project, we believe it will cause catastrophic and irreparable damage to access to health technologies for communities served by MSF projects and beyond.'

In an interview with the BBC World Service on June 26, Ellen 't Hoen, from Medicines Law and Policy, commented that she 'could not see how MSF can ignore the hundreds of people and organisations who have asked them to rethink'. Tido von Schoen-Angerer, former Executive Director of the MSF Access campaign told *The Lancet* that the changes at MSF face substantial internal opposition. 'MSF is not listening to its allies, but it is also not listening to its own people.'

[It is worth reading the whole article.

<https://www.haiasiapacific.org/wp-content/uploads/2024/07/LancetMSFAccessFurore.pdf>]

⁶ www.thelancet.com Vol 404 July 6, 2024

⁷ HAIAP signed the letter