



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



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HAIAP News Bulletin, 1 October 2024

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1. News from HAIAP

1.1 World AMR Awareness Week (WAAW) 18 -24 November

The theme for the World AMR Awareness Week (WAAW) 2024 is 'Educate. Advocate. Act now.' This theme was chosen based on feedback from an online survey among stakeholders from the human, animal, plant, and environmental health sectors, which collected nearly 200 responses globally. Please can you send us a description of your planned activities so they can be shared in the next Bulletin.

1.2 Health for All - Unlocking the Social Determinants of Health - Dr B Ekbal

Here is the Preface for Ekbal's new book:

As early as the 1960s, Kerala witnessed the emergence of the progressive Peoples Science Movement, the Kerala Sastra Sahithya Parishad (KSSP). The health campaign spearheaded by KSSP, advocated health for all transcending income, gender, and social status barriers. The significant contributions of Frederick Engels, Rudolf Virchow, and Salvador Allende to the development of foundational theories regarding the socioeconomic determinants of health were studied and assimilated. As a result the pivotal aspect of this campaign was the championing of a framework defining health as the amalgamation of fundamental elements: food, clean water, sanitation, education, livelihood, and housing. Through public lectures and articles, health activists underscored the significance of social determinants in shaping health outcomes.

The 1978 Alma-Ata Declaration, which positioned Primary Health Care as the cornerstone of Health for All, provided a significant impetus to the movement. By explicitly recognizing the role of social determinants, it fortified the campaign's foundation. Expanding upon this groundwork, the Jan Swasthya Abhiyan (JSA), the national network of public health movements, in tandem with the international Peoples Health Movement, delved deeper into the social dimensions of health. Their collective efforts fuelled campaigns aimed at achieving health equity by addressing the underlying social determinants. Despite a shift towards Selective Primary Health Care by international agencies like UNICEF, the crises precipitated by neoliberal policies compelled a re-evaluation of their approach. This led to a reversion by WHO and UNICEF to the Primary Health Care and Social Medicine framework.

Recent global challenges such as climate change and the COVID-19 pandemic have reignited interest in the concept of 'One Health, One World,' emphasizing the interconnectedness of human, animal, and environmental health. The United Nations' Millennium and Sustainable Development Goals have outlined comprehensive action plans addressing the social determinants essential for achieving Health for All. Today, many countries are actively pursuing Universal Health Care built upon a strong foundation of Primary Health Care.

Drawing on five decades of experience in public health activism, this book encapsulates the insights gained about the social determinants of health and the pursuit of equitable access to healthcare. It is intended for a broad audience, aiming to spark further exploration of these vital concepts by concerned public health professionals and experts in related disciplines. We believe this journey beyond medicine holds the key to unlocking a future where health is not a privilege, but a fundamental right for all.

I am deeply grateful for the invaluable assistance and guidance provided by my esteemed friends: Dr. Amitava Guha (Joint Convenor, Jan Swasthya Abhiyan), Dr. P.N.N.Pisharody, (Paediatrician), Dr. Kavumbai Balakrishnan, (Kerala Sastra Sahitya Parishad) and Dr. A. Althaf, (Professor Department of Community Medicine, Medical College Thiruvananthapuram), in the writing process of this book. August 1, 2024 Thiruvananthapuram Dr.B.Ekbal. ekbalb@gmail.com

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 Can the world save Palestine from US-Israeli genocide?

in Palestine by Medea Benjamin 17/09/2024

Please read the whole article

<https://countercurrents.org/2024/09/can-the-world-save-palestine-from-us-israeli-genocide/>

On September 18th, the UN General Assembly was scheduled to debate and vote on a resolution calling on Israel to end 'its unlawful presence in the Occupied Palestinian Territory' within six months. Given that the General Assembly, unlike the exclusive 15-member UN Security Council, allows all UN members to vote and there is no veto in the General Assembly, this is an opportunity for the world community to clearly express its opposition to Israel's brutal occupation of Palestine.

Here is the result

UNITED NATIONS

UNGA votes on resolution for Israel to end occupation in Palestine

The UN General Assembly has adopted a resolution demanding Israel end its unlawful presence in the occupied Palestinian territory within a year.
The vote tally was: 124 member states in favour, 14 against and 43 abstentions.

Voting Started	9/18/2024	11:22:09 AM				
Item 5 - A/ES-10/L.31/Rev.1						
Advisory opinion of the International Court of Justice on the legal consequences						
<p>AFGHANISTAN ✗</p> <p>ALBANIA +</p> <p>ALGERIA +</p> <p>ANDORRA +</p> <p>ANGOLA +</p> <p>ANTIGUA-BA... +</p> <p>ARGENTINA -</p> <p>ARMENIA +</p> <p>AUSTRALIA ✗</p> <p>AUSTRIA ✗</p> <p>AZERBAIJAN +</p> <p>BAHAMAS +</p> <p>BAHRAIN +</p> <p>BANGLADESH +</p> <p>BARBADOS +</p> <p>BELARUS +</p> <p>BELGIUM +</p> <p>BELIZE +</p> <p>BENIN +</p> <p>BHUTAN +</p> <p>BOLIVIA +</p> <p>BOSNIA-HER... +</p> <p>BOTSWANA +</p> <p>BRAZIL +</p> <p>BRUNEI DAR... +</p> <p>BULGARIA ✗</p> <p>BURKINA FASO +</p> <p>BURUNDI +</p> <p>CABO VERDE +</p> <p>CAMBODIA +</p>	<p>CAMEROON ✗</p> <p>CANADA ✗</p> <p>CENTRAL AF... +</p> <p>CHAD +</p> <p>CHILE +</p> <p>CHINA +</p> <p>COLOMBIA +</p> <p>COMOROS +</p> <p>CONGO +</p> <p>COSTA RICA ✗</p> <p>COTE D'IVOIRE +</p> <p>CROATIA ✗</p> <p>CUBA +</p> <p>CYPRUS +</p> <p>CZECHIA -</p> <p>DEM PR OF K... +</p> <p>DEM REP OF ... ✗</p> <p>DENMARK ✗</p> <p>DIJIBOUTI +</p> <p>DOMINICA +</p> <p>DOMINICAN ... ✗</p> <p>ECUADOR ✗</p> <p>EGYPT +</p> <p>EL SALVADOR +</p> <p>EQUATORIAL... +</p> <p>ERITREA +</p> <p>ESTONIA +</p> <p>ESWATINI +</p> <p>ETHIOPIA ✗</p> <p>FIJI -</p>	<p>FINLAND +</p> <p>FRANCE +</p> <p>GABON +</p> <p>GAMBIA +</p> <p>GEORGIA ✗</p> <p>GERMANY ✗</p> <p>GHANA +</p> <p>GREECE +</p> <p>GRENADA +</p> <p>GUATEMALA ✗</p> <p>GUINEA +</p> <p>GUINEA-BISS... +</p> <p>GUYANA +</p> <p>HAITI ✗</p> <p>HONDURAS +</p> <p>HUNGARY -</p> <p>ICELAND +</p> <p>INDIA ✗</p> <p>INDONESIA +</p> <p>IRAN (ISLAMI... +</p> <p>IRAQ +</p> <p>IRELAND +</p> <p>ISRAEL -</p> <p>ITALY ✗</p> <p>JAMAICA +</p> <p>JAPAN +</p> <p>JORDAN +</p> <p>KAZAKHSTAN +</p> <p>KENYA ✗</p> <p>KIRIBATI ✗</p>	<p>KUWAIT +</p> <p>KYRGYZSTAN ✗</p> <p>LAO PDR +</p> <p>LATVIA +</p> <p>LEBANON +</p> <p>LESOTHO +</p> <p>LIBERIA ✗</p> <p>LIBYA +</p> <p>LIECHTENSTEIN ✗</p> <p>LITHUANIA ✗</p> <p>LUXEMBOURG +</p> <p>MADAGASCAR -</p> <p>MALAWI -</p> <p>MALAYSIA +</p> <p>MALDIVES +</p> <p>MALI +</p> <p>MALTA +</p> <p>MARSHALL IS... +</p> <p>MAURITANIA +</p> <p>MAURITIUS +</p> <p>MEXICO +</p> <p>MICRONESIA... -</p> <p>MONACO +</p> <p>MONGOLIA +</p> <p>MONTENEGRO +</p> <p>MOROCCO +</p> <p>MOZAMBIQUE +</p> <p>MYANMAR +</p> <p>NAMIBIA +</p> <p>NAURU -</p>	<p>NEPAL ✗</p> <p>NETHERLAN... ✗</p> <p>NEW ZEALAND +</p> <p>NICARAGUA +</p> <p>NIGER +</p> <p>NIGERIA +</p> <p>NORTH MAC... ✗</p> <p>NORWAY +</p> <p>OMAN +</p> <p>PAKISTAN +</p> <p>PALAU -</p> <p>PANAMA ✗</p> <p>PAPUA NEW ... -</p> <p>PARAGUAY -</p> <p>PERU +</p> <p>PHILIPPINES +</p> <p>POLAND ✗</p> <p>PORTUGAL +</p> <p>QATAR +</p> <p>REP OF KOREA ✗</p> <p>REP OF MOL... ✗</p> <p>ROMANIA ✗</p> <p>RUSSIAN FED... +</p> <p>RWANDA ✗</p> <p>SAINT KITTS-... +</p> <p>SAINT LUCIA +</p> <p>SAINT VINCE... +</p> <p>SAMOA ✗</p> <p>SAN MARINO +</p> <p>SAO TOME-P... +</p>	<p>SAUDI ARABIA +</p> <p>SENEGAL +</p> <p>SERBIA ✗</p> <p>SEYCHELLES +</p> <p>SIERRA LEONE +</p> <p>SINGAPORE +</p> <p>SLOVAKIA ✗</p> <p>SLOVENIA +</p> <p>SOLOMON IS... +</p> <p>SOMALIA +</p> <p>SOUTH AFRICA +</p> <p>SOUTH SUDAN ✗</p> <p>SPAIN +</p> <p>SRI LANKA +</p> <p>SUDAN +</p> <p>SURINAME +</p> <p>SWEDEN ✗</p> <p>SWITZERLAND ✗</p> <p>SYRIAN ARA... +</p> <p>TAJIKISTAN +</p> <p>THAILAND +</p> <p>TIMOR-LESTE +</p> <p>TOGO +</p> <p>TONGA -</p> <p>TRINIDAD-TO... +</p> <p>TUNISIA +</p> <p>TURKMENIST... +</p> <p>TUVALU -</p> <p>TÜRKİYE +</p> <p>UGANDA +</p>	<p>UKRAINE ✗</p> <p>UNITED ARA... +</p> <p>UNITED KING... ✗</p> <p>UNITED REP T... +</p> <p>UNITED STAT... -</p> <p>URUGUAY +</p> <p>UZBEKISTAN +</p> <p>VANUATU ✗</p> <p>VENEZUELA +</p> <p>VIET NAM +</p> <p>YEMEN +</p> <p>ZAMBIA +</p> <p>ZIMBABWE +</p>
+ IN FAVOUR: 124						
- AGAINST: 14						
✗ ABSTENTION: 43						

<https://www.aljazeera.com/news/2024/9/18/un-general-assembly-overwhelmingly-calls-for-end-of-israeli-occupation>

The UNGA demanded that 'Israel brings to an end without delay its unlawful presence in the Occupied Palestinian Territory, which constitutes a wrongful act of a continuing character entailing its international responsibility, and do so no later than 12 months'.

It also called on Israel to make reparations to Palestinians for damages incurred by the occupation.

The UNGA, whose mission includes promoting 'respect for human rights and fundamental freedoms', includes every sovereign country in the world, so Wednesday's vote underscores the depth of the international opposition to the Israeli occupation of Palestine.

The resolution backed an advisory opinion by the International Court of Justice (ICJ) – the UN's top court – which found that Israel's presence in the Palestinian territories is unlawful and must end.

For more information please continue reading <https://www.aljazeera.com/news/2024/9/18/un-general-assembly-overwhelmingly-calls-for-end-of-israeli-occupation>

2.2 The humanitarian system: politics cannot be avoided

Lancet Correspondence September 12, 2024

*Shatha Elnakib, Sarah Aly, Yara M Asi, Yusra Ribhi Shawar¹

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01648-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01648-9/fulltext)

The whole letter is reproduced here without the references. Please go to the link to see the references as well.

In introducing the new CHH–*Lancet* Commission on Health, Conflict, and Forced Displacement, Paul B Spiegel and colleagues argue that the humanitarian system to date requires systemic change.¹ We agree, but believe that the Commission's efforts will fall short without a fundamental rejection of apolitical humanitarianism. Historical and contemporary crises, such as the ongoing genocide in Gaza, illustrate that apolitical humanitarianism undermines the field's effectiveness and its ability to respond to those most affected. Avoiding engagement with politics in humanitarian action maintains a broken system that prioritises powerful interests over the needs of individuals in humanitarian crises.

The principle of apolitical humanitarianism - rooted in neutrality, impartiality, and independence—has long been a foundational concept in the humanitarian response. However, the idea of transcending political affiliation as a strength of the field was challenged in the late 20th century, particularly during the Rwandan genocide and other conflicts in which humanitarians found their aid targeted and instrumentalised.² At the time of writing this, we witness this in Gaza, where those accused of indiscriminate attacks on civilians also control the humanitarian response,^{3,4} raising questions about the effectiveness of apolitical humanitarianism.

Scholars have critiqued the so-called rationality project in global health, which aims to rescue the field from politics' perceived irrationalities and indignities.⁵ This critique extends to humanitarianism. The assumption that being scientific, rational, and data-driven requires the elimination of politics from the field is not only misleading and untenable, but also leads to the perpetuation of a status quo that primarily serves the powerful. This critique also applies to the assumption that to adhere to principles of neutrality and impartiality, politics must be avoided. The exercise of power (ie, politics) permeates the field of humanitarianism. The biggest challenges confronting humanitarianism to date are rooted in power imbalances that drive asymmetric warfare, allow routine violations of international humanitarian laws, and embolden states to impose restrictions on humanitarian agencies.

We offer three arguments for why apolitical humanitarianism is an illusory project. First, depoliticising humanitarianism prevents humanitarian institutions from challenging state interests and their use of aid for geopolitical advantage. Many humanitarian crises of the 20th and 21st century—which have been concentrated in low-income countries—have been largely influenced, if not entirely shaped by the political imaginaries and interests of high-income countries. Approaches that consider power dynamics in humanitarianism force us to situate aid and intervention in an anarchic global system, whereby nation states pursue self-interests and world powers shape, control, co-opt, and restrict humanitarian aid.

Second, apolitical humanitarianism neglects the field's entanglements with colonialism, racism, and white saviourism. Modern humanitarianism is rooted in Eurocentrism and white hegemony.⁶ Depoliticising humanitarianism neglects to recognise that action does not occur in a vacuum, but is embedded in political systems imbued with power relations that are largely shaped by colonial legacies. This neglect in turn perpetuates power imbalances, entrenches racialised hierarchies, and preserves the same structures that instigate the suffering that humanitarians seek to redress.

¹ Authors from Bloomberg School of Public Health (SE, YRS) and Paul H Nitza School of Advanced Studies (YRS), Johns Hopkins University, Baltimore, MD 21287, USA; Yale School of Medicine, Yale University, New Haven, CT, USA (SA); Global Health Management and Informatics, University of Central Florida, Orlando, FL, USA (YMA)

Third, apolitical humanitarianism fails marginalised populations. Humanitarian actors that profess apoliticism are at best complacent with existing systems of oppression, and at worst complicit in legitimising them. Humanitarian institutions often address symptoms rather than root causes, as exemplified by the term the well-fed dead.⁷ By not confronting injustice, humanitarian efforts risk normalising and indeed legitimising it.

Humanitarians must not shy away from principled engagement with political systems and structures; we urge humanitarians to speak out against visible and invisible oppression and reconsider the traditional Dunantist approach, which is increasingly inadequate in modern conflict contexts. To humanitarians working in institutions that profess an apolitical stance, we encourage you to ask yourselves: what state interests, power structures, and voices do you uphold, and whose do you minimise? Politics in humanitarianism cannot be avoided, nor should it be.

2.3 Pharmaceutical company payments to Australian doctors

MJA 220 (8) • 6 May 2024 <https://www.mja.com.au/journal/2024/220/8/pharmaceutical-company-payments-australian-doctors-reported-medicines-australia>

Malcolm Forbes^{1,2}, Yeshna Bhowon³, Barbara Mintzes⁴

To promote their products, pharmaceutical companies make payments to doctors and other health care professionals, typically as consultancy fees, sponsorship to attend educational events, and the coverage of travel, accommodation, and other hospitality expenses.¹

Until recently, disclosure of the details of such payments was limited. In 2016, the industry body that represents most pharmaceutical companies, *Medicines Australia*, published a revised Code of Conduct that required its members to provide lists of all doctors to whom they provided payments and the amounts provided. A 2021 systematic review (36 studies) found a consistent association between pharmaceutical payments and prescribing patterns; the authors noted a probable causal relationship. United States evidence suggests that pharmaceutical companies target highly connected physicians to achieve spill-over effects; that is, increased prescribing by the peers of payment recipients. The high cost of new medicines has been a source of concern, particularly in haematology and oncology, and our finding that doctors in this specialty received the highest total amount of payments may have implications for health care costs. Public awareness that pharmaceutical companies make payments to doctors to influence their prescribing is limited, and public disclosure of industry payments could reduce trust in the medical profession. Australian doctors should reflect on their relationship with the pharmaceutical industry, considering whether they need to accept payments for continuing professional education, travel, and consultancy work, and whether it is consistent with public expectations. Greater transparency in the reporting of pharmaceutical company payments to health care professionals is needed, and payments should be linked with AHPRA numbers to facilitate the identification of individual recipients.

2.4 Netherlands: Court case against Pharma Industry excessive profits

In this legal case Pharmaceutical Accountability Foundation (PAF)² asks a legal opinion of the court whether a gross profit of 78% (and an excessive profit of 53% after allowing AbbVie 25% fair profit) is acceptable under tort, competition law and human rights principles, as the €1.2bn profit in the Netherlands has displaced other healthcare.

Industry uses the value-based pricing model; PAF wants transparent disclosure of the cost-plus-plus model (based on the WHO fair medicines pricing definition), so that in negotiations a socially acceptable price for society can be achieved that is 'fair'.

PRESS RELEASE: Lawsuit against AbbVie (formerly called Abbott) for economic dominance and violation of human rights

<https://www.pharmaceuticalaccountability.org/2024/07/17/press-release-lawsuit-against-abbvie-for-abuse-of-economic-dominance-and-violation-of-human-rights-moves>

17th July 2024

[This action in the Netherlands could create a precedent for legally limiting the profits that can be made by Big Pharma. Ed.]

AbbVie's Humira pricing policy drained up to €1.2 billion from the Dutch healthcare system

² <https://www.pharmaceuticalaccountability.org/>

AMSTERDAM, NETHERLANDS: July 17. The Amsterdam District Court ruled that the lawsuit filed by the Pharmaceutical Accountability Foundation (PAF) against drug manufacturer AbbVie may proceed to its merits.

In February 2023, PAF filed a lawsuit against AbbVie, alleging that the company acted unlawfully with the sale of its rheumatoid arthritis drug, Humira™, in the Netherlands, namely in violation of human rights and by abusing its economic dominance to charge excessive prices. AbbVie overcharged the Dutch healthcare system an estimated €1.2 billion with Humira sales.

'Pharmaceutical companies do not sell luxury goods; they sell life-saving medicines. By charging excessive prices, AbbVie is violating human rights and neglecting its duty of care towards society,' said Wilbert Bannenberg, PAF chairperson .

AbbVie's initial response focused on procedural issues. Among other things, AbbVie argued that PAF would be inadmissible. An initial meeting before the court took place on May 14 of this year.

This court ruling means that the case can be judged on its substantive merits. PAF expects to meet AbbVie in court again in early 2025.

Press contact: Wilbert Bannenberg, PAF Chairperson. wilbert@pharmaceuticalaccountability.org

The Lancet interviewed the chair of the PAF (Wilbert Bannenberg) about the recent verdict of the Amsterdam Court³ moving the case to the substantive issues. The court instructed AbbVie to answer on the PAF subpoena by 22 January 2025. PAF is very proud of the principle case on excessive profits being reported on in *The Lancet* of July 27th 2024. More info about our legal case can be found on our PAF website.

<https://www.pharmaceuticalaccountability.org/humira-adalimumab/>

Adalimumab (brand name: Humira) is a prescription drug for rheumatoid arthritis that was first brought to the market in 2003 by the company Abbott (now, AbbVie). Abbott acquired adalimumab when it bought the German company Knoll from BASF in 2001 for \$6.9 billion. Humira became the largest selling pharmaceutical product worldwide from 2012 -2020. Between 2003 and 2020 AbbVie's Humira netted \$170 billion in global sales.

What is Adalimumab?

Adalimumab is an early example of a biopharmaceutical, a pharmaceutical drug based on a biological source. It was the first human monoclonal antibody, branded Humira: Human Monoclonal antibody In Rheumatoid Arthritis. Specifically, adalimumab is derived from white blood cells; it acts to temper an overactive immune system. It was first tested as a treatment against sepsis, but this was abandoned. Adalimumab was then developed for rheumatoid arthritis but also works for many other indications, earning it the label 'the Swiss army knife of drugs'. It needs to be injected subcutaneously every two weeks by patients.

2.5 Philip Morris sells inhaler business

<https://www.ausdoc.com.au/news/tobacco-giant-philip-morris-sells-its-prescription-inhaler-company-following-pressure-from-doctors/> 19 September 2024

US-based tobacco giant Philip Morris International (PMI) bought Vectura Group for roughly \$2 billion but will now sell the group for less than \$300 million almost three years after it bought the respiratory medicine company.

Medical groups such as the Thoracic Society of Australia and New Zealand (TSANZ) called for a boycott of Vectura's nebulisers and dry-powder inhalers 'on the ethical principle that PMI and other tobacco companies should not profit from treating the very illnesses their products cause'.

Lung Foundation Australia and Asthma Australia also slammed the purchase given the deaths caused by smoking: more than eight million people every year, according to the WHO.

Following the sustained pressure, PMI announced this week it was selling Vectura to Molex Asia Holdings, a global electronics company that also owns medical technology company Phillips Medisize.

³ <https://www.pharmaceuticalaccountability.org/2024/07/17/press-release-lawsuit-against-abbvie-for-abuse-of-economic-dominance-and-violation-of-human-rights-moves-to-substantive-phase/>
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01545-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01545-9/abstract)

2.5.1 University Pharmacy college signed up (then signed out) with Philip Morris for 'education program'

<https://www.ausdoc.com.au/news/pharmacy-college-signed-philip-morris-education-program/>

The Australasian College of Pharmacy (Canberra) says it has ditched a financial deal with tobacco giant Philip Morris to educate pharmacists on new vaping regulations. The pharmacist college is owned by the Pharmacy Guild of Australia's Queensland branch and offers CPD to pharmacists.

Days after the TGA banned importation of vaping products without a doctor's script, pharmacists received an email from their college explaining how to access and dispense vaping products under the new regime. The email said the project 'was supported by an unrestricted educational grant from Philip Morris International'.

The College CEO, Dimitri Kopanakis later acknowledged the reference to Philip Morris' involvement 'raised some concerns among health advocates' and announced: *'We have since discontinued the arrangement to allay any further concerns about its probity.'*

Pharmacists also received the information through a trade publication called the *Australian Journal of Pharmacy*. The publication's editor, Chris Brooker, said the journal would not share any content with indirect links to the tobacco industry again.

'We recognise that any commercial arrangement — either directly or indirectly — with the tobacco industry is wholly inconsistent with the AJP's position as Australian pharmacy's oldest and most respected journal of record.'

2.6 Global burden of bacterial antimicrobial resistance

1990–2021: a systematic analysis with forecasts to 2050

GBD 2021 Antimicrobial Resistance Collaborators*

Full pdf is available: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01867-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext)

Interpretation: Our findings show the importance of infection prevention, as shown by the reduction of AMR deaths in those younger than 5 years. Simultaneously, our results underscore the concerning trend of AMR burden among those older than 70 years, alongside a rapidly ageing global community. The opposing trends in the burden of AMR deaths between younger and older individuals explains the moderate future increase in global number of DALYs versus number of deaths. Given the high variability of AMR burden by location and age, it is important that interventions combine infection prevention, vaccination, minimisation of inappropriate antibiotic use in farming and humans, and research into new antibiotics to mitigate the number of AMR deaths that are forecasted for 2050.

* The very long list of collaborators is at the end of the article.