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

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1. News from HAIAP

1.1 World AMR Awareness week

HAIAP colleagues are preparing for actions and focuses in our region and we look forward to hearing about the activities.

In Penang MOH and Hospital Pulau Pinang (Penang general hospital) will co-organise the WAAW public forum with TWN, HAIAP and USM.

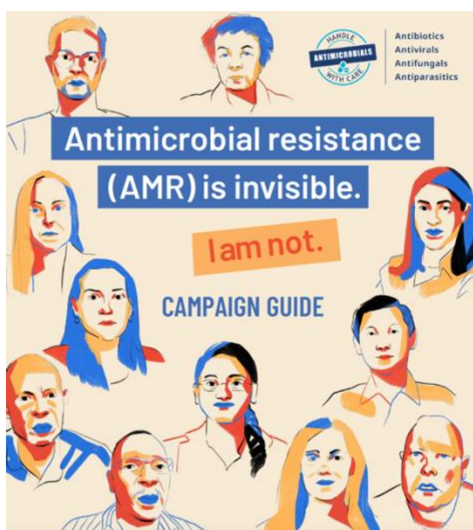
World AMR Awareness Week (WAAW) is the new name for the annual campaign.

It was formerly called World Antibiotic Awareness Week. The abbreviation WAAW is still used but it covers the important focus on the need for awareness and action concerning antimicrobial resistance - AMR.

WAAW is a global campaign to raise awareness and understanding of AMR and to promote best practices among One Health stakeholders to reduce the emergence and spread of drug-resistant infections. WAAW is celebrated from 18-24 November every year.

The theme for 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.

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

1.1.1 WHO has released its updated Bacterial Priority Pathogens List (BPPL) 2024,

https://www.who.int/publications/i/item/9789240093461

The list features 15 families of antibiotic-resistant bacteria grouped into critical, high and medium categories for prioritization. The list provides guidance on the development of new and necessary treatments to stop the spread of antimicrobial resistance (AMR).

The critical priority pathogens, such as gram-negative bacteria resistant to last-resort antibiotics, and *Mycobacterium tuberculosis* resistant to the antibiotic rifampicin, present major global threats due to their high burden, and ability to resist treatment and spread resistance to other bacteria. Gram-negative bacteria have built-in abilities to find new ways to resist treatment and can pass along genetic material that allows other bacteria to become drug-resistant as well.

High priority pathogens, such as *Salmonella* and *Shigella*, are of particularly high burden in low- and middle-income countries, along with *Pseudomonas aeruginosa* and *Staphylococcus aureus*, which pose significant challenges in healthcare settings.

Other high priority pathogens, such as antibiotic-resistant *Neisseria gonorrhoeae* and *Enterococcus faecium*, present unique public health challenges, including persistent infections and resistance to multiple antibiotics, necessitating targeted research and public health interventions.

Medium priority pathogens include Group A and B Streptococci (both new to the 2024 list), *Streptococcus pneumoniae*, and *Haemophilus influenzae*, which present a high disease burden. These pathogens require increased attention, especially in vulnerable populations including paediatric and elderly populations, particularly in resource-limited settings.

The WHO BPPL 2024 includes the following bacteria:

Critical priority:

- *Acinetobacter baumannii*, carbapenem-resistant;
- Enterobacterales, third-generation cephalosporin-resistant; and
- Enterobacterales, carbapenem-resistant;
- *Mycobacterium tuberculosis*, rifampicin-resistant (included after an independent analysis with parallel tailored criteria, and subsequent application of an adapted multi-criteria decision analysis matrix).

High priority:

- *Salmonella* Typhi, fluoroquinolone-resistant
- *Shigella* spp., fluoroquinolone-resistant
- *Enterococcus faecium*, vancomycin-resistant
- *Pseudomonas aeruginosa*, carbapenem-resistant
- Non-typhoidal *Salmonella*, fluoroquinolone-resistant
- *Neisseria gonorrhoeae*, third-generation cephalosporin- and/or fluoroquinolone-resistant
- *Staphylococcus aureus*, methicillin-resistant

Medium priority:

- Group A streptococci, macrolide-resistant
- *Streptococcus pneumoniae*, macrolide-resistant
- *Haemophilus influenzae*, ampicillin-resistant
- Group B streptococci, penicillin-resistant

Changes since 2017 reflect the dynamic nature of AMR, necessitating tailored interventions. Building on the value of the BPPL as a global tool, tailoring the list to country and regional contexts can account for regional variations in pathogen distribution and the AMR burden. For example, antibiotic-resistant *Mycoplasma genitalium,* which is not included in the list, is an increasing concern in some parts of the world.

1.2 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 your 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 UN forced to suspend food distribution as Israel places 89 percent of Gaza under evacuation orders

Counter Currents provides details of UN forced suspension of food distribution as Israel places 89 percent of Gaza under evacuation orders
Andre Damon
https://countercurrents.org/2024/08/un-forced-to-suspend-food-distribution-as-israel-places-89-percent-of-gaza-under-evacuation-orders/

Amid Israel's protracted war on health care facilities, infectious disease is running rampant. In a statement, Human Rights Watch warned that Israel's actions are leading to an outbreak of polio.

> 'If the Israeli government continues to block urgent aid and destroy water and waste management infrastructure, it will facilitate the spread of a disease that has been nearly eradicated globally,' said Julia Bleckner, a spokesperson for the Human Rights Watch. 'Israel's partners should press the government to lift the blockade immediately and ensure unfettered humanitarian access in Gaza to enable the timely distribution of vaccines to contain the unfolding polio outbreak,' she added.

2.1.1 Palestinian Healthcare Workers Tortured

Human Rights Watch

Please read the whole article

https://countercurrents.org/2024/08/israel-palestinian-healthcare-workers-tortured/

28/08/2024

israeli forces have arbitrarily detained Palestinian healthcare workers in Gaza since hostilities began in October 2023, deported them to detention facilities in Israel, and allegedly tortured and ill-treated them, Human Rights Watch said today. The detention of healthcare workers in the context of the Israeli military's repeated attacks on hospitals in Gaza has contributed to the catastrophic degradation of the besieged territory's healthcare system.

'The Israeli government's mistreatment of Palestinian healthcare workers has continued in the shadows and needs to immediately stop,' said Balkees Jarrah, acting Middle East director at Human Rights Watch. 'The torture and other ill-treatment of doctors, nurses, and paramedics should be thoroughly investigated and appropriately punished, including by the International Criminal Court (ICC).'

2.2 Indian Health ministry bans 156 FDCs with immediate effect

This news is very welcome, especially after the debacle in 2016 when 344 irrational FDCs were banned - only to be unbanned almost immediately after pressure on the government by Pfizer.
Read the response to that situation from Indian activists here:
https://www.haiasiapacific.org/unbanning-344-fixed-drug-combinations-in-india/

156 banned FDCs
Gireesh Babu, New Delhi
Thursday, August 22, 2024, 13:30 Hrs [IST]

On August 22, The Union Ministry of Health and Family Welfare (MoHFW) has banned 156 fixed dose combinations including common cold, fever, antibacterial and antifungal medicines with immediate effect, stating that they are irrational combinations and use of these drugs is likely to involve risk to human beings whereas safer alternatives are available.

The Ministry, in separate orders for each FDC issued on August 2, 2024,has said that the decision has been taken after the matter was examined by an expert committee appointed by the Central government and the Committee considered these FDCs as irrational.

The Drugs Technical Advisory Board (DTAB) has also examined the FDCs and recommended that there is no therapeutic justification for the ingredients contained in this FDC. The FDC may involve risk to human beings. Hence in the larger public interest, it is necessary to prohibit the manufacture, sale or distribution of this FDC under Section 26A of Drugs and Cosmetics Act, 1990.'

The full story and the complete list can be see here
https://www.pharmabiz.com/NewsDetails.aspx?aid=172045&sid=2

In June 2017, following the 344 FDC debacle, Amit Sengupta explained why the Indian Government needs to stop speaking in different voices on FDCs

> 'Clearly, different wings of the government are working at cross purposes—one requiring strict adherence to rules regarding rational prescription, and the other allowing sale of irrational FDCs from its own Janaushadhi outlets. Currently, the government is also defending, in the Supreme Court, a ban on 344 FDCs that it had imposed, and which was challenged by drug companies and overturned by the Delhi High Court in December 2016. We have different scenarios regarding use of FDCs in India—rational use of rational FDCs, irrational use of rational FDCs, and irrational use of irrational FDCs. The problem is compounded by a dysfunctional drug regulatory system that has resulted in the market being flooded with a large number of FDCs. Estimates indicate that almost 50 per cent of drugs consumed are FDCs, a much larger volume than what one would expect if FDCs were prescribed rationally. A study published in 2015 in PLOS Medicine found that of 175 FDCs studied, only 14 were approved in the UK and 22 in the US.'

Read Amit's whole article here https://www.haiasiapacific.org/wp-content/uploads/2019/03/FDCsGovtStopSepaking-differenceVoicesAS2017.pdf

2.3 Australia: Quality use of medicines: who owns it now?

https://australianprescriber.tg.org.au/articles/quality-use-of-medicines-who-owns-it-now.html

As explained in the October 1, 2022 HAIAP News Bulletin, Australia's NPS MedicineWise was to be closed, December 2022 after 24 years - thus ending its role as an independent, not-for-profit organisation working alongside government as steward of the quality use of medicines (QUM) objective of the National Medicines Policy.

This article explains what has happened to all the component activities following the end of NPS MedicinesWise in Australia.

The orgnisation was closed following the redesign of the Australian Government–funded Quality Use of Diagnostics, Therapeutics and Pathology Program. This change also occurred in the context of a revision of the National Medicines Policy, which resulted in a greater focus on consumer-led initiatives, implementation and evaluation. So, with this change, who now owns QUM and what tangible outcomes might there be for health professionals and consumers?

The dissolution resulted in activities and resources being distributed to multiple organisations - a table in the article explains.

Some resources were taken over by custodians after competitive tender processes; for example, *Australian Prescriber* is now published by Therapeutic Guidelines Ltd, Medicines Line has become 1300 MEDICINE and is operated by Australian Healthcare Associates, and the National Prescribing Curriculum is delivered by the University of Tasmania.

HAIAP colleague Jonathan Dartnell is Managing Director of QUM Connect, a member of the Quality Use of Medicines Alliance, which has won Quality Use of Diagnostics, Therapeutics and Pathology Program grants from the Australian Government Department of Health and Aged Care for health professional education and consumer health literacy. He was previously Programs and Clinical Services Manager at NPS MedicineWise.

2.4 The role of non-state providers towards PHC in South Asia

https://www.haiasiapacific.org/wp-content/uploads/2024/08/Lancet-PHC-and-non-state-actors-main.pdf

In this very important *Lancet* article Manuj Weerasinghe and colleagues examine the role of non-state providers towards PHC in South Asia: considerations for policymakers. They examine Public Private Partnerships (PPPs) in detail

It is worth reading the whole article.

2.5 Transforming humanitarian aid through lived experience

https://www.haiasiapacific.org/wp-content/uploads/2024/08/LancetCommentHumanitarianAid.pdf

In the *Lancet* Kemish Kenneth Alier asks who truly shapes the narrative of humanitarian aid? The landscape of global crises and humanitarian response has evolved significantly since the adoption of The International Humanitarian Law in 1964.

KK Aier refers to his early life as a South Sudan refugee in Kiryandongo refugee camp in Uganda and how his subsequent humanitarian work exemplifies the untapped potential of lived experience.
Kemish Kenneth Alier is CHH–Lancet commissioner on Health, Conflict, and Forced Displacement.

2.6 FDA Funded in Part by the Companies it Regulates?

https://today.uconn.edu/2021/05/why-is-the-fda-funded-in-part-by-the-companies-it-regulates-2/#

More than half the US agency's budget now comes from 'user fees' paid by companies seeking approval for medical devices or drugs

The US Food and Drug Administration has moved from an entirely taxpayer-funded entity to one increasingly funded by user fees paid by manufacturers that are being regulated.

While the number and speed of drug approvals have been increasing over time, so have the number of drugs that end up having serious safety issues coming to light after FDA approval. In one assessment, investigators looked at the number of newly approved medications that were subsequently removed from the market or had to include a new black box warning over 16 years from the year of approval.

See Also *F.D.A.'s Drug Industry Fees Fuel Concerns Over Influence - New York Times*

https://www.nytimes.com/2022/09/15/health/fda-drug-industry-fees.html

The pharmaceutical industry finances about 75 percent of the agency's drug division, through a controversial program that Congress must reauthorise by the end of this month.

FDA explains: https://www.fda.gov/industry/fda-user-fee-programs/fda-user-fees-explained (May 2024)