



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



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1. News from HAIAP

1.1 Bangladesh



Shireen Parveen Huq executive council member of Nari Paksha, will head the new commission on women's affairs in Bangladesh. We congratulate Shireen on this appropriate and important appointment.

Nobel laureate Muhammad Yunus¹ has been chosen to head the Bangladesh's interim government after the nation's long time prime minister resigned and fled abroad in the face of violent unrest against her rule.

Known as the 'banker to the poorest of the poor', Yunus will act as a caretaker premier until new elections are held.

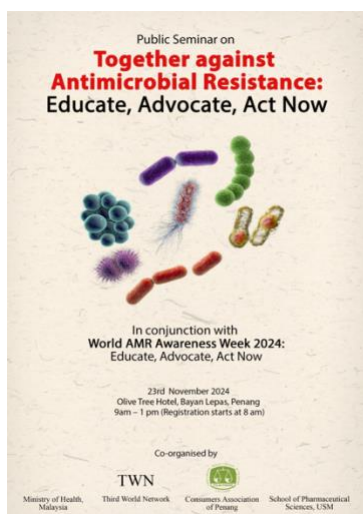
The interim government on Thursday 17 October formed four more reform commissions aiming at reforms in the country's sectors involving health, mass media, workers' rights, and women's affairs.

<https://www.thedailystar.net/news/bangladesh/news/govt-forms-4-more-commissions-3730196>

Shireen Huq² is a true mother of Bangladeshi feminism. The organisation she helped found, Naripokkho, began in 1983, just 12 years after Bangladesh won its own independence. It has become a leading voice of women's rights in the country. At the time she started Naripokkho, Shireen was pursuing a PhD in the UK. She was pulled from academia to activism by an explosion of interest in feminism in the context of a new country where women's rights were sidelined in political discussions. When women gathered to talk, Shireen recalls, 'We had no idea of the intensity of the sense of injustice that lay beneath the surface, ready to explode.' From 1987 to 2006, Shireen served as an advisor to the Danish development agency, DANIDA, but her work for Naripokkho³ – all of it voluntary and uncompensated – has always been her true calling. Shireen is the wife of our late beloved comrade Zafrullah Chowdhury.

'This is my life, and everything else, other jobs and research works for other organisations were only jobs'- Shireen Huq

1.2 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.

A public seminar is being held in Penang on November 23

Coorganised by the Malaysia Ministry of Health, Third World Network, Consumers' Association of Penang and Universiti Sains Malaysia

The target audience for this seminar are:

Clinicians, pharmacists and nurses from the public and private sectors, Medical and pharmaceutical professional associations, Researchers, Academics, Students; and Civil society organisations.

Briefly, the specific objectives of the Public Seminar are to:

1. Educate the stakeholders on AMR
2. Advocate the responsible use of antimicrobials
3. Highlight the One Health Lens.

Niyada Angsulee Kiatying will share the Thai experience; *Implementing a One Health approach in Thailand*

¹ <https://www.theguardian.com/business/2006/nov/05/woman>

² <https://www.nobelwomensinitiative.org/meet-shireen-huq-bangladesh>

³ <https://www.thedailystar.net/up-close-and-personal-with-naripokkho-21441>

2. Information sharing

2.1 Misinformation: Wikipedia is not a reliable source

In this era of the daily battle against misinformation it can be useful to remember that Wikipedia is not a reliable source for information, or as a source for copying or translating content. As a user-generated source, it can be edited by anyone at any time, and any information it contains at a particular time could be vandalism, a work in progress, or simply incorrect. Anyone can write for Wikipedia and the content does not have to be authenticated.

Because Wikipedia cannot be considered a reliable source, the use of Wikipedia is not accepted in many schools and universities for referencing formal papers, and some educational institutions have banned it as a primary source while others have limited its use to only a pointer to external sources.

However researchers and academics contend that while Wikipedia may not be used as a 100 percent accurate source, it can be a valuable jumping off point for research.

Wikipedia itself provides an explanation and advice. Warning - it is a very long article.

https://en.wikipedia.org/wiki/Reliability_of_Wikipedia#:~:text=Because%20Wikipedia%20cannot%20be%20considered,a%20pointer%20to%20external%20sources.

2.2 Gilead's Voluntary License on Lenacapavir, a strategic move to maintain monopoly

https://www.twn.my/title2/intellectual_property/info.service/2024/ip241002.htm?utm_medium=email&utm_source=sendpress&utm_campaign

Kuala Lumpur, 2 October (Third World Network) – Gilead Sciences announced on October 2 the signing of voluntary licensing agreements (VL) with only six pharmaceutical manufacturers to produce and supply generic versions of lenacapavir to 120 low and middle income countries. However this VL announcement can also be seen as a strategic move by Gilead to preserve its monopoly on lenacapavir, especially in light of weak and questionable nature of its patent claims that are being challenged globally.

Gilead has filed numerous patent applications for lenacapavir with the intention to prolong its monopoly beyond the typical 20-year patent term, a practise known as 'patent evergreening'. One key example is Gilead's attempt to patent the salt form of lenacapavir, which offers little technological innovation. In India, for instance, where patient advocacy groups have filed patent oppositions to these frivolous claims, Gilead's claims appear fragile. K.M. Gopakumar, a senior researcher at Third World Network, noted 'The Indian Patents Act does not grant monopolies on established science, such as the salt forms of lenacapavir, which do not make a significant contribution to the technological advancement'. Gilead is facing widespread opposition from patient groups and civil society movements across India, Argentina, Indonesia, Thailand, and Vietnam.

The terms of the voluntary license⁴ (VL) underscore the company's primary objective of safeguarding its monopoly and, by extension, its profits. In this context, challenging Gilead's patents becomes even more crucial. If these patents are rejected, it will encourage real market competition, increase production diversity, and ultimately drive down prices, ensuring wider access to lenacapavir for those who need it.

2.3 Opinion: Another Nobel for Anglo-centric neo-liberal institutional economics

Published in SUNS #10103 dated 24 October 2024

https://wp.twnnews.net/sendpress/email/?sid=Njl2ODM&eid=Nzk0MQ&utm_medium=email&utm_source=sendpress&utm_campaign

New Institutional Economics (NIE) has received another so-called Nobel prize, ostensibly for again claiming that good institutions and democratic governance ensure growth, development, equity and democracy. The Nobel committee is supporting NIE's legitimisation of property/wealth inequality and unequal development.

Jomo Kwame Sundaram* in TWN Information service unpacks this Award.

*Jomo Kwame Sundaram, a former economics professor, was United Nations Assistant Secretary-General for Economic Development, and received the Wassily Leontief Prize for Advancing the Frontiers of Economic Thought in 2007.

⁴ For a full explanation of 'Voluntary Licence' see Report of the HAIAP Forum 2023

https://www.haiasiapacific.org/wp-content/uploads/2024/08/Penang_Report_Full_HAIAP_31_August_2023.pdf

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2.4 UN Report says International IP system contributes to new inequalities

Third World ECONOMICS No. 802-803, 1-30 September 2024

https://twm.my/title2/twe/2024/802-803.pdf?utm_medium=email&utm_source=sendpress&utm_campaign

A report by the United Nations Committee for Development Policy has found that intellectual property protection often far exceeds what would be necessary to incentivise innovation, leading to high prices and an under-supply of public goods, contributing to new inequalities.

by Srinath Namboodiri

GENEVA: The report of the Committee for Development Policy (CDP) to the twenty-sixth session of the United Nations Economic and Social Council (ECOSOC), which was convened in March 2024, calls out on the current international intellectual property (IP) system for contributing to new inequalities. The report's second chapter, "Innovation Ecosystems for Development, Structural Change and Equity" conveys the following four broad messages:

- The potential of technological innovation for development is underutilised, which requires a reassessment of domestic and international policy frameworks;
- Intellectual property rights are one of the key policy levers in a functioning innovation ecosystem that can advance development, structural change and equity, and build resilience to crises;
- Developing countries can make more effective use of the existing policy space to pursue priorities for development, equity and productive capacity; and
- The global system to support innovation for development needs to be reassessed to be made fit-for-purpose to ensure innovation for global and regional public goods and for countries to address the challenges of the twenty-first century. CDP's analysis addresses 'the challenges and opportunities of innovation ecosystems for development, structural change and equity'.

Role of IP

The report reminds us that 'Innovation is not an end in itself but serves multiple ends that extend beyond economic growth, including structural change, meeting social and environmental goals and building resilience against crises.'

It terms IP as one of the public policy tools in the innovation ecosystem but that the current IP system is dysfunctional, especially in the context of equitable and sustainable development.

Policy space

The CDP while recognising the role of IP in advancing development also recognises the role of flexibilities in achieving development, equity and productive capacity, and calls for a review of the administrative and legal obstacles to the effective implementation of flexibilities in IP system.

The report states: '... flexibilities can be utilised more proactively for public priorities, for example, to reduce the cost of medicines as part of a pandemic response strategy. The first step would be to review the administrative and legal obstacles to the effective implementation of flexibilities.'

Noting that the implementation of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), administered by the World Trade Organisation Agreement, has not provided desired results on technology transfer and development outcomes, the CDP calls upon various international organisations with a mandate of development to provide support to developing countries for the deployment of IP as a development tool, including the use of flexibilities.

The CDP report calls for the reform of the global IP system to address inequity at a time when countries are engaged in negotiations on a pandemic agreement at the World Health Organisation, and in the process of a review of the TRIPS Agreement.

2.5 Reflections on community antimicrobial use in Australia - John Turnidge et al

<https://australianprescriber.tg.org.au/assets/AP/pdf/p138-Turnidge-et-al.pdf>

The information in this report is probably relevant to a wide range of settings.

Australia has one of the highest rates of community antimicrobial use in the world, even when compared with countries with similar healthcare systems and disease profiles, such as England, Canada and the Netherlands.

The immediate priority of the Australian Commission on Safety and Quality in Health Care (the Commission) is to address the level of use and upward trend for residents of aged-care homes and older

Australians. It is also important to re-evaluate the current listing for antibacterials on the PBS, to ensure that restrictions for access are aligned with the risk of the development of antimicrobial resistance associated with their use.

Combined strategies of antimicrobial stewardship, and infection prevention and control, are most effective in reducing antimicrobial use to address antimicrobial resistance. While these combined strategies are well developed in hospital settings, their development in community settings is at an early stage. Examples of resources to support community practices include Infection Prevention and Control Guidelines developed by The Royal Australian College of General Practitioners and the Commission's e-learning modules on antimicrobial prescribing. The Commission has also published guidance for a range of primary care settings on meeting the antimicrobial stewardship requirements of the National Safety and Quality Primary and Community Healthcare Standards. This includes promoting access to evidence-based guidelines (e.g. *Therapeutic Guidelines*) to support appropriate antimicrobial prescribing in the community.

Patient education is also vital to addressing inappropriate antimicrobial use. The Commission has produced a range of tools to help clinicians and patients share decision-making about antimicrobials for common conditions. Patient resources are also available to reinforce messaging about the role of antimicrobials in antimicrobial resistance and their effects on the microbiome, and to promote understanding of how infections spread and infection prevention and control practices in the community (e.g. respiratory hygiene and cough etiquette, staying home when unwell, getting vaccinated).

2.6 Collaboration between police and Public Health

<https://glepha.com/about-glepha/>

Global Law Enforcement and Public Health (GLEPHA) was formally established in 2017, growing out of the impetus built by the Australian-based, Centre for Law Enforcement and Public Health, established by Professor Nick Crofts⁵ AM⁶ in 2010. The First International Law Enforcement and Public Health Conference was held in Melbourne in 2012 with over 300 delegates from over 30 countries. The conference series cemented the international push for a Global LEPA Association.

'We wanted a place to both define and develop the field of law enforcement and public health. We brought together our expertise in law enforcement, epidemiology, public health, medicine and mental health from different countries with the goal of bringing into reality a formal field of study, grounded in the expertise of its members and the shared values embodied in public safety and public health.

Bringing the law enforcement and public health sectors together to address complex issues requiring an inter-sectoral approach is a rapidly emerging field, being explored in all jurisdictions and for a multitude of problems. Recognising the recurrent failure of approaches devised within isolated individual sectors, GLEPHA sees it of prime importance to bring together practitioners, policymakers, and academics to explore the nature of the myriad interactions between the police and public health sectors across the widest range of social, humanitarian, security, and public health issues.'

Since 2020, the research team has been identifying and documenting partnership approaches that innovatively explore effective and humane ways of responding to social and public health issues that have traditionally been criminalised or over-policed.

Partnerships have already developed with countries across the global and a regional South east Asia meeting is being planned currently.

A report about work in marginalised communities is here:

<https://glepha.com/wp-content/uploads/2024/02/Booklet-3-A5-web.pdf>

This report summarises the key learnings and discussions stemming from the session on 'Working with Marginalised Communities' in which three exciting programs from around the globe were selected to present their unique approaches to protecting the health and human rights of minority and marginalised communities. In this report, we look across these case studies to examine the key elements of the programs, to discuss their common characteristics, and to demonstrate the importance of collaborating across sectors to change perspectives and improve community safety, health, and wellbeing outcomes.

⁵ Professor Nick Crofts is an epidemiologist and public health practitioner who has been working in the fields of HIV and AIDS, illicit drugs, harm reduction and law enforcement for over 35 years, having previously worked in community health. Much of this work was carried on from the Burnet Institute, where he was instrumental in establishing the Burnet's public and international health programs.

⁶ Member of the Order of Australia (AM) is an award that recognises Australians for outstanding service or achievement in a particular field, locality, or group.

2.7 The Declaration of Helsinki makeover for its 60th birthday

<https://www.wma.net/policies-post/wma-declaration-of-helsinki/>

The Declaration of Helsinki has been revised for the ninth time on its 60th birthday, taking into account new health research issues like data collection, AI and the post-pandemic landscape.

The World Medical Association (WMA) was founded in 1947 in the aftermath of the Second World War. At that time, there was international disquiet about the actions of some doctors during the conflict. For that reason, the WMA has always had a strong focus on the ethical conduct of the medical profession and how to support this aim. One of the key WMA documents is the Declaration of Helsinki (hereafter, Declaration) created in 1964 to provide guidance on medical research involving human participants.

The current revision took more than two years and was led by the American Medical Association. It involved not only a large number of WMA member associations but also external organisations. It has dealt with some issues that could never have been envisioned by its founders, such as 'big data' and artificial intelligence. It also has taken a fresh post-pandemic look at research in public health emergencies, new trial designs, the true role of placebo trials, research in resource-poor settings, community inclusiveness, and working with vulnerable groups.

The revised Declaration also introduces new language about the importance of meaningful engagement with potential participants and their communities: it covers minimising harm, data collection and storage, the ethics of placebo use, closing misinterpretation loopholes.