



December 2015

# HAI AP News

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HAI AP Est. 1981

Health Action International Asia-Pacific (HAIAP) is part of an independent global network, working to increase access to essential medicines and improve their rational use through research excellence and evidence-based advocacy. HAIAP is an informal network of non-governmental organisations and individuals in the Asia-Pacific Region committed to strive for health for all now. HAI AP News is the organ of Health Action International – Asia Pacific and presents the happenings in the regional campaigns for more rational and fairer health policies and carries material in support of participants' work.

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## ***Message from the Coordinator***

From 16 – 22 November 2015 for the first time, WHO took the initiative to conduct a Antibiotic Awareness Week which focused on awareness raising on wise use antimicrobial medicines to ensure continued availability and use for the future. According to a WHO report released in 2014, this serious threat is no longer a prediction for the future - it is happening now in every region of the world and has potential to affect anyone, of any age in any community – a real threat to the public health. “Antibiotics are one of the most important therapeutic discoveries in human and animal medical history as they revolutionised the way we treat humans and animals with bacterial infections – contributing hugely to reducing morbidity and mortality caused by bacterial infections. There is the concern that with AMR, we might be back to square one where simple infections

such as pneumonia and diarrhoea can be a threat to our health,” states WHO.

In this issue of HAIAP News we take the opportunity to share activities in our region during this week by partners and government agencies.

The coming into effect of the TPPA created waves of action by civil society groups and partners with dialogues and fora organized with government agencies and the public.

2015 ended on a note of much concern to the HAIAP family. HAIAP pioneer, stalwart and Nobel Peace Laureate, Dr Zafrullah Chowdhury faced a serious personal health problem which necessitated hospitalization. We were happy to hear that Dr Zafrullah responded to treatment and is on the road to recovery. In his message to the numerous well wishes from the HAIAP family we saw the legendary spirit and zest for life that epitomises Dr Zafrullah. He told a story of how the poor in Bangladesh fall through the cracks of a deficient healthcare delivery system – a story that is shared by many countries in the region.

2015 has been a year of multiple challenges globally. Clearly there is need for collective action by civil society, researchers, academia and government if we are meet some of these challenges in the coming year. I know for a fact that the HAIAP family will assist the process of affecting global change for better health with its ability to come together when there is a need for specific action

locally, as well as coordinated action nationally, regionally and globally. We have the expert resources to continue to contribute to debate and discussion on existing and emerging health concerns, wisely and judiciously. We continue to work towards our mission with our vision intact.

We also acknowledge that if we are to continue to operate in a world that is increasingly divided by issues of politics, economics, ethnicity and religion, there is need for grace.

I pray that we incorporate grace in our multiple endeavours, professionally and personally to rise to the challenges that 2016 will inevitably bring.

My warmest personal and professional regards for a better 2016 for all in the HAIAP family.

Viva HAIAP! Big Cheers

Shila



## CHOICE SHONKY AWARDS

Each year HAIAP's Australian Network Partner Consumer Advocacy Group CHOICE, awards a Shonky Award to a product or company that best satisfies one or more of these criteria.

- Fails a standard
- Poor performance on CHOICE tests
- Hidden charges
- Lack of transparency
- False claims or broken promises
- Consumers are worse off because of it
- Consumer confusion
- Poor value for money
- Consumer frustration, or just plain outrage

In 2010 the Award went to Nurofen for 'pain in the hip pocket and false claims and misinformation.'

Nurofen has a wide range of caplets for migraine, back, tension headache and period pain. Yet a closer look at the ingredients shows ingredients and doses are identical from product to product.

CHOICE asks 'does the back pain version somehow magically go straight to your back – and only your back – as soon as you've swallowed it? Could you, say, choose to treat only your back pain while keeping your headache? If you want to treat both, do you need to take a dose of each?' The answers are no, no and definitely no. When you take these painkillers, the active ingredient spreads through your whole body, attacking whatever pain it comes across, wherever it is.

The Australian Competition Consumer Commission (ACCC) **took action** against Reckitt Benckiser in March 2015 accusing them of engaging in misleading conduct in breach of Australian Consumer Law.

ACCC Chairman Rod Sims said that consumers have been misled, purchasing targeted pain products under the belief that each was specifically designed for and effective in treating a certain type of pain. He said 'The retail price of the Nurofen Specific Pain products is significantly above that of other comparable analgesic products that also act as general pain relievers, these products are being sold at retail prices around double that of standard ibuprofen products.'

### Action at last – December 2015

At last, in December 2015 the Australian Federal Court has ordered that Nurofen Specific Pain products be removed from all shelves within three months. Reckitt Benckiser must also publish corrections in newspapers and on their website, and pay the ACCC's legal costs.

CHOICE Coordinator Tom Godfrey says 'For years targeted pain relief has left a pain in your hip pocket as brands like Nurofen slap consumers with a premium for products claiming to target specific areas of the body. Let's hope this decision relieves the pain once and for all.'

### 2015 Shonky goes to Coca Cola

Coca-Cola gave an 'unrestricted gift' to the Global Energy Balance Network, a front organisation dedicated to using 'energy balance' to end obesity. CHOICE thinks funding an organisation that suggests we keep drinking sugary drinks and just exercise more is a 'load of fizz'.

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## Chinese Traditional Medicines warning:

Karina Bray CHOICE December 15, 2015.

<https://www.choice.com.au/health-and-body/medicines-and-supplements/vitamins-and-supplements/articles/traditional-chinese-medicine-warning>

Nine out of 10 traditional Chinese medicines (TCMs) available in Australia were found to be adulterated with toxic substances, pharmaceutical drugs and/or animal DNA not listed in the ingredients, according to results from an Australian research collaboration led by Curtin University in WA.

The group analysed 26 different TCMs purchased in Australia, most being for coughs and colds or general wellness. The findings, [published in Nature Scientific Reports](#), included the following unlisted ingredients:

**Heavy metals** exceeding allowable levels – arsenic, cadmium and lead

**Toxic substances** – strychnine and brucine

**Prescription and controlled medicines** – antibiotics, pseudoephedrine, ephedrine, warfarin and sildenafil (the active ingredient in Viagra)

**Over-the-counter medicines** – paracetamol, antihistamines and anti-inflammatories

**Animal DNA** – snow leopard, cat, dog, rat, pit viper and frog

**Banned or restricted plant matter** – Asarum, Ephedra and Apocynum

Lead researcher, Professor Michael Bunce of Curtin University, said half the medicines tested contained at least one undeclared compound, while half contained plant or animal species not listed as ingredients on the product packaging. Only two of the 26 TCMs tested contained no contaminants.

### **Endangered species**

It's not clear whether the animal DNA was due to deliberate inclusion or poor manufacturing practices. However, researchers were very concerned to find DNA from the snow leopard, which is an endangered species.

Fellow Curtin Researcher Dr Megan Coghlan said the result demonstrated that despite heavy penalties for illegal trafficking of protected wildlife, poaching and smuggling was still occurring – with traditional medicine a significant 'push factor'.

Dr Ian Musgrave, a toxicologist from the University of Adelaide who interpreted the health risks, said the combination of multiple undeclared adulterants in a single preparation was worrying. 'The findings of this study are concerning because many people take TCMs thinking they are doing something positive for their health, when in fact they may be taking potentially dangerous compounds that can interact with common conventional medicines, causing serious health problems,' Dr Musgrave said.

Also of concern was that only 12 of the 26 medicines were listed with the Therapeutic Goods Administration (TGA). All medicines sold in Australia, including TCMs, are required to be listed with the TGA. Of greater concern, perhaps, is that *all* of those listed with the TGA contained illegal and/or potentially harmful contaminants.

'For the first time we have a set of tools that will enable regulatory agencies to better evaluate safety of complementary medicines, and assist authorities to

prosecute cases of illegal substitution or adulteration,' Professor Bunce said. 'We should be doing more in Australia, and globally, to ensure consumers are not being misled by the efficacy and safety claims of these 'natural' products.'

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### **TPPA text revealed.**

#### **The TPP Agreement and implications for access to essential medicines**

After years of secret negotiations, the text of the Trans-Pacific Partnership has finally been released to the public. It will now be submitted to national processes for final signatures and ratification. Médecins Sans Frontières (MSF) has explained the reasons for extreme concern about the inclusion of dangerous provisions that would dismantle public health safeguards enshrined in international law and restrict access to price-lowering generic medicines for millions of people.

<http://www.msfacecess.org/about-us/media-room/press-releases/statement-msf-official-release-full-text-trans-pacific>

*Judit Rius Sanjuan, U.S. manager and legal policy advisor for MSF's Access Campaign*

MSF remains gravely concerned about the effects that the TPP trade deal will have on access to affordable medicines for millions of people, if it is enacted. The official release of the agreed TPP text confirms that the deal will further delay price-lowering generic competition by extending and strengthening monopoly market protections for pharmaceutical companies.

At a time when the high price of life-saving medicines and vaccines is increasingly recognized as a barrier to effective medical care, it is very concerning to see that the U.S. government and pharmaceutical companies have succeeded in locking in rules that will keep medicine prices high for longer and limit the tools that governments and civil society have to try to increase generic competition.

For example, if enacted, the TPP will not allow national regulatory authorities to use existing data that demonstrates a biological product's safety and efficacy to authorize the sale of competitor products, even in the absence of patents. The TPP would also force governments to extend existing patent monopolies beyond current 20-year terms at the request of pharmaceutical companies, and to redefine what type of medicine deserves a patent, including mandating the granting of new patents for modifications of existing medicines.

The provisions in the TPP text will not only raise the price of medicines and cause unnecessary suffering, but they also represent a complete departure from the U.S. government's previous commitments to global health,

including safeguards included in the U.S.'s 2007 'New Trade Policy.'

It is not too late to prevent further restrictions on access to affordable medicines in the TPP. As the text now goes to national legislatures for final approval, we urge all TPP governments to carefully consider whether the agreed TPP text reflects the direction they want to take on access to affordable medicines and promotion of biomedical innovation; if it does not, the TPP should be modified or rejected.'

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### **India's health camps: the drug rep will see you now**

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h6413>

#### **BMJ on India's 'health camps' and conflict of interest**

Cite this as: *BMJ* 2015;351:h6413

Frederik Joelving, freelance journalist, Copenhagen, Denmark

[A story with good examples to illustrate conflict of interest. The full story is quite long so only tasters given here. A subscription may be required to access the full article. Copied as Fair Use. Douglas Ball E-drug]

Pharmaceutical sales representatives are screening people in India in return for prescriptions for their products while calling it corporate social responsibility. Frederik Joelving investigates

Muzzammil Khan, a chest specialist, runs 'health camps' for poor people several times a month around Lucknow, Uttar Pradesh. At one such event I attended in 2013 sales representatives and technicians from four Indian drug companies (Elder Pharmaceuticals, Ipca Laboratories, Biocon, and Lupin) screened Khan's patients for heart problems, lung disease, diabetes, and other conditions. 'Without the companies, I wouldn't be able to do all this,' Khan said. The drug makers had brought an electrocardiograph, a spirometer, a bone density scanner, and a glucose meter to the camp. Afterwards, an invoice of sorts was lying on the floor. 'Respected doctor' it began, followed by a 'request' to prescribe 13 drugs made by Lupin. 'It's a little bit of, 'You scratch my back, I scratch yours,' explained Khan, who has agreements with about a dozen drug companies to perform medical tests for him.

At the camp in 2013, Syed Raza, a technician and Ipca sales representative who regularly helps at Khan's camps, did electrocardiography on about a third of the visitors. Raza told me that his services benefit patients and help him achieve his sales targets. 'I am conducting ECG camp, then doctor is prescribing my brand,' said Raza, who was promoting drugs for high blood pressure, including Tenorol (atenolol) and Tenoric (atenolol-chlortalidone). 'This is the main purpose of this camp.'

Satish Yadav, a Biocon representative also at Khan's camp, did blood sugar tests on dozens of patients. 'If we

make good relations with the doctors, then we will get business,' he said.

Neither Ipca nor Elder returned requests for comment. Lupin declined to comment. A Biocon spokesperson, Seema Ahuja, told The BMJ that its 'sales representatives do not conduct any medical screening or diagnostic testing.' She added, 'Biocon partners with physicians to advise patients on lifestyle management, diet, and exercise,' but said that the prescription of specific drugs 'is entirely the prerogative of the physicians.'

#### **Industry-wide practice**

Boosting drug sales through screening programs that look like charity is common practice in India. Not only does it create new customers and capture market share, insiders say, but it allows companies to influence prescribing despite regulations that prohibit doctors from accepting gifts from drug companies.<sup>1</sup> Doing health camps is 'the best way to please the doctor,' Sumahan Chakraborty, a veteran representative for Elder, told The BMJ.

The regulatory body the Medical Council of India (MCI) says that the practice is unauthorised, however. 'Screening and diagnostic tests . . . can be performed only by [a] registered medical practitioner,' Jayshree Mehta, the MCI's president, told The BMJ, regardless of whether the test is invasive. Likewise, for doctors to prescribe specific products in return for testing services from a drug company is not only 'totally unethical,' said K L Sharma, joint secretary at the Ministry of Health and Family Welfare; it also violates MCI regulations.

#### **Direct contact with patients**

Free health camps have grown popular with many people in India who lack access to affordable medical care; specific events are held for slum dwellers, transgender people, and auto rickshaw drivers. Some target just one disease; others provide general care. For larger health camps companies typically work with civil society organisations. The events are highly publicised to local residents and may include medical testing by drug representatives or technicians. They often take place at temples or schools near slum areas and attract hundreds of visitors.

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#### **Conflicts of interest**

The unchecked screening and conflicts of interest have experts worried. 'This kind of behaviour can actually lead to harm to patients' overdiagnosis, misclassification [of healthy people as sick], iatrogenic harm of drugs,' Glyn Elwyn, a primary care clinician-researcher at the Dartmouth Center for Health Care Delivery Science in New Hampshire, USA, told The BMJ. 'It's going to cost the government in India an incredible

amount of money,' he said, because many people will take drugs who shouldn't. 'It is not a gift at all.' Lack of follow-up is a worry. 'Many of them are poor people,' .....

Other doctors, such as M K Mukhopadhyay in Kolkata, charge patients for the tests. When I visited his diabetes clinic in 2013, a man who said he was a technician from the drug company Sanofi was doing finger prick tests in the crowded waiting room, an Abbott rep stood by the bathroom with a urine dipstick kit, and a technician from Thyrocare, an Indian diagnostics company, was drawing blood in the hallway as part of Abbott's Friday Thyroid Clinic program. A Sanofi spokesperson said the company provides logistical support such as glucose meters but is not involved in the conduct of the screening programs and 'does not employ any technicians, directly or indirectly.'

One of Mukhopadhyay's patients said that he had just paid the doctor Rs1700 for various tests and was surprised to learn they were being done by drug companies. Another frail retired patient paid Rs2100 for tests done by Abbott and Sanofi. 'It is difficult to pay because the treatment is high cost, the medicine is high cost, the doctor's fee is high cost,' he told me.

Many others in India face similar problems. At a health camp for lung disease run by a non-governmental

organisation, 75 year old Malati Singh was diagnosed with chronic obstructive pulmonary disease (COPD) and given a prescription for five drugs, four of which were made by Cipla, the company doing spirometry tests at the camp. WHO discourages use of two of the drugs, both from Cipla, in COPD because of side effects and small benefit. Singh wasn't happy 'not because she was aware of WHO's warnings' but because she knew that her husband, a teashop worker, wouldn't be able to afford the drugs. 'My husband says - It is better you die,' she said.

Charlotte Chunawala, a Cipla spokesperson, told The BMJ that the company sends technicians to screen patients for asthma and COPD at health camps with the 'full consent of the treating physician.' But Cipla 'exerts no influence on the prescription of products and has no direct contact with patients' the spokesperson said.

For Leena Menghaney, a lawyer and India manager of Médecins Sans Frontières Access Campaign, Singh's story illustrates the problem with many health camps. 'This is nothing but selling privatised health care, whether it's medicines or diagnostics,' Menghaney said, adding that she discourages her family from going to the camps.

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### **News from HAI Europe** [www.haiweb.org](http://www.haiweb.org)

(11 December 2015) HAI/WHO Pharmaceutical Promotion Manual Still Key to Combating Promotion around the World

(3 December 2015) Trilogue Negotiations on Commission's Proposal for Trade Secrets Directive

(19 November 2015) Global Snakebite Initiative Appoints Health Action International as Secretariat

(18 November 2015) Three Keys to Curbing Antibiotic Resistance

(13 November 2015) It's Time Everyone Knows about Price Inequities in Insulin

## Antimicrobial resistance



Antimicrobial Resistance (AMR) is a serious and growing global problem. A WHO report released in 2014 stated that this serious threat is no longer a prediction for the future - it is happening now in every region of the world and has potential to affect anyone, of any age in any community – a real threat to the public health.



Antibiotics are one of the most important therapeutic discoveries in human and animal medical history as they revolutionised the way we treat humans and animals with bacterial infections – contributing hugely to reducing morbidity and mortality caused by bacterial infections. There is the concern that with AMR, we might be back to square one where simple infections such as pneumonia and diarrhoea can be a threat to our health.

The coming together of various important stakeholders in many countries to develop national strategies to overcome this threat is the testimony of their agreement of how serious is the issue at hand. Their intentions to combat AMR is translated into Action Plans.

### **First Antibiotic Awareness Week 2015**

The threat of antibiotics losing their effectiveness has become so serious that the World Health Organisation has seen the need for a global campaign to use antibiotics wisely. This was the first year that a 'World Antibiotic Awareness Week' has been held to help raise the awareness of antibiotic resistance and promote the responsible use of antibiotics - from the 16<sup>th</sup> to the 22<sup>nd</sup> around the theme: Antibiotics – Handle with Care. Antibiotic Awareness Week Activities were held in many countries in our region.

### **Manila: WHO launches World Antibiotic Awareness Week to promote best practices in the Western Pacific Region**

<http://www.wpro.who.int/mediacentre/releases/2015/20151116/en/>

Manila: November 16, 2015. The World Health Organization (WHO) launched the first World Antibiotic Awareness Week, between 16 and 22 November.

'All government sectors and society must take action to avoid a post-antibiotic era in which common infections could become life-threatening again,' said Dr Shin Young-soo, WHO Regional Director for the Western Pacific. 'Regional collaboration is needed to document and track the trends of drug-resistant infections and the use of antimicrobials.'

### **Do your part against antibiotic resistance**

This year's campaign—with the theme 'Antibiotics: Handle with Care'—calls on individuals and health-care professionals to take action to ensure that future generations continue to have effective antibiotics to treat potentially deadly bacterial infections.

WHO encourages individuals to use antibiotics responsibly by always completing the full course of antibiotics prescribed, and to refrain from sharing or using leftover antibiotics, or buying antibiotics without a prescription.

WHO also encourages health-care professionals to prescribe and dispense antibiotics only when truly needed. This includes always selecting the right antibiotic, in the right dose, and prescribing for the right duration. They also need to educate patients on the responsible use of antibiotics and follow good hygiene and infection prevention and control practices.

Moreover, policy-makers must tackle antibiotic resistance in their respective countries with robust national action plans, policies and regulations. Sustainable programmes must be financed and implemented in order to preserve the effectiveness of antibiotics.

'We must take decisive actions to preserve the effectiveness of antimicrobials before it is too late,' said Dr Shin.



## Activities in the Region

Member States in the Region lined up various activities to promote Antibiotic Awareness Week.



- 16 November, the campaign kicked off in **China** with an antibiotic awareness dialogue with major international partners on policies to contain antimicrobial resistance.
- 19 November in the **Lao** People's Democratic Republic, ministries and development partners discussed collective action to contain antimicrobial resistance in human and animal health.
- The **Fiji** National Action Plan on antimicrobial resistance was launched during their 'week', focusing on a multisectoral approach to combat antimicrobial resistance.
- **Mongolia** launched a nationwide antibiotic awareness campaign using leading traditional and online media channels, in addition to training health care professionals and pharmacists nationwide.
- The **Philippines** hosted the first Philippine Antimicrobial Resistance Summit, 24–25 November 2015, as part of antibiotic awareness week activities. The theme for the summit -'One Health, One Nation against Antimicrobial Resistance.' Philippine President Benigno S. Aquino III was the keynote speaker.
- On 26 October 2015, **Viet Nam** launched a one million signature campaign of individuals making personal pledge to make better use of antibiotics and help save these vital medicines from becoming ineffective. This campaign concluded in Hanoi during Antibiotic Awareness Week.

### Progress against antibiotic resistance

In his address during the sixty-sixth session of the WHO Regional Committee in Guam, Dr Shin mentioned that the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*, endorsed during last year's session, is already yielding results

'Fiji, Samoa and Mongolia started developing multisectoral national action plans to combat antimicrobial resistance last year. Meanwhile, national plans and policies on antimicrobial resistance are being finalized in Australia, Cambodia, the Philippines and Viet Nam,' Dr Shin said.

The *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* aims to strengthen national plans, raise awareness across sectors, improve surveillance and strengthen health system's capacity to contain antimicrobial resistance.

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## Antibiotic use in food animals fuels resistance to vital drugs – UK report

The Guardian December 8, 2015

<http://www.theguardian.com/society/2015/dec/08/antibiotic-use-food-fuels-humans-resistance-vital-drugs-report>

A review on antimicrobial resistance warns that antibiotic use on animals outweighs that on humans in many countries, posing great health risk

The use of antibiotics in agriculture is fuelling drug resistance and must be cut back or even banned where they are important for humans, a report commissioned by British Prime Minister David Cameron has warned.

The Review on Antimicrobial Resistance said global use of antimicrobials in food production at least matched that by humans, extending even to the widespread application in some areas of 'last resort' antibiotics for humans – which cannot be replaced when ineffective – to animals.

The review acknowledges that the proper use of antibiotics is essential for treating infections in animals, as in humans, and offers considerable benefits for food production. But the authors say that 'excessive and inappropriate' deployment, including to stop development of infections within a flock or herd, or simply to increase the pace at which animals gain weight, is a problem.

Jim O'Neill, the economist and former chairman of Goldman Sachs Asset Management who is chairing the review, said: 'I find it staggering that in many countries, most of the consumption of antibiotics is in animals rather than humans. This creates a big resistance risk for everyone, which was highlighted by the recent Chinese finding of resistance to colistin, an important last-resort antibiotic that has been used extensively in animals.'

'As we've highlighted, most of the scientific research provides evidence to support curtailing antibiotic use in agriculture. It's time for policymakers to act on this. We need to radically reduce global use of antibiotics, and to do this we need world leaders to agree to an ambitious target to lower levels, along with restricting the use of antibiotics important to humans.'

The panel of experts undertook a review of 139 academic studies on antibiotic use in agriculture and found that only seven argued found no link between consumption in animals and resistance in humans, while 100 found evidence of a link. They argue therefore that there should be a limit for each country to reduce antibiotic use in food production to an agreed level per kilogram of livestock and fish.

They say this should be determined by experts, but suggest that a good starting point would be reducing levels to that of Denmark – an average of less than 50mg of antibiotics per year per kilogram of livestock in the country. [Denmark](#) has combined low use with being one of the world's largest exporters of pork. The review also says that 'countries need to come together and agree to restrict, or even ban, the use of antibiotics in animals that are important for humans'.

Nicholas Stern, president of the British Academy, said: 'The routine and regular pumping of antibiotics into animals is deeply dangerous in that it creates resistance to drugs that are key to modern medicine and key to our lives and livelihoods. It is a classic example of short-term private interest in conflict with medium-term public good. In this case, the private gains are modest and the public damage is huge. It requires coordinated public action.'

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### ***Vietnam: Implementation of National Action Plan***

In recent years, Vietnam has witnessed a growing threat of antimicrobial resistance, brought about by the excessive and irrational use of antibiotics at all levels of the health care system and the public as a whole. In addition, the use of antimicrobials in animal husbandry, agriculture and food production increases the risk of spread of resistant microorganisms and threatens the safety and sustainability of the food chain. Antibiotic residues in soil, water and the environment further contribute to the threat of antimicrobial resistance due to weak regulations for industrial and human waste disposal.

This year's campaign, called on individuals and health-care professionals to take action to ensure that future generations continue to have effective antibiotics to treat potentially deadly bacterial infections: use antibiotic responsibly by always completing the full course of antibiotics prescribed, and not sharing or using leftover antibiotics, or buying antibiotics without a prescription.

Health providers need to take full accountability and responsibility when prescribing and dispensing antibiotics, ensuring that they are given only when truly needed; and always selecting the right antibiotic, in the right dose, and for the right duration.

Health care providers also need to educate patients on the responsible use of antibiotics and to follow good hygiene and infection prevention and control practices.

In 2013 Vietnam became the first country in WHO's Western Pacific Region to approve a National Action Plan to combat drug resistance.

In June 2014, the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Trade and Industry and Ministry of Natural Resources and Environment (MONRE) together with the development partners reiterated their commitment by agreeing in an aide-memoire to coordinate and jointly implement the National Action Plan across different sectors.

In line with WHO's global and regional strategies on antimicrobial resistance, the aide-memoire and national action plan also help to raise and maintain awareness about antimicrobial resistance among health workers and the general public. The implementation of the Plan enhances and improves the capacity of national surveillance systems on antibiotic use and resistance, ensures adequate supply of quality essential drugs and strengthens safe and rational drug use and infection control across sectors.

Policy-makers across different sectors in Vietnam have contributed by implementing the National Action Plan to combat drug resistance, and enforcing measures to regulate the use in the human and agriculture sector as well as strengthening regulations for waste management and disposal.

"As a society we must take decisive actions to preserve the effectiveness of antimicrobials before it is too late," said Dr Lokky Wai, WHO Representative to Vietnam.

*Viet Anh*

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### ***China, Mongolia: Pharma pollution is overlooked cause of antimicrobial resistance***

During the first World Antibiotic Awareness Week (WAAW) from 16-22 November 2015, and on the 8th European Antibiotic Awareness Day (EAAD), the emphasis was put on the global nature of the emergency. In Brussels, the European Commission, ECDC and WHO said that only effective collaboration could tackle the complex challenge posed by AMR.

*EurActiv.com* by [Henriette Jacobsen](#) December 15, 2015

<http://www.euractiv.com/sections/health-consumers/pharma-pollution-overlooked-cause-antimicrobial-resistance-320324>

Unused pharmaceuticals, which end up in the environment, such as in groundwater, pose a major threat to public health and the environment, by leading to the development of antimicrobial resistance (AMR) in humans.

'We need to change our consumption and prescription culture' said Sascha Marschang from the European Public Health Alliance (EPHA) at an event in the European Parliament on Thursday (10 December).

'This involves a big effort in educating patients, health professionals and pharma industry in order to change expectation and habits and force the correct use when antibiotics are necessary and remove perverse incentives that encourage unnecessary consumption and production,' he added.

AMR was on the EU's agenda as lately as 16-22 November as part of the World Antibiotics Awareness Week and gave attention to the continued overuse of antibiotics in agriculture and animal husbandry.

The misuse of antibiotics during pharmaceutical production process and market authorisation can cause environmental pollution and contribute to the rise of AMR.

In 2013, the European Commission said in a report that more than 150 different pharmaceutical substances and metabolites have been found in various water bodies in Europe, including in drinking water supplies.

### **Pharmaceutical manufacturing in China and Inner Mongolia**

*Changing Markets*, a purpose-driven business that support NGOs in developing ideas for sustainability, has investigated pharmaceutical manufacturing locations in China and Inner Mongolia. One pharmaceutical company in China, NCPG, was in many cases found to not treat its waste, only dumping it straight into nature, said Natasha Hurley from *Changing Markets* at the Brussels event.

Meanwhile, Inner Mongolia is increasingly becoming a production hub for all sorts of industries.

'This makes it a lot easier for unscrupulous manufacturers to pollute without much public scrutiny. The population is less empowered to speak out against pollution for example and it's just out of sight, out of mind. While people particularly in Eastern China are increasingly speaking out against pollution, they don't do this in Mongolia, and therefore it's an attractive manufacturing destination,' Hurley said.

Elizabeth Kuiper, representing the European Federation of Pharmaceutical Industry Associations (EFPIA), said her industry is a global industry with global manufacturers and supply chain. Therefore, the sector has a responsibility to apply the same standards across the world.

'When it comes to different parts of the world, it's important to note that we deal with different local governments. That really shows that a lifecycle approach is needed,' she said.

### **Information gap**

Roberto Bertollini, the chief scientist at the World Health Organisation's (WHO) representation to the EU, who is also a trained physician, mentioned that he has had

numerous discussions with particularly parents who have demanded antibiotics for their children, even when the children did not suffer from a disease related to bacterial infection.

'The answer to the problem would be developing substantial knowledge. There is antimicrobial resistance all across the world, not only in Europe. There is a major information gap on this particular problem and the understanding of its importance and the tools to tackle AMR do not exist in many countries,' he said.

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## **Solomon Islands: Small islands, big step: tackling antibiotic resistance**

<http://www.who.int/features/2015/antibiotics-solomon-islands/en/>

November 2015



WHO/S. Burggraaf

Eight-year-old Muriel FeaKali was climbing an apple tree in her home village of Nafinua, Solomon Islands, when she fell and broke her arm. Her injury soon became infected, requiring specialist treatment.

Getting to health facilities in the Solomon Islands can be a challenge. Muriel first endured a 45-minute boat trip to the clinic where she was first treated, then a long truck ride to the provincial hospital, and a further 3-hour boat trip to the National Referral Hospital in the capital city, Honiara.

Muriel was prescribed antibiotics to treat her bone infection. Her surgeon, Dr Alex Munamua, happened to also be the Chair of the Antibiotic Stewardship Committee and was able to consult on Muriel's injury and insert the pins to fix her broken and infected bone.

### **Medicines can help you or hurt you**

'Medicines can help you or hurt you' is the motto of the pharmacy division of the Solomon Islands' Ministry of Health and Medical Services (MHMS). Improving the way medicines such as antibiotics are prescribed, dispensed and used is critical to ensuring patients like

Muriel recover quickly. It is also vital to ensuring that the medicines remain effective for as long as possible.

Solomon Islands is one of many countries where the misuse of antibiotics is being targeted because of concern about the development of antibiotic resistance: a major threat to global health.

### **Solomon Islands rolls out first antibiotic guidelines**

With support from WHO, a team of pharmacists, doctors and lab workers from the Ministry recently developed the Solomon Islands' first set of clinical guidelines to help doctors and nurses make the right decisions about when to prescribe antibiotics, which antibiotics to prescribe, and for how long their patient should take them.

The guidelines take into account the specific antibiotics that are available in the country, the main illnesses that they treat, and the potential side-effects. They were developed at the request of specialist trainees at the national hospital, who applied their recent medical training and advocated for a better approach to prescribing antibiotics. 'Their hard work has culminated in these national guidelines. They will benefit patients throughout the country by ensuring they receive the most appropriate treatment available,' says Dr Tenneth Dalipanda, Permanent Secretary at the Ministry.

### **Implementing the new guidelines and training health workers**

In 2005, before the Government rolled out the new guidelines, an antibiotic point prevalence study revealed that less than 5% of antibiotic prescriptions were consistent with good practice laid out in the guidelines. Just 3 weeks after rolling out the guidelines, this figure had risen to 28.6%. Additional training that will take place in the coming months should ensure this number continues to rise.

'All doctors want to give their patients the best possible care, and no prescriber wants to promote the development of antibiotic resistance. But even specialist microbiologists struggle to keep up with all the issues that need to be considered when deciding if an antibiotic—and which antibiotic—should be prescribed in the countless situations arising in day-to-day clinical practice. The new guidelines will help health workers prescribe antibiotics wisely', says Dr Dalipanda.

Dr Dalipanda is optimistic about improving antibiotic prescribing practices in Solomon Islands, but he acknowledges that this alone will not solve the problem of resistance. He knows that more needs to be done to ensure treatments are available for those who need them. He also recognizes the need for public awareness on the issue so that people can better understand how to use antibiotics and help reduce antibiotic resistance.

Muriel's story shows that when antibiotics are prescribed and used appropriately they can effectively treat infections. Muriel is recovering well from her injury and will soon be climbing the trees in her village again.

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### **Thailand: Overuse of antibiotics killing Thais at high rate**

*Chaiyot Yongcharoenchai November 29, 2015*

<http://www.bangkokpost.com/learning/learning-from-news/779433/overuse-of-antibiotics-killing-thais-at-high-rate>

Overuse of antibiotics is especially bad in Thailand, with 100 dying every day from resistance, worse than all of Europe, a researcher says.

HAIAP Governing Council Chair and Thailand's Drug System Monitoring Mechanism Development Centre Manager, Dr Niyada Kiatying-Angsulee said her research found that Thailand had a worrying high fatality rate due to antibiotic resistance, but the problem is hidden because the cause of death was usually listed as something else.

Up to 38,000 Thais could be dying from antibiotic-resistant bacteria annually because of over-prescription and the prevalence of the drugs in food and the water supply, her research has found.

Dr Niyada said with people being routinely exposed to antibiotics, both directly and indirectly, there was greater chance for bacteria to become resistant and deadly.

'At least 100 people die per day in Thailand alone from antibiotic resistance,' Dr Niyada said. 'You may not think it is a big problem unless the person affected is someone you know. But it has killed as many people as deadly diseases like cancer.'

Dr Niyada is a drug researcher and Assistant Professor at Chulalongkorn University's Faculty of Pharmaceutical Sciences. She presented her initial findings for Antibiotic Awareness Week in 2015 and the full report will be published in the new year. Dr Niyada has examined antibiotic resistance in Thailand, Europe and America finding there were 77,000 cases when it caused death during the period studied.

Thailand had 38,000 cases, which was greater than all of Europe, where 25,000 deaths were recorded. She acknowledged the data were limited and Thailand had only become focused on the problem in the last three years.

Dr Niyada emphasised the importance of being aware of the dangers of antibiotic resistance

'When you go to see the doctor and you get a prescription for antibiotic pills, you have every right to ask the doctor if your symptoms are caused by a virus or a bacteria', She said. 'If it is bacteria then take the

pills, if it is a virus then say NO'. Yet even patients who refuse to take antibiotics are not necessarily safe. According to DMD research, meat, fruit and vegetables in Thai markets have all been found to contain antibiotics.

Research conducted in 2012 by Siriraj Hospital and the National Institute of Health found 56.7% of chicken meat bought from Bangkok supermarkets breached the limit of allowable bacteria and multi-drug-resistant types were found. Dr Niyada warned that people could also be exposed to antibiotics from the water supply, as waste from animals treated with antibiotics ends up in river networks that are used to irrigate crops.

Dr Niyada said patients with antibiotic-resistant diseases get sick easily and do not easily recover with conventional therapy.

'All patients have the right to know what they are taking. So please ask the doctor what the name of the pill is. If it is avoidable, do not take antibiotics too often,' Dr Niyada said.

## Malaysia

### FAPA Antibiotic Awareness Comic Competition 2015

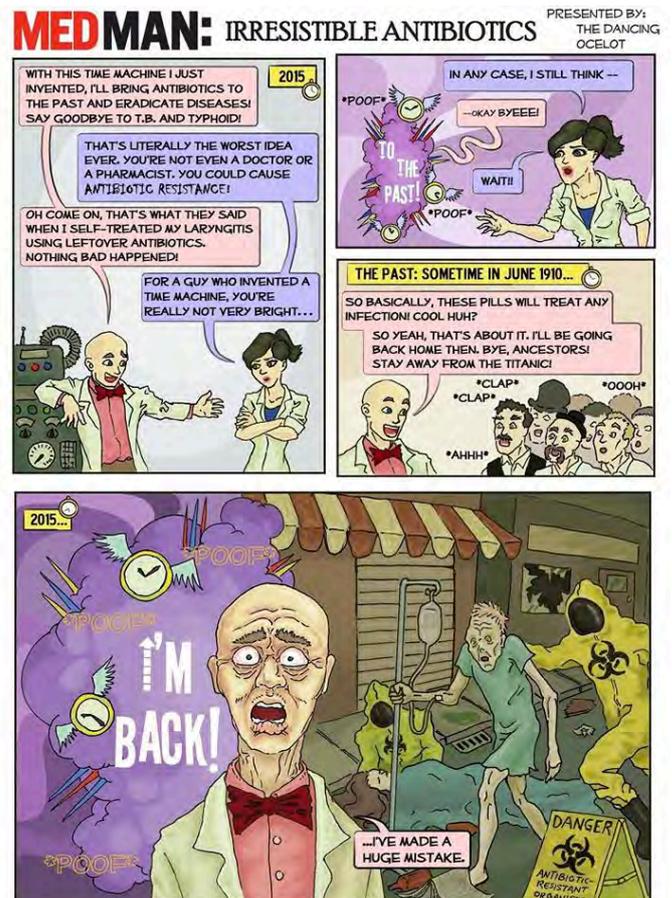
The Federation of Asian Pharmaceutical Associations (FAPA) organized a four-frame comic competition in conjunction with *FAPA 2015 Antibiotics Awareness Campaign* with the Theme: Antibiotics: Handle with Care.

With the spreading of the news of this competition, MyPSA had taken this opportunity to encourage the pharmacy students around Malaysian Peninsula to join this competition. Abundant of entries were sent from the students and all the entries sent are displayed here

<http://mypsa-malaysia.org/fapa-antibiotic-awareness-comic-competition-2015/>

We can't show them all – Have a look at that website

Congratulations to Mr Tan Jit Kent from UCSI winning the 2nd place in the FAPA AMR Four-frame Comic Competition with a total of 1058 likes.



All of the comics are splendid. Yet, did the comics alone change the situation. MyPSA says 'No! YOU change the situation. It is your action that matters. It is how you handle the antibiotics, is what matters. Be the one who will save the world.'

On 11th December 2015, the world had been shocked by the emergence of a new strain of E-Coli which is resistant to all antibiotics known to man. It was found in China. The scientist had now expected that that 'day' would come more sooner than had been predicted. A 'day' when a medical practitioner would have nothing to say except 'I'm sorry. I cannot cure you'

We must aware that we are now in a fight. A fight that we, ourselves could see that we are losing. Therefore, stop losing. Stand up and do what is right. There is still chance for us to win this fight.

MyPSA gave special thanks to Mr Weng Kit Huin (UM), Educational Officer of MyPSA for his effort in handling such this enormous and prestigious event by FAPA.

## Feature: Fiji's Antibiotic Awareness Activities in 2015

Information supplied by Crystal Yim, Jeremaia Mataika, Apolosi Vosanibola, Nargina Macalinao, Beverley Snell

The World Antibiotic Awareness Week was held in Fiji from the 16th to the 22nd November 2015. This was the first year that a 'World Antibiotic Awareness Week' has been held to help raise the awareness of antibiotic resistance and promote the responsible use of antibiotics. The threat of antibiotics losing their effectiveness has become so serious that the World Health Organisation has seen the need for a global campaign to use antibiotics wisely. When they are used unwisely, for example if instructions are not followed by the patient, they can lose their power to treat infections. The threat is as serious in Fiji as anywhere else.

### Antimicrobial use in Fiji Government health facilities

In Fiji we are aware that the inappropriate use of antimicrobials contributes to the emergence of resistance to antimicrobials. We are also aware that the use of certain antimicrobials in animals is also associated with resistance to these antimicrobials.

In Fiji's Government health facilities, antimicrobial use is guided by the Antibiotic Standard Treatment Guidelines (STGs) which were developed and approved for use in Fiji by the National Medicines and Therapeutic Guidelines committee. The third edition of the Antibiotic Guidelines was published in 2011.<sup>1</sup> These guidelines provide recommendations for use of antibiotics in all levels of the health services that are appropriate for the conditions commonly seen in Fiji. Nevertheless, there has been considerable anecdotal information that indicates some confusion and misinformation about antibiotics and their use within the Fijian community.

### Surveys:

To get a better understanding of knowledge about antibiotics in Fiji, three major surveys were carried out under the leadership of the FPBSC Essential Medicines Authority (EMA). The findings helped identify targets to address during the planned Antibiotic Awareness Week.

**(i) Use of meropenem – a restricted antibiotic – in the Colonial War Memorial Hospital (CWM)** (See HAIAP News August 2015).

There was evidence that this restricted antibiotic was being used excessively in hospitals and here was fear of developing resistance so a study of its use was undertaken under the supervision of the EMA in the CWM Hospital. The meropenem study can be accessed on the FPBS website.

<http://www.health.gov.fj/wp-content/uploads/2015/04/Drug-Use-Evaluation-Report-Meropenem-CWMH-2015.pdf>

<sup>1</sup> Antibiotic Guidelines, 3<sup>rd</sup> Edition 2011, available from [http://www.health.gov.fj/?page\\_id=198](http://www.health.gov.fj/?page_id=198)

Implementation of the recommendations resulting from the study findings will improve the use of meropenem in Fiji hospitals and will result in considerable cost savings.

### The recommendations must be implemented.

#### **(ii) Survey of community knowledge about antibiotics:**

Because there has been considerable anecdotal information indicating some confusion and misinformation about antibiotics and their use within the Fijian community, a community-wide survey was undertaken to gain understanding of Fijian people's perception about antibiotics and their role and to provide the World Health Organization and the Ministry of Health and Medical Services (MoHMS) with baseline data for the development and dissemination of Fiji Antibiotic Awareness Week materials (November 16-22), which would be appropriate for the Fijian population.

The study was described in the HAIAP News August 2015.

That study was supplemented by focus group discussions with 5 different groups of community people: GPS, retail pharmacists, over 55s, mothers with small children, young people age 18-25.

An enormous amount of useful information about community knowledge was gathered. Targets for more community education were identified. The report will be available on the MoHMS website, together with the report of the Focus Group Discussions. Funding for these surveys and for coordination by Crystal Yim, provided by WHO Suva office, is gratefully acknowledged.

The survey found that:

- 45.1% of the participants who had completed primary school only, did not know what antibiotics were; 25.9% completing some high school and 22.5% (less than one quarter) completing technical did not know what antibiotics were. Antibiotics were used to treat headache, dengue, asthmas, pregnancy and pain.
- 34.1% (about one third) of the participants who stated they knew what antibiotics were, used the medicine for a cold, 25% of those used them for flu and 5.3% of them used antibiotics for a virus.

**(iii) Survey of antibiotic prescribing and community knowledge in Out Patient Departments (OPDs) of Divisional Health Facilities:**

During Antibiotic Awareness Week, under the supervision of the EMA, a study of was begun of prescribing and community knowledge in the Divisional Health Centre OPDs as well as a study of the use of collistin – a restricted antibiotic – in the major hospitals. The need for both these studies had been recognised by the Chief Pharmacist. The results of those studies will be publicised when they are finished.

**International Antibiotic Awareness Week November 16-22:**

The threat of antibiotics losing their effectiveness has become so serious that the World Health Organisation saw the need for a global campaign to use antibiotics wisely. Under the leadership of the EMA, Fiji organised the week throughout all Divisions with the theme - **Antibiotics: handle with care.** There were extensive activities during the week including radio spots, Breakfast Show TV panel, TV advertisement, community meetings providing more information on the importance of using antibiotics properly and presentations to patients and staff in hospitals and clinics, backed up with IEC materials: Tshirts, posters, banners, brochures, badges, refrigerator magnets. Funding from the WHO Suva office is gratefully acknowledged as well as the support with IEC materials from Australia's National Prescribing Service.

**Antimicrobial Stewardship:** With the support of FPBSC and the EMA, a WHO consultant undertook an investigation to inform the development of Antimicrobial Stewardship in Fiji. The resulting Fiji National Action Plan was launched in November 2015 during the Antibiotic Awareness Week. The Plan on Antimicrobial Resistance will be available on the MoMHS website. Fiji is the first country among the Pacific Island Countries to develop such a plan.

**IEC materials**

The EMA coordinated the production and distribution of IEC materials to all Divisional Hospitals from where they were distributed within the hospitals and clinics as well as to retail pharmacies.

- Banners on the theme 'Use Antibiotics Wisely' were displayed in Divisional and Sub divisional hospitals.
- T Shirts - worn by all pharmacy staff.
- Information for development as powerpoint presentations to staff and community members
- Information leaflets

- Badges, Frig magnets, Posters – provided by WHO. Funding from WHO for the development of IEC materials is gratefully acknowledged,

**National media**

**November 12:** Talk back on Radio 1. Preparation and orientation about the AB Awareness week that would be held from November 16-22.

Questions were answered in English, Itaukei and Hindi languages by Jeremaia Mataika and Avnil Narayan.

A Press Release had been delivered on the 14<sup>th</sup> of November as a preview to the week of 16<sup>th</sup>-22<sup>nd</sup> November.

**November 14: Fiji Times article** 'Warning over superbugs' Consumer Council of Fiji with the world gearing up to mark the first ever World Antibiotic Awareness Week.



[www.fijitimes.com/story.aspx?id=329745](http://www.fijitimes.com/story.aspx?id=329745)

Evening News

**November 20: Fiji Times Article 'Antibiotic awareness'** - Fiji Times Online. Siteri Sauvakacolo

**Friday, November 20, 2015. ANTIBIOTICS** are for infections and they need to be taken only upon prescriptions from doctors .....

[www.fijitimes.com/story.aspx?id=330489](http://www.fijitimes.com/story.aspx?id=330489)

**November 20: Fiji Times Article: Global campaign - Fiji Times Online** Friday, November 20, 2015. Ministry of Health staff members at the launch of the **Antibiotic Awareness Week** in Suva.

[www.fijitimes.com/story.aspx?id=330490](http://www.fijitimes.com/story.aspx?id=330490)

**November 20: Breakfast Show Panel, Avnil Narayan and Jeremaia Mataika** TV Fiji ONE.



Avnil and Jeremaia on the Breakfast Show

**November 16-22:** TV Commercial made by the FPBS staff, aired on Fiji ONE from Monday until Friday the following week during the News breaks.

**November 18:** The campaign was launched at the Headquarters of the MoHMS on Wednesday by the Minister of Health Mr Jone Usamate. The event was covered by the Fiji Times, The Fiji Sun and Fiji ONE Radio and TV.

The occasion also marked the launching of Fiji's *National Antimicrobial Resistance Plan*

Activities were not only conducted in Fiji's capital Suva. Divisional centres in Labasa, Nadi and Lautoka also led community and health facility based activities.



*The Honourable Minister of Health and Medical Services, Mr Jone Usamate, and the Director of Pacific Technical Support and WHO Representative to the South Pacific, Dr Liu Yunguo, cutting the green ribbon to launch Fiji's National AMR Action Plan at the launching of Antibiotic Awareness Week.*

[http://www.wpro.who.int/southpacific/mediacentre/releases/2015/Fiji\\_launches\\_AMR/en/](http://www.wpro.who.int/southpacific/mediacentre/releases/2015/Fiji_launches_AMR/en/)



*The Permanent Secretary of Health and Medical Services, Dr Mecuisela Tuicakau, and the Director of Pacific Technical Support and WHO Representative to the South Pacific, Dr Liu Yunguo, in a group photo with Ministry of Health and Medical Services staff members at the launch of Fiji's National AMR Action Plan*

### The Way Forward for Fiji

ONE HEALTH APPROACH - (involvement of all actors & sectors like human & veterinary medicine, agriculture, finance, environment and consumers)

Fiji – National Action Plan to combat AMR with 5 main strategic objectives:

- Improving awareness and understanding of antimicrobial resistance through effective communication, education and training.
- Strengthen nationally coordinated surveillance systems.
- Reduce the incidence of antimicrobial resistance events through improved IPC, sanitation and hygiene, measures and implementation of wellness.
- Optimise the use of antimicrobial medicines in human and animal health.
- Establish and ensure governance, sustainable investment and actions to combat antimicrobial resistance.

