

Revive *Health for All!* Meet at PHA Bhaban, Bangladesh, Oct-Nov, 2017

Planning notes (as at 12 January 2017)

The initiative: [Zafrullah Chowdhury](#) formulated the idea of an international meeting following the December 2016 decision of the High Court of Delhi to set aside the March 2016 decision of the Indian Central Government banning 344 irrational fixed dose combinations (FDC). Zafrullah noted that, since the 1985 [Nairobi Conference on the Rational Use of Drugs](#), for every two steps we have advanced we have gone one step backward. A progressive agenda for people-centred, rational and affordable health care continues to be undermined by powerful vested interests. The latest example is U.S. president elect Donald Trump's nominee (Tom Price) for Secretary of Health and Human Services (HHS). Price has [consistently opposed policies aimed at improving the care of vulnerable people](#). Zafrullah suggested that it is time for us to gather again globally to confront the forces and ideology that oppose *Health for All*.

The aim: To bring together like-minded groups such as [Health Action International Asia Pacific](#) (HAIAP) and the [People's Health Movement](#) (PHA) to reflect on the [vision of the late Dr Halfdan Mahler](#) (1923-2016), share the achievements and setbacks of various countries *Essential Drugs* and *Health for all* campaigns and reinforce our commitment to the cause.

Dates: There is agreement that postponing the meeting to Oct-Nov 2017 will allow more time for planning, obtain greater participation and find funds. **It would be helpful if Zafrullah could nominate the dates in Oct-Nov 2017 that he would prefer for the meeting.**

Venue: [PHA Bhaban](#) (where the first People's Health Assembly was held in December 2000). It has conference facilities and can accommodate 250 persons in a combination of single and double rooms and 8 bedded dormitories. [Gono Bishwabidyalay](#) (the People's University) is a 10-minute walk away and has additional facilities and space.

Funding: People attending will be responsible for funding their travel to and from Dhaka. However, Zafrullah has kindly confirmed that [Gonoshasthaya Kendra](#) (GK) will extend full hospitality including airport pick up and drop, modest accommodation, all meals and AV facilities.

International Steering Committee: Zafrullah suggested this should include representation of activists, health workers, researchers/academics and policy planners belonging to different networks, agencies and academic institutions. Shila and I have been tasked to start this process along with others who wish to volunteer. Zafrullah will also be involved. **People who wish to join the Steering Committee (or nominate others) should email Zafrullah, Shila and I indicating how they (or their nominees) will contribute.**

Zafar Mirza emphasised five important points:

- **The focus of the meeting must be on making an impact on the most important issues we are concerned about (action-orientated, concrete solutions).** Our view is that sharing country experience of initiatives that have made a difference (and encouraging others to consider taking these up) is one such strategy.
- **We should shortlist a few key issues that affect people most while they access health service and that we can change** (he suggested that fixing the global economic order may be beyond our capabilities).
- **Once the international steering committee is established, we should also engage strong communication/advocacy dimension to the meeting so that once the key issues are decided, communication/advocacy come into action with pre-, during and post-meeting advocacy.**
- **We should invite some keynote speakers of global profile who have taken practical steps to change the things. They will enthuse and inspire the meeting.** For example, [Zafrullah's life long contribution](#) in taking practical actions for the health of the poor and [Dr Adeeb Rizvi's initiative in Karachi](#) for providing free of cost services for dialysis, transplantation, cancer etc.

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- All this require resources and we should develop a proposal for going to some likeminded agencies including those in developing countries. Who will volunteer to do this?

Ravi Narayan made some useful suggestions:

- **Identify, support and nurture younger health professional, health activists and resource persons** (invite them to attend and assist with planning). As mentioned before, some of us are now in the twilight of our careers and succession planning is important. So, **please identify such people for Shila to add to the email list.**
- Focus **on evidence (and activities) that go beyond the biomedical / techno- managerial** domains including social, political, economic, cultural and ecological determinants. This was the vision of Dr Mahler and has been emphasised by others below.
- **Promote the use of interactive and participatory approaches in our meetings and gatherings.** Hence the suggestion of morning plenary sessions that may involve a few keynote talks, country reports and panel discussion followed by small group discussion in the afternoons to focus on participatory action.

Dr Barzegar noted the invasion of the corporations for privatization of the health care and the trend to regard health services as a market commodities rather than public goods and a human right. This is against the vision of the late Dr. Mahler and the Alma-Ata declaration. He also pointed out the health challenge of wars and conflict in his region.

There have been additional suggestions for topics or sub-topics to those already suggested below. For example, **David Werner** suggested that, given the neoliberal "free market" system is currently the biggest threat to the health of humanity and the planet, we need to act on a strategy for radical, transformative change for the whole unfair socio-economic system. While this could be an additional topic we are mindful of Zafar's concern that this may be beyond our capabilities. Alternatively, the main topics below could provide some practical suggestions as to how a "profit-orientated, free-market" system can be constrained by consumer advocacy, professional ethics and government regulation.

Regardless, the following list needs pruning to keep within the 4-5 main topics suggested by Zafar.

Current topics

1. **Containing malpractice (corruption) in healthcare: the conflict between profit and ethics; encouraging health providers to do the right thing** (this also covers the suggested topic "Accountability of health service providers").

Christiane Fischer noted that corruption in health care leads to a situation in which industry and doctors profit while patients and insurance policy holders pay escalating medical bills. Increased transparency of payments by drug companies to health providers, such as the U.S. Physician Payment Sunshine Act is one response. She offered a talk / workshop on this topic. See also, "[Two years of sunshine: has openness about payments reduced industry influence in healthcare?](#)"

A related topic is increasing the transparency by drug companies (and regulatory authorities) about the data used to evaluate the quality, safety, and efficacy of medicines (and medical devices). The [All Trials campaign](#) is one response. See also: "[Toward a jurisprudence of drug regulation](#)" and "[Transparency in drug regulation: public assessment reports in Europe and Australia](#)".

I mentioned that I could provide an **Australian case study** of our efforts to strengthen the Australian Health Practitioner Regulation Agency (AHPRA) for registered health practitioners (e.g. doctors, pharmacists, nurses, chiropractors) and the National Code of Conduct for unregistered health professionals (e.g. naturopaths, homeopaths, herbalists, etc.).

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We also wondered about additional case studies on containing malpractice focusing on solutions, e.g. Malaysia (Azmi?), Thailand (Niyada), India (Ekbal?), Pakistan (Tarik?), Philippines (Romy, Delen?), Sri Lanka (Kris Weerasuriya, Manuj?). **Are there any takers to tackle this topic?**

Prof KR Sethuraman noted the importance of Rational Diagnostics and Rational Management. A recent article (and Editorials) in the Lancet are also relevant, "[Evidence for overuse of medical services around the world](#)" (the first in a Series of four papers about right care): This is a topic that needs more exposure amongst both consumers and health care practitioners. It has also led to a "[Choosing Wisely](#)" campaign in several countries. **Would anyone like to tackle this area? It could also fit with the health financing topic.**

Garance Upham suggested a sub-topic that might fit under this heading: **A grassroots struggle for patient safety and clean and respectful care for all. What do people think?**

Both Garance and David Gisselquist noted the importance of involving patients in full and frank discussions of health care, including risks and decisions about how to improve health care safety. The latter includes relevant policies such as no-fault accountability (and compensation).

The need to involve lower-level personal reminded me of the example set by my colleague Dr Robin Pavillard, Director of Microbiology, Royal Melbourne Hospital who did early-morning rounds with the hospital cleaners wearing his white coat and white gloves, looking for dust and dirt. "Patients shed skin and secretions containing germs" he would say and "your work as cleaners is absolutely crucial to minimising hospital-acquired infection". He instilled an esprit de corps among the cleaners who kept the hospital spotless. But then, to achieve cost-savings, hospital managers contracted out cleaning to the cheapest private contractor who provided ever-changing personal and the cleaning rounds and esprit de corps was no longer possible. Yet another example of the dangers of privatising aspects of health care to managers who know the cost of everything but the values of nothing.

Another example is encouraging patients to ask health care workers if they have washed their hands; [not without its problems!](#)

Finally, with respect to Donald Trump's nominee for the U.S. Secretary of Health and Human Services (HHS), people might be interested in the [current campaign](#) opposing this nomination.

2. Health Financing - Public versus private provision of health care; High prices (how to make health care affordable); the role of private sector in undermining health and influencing policy.

Prof KR Sethuraman mentioned the [Chief Minister's Comprehensive health insurance scheme of Tamil Nadu](#) and analyses of similar schemes operative in India by the [Planning Commission of India](#) and the [World Bank](#). He suggested finding speakers who could share their expertise and views on Universal and Comprehensive Health Care schemes (both successes & failures) to offer workable solutions that are not a Utopian dream. **Could people suggest possible names?**

Prof KR Sethuraman also offered to share his experience with "Scheme cases" treated in his 1200 bedded private hospital (www.mgmcri.ac.in) in the form of a hand-out.

Kausar Skhan suggested three themes that could be pursued: Global forces that impact health in countries; Structural determinants of health (including social determinants) and Community engagement (Palo Freire) as a theme, also movement building.

Fiona Duby pointed out that a key issue (among others) is the role of private sector in undermining health and influence policy. **Fran Baum** suggested that a framework for analysis of health outcomes and health conditions is emerging and outlining the framework would help in planning the event.

It would be helpful if Kausar, Fiona and Fran could expand on these ideas.

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We had previously wondered if Anwar Fazal &/or Thiru Balasubramaniam (KEI) might like to engage this topic with possible country studies from (Bangladesh (Zafrullah – a keynote address?), Pakistan (Adeeb Rizvi (suggested for a keynote address), Tanveer?), Thailand (Niyada?), Philippines (Michael Tan?), etc.? **Would any of these people (or others) be interested?**

3. The ongoing battle for affordable, rational drug use (rational selection, EDL, registration, quality control (WHO-prequalification service), procurement FDC, countering unethical promotion, etc.)

Christiane Fischer (No Free Lunch Germany (MEZIS)) offered to address the high cost of medicines with No Free Lunch India.

Ekbal mentioned the importance of Open Source Drug Discovery and in medical scientific publication, Open Access Publication. However, see also [predatory journals](#).

We also wondered if others would like to be involved in country studies on achieving affordable drug use: Pakistan (Tariq, Tanveer)? India (Delhi High Court decision on FDC, Gopal?), Sri Lanka (Manuj?), Malaysia (Azmi?), Pacific Islands (Bev?), Australia (Sasha, Tiana, Whack-a-mole project)? **Would any of these people (or others) be interested?**

4. Non-Communicable Disease and Social inequality

There was a recent paper on [rethinking the determinants of non-communicable disease](#) that is relevant. It detailed many lifestyle and environmental factors associated with non-communicable disease that need public health interventions. Also, Michael Marmot gave an [excellent series of lectures on this topic](#) in Australia recently. The report of the [WHO Commission on Social Determinants of Health](#) is also relevant.

This topic (especially social inequality) is also relevant to the Health Financing (High Price) topic. **But perhaps, taking Zafar Mirza's advice, we should eliminate this topic?**

5. Role of the WHO: What can it do, what can't it do and how can we help?

We wondered if Kris Weerasuriya would like to work up this session, perhaps with help from Zafar Mirza &/or Thiru Balasubramaniam (KEI)?

However, this topic could also be addressed, in passing, in one of the other topics such as the ongoing battle for affordable, rational drug use. What do people think?

6. Revitalising the education of health care professionals

We wondered if Prof Dzulkifli Abdul Razak could organise this session or suggest someone else?

Alternatively, could this subject be addressed as a sub-topic in containing malpractice in healthcare?

In conclusion, we ask that people respond to the questions asked, provide feedback on the topics listed and, for those especially interested, take ownership of key topics, work up the details (aim, speakers, scope of discussion and desired outcome) and/or provide country case studies. It would also be helpful if people who are likely to attend this meeting could provide their names to Shila.

With thanks for your input to-date.

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