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# 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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its implementation through the Declaration of Alma Ata. Dr Mahler bred a generation of health activists who believed in his egalitarian vision of Health For All. It is perhaps timely that this meeting of people who care about health and the way it is practised and delivered should take place very soon.

In his weekly article in *The Sun* (a Malaysian daily newspaper), Prof Dzulkifli Abdul Razak writes of Dr Mahler's 'courageous legacies', ending his column with:

*'No doubt his courageous legacies will continue to shine on the lives of many more generations to come though it will remain a challenge to weed out the pharmaceutical world of unhealthy practices - unless the Declaration of Alma Ata is reaffirmed as part of growing interest in sustainable health in the context of the United Nations Sustainable Development Goals 2016-2030..... We owe much to him, may he rest in peace.'*

We owe it to ourselves and to the future of our children and their children for us to try to ensure they inherit a

*state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.*

For many of us, this is our mantra.

Let us make 2017 a good year for Health.

Best Wishes and a Happy New Year.

## Message from the Coordinator

2016 draws to a close.....another year gone by, in what feels like a blink of an eyelid! A time for reflection on events, achievements, what worked, what didn't, professionally and personally.....and the future. We have begun talking about a meeting next year hosted by Gonoshasthaya Kendra and Dr Zafrullah Chowdhury in Bangladesh on Health For All: taking stock of the health transformations since the Declaration of Alma Ata and the transition from Primary Health Care to Universal Health Coverage (Care?).

We were saddened to hear of the death on December 14 of Dr Halfdan Mahler, the WHO Director General who championed Primary Health Care and pushed for

Viva HAIAP  
Shila Kaur  
Coordinator

## GILBERT AWARD to Dzul kifli Abdul Razak

Read more <http://universitas21.com/news/details/231/2017-gilbert-medal-winner-announced>



The Gilbert Medal for 2017 has been awarded to Professor Tan Sri Dato' Dzul kifli Abdul Razak, the 14th President of the International Association of Universities and a long time close and valued friend of HAIAP. Professor Dzul has an extensive and distinguished track record of university leadership,

including spells as Vice Chancellor of Universiti Sains Malaysia (USM, 2000-2011) and of Albukhary International University (AiU, 2011-2013), where he developed the concept of 'the humaniversity'.

The Gilbert medal is awarded annually by Universitas 21. The recipients have been those who have made the sector stop, reflect, think and move forward more informed and more enriched for the challenges of the future.

We sincerely congratulate Dzul for this well deserved award and recognition.

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## SKEPTIC OF THE YEAR AWARD for Ken Harvey



*Australian Skeptics is a loose confederation of groups across Australia that investigate paranormal and pseudo-scientific claims from a responsible scientific viewpoint. Most people are*

*familiar with the more popular subjects that are investigated such as astrology, fortune telling, UFOs and crop circles; but topics like fundamentalism, Feng Shui, subluxations and vitamin supplements are also investigated. If you've never heard of the Australian Skeptics before then you can see [their aims here](#).*

<http://www.skeptics.com.au/2016/11/28/2016-skeptics-awards-spoon-to-wilyman-skeptic-of-the-year-to-harvey-and-vickers/>

The **Skeptic of the Year** Award is given to those in the Skeptical community whose efforts go above and beyond what can reasonably be expected of committed campaigners. This year the award was issued jointly to Dr Ken Harvey and Mal Vickers for their continued and highly effective work in exposing claims and practices of chiropractors that mislead and misrepresent the benefits

of their activities, and can be dangerous to members of the public.

Ken has been described by *The Age* newspaper as an 'anti-quackery crusader', and by *Choice* as a 'serial complainer'. Mr Vickers is a long time member of Victorian *Skeptics* and an indefatigable net surfer who exposed hundreds of websites of chiropractors who made unsubstantiated claims online.

(See [HAIAPNewsAugust2015](#) )

'Harvey and Vickers also exposed the inadequacies of the professional bodies that supposedly oversee these chiropractic practitioners, ignoring misleading claims and damaging activities and thus indirectly ignoring the protection of the public,' said Eran Segev, president of *Australian Skeptics Inc*. 'No more, though, thanks to the efforts of Harvey and Vickers. Their work continues.'

## Bent Spoon Award

The less-than-positive **Bent Spoon** is awarded to the perpetrators of the most preposterous piece of pseudoscientific or paranormal piffle of the year, and is one of the least desirable prizes in the country. Past winners have included Pete 'Paleo' Evans, the CSIRO's new head Larry Marshall, the ABC, the Pharmacy Guild of Australia, and a psychic dentist.

This year's recipients are anti-vaccinationist Judy Wilyman, her academic advisor Brian Martin, and the Social Sciences Department of the University of Wollongong for awarding her a doctorate on the basis of 'a PhD thesis riddled with errors, misstatements, poor and unsupported 'evidence' and conspiratorial thinking'.

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## Dr Halfdan Mahler, who shifted WHO's focus to Primary Health Care, dies at 93

Dr. Halfdan Mahler, three times Director General of the World Health Organisation, passed away in Geneva on 14th December at the age of 93. Dr Mahler's vision inspired the Alma Ata Declaration on Primary Health Care in 1978, and the related call for 'Health for All by the Year 2000' Dr. Mahler squarely placed health in the domain of the 'public'.



His introduction of the 'Essential Drugs' concept was possibly the most important contribution made in the movement to achieve peoples' access to appropriate medicines when needed. His speech at the conference in Nairobi 1985 is remembered by so many people.

You can read it here:

<http://www.haiasiapacific.org/wp-content/uploads/2016/12/Dr-Halldan-Mahler-Nairobi-1985.pdf>

In the report of the Lancet Commission on Essential Medicines the pivotal role played by Dr Halldan Mahler in the 1985 Nairobi Conference of Experts on the Rational Use of Drugs was outlined.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31907-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31907-9/fulltext)

### Peoples' Health Movement Tribute

Read more: <http://www.phmovement.org/>

Dr. Mahler was a Danish physician who joined the WHO in 1951 and went on to be elected thrice as the Director General of the organisation, between 1973 and 1988. Before moving to the organisation's headquarters in Geneva he worked for a decade in India in the National Tuberculosis programme in a mutually respectful relationship with national counterparts.

When Dr. Mahler moved to Geneva in 1962 the WHO was very different from its current state. It was still recognized as the leader in international health. Dr. Mahler's later dissatisfaction with the demise of the WHO's leading role (and the usurpation of this role by agencies such as the World Bank and private foundations such as the Gates Foundation) was clear in his address to the 61st World Health Assembly in 2008 when he said:

*Most importantly, the very first constitutional function of WHO reads: 'To act as the directing and coordinating authority on international health work.' Please do note that the Constitution says 'the' and not 'a' directing and coordinating authority.*

The 1960s and 70s were the 'cold war' period with the then Soviet Union and the United States vying with each other to assume leadership. It was also the era of 'disease control' when health systems were primarily designed to control infectious diseases through what were known as 'vertical programs'.

Dr. Mahler and some of his colleagues sensed the widespread dissatisfaction with top-down systems that had little place for local communities and in most Low and Middle Income Countries were driven by Western perceptions and priorities. Working with colleagues in the WHO and in tandem with Henry Labouisse, then Executive Director of UNICEF, Dr. Mahler was responsible for crafting the Primary Health Care approach to address health holistically.

Dr. Mahler was outspoken on many issues, warning about lax hygiene in airline food, fad diets, misleading drug labeling and what he called an excessive reliance 'on unproved, unsophisticated and overcostly health technology.' He pressured infant-formula

manufacturers not to discourage mothers from breast-feeding. He banned smoking at the organization's headquarters — smashing an ashtray to make his point.

Dr. Mahler's wife, the former Ebba Fischer-Simonsen, a psychiatrist, whom he married in 1957, died last year. In addition to his son Per Bo, he is survived by another son, Finn, and five grandchildren.

See also: <http://www.nytimes.com/topic/organization/world-health-organization?inline=nyt-org>

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### The TPP is dead..... but

The Trans-Pacific Partnership as we know it is finally dead.

Activist group *GetUp* said 'To be honest, it makes us cringe that it was Trump's election that delivered the final blow to the deal'.

However, the TPP is over because all around the world people stood up to it -- building a global movement against corporate power. The movement was up against the richest and most powerful corporate interests: Big Oil, Big Pharma, the financial industry, and our political leaders.

Partners in countries across the world signed petitions, sent messages to politicians, made submissions to enquiries, turned out to events, and contributed to fund ads in national newspapers.

Now, the U.S. has confirmed that it won't push the TPP through Congress meaning the TPP in its current form is over. This means it won't get pushed through in other countries.

The TPP may be dead. But the work against corporate power grabs is far from done. *GetUp* says:

*With the election of Donald Trump, we must be prepared to fight even harder than before against trade deals that put corporate profits above people. Donald Trump does not stand for protecting access to healthcare, human rights, workers' rights, and the environment -- so we've got an uphill battle ahead*

Other trade deals as bad as the TPP are still on the table, and at any moment, the TPP could emerge in a different form.

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### The Lancet: Universal Health Coverage—looking to the future

Editorial: [Volume 388, No. 10062, p2837, 10 December 2016](#)

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)32510-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)32510-7.pdf)

Universal Health Coverage (UHC) is defined by WHO and the World Bank as when "all people receive the health services they need without suffering financial hardship when paying for them". UHC is central to the



UN Sustainable Development Goals (SDGs), adopted in September, 2015, with a specified target in SDG 3—ensure healthy lives and promote wellbeing for all at all ages. The SDGs are interconnected but good health underlies them all. UHC has been acknowledged by the World Bank, WHO, the G7, and multiple governments as fundamental for realising the goal of sustainable development. Although some governments were unsupportive of UHC's inclusion in the SDGs (such as the UK), its inclusion created a clear objective, while also sending a strong and important political signal.

On Dec 12, 2016, the third annual International [Day of Universal Health Coverage](#) was marked, and progress towards UHC discussed and celebrated globally. This year's theme is “health for all”, with a call to “act with ambition”. Several hundred partners, including global organisations such as The Rockefeller Foundation, WHO, the World Bank Group, and Oxfam, are behind the initiative, and all agree that the best way to achieve health for all is through UHC.

Further to consensus on the importance of good health for sustainable development, the UHC movement has also brought agreement about financing health. As Rob Yates, Senior Fellow at Chatham House, reported to *The Lancet*: “The remarkable consensus (given previous battles over the years) is that the countries should publicly finance their health systems if they want to achieve UHC.” Donor coordination to achieve UHC is crucial. That leaders such as Jim Kim of the World Bank and Margaret Chan of WHO are explicitly and repeatedly saying that UHC can only be achieved through public financing, sends the strongest possible message against health-care user fees: they must be abolished, and services must be provided free at the point of delivery. User fees inevitably punish the poor.

The emerging trend is for governments to take responsibility for financing their health systems, and not to pursue alternatives to public finance. Yet some countries remain complacent—including the UK. In not funding its health system adequately, the NHS share of GDP has declined and services are struggling. *The Lancet's NHS Manifesto* published in October drew attention to the pressures that threaten sustainability in the UK. Of particular concern is that the UK spends 30–50% per capita less on health than countries including Germany, Ireland, Australia, and Sweden.

During the past 3 years there have been several countries with notable success, but also local challenges. Georgia has recently successfully switched to a publicly financed health system. In India, the Modi government has been disappointingly inactive in supporting UHC, and has reduced the funding of national health programmes (although regional initiatives are emerging and show great promise). In this

week's issue, a World Report describes a network of local Mohalla clinics that are successfully serving populations otherwise deprived of health services.

Increasingly, political leaders seem to be presenting a shared global vision for UHC. It is notable that so many former and current heads of state are active in promoting UHC: including Shinzō Abe, the Prime Minister of Japan, and other leaders of the G7. It would seem that political leaders are collectively more committed to UHC than to previous agendas around strengthening health systems (although this situation could change under President Trump). That UHC brings broad population benefits could in part explain this trend.

In September, Margaret Chan announced the creation of the International Health Partnership for UHC 2030 (UHC 2030). The purpose of this new partnership is to coordinate efforts to strengthen health systems and deliver UHC, including financial risk protection. On Dec 12–13, UHC 2030 brings countries and agencies together to establish the partnership as a formal global health systems coordination platform. It will also seek commitments from all parties as to next steps in the movement towards UHC. 2017 will be a milestone year for UHC. It promises to be the moment when words are translated into deeds. UHC 2030's role is not only to ensure that this opportunity is seized but also that governments don't renege on their promises and commitments.

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### **Lancet: Next WHO Director-General's Highest Priority: A Global Treaty on the Human Right to Health**

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(16\)30219-4.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(16)30219-4.pdf)

Lawrence O. Gostin, Eric A. Friedman, et al

**Abstract:** Amidst the many challenges facing the next WHO Director-General, the new WHO head should find WHO's foremost priority in its most important constitutional pillar: the right to health. The centerpiece of this endeavor should be leadership on the Framework Convention on Global Health (FCGH), the proposed global treaty based in the right to health and aimed at national and global health equity. The treaty would reform global governance for health to enhance accountability, transparency, and civil society participation and protect the right to health in trade, investment, climate change, and other international regimes, while catalyzing governments to institutionalize the right to health at community through to national levels. It would usher in a new era of global health with justice – vast improvements in health outcomes, equitably distributed.

With the Framework Convention on Tobacco Control having served as a proof of concept, the FCGH would be an innovative treaty finding solutions to overcome global health failings in accountability, equality, financing, and inter-sectoral coherence. It would include a global health accountability framework, encompassing, civil society engagement, independent monitoring, and plans for redress, while catalyzing national health accountability strategies, accountability mechanisms, disaggregated data, and community participation. National health equity strategies, pro-poor pathways to universal health coverage, and robust non-discrimination provisions could elevate the voices, priorities, and ultimately power of marginalized populations. The FCGH would include a national and global health financing framework, while reaching beyond the health sector with right to health assessments, public health participation in developing international agreements, and responsibility for all sectors for improving health outcomes.

The FCGH would reinvigorate WHO's global health leadership, breathing new life into its founding principles. It could become the platform for reforming WHO as a rights-based 21<sup>st</sup> century institution, with badly-needed reforms, such as community participation, new priorities favouring social determinants of health, and a culture of transparency and accountability. The next Director-General should launch a historic effort to align national and global governance for with human rights through the FCGH, bringing the world closer to global health with justice.

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## India Banned Drugs Restored

JSA India – December 2, 2016

The Jan Swasthya Abhiyan (JSA) expresses its deepest concern and shock at the verdict of the Delhi High Court, lifting the ban imposed on 344 Fixed Dose Combinations (FDCs) of drugs by the Government a few months back. This is a huge setback to efforts aimed at bringing a semblance of order into the absolute anarchy that exist in India's pharmaceutical market.

### No Scientific Rationale

All the 344 FDCs that were banned are irrational and there is no scientific rationale for their continued use. Most of them are being manufactured in gross violation of regulatory procedures and should not have been allowed to be marketed in the first place. Medical students are not taught about their use as no text book of Medicine or Pharmacology recommends the use of these combinations. There is also a large volume of evidence from across the world that speaks to the necessity of discontinuing the use of these FDCs. In fact the 344 FDCs banned constitute the proverbial tip of the

iceberg, and there are thousands of other FDCs that also need to be banned. The use of FDCs is generally discouraged except in a handful of cases, none of which are addressed by the FDCs that were banned. The World Health Organization's Model list of Essential Medicines includes only 24 FDCs (out of 358) and India's National list of Essential Medicines includes only 16 FDCs (out of 348). Yet, an estimated 40% of the Indian market for drugs is comprised of FDCs.

The challenge of the ban order by drug companies, including by some of the largest MNCs like Pfizer, Glaxosmithkline and Abbott, was a disingenuous attempt by them to preserve their profits and to profiteer at the expense of public health. Most of these FDCs are not even registered in countries with strong regulatory systems. Further, as these drugs have no therapeutic validity their sales are driven by unethical marketing practices of drug companies, such as financial and other inducements offered to prescribers.

### FDCs a threat to public health

The use of FDCs increase cost of medication, exposes populations to a larger array of adverse effects and limits the choice of therapy as they may combine drugs with different dosage schedules. Expenses borne by patients account for more than 70% of all healthcare costs and within these, 70% is accounted for by expenses incurred in buying medicines. The continued use of FDCs contributes to a big drain on the finances of individual patients. Further, some of the cough syrups in the ban order are primarily being used as addictive substances and not as therapeutic agents. Criminal investigation agencies and the narcotics bureau have filed several cases on charges of smuggling of the addictive cough syrup Phensedyl (one of the drugs in the banned list), manufactured by the MNC Abbott.

Access to essential, rational and affordable medicines is a core component of right to health care. In several judgments the Supreme Court of India and High Courts have upheld the fundamental right to health as part of the right to life with dignity over technical procedural issues. However, the lifting of the ban seems to be predicated on perceived procedural issues which fundamentally abrogate the right to life and health care. Besides, the Delhi High Court order does not appear to address the issues of rationality of the FDCs and the resultant adverse effect on public health. Drug companies should not see this order as a vindication of their stand that these FDCs are rational. JSA calls upon the esteemed judiciary of the highest courts to support and uphold people's fundamental right to access affordable and rational medicines over the interest of the profiteering corporations who might see the lifting of the ban as a renewed opportunity to inundate the market with irrational FDCs.

## Appeal to physicians not to prescribe these FDCs

The JSA appeals to all individual physicians, associations of medical professionals and hospitals not to prescribe the FDCs concerned. The JSA also strongly urges the Government to appeal against the order lifting the ban in the Supreme Court of India. It must also, where appropriate, plug legal and regulatory loopholes so that the ban order can be restored. It is of utmost importance that the government, as a custodian of public health, act decisively to defend it and strengthen regulatory mechanisms. Many of the FDCs covered by the earlier ban are sold over the counter and nothing short of a complete ban can address the threat to public health posed by these drugs. The JSA also appeals to the judiciary to take a broad and informed view of while adjudicating on issues where the private commercial interests of companies come in direct conflict with public health.

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## HAI Global Access to Insulin study: *Insulin Discounts Lower Price Burden for Americans, but Insulin Still Not Affordable Worldwide*

<http://haiweb.org/publication/media-release-insulin-discounts-lower-price-burden-for-americans-but-insulin-still-not-affordable-worldwide/>

Media Release | 14 December 2016

Researchers conducting a global study into the barriers to insulin access call on Eli Lilly, Novo Nordisk and Sanofi to lower prices for all types of insulin worldwide and for greater transparency of actual prices paid for insulin.

The call follows an acknowledgement by Eli Lilly yesterday that a price burden exists for many insulin users in the United States.

'While we are glad to hear an acknowledgement by a pharmaceutical company that insulin must be more affordable, the evidence we are gathering shows that many insulin users in low- and middle income countries simply cannot access the insulin they need,' said Margaret Ewen, co-lead of the Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study.

The ACCISS Study found that across 14 low- and middle-income countries, a person on a low wage had to pay, on average, 12 days' wages to buy 10 ml of rapid-acting insulin (for example, Humalog, Novolog and Apidra) in a private pharmacy. The cost of this insulin is worth up to 50 days' wages in Ethiopia. Lower-priced short-acting human insulin was also unaffordable, costing a person an average of five days' wages per 10ml.

While acknowledging that Novo Nordisk and Eli Lilly have both indicated a need to transform the complex pricing system, David Beran, study co-lead from the University of Geneva, stated that, 'Critical to improving insulin affordability is full transparency of actual insulin prices paid by governments, insurers, and insulin users in all countries around the world. This is not only the responsibility of the pharmaceutical industry, but also governments, intermediaries in the insulin supply chain, and civil society.'

Insulin is essential for the survival of people living with type 1 diabetes and for the better management of many living with type 2 diabetes. The ACCISS study calls on Novo Nordisk, Eli Lilly, and Sanofi to lower the price of insulins worldwide to ensure that it is affordable for all who need it. Globally approximately 100 million people need access to insulin for better health outcomes, but half of them face significant barriers in accessing insulin.

The innovative global study, *Addressing the Challenge and Constraints of Insulin Sources and Supply* (ACCISS), sets out to identify the causes of poor availability and high insulin prices and to develop policies and interventions to improve access, particularly in the world's most under-served regions. The three-year study involves a unique group of leading international experts as members of the study's advisory and technical groups. ACCISS is co-led by Margaret Ewen at Health Action International, David Beran from Geneva University Hospitals and the University of Geneva, and Richard Laing from Boston University School of Public Health. To learn more about the findings, please visit:

<http://haiweb.org/what-we-do/acciss/>

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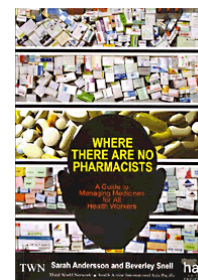
## Where There are no Pharmacists

[https://twnshop.com/index.php?main\\_page=product\\_info&products\\_id=408](https://twnshop.com/index.php?main_page=product_info&products_id=408)

Copies are still in stock at TWN and are available to HAIAP members and developing countries at US\$6 per copy (plus freight). WTANPs is considered very valuable for health workers doing the job of pharmacists in developing countries. Fiji recently bought 200 copies for their health workers and they developed a users' guide as well as exercises to assess the workers' understanding of the text.

Links to the **Users Guide** and the **Exercises** and their **Answers** are here – after the description of the book:

[http://www.haiasiapacific.org/?page\\_id=172](http://www.haiasiapacific.org/?page_id=172)



## Feature: World Antibiotic Awareness Week in the region

Compiled by Beverley Snell and colleagues

### Thailand

<http://www.reactgroup.org/news-and-views/news-and-opinions/year-2016/world-antibiotic-awareness-week-thailand-marks-the-week-with-colorful-public-event/>

Puppet shows, songs, exhibitions and outreach activities in hospitals, pharmacies, colleges and public meeting places in Bangkok marked the World Antibiotic Awareness Week in Thailand. The activities were organized by several civil society groups together with hospitals and the Thai Ministry of Public Health around the Thai capital city, involving hundreds of citizens as part of an effort to raise awareness about the threat of antibiotic resistance.

Among the organizers of several events for the World Antibiotic Awareness Week were ReAct Asia Pacific's partners Drug Systems Monitoring and Development Center (DMDC) and the Thai Health Foundation. Activities carried out included workshops, press conferences, radio shows, distribution of ReAct material and interaction with members of the public curious to know more about the subject.

*"The Thai media showed much interest in implications of antimicrobial resistance for Thailand and there is growing public awareness too about the problem now"*

said Dr Niyada Kiatying-Angsulee, Manager, DMDC



Multi-drug resistant bacterial infections causes 19,000 deaths in Thailand each year.

Using data from nine public hospitals from 2004 to 2010, a recent study showed that multi-drug resistant bacterial infections caused an extra 19,000 deaths in Thailand each year. This estimate is about 3 to 5 times larger than those for the United States and European Union.

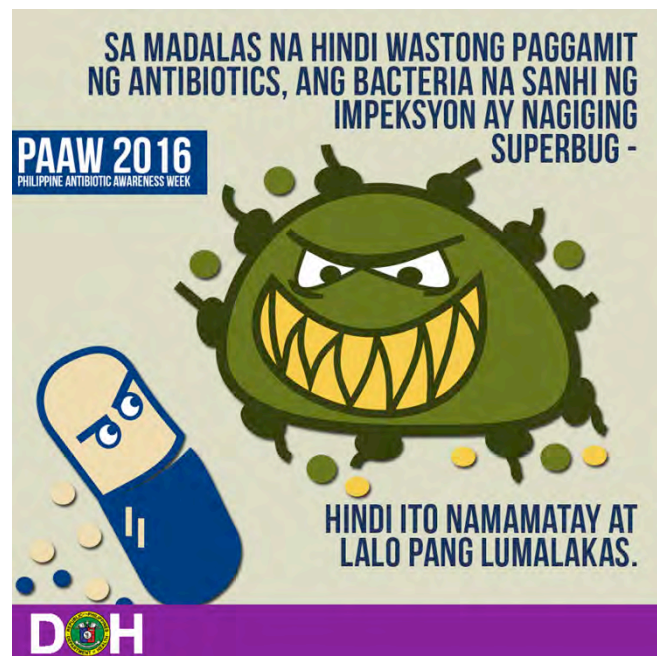
The study also showed that more of the bacteria collected from patients are resistant to multiple antimicrobial drugs and that the burden of antimicrobial resistance in Thailand is worsening over time.

However, Thailand also has a good record of addressing antibiotic resistance through various interventions through its health system and creative initiatives to involve ordinary citizens in responding to the challenge. Thailand adopted a National Strategic Plan on antibiotic resistance in August 2016 and in recent years has stepped up surveillance, hospital infection control measures and education of physicians, nurses and community health workers.

Thailand's [Antibiotic Smart Use \(ASU\) program](#), initiated in 2007 by the Thai Food and Drug Administration involves mobilization of both hospital staff and communities to understand rational use of antibiotics. It advocates non-use of antibiotics for three diseases – diarrhea, colds and simple wounds while promoting alternative ways of dealing with these ailments in a safe and effective way.

### Philippines

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 was 'One Health, One Nation against Antimicrobial Resistance.' Philippine President Benigno S. Aquino III was the keynote speaker.

The Antimicrobial Stewardship Toolkit was launched during the Antibiotics Awareness Week.



To guide institutions and health professionals in ensuring rational use of antibiotics, three main documents were officially introduced - the National Antibiotics Guidelines, the Manual of Procedures in Implementing Antimicrobial Stewardship in Hospitals, and the Methods Guide for Antimicrobial Use Monitoring. All have a part to play in promotion of responsible use of antibiotics.

**‘AMR Warrior’** Honours were awarded to individuals, health facilities and private sector organizations that implemented best practices to combat the AMR problem in the country.

Story books, posters, infographics and infomercials on AMR, produced locally mostly by students, were available as tools to win the war against AMR! Facebook was used extensively as a medium for circulating messages and a range of videos were circulated.

<https://www.facebook.com/doh.paaw2016/>



## Vietnam

The second National Antibiotics Awareness Week in Viet Nam highlighted the continued high level commitment of the government against antimicrobial resistance (AMR). Running under the theme: Together and Stronger against AMR, the campaign brought together various sectors: health, agriculture, industry and trade, environment and natural resources, academia, local governments, communities and the public.

As part of the National Antibiotic Awareness Week, Viet Nam aims to collect a total of one million pledges to use antibiotics responsibly. The goal of one million pledges builds on a total of over 400,000 pledges collected during the first National Antibiotic Awareness Week in 2015. A national campaign event was also held at Ly Thai To square in the heart of the capital city of Hanoi on the 30th of November followed by a series of lectures for students and professionals later on in December.



*‘AMR is a problem not just in our hospitals, but on our farms and in our food, too. Farmers and veterinarian must share responsibility, both by using antimicrobials more responsibly and by cutting down on the need to use them, by effectively applying biosecurity and good farming practices’*

- Mr. JongHa Bae, The Representative Food and Agriculture Organisation of the United Nations (FAO) in Viet Nam.

**Viet Nam recognizes the seriousness of the issue and is taking action**

In 2013, Viet Nam passed the National Action Plan on AMR, the first country in WHO's Western Pacific Region to do so. Since then

comprehensive, multidimensional systems and capacity building were undertaken or introduced in Viet Nam to combat AMR. These include among others: the National Surveillance System for AMR; surveillance for antibiotic use and consumption; National Antibiotic Stewardship Programme; Quality and postmarketing surveillance and strengthening of regulations for antibiotic registration, distribution, sale and marketing.



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## Antibiotic Awareness Week activities in the Pacific Island countries November 2016

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*This feature is compiled by Beverley Snell and Pharmacists from the Pacific Island Countries who contributed reports of their activities. Reports assembled on the WHO WPRO office website were also consulted..*

[http://sites.wpro.who.int/antibiotic\\_awareness/?page\\_id=330](http://sites.wpro.who.int/antibiotic_awareness/?page_id=330)

The first 'World Antibiotic Awareness Week' was held in 2015 to help raise the awareness of antibiotic resistance and promote the responsible use of antibiotics. In 2016 the World Antibiotic Awareness Week was held November 14-20. The 'Week' will become an annual event.

The threat of antibiotics losing their effectiveness has become so serious that the World Health Organisation has seen the need for an ongoing 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. Antibiotic resistance occurs naturally, but misuse of antibiotics in humans and animals is accelerating the process. The threat is as serious in the Pacific Islands as anywhere.

Almost two-thirds of some 10,000 people surveyed across 12 countries by the WHO say they know antibiotic resistance is an issue that could affect them and their families, but how it affects them and what they can do to address it are not well understood.

There is considerable confusion in communities about the role of antibiotics. For example, 64 per cent of respondents in the above study believe antibiotics can be used to treat colds and flu, despite the fact that antibiotics have no impact on viruses. Close to one third of people surveyed believe they should stop taking antibiotics when they feel better, rather than completing the prescribed course of treatment. We are aware also, that some people believe that paracetamol is a sort of antibiotic and that antibiotics can be used for pain. These beliefs are common in Pacific Island Countries (PICs) too.

In the PICs in 2016 the WAAW activities were led by Pharmacy departments, Infection Control Committees, National Medicines and Therapeutics Committees; and an enormous amount of creativity and diversity was demonstrated.

The use of posters, leaflets, meetings, workshops with prescribers and health workers, radio spots and newspaper publicity to share messages was common to all. The WHO generously supplied posters, leaflets and other IEC material for all to use or adapt. Radio talk-

backs were conducted in many PICs with the pharmacy staff demonstrating their comprehensive knowledge with great presentation skills. In addition each PIC used unique and innovative ways to spread the message.

### Cook Islands



Doctor Deacon Teapa, Health Secretary Liz Iro, Tinomana Tokerau Ariki (Tokerau Munro) and Tiikura Mataiapo Tai Kavana Adamson at the Antibiotics guidelines launch

The new Antimicrobial Resistance Action Plan was launched at Rarotonga hospital on November 19, 2016, opening the World Antibiotics Awareness week in the Cook Islands. Health secretary Liz Iro highlighted the importance of using antibiotics effectively. She said 'Clinicians need to make the right choice of antibiotics and right dosage for individual patients. 'Overuse and misuse of antibiotics means they will no longer work in the future.'

Recognising that Antibiotic resistance is now one of the biggest threats to global health, the Cook Islands Ministry of Health aims to make antibiotic prescriptions more effective by prescribers' adherence to the recommendations in the antibiotic guidelines handbook that was launched in 2015.

### Fiji

Campaign materials included T-shirts in all sizes for children and adults. Yellow T-shirts were highly visible across all Fiji in streets and markets as well as in the health facilities.

All divisions engaged in activities such as educational programs, continuing medical education sessions, distribution of brochures, playing of videos to create awareness on the issue of Antimicrobial Resistance in addition to promoting rational use of antibiotics amongst health professionals and the general public. The biggest

highlight of the Antibiotic Awareness Week 2016 campaign was the launch of the National AMR Operational Plan at Colonial War Memorial (CWM) Hospital that was attended by health professionals, public, Fiji National University students, and stakeholders such as the WHO, Global Fund, Ministry of Health and Medical Services, Ministry of Agriculture, Consumer Council of Fiji and Biosecurity Authority of Fiji. The chief guest of the evening was the Honourable Minister of Health and Medical Services, Ms Rosy Akbar. Her engagement was a sign of political support for AMR in Fiji.



Awareness for the public was also created through advertisements in radio and television, which played the whole week of the campaign. A lunch hour *Zumba* session organised at the Fiji Pharmaceutical and Biomedical Services Centre created awareness amongst staff about AMR and the importance of wellness.

Suva Market sellers were engaged in conversations about Antimicrobial Resistance and then they were provided with T-shirts.



Collaboration with the Consumer Council of Fiji (CCOF) is always beneficial and the Consumer Council Fact Sheet can be found here:

[http://www.consumersfiji.org/upload/Factsheets/English\\_Misuse%20of%20Antibiotics.pdf](http://www.consumersfiji.org/upload/Factsheets/English_Misuse%20of%20Antibiotics.pdf)



## Kiribati

In Kiribati the Infectious Disease Committee planned and organized the WAAW with the help of the pharmacy and nursing staff. A newsletter was sent to all areas of Kiribati. Perception surveys on rational prescribing/use was done at *Maneaba* and school



events during awareness week to get information about what people know about antibiotics. Results showed confusion about the role and use of antibiotics.

A roadshow was conducted over three days on south Tarawa (the island capital of Kiribati) and an update on antimicrobial resistance together with a ceftriaxone usage report was provided to prescribers along with suggestions for the way forward to combat AMR.

A Q&A radio session is continuing for one week every month for three months.

Community groups had been invited to do drama or dance or any public show focusing on the theme of AAW. The organisers decided the criteria and who would be on the assessment panel.



On the 20th November, four groups came to Bairiki and did their shows..... all were excellent in terms of getting the messages out. They were scored on timing, clear



messages, costumes, entertainment value and extra curricular features.

The winner (awarded \$300.00 cash ) was Bonriki Youth Club because of their great effort in bringing the crowd in; and their show was very clear, funny and within the allowed time. The second prize went to another youth group (awarded \$200.00) for perfect costumes; and a very musical and dynamic dancing show.

The other two groups were awarded \$100 each because of their effort as well in putting on shows that delivered the message. It was clear they all had done their research and understood well the AAW concepts.

A video record of the whole activity was made, and part of it can be seen here:

■ [IMG\\_5030.MOV](#)

## Marshall Islands

In the Marshall Islands, in addition to the dissemination of photos, posters and information from the centre to all outer island health facilities – public and private - in English and Marshallese – mass text messages were sent through the national telecommunication mobile phone network. That mechanism is regularly used for sharing information in the Marshall Islands.

Messages to health professionals were to motivate them



to prescribe/dispense antibiotics more appropriately to ensure responsible use and be the drivers of behavioural change.

For community people messages aimed to educate, inform and engage patients and consumers as well as health professionals about the responsible use of antibiotics and reduce self-medication and/or expectation of prescriptions for antibiotics for common viral infections (colds, flu, sore throats).

Lunch time seminars were held over two weeks in the four main hospitals.

## Palau

Palau's week was organised by the Palau Drugs and Therapeutics Committee (PDTC) in collaboration with Pharmacy. Leadership from the PDTC meant the medical practitioners could be more likely to engage with the messages of the campaign.

The WAAW program was launched with a Presidential Declaration and a very busy week of activities followed.

The AAW campaign T-shirts - purple to match the theme colour - were also distributed on Monday and the rest were given during the symposiums. The two newspapers, Tia Belau and Island Times, published WAAW posters and general public information in one of their weekly publications. The National TV provider screened the info-graphics on two of its channels and its electronic Bill Board during the week and one of them continued for three more weeks.



The Health symposiums on the Wednesday and Thursday were attended by MOH doctors, nurses and ancillary staff; and doctors, nurses and other staff and veterinarians from the private clinics. During the week



public health nurses administered flu vaccines for the public in the Hospital foyer and there was an increased number of people coming to the hospital to get their flu vaccines. The message was prevention is better than cure. Facebook was used to share a range of very clever messages, for example this message followed by the chart:

Selaima Malani Laiabalavu

15 November

Parents: Antibiotics are not effective against viral infections like the common cold, flu, most sore throats, bronchitis, and many sinus and ear infections. Taking antibiotics can also have harmful side effects for you or your child. Read more about when antibiotics are and aren't needed: <link>

Illness	Usual Cause		Antibiotic Needed
	Viruses	Bacteria	
Cold/Runny Nose	✓		NO
Bronchitis/Chest Cold (in otherwise healthy children and adults)	✓		NO
Whooping Cough		✓	Yes
Flu	✓		NO
Strep Throat		✓	Yes
Sore Throat (except strep)	✓		NO
Fluid in the Middle Ear (otitis media with effusion)	✓		NO
Urinary Tract Infection		✓	Yes

After broadcasts on Palau Wave Radio *youtube* videos were prepared in local language focusing on the issues of WAAW and starring Pharmacist Clarette Matlab with the director of clinical service and the director of nursing.

Clarette also starred in the MoH update video on October 26.



<https://www.youtube.com/watch?v=OMRdtVC2tiY>

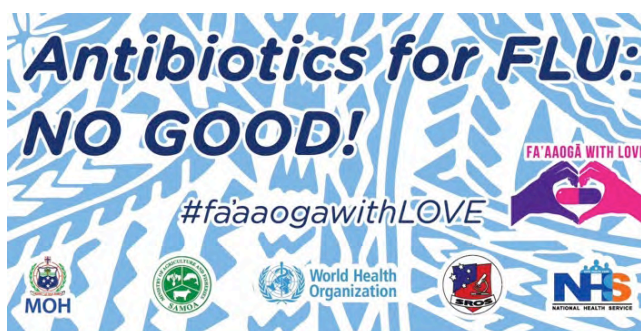
<https://www.youtube.com/watch?v=1FBVYQv8Qb8>

The PDTC met on the Friday to start the review of the current Antibiotic Guidelines and evaluate the AAW 2016 campaign. A review completion workshop is planned and will be followed soon after by publication of the reviewed antibiotic guidelines.

On Saturday, 19<sup>th</sup> November, the Belau (Palau) Medical Society organized a half day conference on wound care attended by 54 participants including doctors, nurses, and healthcare workers from the government hospital and private clinics. A presentation by Dr. Myra Adelbai on AMR was also part of the agenda.

## Samoa

In Samoa the National Action Plan on AMR was launched during the WAA week



In addition to the use of leaflets, posters and other IEC materials, Bumper Stickers ensured high visibility and spread of the AMR branding and messages.

Staff at information stations gave impromptu talks and information about AMR and the importance of hand washing.

Radio and TV talk back shows on all national radio featured health professionals discussing AMR and the importance of rational prescribing of antibiotics.

A trivia night and a sports day also took place.

The target audience for the trivia night was animal and human health professionals and the general public.

A Trivia Night is a fun way to learn more about the importance of the responsible use of antibiotics, and the consequences if we do not act now. There were ten categories and topics included politics, celebrity gossip, tv, etc. and 'Healthy Stuff'. General knowledge and current affairs and other questions were included to make it more fun.

The expected outcome is more community awareness on antimicrobial resistance and its significant negative impact

A very clever and comprehensive Face Book page covering the activities can be seen here

<https://www.facebook.com/amrsamoa/>

Recent special reports from the Laboratory have identified multi resistant organisms. In one month alone, a total of nine meropenem-resistant bacteria were isolated from seven different patients. All patients were

inpatients, which is a powerful reminder to all healthcare professionals to be stringent and compliant with all infection control protocols. Meropenem is the last resort drug here in Samoa, and all healthcare professional should ensure the prevention of the spread of these meropenem-resistant organisms.

A forum on the AMR Action Plan was held over two days with the main objective to directly address the currently available information and data on antibiotics resistance and most importantly for animal and human health professionals to discuss collaborative ways to address it and to ensure it will not worsen in the next 10 years.

The forum called on the different professional groups to present any work that they are doing on AMR. For example, the recent consultations on the National Action Plan included pharmacists from the private sector.

Usually the private pharmacies are reluctant to share their data with the public sector. This forum invited the

private pharmacies and gave an opportunity to present any data they could share on the antibiotic prescriptions that come through their pharmacies.

In terms of the hospital wards, this could be an opportunity for the ward staff to present any of the work that they are doing or auditing in the wards. It could also present a forum to share the audits on the use of the antibiotic guideline. The organizing team for the forum will be scouting for any work or data on AMR that can be presented and will coax the different parties to participate.

Expected Outcome: The WAAW would be a medium to share ideas and innovative ways to address the issues that are presented. It would also be an opportunity to bring AMR to the forefront and raise the awareness within the professional bodies on AMR..



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## Solomon Islands

In the Solomon Islands the Antimicrobial Stewardship Committee had been launched during the previous month.

An antibiotic point prevalence study of antibiotic use at the National Referral Hospital had been conducted every three months so the opportunity was taken to report back to prescribers during the week about how they were going with prescribing according to the new Antibiotic Guidelines.

Pharmacy staff presented the regular Continuing Medical Education session at the hospital during antibiotic week on antimicrobial resistance.

Stickers were produced that were fixed to all antibiotics dispensed during the week, to alert patients in government facilities that their medicines were antibiotics and they need to be used properly (don't share, finish the course etc). The stickers were distributed to the private pharmacies as well.

In addition, Quizzes were conducted with hospital staff and with patients waiting at the National Referral Hospital. The prize for nursing staff was top-up for their phone and the public received lollipops.

Solomon Islands emphasized that their small budget meant that the focus was on inexpensive activities.





## Tonga

WAAW activities extended throughout the community from the Hospital Board to the churches. Board Members are heads of churches so people from different churches were involved. The WAAW special Sunday Service and Choir Night featured a keynote presentation from the Minister.

The opening ceremony from the beautifully prepared stage included speeches from WHO and the Minister of Health.

Guests were also treated with a performance from the local drama group: a skit about antibiotic resistance. The performance was filmed and broadcast on television. The official opening of the week was rounded off with a Church Service.



Tonga is also preparing to develop an AMR Plan.

During the week, it was reported on Radio and TV Tonga that five lives have been claimed by methicillin resistant *Staphylococcus aureus* (MRSA) bacteria in Tonga this year alone and 73 people had been diagnosed with MRSA. Susceptibility testing was completed during WAAW to better quantify Tonga's MRSA rates. It was found that 42% of *Staph. aureus* are resistant, up from 39% in 2015. However these results are subject to selection bias and do not reflect the true community rate, which will be lower than what is reported.

Last year 77 people had been diagnosed with this bacterial disease that is resistant to antibiotics; and also last year five people died from the disease.

Throughout the week there were also television broadcasts with a different panel of doctors and a

pharmacist discussing different aspects of antibiotic awareness, eg the history and how it can affect people living with NCDs, etc.

The pharmacy department staff broke up into small groups and twice a day (morning and afternoon) presented to people at the hospital. They focused on the outpatients departments waiting areas: x-ray, diabetes, general outpatients, and presented the posters that WHO had provided.

They explained in Tongan what they meant, elaborated, and then answered questions from the patients.



In Tonga, they were also fortunate that Richard Everts, an infectious disease consultant, was present. He has been funded by WHO to lead the preparation of Tonga's new antibiotic standard treatment guidelines. During the week he presented at the three day Tongan Medical Association annual conference themed around infectious diseases and antimicrobial resistance attended by doctors from Tongatapu and the outer islands.

Highlighting the theme 'USE ANTIBIOTICS RESPONSIBLY' the Antibiotic Awareness Week was used by the Ministry of Health to focus on helping the public to understand the issues related to antibiotic resistance and the need to follow doctor's advice on the proper use of antibiotics. Drama presentations and an essay competition were also features of the week.

Antibiotic awareness week was closed with a Church service on Sunday, with the Reverend of the Free Wesleyan Church of Tonga reiterating the key messages from the week.

## Tuvalu

Activities included a Pledge signing activity on rational prescribing and use of antibiotics with key stakeholders, relevant ministries, NGOs and health professionals.

A training workshop on rational prescribing/using of antibiotics was conducted for health professionals. In addition, a drawing competition for school children and a fun run took place during the week.

## Vanuatu

This is the first time Vanuatu took part in the WAAW. Organisers hope to have it again next year and to plan earlier and better for next time. It was also emphasized that throughout the year there should still be encouragement for the appropriate use of antibiotics within the community; and continued education of health professionals and the community about medicines and taking and using them wisely and appropriately.

Features of the Vanuatu Week were video shows and an information booth. Vanuatu's National Medicines Policy was launched during that WAAW, on Wednesday 16th of November 2016, and the program ended with a presentation on Antibiotic Resistance/ AMR stewardship to health professionals.

The information booths, run by pharmacists were at the main entrance of Vila Central Hospital and Northern Provincial Hospital where the general public were exposed to the various posters and pamphlets and they could take the pledge to use antibiotics wisely. Confusion exists about what is an antibiotic - many think paracetamol is an antibiotic.

On November 16, 60 health care professionals attended an education session and the participants were invited to attend World Antibiotic Awareness Information Day on Friday 18th November. There was also a radio *tokbak* show on the National broadcasting radio – 'Radio

Vanuatu' - about appropriate and wise use of Antibiotics and relating to the theme 'Handle Antibiotics With Care'.

Two TV screens in the OPD ran continuous messages and the health minister encouraged all members of the community to use this opportunity to ask questions and talk with the friendly clinical pharmacists at Vila Central Hospital to increase their understanding about 'this important public health issue'.

A text message was sent to all mobile phones (most people have two networks for full coverage). The message created a lot of interest. It stressed the



importance of finishing a prescribed course of antibiotics and not sharing them with others.

Intersectoral discussions on AMR were held with other key sectors, primarily Agriculture.

There were also some questions in Malekula (a big cattle producing island) about the use of antibiotics in cattle.

Having a developed beef export industry Vanuatu is unique amongst the Pacific Islands. The industry is well regulated and has proved itself to be successful in exporting beef to overseas markets with stringent import and quality standards such as Australia, Japan, New Zealand and New Caledonia.

Vanuatu beef are naturally grass-fed, and are antibiotic and hormone free. No pharmaceuticals are used in the raising of the cattle.



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