



December 2021

# HAI AP News

Penang, Malaysia

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HAI AP Est. 1981

Health Action International (HAI) was formally founded in Geneva in 1981 and coordinated from Penang by Action for Rational Use of Drugs in Asia (ARDA). In 1995 Health Action International Asia Pacific (HAI AP) was formed as a collaborative network in the Asia Pacific Region to increase access to essential medicines and improve their rational use through research excellence and evidence-based advocacy. HAI AP is committed to strive for health for all now. *HAI AP News* is the official newsletter 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' activities.

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## HAI Asia Pacific at 40: 1981-2021

Our Anniversary Book *Health Action International Asia Pacific (HAIAP) @ 40 1981-2021* is in press. Thank you for all your contributions. We look forward to seeing it very soon.

In the months leading up to this issue of HAIAP News negotiations at the WTO to achieve a TRIPS waiver to allow the production of affordable COVID-19 vaccines for low income countries have continued to be blocked by the richest countries. See Deb Gleeson's and Ellen 'tHoen's commentaries pages 6/7.

As part of the HAIAP May 29 Anniversary Proceedings two important **Awards** were announced and the deadline for application has been extended to January 31, 2022:

**Award 1. The Dr Olle Hansson Award** in recognition of long activism.

**Award 2. A 3-6 month Fellowship** at Gonoshasthaya Kendra (Bangladesh) for a young person activist.

Details of both Awards are on Page 2 and 3.

In this issue, a GK initiated hospital in the home response for COVID-19 is described and World Antibiotic Awareness Week activities in November are highlighted together with the 40<sup>th</sup> Anniversary of the diagnosis of HIV infection and AIDS.

Claudio Schuftan responds to the lack of action against climate change and the consequences; and Ellen 'tHoen to the current global inequity in access to pandemic counter-measures, that show just how badly the world needs creativity and flexibility.

We lost Martin Khor in April 2020 and in September this year we lost another truly remarkable man - Chakrivarthi Raghavan who worked tirelessly his whole life (and often together with Martin) speaking out for the global south. We pay sincere tribute to Raghavan and also feature Martin's final book: *Putting the Third World First*.

## Dr Olle Hansson Award 2022



**Application  
deadline extended  
to  
31 January 2022**

*'It is time to act! It is time  
to act for all of us who  
believe in human dignity  
and justice'. - Olle  
Hansson*

The Award recognises the work of an individual from a developing country who best demonstrates the qualities of Dr Olle Hansson in promoting the rational use of drugs.

Dr Olle Hansson was an icon of the activist medical profession and wrote a classic in medical investigative exposure. The book was called 'INSIDE CIBA GEIGY' and published in Penang, Malaysia in 1989. It is an amazing piece and we quote from the Foreword written by Anwar Fazal, former President of International Organisation of Consumers Union (IOCU), cofounder of Health Action International (HAI) and the instigator for the idea of a Peoples Health Assembly.

*'Olle was a very special inspiration to us. His courage, his competence, his commitment were rare in a profession that is more often too comfortable or too implicated to speak out against a powerful industry.'*

*His passing on 23 May 1985 was mourned not by words but by a series of actions that will continue to inspire those working to see a more responsible pharmaceutical industry worldwide.'*

The Award was first given in 1987. Recipients have included Dr Mira Shiva of India; Dr Alfredo Bengzon of the Philippines; Prof Dzulkifli Abdul Razak of Malaysia; and Dr K Balasubramaniam.

**To mark the 40th anniversary of HAIAP, we announce the Dr Olle Hansson Award again. Nominations are invited for the Award.**

This Award for 2022 recognises the work of an individual from a low or middle income country according the reference list<sup>1</sup> who has contributed the most to:  
1. Promoting the concepts of essential medicines and their rational use, and access to vaccines

2. Increasing the awareness among consumers of the dangers of irrational and hazardous medicinal drugs and unethical marketing.

3. Supporting and promoting health for all and addressing the structural and human rights issues relating to health  
Nominations for the award, which can come from any individual or organisation, should contain:

1. A one-page biodata of the candidate (including educational background, positions held, affiliations, honours and awards).

2. A 500-word statement of the nominee's qualities and achievements in the field of medicines' safety and access to essential medicines and their rational use. Please provide:

a. documentation of work done.

b. A recent photograph of the nominee.

3. Two referee's names, affiliations and addresses.

**Closing Date:** Nominations will close on **January 31 2022.**

Please send nominations to:  
Beverleyfsnell[AT]gmail.com

The award, which is given annually, is in the form of a commemorative certificate and a special oration and ceremony.

**Management:** The Award is managed by Health Action International Asia - Pacific (HAIAP).

**About Dr Olle Hansson:** The Award is named in honour of Dr Olle Hansson, a Swedish paediatric neurologist internationally known for his advocacy on behalf of SMON (subacute myelo-optic neuropathy) victims who were paralysed or blinded after using clioquinol, an antidiarrhoeal drug.

Dr Olle Hansson was a powerful campaigner against unethical promotion and marketing of medicinal drugs. In many ways, he represented the conscience of the medical profession. His influence was felt not only in Sweden, and in Japan which had thousands of SMON victims, but also in Europe and developing countries. Dr Hansson will be remembered by all who campaign for the rational use of medicinal drugs. Although he died of cancer on May 23, 1985, at the age of 49, he remains a continuing source of inspiration for public interest workers everywhere.

May 23 is commemorated each year as 'Dr Olle Hansson Day'. For more information about Dr Olle Hansson, see <http://www.haiasiapacific.org/?s=Olle+Hansson>

<sup>1</sup> <https://wellcome.org/grant-funding/guidance/low-and-middle-income-countries>

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## Gonoshasthaya Kendra / HAIAP Award 2022

A Fellowship will be provided at Gonoshasthaya Kendra (GK), a people-oriented healthcare based non-governmental organisation in Bangladesh, which provides community and institutional services in the fields of healthcare, women's empowerment, disaster management, education, agriculture, and basic rights-based advocacy.

GK was founded by Dr Zafrullah Chowdhury in 1972.

The candidate will cover his/her own travel expenses to GK but all living expenses and incidental travel expenses and a small allowance will be covered by GK for the duration of the Fellowship. This Fellowship Award will be conferred on a younger person – up to 40 years of age - from a low or middle income country within this list<sup>2</sup> who demonstrates promising leadership qualities and an interest in promoting self-determination and health for all especially the poorest of the poor. It will be awarded to a person who can be seen to have the qualities to learn from such an experience and to go forward to make a contribution to the wellbeing of the their own or another community.

### About Gonoshasthaya Kendra (GK)

#### (The People's Health Centre)

GK set out with the key objective of 'health for all'. All projects are interwoven with this basic aim. Concentrating on the poor, GK began by providing preventive and primary health care for the surrounding villages where access to health services was almost non-existent, through trained para medic outreach health workers – mostly young women. Over the years, GK has developed into an integrated rural development project which includes education, nutrition, agriculture, environment, vaccine research, herbal medicinal plant research, income generation and vocational training with an emphasis on empowerment of women.

GK's overall objective is to use primary health care as an entry point to work with the people, for the people, to develop a just society. GK works towards this end by developing a people-oriented health care system and making people aware of health issues.

Learn more about GK here:

<https://gonoshasthayakendra.com>

<https://www.youtube.com/watch?v=vBqi7N5K-f8>

<https://www.youtube.com/watch?v=FzLul54RYDE>

<https://www.youtube.com/watch?v=bfEOzlsWQf4>

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<sup>2</sup> <https://wellcome.org/grant-funding/guidance/low-and-middle-income-countries>

### The Fellowship Award

The award, to be given annually, is in the form of a 3-6 month placement at GK between July and December. The duration will be negotiated between the candidate and the interview panel.

### The Successful Candidate

Candidates will be interviewed to determine their adaptability to a new setting and different culture, food and language. The successful candidate will be a non-smoker who will be accommodated at GK and will experience and learn from as many features of GK as possible in the time. S/he will also have the opportunity for placement in other related settings with the support of GK. The candidate will cover his/her own travel expenses to GK. GK will provide free full board and incidental local travel expenses as well as a monthly allowance for pocket expenses paid by GK. Following the placement the successful candidate will provide a succinct report of activities during the fellowship and will be available to share the experience in other settings at the host's expense.

### Nominations are invited for the GK/HAIAP Fellowship Award.

This Award for 2022 recognises the work of a male or female individual up to 40 years of age from a low or middle income country<sup>1</sup> who has demonstrated a commitment to learning from and working with the community with a desire to contribute to solidarity based community health and development.

### How to apply or nominate an individual

Nominations for the award, which can come from any individual or organisation, should contain:

1. A one-page biodata of the candidate (including educational background, involvement in projects, achievements and testimonials from two authoritative mentors).
2. A 500-word statement of the nominee's qualities and achievements in the field of community based health involvement.
3. Mentors' names, affiliations and addresses.

Please provide:

- a. documentation of work done.
- b. what could be a possible contribution to GK
- c. expectations from the fellowship
- d. a recent photograph of the nominee.

**Closing Date:** Nominations will close on January 31, 2022.

The recipient will be chosen by an international panel of judges from GK and HAIAP. The successful candidate will be announced March 2022.

**Please send nominations to:** HAIAP

Beverleyfsnell(AT)gmail.com, cc Zafrullah Chowdhury  
[zaf.chowdhury\(AT\)gmail.com](mailto:zaf.chowdhury(AT)gmail.com)

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## Exemplary initiative by Gonoshasthaya Kendra

### **COVID-19 management in the home**

<https://gonoshasthayakendra.com/>

If the struggle against COVID-19 has taught us anything, it is that a unique health crisis of this nature requires a unique response. Earlier this year an initiative was launched by Gonoshasthaya Kendra which, in the words of Dr Zafrullah Chowdhury, brings hospital to the doorsteps of patients.<sup>3</sup>

Gonoshasthaya Kendra decided to treat coronavirus patients in their own homes by dispatching mobile medical teams in four areas of the capital (Dhaka): Dhanmondi, Kalabagan, Old Dhaka, and Mirpur.

If they have any symptoms, such as fever, cough and breathing distress, residents can call up special hotline numbers to contact doctors.

When a person is suspected of having COVID-19 infection, a team of seven health professionals will arrive at their doorstep to check on them. Samples for COVID-19 test and other medical examinations will be taken from the patients to Gonoshasthaya laboratory and the results will be sent back to initiate further management.



Two types of services are provided through the home visits. Samples are collected to carry out other necessary tests, and treatment support is provided. Patients can be divided into four categories according to their symptoms: mild, tolerable, tolerable with comorbidities (diabetes, heart or kidney disease, stroke, asthma, etc.), and severe. The first three types of patients can be managed at home. GK ambulances visiting a patient's house have an X-ray, ECG machine, a ventilator and other necessary equipment. The visiting team charges no fees for their services, and will only charge about half the cost for other tests, including the COVID-19 test. In addition, the patient and their relatives will be trained by a nurse in the

use of oxygen cylinders and pulse oximeters, so they can be better-prepared to take care of themselves.

This initiative, inspired by the principles of universal healthcare, offers a radical new direction in the fight against COVID-19. The government can certainly replicate this model of treatment throughout the country, and it would help strengthen its response against this deadly virus.

Dr Zafrullah Chowdhury said that they had taken the initiative to provide treatments at doorsteps to show that better healthcare could be provided at patients' doorsteps very easily.

He said a thermometer, a pulse oximeter and a machine to measure blood pressure and some medicine were enough to treat COVID-19 patients at their houses.

He said that the management of COVID-19 patient was not difficult and any literate person could provide COVID-19 treatment after a simple training. Dr Zafrullah also said that GK was also providing cheap ICU support and had opened a dedicated COVID-19 ward in the hospital for critical patients.

'Without collective efforts, this initiative would not be successful. I want cooperation from the government too,' he said.

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## Wealthy nations starved the developing world of vaccines.

### **Omicron shows the cost of this greed**

Deborah Gleeson November 30, 2021

*Associate Professor in Public Health, La Trobe University. Deborah is a co-convenor for the Political Economy of Health Special Interest Group of the Public Health Association of Australia, an active member of the global People's Health Movement.*

<https://theconversation.com/wealthy-nations-starved-the-developing-world-of-vaccines-omicron-shows-the-cost-of-this-greed-172763>

## We believe in the free flow of information

We don't yet know how dangerous the new Omicron variant of SARS-CoV-2 will turn out to be. Early evidence suggests it may be more transmissible than other variants, and the World Health Organisation has raised concerns about its potential to spark another global surge in infections.

If currently available vaccines continue to protect us from severe disease and death, which seems likely at this stage, vaccinated people in developed countries should be able to breathe a sigh of relief.

But with a yawning gap between vaccination rates in high- and low-income nations, Omicron could present a

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<sup>3</sup> <https://www.thedailystar.net/editorial/news/exemplary-initiative-gonoshasthaya-kendra-2086517>



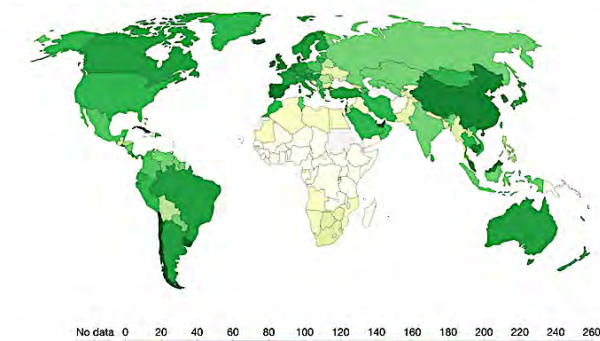
major problem for the world. It could cause a further wave of preventable disease and premature death in developing countries, and exacerbate poverty in parts of the world that are already struggling with the pandemic.

And unless governments take urgent action to correct these inequities, we risk the emergence of further variants, some of which may evade vaccines.

#### COVID-19 vaccine doses administered per 100 people

All doses, including boosters, are counted individually. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.

Our World in Data



Source: Official data collated by Our World in Data – Last updated 29 November 2021, 10:30 (London time)  
OurWorldinData.org/coronavirus • CC BY

Read more: The best hope for fairly distributing COVID-19 vaccines globally is at risk of failing. Here's how to save it. <sup>4</sup>

### Inequities in access to COVID-19 vaccines

By the end of November, around 54.2% of the global population had received at least one COVID-19 vaccine dose. For low-income countries, however, the rate was just 5.8%.

#### COVID-19 vaccination doses, per capita.

The gap in vaccination coverage between high-income and upper-middle-income countries on one hand, and low-income countries on the other, is particularly stark.

Vaccination rates in Africa are particularly concerning. About 40 or so countries still have less than 10% of their populations fully vaccinated, the vast majority of which are in Africa.

Experts have warned about the inequitable distribution of COVID-19 vaccines since the beginning of the pandemic, so why is there still a problem?

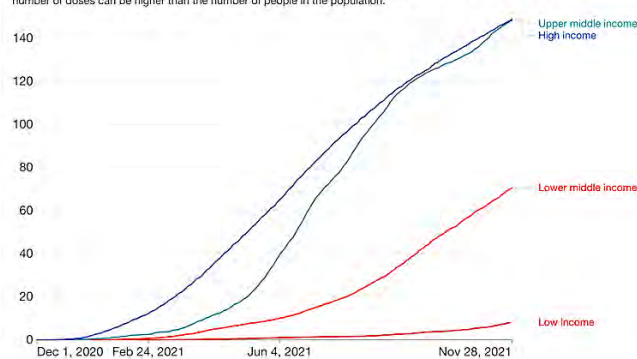
#### Failure of COVAX to realise its promise

First, COVAX, the global program for purchasing and distributing COVID-19 vaccines, has struggled to secure enough vaccine doses since its inception..

Nearly 100 low-income nations are relying on the program for vaccines. COVAX was initially aiming to

COVID-19 vaccine doses administered per 100 people, by income group  
All doses, including boosters, are counted individually. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

Our World in Data



Source: Official data collated by Our World in Data, World Bank  
Note: Country income groups are based on the World Bank classification.

OurWorldinData.org/covid-vaccinations • CC BY

deliver 2 billion doses by the end of 2021, enough to vaccinate only the most high-risk groups in developing countries. However, its delivery forecast was wound back in September to only 1.425 billion doses by the end of the year.

And by the end of November, less than 576 million doses had actually been delivered.

This predictable failure is largely due to wealthy countries mopping up more than half of the first 7.5 billion vaccine doses developed through pre-purchase agreements, leaving only crumbs for COVAX. Chronic under-investment in COVAX (in terms of both doses and funds), and further hoarding of vaccine doses in wealthy nations for boosters, have continued to starve COVAX of supplies to distribute to those most in need.

Read more: Are new COVID-19 variants like Omicron linked to low vaccine coverage? Here's what the science says<sup>5</sup>

### Failure to deliver on promised vaccine donations

Wealthy countries have been shamed into making pledges to donate large numbers of doses to low- and middle-income countries. But few of these pledges have yet translated into vaccines in arms.

By October 25, more than 1.3 billion vaccine doses had been pledged, but only around 10% had been delivered.

#### COVID-19 vaccines donated to COVAX

Meanwhile, many high-income countries have ignored pleas from the WHO to hold off on providing booster vaccinations until the rest of the world catches up. Even after boosters have been administered, Médecins Sans Frontières estimates that ten high-income countries will be sitting on more than 870 million excess doses by the end of the year.

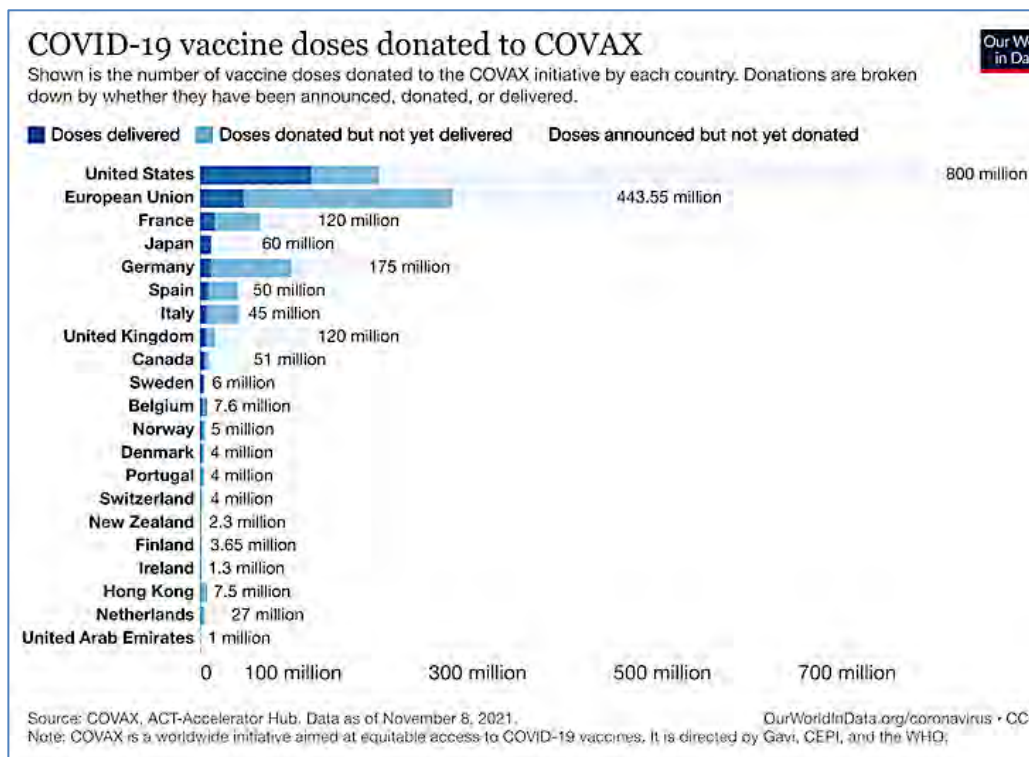
**Take Australia as one example.** It has pledged 60 million doses for developing countries in the Indo-Pacific

<sup>4</sup> <https://theconversation.com/the-best-hope-for-fairly-distributing-covid-19-vaccines-globally-is-at-risk-of-failing-heres-how-to-save-it-158779>

<sup>5</sup> <https://theconversation.com/are-new-covid-variants-like-omicron-linked-to-low-vaccine-coverage-heres-what-the-science-says-170262>

region, but so far, less than 9.3 million have been delivered. None of these doses are slated for equitable distribution through COVAX, however, and none are currently committed for Africa.

Meanwhile, the Australian government has invested more than A\$8 billion (US\$5.7 billion) in pre-purchase agreements for 280.8 million vaccine doses for Australians. This is equivalent to more than 10 doses per person.



### Failure to agree on temporary changes to trade rules

Some wealthy countries have also continued to oppose a proposal to temporarily suspend trade rules that protect the monopolies of pharmaceutical companies on COVID-19 health products and technologies.

Initially proposed by India and South Africa in October 2020, the so-called TRIPS waiver would enable companies around the world to freely produce COVID-19 products and technologies without fear of litigation over possible infringements of intellectual property rights.

It is now co-sponsored by 63 countries and supported by well over 100 of the World Trade Organisation's 164 member states. The US signalled its support for a waiver in May (limited to vaccines), but it hasn't formally co-sponsored the proposal. The European Union, the UK and Switzerland continue to oppose it, with Germany a particularly staunch opponent.

The TRIPS waiver, if adopted in the form sponsored by the 63 countries, would cover all health products and technologies needed for preventing, treating and containing COVID-19, including vaccines, treatments,

diagnostic tests, medical devices and personal protective equipment.

It would waive rules in the WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that apply to patents, undisclosed information (such as information submitted to regulatory agencies or protected as trade secrets), copyright and industrial designs. And it would last for at least three years from the date the waiver is adopted, and then be reviewed annually.

However, more than a year after the waiver was proposed, discussions at the WTO remain deadlocked.

The EU insists it will be sufficient to tweak existing provisions in the TRIPS Agreement that allow for compulsory licensing - exploitation of the subject matter of a patent without the permission of the patent holder. This proposition, however, doesn't cover undisclosed information, which is needed for manufacturing vaccines.

Many countries, including the UK, EU, China and Australia, are now supporting a separate proposal at the WTO which addresses other

trade-related issues, such as export restrictions and customs procedures. However, it fails to lift the intellectual property rights that maintain monopolies on COVID-19 products.

To delay matters even further, the emergence of the Omicron variant resulted in postponement of the WTO ministerial council meeting at the end of November, where these proposals were to be discussed. While debate will continue in the TRIPS Council in December, momentum to reach a decision in the near-term may have been lost.

### Urgent action is needed

Wealthy countries have hoarded vaccines, starved COVAX of funds and doses, released promised donations at a slow dribble, and stalled agreement on a global agreement to lift barriers to wider manufacturing of vaccines in the developing world.

We must do better. The Omicron variant illustrates that clearly the world can't afford to wait any longer.

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## Imagine if health and trade ministers would meet in one room

Ellen 't Hoen November 30, 2021

This is a time of missed opportunities. This week, (first week in December) trade ministers were scheduled to meet at the 12th Ministerial Conference of the World Trade Organization in Geneva, Switzerland. The meeting was postponed due to the alarming emergence of the Omicron variant of COVID-19. The delay and the lack of action so far shows just how badly the world needs creativity and flexibility in our responses to the current global inequity in access to pandemic counter-measures, which creates fertile conditions for new variants.

A little up the road from the WTO, health ministers will still meet, partially virtually, at the World Health Organization for a special session of the World Health Assembly. Both fora were intending to discuss the current global inequity in access to pandemic countermeasures, and both fora will attempt to come up with solutions for the refusal by many pharmaceutical companies to share intellectual property and manufacturing know-how. The WTO Ministerial Conference was expected to adopt a declaration on pandemic responses and make progress on a waiver of intellectual property protection for the duration of the pandemic, as was proposed over a year ago by South Africa and India. The Special Session of the World Health Assembly is tasked with deciding on a new set of global health rules to better prepare for the next pandemic.

The COVID-19 pandemic has shown that there are important areas in dire need of regulation before a health crisis takes place. In particular, the world needs rules to ensure that pandemic counter-measures **such as vaccines become global common goods**. This outcome does not happen by promises alone, as we have seen. It requires new rules on sharing of know-how and IP and sufficient financing for the research and development of these products. Sorting this out in the middle of a global health crisis has proven to be a bad approach—so bad that WHO director-general has referred to it as a “catastrophic moral failure.” Also, the reach of health ministers alone has its limitations because there are key IP and trade matters involved that ‘belong’ to the WTO.

**Now, imagine if the health and trade ministers decided to meet in the same room. They could hammer out solutions to the problems that have led to the grave inequity in access to vaccines and other tools needed in the response to the pandemic. What might they accomplish? Here are a few suggestions.**

- Countries should be allowed to waive their obligation under the World Trade Organization Trade-Related Aspects of Intellectual Property Rights (TRIPS)

Agreement to grant and enforce certain intellectual property rights, such as patents. This waiver is the proposal made in October 2020 by South Africa and India and supported by over 120 countries. It is also possible under Article 73 of TRIPS.

- The ministers should agree that pandemic countermeasures and the knowledge needed to produce them are global public goods, or common goods. And that therefore, in the case of a pandemic, intellectual property rights, including trade secrets, data and know-how, needed to produce and supply vaccines, therapeutics, and all other pandemic countermeasures will be shared or otherwise made available through compulsory measures.
- Ministers should agree that innovations needed to prevent a pandemic outbreak and respond to one shall be available for licensing and technology transfer, in particular when publicly financed. This agreement should be achieved should be done by countries committing to place conditions on public R&D financing that requires recipients of funding to license resulting technology and share resulting know-how on a non-exclusive basis. Governments also use advance purchase agreements to de-risk the costs associated with the development of new products by committing to buy a certain amount of a product still in development. These agreements should also be subject to such licensing and tech transfer conditions.
- Agreements to share IP should be made in the form of global, transparent, royalty-bearing licences with the Medicines Patent Pool and the COVID-19 Technology Access Pool. The first such licence was announced last week.
- To ensure that there is sustainable production capacity of vaccines in every region of the world, ministers should also commit to making financing available for expanding pandemic countermeasures production capacity in regions that are currently underserved. This is particularly important for sub-Saharan Africa, where vaccine production is practically non-existent. The technology transfer hubs that the WHO and Medicines Patent Pool are setting up to share mRNA vaccine technology are a step in the right direction, but more capacity building is needed.

Of course anything our hypothetical joint ministerial meeting agrees to should not weaken any flexibility countries currently have in intellectual property law under the TRIPS Agreement and the 2001 Doha Declaration on the TRIPS Agreement and Public Health. The ministers should agree on making the use of flexibilities included in TRIPS, such as compulsory licensing of patents, easier. For example, they should waive the requirements that a compulsory licence be predominantly for the supply of the domestic market so that products to prevent or respond

to a pandemic and manufactured under a compulsory licence can be freely traded across borders.

They should further clarify that nothing in the TRIPS Agreement stands in the way of members taking measures to access or transfer know-how, data, and trade secrets.

The ministers should also stipulate that future bilateral or regional trade agreements will protect members' right to implement the outcome of the joint health and trade ministers meeting.

Of course, it is unlikely that the health and trade ministers will spontaneously organise such a meeting. But that does not take away from the fact that assuring access to IP and manufacturing know-how is crucial to fulfil the promise that pandemic vaccines, therapeutics, and other countermeasures will be global public goods. Perhaps it is time for the United Nations to take this up.

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## Human rights: Food not for thought, but for a plea 'The rights of nature'

In October – November 2021, Glasgow in Scotland (UK) hosted the 26th UN Climate Change Conference of the Parties (COP26) that aimed to accelerate action towards the goals of the Paris Agreement

and the UN Framework Convention on Climate Change. The outcome according to the UN Secretary-General, 'reflects the interests, the contradictions, and the state of political will in the world today'. The UN chief added that it is time to go 'into emergency mode', ending fossil fuel subsidies, phasing out coal, putting a price on carbon, protecting vulnerable communities, and delivering the \$100 billion climate finance commitment.

'We did not achieve these goals at this conference. But **we have some building blocks for progress**,' he said.

Mr. Guterres also had a message to young people, indigenous communities, women leaders, and all those leading the charge on climate action.

'I know you are disappointed. But the path of progress is not always a straight line. Sometimes there are detours. Sometimes there are ditches. But **I know we can get there**. We are in the fight of our lives, and this fight must be won. Never give up. Never retreat. Keep pushing forward'.

The outcome of the conference prompted Claudio Schuftan to share his Human Rights Reader Number 603.



## Pleading for the rights of mother earth is pleading for social justice; both go hand in hand

Claudio Schuftan

This Reader is about the undeniable relationship between the rights of nature and social justice.

On October 8, 2021 the U.N. Human Rights Council recognised access to a clean and healthy environment as a fundamental right, formally adding its weight to the global fight against climate change and its devastating consequences.

The dominant political groups however, in line with their interests and their domination, persevere in their work of destruction of the life on Earth and in excluding the right to life of all of Earth's inhabitants. (Riccardo Petrella <sup>6</sup>)

### No local or global crisis will disappear if everyone assumes that someone else will fix it

There has been much coverage in recent media of citizens who fail to acknowledge the existence of global crises such as anthropogenic climate change. Too many are still sceptical or in denial. They refuse to participate in any solution for the simple reason that they believe them to be non-issues.

The Anthropocene is the period during which a single species (us) gained the power to alter the fate of all other species and the planet at large. We have not - with maximum pressure - updated human rights to the Anthropocene's realities and challenges. This development would entail more decisively focusing on the limits to human economic activity. States, corporations and other duty-bearers must be held accountable, not only for failing to meet basic material human needs, but also for undermining the biosphere and the conditions that are indispensable for the continuation of life on the planet. Rights of nature activists must thus raise the key questions about the compatibility of neoliberal economic policy with a livable climate system, biodiversity, air quality, and other conditions necessary for human flourishing. This task remains a pending task, ie to decelerate human activity to a level that is compatible with the flourishing of human life. (Cesar Rodriguez-G <sup>7</sup>)

Just as dangerous to the common good affected by global crises is a person who fully accepts the existence of a problem, yet believes as-a-matter-of-course that everything will work out just fine. Such a person is indulging in magical thinking - a mentality marked by excessive optimism and a dash of egocentrism. Magical thinkers are content to simply sit on the sidelines and

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<sup>6</sup> <https://theanalysis.news/guests/riccardo-petrella/>

<sup>7</sup> <https://its.law.nyu.edu/facultyprofiles/index.cfm?fuseaction=profile.overview&personid=34599>



radiate good thoughts at those doing the heavy lifting to solve the world's ills.

Both adamant deniers and cheerful magical thinkers refuse to contribute time and energy or make personal sacrifices to solve planetary and social problems. They hold society back from tackling its most pressing threats to equity, security, and even survival. They leave others to worry and do the work. Not only is this monumentally unfair to those who shoulder the responsibility, it wastes valuable time.

What is serious, and correct, is to hold Capitalism and not Humanity responsible for climate change

-Tinkering with individual climate disasters is utterly insufficient; we must aim to change not only 'nature's weather', but also 'the-political-man-made-weather'. (Alex Cobham<sup>8</sup>)

There is now no doubt that climate change is caused by human activity. The phrase 'climate change of human origin' keeps being repeated insinuating that the responsibility of the situation falls on humanity as a whole. But this is simply not a scientific truth; it is an ideological truth. It blurs the responsibility of the dominant class. The truth is that not all humans have had the same role in bringing about the crisis - it is the extractivist, exploitative character of Capitalism that bears the brunt of the responsibility. (Chris Saltmarsh<sup>9</sup>)

### **Social Justice**

Is there not an argument for saying that the most urgent change the world needs is, indeed, at the level of social policies? Other changes are certainly also desirable, no denying. But instead of starting with environmental policies and applying social corrections later, targeting those rendered vulnerable that need help, one ought to start with social policies and focus on their environmental advantages.

Take for example: Making clean drinking water available for all is a social and, at the same time, an environmental measure. Pleading for social justice, let us not forget, also means caring for democracy, because no justice can be achieved if people are not directly involved in planning, implementing and monitoring their economic, environmental and social systems.

### **Science lessons needed**

For this outcome, politicians will need a science lesson or two. All members of parliament ought to receive scientific and environmental literacy training. [Yes, but, ask

yourself, is this the real bottleneck...?? (It is an important one . Ed)].

And it is not only politicians: Academics too often keep aloof of the more politicised discourse of their contemporary movements for the rights of nature and for social justice. They set for themselves decade-long action horizons to confront the environmental crisis we all face. By doing so, they tacitly or expressly embrace or back the dominant economic system and its principles (private profitability, economic growth and free markets) and not the science that makes the urgent, truly comprehensive, objective analysis and that concludes unambiguously that it is the consequence of the capitalist extractivist system that negatively impacts on the climate. It is therefore inexcusable that these academics do not prioritise the central tenets of climate change that speak of now and not of decades. The negative changes we are experiencing, directly tell us of the interests and objectives of powerful (private or public, legitimate or illegitimate) interests.

It is also crucial to beware of the science being promoted under the wings of the UN; it is no exception; it is progressively being coopted by the interests of big transnational corporations. It is of utmost importance that the science these academicians practice once-and-for-all becomes engaged with true sustainability and with socio-environmental justice - now. (Eduardo Giesen<sup>10</sup>)

For all the above and many other reasons, we have to shift from an economic paradigm where the parallel universes of economic progress, of social equity and of environmental dimensions essentially exist on separate operating systems. (Achim Steiner)<sup>11</sup>

How empty this all rings after COP26.....

Claudio Schuftan, Ho Chi Minh City

Your comments are welcome at [schuftan@gmail.com](mailto:schuftan@gmail.com)  
All Readers are available at [www.claudioschuftan.com](http://www.claudioschuftan.com)

### **Postscript/Marginalia**

- Why did it not occur to me during the long pandemic privation to hug trees the way many ecologists do to absorb the energy from these marvellous living beings? Why is this something so difficult to imagine for human beings educated in the Western culture?

<sup>8</sup> [https://taxjustice.net/taxjustice\\_team/alex-cobham/](https://taxjustice.net/taxjustice_team/alex-cobham/)

<sup>9</sup> <https://www.plutobooks.com/author/chris-saltmarsh/>

<sup>10</sup> [https://cl-boell-org.translate.goog/es/person/eduardo-giesen?\\_x\\_tr\\_sl=es&\\_x\\_tr\\_tl=en&\\_x\\_tr\\_hl=en&\\_x\\_tr\\_pto=sc](https://cl-boell-org.translate.goog/es/person/eduardo-giesen?_x_tr_sl=es&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc)

<sup>11</sup> [https://en.wikipedia.org/wiki/Achim\\_Steiner](https://en.wikipedia.org/wiki/Achim_Steiner)

## World Antimicrobial Awareness Week – 18th to 24th Nov. 2021

### WAAW Farm Design Challenge 2021

#### *Farm Design Contest for Strengthening Biosecurity in Small and Medium Swine Farms in Asia*

on the occasion of World Antibiotic Use Surveillance Week 2021 was organised by the Federation of Veterinary Associations of Asia, FAVA.



The Federation of Asian Veterinary Associations invited applications for prizes for farm design that demonstrated the best biosecurity and One World One Health Principles. Winners were announced in Bangkok during WAAW 2021 at a webinar on November 18 entitled:

*“Empowering veterinarians in Asia towards fulfilling their roles on the Global Action Plan on Antimicrobial Resistance (GAP-AMR)”.*

The three winning entries demonstrated impressive features in the design of the farm buildings and amenities as well as the processes for dealing with housing, feeding – including weaning - waste management and the health of their animals as well as for their sale and transport.

The winners showed attention to conservation and sustainability for sources of water and power as well as interventions that supported the maintenance of healthy

animals without use of antibiotic food supplements. While sickness is minimised in healthy animals mechanisms were in place to separate and manage any sick animals promptly without the use of antibiotics as much as possible.

Zoning and physical barriers were a feature of all the winning designs.

Congratulations to our WAAW Farm Design Challenge 2021.

Videos of the winning presentations can be seen and heard here: [tinyurl.com/428k9263](https://tinyurl.com/428k9263)

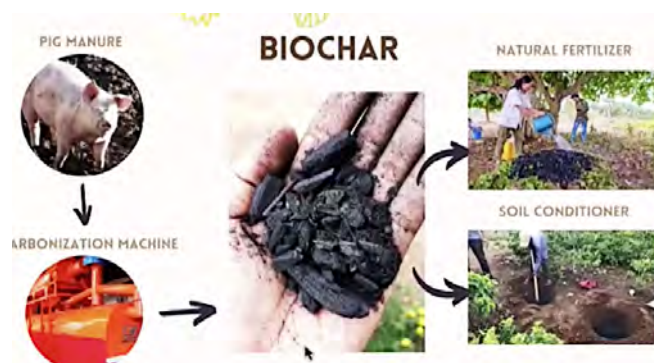
#### The Best solution



The best possible way to decrease or prevent risk is to establish practical biosecurity methods. The benefits are not only prevention of the ASF virus and other pig viruses and disease. Rational antibiotic use is created and antimicrobial resistance is decreased.

<https://www.favamember.org/fao-fava-vnu-waaw-2021/>

The FAVA-FAO Regional Campaign on the WAAW Farm Design Challenge 2021 successfully wrapped up with the celebrating series of the WAAW 2021 webinars across FAVA member countries. FAVA would like to once again say thank you for the tremendous support from all partners and everyone participating in this collaborative campaign and celebration. ‘Even though the WAAW 2021 has ended, let’s us not forget that we have to go hand in hand to continue our fight against the AMR throughout our journey until we meet again next year’.





1<sup>st</sup> prize \$3000

Ms Pirairat Kiranuntawot



**Ms. Pirairat Kiranuntawot**  
6th year veterinary student  
Faculty of Veterinary Science  
Chulalongkorn University, Thailand

2<sup>nd</sup> Prize \$2000

Dr Chee Liung Wun and Dr Siah Ming Hin,  
Malaysian Veterinary Medical Association (MAVMA).

Introduction of Team  
'Good to Great' from Malaysia



Dr. Siah Ming Hin (DVM) & Dr Chee Liung Wun (DVM):

- Course mates at University Putra Malaysia & VAM (now MAVMA) members
- Food Animal Practitioners - about 5 years as Pig Farm Veterinarian & Field Technical Service.
- Interest in disease control, AMR, regulatory, management.

3rd Prize \$1000

Dr Nayada Reangvaranont, Thailand



**Dr. Nayada Reangvaranont**  
Veterinarian/Technical advisor (ITAC team)  
Vet Products Group  
Thailand

Malaysia



## Live Talk on AMR

The topics of discussion:

- Overview on Antimicrobial Resistance
- Accessibility of antibiotics over the counter.
- Self-medication.
- Inappropriate usage of antibiotics & incomplete antibiotics regime.
- One Health approach on AMR as globally recognized issue.



Saturday, 20 November 2021  
4:00pm MYT, Instagram



Pakistan

## CONGRATULATIONS

Winners of AMR Art competition 2021

1<sup>st</sup> Prize

Zuhair Murad



2<sup>nd</sup> Prize

Eshaal Tasneem  
Aazeen Kashif



3<sup>rd</sup> Prize

Arfa Aftab



[https://twitter.com/NIH\\_Pakistan/with\\_replies](https://twitter.com/NIH_Pakistan/with_replies)



## WAAW: Sri Lanka

### Spread Awareness, Stop Resistance

<https://island.lk/spread-awareness-stop-resistance/>

Antimicrobial resistance (AMR) has become a global health and developmental threat. The World Health Organization (WHO) has declared it as one of the top 10 global public health problems facing humanity, and at the same time it has also shown to have a major impact on animal, plant and environmental health. The misuse and overuse of the drugs are the main causes of this problem, and awareness as well as proper actions by the stakeholders including policymakers, healthcare providers and the general public, is of utmost importance to combat this threat.

As the world marks the 'World Antimicrobial Awareness Week', two experts on the field, Dr. Primali Jayasekera, Consultant Medical Mycologist at the Medical Research Institute, Colombo, and Dr. Madumanee Abeygunawardane, Consultant Microbiologist at National Hospital Kandy, share their expertise on antimicrobial resistance, in a brief discussion.

### World Antimicrobial Awareness Week

– 18th to 24th Nov. 2021



**Sri Lankan Society  
for Microbiology**



Dr. Primali Jayasekera  
Consultant Mycologist  
Head /Department of Mycology  
Medical research Institute, Colombo



Dr. Madumanee  
Abeygunawardane,  
Consultant Microbiologist at National  
Hospital Kandy

#### Q: What is the significance of World Antimicrobial Awareness Week (WAAW)?

WAAW is a global campaign, held annually since 2015, which aims to raise awareness of antimicrobial resistance worldwide and encourages best practices among the general public, health workers and policymakers to slow the development and spread of drug-resistant infections.

This year, the WHO has declared the period from 18th to 24th November, 2021, as Antimicrobial Awareness Week with the theme, 'Spread Awareness, Stop Resistance'.

Previously named 'World Antibiotic Awareness Week', it was changed in 2020 to 'World Antimicrobial Awareness Week' to reflect the broadened scope of the theme to include all antimicrobials including antibiotics, antifungals, antiparasitics and antivirals.



#### Q: What are antimicrobials?

Antimicrobials are medicines that are used to prevent and treat infections in humans, animals and plants which include antibiotics, antivirals, antifungals and antiparasitics.

#### Q: What is Antimicrobial Resistance (AMR), and how does it occur?

Antimicrobial resistance occurs when bacteria, viruses, fungi and parasites change over time, usually through genetic changes, and no longer respond to the drugs. The misuse and overuse of antimicrobials in humans, animals and plants are the main drivers in the development of drug-resistant infections.

#### Q: Why is Antimicrobial resistance a major concern?

Antibiotics are becoming increasingly ineffective as drug-resistance spreads globally making treatment of infections harder. It increases the risk of disease spread, severe illness and even death, following any common infection.

Currently, we observe the treatment of bacterial infections including urinary tract infections, pneumonia and sepsis becoming difficult with high rates of resistance against antibiotics in all the hospitals of Sri Lanka. Bacteria like *Klebsiella pneumonia* and *Acinetobacter spp* have become major causes of hospital-acquired infections such as pneumonia, bloodstream infections, and infections in newborns and intensive-care unit patients. We are observing such bacterial organisms becoming resistant to all antibiotics available in Sri Lanka, leaving no option to save lives of the patients with such infections.

#### Q: How does it affect the healthcare and economy of our country?

The cost of AMR to the economy is significant. In addition to death and disability, which is irreversible, prolonged illness results in longer hospital stays, the need for more expensive medicines and financial challenges for those affected. Being a developing country with the majority of the people depending on free healthcare services, the additional cost it entails is significant.



Without effective antimicrobials, the success of modern medicine such as organ transplants and cancer treatment (chemotherapy) would be impossible with no option to manage infections.

Raising public awareness of antimicrobials can help reduce the misuse of them and slow resistance emergence as a result.

**Q: What is the role the public can play in preventing AMR?**

It is important to make the public well aware that no antibiotic can cure viral infections including COVID-19. Besides, the consumption of antibiotics without any indication can be harmful.

Other practices which contribute to the emergence of antimicrobial resistance are as follows:

Self-treatment with antibiotics by getting antibiotics over the counter for common colds, diarrhoea, sore throat and chronic wounds.

Incompletion of the antibiotic course (stopping when clinically feeling better).

Reducing the dose, expecting to reduce side-effects.

Sharing antibiotics with family members with similar symptoms.

We need to know that cough and cold, sore throat and diarrhoea are most of the time caused by viruses and they are self-limited. And even for a bacterial infection, it is very important to take the correct dose of antibiotic at the correct time for the correct duration for cure and to avoid the emergence of resistance. A very common example is that many people suffer from urinary tract infections caused by resistant bacteria as a result of not completing the course of antibiotics during the previous episodes.

It is strongly advised to take antibiotics only when a qualified Medical Officer prescribes them.

The emergence of resistance can be slowed by using antibiotics correctly only when indicated, and we can save antibiotics for future.

**Emerging fungal infections with the COVID-19 pandemic**

**Q: What is the danger of drug-resistant fungal infections?**

Resistance to antifungals is a mounting global public health threat. Existing antifungal drugs are often associated with important negative side effects. Besides, a few new drugs are under development.

Fungal infections also frequently complicate other illnesses. This problem has most recently been illustrated by the devastating impact of mucormycosis (Black

**What is mucormycosis?**

Mucormycosis is caused by exposure to mucor mould which is commonly found in soil, plants, manure, and decaying fruits and vegetables. 'It is ubiquitous and found in soil and air and even in the nose and mucus of healthy people,' says Dr Akshay Nair, a Mumbai-based eye surgeon.

It affects the sinuses, the brain and the lungs and can be life-threatening in diabetic or severely immuno-compromised individuals, such as cancer patients or people with HIV and AIDS. <https://www.bbc.com/news/world-asia-india-57191507>

Fungus) and invasive aspergillosis during the COVID-19 pandemic.

The prevalence of drug-resistant fungal infections is increasing and exacerbating the already difficult treatment situations. Many fungal infections have existing treatability issues such as toxicity especially for patients with other underlying infections, eg HIV. Drug-resistant *Candida auris*, one of the most common invasive fungal infections, is already widespread with increasing resistance reported to commonly used antifungal drugs and emerging resistance to other newer antifungal drugs.

[The normally rare infection, called mucormycosis, has a mortality rate of 50%. In recent months, India saw thousands of cases affecting recovered and recovering COVID-19 patients.

Doctors suspect there may be a link with the steroids used to treat COVID-19. Diabetics are at particular risk, with doctors telling the BBC it seems to strike 12 to 15 days after recovery from COVID-19.

Steroids reduce inflammation in the lungs for COVID-19 and appear to help stop some of the damage that can happen when the body's immune system goes into overdrive to fight off coronavirus. But they also reduce immunity and push up blood sugar levels in both diabetics and non-diabetic COVID-19 patients.

It's thought that this drop in immunity could be triggering these cases of mucormycosis<sup>12</sup>]

This resistance is leading to more difficulty treating fungal infections, to treatment failures, to longer hospital stays and much more expensive diagnostic and treatment options.

The world urgently needs to change the way it prescribes and uses antimicrobials. Even if new medicines are developed, we will not be able to keep up with the development of resistance as long as our practices are not changed. Without urgent action, we are heading towards a post-antibiotic era, in which common infections and minor injuries can once again cause death. Therefore, all of us at all levels are responsible for doing our part to save the antimicrobials for the future.

<sup>12</sup> <https://www.bbc.com/news/world-asia-india-57191507>

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## World AIDS Day December 1

### 40 years 1981-2021 –

CDC leads with a description of the first five cases recorded in Los Angeles in 1981.

[https://www.cdc.gov/mmwr/preview/mmwrhtml/june\\_5.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm)

A detailed interactive history line is here:

<https://hivhistory.org/>

On June 5, 1981, the first published report emerged of five previously healthy young men in Los Angeles diagnosed with what would soon become known as AIDS. One year later, the first AIDS case was reported in Sub-Saharan Africa.

Over the past 40 years, 75 million people have become infected with HIV and 32 million people have died from AIDS-related illness. Amidst this overwhelming tragedy, we have seen the remarkable power and perseverance of the human spirit. We have witnessed how courage, compassion, and commitment can transcend seemingly insurmountable odds. And we have watched as death and devastation are increasingly replaced by vibrant lives and hope.

This HIV Historical Timeline chronicles key milestones along this remarkable journey — moments that have shaped the AIDS epidemic and the response to it in the United States and globally, through the overlapping forces of political action, scientific discovery, and community activism.

Together, we have made remarkable progress toward controlling and ultimately ending AIDS, but the journey continues.

### The WHO presents a special report <sup>13</sup>

#### Step up, be bold, end AIDS, end inequalities and end pandemics - Fact Sheet <sup>14</sup>

1 December 2021 Geneva

Joint News Release

*With millions of lives on the line, UNAIDS and WHO World AIDS Day event saw global partners, including Prince Harry, the Duke of Sussex, urgently call for expanded access to health treatments and technologies and for human rights to be upheld.*

On the occasion of World AIDS Day 2021, UNAIDS, the World Health Organization (WHO) and partners came together at a special event in Geneva, Switzerland, to highlight the urgent need to end the economic, social,

cultural and legal inequalities that drive the HIV and AIDS pandemic and other pandemics around the world.



‘We are issuing an urgent warning. Only by moving fast to end the inequalities that drive the AIDS pandemic can we overcome it,’ said Winnie Byanyima, Executive Director of UNAIDS. ‘World leaders must work together urgently to tackle the challenges head-on. I urge you: be courageous in matching words with deeds. It is outrageous that every minute that passes, we lose a precious life to AIDS. We don’t have time to waste.’

The world is off track from delivering on the shared commitment to end AIDS by 2030. In 2020 there were 37.7 million people living with HIV, 1.5 million new HIV infections and 680 000 AIDS-related deaths.

‘Even before the COVID-19 pandemic hit, many of the populations most at risk were not being reached with HIV testing, prevention and care services,’ said Tedros Adhanom Ghebreyesus, WHO Director-General. ‘The pandemic has made things worse, with the disruption of essential health services, and the increased vulnerability of people with HIV to COVID-19. Like COVID-19, we have all the tools to end the HIV epidemic, if we use them well. This World AIDS Day, we renew our call on all countries to use every tool in the toolbox to narrow inequalities, prevent HIV infections, save lives and end the AIDS epidemic.’

If the world does not tackle discrimination and inequalities, UNAIDS and WHO warn that the next decade could see 7.7 million AIDS-related deaths.

A powerful video narrated by Prince Harry, the Duke of Sussex, and Ms Byanyima <sup>15</sup> was screened at the event

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<sup>13</sup> <https://www.who.int/news/item/01-12-2021-world-aids-day-2021---step-up-be-bold-end-aids-end-inequalities-and-end-pandemics>

<sup>14</sup> <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

<sup>15</sup> [https://www.youtube.com/watch?v=\\_6Jpu6WKLTQ](https://www.youtube.com/watch?v=_6Jpu6WKLTQ)

demonstrating the disturbing parallels between access to HIV treatment and access to COVID-19 vaccines. Between 1997 and 2006, it is estimated that 12 million people died of AIDS-related illnesses in low- and middle-income countries as the price of medicines rendered them out of reach for many of the countries most affected by HIV. Today, 10 million people around the world still do not have access to the life-saving HIV medicines. The Duke of Sussex urged the world to learn from the history of AIDS and overcome the inequitable access to COVID-19 vaccines and to ensure that new HIV medicines and technologies are available to all.

A letter from the Duke of Sussex to WHO and UNAIDS<sup>16</sup> was read out, in which he commemorated the 40 years of HIV and AIDS and expressed his gratitude for the work accomplished to date. In the letter he stressed the need for COVID-19 vaccine equity, drawing from the lessons learned from HIV.

Speakers highlighted the impact of HIV on young people. 'Young people continue to be stigmatized, especially those in key populations, and inequalities continue to compromise the quality of our lives,' said Joyce Ouma, from the Global Network of Young People Living with HIV.

'Young people are the future of nations and the cornerstone of the global AIDS response,' said Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand. 'Eradicating all kinds of stigma must be our full global commitment with immediate action.'

Speakers urged all countries, partners and civil society to be bold in taking forward the commitment made in the Political Declaration on AIDS adopted at the 2021 United Nations High-Level Meeting on AIDS and in the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, both having ending inequalities at their core.



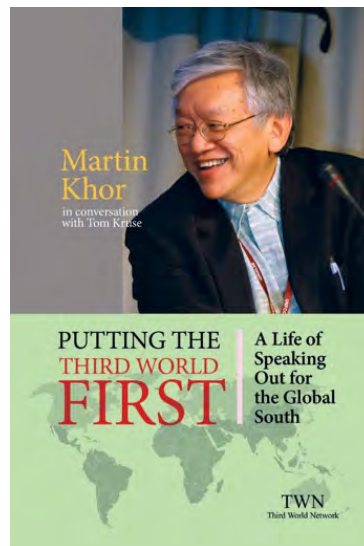
'We know how to beat AIDS and we know how to beat pandemics,' added Ms Byanyima. 'The policies to address the inequalities standing in the way of progress can be implemented, but they require leaders to step up and be bold.'

## Putting the Third World First: A Life of Speaking Out for the Global South

**Martin Khor in conversation with Tom Kruse**

Available from the Third World Network (TWN) bookshop: [https://twshop.com/index.php?main\\_page=product\\_info&cPath=78\\_98&products\\_id=556](https://twshop.com/index.php?main_page=product_info&cPath=78_98&products_id=556)

See also HAIAP News April 2020<sup>17</sup>



This little book should be a 'set text' for all who are interested to know what is going on in the world and how things might be changed in the interests of equity and justice.

Martin Khor was one of the foremost advocates of a more equitable international order, ardently championing the cause of the developing world through activism and

analysis. In this expansive, wide-ranging conversation with Tom Kruse – his final interview before his passing in 2020 – he looks back on a lifetime of commitment to advancing the interests of the world's poorer nations and peoples.

Martin explains everything from the beginning of the debt issues in the early 80s, meeting Ralph Nader, the 'Uruguay Round', the GATT... it was at that time when he started working with Chakravarti Raghavan who had established SUNS - see page 16.

In the beginning he talks about the Consumer Association of Penang (CAP). CAP is no ordinary NGO. Led by 'Uncle' SM Idris CAP saw what was happening in all sectors of Malaysia and engaged from the community to the national government level to achieve rights and justice for all. Initially Martin joined CAP as a university volunteer in the early 1970s. Later, in the early 80s he took CAP to the international level where that organisation was able to engage and strengthen movements across the globe. The Uruguay round lasted from 1986 - 1994. In the conversation, Martin Khor recalls his early days working with CAP – and reflects on how he then helped build up the Third World Network to

<sup>16</sup> <https://www.who.int/news-room/commentaries/detail/prince-harry-the-duke-of-sussex-calls-for-vaccine-equity-on-world-aids-day>

HAIAP News April 2020  
<sup>17</sup>

become a leading international NGO and voice of the Global South. Along the way, he shares his thoughts on a gamut of subjects from colonialism to the world trade system, and recounts his involvement in some of the major international civil society campaigns over the years. He was in Seattle, Paris, Rio, Singapore – wherever something was happening - and he was able to somehow get information from secret meetings to share with those who would be affected by decisions. He was even at Doha in 2001 when TRIPS was being negotiated.

From fighting industrial pollution in a remote Malaysian fishing village to addressing government leaders at United Nations conferences: this book is Martin Khor's account – told in his inimitably witty and down-to-earth style – of a life well lived.

The account of the conversation is under the following headings:

- An education in justice
- The making of a consumer activist
- Reaching out beyond borders
- A network of networks
- Balance between environment and development
- Trade route to domination
- From cooperation to conflict
- Local roots, global campaigns
- The fights over investment agreements
- The battle of Seattle
- A wrong turn
- Being prepared
- What it takes
- Unexpected successes
- The secret to happiness

## Tributes to Chakravarthi Raghavan<sup>18</sup>

### *A pioneer in reporting on GATT/WTO*

Chee Yoke Ling, Executive Director of the Third World



#### Network:

Chakravarthi Raghavan passed on peacefully on 26 September 2021 in Geneva at the age of 96.

What a life he lived – one that would have been several lives in terms of his accomplishments and the span of history which shaped him and which he shaped in critical ways.

Raghavan was the pioneer in reporting on the battles of the developing countries when he monitored, tracked and analysed the GATT rounds, and ultimately the Uruguay Round when those life-changing negotiations took place

out of public sight, indeed out of the scrutiny of elected representatives.

When the global trade regime with the WTO as its institutional home was barely complete in its construction, and developed countries relentlessly pushed for more liberalisation of the economies of the South, Raghavan continuously shone public light on these efforts to **keep extracting** from the South. His phenomenal institutional memory and sharp analysis guided trade diplomats and economic justice advocates and campaigners from civil society. Raghavan never pulled his punches, and many held him in awe and trepidation as well. But over time, those who spent time with him learnt to appreciate him in many ways. I believe he too learnt from all of us who entered his life. Sitting in his living room, I heard wonderful stories, with his wife Kalyani adding her perspectives and delightful details.

During those occasions in their Geneva home, I basked in their devotion to each other, and saw the man, the husband and also the father, as he would also speak of their daughter Artie who lives and works in Paris. We in the Third World Network mourn the passing of another giant of the South and defender of economic and social justice, and we pledge to carry forth his legacy. May Raghavan's soul rest in eternal peace in the knowledge that across the world, we will never give up in the journey for justice and equity that marked his entire life. Raghavan worked and fought hard for the South and for a just world. We will continue what he so passionately believed in and acted upon

#### **S. Narayanan India's Ambassador to the GATT/WTO (1994-2001):**

In the demise of Mr. Chakravarthi Raghavan, the developing countries have lost a friend, philosopher and guide who provided intellectual support to them for almost four decades in dealing with complex trade negotiations that directly impinged upon their development prospects.

I remember Raghavan and Martin Khor standing at 2 am with their umbrellas, outside in the open in order to help developing countries' delegations with any information/clarification they may need on the spot in putting forth their case during a crucial meeting within the Seattle WTO Ministerial Conference in 1999, where investment was a highly controversial and emotive issue. Mr Raghavan's knowledge of trade issues was so profound, and his analysis so incisive, that he could foresee the shape of things that would follow the completion of the Uruguay Round negotiations.

His book *Recolonisation: GATT, the Uruguay Round and the Third World* was not appreciated when it was first published in 1990, even by some of his admirers. They

<sup>18</sup> From TWN



thought his views were extreme and his fears unfounded. But today, when the WTO is facing an existential crisis, all of us realise how prescient Mr Raghavan was. The developing countries now face a big challenge without stalwarts like Raghavan, Martin Khor and others. The question is how the South can show its gratitude to these inspiring leaders who provided intellectual inputs to the developing countries and helped them to fight for their interests in international negotiations. It is not sufficient to pay tributes to them. It is important to continue to come out in the open and boldly put forth the case of the developing countries, just as Raghavan and Martin Khor did, without expectation of any personal reward.

Raghavan used to follow the WTO negotiations/meetings very, very closely.

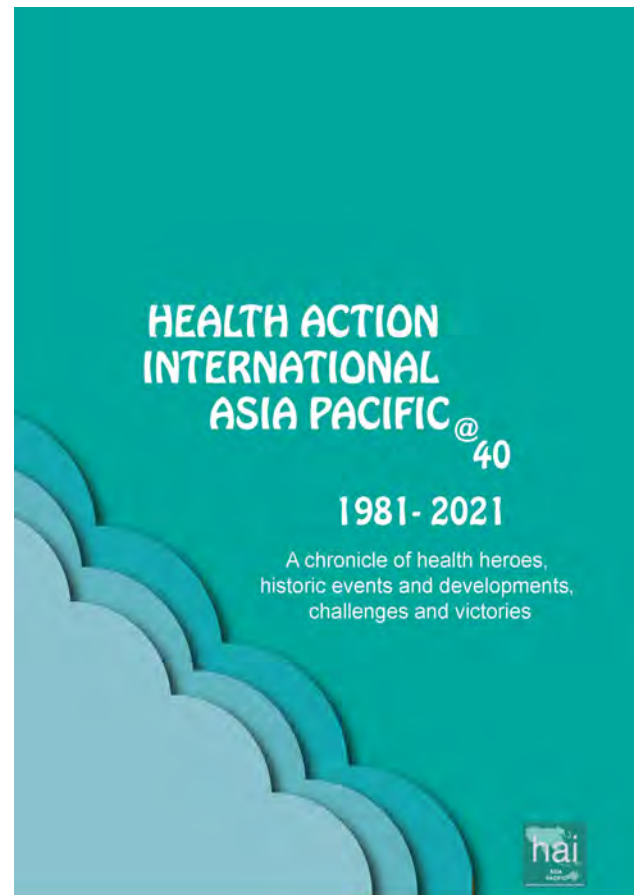
He started the *South-North Development Monitor* – (SUNS) in the early 1980s.

It is a unique source of information and analyses on international development issues with particular focus on North-South and South-South negotiations.<sup>19</sup>

It is amazing how he used to bring out SUNS every day with articles (including by himself) on wide-ranging trade issues. Many WTO missions in Geneva, especially the understaffed ones, depended enormously on SUNS articles for information and guidance on various trade topics. It is a matter of satisfaction that the tradition established by Mr Raghavan of getting SUNS published every day has been continued by the Third World Network.<sup>20</sup>

**Jane Kelsey, PHM, New Zealand:** For as long as I have worked on international trade, Chakravarthi Raghavan has been there. A world without him is unthinkable. It is a time for great sadness, but also a time to celebrate the remarkable contributions he made over so many decades and how he educated and nurtured later generations to continue his life's work. I first met Raghavan in Brussels in 1990 during the ministerial conference in the Uruguay Round. That was the first time the critics had gathered, and he and Martin Khor, our other irreplaceable friend and guru, led us through the byzantine proposals for what became the WTO. The gestetnered copies of SUNS that began to arrive in the mail were the only source of information we had during that time. Later his book and writings of what happened in the Uruguay Round and afterwards have remained the main go-to source for understanding the often impenetrable. I still use his writings as the most reliable source reference as those with power seek to rewrite history to suit themselves. He always responded patiently to my queries, often explaining what to me should have been obvious! My

thoughts are with Artie and the family, and with the wider Third World Network family to whom he was also a father.



## IN PRESS Coming soon

Thanks to all the wonderful contributors

### Contents:

- The story of HAIAP 1981 – 2021
- Peoples Health Heroes
- The Human Rights discourse on health
- Primary Health Care at 40
- Spotlight on our partners
- Access to safe, affordable, effective medicines
- Control of hazardous medicines and their use
- Spotlight on issues
- Towards One World One Health
- A disruptive post-pandemic world – a stronger mandate for HAIAP

HAIAP: An informal network of non-governmental organisations and individuals in the Asia Pacific Region committed to resistance and persistence - against all odds - to strive for Health For All Now.

<sup>19</sup> <https://www.twn.my/title/sun-cn.htm>

<https://www.sunsonline.org/>