December 2017

HAI AP News

Penang, Malaysia
Web: https://www.haiasiapacific.org Ed: Beverleyfsnell(AT)gmail.com

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.

In this issue

Tribute to Shila Rani Ranjith Kaur

On November 21 2017, our HAIAP Coordinator, Shila Rani Ranjith Kaur passed away in Northridge California with her family. She was farewelled at the Sikh Temple at Canoga Park in California.

Shila was more than a coordinator. Shila, was a wonderful friend, a colleague, and the passionate and indefatigable Coordinator of Health Action International Asia Pacific (HAIAP). She is remembered with great sadness for her passing but also with enormous appreciation and thanks for her contribution. Each of us loved her and we miss her immensely.

She had been with us from 1985 where the coordinating office of HAI Network partners had been set up with the Consumer International Regional Office for Asia Pacific (CIROAP) in Penang until it was relocated to Colombo, Sri Lanka. Then Shila joined us again in Penang after

our coordinator Dr Kumariah Balasubramaniam (Bala) retired. There was no further financial support from HAIAP because of various legal and procedural hurdles. We have had no core funding since 2011 but that did not stop Shila from taking on the job with full commitment.

She had to shift office many times and was finally functioning from Third World Network office in Penang.

The Journey with HAI and HAIAP

What follows is a historical account of our journey together prepared by Beverley Snell from HAIAP records, the regular Messages from the Coordinator in HAIAP News and consultation with key HAIAP foundation members.

1981 The foundation of HAI

At the end of the 34th World Health Assembly in Geneva representatives of NGOs from 26 countries formed Health Action International, an 'International Antibody' to resist Ill-treatment of consumers by Multinational Drug Companies.

http://www.haiasiapacific.org/?page_id=22

HAI was formally founded at the International NGO seminar on pharmaceuticals organised by Consumers International – formerly known as International Organisation of Consumer Unions (IOCU) - Buko Pharma, and Social Audit Geneva, 27-29 May 1981. The Consumers International Regional office for Asia and the Pacific (CIROAP) agreed to be the clearing house for HAI.

Following the recommendation of Mr Anwar Fazal, Director of IOCU ROAP 1975 – 1991, and Dr Prem Chandran John, chairman of the Asian Community Health Action Network (ACHAN), a planning meeting in Penang in 1986 set up Action for Rational Drugs in Asia (ARDA). IOCU ROAP and ACHAN would coordinate the network in Penang as the ARDA network. The All India Drug Action Network (AIDAN) founded and coordinated by Dr Mira Shiva was an important partner.

Other network partners were identified and brought in - together with the Poison Centre at the Science University of Malaysia (USM). That body became a WHO collaboration centre. In Penang there was a close association between the network and the University Medical Faculty under Vice Chancellor Dzulkifli Abdul Razak (Dzul).

Shila Rani Ranjith Kaur

Shila joined the group in 1985 as Research Officer based in the Consumers Association of Penang (CAP), Penang, Malaysia. She had an impressive background including a Bachelor of Science in Biochemistry from the University of Malaysia.

Her specific duties were:

- Researching and writing a series of reports on drugs/medicines which were banned or restricted in developed countries but available in Malaysia, based on a list of 12 most commonly used drugs at the time. The research studies were first sent as memoranda to the government of Malaysia and subsequently published as a series of reports. A direct outcome of this effort was that all the drugs on the list were either eventually banned or restricted by the government of Malaysia.
- Field and desk research into various public health issues, results of which were published as a series of articles in Utusan Konsumer, the biweekly newspaper of Consumer Association of Penang (CAP).
- Training, awareness raising and educational talks and seminars on health, medicines and safety with university students.

Dr Balasubramaniam became Coordinator

In the late 1980s, Dr Kumaraiah Balasubramaniam (Bala) took up the position as adviser and coordinator of CIROAP, and relocated to Penang in Malaysia, having been very active on Pharmaceutical issues in UNCTAD and protégé of the great Dr Seneka Bibile in Sri Lanka. Shila was already in Penang to join Dr Bala when he became the Coordinator of CIROAP.

In Penang, Bala began working on access to essential medicines issues. Regional consultations that gathered together associated activists and network partners from most countries around the Asia-Pacific region were organised and hosted by CIROAP to share information and also to galvanise and support local initiatives to further the cause of access to health and essential medicines.

Between 1989 and 1991 Shila took time out from Penang and studied at the University of California at Los Angeles (UCLA) while living with her sister and nieces in Los Angeles. She obtained a Master in Public Health (MPH).

From **October 1994 – June 1998,** Shila was Coordinator of the Health and Pharmaceuticals Program of CIROAP as well as Consultant for ARDA. The articles in the HAI news, that Shila produced in the 1990s, illustrate the wide scope of her knowledge and activities while she was working with CAP and Consumers International that were affiliated with CIROAP. Her contributions to the HAI news can be seen here:

http://www.haiasiapacific.org/wp-content/uploads/2017/12/ShilaKaur1993-1996_HAINews.pdf

In 1995, the WHO Consultation on National Medicinal Drug Policies in Sydney was a significant milestone in the HAI to HAIAP journey**.**

WHO International Conference on National Medicines Policies in Manley in May 1995

The WHO conference on National Medicinal Drug Policies held in Manly (Sydney), Australia, in May 1995 brought together 300 people from almost 50 countries around our region and focused on four key themes of

national medicines policies: equity of access to medicines, rational use, the quality of medicines, and the role of the pharmaceutical industry. That conference was heavily supported by the Australian Department of Human Services and Health.

The Manly conference produced a number of general recommendations along with specific recommendations relating to the four themes of the conference. The proceedings of the conference were reported in a supplement to Australian Prescriber (AustPrescr 1997;20 Suppl 1).

A satellite event - the ***Asia Pacific Conference on National Medicines Policies***, was a follow-up to the very successful main event. Asia Pacific Seminar on Implementing National Drug Policies (1995 : Sydney, N.S.W.)[1]

The satellite event was jointly sponsored by the Australian Department of Human Services and Health, the Dag Hammarskjold Foundation and ARDA (later-to-be-named Health Action International Asia-Pacific (HAIAP)). The satellite conference included all the ARDA network members and provided great impetus for policy work in the region. Importantly, it seeded a conference seminar on national medicines policies for 14 Pacific nations in 1996. Dr Bala had grasped the opportunity to propose a regional consultation for the Pharmaceutical and Consumer leaders from the Pacific Island Countries who had been largely ignored at that stage. Support funding was committed by the Australian Department of Health and Human Services and the meeting was held in Nadi, Fiji in September 1996.

The Nadi meeting proved a bigger challenge than Bala had expected – Pacific Island Countries are tiny, made up of thousands of small islands dispersed over many thousands of kilometres in the Pacific Ocean. In some cases there was only one flight per week to get to Fiji and others needed many stopovers to get to Fiji eventually. So the cost of flights was very much higher than in the Asian region and there were extra costs for accommodation at each end of the meeting. In addition there was almost no email and communications with participants were mostly by fax – that only worked sometimes.

Bala and Shila were supported by organisation from Melbourne for communicating with participants and gathering preparatory information, but it was Shila who was responsible for the program logistics and all the trouble shooting. Shila bore the brunt of complaints from some participants that extra spending money was not provided. Some participants were used to conferences run by wealthy organisations and Shila had to deal with it – and it was not easy. She satisfied them somewhat by saying if they could find cheaper accommodation they could keep the balance.

Despite those issues, the meeting was a landmark and its value was recognized by all. It was the first time Pacific Island countries had come together. It stimulated development of National Drug Policies and emphasised the need for strengthened pharmaceutical systems. From then on WHO brought leaders of the Pacific Islands pharmaceutical sectors together annually – until WHO funding was severely reduced in 2012.

In the capacity as Coordinator of the Health and Pharmaceuticals Program of Consumers International Regional Office for Asia and the Pacific (CI ROAP) Shila initiated and developed a project proposal on drug utilization practices of women in countries in the Asia Pacific region.

Projects she undertook for the organisation included the Codex project.[2] She coordinated the Regional Seminar on Codex held in Bangkok, Thailand from 26 – 28 August 1999 and the report on the results of an Asia Pacific Regional Survey carried out by Consumers International's Regional Office for Asia and the Pacific (CI ROAP) on National Codex Consultation Systems.

Shila wrote the background document for Consumers International on Agenda Item No 10 of the Codex Coordinating Committee for Asia, Chiang Mai, Thailand, 26 – 29 November 1999. This document was circulated to all delegates at the meeting by the Codex Secretariat in FAO, Rome.

And then there was the Food Security Project:

- Shila wrote and produced the report on the results of a Survey of CI ROAP's members' Interest and Involvement in Gender concerns.
- She developed and wrote a project proposal on Women and Food Security in the Asia Pacific region based on the above survey results which subsequently was successfully used to raise funds for the project.

From **April 2001 – November 2001** Shila was Consultant for the World Fish Centre and Children's Protection Society (CPS) editing scientific articles for the World Fish Centre publication entitled *Naga*[3]. *Naga* publishes

[1] Proceedings of the Asia Pacific Seminar on Implementing National Drug Policies. Sydney, Australia. October 3-7,1995. :editors Shila Rani Kaur, Padmaja Padman & Kumariah Balasubramaniam.

[2] *Codex alimentarius* http://www.fao.org/fao-who-codexalimentarius/about-codex/en/

[3] https://www.worldfishcenter.org

information on all aspects of fisheries and other living aquatic resources, including research or project summaries, news, notices of new publications and upcoming workshops, conferences, symposia and summary reports of meetings. The consultancy at CPS included compiling and writing the reports of two workshops on Anger Management and Play Therapy.

2001 The change to HAIAP and the move to Sri Lanka

A major achievement of the ARDA network was forging a new level of partnerships between the participating organisations. In 1995 an external evaluation of the ARDA network had been done. The evaluation was positive about the need for the network in Asia and the Pacific regions and ARDA was advised to expand membership and work with more network partners.

In 2001 ARDA decided at a meeting held 18 – 22 Feb 2002, to relocate out of IOCU ROAP and to set up as an independent NGO based in Colombo Sri Lanka. Participating at that meeting were Zafrullah Chowdhury, Mira Shiva, Joel Fernando, Delen de la Paz and Niyada Kiatying Angsulee. For uniformity with the other three HAI centres (Europe, Latin America and Africa) the **Asia Pacific office was registered as HAIAP with a Governing Council; and based in Colombo.** HAIAP would continue with the campaign issues, rational medicines use and economic matters and take up new issues in the area of poverty health and traditional medicines.

Shila's continuing work in Penang

While HAIAP was based in Sri Lanka, Shila continued her work in Penang.

From **June 2002 – November 2002,** she was a Consultant for the Women's Centre for Change - developing teaching aids for a project aimed at teaching teenage girls to differentiate between safe and unsafe physical contact with boys/men, acceptable social behaviour and when/how to seek aid when confronted with a dangerous situation of a sexual nature. She assisted in implementation of the project in various secondary schools in the state of Penang.

Working with CAP October 2006 – September 2007, she was the Health Consultant, designing and executing CAP's Health Program. Areas of specific interest to CAP were occupational health and safety, environmental health, health care services and patient welfare and pharmaceuticals/medicines including essential drugs and their rational use. The work also involved advocacy and representation at various Ministerial and national public events as resource person and regular postings in mainstream and social media on current health concerns including *Letters to the Editor*

and press coverage of press statements.

From 2007-2009 Shila became more involved as Consultant in the International Baby Food Action Network (IBFAN) and Code Documentation Centre (CDC) also based in Penang. She was the Principal researcher and writer of three booklets related to the International Code of Marketing of Breastmilk Substitutes:

Code Essentials 1: Annotated International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions

Code Essentials 2: Guidelines for Policy Makers on Implementing the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions

Code Essentials 3: Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions

She also researched and produced an updated version of the State of the Code. That was a report card summarising the legal measures taken by countries worldwide on the International Code of Marketing of Breastmilk Substitutes. She was invited as a speaker on topics related to the International Code of Marketing of Breastmilk Substitutes.

The last HAIAP Meeting in Sri Lanka

I**n 2010** the last regional meeting of HAIAP before Dr Bala's retirement took place at the Tamarind Tree, Minawangoda, Sri Lanka. At that meeting *Where There Are No Pharmacists* was proudly launched. But also at that meeting we learnt that funding for HAIAP from the Dutch government would not continue. Everyone wanted HAIAP to continue but with no funding there would be major problems. Bala had been in contact with Shila and she had agreed to coordinate HAIAP from Penang without core funding. She would attempt to find enough employment to support herself and would try to find project grants.

So Shila accepted the position as HAIAP coordinator on those terms.

Members were very sad to leave Sri Lanka but more than grateful to Shila for allowing us to maintain the HAIAP family.

Back in Penang – Shila and HAIAP 2011 to 2017

In December 2009 Bala had recruited Shila to coordinate the final proof-reading, printing and publication of the HAIAP publication *'Where There Are No Pharmacists'* with the printing department of the Third World Network, a local HAIAP partner.

From May 2010 to the present Shila has been the Honorary Coordinator of Health Action International Asia Pacific (HAIAP). As we know, Shila was not new to HAIAP. She was working alongside Dr Bala in the 1990s when the organisation was previously based in Penang and she was welcomed back into the family.

She has been acting as liaison between and amongst HAIAP members, keeping the membership updated on emerging public health and medicines issues and coordinating responses to these, when and if needed. Dr Ken Harvey was the Chairman of the Governing Council from 2010 until 2013 and provided unwavering support for Shila in her very challenging position.

Shila has been the public face for HAIAP in terms of representation at seminars/conferences/meetings by advocating for rational use of medicines; organizing workshops/seminars/conferences on rational use of antibiotics, and people's dialogue on health, state of pharmaceuticals policies in the Asia Pacific region.

2011 – Farewell to Dr Bala, move to Penang and the Penang HAIAP meeting

2011 was a very challenging year for Shila and the HAIAP family. Dr Balasubrmaniam had retired from the position of Coordinator /Advisor to become Honorary Regional Advisor. Relocation to Penang, Malaysia was complete at the end of January 2010 under our new Coordinator Shila Rani Kaur.

We were devastated by the loss of Dr Bala who passed away on April 19, 2011. Dr Bala was so many things to those of us whose lives he touched - friend, mentor, health activist, researcher, crusader. His passing is a loss not only to the HAIAP family but to the whole international health community.

It is worth reading the Lancet Tribute:

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2961323-8/fulltext

2011 Penang meeting

Fourteen key members from HAIAP representing Australia, Bangladesh, India, Malaysia, Pakistan, Philippines, and Sri Lanka met at the Heritage Hotel in Penang, Malaysia for HAIAP's 9th Annual Planning Meeting in September 2011. Unfortunately the European financial crisis had a huge impact on HAIAP funding. In

the absence of renewed core funding for HAIAP, members were responsible for their own travel expenses.

At the meeting, members shared experiences and planned for the ongoing activities and the best use of the available funds.. HAIAP News would be produced electronically by Beverley Snell who would also look after the website. Dr Zafrullah Chowdhury kindly offered the services of GK to produce a limited number of hard copies of HAIAP News when and if they are required. It was agreed that HAIAP would focus on Antimicrobial Resistance, the Trans Pacific Partnership Agreement and the State of Pharmaceutical Policies in the Asia Pacific region. These would be issues to be flagged on the HAIAP website; together with news items, related work activities and latest developments regularly posted for partner information and action.

It was agreed that the most fitting tribute to the memory of Dr Bala would be to continue HAIAP work with enthusiasm and commitment. The HAIAP News from 2011 to the present has attempted to give a running commentary of activities; and the 'Posts' on the website alert us to news items or issues that need a response.

On World Health Day 2012 (April 7) WHO launched the theme **'Good health adds life to years'**. The greying of HAIAP and its founding partners had been a topic of some discussion in the Penang HAIAP Planning Meeting; and it was recognised that for HAIAP work to continue, younger health activists must be engaged, trained and empowered to carry on the struggle for Health For All.

Two other noteworthy events were on the horizon: First, the *Asia Pacific Conference on National Medicinal Policies* to be held in Sydney, Australia from 26 – 29 May 2012, essentially a stock taking event on the status of pharmaceutical policy implementation by countries in the Asia Pacific region.

The second event was the *Third Peoples Health Assembly* in Cape Town, South Africa from 6 – 11 July. Many HAIAP members were part of the first PHA in Bangladesh in 2000, as pioneers and organizers and then again at PHA 2 in Cuenca in 2005.

2012 - WHO International Conference in Sydney, PHA 3 in Cape Town, a home for HAIAP

Some 17 years after the Manly conference, in 2012, 233 delegates from 46 countries participated in the Asia Pacific Conference on National Medicines Policies – again in Sydney.[4] The impetus for this conference was the recognition that while many countries in the Asia Pacific region reported having a national medicines policy, progress on the implementation of the policies had been inconsistent. In addition, it was recognised that robust and effective national medicines policies are an important tool in achieving the objectives of universal access to needed medicines and their rational use. That conference provided the opportunity for countries in the Asia Pacific region to come together and share their knowledge, skills and experiences as they moved to implement the various elements of their national medicines policies. The Conference was made possible through the generous support of its sponsors – NPS MedicineWise, the Australian Government Department of Health and Ageing, the University of Newcastle, Australia and the World Health Organization (Western Pacific and South-East Asian Regional Offices).

Shila Kaur and Ken Harvey convened the workshop on Advertising and Promotion at that WHO conference. - See proceedings at the same site.[5]

http://apps.who.int/medicinedocs/en/d/Js20292en/

Later in May 2012 Shila described the beating drums, burning incense, chanting, bodies swaying and gently stamping feet that heralded the start of the People's Health Assembly 3 in Cape Town, South Africa. Traditional healers and shamans from the continent of South America and Africa joined hands with health activists in a healing circle, giving voice to the many grievances and continued sufferings of Mother Earth and seeking her forgiveness, healing and blessings for the duration of the Assembly.

It was befitting that PHA 3 took place in South Africa, a country grappling with the effects of apartheid and struggling emotionally to come to terms with social, economic and political realities. Over six days participants heard moving and heroic stories of people living with life-threatening diseases and fighting for access to medicines, amidst economic and social turmoil. Shila wrote

> *'We heard stories of people literally falling dead from sheer hard work on plantations in Latin America and women dying during childbirth due to lack of access to Primary Health Care. We heard stories of bravery in war-torn and chronically conflict-ridden places such as Palestine; and the daily anguish and effects on mental health. Food, water, sanitation, housing – social determinants of health - without these, there is* ***no*** *Health. As the forces of globalisation and corporatisation continue to wreak havoc with struggling and fragile economies and the social determinants fragment, health remains a dream for the poor and powerless.'*

PHA 3 was a reminder to all of the peoples' struggles for health equity and justice and the importance of human connection, solidarity and support in these struggles. We are all a part of this struggle and the presence of HAI and

[4] http://www.apcnmp2012.com.au/

[5] http://apps.who.int/medicinedocs/en/d/Js20292en/

HAIAP members from at least 10 countries during this PHA 3 demonstrated commitment to the struggle for health in a true people's global movement.

During 2012, Ken's wish to pass the baton of Chairpersonship of HAIAP was met with disappointment – the GC and membership voted that they want Ken to continue in this capacity - a clear indication of his winning leadership style and capability. Ken reiterated his wish to pass the baton but until then no one else had volunteered. In the meantime, various possibilities had been explored for HAIAP relocation in Penang.

Finally, in December 2012, HAIAP was 'adopted' by the Third World Network or TWN in Penang! TWN is a highly respected and key player on the global public interest scene and a long time friend, pioneer and partner of HAIAP. For HAIAP this placement at TWN was a 'coming home' and a return to an international civil society environment, with shared philosophical frameworks and an inclusive working partnership, collaborating on areas of mutual interest, eg trade agreements, antimicrobial resistance, rational use of medicines, through shared activities and resources.

2013 - MDG Consultation in Thailand, World Health Assembly, HAIAP meeting and co-chairs of the Governing Council appointed

On 29 January 2013, several HAIAP members participated at the Consultation on '*Post 2015 Developments on the MDGs*', held in Bangkok, Thailand, as a side event to the Prince Mahidol Award Conference. Coorganized by PHM Global in collaboration with key members, including HAIAP, TWN, HANDS, and PHM-India. The occasion also provided an opportunity for an informal dinner meeting of core HAIAP members who were present (Mira Shiva, Tanveer Ahmed, Zafrullah Chowdhury, Niyada Angsulee, Delen de la Paz, Claudio Schuftan and Evelyne Hong) to discuss pressing HAIAP concerns. The group agreed that Dr Ken Harvey's wishes to relinquish the post of Chair of the Governing Council should be respected and suggested that Dr Niyada Angsulee share the responsibility as Co-Chai. HAIAP was happy to announce there would be two Chairs in the persons of Dr Ken Harvey and Dr Niyada Angsulee!

After an absence of 10 years, Shila attended the 2013 ***66th World Health Assembly (WHA)*** in Geneva from 20 – 28 May at the UN Palais with the TWN team but also wearing the HAI, and by extension, the PHM hats. As a lead up the WHA, the TWN office in Geneva was abuzz with activity when a team of WHO Watchers from PHM met there daily for four days to discuss interventions on specific WHA resolutions.

Shila explained that while the WHA itself can appear like a big mad carnival, it is in the spaces in between the proceedings that actual work takes place – when public health interest groups have an opportunity to meet, lobby, advocate and network with country delegates and each other - 'the corridors of power'?

On 10 November 2013, HAI Global's Director, Dr Tim Reed and the Asia representative of its Governing Board, Dr Prem Chandran John flew into Bangkok to meet with the Co-Chair of HAIAP's Governing Council, Prof Niyada Kiatying-Angsulee and the HAIAP Coordinator, Shila Kaur to discuss the future of HAI and its operations, in view of existing funding challenges. Proposals were submitted to several funding bodies without success.

Despite the challenges and the uncertainties, HAIAP continued to draw inspiration from its supporters, near and far, young and not-so-young! On behalf of HAIAP, Shila wished to acknowledge the kind and generous support of the Third World Network; she said the synergy has been incredible!

2014: Antimicrobial resistance activities in four regional settings, World Health Assembly, Lancet Commission on Essential Drugs

A lot happened in 2014 with particular regard to antimicrobial resistance. The 67th WHA in May 2014 saw the tabling of Resolution WHA67.25 on AMR, after a deafening silence of more than 10 years; the Global Action Plan would roll out in 2015. Several global processes have kicked in following the adoption: the ReAct/Dag Hammarskjöld Foundation meeting held in June 2014: the *'One health'* meeting held in the Netherlands also in June 2014.

Along with Delen de la Paz and Gene Nisperos (PHM Philippines) and Bel Townsend, Shila attended the annual WHO WPRO meeting held in October 2014 in Manila. The main purpose was to raise awareness with country delegates of key issues, and to draft an Antimicrobial Resisitance (AMR) action plan template for WHO WPRO countries to agree to – so it would be available for the countries to use in developing their own plans.

Meanwhile, the Antibiotic Use in Humans meeting was held in Norway in Nov 2014; the SEARO AMR meeting held in Jaipur, India in Nov 2014 and the Surveillance of AMR meeting in Sweden in Dec 2014. The other global process is the initiation of the Global Health Security Agenda by the US which gives AMR topmost priority.

Other events that took place in the Asia Pacific region included the ASEAN Antibiotics Awareness Day event, 18 – 19 November 2014 held in Bangkok, Thailand; the ReAct SEA Regional Meeting on Community, Hospital and Policy Interventions to Manage and Control Antibiotic Resistance, 21 – 23 November 2014 held in Penang, Malaysia and the 5th Asia Pacific Tripartite Meeting of WHO-FAO-OIE on zoonoses, 24 – 26 November 2014 held in Bangkok, Thailand.

Shila participated at all three meetings and interacted with a range of participants on AMR, representing international organizations, ministerial officials, health professionals, researchers, academics, farmers, artists, writers, journalists, and civil society. Shila commented that while the ***One Health*** Approach adopted by the tripartite WHO-FAO-OIE has clear merits; what was glaringly missing was the involvement of civil society in that process.

The *Lancet Commission on Essential Medicines Policies* (EMPs) was launched in October 2014 to reconfirm the relevance of Essential Medicines Policies and formulate recommendations for future global essential medicines policy for the next 20 years.

There have been significant struggles for HAIAP since its inception 30 years ago and here was yet another challenge in the specific area of AMR where irrational use and accessibility combine to make a global public health crisis; and there are still the Intellectual Property areas where we must be ever vigilant and energetic.

2015: Antimicrobial resistance activities, Universal Health Care and Movement Building in South Asia and Asia and the Pacific.

From 6-7 April 2015, several HAIAP partners: Dr Zafrullah Chowdhury, Dr Krisantha Weerasuriya, Dr Manuj Weerasinghe, Dr Mira Shiva, Dr Delen de la Paz and Ms Evelyne Hong and Shila Kaur participated in a two day workshop on Universal Health Care, Anti-microbial Resistance and Access to Medicines organized by TWN and the Commonwealth Foundation, in Kuala Lumpur, Malaysia.

HAIAP's status as a virtual entity was discussed and it was agreed that this status should continue in view of the funding situation. HAIAP remained a platform for members to share information, views, opinions, news and research. Shila expressed appreciation for the continuing functioning of the HAIAP website and the HAIAP News due to the producer and principal editor, Beverley Snell.

At a meeting earlier in the year GC Co-Chair, Niyada Angsulee and Shila met to discuss the exploration of funding possibilities for a small 3-4 country project on drug pricing and IPRs.

Niyada and Shila were part of the HAI team participating at the 68th WHA 2015 in Geneva from 19 - 26 May 2015. Niyada was self-funded while Shila was covered by the Commonwealth Foundation and TWN.

In August 2015, Niyada attended the Union of International Associations (UIA) Roundtable as principal HAIAP representative. Members continued to blaze health activism trails in their respective countries as civil society representatives at various national forums, supported by solid professional credentials, and catalysed by strong passions.

First World Antibiotic Awareness Week

From 16 – 22 November 2015 for the first time, WHO took the initiative to conduct a World Antibiotic Awareness Week (WAAW) which focused on awareness raising on wise use of antimicrobial medicines to ensure continued availability and use for the future. According to a WHO report released in 2014, this serious threat is no longer a prediction for the future - it is happening now in every region of the world and has potential to affect anyone, of any age in any community – a real threat to the public health. The report said

> *'Antibiotics are one of the most important therapeutic discoveries in human and animal medical history as they revolutionised the way we treat humans and animals with bacterial infections – contributing hugely to reducing morbidity and mortality caused by bacterial infections'.*

Individual countries staged their own WAAW activities and HAIAP News shared reports of regional WAAW activities.

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

Shila attended the Workshop on *Movement Building in South Asia and Asia and the Pacific.* Organised by the People's Health Movement South Asia, she described it as a wonderful reminder of international solidarity and why HAIAP members work as they do.

2016: Farewell to Dr Andrew Herxheimer and Dr Halfdan Mahler; resilience awards and the continuing struggle in India:

We were sad to learn of the demise on February 21, 2016, of **Dr Andrew Herxheimer,** a pioneer and long time supporter of HAI. Andrew left a legacy of the value of evidence-based research that is so vital for effective advocacy and health activism. Many of us remember his remarkable combination of intelligence and wit, and that twinkle in his eyes. We shall miss Andrew. HAIAP pays tribute to Dr Andrew Herxheimer.

Historically HAIAP has been vigilant on the use and availability of irrational Fixed Dose Combination drugs in the region. When India, in March 2016, banned 344 irrational FDCs, this naturally evoked a regional response

from partners, congratulating India but lamenting the previous lapses in government regulatory responses to irrational drug combinations. Unfortunately under pressure from the drug Industry the banning order was later lifted, see HAIAP News, December 2016.

Resilience! Prizes and Awards were a feature in August 2016. The 2016 Dr Lee Jong-wook **Memorial Prize for Public Health** was awarded to **Dr Alireza Mesdaghinia,** Department of Environmental Health Engineering, School of Public Health, Tehran University of Medical Sciences, Iran.[6] Dr Alireza Mesdaghinia was still studying medicine in Iran when the country's public health system was awakening in the country. After his 28 years as Dean of Pubic Health at Tehran University of Medical Sciences, Dr Masdaghinia noted that life expectancy has risen from 52 to 74 years. But, he says, 'It's not my credit; it's the whole country's credit.'

The Prize prompted the HAIAP News feature article by HAIAP Partner Dr Mohammad Barzgar – co-founder of PHC in Iran - and Beverley Snell on how Iran has been able to sustain and strengthen its Primary Health Care Program for 45 years; an idea that the country committed to and maintained through good planning, review, reform and implementation. Iran's resilience and success with its PHC Program prompted policy makers in the US to consider the potential implementation of a similar program in the Mississippi Delta, in view of Mississippi's rating as having the poorest health system in the country.

We were proud of **Dr Ken Harvey** who won the **ANZAAS Medal for 2016** - awarded by the Australian and New Zealand Association for the Advancement of Science. The medal is awarded annually for services for the advancement of science or administration and organisation of scientific activities, or the teaching of science throughout Australia and New Zealand and in contributions to science which lie beyond normal professional activities. HAIAP is proud of its illustrious membership and Dr Ken Harvey has consistently demonstrated resilience with his dedication to good medicine and health activism in the many years that he has been a part of HAIAP. Resilience was exemplified in Ken's stand in the face of legal action during the SensaSlim debacle. http://tinyurl.com/j7hxbyk

http://www.haiasiapacific.org/?p=1356

Shila apologised for stating the cliché - *An organization is more than the sum of its parts*, but emphasisied that HAIAP would be an empty mouthpiece if not for the continued display of integrity, expertise, leadership and resilience or its members……who in their own right are more than the sum of the roles that they play in society.

HAIAP News also featured the struggle of PHM India through its consitutents. Throughout 2016, PHM India has been engaged in a long battle with the pharmaceutical industry. Along with other events, Amitava Guha and Dr Mira Shiva were meeting with the National Pharmaceutical Pricing Authority of India. In the words of Amitava, '*A huge racket mostly led by American companies fleecing money from people is dominating our market. We are expecting a tough battle with them.*'

In December 2016 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 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.

In his weekly article in *The Sun* (a Malaysian daily newspaper), Prof Dzulkifli Abdul Razak wrote 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.'*

He continued –

> '*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'.*

2017: 10 years compulsory Licensing in Thailand, World Health Assembly, Global Action Plan on Antimicrobial Resistance and Plans for a HAIAP /PHM meeting

2017 started with a meeting convened by HAIAP partner, Drug System Development and Monitoring (DSDM) Program, led by Professor Niyada Kiatying-Angsulee, celebrating 10 years of Compulsory Licensing in Thailand. The meeting allowed some members the opportunity to meet as HAIAP – Mira Shiva, Evelyne Hong, Niyada Kiatying Angsulee and Shila Kaur – to discuss HAIAP matters including a project supported by DSDM on drug pricing for the region.

[6] http://www.who.int/mediacentre/events/2016/wha69/prizes-lee-jong-wook/en/

Later, a small group of HAIAP members met at GK to

discuss a proposed meeting in late 2017 to be 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?).

From 22 – 28 May 2017, the World Health Assembly in Geneva, Switzerland included various important agenda items. HAIAP was watching progress on the Global Action Plan on Antimicrobial Resistance as well as the election of the next DG the Ethiopian Candidate Dr Tedros Adhanom Ghebreyesus.

Unfortunately the HAIIAP Meeting planned for November 10-12, 2017 at Gonoshasthaya Kendra, Bangladesh did not eventuate due to the very small number of people who would be able to attend. However, we look forward to meeting as a 'satellite' of the PHM meeting as planned later by Dr Zafrullah Chowdhury and PHM colleagues.

The PHM together with HAIAP founding member Dr Zafrullah Chowdhury have formulated the idea of an international meeting to develop strategies for achieving the goal of Affordable Health for All.

Dr Zafrullah noted that since the 1985 Nairobi Conference on the Rational Use of Drugs, for every two steps we have advanced we have gone one step backward. A progressive agenda for people-centred, rational and affordable health care continues to be undermined by powerful vested interests.

He suggests that it is time for us to gather again globally to confront the forces and ideology that oppose Health for All.

The most fitting tribute to Dr Bala and Shila would be for HAIAP to emerge stronger than ever with active participation from all partners. Members of the Governing Council are planning to meet in Penang in the new year to consider the next steps.

Memories of Shila - from friends and colleagues

Shila Kaur was the glue that kept us together - It is indeed very sad that Shila has passed away so early. She had many more miles to go and dreams to dream. She had a steadfast commitment to Public Health that survived all what was thrown at it. May she enjoy the rest that she richly deserves - but why did it have to be so early? **Kris Weerasuriya**

……

Losing Shila - What a shock. We had been told she had gone to US to be with her sister. It is indeed a big loss to the Right to Health and Rational Drug movement. I wish we had known Shila was so seriously unwell we would have written and communicated more. Communication of care and concern always help. I think she had to keep her professional face intact, without her personal pain and emotional need even being expressed. Love and prayers, visits by friends make a lot of difference. I would even suggest that we take up the issue of cancer treatment because of the increasing incidence.

In May 2012 In Cape Town at PHA 3 we worked together on a HAI session on Access to Medicines. Then Shila went to the World Health Assembly representing HAIAP. In 2014 I had visited Penang for Uncle Idris's 90th Birthday and had met Evelyn and Shila in the TWN office . We were also part of the Antibiotic Resistance Coalition, Shila, Niyada and I were together in Geneva May 2014 when it was launched. Martin Khor from South South Solidarity had facilitated our participation. As HAI AP we could focus on pricing of Cancer drugs, the IPR issues, affordability and Rational use.

Niyada, Shila, Evelyne and I met in Bangkok in early 2017 with a hope of having a study to revive HAIAP with Niyada coordinating the efforts of a study in different countries. Our meeting was piggy backed on 10 years of Compulsory Licensing of several drugs by the Thai Govt. The response was very poor and it was big disappointment.

We were together in GK along with Dr Ken Harvey hoping to have the HAIAP drug meeting in GK in spite of the various financial constraints . **Mira Shiva**

……

Oh my god!, What a sad surprise. Sure comes as a totally unexpected shock to all of us. She was always there to keep things in our group flowing, always with such a comrade-like attitude. We will sure miss her. For many years, I have been a 'sharer and disseminator' of what I think is important for colleagues to be informed about. So was Shila - and in this task we often found ourselves disseminating each others postings --a meeting of minds of some kind. I'll miss that sharing. **Claudio Schuftan**

……

Shocked and upset by the news of the demise of our good friend Shila. After Bala left she took over HAIAP and had more ideas to improve its function. But before realising her dreams she left us - saddening all of us. **Ekbal**

……

I have many memories with Shila since 1989 when I met her the first time in Penang, Malaysia during the ERDA meeting. She introduced herself – telling me that she is by birth Indian and Sikh by religion. We shared a common language so could communicate informally in Hindi. We talked about India and Amritsar – the Golden Temple - their holiest place. Once while we were driving together in her car I was surprise to see a cassette of Pakistani Sufi Singer Abida Perveen. [7] She played it and both of us enjoyed it so much. The we met on all meetings of HAIAP held in Sri Lanka and Malaysia.

Once I invited her as key speaker to speak on 'Rational use of drugs' in 1993 in Karachi, Pakistan. This seminar was well attended by public dignitaries and media officials. Then with me and my family she visited many tourist spots in Karachi.

Lastly in PHA Capetown South Africa. Both of us were very excited to see each other after a long time since the death of Dr Bala. We were also facebook friends. She always liked all my postings - especially of my services from the platform of HANDS Pakistan. She was a very nice and gentle lady and the moving spirit of HAIAP - especially after the death of Dr. Bala. Rest in peace Shila. **Tanveer Ahmed**

……

Dear brothers and sisters ……. We have lost a jewel of a person .Despite her health challenge over last few years ,she kept herself full of hope and joy both in her personal life and in her work with HAI and many others. She was a great networker and writer and kept the lights of the spirit and work of HAI during the many difficult times . Her smile will be like the daily sunrise reminding us to do as much as we can wherever we can. Let keep smiling with her in the many challenges ahead. **Anwar Fazal**

……

I met Shila in the Philippines in 2014 as part of the World Health Organisation's WPRO meeting. We got along really well and Shila was so inspiring as an advocate for health. When my time in the Philippines was up I changed my travel plans to visit Shila in Penang. Shila was very generous in hosting me and showing me fantastic street food and around Penang – and of course I met Bindi. I will miss Shila as a leading advocate for health in the Asia Pacific and as a hilarious, warm and generous colleague. **Belinda Townsend**

……

I only met Shila in person once but I will miss her both as a person and for her excellent work keeping our HAIAP network together. I'm sure she would want us to find ways to keep together for the future. **Peter Mansfield**

……

Personally, I felt that I had lost a good sister figure today when I saw the email from Evelyne. I just shut down my office PC and went back home to mourn for such a wonderful person's departure. As some of you know, Shila had been a wonderful colleague when she was attached as a contract academic staff at the USM's Discipline of Social and Administrative Pharmacy. She was really excellent in executing her job and enjoyed sharing her passion in teaching public health to all the budding pharmacists at the school. The irony is only yesterday I had looked at all our correspondence emails on the antibiotic use in animal farming last year. I remembered both of us had written extensively on the rampant use of antibiotics in animal farming in the country in local dailies until the DG of Department of Veterinary Services of Malaysia declared an open war against both of us - but with help of other NGOs like CAP and HAIAP, we stood firm in our decision. The sad part, only yesterday I had sent her an e-mail to highlight my points of discussion with some of the news paper agencies in Malaysia about the special issue on antibiotic resistance which will be published this coming weekend. I really hope an obituary of this wonderful person which I had known for the last couple of years can be wriiten and highlighted in any top public health journal. May you rest in peace, Shila. God bless you. **Azmi Hassali**

[7] https://www.youtube.com/watch?v=rbBWtFfwABk

Ms Shila used to be the work-horse of IOCU-Asia-Pacific office when Prof Bala used to run it from Colombo, Sri Lanka in the 80's and 90's.

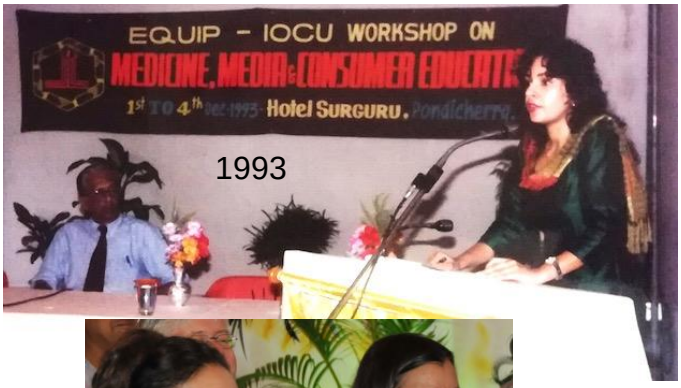
From JIPMER, Pondicherry, India, a 5-member academic team (Shashi, Sethu, Asha, Srini and Gita) got actively involved with Prof Bala and Shila in the ERDU workshop of 1989 and '91. Later, we ran the IOCU-EQUIP workshop on Medicine, Media and Consumer Education of December 1993, which was held while a cyclone (hurricane) hit Pondicherry. Prof Bala could not attend this event but Ms Shila managed the show very well.

Then we joined forces to conduct the Healthcare and Consumer-rights meet at Madurai in 1995 organised with the help of FEDCOT (federation of consumer organisations of Tamil-Nadu)

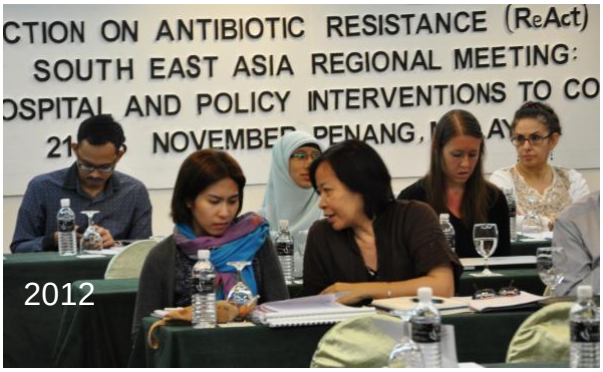
We lost contact for 2 decades. I met her again fortuitously when I was Dean of Medicine at AIMST University, Kedah (near Penang) in Malaysia and we could resume our joint efforts for HAI-AP. She helped us to organise an international workshop on Rational Antimicrobial use in 2011 with Dr Ken Harvey as the Main speaker.

May her life-long commitment to a worthy cause be an example for the younger activists to try and emulate.

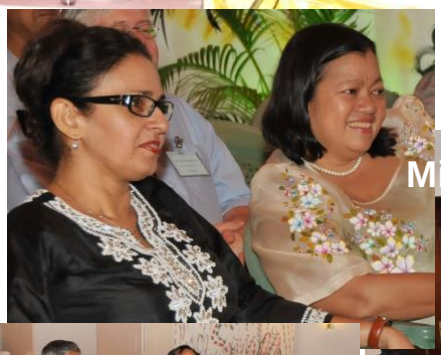
Prof KR Sethuraman

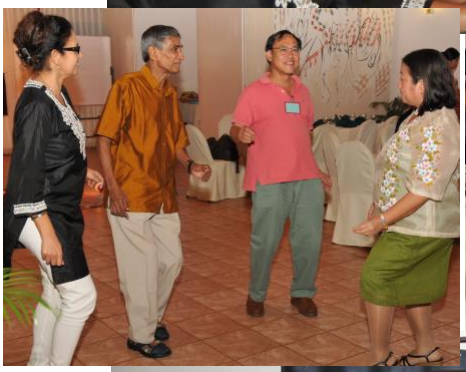


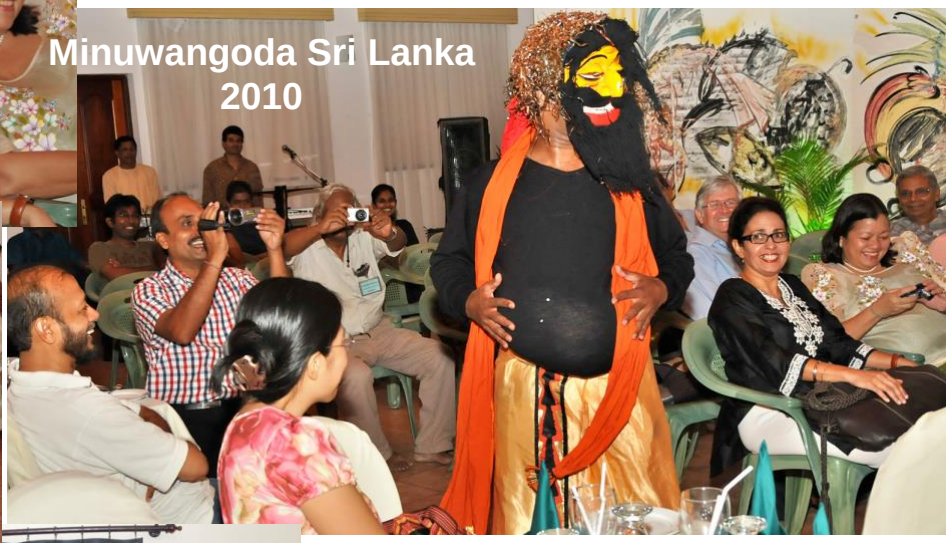
1993



2012






Minuwangoda Sri Lanka 2010


Retirement Presentation Tribute to Dr Bala from HAIAP members Minuwangoda 2010

Feature: Human Rights and the Rohingya Refugees

Compiled by Beverley Snell from acknowledged sources

Human Rights Day: December 10

December 2017 - the UN will begin a campaign to recognise the 70th anniversary of the Universal Declaration of Human Rights: 1948 – 2018.

Since the proclamation of the Universal Declaration of Human Rights in 1948, 'human rights have been one of the three pillars of the United Nations, along with peace and development,' said Secretary-General António Guterres in his message for Human Rights Day, annually observed on 10 December.

As 'one of the world's most profound and far-reaching international agreements,' the Universal Declaration proclaimed the inalienable rights of every human being regardless of race, colour, religion, sex, language, political or other opinion, national or social origin, property, birth or other status. It is the most translated document in the world, available in more than 500 languages.

Mr. Guterres noted that while human rights abuses did not end when the Universal Declaration was adopted, the instrument has helped countless people to gain greater freedom and security, and has also helped to prevent violations, obtain justice for wrongs, and strengthen national and international human rights laws and safeguards.

'Despite these advances, the fundamental principles of the Universal Declaration are being tested in all regions,' he said, citing rising hostility towards human rights and those who defend them by people who want to profit from exploitation and division.[8]

Health care of refugees and internally displaced persons

In the Lancet November 18, 2017. Michael Toole and Ron Waldman remembered the aftermath of the partition of India and Pakistan in 1948 and the health situation of the refugees and internally displaced persons. There had still been no advances in the management of the health of refugees when much later the humanitarian emergency resulting from the East Bengal cyclone in 1970. In both these cases and in all other cases in that era, reports described relief supplies and volunteers flooding in but no-one knew the magnitude of the losses and the needs, or the skills that were needed to help. International Disaster relief was guided by charity and emotions.

During the 1980s disaster relief began to shift to a competence based model with an epidemiological basis and quantifiable indicators for improvement in health and quality of life for those affected. It was recognised that relief workers need specific training. Trends could be monitored to determine if a relief effort was effective in meeting people's basic needs for food and nutrition, water and sanitation, shelter, and health care. This transition was most evident in the publication of the *Sphere Handbook*,[9] most recently published in 2011 and currently being revised, which defines ***humanitarian action as a human-rights-based discipline and suggests minimally acceptable standards of performance.***

10 basic needs have been defined.

- Initial assessment
- Measles immunisation
- Water & sanitation
- Food & nutrition
- Shelter and site planning
- Health care in the emergency phase
- Control of communicable diseases & epidemics
- Public health surveillance
- Human resources training
- Coordination - camp management.

And Health interventions have been defined

- health information systems
- diarrhoeal disease control
- measles immunisation
- appropriate curative care
  - maternal and child health
  - standard case management
  - essential medicines
- health worker training
- epidemic preparedness
- feeding programs if indicated.

[8] http://www.un.org/apps/news/story.asp?NewsID=58253#.WixqKbT1WgQ

[9] www.sphereproject.org/handbook/

Toole and Waldman say

'As distasteful as it might be, political interests, available funding, and other non-scientific factors will always be part of the humanitarian decision-making process. Yet, our work can only be accomplished if the evidence-based principles that are so fundamental to medicine and public health are given the greatest possible consideration in determining what gets done. In the practice of humanitarianism, however it might be defined, science is clearly not sufficient but is, more than ever, necessary.'

August 2017, Myanmar's military launched widespread and deadly attacks on the Rohingya ethnic minority living in Rahkine state.

Article 1 of the Refugee Convention as amended by the 1967 Protocol provides the definition of a refugee:

'A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.'

Rohingya Refugees: Call Them What They Are[10]

To assist governments and humanitarian agencies as they address the Rohingya refugee crisis, Human Rights Watch has issued *'Ten Principles for Protecting Refugees and Internally Displaced People Arising from Burma's Rohingya Crisis.*'[11]

The first is that the Rohingya people who have fled Burma should be presumed to be refugees. There is plenty of supporting evidence for this: the recent campaign of killing, rape, arson and other abuses (which Human Rights Watch has determined amount to crimes against humanity); the Burmese government's persistent pattern of gross rights violations against the Rohingya. Underlying all these abuses, including the latest atrocities, is the effective denial of citizenship for Rohingya, many whose families have lived in Burma for generations. This denial of citizenship has led to official restrictions on movement; limitations on access to health care, livelihood, shelter, and education; and arbitrary arrests and detention.

According to Human Rights Watch, honest acknowledgement by all concerned parties that these are 'Rohingya refugees' is the first step in a principled response that includes affirming their right to return.

Response to the Refugee Crisis

[12] The Syrian American Medical Society (SAMS) Global Response (SGR) Team landed in Dhaka, Bangladesh on September 18. On landing, they immediately identified other humanitarian aid workers.

In Cox's Bazar the following day, the local NGO representative for HAIAP Network Partner Gonoshasthaya Kendra (GK), Aklima Khatun, took the SGR team to Kutupalong refugee camp in Ukhia where they visited the GK clinic—a tent that resembled the shelters housing the Rohingya.

In an effort to document the needs, the SGR team conducted interviews with GK workers, volunteers, and refugees, about their experiences.

In their many evaluations, Dr Al Salem and Dr Kabir observed that the most common medical conditions included diarrhea, malnutrition, viral fevers with coughs and possible RTIs (Respiratory Tract Infections). For pregnant women, there was a scarcity of screenings for infectious diseases. The most pressing needs were clear: food, shelter, water and sanitation facilities, and healthcare.

GK intervention[13]

With UNHCR as the lead agency many experienced international and national organisations are contributing to the relief efforts for the Refugees – ultimately in a 3,000 acre piece of land known as Kutupalong Extension designated by the Bangladesh government to host the new arrivals. An estimated 605,000 refugees had arrived in Bangladesh until the beginning of October - since violence broke out in Myanmar's northern Rakhine state in late August.

Ahead of the move to Kutupalong, UNHCR developed a site plan for the hilly area and started building latrines and digging tube wells. Space had also been demarcated for partners to build facilities like community centres, health posts, schools and child-friendly spaces. UNHCR is

[10] Human Rights Watch November 14, 2017

[11] https://www.hrw.org/news/2017/11/07/ten-principles-protecting-refugees-and-internally-displaced-people-arising-burmas

[12] The Kutupalong - https://www.sams-usa.net/2017/09/25/observations-ground-rohingya-crisis-bangladesh/Re

[13] https://reliefweb.int/report/bangladesh/bangladesh-rohingya-refugees-moved-kutupalong-camp-new-site

partially funding the construction of a road near the site to improve access to refugees and speed up the delivery of assistance.

Gonoshasthaya Kendra (GK) has partnered with other organisations to assess and respond to the needs of the Rohingyas living in Bangladesh's refugee camps. They are also supporting the Bangladeshi government's efforts to provide medical care to the refugees, including primary and mental healthcare for those who have witnessed or experienced extreme violence. Along with national partners, Doctors of the World, GK has set up medical clinics in the camps and is currently serving around 700 patients a day.

It is likely that the needs of the Rohingya refugees will continue to grow. Almost 60% of the refugees are children, many of whom have become separated from their families or possibly orphaned. As many as 14,000 children in the camps are suffering from severe malnutrition, and more than 18,000 of the newly arrived women are pregnant.

Many Rohingya women and children are too traumatized to talk and try to hide their injuries or infections. To reach the most vulnerable women and children, community health workers (most of whom are women) are working on outreach activities to seek out those most in need of assistance in order to connect them to the health services they so desperately need.

As part of a needs assessment, SAMS Global Response (SGR) visited two camps housing Rohingya refugees with GK staff, to provide medical relief and assess the situation on the ground. GK staff are also responding to medical needs and provide the medications prescribed at other organisations' clinics.

The SAMS team observed that about 1 in 5 women in the camp were pregnant. They also heard that mortality rates were not being reported in an official manner. There were questions to which answers needed to be found.

During a walk around the camp with a GK volunteer, a SAMS team member asked 'How do the old and very ill get care? The clinic is so far.'

The yellow and red flags on tent rooftops were pointed out, and it was explained that GK doctors placed these flags on tents that house non-emergency patients.

GK's flag system is separated into two colours—yellow and red; yellow designates new-borns and pregnant women, while red designates other patients in need of continual care. GK paramedics use these flags to check in on patients on a frequent basis. Still, many of the Rohingya are too frail to walk to the clinics in the first place and some do not have friends or family to send for medical help on their behalf.

Bangladesh provides One-Stop medical services to Rohingya refugees

At the beginning of October the government of Bangladesh decided to provide enhanced medical facilities to the Rohingyas, The teams from Bangladesh army, in collaboration with the NGO teams would provide medical services to the displaced people.

The army medical teams would coordinate with all the other medical teams so different local and foreign NGOs were consulted. Dr Azizur Rahman Siddiqui said that all the relief distribution centres would be brought under One-stop Medical Service with all NGO teams and army medical corps in cooperation. Vaccine for different diseases including cholera would also be provided.

Cox's Bazar Sadar Hospital, Ukhia Upazila, Health Complex, Teknaf Upazila Health Complex, MSF Hospital and Ad-Din Hospital were all offering large-scale health facilities.

Some NGOs including BRAC and GK are giving free medicines to the Rohingyas apart from other medical services.[14]

The mental health toll of the Rohingya crisi[15]

Mental health support is not – to date - listed in the '10 basic needs'. However the Sphere handbook does include standards for the psychological support of refugees and it is included in the Protection Principles.[16]

'Safe spaces' are available for children, run by the local NGO Community Development Centre (CODEC) in partnership with the United Nations Children's Fund (UNICEF), as well as other similar spaces and schools in the refugee camps, allowing Rohingya children to interact with each other. According to UNICEF, about 60 per cent of the new refugee arrivals are children.

Initially, when teachers and outreach workers went door to door to tell parents about these spaces, many of the adults asked whether their children would be safe, explained Lutfur Rahman of CODEC. When the children first came, 'they didn't want to talk to each other, and they were also confused about whether this place would be

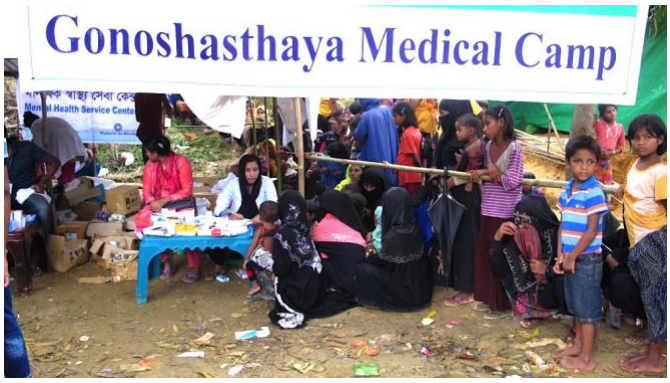
14 http://www.banglanews24.com/national/article/63987/Bangladesh-provides-One-Stop-medical-services-to-Rohingya-refugees

15 http://www.aljazeera.com/indepth/features/2017/10/mental-health-toll-rohingya-crisis-171010111603004.html

16 www.spherehandbook.org/en/how-to-use-this-chapter-5/

safe or not'. They were 'uneasy' when given paper and drawing materials, he said.

Mental health workers say refugees are suffering from flashbacks of violent, traumatic events, anxiety, agitation, acute stress, recurring nightmares, not being able to sleep, eat or even speak, and in more severe cases, being unable to look after themselves or their families.



At a mobile clinic in Kutupalong makeshift camp, Rohingya refugees receive medical and psychological care [Annette Ekin/Al Jazeera]

Outreach work

In Kutupalong makeshift camp, Gonoshasthaya Kendra, in partnership with Doctors of the World, runs a mobile clinic out of a tent.

On Saturday, September 30, Omar Faruk, a GK assistant clinical psychologist stationed at the post, went to conduct a group counselling session with another colleague. He recalled how, on a previous occasion when he was conducting outreach work, a small girl had started to cry when he entered the tent. When he asked the girl's mother why her daughter was scared, the woman told him that it was because of his pants. Rohingya men usually wear a lungi, a kind of sarong with a knot at the top where valuables are stored.

'These pants reminded her of the pants the military wears,' he said.

Faruk explained that they prefer working with larger groups as refugees are more comfortable speaking this way.

Inside a large tent, Faruk found 14 refugee women with their children and babies. He began by asking the women how they were, then, going around the circle, he asked them where they came from, what happened in their village and how it felt to leave everything behind.

'It feels like they're not burning our houses, it feels like they're burning us,' said Mariam, 23. Although no one in her immediate family died, she said some of her cousins were killed. When she goes to sleep, she said she imagines soldiers 'killing all my family members, my parents and they're killing Muslim people'.

'They would kill us [if we returned],' she said.

Omar Faruk, an assistant clinical psychologist with medical charity Gonoshasthaya Kendra working in partnership with Doctors of the World, conducts a group counselling session [Annette Ekin/Al Jazeera]

Chronic stress in camps

Cynthia Scott, a clinical psychologist and mental health activities manager at Médecins Sans Frontières says MSF's mental health programme is now scaling up. In her experience, she says, Rohingya do not seek help citing mental health problems, but their 'emotions or stress … present as a physical problem' like headaches or backaches.

'Most people, even if they've suffered these huge traumas, witnessing horrific things, they had to keep going just to get basic shelter, food and water and so the people presenting to us were the ones that could not manage that,' she said, adding that most people are able to eventually recover from the trauma.

The concern is where acute trauma begins to affect people's ability to function. She anticipates that in the next few months, as people start to settle into the camps, there will be 'more of the mental conditions that are lasting'.

For sound mental health, basic needs must be fulfilled, and then, normal everyday routines must be established, she said, stressing the need for special supported shelters and schools that will help children adjust.

Wayne Bleier, a child protection and psycho-social specialist at UNICEF says 'For now, the host community has been welcoming - That goes a long way for healing. People feel safe here."

But he points to the uncertainty of the future.

'What worries me here is refugees are in limbo, and they're not getting a clear message now as to what the future holds - and that wears on people.'

At present GK is working in Putibonia, Moinarghona, and Kotupalong health camps partnered with Médecins du Monde, France; Balukhali1 and Bagghona with Malteser International; Balukhali 2, Kotupalong DTC, Kotupalong Extension, Modhurchara, Lambasia, OOzone and Naya Para DTC with UNHCR; and in Moinarghona Maternity Centre with SAMS.

The TPP is dead….. *but*

From: https://theconversation.com/the-trans-pacific-partnership-is-back-experts-respond-87432

The latest incarnation of the Trans-Pacific Partnership (TPP) is said to have 'fewer bad bits'. But as experts point out, there's still a great deal wrong with, or missing from, the regional free trade agreement.

The new TPP is informally known as the TPP11, after the United States pulled out of the original 12-country bloc earlier this year.

While the agreement has not yet been finalised, the 11 trade ministers have released a statement saying that the 'core elements' have been agreed.

Twenty provisions from the original TPP have been suspended, but there are still a few areas to be worked out, including those relating to state-owned enterprises.

Concerning pharmaceuticals –
Deborah Gleeson and Belinda Townsend respond in *The Conversation*

Deborah Gleeson, Senior Lecturer in Public Health, La Trobe University, Belinda Townsend, Research Fellow, Australian National University:

The list of 20 items ministers have agreed will be suspended in the re-branded TPP includes several of the intellectual property rules for pharmaceuticals that were demanded by the US but deeply unpopular amongst the other TPP countries. These rules would have made medicines less affordable in the Asia-Pacific region.

Importantly for Australia, the provisions specifically targeting biologic medicines were on the list of suspended items. Our recent study found that this expensive class of drugs cost Australian taxpayers more than A$2.2 billion in 2015-16. Suspending the biologics rules means fewer barriers to making lower-cost treatments for conditions like cancer and rheumatoid arthritis available – at least for now.

Also suspended were rules requiring countries to provide patents for new uses, methods and processes of using existing products; extensions to patent terms; and what is known as 'data exclusivity' – monopolies on clinical trial data submitted to regulatory agencies like the [Australian] Therapeutic Goods Administration. These provisions would have primarily had an impact on developing countries, delaying access to generic medicines. They would also have cemented existing monopolies on new medicines in developed countries, including Australia – making it more difficult to reform patent laws in future.

There is no doubt that suspension of these rules is a positive development. But simply putting them on ice for later implementation if the US re-joins the accord could just mean delaying their effects until a later time.

Despite the suspension of these specific items, there remain other provisions in the intellectual property chapter that could reduce access to medicines in the region. A better option than freezing a limited list of selected provisions would be to remove, or at least suspend, the whole intellectual property chapter.

There are many other parts of the TPP that could affect health, which have not been suspended or renegotiated. One example is the TPP's alcohol labelling rules, which remain unchanged. These may create difficulties for countries wanting to mandate effective health warnings or other types of health information on alcohol containers.

Worse, there only seems to be some minor tinkering around the edges of the investment chapter being considered. The changes don't appear to affect the chances that claims could be brought by corporations against governments over health and medicines policies. It's a shame the TPP11's negotiators haven't taken the opportunity to exempt all health policies from potential investor-state disputes - tobacco control measures remain the only health policies that countries can elect to explicitly exclude.

There is still time for a more comprehensive reassessment of the TPP, including its likely impact on health and human rights: the agreement has not yet been finalised.

Suspending a small number of the worst provisions doesn't mean an agreement that is good for health.

Fixed Dose Combinations in India

News from Mira Shiva

In March 2016, 344 irrational fixed drug combinations were banned in India. We congratulated our colleagues who had been fighting for that outcome for so many years. Then before the end of the year the 344 FDCs had been 'unbanned' due to pressure from Pfizer[17].

Our Indian colleagues did not give up. They challenged that decision and eventually there was a hearing in the Supreme Court of India on 15th December, 2017. The matter has been referred to the Drug Technical Advisory Board to set up Committees to give reasons for banning and there will be a review of the 'unbanning' in 6 months.

[17] http://www.haiasiapacific.org/?s=Fixed+drug+combinations

CHOICE

Annual *Shonky* Awards

HAIAP's Australian Consumer Network Partner CHOICE gives annual name and shame awards to the ***'shonkiest'*** products and companies taking advantage of Australian consumers.

SHONKY: (adjective) Australian slang meaning 'unreliable, unsound, dishonest, poor or of dubious quality; shoddy'

Pain Erazor[18]

Award for dubious pain-relief claims

Ads for the Pain Erazor pen claim it offers drug-free pain relief through 'the science of electro-analgesia'.

If you call the 1800 number advertised a 'trained consultant' will call you back to discuss the details of the product, but not before they check if you'll be paying with Visa or MasterCard. They promise that the Pain Erazor works on everyone (except for those with pacemakers or who are pregnant) for anything from two hours to two days after you discharge an electrical current onto your skin up to 40 times.

The Pain Erazor website claims the pen works by exerting pressure on a quartz crystal which produces a tiny electric charge. Apparently this stimulates the body's endorphins to act as a natural painkiller. In reality, it's an awful lot like the kind of devices you use to light your stovetop or barbeque.

Who needs clinical information?

The instruction booklet doesn't contain clinical information, but does include a testimonial by a motorcycle stuntman.

We asked a 'trained consultant' on the phone if there were any clinical studies on the effectiveness of the device; we were told 'it's more like acupuncture rather than a medical device'. Although electric currents are sometimes used for pain relief – a process called transcutaneous electrical nerve stimulation (TENS) – there's still a lack of good quality evidence and more studies are needed to prove effectiveness.

Partners at Consumer NZ tested the Pain Erazor and found it delivered less energy than a TENS treatment session. Dr Brad McKay, a Sydney-based GP, says that 'Any subjective decrease in pain is more likely to occur from sheer boredom after clicking the device 30 to 40 times, rather than from the device itself'

Vitamin Gummies (Pharmacare)[19]

***Shonky* Award for claiming vitamin lollies are good for kids' teeth**

Some people can benefit from vitamin supplements, for example pregnant women, people on restrictive diets (such as those with allergies) and the elderly. For people who do need supplements, you don't have to be a health nut to realise that delivering vitamins via junk food is a terrible idea.

Yet this is exactly the premise behind vitamin gummies, the sticky, sugary lollies containing various supplements such as calcium and zinc. There are several brands of vitamin gummy products including Health Care and Penta-Vite, but the best known are from Bioglan and Nature's Way (both Pharmacare brands).

Nature's Way uses colourful cartoon characters to shout the health benefits of sugar-coated gummies to children. Bioglan typically uses animated characters like Disney princesses for girls or Spiderman for boys (even though both products are the same).

We also found the Nature's Way vitamin gummy products advertised on websites with content for children, such as the Disney Wiki. Using comics and animation to market an unnecessary kids' product for the 'worried well' is a pretty Shonky move in itself, but the health claims raise eyebrows even further skyward.

Several vitamin gummy products claim to be good for teeth. But despite any calcium (or any other vitamins) they may contain, getting sticky, sugary gum lodged in your mouth is, in fact, bad for teeth and could cause or contribute to tooth decay. Vitamin Gummy manufacturers typically don't even put the sugar content on the label, making it that much harder for people to know just how much sugar they're consuming.

We're not saying that children shouldn't enjoy lollies as a treat from time to time, but it's another thing to claim that those lollies are also good for teeth and health in general. It's like selling a cure with the disease except, since vitamin products have little to no benefit for children with healthy diets, we can't really call it a cure either. Instead, let's just call it what it is – Shonky candy aimed to tempt kids and trick parents so that big pharmaceutical companies can cash in.

[18] https://www.choice.com.au/shonky-awards/hall-of-shame/shonkys-2017/pain-erazor

[19] https://www.choice.com.au/shonky-awards/hall-of-shame/shonkys-2017/vitamin-gummies

WHO 20th Model List of Essential Medicines 40th Anniversary of WHO Essential Medicines Lists

http://www.who.int/medicines/news/2017/20th_essential_med-list/en/

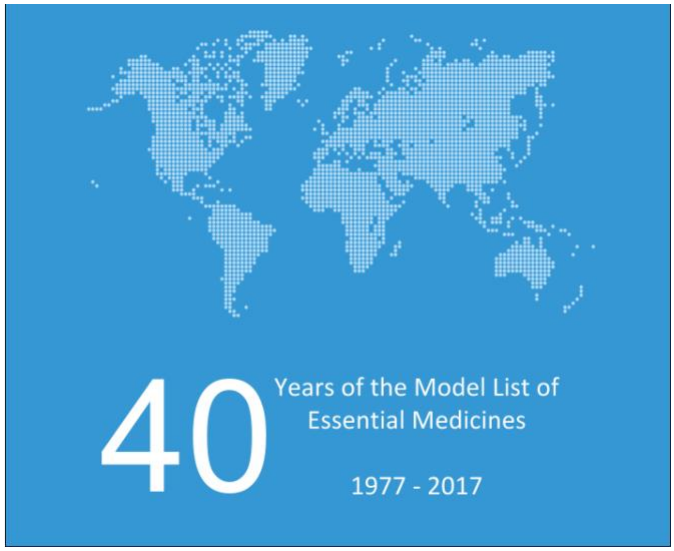
To improve access to drugs, since 1977, WHO has published a list of drugs that are considered essential for addressing the most important health needs globally. This WHO Model List of Essential Medicines is updated every two years, and the most recent update, the 20th WHO EML, marks the 40th anniversary of this flagship WHO initiative to expand access to medicines.

It includes a total of 433 drugs deemed essential. In an effort to tackle the growing threat of antimicrobial resistance (AMR), the 20th EML categorises antibiotics into three classes: access, watch, and reserve.

The first list was published in 1977 and the WHO updates the list every two years. The first list included 212 medications. The 14th list published in 2005 contained 306 medications. In 2015 the 19th edition of the list was published and contained around 410 medications.

A separate list for children up to 12 years of age, known as the WHO Model List of Essential Medicines for Children (EMLc), was created in 2007 and is in its 5th edition. It was created to make sure that the needs of children were systematically considered such as availability of proper formulations. Everything in the children's list is also included in the main list. The list and the notes are based on the 19th and 20th edition of the main list. An α indicates a medicine is only on the complementary list.

http://www.who.int/medicines/news/2017/20th_essential_med-list/en/



HAI Global
Overtoom 60 (2)
1054 HK Amsterdam,The Netherlands
info(at)haiweb.org http://www.haiweb.org

HAI Europe
Overtoom 60 (2)
1054 HK Amsterdam
The Netherlands
info(at)haiweb.org http://www.haieurope.org

HAI Asia Pacific
Penang Malaysia https://www.haiasiapacific.org

HAI Africa
P.O. Box 66054 - 00800 Nairobi Kenya Email: info@haiafrica.org Web: www.haiafrica.org

HAI Latin America (AISLAC)
AccionInternacional Para la Salud Apdo 41 – 128 Urb Javier Prado Ca. Mario Florian Mz 3 Lote 22 San Borja, Lima 41 Peru. Email: ais@aislac.org Web: www.aislac.org