April 2022

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 initially from Penang. In 1995 Health Action International Asia Pacific (HAI AP) was formed in the Asia Pacific Region as part of the international collaborative network 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.

In this issue

As part of the HAIAP May 29 Anniversary Proceedings in 2021 the **Olle Hansson Award** was revived and nominations were invited for 2022. The recipients were announced on World Health Day - April 7, 2022 - a very fitting day to announce the recipients of the Olle Hansson Award.

The 2022 Award is granted jointly to Ms Winnie Byanyima and Professor Mohammed Raouf Hamed. In addition we recognise retrospectively three very significant people who we have lost in recent years. We recognise Dr Amit Sengupta with the Award for 2018, Mr Martin Khor Kok Peng for 2019 and Dr Mohamed Azmi Hassali Ahmed for 2020.

A virtual Olle Hansson Award Ceremony will be held on May 23 (Olle Hansson day) linking Geneva, Cairo, Delhi and Penang – at 5 pm Penang time.

Invitations to register for the event will be sent at the beginning of May.

In this issue of *HAIAP News* we honour the 2022 Olle Hansson Award winners and the retrospective Awardees for 2018, 2019 and 2020.

This year World Health Day had the theme of 'Our Planet, Our Health'. Through this campaign, WHO urges governments and the public to share stories of steps they are taking to protect the planet and their health and prioritise the well-being of societies.

We share the international call for a People's Vaccine and Medicines Law and Policy provide an analysis of the WTO response to the call for a waiver for certain TRIPS provisions to facilitate equity of access to essential vaccines and technologies - particularly during the pandemic.

An update of the Thai 'RDU country' is featured.

The HAIAP anniversary book – **HAIAP at 40 1981-2021**

'A chronicle of health heroes, historic events, challenges and victories' will be available in May.

The Olle Hansson Award 2022

The World Health Day celebrated on April 7 every year, takes the theme this year: Our planet, our health. It is a very important message that escapes us most of the time: We are inherently connected to the planet. Our health and planetary health are linked in a holistic way.

The recipients of the Olle Hansson Award demonstrate the crucial qualities and the links to our health and our planet. This World Health Day is a very fitting day to announce the recipients of the Award.

The Olle Hansson Award had not been presented since 2008 and to mark the 40th anniversary of HAIAP, it was revived. It recognises the work of an individual from a low or middle income country who has contributed the most to:

- Promoting the concepts of essential medicines and their rational use, and access to vaccines
- Increasing the awareness among consumers of the dangers of irrational and hazardous medicinal drugs and unethical marketing.
- Supporting and promoting health for all and addressing the structural and human rights issues relating to health

The Award this year – 2022 – is granted jointly to Ms **Winnie Byanyima** and **Professor Mohammed Raouf Hamed.**

In addition we recognise retrospectively three very significant people who we have lost in recent years. We recognise **Dr Amit Sengupta** with the Award for 2018, **Mr Martin Khor Kok Peng,** 2019 and **Dr Mohamed Azmi Hassali Ahmed** 2020.

The Olle Hansson Awardees

Winnie Byanyima, Olle Hansson Award 2022

The Award recognises her tireless commitment to championing access to basic healthcare and health equity including essential medicines and technologies, especially in the world's most deprived regions throughout her illustrious career in many titles and professional positions; while continuing to address the structural and human rights issues within these spheres.

Deeply committed to basic healthcare as a human right, Winnie Byanyima has tirelessly used the many titles and professional positions of her career to champion access to basic healthcare and health equity especially in the world's lowest income regions.

Ms Byanyima's advocacy for affordable basic healthcare kicked into high gear with her tenure as Executive Director of Oxfam International between 2013 and 2019, when she was also appointed by then-UN Secretary-General Ban Ki-moon to the High-Level Panel for Access to Medicines. This Panel was established in 2015 to address policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies. She has always been a proponent of creating access to healthcare for all and has continued to address the structural and human rights issues within this sphere. Her concern is evident in Oxfam's response to the findings of the High-Level Panel's Report, which forcefully called for a new intellectual property regime for pharmaceutical products that would be consistent with international human rights law and public health requirements. Oxfam also called for a review of the TRIPS Agreement, a demand that Ms Byanyima has echoed in the recent past when she advocated and, jointly with various states, called for a *People's Vaccine* for COVID19 at the outset of the pandemic, see page 5.

Under her leadership as UNAIDS Executive Director, a new Global AIDS Strategy has been adopted. It focuses on ending the inequalities that drive new HIV infections and keep people away from services. In June 2021, the UN General Assembly adopted a Political Declaration. It recognized 'access to safe, effective, equitable and affordable medicines and commodities for all, without discrimination' as fundamental to the full realization of the right to health.

Her stance on free global distribution of the COVID-19 vaccines to everyone everywhere is based not only on the recognition that access to life-saving medicines is a human right, but also on the realisation that the withholding of vaccines from the low-income countries perpetuates gross inequalities.

Winnie Byanyima's fight for health equity is admirable and should be recognised. Her work in protecting the vulnerable through health promotion and her belief in creating and widely deploying affordable medicines, which she considers a human right's issue, will continue to save millions of lives in Africa and elsewhere. It is hard to think of anyone who, in this century, has achieved more toward – in the spirit of Dr Olle Hansson – 'promoting the concepts of essential medicines and their rational use, and access to vaccines, supporting and promoting health for all and addressing the structural and human rights issues relating to health.'

Also see Winnie Byanyima's Three ways to fight inequality
https://www.youtube.com/watch?v=OtxnIrsfty0

Mohammed Raouf Hamed

Olle Hansson Award 2022

The award recognises Professor Raouf Hamed's contributions to knowledge related to drug development, and the rational and safe use of medicines.

Understanding the challenges facing the pharmaceutical sector in developing countries, he exposed and confronted global structures and corrupted practices that impede equity and development, and focused on strengthening the broader aspects of policy, research and regulation in a range of countries in the Middle East and Africa.

Prof. Mohammed Raouf Hamed has adopted a futuristic approach while focusing on the diverse aspects of drug development, regulation and policy. He contributed to knowledge related to the rational and safe use of medicines, as well as pointed out the challenges facing the pharmaceutical sector in developing countries. In 1984, he flagged the absence of a drug policy in Egypt and started advocating for the development of one, as well as wider pharmaceutical reform.

As early as 1992, Professor Hamed was among the first to caution against the negative implications of the GATT negotiations on the pharmaceutical sectors in developing countries. Besides mobilising academics locally, he was the main lecturer on TRIPS and medicines at the World Forum on Globalisation and Trade in Beirut, organised before the Ministerial Conference of the World Trade Organisation in Doha in 2001. Thanks to this Forum, international civil society organised their efforts to defend access to medicines, leading to the adoption of the Doha Declaration on the TRIPS Agreement and Public Health. Shortly after, in 1994, Prof. Hamed worked on establishing a strategic research alliance among Egyptian pharmaceutical companies in response to TRIPS.

He pioneered several regulatory and research centres in Egypt, at the National Organisation for Drug Control and Research (NODCAR). He established the Laboratory of Drug Teratogenicity (1972); the Departments of Developmental Pharmacology (1984); and the Centre for Drug Bioavailability (1990) for bioequivalence studies and research, long before these studies existed in pharmacopoeias.

With these centres in place, research-oriented drug regulation developed in Egypt, ensuring the quality, safety and efficacy of medicines circulating in the market.

In parallel, his efforts exposed practices that hindered pharmaceutical development in Egypt calling for radical changes. This call was met with resistance by those whose interests were threatened and Prof. Hamed was subject to pressures which aimed at curbing the mandate of NODCAR. Unfortunately, these pressures led to his suspension in 1988, and his dismissal from the membership of the Board of Directors of NODCAR as well as expulsion from his position as Head of the Pharmacology Departments by a ministerial decision in 2008. These decisions were, however, met with strong societal and media condemnation because of Prof. Hamed's commendable contributions to the improvement of drug policies and the advancement of the pharmaceutical industry in Egypt at the time.

In Libya, Prof. Hamed contributed to the development of the curriculum of Faculty of Pharmacy at Al-Fateh (currently Tripoli) University in 1978-1983, and introduced the concept of essential medicines. He also led pioneering researches on capsaicin, the active substance in cayenne pepper which is a principal element of the Libyan cuisine, which led to discoveries about its protective role against the induction of gastric ulcers.

Prof. Hamed supervised 35 Master's and PhD theses awarded in pharmacology, and 165 applied drug research projects. His writings cover a wide range of areas, including books and book chapters, as well as numerous articles and studies in Egyptian and Arab newspapers, magazines and periodicals.

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Amit Sengupta

Olle Hansson Award 2018

Dr Amit Sengupta (1958-2018) led the struggle for the Right to Health and access to safe affordable good quality medicines from the forefront. Through his public presence and narrative skills he provided guidance for people-centred initiatives to highlight social justice and challenge the hegemony of profit oriented transnational pharmaceutical companies and the inequitable distribution of global wealth.

Amit Sengupta studied medicine at Maulana Azad Medical College (MAMC) in Delhi, and graduated in the early 1980s. MAMC is affiliated to the University of Delhi and run by the Delhi government. It is named after the Indian freedom fighter and first education minister of independent India – Maulana Abul Kalam Azad.

After graduating, he was attached to one of the four teaching hospitals linked to MAMC. However, according to colleagues he didn't fit in. Idealism came before himself. Within a week of starting a clinic near Sainik Farms, he is remembered as asking how could he charge the poor for treatment.

Soon after graduation, Amit was working in the Delhi Science Forum and was busy in the science popularisation movement. He was actively engaged with the All India People's Science Network of which he later became national General Secretary. He came to the health movement a little later. A national platform for science organisations in India had started in the late 1960s and that network interested Amit from his student days. The network had expanded by the 1980s and the Bhopal gas tragedy of 1984 created a situation for groups to work together against the abuse of science and technology.

Dr Amit Sengupta had a low-key private practice early in his career but basically gave up what could have been a lucrative career to work for people's health. He was passionate about people's access to health care and essential medicines. During the 1980s he remained in touch with Dr K Balasubramaniam and Dr Mira Shiva who were active in the All India Drug Action Network (AIDAN) and Action for Rational Drugs in Asia (ARDA). The Drug Action Forum (Karnataka) (DAFK), AIDAN, the National Campaign Committee for Drug Policy (NCCDP) and many other organisations filed a Public Interest Litigation (PIL) in the Supreme Court of India in 1993 praying for a ban on irrational and hazardous drugs. Amit represented the NCCDP and hearings went on for over eight years. The issue of banning hazardous and irrational drugs remains an ongoing issue.

Amit had connected with Dr Bala through the ARDA group, listing his affiliation as the NCCDP throughout the years he was associated with HAIAP. He became associated with the network that became HAIAP before he became involved in the movement that became the People's Health Movement (PHM) in 2000. Each year Amit provided detailed information to support the focal topics of HAIAP's regional consultations.

With the creation of PHM globally and its Indian chapter Jan Swasthya Abhiyan (JSA), Amit became deeply involved with understanding and addressing problems in health care due to globalisation. He coordinated the editorial group of the *Global Health Watch*, a people-centred initiative that highlighted social justice brought out by PHM, Medact and Zed Books as an alternative to WHO's *World Health Report*. Five editions of GHW were brought out with active engagement and coordination by Amit - reflecting his coordination and editing skills. Importantly, his work with GHW linked him with HAIAP members in their own countries.

Martin Khor Kok Peng

Olle Hansson Award 2019

Martin Khor was a staunch internationalist, an economist who pursued a lifelong struggle for a radical transformation of global economic relations, with knowledge, commitment and critical insight, while taking the side of the countries of the Global South and calling for globally equitable environmental policies and truly sustainable development. He relentlessly pursued the issues of antimicrobial resistance along with trade regimes, especially intellectual property issues, in the pursuit of equitable access to safe, affordable essential medicine and technologies in a strengthened, sustainable public health system providing universal health care.

Martin Khor (1951-2020) was the Third World Network's Chairman and former Director, and then he became Executive Director of the South Centre (March 2009 to June 2018). He had lived with cancer since 2015 and had worked even harder as the inspiring mentor, strategic and action-oriented thinker, indefatigable advocate and wonderful husband, father and grandfather that he was.

Martin leaves a huge void that will be difficult to fill. There is a rich legacy of successful battles and several ongoing ones to be continued by colleagues and associates in global civil society and the trade and justice movement. We cannot even begin to reach out to all of Martin's friends and supporters, young and old, who over the decades have marched with him to reject injustice and inequity among peoples especially of the South, and to defend nature again and again. In his memory let us all continue on the journey that Martin helped to chart. Martin was a wonderful human being and a huge support to all who are working in advocacy to promote equity and fairness in lower- and middle-income countries.

Anwar Fazal: *'We have lost Martin Khor, a rare public intellectual who spent his lifetime in serving the public interest on issues of economics, ecology and equity; his work with the Consumers Association of Penang (CAP) of which he was still Secretary; Sahabat Alam Malaysia (SAM) and the Third World Network (TWN). Most significant too, he served as head of the international South Centre based in Geneva, which promoted and protected the interests of the low income countries against global hegemony by imperial economic and geopolitical powers. Even Tun Mahathir, Prime Minister of Malaysia, invited Martin to brief the Cabinet, a rare thing for civil society activists. Although always appearing*

with a serious deep-thinking demeanour, he had a warm heart, as reflected in his most recent and last book which was titled The Secret to Happiness and dedicated to his granddaughter. Martin took his writing skills to the whole world. Malaysia and international civil society have lost an outstanding writer and activist.'

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Mohamed Azmi Ahmad Hassali

Olle Hansson Award 2020

Azmi Hassali (1974-2021) is recognised for major contributions to pharmaceutical sciences through research and education in the fields of social pharmacy, pharmacy practice research, pharmacoepidemiology, clinical pharmaco-economics and clinical pharmacy.

His community based research and education incorporated access to and use of appropriate affordable essential medicines and high focus on inappropriate use of antimicrobials to minimise antimicrobial resistance, while making a major contribution to the education of a new enlightened generation of pharmacists.

Azmi Hassali passed away at a very young age when he was making a major contribution to pharmaceutical sciences. He graduated with a Bachelor's Degree in Pharmacy from Universiti Sains Malaysia (USM) in the year 1998, followed soon after with a Master's Degree in the field of clinical pharmacy from the same university in 2000. For his outstanding performance, he was then selected to receive the Universiti Sains Malaysia Academic Staff Training Fellowship (ASTS) to pursue his PhD studies in the field of social pharmacy in Australia in 2002, consequently earning him a PhD by the Victorian College of Pharmacy at Monash University in Melbourne, Australia.

As a researcher, Azmi's main areas of expertise included the fields of social pharmacy, pharmacoepidemiology, pharmacy practice research, clinical pharmaco-economics and clinical pharmacy.

He was very active in the area of rational use of medicines, and promoted the understanding and use of generics. He fought continuously for the separation of prescribing and dispensing in Malaysia and for strengthening the role of pharmacists in medication management, pharmacovigilance and patient safety.

He was an innovative and resourceful educator inspiring his students with his own enthusiasm.

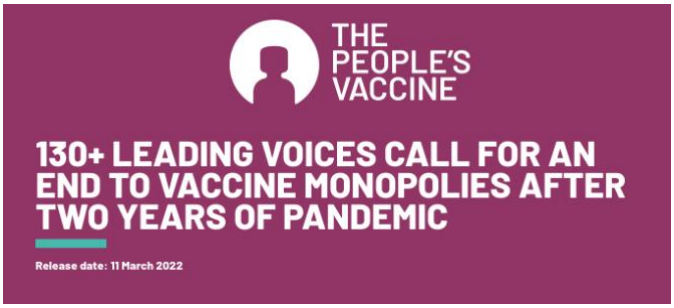
World Health Day April 7, 2022

The theme for World Health Day 2022 is 'Our Planet, Our Health'. Explaining how our political, social and commercial decisions are driving the climate and health crisis, the WHO states,

> *Over 90 per cent of people breathe unhealthy air resulting from the burning of fossil fuels. A heating world is seeing mosquitos spread diseases farther and faster than ever before. Extreme weather events, land degradation and water scarcity are displacing people and affecting their health. Pollution and plastics are found at the bottom of our deepest oceans, the highest mountains, and have made their way into our food chain. Systems that produce highly processed, unhealthy foods and beverages are driving a wave of obesity, increasing cancer and heart disease while generating a third of global greenhouse gas emissions.*

The history and significance of World Health Day

World Health Day is a WHO initiative to raise awareness about the overall health and well-being of people across the world. Back in 1948, WHO organised the first World Health Assembly which called for the creation of a 'World Health Day'. Two years later, in 1950, the first World Health Day was celebrated on April 7 and since then, it is observed every year on the same day with a unique theme. April 7 also marks the anniversary of the founding of WHO in 1948.



https://amnestynepal.org/press_release/peoples-vaccine-alliance-130-leading-voices-call-for-an-end-to-vaccine-monopolies-after-two-years-of-pandemic

More than 130 former world leaders, Nobel laureates, leading scientists, economists, humanitarians, faith leaders, business leaders, trade unionists, and celebrities are calling for urgent action to vaccinate low and middle-income countries and bring an end to the COVID-19 pandemic, in a letter coordinated by the People's Vaccine Alliance. Among the voices is Winnie Byanyima, recipient of the 2022 Olle Hansson Award.

The authoritative voices united on the second anniversary of the World Health Organization's (WHO) declaration that the COVID-19 outbreak had become a pandemic. They urge world leaders 'to do what is necessary to end this crisis' and unite behind a People's

Vaccine, based on the principles of equity and solidarity; accessible to everyone, everywhere; and free from patents and profiteering.

They warn that 'despite what some leaders in wealthy countries would like us to believe, the pandemic is not over'. But an end to COVID-19 is 'within our grasp', they say, if we give 'everyone, everywhere access to safe and effective vaccines and other life-saving COVID-19 technologies'. The letter's signatories include H.E. Samia Suluhu Hassan, current President of Tanzania, and the former leaders of more than 40 countries.

Some of the world's most senior women leaders, including Ellen Johnson Sirleaf, former President of Liberia and Africa's first elected female head of state; Joyce Banda, former President of Malawi; Graça Machel, former First Lady of South Africa and Mozambique and founder of the Graça Machel Trust; Mary Robinson, former President of Ireland; Helen Clarke, former Prime Minister of New Zealand; and Vaira Vike-Freiberga, first female President of Latvia and Eastern Europe and Co-Chair of the Nizami Ganjavi International Centre.

Condemning the approach of certain world leaders so far as 'immoral, entirely self-defeating and also an ethical, economic and epidemiological failure', they warn that leaving billions of people unvaccinated risks leading to dangerous new variants COVID-19.

Failure to vaccinate the world so far is down to 'self-defeating nationalism, pharmaceutical monopolies and inequality', the leaders say, which have led to the 'avoidable' milestones of two years and an estimated twenty million deaths from COVID-19.

They criticise the European Union, the United Kingdom, Germany and Switzerland for continuing 'to block the lifting of intellectual property rules which would enable the redistribution and scale-up of COVID-19 vaccine, test and treatment manufacturing in the global south'.

India and South Africa first proposed an intellectual property waiver at the World Trade Organization (WTO) in October 2020, which is supported by more than 100 countries. The United States announced its support for a waiver in May 2021, but British and European opposition led by the UK and Germany has prevented the WTO from reaching a consensus.

It comes as People's Vaccine activists hold die-ins and rallies on nearly every continent, urging world leaders to end Big Pharma's monopoly grip on COVID vaccines, tests and treatments needed to save lives and prevent the next variant.

Joyce Banda, former President of Malawi, said:

'Let us be clear: this pandemic is far from over in Africa and across the world. We are seeing, with each day, thousands of avoidable deaths. We are seeing women and girls being disproportionately impacted by the pandemic, through lost educational opportunities, domestic violence, and economic hardship. We must recapture the spirit of solidarity to end the suffering and create a better future. That starts now with ending these callous pharmaceutical monopolies on COVID-19 vaccines, so Africa and the world can tackle this crisis and the next.'

Ban Ki-moon, former Secretary-General of the United Nations, said:

'Rich country leaders are protecting pharmaceutical monopolies on COVID-19 vaccines, diagnostics and therapeutics over the health and lives of billions of people. And we can only imagine how damaging a new profoundly lethal variant could be for everyone on the planet. That is why this is a historic test of multilateralism. It truly affects us all. And, if world leaders can't rise to the challenge of vaccine equity, they diminish hope that they will rise to the existential challenge of tackling the climate crisis.'

Winnie Byanyima, Executive Director of UNAIDS, said:

'The heartbreaking tragedy of our era is that the remarkable innovations of COVID-19 vaccines and treatments have been withheld from so many. Just as people today remember the terrible injustice with antiretrovirals for HIV, when 12 million lives, most of them in Africa, were needlessly lost while lifesaving medicines remained out of reach for the global South, our children will not forgive those who denied billions of people the chance of life-saving COVID-19 vaccines. On the second anniversary of this pandemic, we make our plea to rich nations above all. Please, insist the vaccine recipes are shared. Please support developing countries to vaccinate everyone, everywhere. A people's vaccine.'

Winnie Byanyima condemns global 'vaccine apartheid' on ABC radio

January 31, 2022: Speaking on Australian ABC Radio National's *The Money*, Executive Director of UNAIDS **Winnie Byanyima** has condemned global vaccine apartheid, saying that leaders of rich countries are 'sitting back and watching a handful of companies creating billions for themselves, as people die and as the virus mutates and continues to spread.' [1]

'The leaders of big countries have left key decisions on supply and distribution in the hands of a handful of pharmaceutical companies, and most of them have gone for the highest profit.'

'What has happened is the leaders of rich countries have allowed [companies like] Pfizer, Moderna, to make a thousand-dollar profit per second while hiding behind monopolies, artificially restricting the supply of vaccines,

[1]https://journals.sagepub.com/doi/full/10.1177/0141076817750 55

and while making themselves billions instead of vaccinating billions.'

Winnie Byanyima called on all member states of the **World Trade Organisation (WTO)** to support a waiver on patent monopolies over COVID19 vaccines, saying: 'We still see some European countries, such as the UK and Germany, holding out. We need them to come behind this resolution so there is no legal impediment for any country to produce [vaccines].'

Open Letter to Merck Sharp and Dohme Corporation

No molnupiravir patent in Thailand - what right would Merck exercise to block the importation?

16th March 2022
Thai AIDS Access Foundation
Thai Network of People Living with HIV/AIDS (TNP+)
FTA Watch
Drug System Monitoring and Development Centre
The Rural Pharmacist Society
Drug Study Group

- *Molnupiravir is a medicine that was researched and developed by one of the universities in the United States with a budget sponsored by the US government, which came from taxes of American citizens. The research right has been sold to a multinational drug company for the purpose of further development in COVID-19 treatment.*
- *After completion of drug registration in the United States, the corporation succeeded in making a deal with the US government to sell molnupiravir at the price of USD 700 per treatment (approx. THB 20,000), while the total cost of production including profits and taxes should not exceed USD 20 per treatment (approx. THB 600).*
- *Thailand has ordered this drug from the multinational drug company at the price of USD 300 per treatment (approx. THB 10,000), while the generic-drug companies in India manufacture and sell at the price not exceeding USD 16 per treatment (approx. THB 500).*
- *There is no patent application of molnupiravir filed in Thailand. So, it means that Thailand can import generic drugs at a lower price. However, there is duress to block the importation of the generic drugs.*

Why do we need access to molnupiravir?

During the past two years, countries around the world have been facing the pandemic of COVID-19. Until today, the global COVID-19 infection rate has exceeded 457 million people and there are more than 6 million deaths. In Thailand, more than 3.1 million people have been infected and over 24,000 died. In fact, the actual infection rate is much higher than that. Although Thailand has provided 2 shots of vaccination, until 11 March 2022, to 71.4% of the population in Thailand, and only 30% in Thailand who received a booster shot.

Providing COVID-19 vaccine seems to be insufficient to cope with the pandemic situation, vaccines provided have a limited efficacy in stopping the spreading of the coronavirus. Even though the vaccines are able to decrease rates of the severe illnesses, there are still a lot of people who have not been vaccinated. New strains of COVID-19 continue emerging and the vaccines currently available may have limited efficacy in preventing the new variants' infection

Therefore, the drugs that can treat COVID-19 patients who have mild and moderate symptoms are crucially needed, as they can assist in decreasing the bed occupancy rate in the hospitals and the burden on the hospital staff who are becoming burnt out from providing healthcare services.

One of the drugs mentioned that has been used globally to treat COVID-19 is molnupiravir. WHO has recommended that this drug be used as a treatment for non-severe COVID-19 patients with the highest risk of hospitalisation. It is the drug that public health agencies in many countries also recommend to be used.

Who invests in the research and development of molnupiravir?

Molnupiravir is the drug that Emory University researched and developed in 2013 - 2020 with the funding support of USD 35 million from the US government (from US citizens' taxes). The results of research showed that molnupiravir is able to treat influenza. Emory University's research was sold and transferred until it landed in hands of the multinational drug company, Merck Sharp & Dome, known as Merck or MSD. Merck conducted further clinical trials and adapted the drug for COVID-19 treatment in 2021.

In June 2021, the US government made a purchase deal of molnupiravir with Merck for approximately 1.7 million doses at the price of USD 1.2 billion (THB 36,000 million), which means that the average cost of treatment per patient would be approximately USD 712 (THB 21,360).

How much does it cost to produce molnupiravir?

In October 2021, Harvard University in the US, with King's College Hospital in the UK, published the report on the cost of production of molnupiravir. The study showed that the cost of producing one 200 mg. tablet is USD 0.44 (THB 13) and the cost of treatments per patient for the duration of 5 days are USD 17.74 (THB 532). When including profits and taxes, molnupiravir should not be priced over USD 20 US dollars (THB 600) per treatment.

Therefore, it is obvious that Merck has sold molnupiravir to the US government 35 times higher price than it should be, in spite of the research and development of

molnupiravir being funded by the US government from the US citizens' taxes.

Making an image or promoting access?

In October 2020, Merck issued the voluntary licensing measure through the international organization, Medicine Patent Pool (MPP). With this measure, Merck allowed eight generic pharmaceutical companies in India to produce and market the generic versions of molnupiravir at a lower price than the 105 low- and middle-income countries without being deemed as patent infringement. However, the agreement does not include Thailand and many other developing countries that are encountering the crisis of no or insufficient COVID-19 medicines.

Many of the generic drug companies in India, regardless of inclusion in the Merck-MPP voluntary licensing agreement, are able to produce and supply molnupiravir at the same quality as Merck produces at the price of only USD 12 – 14 per treatment.

There is no patent granted in India yet.

No patent in Thailand …so how can it be infringed?

Although Thailand is not on the Merck-MPP voluntary licensing's eligible country list, the civil society organisations in Thailand that are working to promote access to medicines have researched the patent status and found that Merck did not file for patents for molnupiravir in Thailand.

Later, the civil society organisations sent an enquiry letter to the Department of Intellectual Property, Ministry of Commerce on 14th September 2021 about patent applications filed for molnupiravir, and the Department of Intellectual Property replied on 16th December 2021 that there was no patent application filed for monupiravir in Thailand.

Furthermore, on 12th December 2021, the civil society organizations had sent a letter to the Minister of Public Health to inform him that molnupiravir does not have any patent application filed in Thailand. Thailand can import or manufacture molnupiravir without it being considered an infringement of the patent. They also asked the government to conduct price negotiations with Merck for the purchase of originator molnupiravir to get the lower price for the emergency use during the period while the generic drug is as yet unavailable in Thailand.

From the news published in the media in November 2021, Thai government approved the procurement of 2 million tablets of molnupiravir with the budget of THB 500 million from Merck. With this deal, the treatment price could be averaged to THB 10,000 per patient (approx. USD 300). However, the study of Harvard University showed that treatment should not cost over THB 600 per patient (USD 20), and generic molnupiravir produced in India is sold at prices lower than THB 500 per patient (USD 16).

Until now, Merck has not delivered molnupiravir to Thailand.

Profiting from people's lives regardless of morality

From aforementioned incidents, it shows that Merck has taken advantage of the global COVID-19 crisis to make huge profit while countless people are getting sick and dying due to inhumanly high pricing of the medicine. Merck revealed to the international media that they have gained profit from selling molnupiravir in the last quarter of the year 2021 around USD 952 million and they expected to have income of USD 5-6 billion from selling the medicine.

In addition, Thai civil society organisations received information on 10th March 2022 that there was a person who claimed to be working for Merck, calling a local pharmaceutical manufacturer and threatening to file a lawsuit against them if they produced or imported generic molnupiravir by claiming that it infringed Merck's intellectual property rights of molnupiravir. However, that person failed to provide details of how it infringed the intellectual property rights.

Petition to MSD

The civil society organisations in Thailand working to promote access to medicines share this open letter to the public for the purpose of:

1. Inquiring of Merck Sharp and Dohme whether they had assigned anyone to call and threaten any pharmaceutical manufacturer in Thailand to prevent the production and/or the importation of generic molnupiravir, and

2. Requesting MSD to reveal all the patent application numbers, related to molnupiravir, which has been filed or will be field for patents in Thailand.

We believe that the local pharmaceutical industry has no intention to infringe any intellectual property rights (IP) related to molnupiravir and has been complying with international and domestic IP laws.

Local pharmaceutical industry has an important role in being responsible for the country's medicine security and promotion of access to essential medicines - especially amid the COVID-19 crisis. They are required to produce and/or import quality and affordable molnupiravir to be available for saving lives of Thai people so that the country does not need to rely on Merck's exorbitant-price molnupiravir that patients cannot access and the national health insurance schemes are unable to procure for all the patients who need it. Taking an enormous profit regardless of people's lives during a health crisis is an inhumane act. Using legal threat without any grounds or vague grounds in order to hinder access to affordable medicines to save people's lives truly reiterates the greed and inhumanity of the perpetrator.

Proposed TRIPS waiver a hollow diplomatic compromise with little practical impact

Medicines Law & Policy (ML&P) April 12, 2022

ML&P have provided a very detailed analysis of the meaning of the deliberations going on at the WTO concerning use of waiver of certain provisions of the TRIPS Agreement for the duration of the pandemic.

https://medicineslawandpolicy.org/2022/04/proposed-trips-waiver-a-hollow-diplomatic-compromise-with-little-practical-impact/

In October of 2020, nine months into the pandemic, India and South Africa proposed at the World Trade Organization's Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS) a temporary waiver of certain provisions of the TRIPS Agreement for the duration of the pandemic. The WTO Members have so far failed to make any meaningful progress.

In mid-March 2022, a draft decision text – cobbled together by the European Union, South Africa, India and the United States – became available. The draft contains many of the characteristics of the EU proposal of October 2021 which, at the time, we assessed as 'meaningless'. WTO Members are currently mulling over the draft agreement and pressure is mounting for them to sign up for it. Some have hailed this text as a breakthrough, including WTO Director General Okonjo-Iweala, who called it 'a major step forward'.

But many have questioned its limited scope (only on vaccines, not therapeutics), as well as additional requirements which make it ill suited to the size of the response needed.[2] [3] [4]

IP rights holders also seemed dissatisfied, as is generally the case when patents are pointed out to be a barrier to medicines access.

Here is ML&P's take.

The draft agreement proposes a 3 or 5-year limited waiver of some TRIPS requirements related to compulsory licensing and aims at increasing supplies of COVID-19 vaccines to developing countries through the use of compulsory licences. The waiver could only be used by 'eligible members', which are defined as developing countries which 'exported less than 10 percent of world exports of COVID-19 vaccine doses in 2021'. This would exclude China according to the IMF tracker.

The draft agreement is therefore very far from the original waiver proposal, which aimed at providing manufacturers of any COVID-19 technology the freedom to manufacture, without fear of legal actions as a result of patent infringement. Under this draft agreement, manufacturers of COVID-19 vaccines will remain dependent on case by case Government decisions and the status quo is maintained for manufacturers of other COVID-19 technologies.

While the text aims to clarify TRIPS Article 31, which outlines under what parameters a patented technology can be used without permission of the patent holder, and waive some of its limitations, it does only the bare minimum and creates some troublesome precedents.

Paragraph 2 of the draft agreement intends to clarify and facilitate the use of TRIPS Article 31 as it says that Members may issue compulsory licences (CL) through any type of instrument, 'whether or not a Member has a compulsory licence regime in place'. However, TRIPS does not prescribe what type of instrument should be used to issue CL and in other fields of infectious disease, issuing compulsory licences and government use decisions in a variety of ways, is a longstanding practice. See our TRIPS Flexibilities Database[5] for details. So in practice this provision provides no additional flexibility.

Paragraph 3(a) that intends to clarify or provide a waiver to TRIPS Article 31(a) rather creates some uncertainty in that it states that Members 'may issue a single authorisation' covering several patents related to a COVID-19 vaccine but also states that 'the authorisation shall list all patents covered', which is not a requirement of TRIPS Article 31(a) now and is very difficult to do.

Paragraph 3(b) only repeats TRIPS Article 31b without adding any clarification. TRIPS Article 31b waives the obligation of Members to have prior negotiations with the right holder in the case of a national emergency or other circumstances of extreme urgency. Para 3b of the waiver is only clarifying that COVID-19 constitutes an emergency, which so far has not been questioned by anyone.

Paragraph 3(c) may be the only true new waiver of this text, in that it waives the restriction of TRIPS Article 31(f) which limits exports under compulsory licences by prescribing that a CL should be predominantly for the domestic market. This limitation has been subject to years of discussion after the adoption of the Doha Declaration on TRIPS and Public Health in 2001, and led to an amendment of the TRIPS Agreement in 2017 See: special-compulsory-licences-for-export-of-medicines. [6]

[2] https://www.barrons.com/articles/advocates-poured-effort-into-a-proposal-to-solve-vaccine-inequity-the-payoff-is-unclear-51648237296

[3] https://msfaccess.org/why-were-asking-governments-reject-leaked-text-covid-19-wto

[4] https://theconversation.com/why-a-leaked-wto-solution-for-a-covid-patent-waiver-is-unworkable-and-wont-make-enough-difference-for-developing-countries-179642

[5] http://tripsflexibilities.medicineslawandpolicy.org/

[6] https://medicineslawandpolicy.org/2017/04/access-to-medicines-amendment-of-the-wto-trips-agreement-hype-or-hope/

This paragraph clarifies that Members 'may allow any proportion' of the CL to be exported. Exports are however limited to developing countries only. This means that the existing restriction on some HICs to import from a CL issued under TRIPS Article 31 (bis) remains and that EU countries without manufacturing capacity remain forced to source COVID-19 vaccines from the patent holders.

Paragraph 3e refers to the WHO guidelines for Non-Voluntary Use of a Patent on Medical Technologies published in 2005, as a useful reference for determining what should be an adequate remuneration in accordance with the requirements set out in TRIPS Article 31h (which requires that patent holders be compensated in the case of a CL). While this is useful, referring to a 17 year old document is hardly the kind of decisive and innovative measure one would need from the WTO in the face of a global pandemic. Indeed, countries, for example Ecuador, have used the WHO guidelines when issuing CLs medicines patents in the past. [7]

Paragraph 4 of the proposed solution clarifies that provisions of TRIPS Article 39.3 on the protection of pharmaceutical test data, which some Members have implemented as data exclusivity, should not hamper the effective use of CL to increase access to COVID-19 vaccines in the eligible countries. This paragraph could potentially be a helpful clarification and it is noteworthy that some national laws such as in Chile, Colombia, and Malaysia already contain a data exclusivity waiver in case of CL. This provision, however, should not be confined to 'the eligible countries' alone. For example, the absence of a data exclusivity waiver in the EU pharmaceutical regulation was also identified as a barrier to the effective use of CL by the chair of the Dutch Commission on Compulsory Licensing in his report of June 2020.

The last sentence of the draft solution instructs Members to decide on the extension of this decision to the production and distribution of COVID-19 diagnostics and therapeutics within six months. This is potentially significant. It is, however, not clear why such a decision should be postponed since therapeutics have become available. Recently approved COVID-19 therapeutics have been licensed to the Medicines Patent Pool. If this extension is approved, developing countries excluded from the MPP licence should be able to issue CLs to manufacture, import or export affordable generics versions of COVID-19 antivirals with less political pressure. However the notification obligation contained in paragraph 5 will raise concerns among Members, in particular because issuing a CL under article 31 has not before been subject to a notification obligation. Based on past experience it is fair to say that such a notification may provoke political and trade pressures to abandon the CL.

The draft agreement reaffirms the existing right of developing countries, except China, to issue a CL to manufacture, import or export Covid-19 vaccines. This is a right that under TRIPS all WTO Members already have, so one could say that this draft introduces limitations to the use of a CL by identifying a list of eligible countries. All the while, the draft agreement fails to address the elephant in the room, namely: ensuring that know-how related to vaccine technology is shared in order to enable timely production of quality assured products.

Conclusion

In conclusion, a pandemic TRIPS waiver needs to offer significantly more options to WTO Members than they have currently under TRIPS to deal with IP challenges to access and manufacture pandemic counter measures. This draft agreement does not meet that test. It risks being hailed as a diplomatic victory in Geneva but with little practical consequences elsewhere.

Why it is hard to trust trials sponsored by drug companies

Call for unconditional access to trial protocols

Australia Doctor https://www.ausdoc.com.au/news/why-it-hard-trust-trials-sponsored-drug-companies

29th January 2018 [8]

Scepticism about industry-sponsored drug trials will change only if there is unconditional access to trial protocols, argue a team of independent researchers.

Many drug companies are withholding information on trial protocols, they write in the Journal of the Royal Society of Medicine.

Half of the commercially sponsored trial protocols in their study contained redactions[9], and they say it took three years to receive all 78 protocols requested, despite approved access from local ethics committees.

Companies that withheld information included Sanofi-Aventis, Merck Sharp & Dohme, Novo Nordisk, Bayer, and GlaxoSmithKline, they write. Those that supplied unredacted protocols included Abbott, Pfizer and Eli Lilly.

'The quantity of redactions in the protocols we received was so vast that it made them rather useless for research purposes, for example for assessing the ethical justification for the studies and to identify discrepancies

[7] http://tripsflexibilities.medicineslawandpolicy.org.

[8] https://www.ausdoc.com.au/news/why-it-hard-trust-trials-sponsored-drug-companies

[9] **Redaction** is a form of editing in which multiple sources of texts are combined and altered slightly to make a single document. The word is also used in the different sense of removing sensitive information from a document, also known as sanitisation.

with subsequent publications,' write the investigators, led by Dr Peter Gøtzsche, director of the Nordic Cochrane Centre.

The redactions were most widespread in those sections of the protocol where there is empirical evidence of substantial problems with the trustworthiness of published drug trials. The researchers say they could not identify any legitimate rationale for the redactions.

'Reproducibility, and meticulous checking of the results and the risk of bias, also by people not involved with the research, and comparing what was published with what was planned, are essential elements in science,' they write.

'When this is not possible, science ceases to exist.'

Together, we can make it happen

We all have a role to play to ensure that our health and care workforces are supported, protected, motivated and equipped to deliver safe health care at all times, not only during COVID-19

Feature: The Thai 'RDU country' project: An update

Penkarn Kanjanarat (Chiang Mai University)
Naphaphorn Puripunyavanich and Nucharin Tomacha (Thai Food and Drug Administration)

Acknowledgement: ISIUM 7 March 2022

The members of the ISIUM Expert Group for the Thai 'RDU country' movement are:
Mary Murray, Australia. Mary Hemming, Australia.
Libby Roughead, Australia. Tracey Laba, Australia.
Budiono Santoso, Indonesia. Dulce Calvo Barbado, Bolivia.
Gerel Dorj, Mongolia. Kathleen Holloway, UK. Hans Hogerzeil, Netherlands.

For more than 45 years, the World Health Organization and member states have been working to make sure that people have access to essential medicines of good quality, and that they are used rationally. Ever since 1981, Thailand has had an ongoing program, based on its national list of essential medicines, to promote the rational use of medicines. In 2014, the Ministry of Public Health in Thailand adopted a rational drug use (RDU) hospital guideline and incorporated it into its excellent service strategic plan under the 20-year National Strategy for Public Health (2018-2037). As a result of that, health professionals throughout Thailand became very familiar with the term 'RDU'.

In 2018, Thailand's National Medicine System Committee introduced the concept of an 'RDU country'. This idea involves the engagement of all relevant stakeholders at all levels – from up-stream (manufacture and regulator levels) to mid-stream (health services and health professional level) and down-stream (patient or civil society levels) – to work collaboratively towards one unified goal.

Challenges facing achievement of rational use of medicines:

Some of the biggest challenges in trying to achieve rational use of medicines are to manage the influences of the private sector, and non-health sectors, e.g. the agricultural sector. The aim is to implement this policy in at least 50 percent of provinces. To achieve this, it is proposed that 5 strategies be used in the context of Thailand's health system, including:

- proactive hospital-based surveillance
- active community-based surveillance
- community participation
- good private sector, and
- RDU literacy.

New structures have been established at provincial and district level to coordinate activities associated with improving medicine use, capacity is being increased, and results of the projects are being monitored. In addition, there have been discussions around the designs of health systems and how they influence rational use and safety of medicines, with the concepts being introduced and promoted to local health professionals.

Currently, private hospitals and clinics are invited and trained to participate in the 'RDU hospital' project. 'RDU drugstore' projects have been introduced at provincial and district level, dispensing guidelines and tools are being distributed, and the Good Pharmacy Practice policy that stipulates that a pharmacist must be present whenever a pharmacy is open, is being enforced. Community engagement has commenced through health volunteers, community leaders and local health authorities

In 2020, Thailand approved a national health assembly resolution for Thailand to adopt as national policy the implementation of community-centred system management to become an 'RDU country'. This move reflects the bottom-up policy process which creates ownership of 'RDU' by stakeholders. Immediately after the ISIUM Bangkok Conference in January 2020, a workshop on the 'RDU country' concept was held as a side meeting to the Prince Mahidol Award Conference. The National Drug Policy Division under the Thai Food and Drug Administration (FDA), as the secretariat of the National RDU Sub-committee, invited ISIUM to form an expert group to work with the Thai committee to develop a draft resolution for the World Health Assembly. The members of the Thai RDU Country Working Groups and the members of the ISIUM Expert Group are set out below. The original intention was to have a resolution ready for presentation to the 2022 World Health Assembly, and a draft background document for a resolution was duly prepared early in 2021. The ISIUM Expert Group provided comment on this in May 2021, but unfortunately, the COVID-19 pandemic and other high priorities got in the way, and the target is now the 2023 World Health Assembly.

The Thai 'RDU province' project

In 2022, the Thai Ministry of Public Health advocated an 'RDU province' policy – an adaptation of the 'RDU country' policy that is based at the district/provincial level. The Health Administration Division of the Thai FDA, and the Department of Health Service Support are key organisations, and they collaborate to implement the 'RDU province' policy. In this model, the 'RDU' concept is extended from the public hospital setting to other health and non-healthcare settings.

The objective is to encourage the rational and safe use of medicines in all public and private health services and facilities and to address age-old problems associated with drug use in the community in a sustainable way.

'RDU country'

The operational definition of 'RDU country' used in Thailand is: 'healthcare professionals have the knowledge, attitude, and behaviours to provide appropriate services to patients, and patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community, including people are literate and self-medicate as necessary, which reduces the hazards associated with pharmaceuticals and health products'. This definition has been broadened to include medicines used in the agricultural sector.

Community Advocacy Program for AMR in Kerala

ReAct Newsletter Vol 2, Issue 1, Jan-Mar 2022

Over-the-counter (OTC) sale of antibiotics through pharmacies is one of the leading causes of antibiotic misuse, especially in Low Middle-Income Countries(LMICs). Tackling over-the-counter (OTC) sale is critical in the fight against antibiotic resistance and there is a need to pilot innovative interventions in places where the regulatory structures are weak.

As a part of the Antibiotic Smart Communities project, ReAct Asia Pacific has been engaging a rural community in the state of Kerala, India. As a part of the implementation efforts, an indicator framework to measure 'antibiotic smartness' was developed through a global consultation process and the same was applied in the community context. Over-the-counter antibiotic misuse was found to be one of the critical issues in the region and the mobile application was launched in response to this need. The Minister of Health and Family Welfare, Government of Kerala, Mrs. Veena George launched the 'comRADe' mobile application in an online event organized by ReAct Asia Pacific on 7th March 2022. The event was held in collaboration with the community stakeholder groups, a local medical school, and a government agency mandated to increase hygiene practices.

The comRADe app has antibiotics listed as per World Health Organizations (WHO) Access, Watch, and Reserve (AWaRe) group. The app has a simple user interface that will enable its users to identify whether a medicine is an antibiotic and whether it belongs to Access, Watch, or Reserve group. It is intended that this awareness among the public, pharmacists, and peripheral health workers will help to curb the OTC sale and purchase of antibiotics. The Health Minister highlighted the importance of antibiotic literacy in tackling antibiotic resistance and commended the utility of the app, especially in the context of the state of Kerala's target to achieve antibiotic literacy by 2023.

'ComRADe' android mobile application is the brainchild of Post Graduate residents from the Department of

Community Medicine, Pushpagiri Institute of Medical Science and Research Centre. It was developed as a part of the toolkit for Colour.Comm, a design sprint for public health students which was organized by ReAct Asia Pacific in 2021.

Mallapuzhassery, the site of the Antibiotic Smart Communities project, is a picturesque village in Kerala with a population of 14,000. During our engagement with the community, we were able to identify that the financially affluent sections of the society had a tendency to purchase OTC antibiotics whereas those economically disadvantaged relied more on public hospitals and other free service providers. Through the introduction of the application, we are primarily trying to empower the public to identify antibiotics with their generic names and thereby avoid its purchase without a registered practitioner's prescription. Also, we encourage people to identify leftover antibiotics thereby preventing the disposal of antibiotics to the environment.

Comments from the members of the community included:

'This is very useful, especially for elderly citizens like us because we depend on pharmacies to avoid the rush of hospitals,' a member of Grama Vikasana Samithi, a self-help group in the village.

'I am sure I will be using it because it is very easy to use. Everyone has a mobile phone these days and I will definitely share it with my friends as well', another participant from the online session.'

Failure to declare conflicts of interest 'rife among Australian researchers'

Undisclosed industry payments to published authors range from $140 to $97,600, researchers find [10]

Rachel Worsley, 16th March 2022

One in four authors published in medical journals fail to declare conflicts of interest, such as payments from pharmaceutical companies, according to the first Australian study to examine non-disclosure.

Researchers from the University of Sydney looked at 120 randomised controlled trials investigating drugs or vaccines and involving patients from January to August 2020 and compared authors' declared conflicts of interest in medical journals with the Medicines Australia payments to doctors database.

They found there were 89 missing or incomplete conflict of interest declarations from 78 of the 323 authors (24.1%) of 46.6% of trials.

Half of the authors had inconsistent statements declaring no conflicts of interest, while 43% had partial declarations that omitted payments.

The median value of the authors' undisclosed payments was $8944, but undeclared payments to individuals ranged from $140 to $97,600. These payments covered travel to conferences, attendance at sponsored events or consultancies but excluded food, drink and research funding.

Co-author Associate **Professor Barbara Mintzes,** from the Charles Perkins Centre and school of pharmacy at the University of Sydney, said it was 'troubling' that so many authors failed to declare clearly relevant conflicts, as per the International Committee of Medical Journal Editors' criteria.

'It's not a case of weeding out a few bad apples. It's not a rare event. We certainly found that incomplete reporting was widespread,' she told Australian Doctor.

'There's probably a need for more consciousness about the importance of full disclosure. 'It's a system based on self-report, and journals could be doing more in terms of following up to ensure that the authors' disclosures are complete as well.'

Dr Mintzes said, despite guidance from medical journals on declaring conflicts of interest, authors may not view such declarations as important.

'It's important for authors to declare their conflicts of interest because this is seen as a key component of trust and integrity of science.'

She said one problem was that many journals and trials were international in scope, but company payments to doctors were only recorded nationally.

'It makes it much more complicated for journal editors to check for completeness of reporting [payments],'

'You could have an international database where these multinational companies were reporting all their payments. That would certainly be helpful.'

The Cochrane Collaboration says at least two-thirds of its review authors will have to be totally free of conflicts of interest in a new drive to improve trust in its work. See more details in *Nature.*

https://tinyurl.com/ubfswtu6

[10] https://tinyurl.com/527tj95n

Gonoshasthaya Kendra Activities –

- March 2022

March 2, 989 food packages were distributed to the workers of Space Sweater Limited under the project 'Food Support to Poor RMG Workers in Bangladesh'. Financial support came from WOF, a foundation of AUCHAN Retail.

A package contains:

Sl	Name of item	Quantity/ Number	Unit
1	Rice	15	Kg
2	Flower (Atta)	2	Kg
3	Pulses (Dal)	1	Kg
4	Oil	1	Ltr
5	Onion	1	Kg
6	Potato	5	Kg
7	Minavit (400gm)	1	Packet
8	Salt	1	Kg

March 3, 2022 The rights of older people

The Global Alliance for the Rights of Older People (GAROP) had been formed by the UN Human Rights Council, which acts as an international forum and argues for an international convention to protect the human rights of the elderly. GAROP is an alliance of 350 member organizations from 60 countries worldwide. It initiates various campaigns to strengthen the protection of the rights of the elderly.

A worldwide rally called 'Age With Rights' was organized on March 3, 2022 and as a member organization Bangladesh (FREB) and Resource Integration Centre, organised a rally and human chain in Dhanmondi on March 3, 2022, at 11 am. Gonshasthaya Kendra actively participated as a member in the rally and the human chain with Gola Mostafa Dulal, Executive Director, Health Department; Dr. Mahjebin Chowdhury, Assistant Director, Department of Health and Training; and other staff.

March 8, 2022

International Women's Day was celebrated - jointly organised by Gonoshasthaya Kendra Peoples Health Centre, Gono University, Medical College and GK Pharmaceuticals.

On this occasion, honours were given to eight heroic women freedom fighters: Vanu Khatun, Rahela Khatun, Chhamena Khatun, Iraqar, Geeta Majumder. Padma Rahman was a key speaker.

Rallies and discussion meetings were held with Public Health Officers and personnel, and employees and representatives of various organisations from all levels of the GK Centre, Community Based Medical College, Peoples University, and GK Pharmaceuticals Limited.

March 23: Photography fest[11] held at Gono Bishwabidyalay

Gono University or Gono Bishwabidyalay is a private university in Savar, Bangladesh which was established by Gonoshasthaya Kendra on 14 July 1994. It is now operating all academic and administrating activity on their permanent campus at Nolam, Savar, Dhaka.

A photography festival displaying 76 photographs was held at the Gono Bishwabidyalay on March 23. Gono Bishwabidyalay Photographic Society and Gonoshasthaya Samaj Vittik Medical College Photography Club jointly organised the event.

Dignitaries, organisers and award winners pose for a photo at a photography festival held at the Gono Bishwabidyalay

[11] https://www.newagebd.net/article/166224/photography-fest-held-at-gono-bishwabidyalay

Gonoshasthaya Kendra founder Zafrullah Chowdhury, Gono Bishwabidyalay acting vice chancellor Abul Hossain, Gonoshasthaya Kendra chief executive officer Manzur Kadir Ahmed, treasurer Mohammad Sirajul Islam Chowdhury, Institutional Quality Assurance Cell director Laila Parveen Banu and others were present at the event.

The organisers honoured microbiologist Bijon Kumar Sil with the COVID-19 Hero Award at the event.[12] In March 2020, Bijon Kumar Sil and colleagues had created a $3 testing kit to detect coronavirus in less than 15 minutes.

Each winner selected by Gono Bishwabidyalay Photographic Society received prizes worth Tk 3,500 while each winner selected by Gonoshasthaya Samaj Vittik Medical College Photography Club received prizes worth tk 6,500. They also received books and certificates.

In addition, 42 winners eceived posters showing the nation's seven Bir Shreshthas published by Gonoshasthaya Kendra. The 'Bir Sreshtha' is the highest military award of Bangladesh.

9th Anniversary of the Rana Plaza Disaster

On the 24th of April 2013, the Rana Plaza building in Dhaka, Bangladesh collapsed. Thousands of garment workers were trapped inside the rubble.

1,134 of these garment workers died, and most of the victims were women.

On 24 April 2013, the collapse of the Rana Plaza building in Dhaka, Bangladesh, which housed five garment factories, killed at least 1,132 people and injured more than 2,500. Only five months earlier, at least 112 workers had lost their lives in another tragic accident, trapped inside the burning Tazreen Fashions factory on the outskirts of Dhaka. Such disasters remain far too common. The women who make cheap clothes for the people of high income countries and make huge profits for the foreign factory owners are risking their lives!

Despite the magnitude of the losses suffered by the victims of the Tazreen and Rana Plaza accidents and their survivors, no compensation was paid in application of the labour code provisions on employer liability.

Eventually, an agreement called the Bangladesh Accord was created to make sure disasters like this never happened to women garment workers again. It was to make garment factories safer and save lives.

But the Bangladesh Accord expired and the International Accord took its place last year. So far, around 170 brands have signed.

GK provides Health cover for RMG workers

After the Shahriar garments collapse, [13] Tazreen Garments fire[14] and the biggest ever tragedy in the garments sector, the Rana Plaza collapse,[15] GK saw the need to provide sound and affordable health services for the low-income workers in garments factories.

A strategic paper was drawn up for providing comprehensive health care to ready made garment (RMG) workers in Bangladesh. To make the scheme possible, GK partnered with SNV[16] - the Netherlands Development Organisation - to provide sexual and reproductive health services for women RMG workers. Subsequently, in response to demand from the workers, GK extended its services to the male workers. GK provides dental care, physiotherapy and ophthalmic care along with general health services to ensure comprehensive health care services for this low-income group.

In Bangladesh's garment industry, the workers mostly deal with general illnesses such as fever, diarrhoea and colds and some non-communicable diseases by purchasing over-the-counter medicines. Major reasons for not seeking further medical assistance are the cost, time constraints and, most importantly, not having onsite health facilities. Most factories do not have any medical doctors or nurses to care for their staff, nor are they linked with any healthcare programme of the government or non-government organisations. Therefore, the overall objective of the project is to make health services available, accessible and affordable for the workers and thus improve their health status and productivity.

The current project is funded by Weave Our Future (WOF)[17] with technical assistance from SNV.

See more about the GK project in **HAIAP at 40 1981-2021 –** the HAIAP anniversary book that will be available in May.

[12] https://www.aljazeera.com/news/2020/3/24/bangladesh-scientists-create-3-kit-can-it-help-detect-covid-19

[13] https://cleanclothes.org/news/2005/04/01/factory-collapsed-bangladeshi-garment-workers-buried-alive

[14]https://en.wikipedia.org/wiki/2012_Dhaka_garment_factory_fire

[15] https://www.ilo.org/global/topics/geip/WCMS_614394/lang--en/index.htm

[16] SNV stands for Stichting Nederlandse Vrijwilligers

[17] https://weaveourfuture.org/en/the-foundation/. WOF works to improve working conditions within industries in developing countries, particularly within the textile industry, as well as living conditions for workers and their families.