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# 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.

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**Anwar Fazal received the Ibn Khaldun Merit Award for Global Social Transformation on behalf of HAIAP August 13**

The International Islamic University Malaysia (IIUM) Ibn Khaldun Award, introduced in 2018, is an award to recognise organisations that lead and contribute in terms of expertise or charitable work for the community without expecting monetary returns.

**In this issue:** We are very proud to announce that **Anwar Fazal has been** awarded the International Islamic University of Malaysia **Ibn Khaldun Merit Award for Global Social Transformation** on behalf of HAIAP.

As the COVID-19 pandemic continues into the third year, the battle for affordable access to the medicines and vaccines that could help control the pandemic has not been won. In spite of provisions put in place with the DOHA Declaration in 2001 and the TRIPS flexibilities that have been spelt out to facilitate equity of access, Big Pharma and some rich countries still greedily block the use of the tools that are available.

Claudio Schuftan looks at Human Rights in the context of Left/Right politics and neoliberalism.

ASHA - established in 1998 continues to work in spite of enormous challenges.

HANDS responds to yet another natural disaster - floods throughout Pakistan, most notably in Balochistan, Punjab, Khyber Pakhtunkhwa, and Sindh. Also another innovative human development initiative has been launched by HANDS Pakistan - the Institute of Development Studies.

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

'A chronicle of health heroes, historic events, challenges and victories' is available to download at <https://www.twn.my/>

A limited number of hard copies are available free but postage needs to be covered. Please Contact Linda Ooi at TWN for details: [linda@twnetwork.org](mailto:linda@twnetwork.org)

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## The ongoing battle for access to affordable essential medicines and vaccines

Beverley Snell

Intellectual property rights (IPRs) have an enormous impact on the affordability of new medicines and technologies.

### TRIPS = Trade-Related Aspects of Intellectual Property Rights

Under the TRIPS Agreement (1995), all WTO member states – making up a majority of the world's countries – have to provide patent protection lasting at least 20 years for all inventions, including for pharmaceutical products, thus pricing new entities far beyond the reach of all but the most wealthy countries. (Countries classified as least-developed countries are exempted from providing pharmaceutical product patents until 2033.)

***In 2001 the Doha Declaration was put in place to facilitate equity of access to essential medicines - flexibilities in the TRIPS agreement were established.***

Articles 30/31 in the TRIPS Agreement spell out flexibilities that allow compulsory licensing to manufacture patented products as generics without permission of the 'rightful owner'.

Other provisions of the agreement include more flexibilities to cover public health need and public use - some safeguards that can be used to mitigate the potential negative effects of TRIPS on access to medicines.

### The Doha Declaration<sup>1</sup>

At the 4th WTO Ministerial Conference in Doha in 2001, pressure from activists, International NGOs and the World Health Assembly convinced delegates that public health should take precedence over commercial interests and that TRIPS flexibilities must be made easier to use for accessing affordable essential medicines in developing countries. At the end of the meeting the Doha Declaration was issued.

The Declaration provided a clear political statement that public health concerns must override commercial interests and 'a road map to key flexibilities in TRIPS' was prepared. The Declaration stated, among other things:

- 'We agree that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of WTO members'

right to protect public health and, in particular, to promote access to medicines for all. In this connection, we reaffirm the right of WTO members to use, to the full, the provisions in the TRIPS Agreement, which provide flexibility for this purpose.'

- 'Each member has the right to grant compulsory licences and the freedom to determine the grounds upon which such licences are granted.'
- 'Each member has the right to determine what constitutes a national emergency or other circumstances of extreme urgency, it being understood that public health crises, including those relating to HIV/AIDS, tuberculosis, malaria and other epidemics, can represent a national emergency or other circumstances of extreme urgency.'
- Countries can make their own rules about parallel imports.

### TRIPS Flexibilities

Articles 30/31 in the TRIPS Agreement spell out flexibilities that allow compulsory licensing to manufacture patented products as generics without permission of the 'rightful owner'.

Other provisions of the agreement include more flexibilities to cover public health need and public use - safeguards that can be used to mitigate the potential negative effects of TRIPS on access to medicines. The most important safeguards are:

#### Compulsory licensing and government use

##### Parallel importation

##### 'Bolar' provision

These safeguards can only be used when incorporated into existing national laws, so the national health and medicines-related legislation must be in place in advance to allow use of TRIPS flexibilities.

#### Compulsory licence (CL)

- A licence granted to manufacture a product; or import the product from a country with a CL to manufacture, without permission of the patent holder.

TRIPS allows compulsory licensing including in cases of national emergency or extreme urgency, or for public non-commercial use.

TRIPS does not limit the grounds for issuing a CL but TRIPS does specify conditions to be applied to CL applications, including:

- case-by-case decision

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<sup>1</sup>

[https://www.wto.org/english/thewto\\_e/minist\\_e/min01\\_e/mindecl\\_trips\\_e.htm](https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm)

- prior efforts must have been made to seek a voluntary licence from the patent owner on reasonable commercial terms (this requirement may be waived in cases of national emergency, extreme urgency or public non-commercial use)
- the CL agreement must include adequate remuneration to the patent holder
- the CL must be predominantly for provision to the domestic market (with some exceptions as set out in Article 31 of the TRIPS Agreement).

### Parallel importation

- Importation, without the consent of the patent holder, of a patented product marketed either by the patent holder or his licensee at a lower price, from another country.

### 'Bolar' provision

- Allows testing and regulatory approval processes for generic drugs before the patent expires in preparation for local production or import of generic products under a CL - facilitating generic competition.

### Government use

- A special case of compulsory licensing for the government itself - that is, for the public sector - making it the easiest procedure to use to access needed products. Medicines produced or accessed under government use licence cannot be sold commercially but that is not an issue for medicines that are urgently needed for public sector use. All WTO member countries can use the government use clause. For example, in 2001 the US government was about to buy generic ciprofloxacin using the government use clause to 'stock up' when there was an anthrax scare.<sup>2</sup> However, before the authorisation was issued, Bayer agreed to sell 100 million tablets of ciprofloxacin to the US government at 95 cents each — 54% of its original wholesale price of US\$1.77. Three other drug manufacturers said that they would supply large quantities of their antibiotics free if the Food and Drug Administration approved their use for the free treatment of anthrax. An anthrax emergency never occurred.

### 'TRIPS-plus' rules

As if the required procedures under the TRIPS Agreement aren't onerous enough, additional requirements were added: 'TRIPS-plus' requirements associated with bilateral/regional trade agreements between developed and developing countries. These are obligations under such agreements for the signatory countries to provide IPR protection that goes beyond what is required under TRIPS. There is a need for both health and trade sectors of governments to remain vigilant and aware of trade

agreements that are being considered and to work together to safeguard access to medicines.

**Trade agreements can override legislation, including national legislation that enshrines access to affordable medicines**, thus having negative impact on access to medicines (see Chapter 8.3 *Health Action International* at 40 <https://www.twn.my/>).

**it is more than 20 years since the right to equity of access to essential medicines was enshrined in the DOHA Declaration and in the TRIPS (Flexibilities) Agreement but the battle to use these provisions has not been won.**

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## Big Pharma is still making absurd profits off the pandemic

by Nick Dearden

Read the whole article in *Third World ECONOMICS* No. 745, 16-30 April 2022 <https://twn.my/>

*Pfizer is projected to rake in more than \$50 billion from its COVID-19 medicines this year. It is a symbol of the drastic inequality created by a for-profit approach to global health.*

Reproduced from *Jacobin*

On 3 May, drug giant Pfizer told investors that it expects to make more than \$50 billion from its COVID-19 medicines this year. Its vaccine is the most lucrative medicine in history, accruing \$37 billion in 2021, and has sent its corporate revenues into the stratosphere. By the end of this year, the company hopes to bring in \$100 billion – a sum that exceeds the gross domestic product (GDP) of most countries on Earth.

It has been a good pandemic for a company that was, until recently, the least-trusted company in the least-trusted sector in the United States. Not only has the company made a fortune on its COVID-19 medicines, it has also become a household name, with a chief executive who moves among the world's most powerful leaders, toasted by ordinary people across the world who are desperate for this pandemic to be over. It's been quite the PR coup.

Dig deeper, though, and you quickly find out that Pfizer's profits are not a justifiable reward for a much-needed solution to an era-defining crisis. Rather, Pfizer's income is built on aggressive corporate practices and ruthless profiteering that have led to an obscene inequality in access to COVID-19 vaccines, in turn prolonging, rather than ending, this pandemic. Worse, Pfizer isn't a one-off – it's just one example among many of an industry that has become a symbol of our highly financialised, monopolistic global economy.

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121539/>

## Pandemic profits

It is easy to see where Pfizer's profits come from. Pfizer claims that the cost price of its vaccine is just under £5 per dose, though experts say doses could be made for as little as 76p [less than \$1]. Either way, the UK government paid £18 a shot for its first order, £22 for later purchases. Even taking Pfizer at its word, that would mean the UK National Health Service (NHS) has paid a markup of at least £2 billion – six times the cost of the pay rise the government agreed to give nurses last year. Even this price seems rather reasonable compared with the amount it has been claimed Pfizer tried to charge the US government: an eye-watering \$100 a dose, prompting a former US disease prevention official to accuse the firm of 'war profiteering.'

Pfizer prides itself on having taken no government money for its vaccine, claiming it ploughed its own money into the vaccine's development. But significant funding for this vaccine did come from the public sector.

Like all mRNA vaccines, Pfizer's medicine was built on decades of public research. If credit for this particular vaccine goes to any company, it is Pfizer's partner, BioNTech, a spin-off from a German university centre, which was given substantial public funding. Pfizer did put its own money into producing the drug – probably up to \$1 billion – but also received guaranteed government contracts of nearly \$2 billion in sales for the United States alone. At most, Pfizer's investment was a small part of the picture and is minuscule compared to the return the corporation has seen. A former US government official bemoaned 'it's not even their vaccine' and describes the fact it's universally known as the '*Pfizer jab*' as 'the biggest marketing coup in the history of American pharmaceuticals.'

Unfortunately, though, this vaccine *is* legally Pfizer's vaccine. Like virtually all important medicines, it was built on public knowledge, but that knowledge was then privatised – handed over to a multinational corporation that can then dictate who can make it, how much it will cost, and who can buy it. Unsurprisingly, Pfizer sold the vast majority of its doses to rich countries and a mere 1.3% of its supply to COVAX, the global body set up to try to ensure a more equitable distribution of COVID-19 medicines.

That's not the worst of it. Pfizer's monopoly power has prevented others producing it, rationing supply purely so it could maintain control of the life-saving technology. It's been calculated that over 100 factories and laboratories around the world could have been producing mRNA vaccines if only the technology was shared. But Pfizer has taken a lead in undermining any attempt to share know-how, denouncing a United Nations initiative to pool patents as 'nonsense' and 'dangerous.'

Even after it had made a fortune, Pfizer refused to share its vaccine with a World Health Organization-backed laboratory in South Africa set up specifically to help lower-income countries build their vaccine capacity. The resulting inequality, shocking in itself, has also given the virus the best possible chance to spread and mutate, potentially undermining the vaccines we've got. But what does that matter to Pfizer when in the week after the Omicron variant was discovered, a small handful of its top shareholders added billions of dollars to their wealth as its share price boomed at the prospect of selling even more vaccines.

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## WTO: Anti-diversion provision in waiver decision text emerges as the next flash point

TWN Info Service on WTO and Trade Issues, Intellectual Property and Health, 11 June 2022  
Third World Network  
[www.twn.my](http://www.twn.my)

[Although the TRIPS flexibilities spell out that - '**A compulsory licence can be granted to manufacture a product; or import the product from a country with a CL to manufacture, without permission of the patent holder**' the anti-diversion clause which prohibits the re-exportation of COVID-19 vaccines produced under the draft TRIPS decision to another developing country has emerged as the next flash point between developing countries and developed countries in the ongoing negotiations. ***The TRIPS agreement allows for countries without manufacturing capacity to access affordable essential medicines produced under compulsory license in another country with their own compulsory licence.*** BS]

Paragraph 3(d) of the WTO Director-General's text tabled on 3 May contains this controversial 'TRIPS plus' provision: '*Eligible Members shall undertake all reasonable efforts to prevent the re-exportation of the COVID-19 vaccine that has been imported into their territories under this Decision. All Members shall ensure the availability of effective legal remedies to prevent the importation into, their territories of COVID-19 vaccines produced under, and diverted to their markets inconsistently with this Decision.*'

It creates two obligations on WTO Members. First, it obligates all eligible Members, ie the countries that are entitled to use this decision, to prevent the re-exportation of COVID-19 vaccines imported into their territories under the decision. Secondly, it imposes an obligation on all WTO Members to provide legal remedies to prevent the importation of the diverted COVID-19 vaccines produced under this decision.

Obligation against re-exportation is problematic in a health emergency situation when many developing

countries face vaccine shortages. If an eligible Member imports under the decision, that Member cannot re-export any vaccine doses including donate unused vaccine doses to any other eligible Member. It also adversely affects South-South cooperation including vaccine donations as well as pooled procurement among developing countries that is essential to achieve economies of scale and to reduce prices.

[Pooled procurement is also already happening, eg the World Health Organization (WHO) gives examples of pooled procurement already occurring in Eastern Caribbean States, Southern Africa, Europe and the Arab states of the Gulf. This procedure has also been managed through third-party funds, such as UNICEF, The Global Fund, and the PAHO Regional Revolving Fund].

So far about 33 WTO Members which are developing countries, or least developed countries (LDCs) have donated COVID-19 vaccines to other developing countries and LDCs. These member countries (excluding China and India) have already donated at least 53 million COVID-19 vaccine doses.

The WHO Director-General has also stressed that 'The G20 countries must fulfil their dose-sharing commitments immediately'. The G20 includes developing countries such as Argentina, Brazil, Indonesia, Republic of Korea, Mexico, Saudi Arabia, South Africa and Turkey.

The anti-diversion measure in Paragraph 3(d) also raises concerns as to consistency with Paragraph 3(c) of the text which allows supply to international and regional initiatives, eg COVAX. During the drafting group negotiations Brazil proposed to limit the prohibition on re-exportation only to non-eligible countries.

Negotiations continue. Stay in touch with TWN Info Service on WTO and Trade Issues, Intellectual Property and Health  
11 June 2022

Third World Network [www.twn.my](http://www.twn.my)

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## COVID variants identified in sewage samples weeks before showing up on human tests

ReAct Newsletter July 2022

<https://www.nature.com/articles/s41586-022-05049-6>

Researchers have used nanobeads to increase the effectiveness of sewage surveillance, finding that COVID variants were identified in sewage samples weeks before showing up on human tests.

This technology, representing the first time scientists were able to track individual variants through wastewater surveillance, amplifies the quantity of viral RNA that can be sequenced from samples, more than double previous sequencing capabilities. In doing so, researchers were able to detect the Omicron variant in wastewater samples 10 days before the first positive test, as well as the Alpha

and Delta variants up to two weeks before any positive human tests.



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## Fair Pharma Scorecard publishes a COVID-19 Edition

At tis site - <https://fairpharmascocard.org/>

Click on a company's name to see its detailed scorecard

ReAct Newsletter July 2022

The Fair Pharma Scorecard provides a ranking of pharmaceutical companies based on how well they adhere to human rights principles, and in its 2022 edition, it ranked 30 different COVID-19 products produced by 26 companies. Evaluating corporate practices, the *Fair Pharma Scorecard* assessed the company's commitment to a publicly available global access plan for their COVID-19 product with measured targets and lines of accountability. Other dimensions include engaging with international efforts to ensure equitable distribution and fair pricing of these health technology products. The *Scorecard* also benchmarks companies to ensure greater transparency, from data and R&D costs to profits, margin costs of production, and public subsidies.

The results of the 2022 *Fair Pharma Scorecard* allocated the highest score of 74% to the Texas Children's Hospital Vaccine and the lowest score of 22% to the Vektor Vaccine. Regardless of the numbers, none of the companies complied with all the evaluation criteria, with significant steps needed to transform the COVID-19 vaccine into an affordable and accessible commodity.

**Company behaviour can vary per product:** For example, Pfizer scored 65% for its antiviral Paxlovid, but only 50% for its vaccine. Pfizer stated in a response to our questionnaire that the most important tool in a country's arsenal remains vaccines – yet the company has still refused to share IP and technology for its mRNA vaccine. It is important to identify the nuances in the behaviour of companies to see how well integrated good practices are.



The key takeaways from the scorecard were that most companies are still safeguarding their intellectual property as well as stifling innovation and access to new developments. Although overall R&D costs were fairly transparent for most companies, only two companies (Novavax and Gilead) gave a product-by-product breakdown of their costs.

**Reconciling human rights and pharma:** it can be done: The Fair Pharma Scorecard highlights the practices that should become guiding lights for pandemic preparedness and responses and those that must become ancient history. It also shows that human rights principles can be compatible with running a viable pharmaceutical business model, as is demonstrated by the highest scorers on the list. Now more must be pushed to follow the lead of those high scorers.

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## Human rights: Neoliberalism, Left/Right politics and food for mixed-up thoughts

Claudio Schuftan - (I always say that all the good and wise in these Readers has come from others; that of lesser importance has been mine.)

<https://claudioschuftan.com/>

Neoliberalism has been promoted as the only way for countries to achieve economic freedom and competitiveness. Governments that are under the influence of neoliberalism have been helpless in arresting tax evasion and in dealing with social problems – and with human rights (HR) that have been reduced to a laughable low.

Neoliberalism is a contemporary concept used to refer to market-oriented reform policies such as eliminating price controls, deregulating capital markets, lowering trade barriers and introducing privatization and austerity, as well as reducing state influence in the economy.

Neoliberalism is considered as both an ideology and as a public policy which, in a nutshell, is seen as a 'social value that reduces state intervention' through privatisation of public economic sectors or services, deregulates private corporations and reduces government spending.

Neoliberalism thus strips the state of its mandate, reducing it only to a mere 'adjuster and balancer' of the market forces. In an apparent contradiction, the spread of neoliberalism requires substantial state intervention to establish a hegemonic global 'free market' to begin with.

Leaders in countries under the influence of neoliberalism remain helplessly dependent on their overlords who use institutions like the IMF, the World Bank, the WTO and other international security networks to frustrate their efforts and keep them in check. This situation results in worthless leaders who will only dance to the tune of the metropolises.<sup>3</sup>

In this neoliberal environment, private companies talk about corporate social responsibility. But this public relations stunt is usually a mere face-saving activity as what is given back to the community is usually very minute compared to the profits being exacted.<sup>1</sup> This situation is why we would rather talk of corporate social accountability where public interest Community Service Organisations (CSOs) monitor corporate sectors to assess if they are truly socially responsible and Human Rights compliant.

At the crux of neoliberalism is how governments collect and spend public money.

Decisions about public money spending mark the difference between a life of dignity and one of deprivation for billions of people.

### Let us explore:

Budgetary decisions reflect a government's political priorities; they directly have an impact on what is available, for whom, thus affecting different communities in different ways.

On a collective level, the use of public resources indeed has the potential to help tackle centuries of exclusion of certain groups who have been systematically denied their rights.

As a result, fiscal austerity measures that reduce budget deficits through cutting spending have emerged as a top neoliberal priority.

With budgets strained, governments have increasingly fallen back on indirect taxes on consumption that fall more heavily on those with less.

These measures have been pushed by political pressure from powerful elites, foreign investors, and international financial institutions. Ethnic minorities, refugees and immigrants have suffered the most; women's livelihoods have also been hit severely. There can be no doubt that fiscal austerity policy choices made by governments have meant deprivation for literally billions of people. Meanwhile, the global tax system is riddled with loopholes that allow the world's wealthiest individuals and corporations to avoid paying their fair share.

Low tax jurisdictions or tax havens siphon off resources from countries that desperately need more money to spend on health, education and equity.



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<sup>3</sup> <https://uniabuja.academia.edu/TersooNande> ,

The human rights angle about how fiscal resources are to be collected and allocated is ignored.

### The 4 Rs in fiscal policy

Centring human rights on fiscal budgeting issues is sometimes referred to as the four 'Rs' in fiscal policy: Revenue, Redistribution, Re-pricing, and Representation.

**Revenue** has a direct impact on what is available, to whom, and where. Human rights should be determining what needs to be prioritised.

**Redistribution** allows for the redistribution of benefits across society; progressive taxes on income and wealth helps curb inequalities between individuals and between groups. Focussing on HR helps us to determine how resources ought to be raised and distributed in a fair, just, and gender-responsive manner. Here, the norms of equality and non-discrimination place an obligation on governments to close the gap between different groups; they give us a tool to demand that tax policy be explicitly focused on pursuing equality.

Drawing on HR helps us to determine what counts as a public bad or a public good emphasising the taxing of the bads and subsidising the goods.

**Representation** allows taxpayers and other claim holders to hold governments to account for how their money is spent.

### Tax must be democratic

Tax and budget policy-making must be democratic and allow for the meaningful participation of people affected by it.

In short: the way that taxes are raised – and from whom – must be equitable, and in line with:

- a) decreasing reliance on regressive, 'indirect' taxes on consumption (such as sales taxes and VAT) in favour of more progressive 'direct' taxation on income and on wealth,
- b) boosting taxes on property, wealth, and other assets (eg stocks, shares, and real estate) and
- c) taxing 'excess profits' at a higher rate (Amazon increased their profits by nearly 200%, for example).

So, it is the highly underutilised HR-based approach that gives us a tool to interrogate decisions about resource allocations. 'Deliberately retrogressive' fiscal measures (austerity) are a flagrant violation of a government's HR obligations! Retrogression means a backsliding in the enjoyment of economic, social and cultural rights.

Note: Government obligations do not stop at their own borders. They have duties (known as extraterritorial obligations) to ensure that their actions do not harm people in other countries. (All the above are from CESR <sup>4</sup>).

### What is Left and what is Right?

Left and right politics are hopelessly mixed up - those without an ideological education no longer know what is what.

(i): What is the Left supposed to be? - anti-capitalist, environmentalist, anti-imperialist and anti-militarist. What remains on the other side is the Right's domain even if it calls itself green or 'socialist'.<sup>5</sup>

(ii): Communities are not forgetfully left behind! It is the neoliberal policies that systematically exclude them.<sup>6</sup>

Those on the Right are organizing themselves rapidly and well. It becomes clear that there has never been a more urgent need for a powerful countermovement. All dissident movements, large and small, are struggling because of a shrinking action space in most countries, because of the lack of resources and, more generally, due to the outright neoliberal dominance. The latter dominance sells people a new purportedly 'compassionate governance' that is totally apolitical and that leaves fighting inequality and for Human Rights out of the agenda: welcome to the era of 'multistakeholderism'.

### Testosterone and the need for appropriate resistance

We have a 'testosteronic' ruling class that is incapable of seeing the long term.<sup>7</sup> Resistance to the ruling class continues to grow all over the world, but unfortunately in a totally fragmented way. At a time when globalisation itself is crumbling, there is a need for a commonly shared counter narrative. It will have to be written by young people who recognize that the current fragmentation is a dead-end street. A lot of time has already been lost.<sup>8</sup>

Voters are starting to vote - lining up with their cultural opinions, not their class interests.

Unfortunately, that is good news for the parties of the Right (since they secure power, by relying on 'clientelism', ie patronage or patron-client relations -- typically based on regional, ethnic, tribal, religious or sectarian lines.<sup>9</sup>)

We are witnessing a dramatic and devastating process of class dealignment - with almost no party successfully appealing to voters on the basis of class; and with non-economic issues coming to dominate voters' decision-making -- instead of their class interests. It is hard to find evidence that the shift is occurring, because class interests are being replaced by cultural and other

<sup>4</sup> <https://www.cesr.org/>

<sup>5</sup> Oskar Lafontaine, Anne Applebaum  
<http://www.socialmedicine.org/2022/07/30/uncategorized/8286/>

<sup>6</sup> Warda Rina. <https://sdgs.un.org/panelists/ms-warda-rina-30133>

<sup>7</sup> Roberto Savio

<sup>8</sup> Francine Mestrum)

<sup>9</sup> Jomo Sundaram

affiliations. Workers have come to adopt a dimmer, more cynical, and more apathetic view of the world, as well as of their rights and of humanity.

### The Left needs re-alignment

To stay afloat, the Left thus needs to win back the working-class voters it has lost. And to do that, it needs to demonstrate that it is able to enact policy in workers' and in HR's favour.

The problem is that advancing progressive cultural ideas in a vacuum is a recipe for class dealignment. Has the Left traded working-class support for the support of socially liberal professionals? Working-class frustration is consequently increasingly manifesting as political support for far-right populist positions that are cleverly pushing a culturally conservative agenda. (Julian Jacobs)

In times of crisis (think pandemic and Ukraine), the boundaries of what is possible have widened in all directions; reactionary and progressive, sometimes in favour of the elites, sometimes for the benefit of the majority. The ability of the Left to strategically position itself in a context of these growing crises will be critical to its success or failure in the times ahead. Let it be said that the Right is adept at taking advantage of these moments of instability -- or provoking them -- to push its political agenda since a crisis can be the excuse to curtail the rights of the majority. (Naomi Klein, *The Shock Doctrine*).

The Extreme Right has also demonstrated its ability to take advantage of these crises to spread its hate speech.

Moreover, moments of crisis often relax political or bureaucratic resistance to progressive measures that seemed impossible or had been in a drawer. The contradiction with the treatment of Ukrainian refugees and migrants and those of other origins is a HR scandal, but now we have an opportunity to make this hypocrisy visible and demand a dignified reception for all of them.

Now we have the empirical demonstration that it was possible to welcome the fleeing; let us take advantage of it to ensure that welcoming is the norm, not the exception -- and that, beyond the minimum initial humanitarian attention, equal rights of people are ensured. (Pablo Castaño)

## ASHA: Action for Securing Health for All

Delhi, India

Pratibha Mehta described the beginning of ASHA 1998<sup>10 11</sup>



One out of every six persons in Delhi lives in a slum or squatter settlement. Devoid of decent and safe housing and even the most rudimentary services and facilities, the people living in these conditions suffer from chronic infections and deficiency diseases. Although Delhi has impressive health facilities, they are not only beyond the reach of the poor but insensitive to the problems arising from poverty and deprivation.



ASHA workers - the foot soldiers in India's battle to improve public health. Deccan Herald May 17, 2022

Action For Securing Health for All (ASHA, literally 'hope' in Hindi), is a registered NGO in Delhi which has evolved a community-based participatory and user-friendly health model with an inter-sectoral outlook, which has enabled it to expand its programs beyond health care to larger issues of community development.

Although community-based health programs which meet people's other needs are not new, ASHA's innovation is new in its approach. This approach is based on partnerships and capacity building in order to integrate services to meet the multi-dimensional needs of the community. It has helped pool resources, both human and

<sup>10</sup> <https://megacitiesproject.org/our-founder/>

<sup>11</sup> <https://megacitiesproject.org/>



material, thus expanding its reach from a population of 4,000 to a population of nearly 115,000 in just six years.

ASHA was started by a doctor in 1988 to provide curative services to people living in a squatter settlement. However, ASHA workers realised that curing diseases was not enough for sustainable improvement in the health status of the poor. Concerted efforts were needed to improve environmental conditions in their homes and neighbourhood. ASHA began exploring ways to bring environmental improvement in slums and began a partnership with the Slum Wing of Delhi Development Authority, a public agency responsible for providing services and civic amenities to squatter settlements.

ASHA workers are now the first point of contact for millions of villagers and the healthcare system.

At the community level, the key partners and change agents are the Mahila Mandals (women's groups) who are trained as demand raisers, negotiators and managers. The Mahila Mandals, through a process of negotiation with the Slum Wing, acquire services and civic amenities for their slums. At the same time they take up other need-based issues such as alcoholism, income generation, education and recreation.

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### **ASHA Workers' struggle for survival In shadows outside WHO spotlight**

ASHA workers' battle against low payments, no facilities and erratic schedules continues.

<https://www.ndtv.com/india-news/asha-workers-struggle-for-survival-in-shadows-outside-who-spotlight->

'ASHA, a Hindi word, which means hope, are the more than one million accredited female health workers in India, who have been honoured at the 75th World Health Assembly for their crucial role in connecting the community with the health system to ensure primary health care services,' the WHO said.

*All India Press Trust of India Updated: May 31, 2022*

Come rain, sun, hail or indeed a contagion, the band of women who form the bedrock of India's rural healthcare system slog on, remaining anonymous, underpaid and mostly unsung until last week when the WHO honoured them for their efforts in controlling Covid.

For the 10 lakh (10x100,000) Accredited Social Health Activists (ASHA) volunteers who administer medicines, vaccines, first aid, offer health advice and a myriad other services across the length and breadth of India, the WHO recognition is just the global spotlight they need.

**But their battle against low payments, no facilities and erratic schedules continues. And because they are women, so does the tightrope walk between their homes and their jobs.**

For example, Sailendri, 42, an ASHA worker from Basti in Uttar Pradesh wakes up at 3 am every morning, finishes her chores at home and then joins her colleagues in going

home to home. Her primary worry is how to make ends meet.

'The government must give us a fixed income. There is so much work. Do authorities see the work we put in? We have served the people so faithfully but got only empty praise,' she said, unaware that ASHA workers like her have been honoured at an international platform.

'We get INR 10,000 per month (USD 125) at most. How are we expected to support ourselves in that money with prices going up every day? Also, the personal sacrifice we make by keeping our work before our family - who values that?' Sailendri, who has been an ASHA volunteer for 16 years, added in a phone interview to PTI from her home in Basti.

Sunita Sinha, an ASHA worker from Sabour block of Bhagalpur district in Bihar, agreed. Echoing Sailendri's resentment, she said there are days when they even have to take a patient to hospital.

'There is no conveyance and we have to manage everything on our own. Also, we work under so much pressure. There have been days when we spend the whole day walking and don't sit for five minutes. But this is not acknowledged.'

During the long months of lockdown, she went from house to house to tend to patients without any concern for herself, she said.

From Sunita: 'I remember one instance... we were running low on masks so we sanitised clothes and made masks to ensure protection for everyone possible. Even now we are encouraging people to get vaccinated. We have helped raise awareness on vaccination since the day the vaccination drive started.'

ASHA workers are the first and sometimes only point of contact for millions of villagers and the healthcare system. They earn money through task-based incentives under the National Health Mission (NHM), which is funded in a 60:40 ratio between the Centre and state government.



ASHA workers stage a protest outside the residence of Deputy Chief Minister OP Soni in Amritsar on Sunday. Tribune photo November 22, 2022

Poonam Muttreja, executive director, Population Foundation of India, noted that there are major differences between the pay scales of regular frontline

workers and those recruited on a contractual basis under the National Health Mission.

'During the COVID-19 pandemic, ASHAs continued to work in fragile settings despite receiving resistance from communities. A study conducted by the Population Foundation of India during this period showed that the fear of getting infected by COVID-19 among people kept many away from accessing services at health facilities,' Poonam said.

She added that the government had introduced a performance-based payment method to support ASHAs. However, ASHA incentives are primarily centred on activities relating to reproductive and child health.

'ASHA incentives get significantly affected in states with low total fertility rates and higher usage of private health care facilities,' she said.

'Compensation given to ASHAs differs across states and only a few have introduced fixed monthly remuneration in addition to the incentive package', Ms Muttreja added.

Stressing that the disbursement of incentives needs to be timely and regular, she said ASHAs have wide-ranging

experience working with the community and the health system and a clear career progression path is imperative for them.

According to Akhila Sivadas, executive director at the Centre for Advocacy and Research, a non-profit organisation, the time has come to recognize the indispensability of ASHA workers.

'An all-out effort must be made to ensure that every process related to ASHA, starting from recruitment, appointment, training, remuneration and the right to appeal and redress must be streamlined to ensure that they feel both respected and given the due that they are entitled to,' Mr Sivadas said.

As the struggle for acknowledgment and better pay structures continues, Priyanka Kumari from Lakhisarai in Bihar said the biggest award for her is the satisfaction she sees in the eyes of her patients when they get treated.

'If I wanted to earn money I would have done something else but this is a noble profession for me and I keep that in mind whenever I feel inconvenienced,' the 41-year-old told PTI.

## Feature: HANDS Pakistan - Response to rain and flash floods.

### HANDS Institute of Development Studies (IDS).

Shaikh Tanveer Ahmed

#### Situation Overview - August 9, 2022

The monsoon rains started in Pakistan in the last week of June, 2022. Since the start of the monsoon season, Pakistan received 60% of its total normal monsoon rainfall in just three weeks. Heavy rains caused urban and flash floods, landslides, and Glacial Lake Outburst Floods (GLOF) throughout Pakistan, most notably in Balochistan, Punjab, Khyber Pakhtunkhwa, and Sindh.

Above-normal precipitation was predicted over most parts of the country during the forecast season. Heavy rains were reported in the month of July 2022 in significant parts of Balochistan. Jhal Magsi, Khuzdar, Pishin, Lasbela, Nushki, Killa Abdullah, Killa Saifullah and Naseerabad were worst affected. Flooding is caused not only by monsoon rains but also by the flash floods from mountains.

Similarly in the Punjab District, the flood caused by heavy torrential rains in the Sulaiman Range led to breaches in the protection dykes of two water channels in district Rajanpur, leaving at least 2,500 villagers stranded. The water level in the Chenab has increased and

approximately 75,000 cusecs of water is passing under the Chenab Nagar bridge, causing a low-level flood in the areas on both sides of the river. The water has inundated

Table 1: Casualties and Injured in Pakistan<sup>1</sup>

Provinces	Deaths				Injured			
	Male	Female	Children	Total	Male	Female	Children	Total
Balochistan	67	43	110	164	47	11	16	74
Khyber Pakhtunkhwa	29	20	49	100	31	40	39	110
Punjab	62	20	82	117	155	104	39	298
Sindh	50	10	60	116	40	18	45	103
Gilgit Baltistan	1	4	5	8	3	0	0	3
AJ&K	13	11	24	24	10	6	0	16
Total	222	108	199	529	286	179	139	604

Table 2: Status of Damages and Losses in Pakistan<sup>2</sup>

Provinces	Roads (km)	Bridges	House Damages		Total	Livestock
			Partially	Fully		
Balochistan	670	16	10,429	3,556	13,985	23,013
Khyber Pakhtunkhwa	6.5	7*	2,944	796	3,740	275
Punjab	-	-	90	6	96	13
Sindh	1767	44	18,826	3,388	22,214	898
Gilgit Baltistan	2	51*	162	283	445	-
AJ&K	-	-	110	117	227	745
Total	2445.5	60	32561	8146	40707	24944

crops on hundreds of acres of land and the residents of such areas have shifted to safer places along with their cattle. More water flow is expected from the Head Qadirabad and the district administration has issued an alert to the departments concerned.



In Sialkot, the water level in the Chenab River and drain Dek started rising and the district administration put all the departments on red alert to deal with the possible flood. As per reports, India released 2,00,000 cusecs of flood water in Ravi, which would be likely to turn into extreme high flood in the river according to the Flood Forecasting Division. That flood could submerge hundreds of acres of land in Lahore, Shekhupura, Nankana Sahib, Faisalabad, Okara, Sahiwal, Toba Tek Singh, Jhang, Khaniwal and Multan. According to the National Disaster Management Authority (NDMA), as of August 3rd, 529 people had died as a result of the floods, including 108 women and 191 children, while 604 others had been injured.

As per the NDMA report, more than 40,000 households had been affected due to rains or flash floods. More than 32000 houses had been partially damaged and another 8146 houses had been fully damaged. In addition, 60 bridges and 2445.5 km of road sections had been affected, while about 24,000 livestock had been lost.

### Networking and Coordination

HANDS is currently available with offices in district Lasbela, district Pishin, Provincial Office in Quetta and Head office in Karachi for immediate relief and response activities. HANDS is in continuous coordination with the local organisations, community activists, district administration, provincial authorities and PDMA.



its DRMC Muzaffargarh. The initial assessment had also been completed in District Rajanpur by HANDS Team.

### Emergency Response

- HANDS distributed ration bags to 800 families, Medicine for 600 families and mosquito nets to 100 families through self-assessment and Sahil Welfare Organization of Pakistan Navy by helicopter in District Lasbela.
- PAUL Water Filter units (for safe drinking water) are installed at two different locations of Uthal at Lasbela District for flood-affected families.

Funding Partner	Districts	Number of Families					
		Food	PAUL Water Filters	NFIs	Roofing Kits	Water Trucking	Cash Grants
Philanthropy	Lasbela	800	02	100			
	Karachi	50					
	Rajanpur	150		100			
Start Network	Pishin			500	250	250	250
	Quetta					250	
	Killa Saifullah					500	
Total		1,000	02	700	250	1,000	250

HANDS provides relief services through food to affected families in Uthal, District Lasbela, in partnership with Sahil Welfare Organization (Pakistan Navy), where communities are not accessible by road.

Being part of a consortium with Muslim Aid Pakistan, Islamic Relief Pakistan, Bright Star Development Society Balochistan, HANDS initiated emergency response projects in districts Pishin, Quetta and Killa Saifullah with the support of Start Network.

HANDS is in coordination with district administration and is available to provide services in District Rajanpur through

- HANDS initiated the Emergency Response project with the support of the Start Network for distributing mosquito nets (NFIs), shelter kits, cash grants to 250 families of District Pishin, and water tanking to 1,000 flood-affected families of Pishin, Killa Saifullah, and Quetta.
- HANDS distributed food to 50 rain affected families in Karachi, Sindh. In District Rajanpur of Punjab province, and identified 150 families for support of ration bags and 100 families for NFIs which were distributed as soon as possible.

- HANDS also initiated the rapid need assessment in tehsil Lakhra of district Lasbela in coordination with District Administration to identify the needs of the affected communities.

### Immediate needs

Following are the immediate needs as per reported situations;

- Evacuation through boats
- Cooked food
- Food (Ration) Baskets
- NFIs (Kitchen utensils, jerry cans, etc.)
- Provision of safe drinking water
- Hygiene Kits
- Essential Medicines

After the immediate relief phase, needs can arise for the following;

- Shelter / NFI Kits / Solar Lights
- Mosquito Nets
- Alternative Energy solution

### Food Bag Distribution



providing the Degree in Development Studies for creating a better world for future generations.

HANDS-IDS is committed to catering for the growing needs of higher education in the country. One of the primary objectives of this Institute is to develop and make available trained human resources to accelerate sustained economic growth in the current highly competitive global environment.

### Vision

Sustainable & Global Society

### Mission

HANDS-IDS brings innovative and in-depth approach to research and high quality teaching in the subjects of societal concern that transforms peoples' lives to create development leaders.

### Program of Study

HANDS-IDS will offer BBA Degree in Business Administration, BS Degree in Community Development and BS Degree in Nursing. Eventually, it will also offer BS in Computer Science and Masters, M.Phil. and Ph.D. programs in different disciplines and encourage study and research in the emerging field of entrepreneurship in particular. Right now HANDS-IDS is in the process of taking Charter.



## HANDS Institute of Development Studies (IDS)

<https://hands.org.pk/our-services/ids/>



The HANDS IDS has recently been established. Through the IDS, HANDS embraces a long-term commitment to nation building and unflinching adherence to universal human values - reflected in the institute's Tagline: 'Learning, Practising and Developing'.

HANDS-IDS is committed to excellence in teaching, research and social outreach in order to make the Institute a role-model and trend setter for other Institutes/Universities. It is a unique Institute in Pakistan

### Faculties and Departments

Faculty of Management & Development Sciences

Faculty of Health Sciences (FHS)

Department of Business Administration

Department of Community Development

Department of Nursing

Bachelors in Business Administration

Bachelors in Community Development

Bachelors in Nursing

HANDS-IDS provides a friendly learning environment to its students which helps them perform to their full capacity. Apart from the theoretical learning it also facilitates its students to learn with practicality - helping them in their future endeavours by giving them the experience of field learning and trainings.



## Life at HANDS-IDS

HANDS-IDS facilitates its students with creative and innovative learning in their faculties. With a purpose built campus along with all necessary requirements including

- Air conditioned classes
- Fully furnished campus
- Advanced and highly qualified faculty
- Latest technology equipment
- Gymnasium
- Playing area
- Community centre
- Auditorium
- Mess
- Hostel for external students
- Canteen
- Scholars corner
- Library
- Solar panel electricity system
- Clean drinking water plant.

## Faculty

Our teaching staff comprise qualified trainers and faculty members with subject/topic expertise, qualifications, experience, knowledge and passion to contribute in many areas of human capital.

## Training Programs

The Institute offers a variety of Training Programs in different sectors of social and economic development, for example education, health-care, disaster reduction and relief management, water and sanitation, economics, business administration, research, monitoring and evaluation, social mobilisation, livelihood enhancement, adult literacy, community development, social surveys, capacity and needs mapping.

## Conducting the Training

The Training and Development Wing is equipped with the latest equipment and services for conducting training and seminars. We tailor our services to the particular needs of both the public and private sector clients. Our blend of skill and experience enables us to develop and offer services which meet the clients' needs effectively. Whilst our services are delivered mainly to the above mentioned clients, we have a strong reputation and growing demand for our services across the country. HANDS-IDS also emphasises Community Development grounded in reality and for this purpose the Institute has formed different kinds of Societies.

## Diplomas and Certificates to be awarded

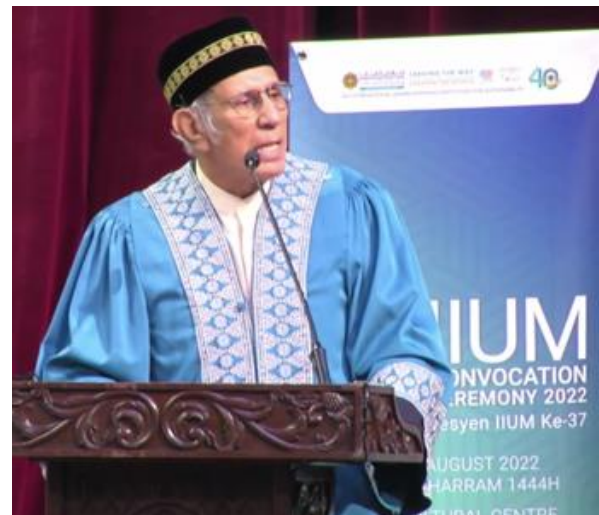
Other than degrees mentioned above, the institute will offer Diplomas and Certificate courses in the fields of development and management of varying durations.

## Anwar Fazal receives Ibn Khaldun Merit Award for Global Social Transformation on behalf of HAIAP

The International Islamic University Malaysia (IIUM) Ibn Khaldun Award, introduced in 2018, is an award to recognise organisations that lead and contribute in terms of expertise or charitable work for the community without expecting monetary returns. According to IIUM Rector, Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak:

*'This award is a sign of appreciation and gratitude to the front-line staff and to some extent it is a catalyst to raise their spirits in carrying out their duties'.*

We at HAIAP are honoured and humbled to receive this award. On August 13 Datuk Seri Mohammed Anwar Fazal Mohammed received the IIUM Award from Queen Azizah of Malaysia at the IIUM Convocation Ceremony 2022.



Addressing citizens of the universe, children of mother earth, brothers and sisters, he thanked IIUM on behalf of HAIAP. Anwar acknowledged the global team and special people in HAIAP's 40 year journey and described some of the battles, for example, those undertaken against large corporations and even governments in order to achieve safe, necessary and effective essential medicines for all who need them at a cost that all can afford.

He noted *Consumer Interpol* that was developed by HAI in collaboration with WHO that had been described by International Interpol as catching more criminals than they had.

He emphasised the five principles that guide our work: conscience, courage, competence, creativity and conviviality.

The transcript of Anwar's address will be available on the HAIAP website. Watch the ceremony here [https://www.youtube.com/watch?v=fIL\\_Dua7weU&t=7718s](https://www.youtube.com/watch?v=fIL_Dua7weU&t=7718s)

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Anwar Fazal received the International Islamic University Malaysia (IIUM) Ibn Khaldun Award from Queen Azizah of Malaysia on behalf of HAIAP from the Queen of Malaysia on August 13, 2022

