

Third World Network

Health Action International Asia Pacific (HAIAP) Forum 2023

in collaboration with USM, TWN and IIUM

27th-28th May 2023

Dewan Budaya, Universiti Sains Malaysia

HEALTH ACTION FOR ALL: THE WAY AHEAD



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Welcome message:

Welcome all to our first HAIAP face to face gathering for many years. It is wonderful to see so many new faces among us. Some of our historical colleagues are unable to join us in person but they will join us electronically.

Telling the story of a social movement helps us remember the original vision, the strategic thinking and specific direct actions envisaged by the pioneers. It all began on one long night during the International NGO Seminar on Pharmaceuticals in Geneva, at the end of the historic 34th World Health Assembly (WHA), from 27-29 May 1981. The seminar was co-sponsored by the International Organisation of Consumer Unions (IOCU), an antecedent of CAP, and a German-based health activist group, BUKO (Bundeskongress Entwicklungspolitischer Aktionsgruppen). That meeting was attended by more than 50 organisations from 26 diverse countries from Brazil to Bangladesh including Gonoshasthaya Kendra from Bangladesh.

The birth of Health Action International (HAI) emerged from several streams of thinking and planning that went on well into the night of May 29. It was agreed that HAI would be hosted by the IOCU office in Penang, Malaysia, which acted as the 'clearing house' and defacto facilitator.

In the late 1980s, Dr Kumariah Balasubramaniam (Dr Bala) took up the position as Adviser and Coordinator of the Consumers International Regional Office for Asia and the Pacific (CIROAP), and moved to Penang in Malaysia, having been very active on Pharmaceutical issues in UNCTAD. Shila Kaur, already working in Penang, began working with Dr Bala when he took the position with CIROAP.

The HAI work was coordinated from the IOCU office by the Action for Rational Drug Use in Asia (ARDA) network that had been forging a new level of partnerships with other participating organisations in our region. An external evaluation of the ARDA network was positive about the need for the network in Asia and the Pacific regions and ARDA was advised to expand membership and work with more network partners.

So HAI grew out of the bosom of IOCU and in 2001 ARDA decided to relocate out of IOCU ROAP and to set up as an independent NGO based in Colombo Sri Lanka as HAI Asia Pacific (HAIAP). Dr Bala was appointed Coordinator.

Tan Sri Dzul kifli Abdul Razak (Dzul) relates having engaged with the Alma-Ata PHC principles when he was a student at USM and then going on to lead the USM's discipline on Social and Administrative Pharmacy where PHC was added as part of the curriculum. It was at this critical juncture that HAIAP was mooted as an important institutional body of like-minded activists and experts to join in the struggle to further advance PHC as part of the 'new' health education in Malaysia, and Asia-Pacific. HAI offices were also located in Europe, Africa and South America.

Dzul explains how the link developed between the new HAIAP hub and USM's newly developed Poison's Centre - the country's first - was giving tremendous advantage and expanded opportunities to root PHC in a more practical way. The Poisons Centre subsequently doubled as the WHO Collaborative Centre for Drug Information – both entities acting as service and advisory centres for the advancement and promotion of PHC, until today, with focus on the rational use of medicines for the public and professionals alike - nationally and regionally. The services broadened the understanding and the much-needed holistic view of health with emphasis on the contribution of health to economic and human development. While some of the goals set forth were met, not all had been envisaged yet by the initial 'Health for All' year 2000 goal. In 2010 Dr Bala retired and HAIAP returned to Penang with coordinator Shila Kaur who was based at TWN. When Tan Sri Dzul became the rector of IIUM in August 2018 the link with HAIAP was established there too.

On the special occasion of 40 years, we produced a book '*HAIAP at 40*' which is a chronicle of health heroes, historic events, challenges and victories. This book covers many dimensions of the journey: the people, the places and the passions; the vision, the victims and the victories; and the initiatives, the inspirations and the ingenuity. Free copies are available here at the Forum. So here in Penang stories will be told and partnerships will be celebrated. New challenges will be identified, new friends will join us, and our way forward will be planned.

Dato' Seri Anwar Fazal
Beverley Snell
Health Action International Asia Pacific

Program Outline

Registration 12.30 pm

DAY 1: Saturday May 27 Official Opening - Plenary Hall, Universiti Sains Malaysia

2.00 pm	Opening remarks - Deputy Vice Chancellor Professor Dr Habibah Abdul Wahab
2.15 - 3.30 pm	<p>Session 1. Chair: Beverley Snell Health Action International Asia Pacific (HAIAP)</p> <p>Introduction Prof Emeritus Tan Sri Dzul kifli Abdul Razak - the story of HAIAP and USM with Prof Habibah Wahab</p> <p>Key Note Address Dato' Seri Anwar Fazal and Tribute to late Dr Zafrullah Chowdhury - Video Dr Mohib Ullah Khondoker and Dr Tariqul Islam Gonoshasthaya Kendra 'Universal health care and the right to health at Gonoshasthaya Kendra in the 21st century'</p>
3.30 - 4.00 pm	Olle Hansson AWARD Dato' Sri Anwar Fazal and recipients - Claudio Schuftan and Michael Tan
4.00-5.00 pm	<p>Session 2. Chair: Chee Yoke Ling Evelyne Hong Third World Network (TWN) 'The International Health Regulations amendments and Pandemic accord: A brief review'</p> <p>Discussion</p> <p>Summing up Day 1. Chee Yoke Ling</p>
Day 2 Sunday May 28	
10.00 - 11.15 am	<p>Session 3. Chair: Karina Yong Beverley Snell HAIAP and Chee Yoke Ling TWN Access to Affordable Essential Medicines and Technologies: 'TRIPS' and Equity 'The Malaysian experience in using TRIPS flexibilities'</p> <p>Discussion</p>
	Break
11.45 am - 12.45 pm	<p>Session 4. Chair: Edelina de la Paz Dr Niyada Kiatying Angsulee Director, Drug System Monitoring and Development Centre, Chulalongkorn University Research Institute; Chair, Health and Development Foundation 'The importance of the ONE HEALTH approach to Antimicrobial Policy at National level: Case study of the Thailand AMR movement'</p> <p>Discussion</p>
12.45 - 2.00 pm	LUNCH
2.15 - 3.30 pm	<p>Session 5. Chair: Hadzliana Zainal Country Experiences Pakistan- HANDS Dr Tanveer Ahmed by Zoom Sri Lanka - Prof Manuj Weerasinghe Kerala - Dr Ekbal Bappakunju by Zoom</p>
3.30 - 4.30 pm	<p>Session 6. Chair: Prof Habibah Wahab FORUM - DISPENSING SEPARATION: IS IT MERELY AN ACADEMIC DISCUSSION? Moderator: Prof Emeritus Tan Sri Dzul kifli Abdul Razak Beverley Snell Australian setting Mr Amrahi Buang, Malaysian Pharmacists' Society and Dr Jaya Balan, Consumers Association of Penang</p>
4.30 - 4.45 pm	Beverley Snell Award for winners of 'Catalyst Crew' video competition 3 x 3 min videos
4.45-5.30	SUMMING UP and closing: Prof Emeritus Tan Sri Dzul kifli Abdul Razak The way forward

Profiles: Speakers and Organisers



Dato' Seri Anwar Fazal is a founder of HAI and HAIAP and the founder and one of the prime movers of several other local and global citizens movements. Among them are the Consumers Association of Penang (CAP) founded in 1969, International Baby Food Action Network (IBFAN) in 1979 and Pesticide Action Network (PAN) in 1982.

His determination and driving force helped establish the much-needed Consumer Interpol in 1981, a consumer and environmental alert system to monitor global trade in hazardous products and technologies.

His consumer activism ensured that issues such as appropriate infant feeding practices, pesticide hazards, and health and pharmaceuticals, were indeed consumer issues requiring urgent global action.

As President of the International Organization of Consumers Unions now known as Consumers International (CI) he ensured that the voices of the poor consumers in the developing world have been heard in international fora.

International recognition has included the Right Livelihood Award, popularly called the 'Alternative Nobel Prize' for his work in promoting and protecting the public interest in 1982; the title 'Activist of the Year' in 1983 by Ralph Nader's magazine, *Multinational Monitor*; and election to the 'Environmental Hall of Fame' by *Mother Earth News*. He was the founding director of and currently Chairman of, International Advisory Council, Right Livelihood College.



Professor Tan Sri Dzulkifli Abdul Razak (known as Dzul) is currently the Rector of the International Islamic University in Malaysia. He was the Vice Chancellor of Universiti Sains Malaysia (USM) from 2000-2011. He is the immediate past president of the International Association of Universities (IAU), a UNESCO-affiliated organisation based in Paris. He was the Convenor of the United Nations University-acknowledged Regional Centre for Expertise on Education for Sustainable Development based in USM, one of seven pioneering centres worldwide, beginning 2005. Dzul was awarded the prestigious 2017 Gilbert Medal by Universitas

21 in recognition of 'his long term commitment to a sustainable approach to international higher education.' He is a Fellow of the Academy of Sciences Malaysia (FASc), the World Academy of Art and Science (FWAAS) and the World Academy of Islamic Management (FWAIM). He won the Olle Hansson Award 1999. Since 1995, Dzul has been writing weekly op-ed columns for Malaysia's dailies especially *The New Straits Times*. The Government of Japan, in recognition of his contribution to the academic collaboration and exchanges between the two nations, conferred him the Order of the Rising Sun, Gold Rays with Neck Ribbon in September 2019. He serves as an Expert for the Futures of Higher Education Project at UNESCO's Institute for Higher Education (IESALC) based in Caracas, Venezuela.



Beverley Snell, current Coordinator of HAIAP, is a pharmacist who has specialised in essential medicines work within a public health and PHC framework, including refugee settings and humanitarian emergencies. Between 1981 and 1986, she worked in refugee and host communities in Somalia. Since 1990, she has contributed to the essential medicines sector in many developing countries, including Pacific Island and Mekong countries, on the ground and through program design and development of policies, manuals and texts. For 12 years she taught in the International Health stream of the Master of Public Health program delivered by the Burnet Institute Centre for International Health, for Monash University. She was awarded

the Order of Australia Medal (OAM) in 2012 for her contribution to International Health.



Chee Yoke Ling is a lawyer and currently the Executive Director of the Third World Network, a policy research and advocacy organisation and home of HAIAP since 2011, which has its international secretariat in Penang, Malaysia. She has been very active since the mid-1980s, from the national to global level, focusing on trade, environment, health and general development issues from the perspective of developing countries. Some focus areas of her work are public health and access to affordable medicines, in particular antimicrobial resistance and the national implementation of flexibilities in the Agreement on Trade-Related Aspects of

Intellectual Property Rights administered by the World Trade Organisation.



Dr Hadzliana Zainal is a Senior Lecturer in the School of Pharmaceutical Sciences, Universiti Sains Malaysia where she has been since 2008. She is the Coordinator for the MPharm Program for the School of Pharmaceutical Sciences. Hadzliana is affiliated with many international institutions and has served many conferences and workshop committees. Her tasks include overseeing pharmacy students' activities especially when it involves liaising with stakeholders, third parties and coaching them for tournaments, exhibitions and patient counseling. She is also active in supporting students' 'Baktisiswa' community work where they get first-hand experience of the life of the local community, instilling awareness amongst

students on the impact of volunteerism on community and national development.



Professor Habibah Wahab is Professor in the School of Pharmaceutical Sciences, Universiti Sains Malaysia. After PhD from King's College London, she joined Universiti Sains Malaysia and climbed her academic ladder. Within 10 years, Habibah was promoted as a full Professor and in 2017 she broke the glass ceiling to become the first female dean in the School of Pharmaceutical Sciences, which had a 50 years of history with eight male deans. Habibah is well known internationally in her field of research. She has been advocating on the collaborative innovations on traditional medicine in addressing the escalating cost and poor access to modern medicine, which were prevalent in some ASEAN countries. Her work continues into addressing concerns regarding less fortunate youths via the Science for Society activities. For example 'Baktisiswa' involves communities in Indonesia and Malaysia and ensures selected students who were 'adopted' by the School can afford to pursue their studies until University level. Current projects include Pharmacy4Kids which promotes STEM education to young kids via pharmacy-based activities.



Dr Yap Beow Keat is a Pharmacy Lecturer in the School of Pharmaceutical Sciences, Universiti Sains Malaysia. He graduated with the Bachelor of Pharmacy (Hons) from USM in 2008, and registered as a Pharmacist with the Malaysia Pharmacy Board in 2009. He obtained his M. Med. Sc. from Universiti Malaya in 2012 and Ph.D in Medicinal Chemistry from Monash Institute of Pharmaceutical Sciences, Monash University, Australia in 2016. During his stint in USM, besides fulfilling his passion as an academician and researcher, he has been actively involved in many committees for various events organised by the School including conferences, workshops, forums, exhibitions and alumni events. He also occasionally volunteers as health counsellor in student activities. Yap has built and maintained the electronic infrastructure that has enabled this special forum.



Dr Mohib Ullah Khondoker Principal (In Charge), Gonoshasthaya Somaj Vittik Medical College, Coordinator, Gonoshasthaya Nagar Hospital and Dialysis Centre. He is a medical doctor from Bangladesh. Dr Mohib is a senior Public Health Professional, academician with over 25 years of experiences in Health and social development. He has experiences in strategic planning, program designing, technical leadership, resource mobilisation, management and implementation of large scale programs. He achieved his Masters in Public Health degree from Institute of Tropical Medicine (ITM), Antwerp, Belgium.



Dr Tariqul Islam is a Bangladeshi physician and veteran public health administrator. In 2003, he became director of the HEALS study in Araihasar. Before joining HEALS, he spent three years with CARE-Bangladesh as project coordinator, reproductive health program. Dr Islam has worked at Gonoshasthaya Kendra for 13 years. He says GK taught him how to handle the politics and practicalities of public health.



Dr Niyada Kiatying-Angsulee, Ph.D. currently leads three major organizations, firstly as Chair HAIAP (Health Action International Asia Pacific), second Director, Drug System Monitoring and Development Centre, Chulalongkorn University Research Institute and third Chair, Health and Development Foundation Faculty of Pharmaceutical Sciences, Chulalongkorn University. She obtained Bachelor degree in Pharmacy from Chulalongkorn University, Master Degree in Pharmacology from Mahidol University, and PhD in Health Policy from London School of Hygiene and Tropical Medicine, University of London.

Niyada serves on various Thailand Ministry of Public Health committees: National Antimicrobial Resistance Policy Board, Drug Committee (as expert by law), and Sub-committee on Promotion of Rational Drug Use, under the National Drug Policy Board. At the same time, she volunteers with many civil society organisations (consumer and patient groups) nationally and internationally. She is a Board Member of ISIUM (International Society for Improving Use of Medicine) and an appointed temporary expert with World Health Organization.

Her current focus is on drug system monitoring to signal health risk factors to relevant bodies, raise public awareness and to advocate public policies such as antimicrobial resistance, rational use of medicine, and access to essential medicines. Other work includes governance and ethics, social pharmacy, and roles of sciences in social development and sustainability.



Evelyne Hong works as Head of Health Program Senior Researcher at Third World Network, which is a Non-Profit and Charitable Organisations company with an estimated 14 employees; and founded in 1984., their management level is Director. Evelyne has been Head Health Program Senior Researcher in Third World Network for 4 years.



Dr Ekbal Bappukunju is a public health activist, a neurosurgeon, and an academic in Kerala, India and has served as a member of the Kerala State Planning Board since 2016 and the Chairperson of the Covid Expert Committee advising the Government of Kerala on Covid control since January 2020. He was the Professor of Neurosurgery at Medical Education Department Kerala until 2000 and Vice-chancellor of the University of Kerala during the period 2000–2004. He is an active member of the Peoples Science Movement in Kerala (KSSP) and was the president of KSSP 1983-85. He was a member of the Kerala State Planning Board from 1996 to 2000) during which he played a vital role in People's Plan Campaign for Decentralisation by the Government of Kerala. He is also one of the joint convenors of Jan Swasthya Abhiyan (Public Health Movement - India). He was the President of the Democratic Alliance For Knowledge Freedom, Kerala popularising Free and Open Source Software



Dr Shaikh Tanveer Ahmed is the Chief Executive of the leading non-profit organization HANDS (Health and Nutrition Development Society), a sustained comprehensive integrated development model, working in 24 districts of Pakistan as a private public partnership. He is a medical graduate, and Master in Public Health. His unique experience of working as Public Health professional and development specialist is spread across a canvas of more than twenty years. His position as CEO of HANDS has provided him with an enormous understanding of grass roots realities as well as national and international policies and initiatives. His consistent leadership of HANDS has developed it into the comprehensive integrated development model that it is today. More than 25 papers are among his credentials, presented in international conferences, held in different countries. He is also the writer of 23 publications on development and public health issues.



Professor Manuj Weerasinghe is a public health practitioner currently working as the Head and Professor at the Department of Community Medicine, University of Colombo, Sri Lanka. He has been involved in research on many aspects of public health. His work covers health disparities and health-seeking behaviour in marginalised populations, adolescent health, maternal and child health, health of older Sri Lankans, and non-communicable diseases. He also focuses on health program evaluation, health financing and policy transition in developing countries, and the public health impact of international trade agreements. Globalisation has been a topic of interest to him for many years. He has been closely examining the effects of new trade treaties on the medicines market. His work on effects of intellectual property rights on medicines is now published as a research report titled 'Establishing a baseline to monitor public health implication of new Intellectual Property Rights regime on pharmaceuticals in Sri Lanka'. He was also a member of the group that developed the Regional Framework on Public Health Innovation and Intellectual Property for the WHO Regional Office, South-East Asia 2011.



Dr Mira Shiva is a founder and a former Chair of HAIAP. For over four decades she has been engaged with issues of Comprehensive Primary Health Care (PHC), gender justice, and social and health equity. She has been involved with issues of rational drug policy and rational use of drugs, women and child health, food and nutrition security, food safety and biosafety, environment and health, and using law for public health. She was involved in relief work and health impact studies after the Bhopal gas tragedy. Dr Mira is a Founder Member of the People's Health Movement - a Steering Committee Member for two terms and currently an Advisory Committee Member. She is Coordinator of the Initiative for Health and Equity in Society and Founder Coordinator and Co-Convenor of the All India Drug Action Network and was a member of the Health Committee of the National Human Rights Commission of India.

Dr Mira was recipient of the first Dr Olle Hansson award for showing Moral Courage and for contributions Nationally and Globally for Rational Use of Medicines. She was also recipient of the Women Scientists Award in 2006 by Science and Society, Department of Science and Technology for 'prevention of misuse of medicines and medical technologies'.



Uma Devi is a Researcher at Third World Network. She has facilitated and supported HAIAP activities for many years.



Lim Beng Tuan is head of Finance at TWN responsible for marketing and instrumental in organising all accommodation and related needs for this Forum in Penang.

Special Tribute: Dr Zafrullah Chowdhury

Dr Zafrullah Chowdhury was one of the founders of Health Action International. He was born in December 27, 1941 in Raozan, Chittagong. He passed away at 11 pm on April 11, 2023. He leaves his wife Shireen, son Bareesh and daughter Bristi. Our sincere condolences are with them. It is a devastating loss for all of us. Dr Zafrullah has been a fighter, mentor, guide and inspiration. He has been the father of a huge community family in Bangladesh and leaves Gonoshasthaya Kendra as a living memorial to his life. We will remember forever his uncompromising role in the battle for health and justice for all.



In 1971, during the Bangladesh Liberation War, he and colleagues set up the 480-bed Bangladesh Hospital for freedom fighters and refugees; run by a team of Bangladeshi doctors, medical students and volunteers. Women were trained within days to help provide care for patients.

Gonoshasthaya Kendra (GK) was set up in Bangladesh in 1972 when Dr Chowdhury took on the challenge of developing an effective rural health care delivery system based on his experience of running a field hospital with young women and men with no previous medical training. GK began providing all basic healthcare to the community with paramedics from the community – trained at GK and supported by a strong referral system. The experience of GK became the basis of one of the main working papers on which the Alma Ata Declaration of the World Health Organization was framed. One of the first initiatives of GK was the local manufacture of affordable high quality essential medicines. Over the years GK expanded geographically as well as beyond health care to include appropriate technology and skills building especially for women's empowerment while continuing to respond to current challenges such as natural and man-made disasters, epidemics and working conditions - especially for women.

Zafrullah believed that women should not be the recipients of training in only stereotypical women's pursuits - craft work, basket making etc. Women's development options should include professional training to provide the services that a population cannot live without: electricians, plumbers, drivers, builders, carpenters, boiler makers, printers and more. GK has succeeded in breaking social barriers and creating a training environment conducive to women's confidence building and skills development, as well as self-determination for the whole community. This environment has allowed both capacity building and job creation for those rendered poor, especially women; as well as better health care for those who have not in the past had the access to the means to health care. Nationally, this work has influenced the government to include community health workers in its health and family planning program and also influenced the government to increase opportunities for women in other sectors.

The mainstay of GK's health care delivery system rests on a team of community health workers called 'paramedics', most of whom are young rural women. Through them, health services have reached rural homes and the poor in particular have been able to gain access to education, medical services, health education and essential medicines.

Zafrullah Chowdhury was instrumental in setting up the Bangladesh National Drug Policy. The Bangladesh National Drug Policy formulated in 1982 ensured access to essential medicines for all Bangladeshis. Before that most drugs – many unnecessary or even dangerous - were manufactured and distributed by multi-national companies, priced out of reach for most of the people - while the most essential 150 remained in short supply.

The GK centre also runs a university, hospital, agriculture cooperatives, printing press, community schools, a generic drug manufacturing plant and a vocational training centre. All basic services, for example plumbing, electrical services, vehicle maintenance, carpentry are provided by women who are trained on site. GK's philosophy of people's health care has two main pillars: economic and health security. Primary Health Care with a holistic approach to health is a basis for human rights.

GK Response to current needs

A dialysis centre for all who need it in Dhaka, Bangladesh

According to Zafrullah Chowdhury:

'Global institutions like the World Health Organisation and the World Bank are paying too little attention to health economics. I think European donor governments should promote, at the global level, the kind of governmental health care that works so well in their own countries. The challenge is two-fold. Services must not only become available, but affordable too. The free market does not deliver that. To cover everyone, solidarity is more important than competition. And in regard to non-communicable diseases, we must consider that availability and affordability are both long-term issues. If you are diabetic or suffer from hypertension, you must take your pills every day for the rest of your life. It is not like taking an antibiotic for a few days. People who depend on dialysis need a session every other day. Making that happen is a huge challenge.'



The GK Dialysis Centre was opened on 13 May 2017 with the capacity to serve 400 patients a day. Haemodialysis uses a machine to replace the function of the kidneys to filter blood to remove waste products and water from the blood. The centre is equipped with 85 of the best German-manufactured dialysis units and 15 Japanese-made units. It is the single largest dialysis facility in the country.

The centre was set up to provide affordable dialysis for poor patients. The charges vary according to the economic status of the patient. GK had planned to provide dialysis for up to 25 ultra-poor patients per day for free, for 300 poor patients at 1,100 Bangladesh taka¹ per session, and for some 100 middle-class patients at BDT 1,500 per session. The actual cost per session is estimated at BDT 1,700. The plan was to have sufficient rich patients who would avail of the dialysis service at BDT 3,000 per session in order to meet the deficit of approximately BDT 80,500 per day.

However, the charges have since been revised downwards so the ultra-poor continue to get free services, the poor pay BDT 800, the lower middle class BDT 1,100, the middle class BDT 1,500, the upper middle class BDT 2,500 and the rich BDT 3,000. The revisions were made to accommodate a larger number of poor patients coming from outside Dhaka city who have to spend a substantial amount on transport and having someone to escort them. GK has observed that if a patient can afford to undergo haemodialysis three times a week for three months, they can go back to work and travel without escorts to the dialysis centre.

Bangladeshi NGOs, industrialists, business houses and a host of individuals have contributed to the setting up of the dialysis centre. Dr Muhammad Yunus's Grameen Social Business has extended an interest-free loan to meet the deficit.

Health cover for ready-made garment (RMG) workers

After the Shahriar garments collapse,² Tazreen Garments fire³ and the biggest ever tragedy in the garments sector, the Rana Plaza collapse,⁴ 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 on providing comprehensive health care to RMG workers in Bangladesh. To make the scheme possible, GK partnered with SNV⁵ - 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 program 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)⁶ with technical assistance from SNV.

Treating COVID-19 patients: Gonoshasthaya at their doorstep

Sadi Muhammad Alok

In August 2020, Gonoshasthaya Kendra started an initiative to treat coronavirus patients at their homes with mobile medical teams, in four areas of the capital, Dhaka. The Gonoshasthaya Kendra Mobile Corona Medical Services also collect samples from people with coronavirus-like symptoms from their homes in Dhanmondi, Kalabagan, Old Dhaka and Mirpur.

Dr Zafrullah Chowdhury, founder and trustee of GK, explained that GK's medical officers will visit homes in ambulances for COVID-19 patients who call the institution or book the service using a special app. The service was provided every day from 9 am to 8 pm, he said. There are two types of services they can provide through home visits - firstly, carrying out tests on a large scale, and secondly, if any COVID-19 patient calls them, their medical team will go to the patient's residence and provide the necessary management.

Treatment is according to WHO guidelines with all chest X-rays, ECG and all the needed tests carried out; in other words, a hospital would go to a corona patient's house.

¹ The current conversion rate is BDT81 for USD1.

² <https://cleanclothes.org/news/2005/04/01/factory-collapsed-bangladeshi-garment-workers-buried-alive>

³ https://en.wikipedia.org/wiki/2012_Dhaka_garment_factory_fire

⁴ https://www.ilo.org/global/topics/geip/WCMS_614394/lang--en/index.htm

⁵ SNV stands for Stichting Nederlandse Vrijwilligers

⁶ <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.

Dr Chowdhury told *The Daily Star* that the government had not taken the necessary precautionary measures regarding COVID-19 treatment.

'I have been saying from the beginning that oxygen is most needed for COVID-19 patients. We can easily produce that oxygen ourselves. It costs around Tk 30 crore (about US\$350,000) to build a small oxygen plant, and it is not difficult for the government to spend [that amount]. If the money is given to the hospitals as a grant, they can produce oxygen as per their requirement.

'At the same time we from GK will teach other people associated with the COVID infected patients how to measure temperature, blood pressure and oxygen level. We will provide this service from door to door, so that the crowd in the hospital is reduced and the panic among the people is also reduced.'

Dr Chowdhury said there is no alternative to standing by the people amid the deteriorating COVID-19 situation

IN MAGNANIMITY and service to humanity, Dr Zafrullah Chowdhury (1941–2023) dwarfed many people comparable to him in professional background and expertise. His social activism and medical philanthropy for the downtrodden in Bangladesh will remain of enduring value and will continue to play an essential role in society. Early in life he relinquished the glamour of the prospect of a bright medical career in the UK to serve his country and its people. He chose a modest lifestyle that many people of his stature would find freakish, weird and aesthetically unacceptable.

Even in his sickness, Zafrullah Chowdhury maintained the principle of health/medical egalitarianism by refusing to seek privileged medical treatment. He trusted the physicians of his Gonoshasthaya Nagar Hospital in Dhaka's Dhanmondi and relied on the medical services that he founded. He declined to receive medical care overseas or in healthcare facilities other than his own in Bangladesh.

Dr Md Mahmudul Hasan

Teacher of English and postcolonial literature at International Islamic University Malaysia.

<https://www.newagebd.net/article/199546/a-champion-of-health-care-for-the-poor>

Special tributes

Dr Mira Shiva

Dr Zafrullah was unique, a visionary, courageous, creative, committed, passionate about what he believed in, assertive and even adamant. He dreamt impossible dreams and much to our amazement with all his grit, persuasion and capacity to convince and take others along, actually fulfilled many.

It was when I was invited to the GK Pharmaceuticals inauguration that I first met him. First impression of GK was sheer amazement, the security guard, the driver of the mini van, most of the workers in GK Pharmaceuticals were women. The effort towards women's social and economic empowerment was obvious with women workers making jute bags, doing carpentry, electrical and iron work and as time went on they were doing everything society depends on.

Most impressive of course was the role of the trained GK Paramedics, provided with supportive supervision and linked to referral services in the GK Hospital - among other services bringing down Maternal Mortality drastically. They travelled to remotest corners by bicycle and when use of bicycles by paramedics was opposed by some religious leaders, Dr Zafrullah had said if the Quran forbids it I will stop their use.

Dr Zafrullah initiated the Bangladesh Drug Policy in 1982. We supported it, sending congratulatory messages which were overwhelmingly more than those (including MNCs) opposing it. The policy was in keeping with WHO Guidelines and as Dr Zafrullah always said, it was inspired by India's Hathi Committee Report, which we in India had failed to implement. Production of Essential Drugs Banning and removal of irrational hazardous drugs were major components of the policy.

It was in Penang in one of the meetings that included Dr Balasubramaniam and Dato' Seri Anwar Fazal with Consumer International - much before 2000 - that the proposal was raised about the need to have a Peoples Health Assembly (PHA) in 2000 - there was supposed to be Health for All by 2000. Dr Zafrullah proposed GK Savar as the venue.

His point was that it was important for others to experience the situation in Bangladesh. Solutions for our region had to be relevant to our social, economic and political reality. Moreover health activists from neighbouring countries could come by road - not everyone could afford airfares. Zafrullah took big risks and massive loans to get the PHA Building ready in time. The electric wiring was still being done when some of us arrived early.

PHA 1 in Savar in 2000 was an inspiring experience for all those who attended, and more so for those like Dr Qasem Chowdhury who were involved with organizing. There were little bamboo huts with benches and tables serving food cooked by community women - no contractor or caterer - delicious local food, served with dignity, eaten with relish - with chicken and fish served as well as appropriate vegetarian food.

We used to ask Dr Zafrullah to record his experiences and insights, his victories and challenges - personal and professional. We all had so much to learn. Among the publications he produced was the Politics of Essential Drugs in 1985, published by Zed books. So I

remember dear Dr Zafrullah for his courage, for his leadership, for his gender sensitivity, his deep sense of Social justice, his tremendous capacity to tread new paths.

Dr Zafrullah was wanting to come to our HAIAP meeting in Penang, where HAIAP had lived so long. It was not to be. We will miss him deeply. The loss is immense - for GK Colleagues, family members especially for dear Shireen, who was a constant pillar by his side - and children Bristi and Bareesh. Dr Zafrullah remains part of our lives because of who he was and what he did for others in many many ways. We miss you deeply Dr Zafrullah.

Jörg Schaaber, BUKO Pharma-Kampagne, Germany (BUKO has travelled with HAI since the beginning in 1981)

I first met Zafrullah 40 years ago at a WEMOS conference in Amsterdam where he exposed the promotion of anabolic steroids for child growth in poor nations ('helping to gain full weight and height'). This was not only dangerous but would lead to stunted growth. Zafrullah did not only criticise the reckless marketing but put it into a broader public health perspective: All children need is enough food.

BUKO Pharma-Kampagne was very impressed by the essential drugs policies in Bangladesh which Zafrullah inspired and defended. We decided in 1987 to invite him to our conference *Less drugs – better therapy: Learning from the Third World*. But Zafrullah's struggle for the right to health for all people did not go unnoticed by Big Pharma. The German Embassy in Dhaka rejected his visa. The reason given was his allegedly 'hostile' stance towards the German pharmaceutical industry. It needed the help from a German member of parliament to overturn the rejection and in the end Zafrullah arrived just in time for the conference in Bielefeld. One key lesson he presented there was: It is not enough to select essential drugs for the best treatment but one needs to get rid of the irrational drugs – which Bangladesh did quite successfully at that time. Because no drug known to be bad escapes doctors who prescribe it because of aggressive marketing.

At the first People's Health Assembly in 2000 at Gonoshasthaya Kendra – The People's Health Centre in Savar, Bangladesh I had the pleasure not only to be part of the birth of the People's Health Movement but also to see Zafrullah's home base. It was important to him that we not only talk but also see the working and living conditions of the country: poverty, social movements, positive projects and niches of enormous wealth – a live view of the social determinants of health.

We met a few times over the years and I will always remember Zafrullah as a person committed to empowerment as a path to better health and a great inspiration. May he rest in peace.

Dr B Ekbal

I had very close contact with Dr Zafrullah Chowdhury for four decades. I first met him at a conference organised by the Consumers Association of Penang in 1982 where we discussed drugs banned in developed countries being marketed in developing countries. Dr Balasubramaniam was also there. Following this conference, mass campaigns were initiated against the marketing of dangerous drugs in several countries especially in countries like Bangladesh, Pakistan and India. Dr Zafrullah cautioned me that along with campaigning against such drugs, we should also demand that Essential Drugs should be made available to the people free or at low cost. He said that if we don't take such a position, the campaign may turn people against all modern medicines. Because of his instruction, when I wrote a book on the topic, I titled it '*Banned, Bannable and Essential Drugs*' and I published the current Essential Drug List of WHO in the book. Dr Zafrullah later published the WHO Model Essential Drugs book in Bengali.

He visited India several times campaigning against dangerous drugs and the need for making essential drugs available to people. Because of the mass action he built up in India, the Government later banned dangerous drugs and was forced to prepare and publish a National List of Essential Drugs. Zafrullah later showed the way to developing countries by establishing the GK Pharmaceuticals and marketed essential drugs at very low cost.

As part of the organising team I was with him when he organised the Peoples Health Assembly in the GK campus in 2000 and formed the Peoples Health Movement Global. He was also closely associated with the Peoples' Science Movement in Kerala (The Kerala Sastra Sahithya Parishad: KSSP) and visited Kerala six times and talked to doctors, medical students and the public on various topics related to public health. He was a great source of inspiration to KSSP activists.

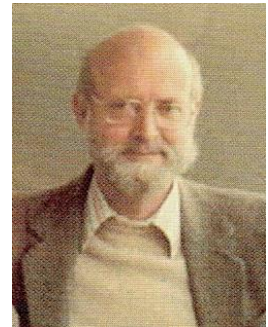
Just after the TRIPS regime was established by WTO, prices of essential drugs shot up in many countries. Before the Ministerial Conference of WTO at Doha in 2001, a meeting of health activists from different countries was held in Amsterdam. Dr Zafrullah, James Love and Carlos Correa prepared a letter to the ministers attending the conference exhorting them to include Compulsory Licensing in the TRIPS protocols. Later Zafrullah and James Love went to Doha and briefed the ministers. And finally, the Doha conference (2001) came out with what is called the Doha flexibilities providing Compulsory Licensing as a proviso in the TRIPS regime.

When I retired as Professor of Neurosurgery from Government service, he asked me to join the GK Medical College and train general surgeons on basic management of health injuries since there was a dearth of neurosurgeons in Bangladesh. But due to various domestic responsibilities I could not join GK. I regret it now.

I wanted to meet Zafrullah with HAIAP in Penang and emailed him to check whether he was attending. Meanwhile he was admitted in the hospital, but he sent a reply through his wife saying that he will definitely come to Penang to meet his friends. Unfortunately, he could not make it and departed us within a few days after sending the email. Dr Zafrullah was a great source of inspiration to all of us and his memory will continue to motivate us in all our public health activities.

Olle Hansson Award

Dr Olle Hansson was an icon of the activist medical profession and wrote a classic in medical investigative exposure. The book was called 'INSIDE CIBA GEIGY' and published in Penang, Malaysia in 1989. It is an amazing piece and we like to quote from the foreword written by **Anwar Fazal**, former President of International Organisation of Consumers Union (IOCU), co-founder of Health Action International (HAI) and the instigator for the idea of a Peoples Health Assembly. *'Olle was a very special inspiration to us. His courage, his competence, his commitment were rare in a profession that is more often too comfortable or too implicated to speak out against a powerful industry.'* His passing on 23 May 1985 was mourned not by words but by a series of actions that will continue to inspire those working to see a more responsible pharmaceutical industry worldwide.'



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

The Award recognises the work of an individual from a developing country who best demonstrates the qualities of Dr Olle Hansson in promoting the rational use of drugs. *'It is time to act! It is time to act for all of us who believe in human dignity and justice.'*

Olle Hansson Award 2023

Dr Claudio Schuftan is a freelance public health consultant in Ho Chi Minh City, Vietnam and an ex-adjunct Associate Professor in the Department of International Health at the Tulane School of Public Health in New Orleans, USA. He is a Chilean national and got his MD and paediatrics degree in his native country. Since 1975, he has been working on nutrition, Primary Health Care and human rights issues in more than 50 countries the world over. From 1988-1995 he worked in Kenya. He has lived in Vietnam since 1995 and consults worldwide. He started working on human rights issues in the late 90s and is the author of a fortnightly column, the Human Rights Reader; over 390 of these Readers can be found on his website www.claudioschuftan.com. He has been associated with HAIAP since 1995 and he is one of the founding members of the People's Health Movement.



Claudio is co-recipient of the Olle Hansson Award 2023.

Professor Michael Lim Tan trained in Veterinary Medicine (DVM, University of the Philippines, Diliman, 1977), Anthropology (MA, Texas A and M University, 1981) and Medical Anthropology (PhD, University of Amsterdam, 1996). He worked with social action programs from 1977 to 1981, mainly in community-based health programs in Mindanao and in Luzon, and with a community-based tuberculosis control program. He founded the health NGO, Health Action Information Network (HAIN), among the first HAIAP partners, concentrating on research and information for community-based health programmes, government and non-government health agencies, mass media and legislators. HAIN played a major role in pushing for health reforms in the Philippines around providing safe and affordable pharmaceuticals, and responding to HIV and AIDS and reproductive health needs. Michael and HAIN made major contributions to HAIAP resources. He began teaching in the University of the Philippines (UP) in 1985 and became Anthropology Field School Director in 1997, then Chair of the Anthropology Department, Dean of the College of Social Sciences and Philosophy and, from 2014 to 2020, Chancellor of UP Diliman. During his term, he encouraged faculty, students and staff to engage the world outside, including speaking out on national issues. Michael Tan is co-recipient of the Olle Hansson Award 2023.



PHA5: Health for All in a "post-pandemic" world

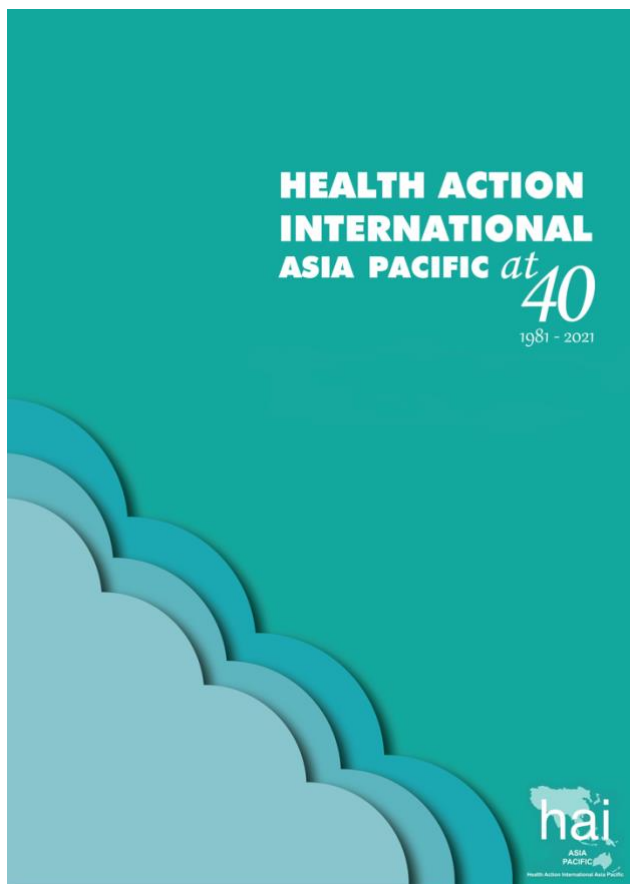
The 5th People's Health Assembly of the People's Health Movement will take place in the city of Cali in Colombia. This is the second time that PHA will take place in Latin America after PHA 2 was held in Cuenca, Ecuador in 2005. The tentative dates are 4-8 December 2023.

The People's Health Assembly (PHA) is a global gathering of health activists and organizations committed to advancing health as a fundamental human right.

Peoples Health Movement
<https://phmovement.org>

HAIAP at 40 1981-2021 – available for download free of charge

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