



Health Action International Asia Pacific (HAIAP)  
(in collaboration with USM TWN DMDC IIUM)



Third World Network



IIUM



Garden of Knowledge and Virtue

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# HAI AP News

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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 in line with the Peoples' Health Charter. *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 equitable health policies and carries material in support of participants' activities.

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**On World Humanitarian Day, August 19**, we demand an end to these violations and the impunity with which they are committed. It is time for those in power to end impunity and act for humanity.

India's 78th Anniversary of Independence from British colonialism was celebrated on August 15. That date is also the birth date of Sri Aurobindo



[https://en.wikipedia.org/wiki/Sri\\_Aurobindo](https://en.wikipedia.org/wiki/Sri_Aurobindo)

On August 10. in Kozhikode, Kerala, Dr Mira Shiva launched Dr Ekbal's new book ***Health for all - Unlocking the Social Determinant of Health*** at the 50th Anniversary of Medico Friends Circle.

In this issue there is a major feature on Nipah virus and how Kerala has learned to contain the impact of the virus. Outbreaks of Nipah are a direct result of human interference - de-forestation and climate change. According to the latest report the current outbreak is not a major outbreak and limited to two districts Kozhikode & Malappuram.

HAIAP expresses deep concern about the situation and violence in Bangladesh, and expresses condolences to the affected families, and stands in solidarity with students, and the movement of the people of Bangladesh.

The **AMR Education and Awareness Webinar** August 13, recording has been provided to us

<https://who.zoom.us/rec/share/QY8kMaVoJ0bwOCyswp02vyT6DsVHKVlxGHKwDchzdo94kTTumY7RZtpouoHStU.zv6l4c5fwB3W8kAH>

Passcode: \*GRbm67\$

A recording will also be shared following the August 15 webinar.

**HAIAP at 40** can be downloaded free at

<https://www.twn.my/title2/books/pdf/HAIAP%20at%2040.pdf>

Hard copies are available free but postage needs to be covered.

Contact [linda@twnetwork.org](mailto:linda@twnetwork.org)

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## World Humanitarian Day: A call to action August 19

A day to honour selfless individuals who venture into world's most perilous places

<https://www.un.org/en/observances/humanitarian-day>

2023 was the deadliest year on record for humanitarian workers. 2024 could be even worse. These facts lay bare a glaring truth: the world is failing humanitarian workers and, by extension, the people they serve.

Despite universally accepted international laws to regulate the conduct of armed conflict and limit its impact, violations of these laws continue unabated, unchallenged and unchecked. And while civilians, including aid workers, pay the ultimate price, the perpetrators continue to evade justice.

This failure of those in power cannot be allowed to continue. Attacks on humanitarian workers and humanitarian assets must stop. Attacks on civilians and civilian infrastructure must stop.

This World Humanitarian Day, we demand an end to these violations and the impunity with which they are committed. It is time for those in power to end impunity and act for humanity.

By Dr Unni Krishnan

<https://www.theweek.in/leisure/society/2024/08/18/defenders-of-humanity-a-tribute-to-aid-worker-on-world-humanitarian-day.html> 2024 11:46 IST

August 19 is World Humanitarian Day, a day to honour selfless individuals who venture into the world's most perilous places, driven by an unyielding commitment to defend humanity. This day commemorates the sacrifice of 22 humanitarian workers, including the United Nations' Sergio Vieira de Mello, who lost their lives in a bombing in Iraq on August 19, 2003. In 2008, the UN General Assembly declared August 19 as World Humanitarian Day, emphasising the survival, well-being, and dignity of people affected by crises, as well as the safety and security of aid workers.

### Act for humanity

This year, the theme is “#ActForHumanity,” a call to confront the normalisation of violence against civilians and humanitarian workers. Attacks on humanitarian workers can constitute a war crime. Despite this, in 2023, more aid workers died by violence than in any previous year on record, with 280 fatalities reported in 33 countries. More than half of these deaths (163) were aid workers killed in the first three months of the conflict in Gaza, mostly as a result of airstrikes.

In certain conflict zones, armed forces and groups continue to violate International Humanitarian Law, often targeting the very people who risk their lives to save others. The world is failing humanitarian workers and, by

extension, the people they serve in some of the darkest moments when they need support most.

Relentless bombing since October 7, 2023 had claimed over 40,000 lives in Gaza (including the lives of humanitarian workers) transforming the region into one of the deadliest places for humanitarians. Hospitals, schools and homes have been reduced to rubble, and those seeking refuge and hostages have become casualties in a conflict that knows no bounds. The conflict in Sudan has displaced over six million children, with hospitals and humanitarian workers coming under direct attack.

Both in Gaza and Sudan, systematic blocking of relief suppliers and relief workers highlight the urgent need to demand an end to such violations and impunity and push for peace and justice.

On the World Humanitarian Day, pressure must be put on parties involved in conflicts and on world leaders to take action to ensure the protection of civilians, including humanitarians, in conflict zones.

As disasters and wars reshape lives and devastate communities, the suffering of the innocent becomes an indelible mark on the fabric of humanity. Today, more than 120 million people are uprooted from their homes and communities worldwide. Children, constantly on the move, fleeing missile strikes and bombings in places like Sudan and Gaza, stand as living testimonies to this unbearable suffering.

Yet, in these shadows of despair, humanitarian workers, many of them local volunteers, emerge as beacons of hope. They embody compassion, resilience, and the unwavering belief that every life holds value. The services they offer are not just lifelines, but a testament to the enduring strength of the human spirit. The principles that guide humanitarian work have never been more vital. As conflicts intensify, climate crises worsen, and disasters multiply, defending humanitarian workers is imperative

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## Polio epidemic declared in Gaza in latest sign of worsening health crisis

*Gaza's health ministry calls for 'immediate intervention to end the aggression and find radical solutions' to the health emergency.*

<https://www.aljazeera.com/news/2024/7/29/polio-epidemic-declared-in-gaza-in-latest-sign-of-worsening-health-crisis>  
29 Jul 2024

Gaza's health ministry has declared a polio epidemic across the Palestinian enclave, blaming Israel's devastating military offensive for the spread of the deadly virus.

The ministry called for an 'immediate intervention to end the [Israeli] aggression and find radical solutions' to lack of potable water and personal hygiene, damaged sewage networks and removal of tonnes of rubbish and solid waste. Poliomyelitis, which is spread mainly through the

faecal-oral route, is a highly infectious virus that can invade the nervous system and cause paralysis. Cases of polio have declined by 99 percent worldwide since 1988, thanks to mass vaccination campaigns, and efforts continue to eradicate it everywhere.

Earlier this month, Gaza's health ministry, in coordination UNICEF, said it had detected 'component poliovirus type 2'. The virus was found in sewage 'that collects and flows between the tents of the displaced.' Already scarce supplies of drinking water in the densely-populated Gaza Strip are at risk of being contaminated by the virus.

The WHO said it was sending more than one million polio vaccines to Gaza to be administered over the coming weeks to prevent children from being infected after the virus was detected in sewage samples.

Israel's military, which said it has evidence of the 'component polio virus type 2', said it would start offering the polio vaccine to its soldiers in Gaza.

Israel's war in Gaza has damaged and destroyed sewage and water systems, and sewage has spilled into the streets near some camps for the displaced Palestinians. The previous week, the UN reported that besides the detection of the polio virus, there has been a widespread increase in cases of Hepatitis A, dysentery and gastroenteritis as sanitary conditions deteriorate in Gaza.

This is only the start of the wave of diseases the Gaza Strip is going to face,' said Al Jazeera's Hind Khoudary, reporting from Deir-al Balah in central Gaza.

'Palestinians have been living in makeshift tents without any bathrooms, without any hygiene, without access to water, sanitation. Sewage is everywhere,' she said. 'You have everybody clustering in refugee camps at the moment without vaccines for at least the past nine months, including children who would otherwise have been vaccinated for polio and adults including healthcare workers who, in the setting of an outbreak, should receive a booster.'

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## **International Day of the World's Indigenous Peoples - August 9**

The United Nations (UN) International Day of the World's Indigenous Peoples is a reminder of the global Indigenous community and peoples including Australian Aboriginal and Torres Strait Islander peoples, who are inheritors and practitioners of unique cultures, sharing common ground related to the protection of Indigenous rights as distinct peoples.

This year's focus on International Day of the World's Indigenous Peoples is on Protecting the Rights of

Indigenous Peoples in Voluntary Isolation and Initial Contact.

This focus acknowledges the more than 200 Indigenous groups who remain uncontacted and continue to protect and preserve their unique cultures, tradition and languages.

The first meeting of the United Nations (UN) Working Group on Indigenous Populations was on 9 August, 1982. This Group drafted the UN Declaration on the Rights of Indigenous Peoples, which asserts Indigenous peoples' right to self-determination and was formally adopted in 2007.

There are an estimated 476 million Indigenous Peoples in the world living across 90 countries including Australia. They make up less than 6% of the world's population, but account for at least 15% of the poorest.

Globally Indigenous Peoples speak an overwhelming majority of the world's estimated 7000 languages and represent 5000 different cultures. In Australia there are more than 250 Indigenous languages, including around 800 dialects that connect people to Country, culture and ancestors.<sup>1</sup>

The World's Indigenous Peoples' territories encompass 28% of the surface of the globe and contain 11% of the world's forests. They are guardians of most of the world's remaining biodiversity.

Peoples in voluntary isolation and initial contact face unique challenges often overlooked by the surrounding world. Developments for agriculture, mining, tourism and natural resources is resulting in the deforestation of swathes of Indigenous Peoples' forests, disrupting their way of life and destroying the natural environment that they have protected for generations.

For Indigenous Peoples living in voluntary isolation and initial contact, one of the most serious threats from external contact is the exposure to diseases. Forced contact with the outside world can lead to devastating consequences, and can destroy whole societies.

Where collective rights to lands and territories are protected, the forests thrive, alongside their societies. And not only is their survival crucial to the protection of our planet, but it is crucial to the protection of cultural and linguistic diversity. In today's hyper-connected world, the existence of Indigenous Peoples in voluntary isolation and initial contact is a testament to the rich and complex tapestry of humanity, and it is a huge loss to our world if they cease to exist.

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<sup>1</sup> [www.aiatsis.gov.au](http://www.aiatsis.gov.au)



## Medicines in the environment

**BUKO Pharma campaign :** [www.bukopharma.de](http://www.bukopharma.de)



HAIAP Partner organisation in Germany BUKO Pharmakampagne has launched a major ambitious project focussing on medicines in the environment.

It is not just the high consumption in both hospitals and community and the uncritical medicine handling that leads to an increase of harmful and often long-lasting residues

in the environment, industry, agriculture, veterinary and commercial processes all contribute. Production, incorrect disposal and inadequate cleaning processes in sewage treatment plants all pose risks.

Buko's information brochure <sup>2</sup> *Pharma-Brief Spezial* looks at the following areas:

- Medicines in the environment: the invisible danger
- Paths into the environment - worrying data and knowledge gaps
- Risks and side effects – also for the environment:
  - Painkillers .
  - Hormones: undesirable effects on fish
  - Diabetes medications: also harmful to the environment
- Medicines – bad for the climate? Greenhouse gases in asthma sprays and anaesthetics
- Focus on antimicrobial resistance -bad for everyone involved
- 'Forever chemicals' in the environment - Per- and polyfluorinated alkyl substances - bond for life
- Out of sight, out of mind? - Medicines in wastewater
- Legal framework
- What can pharmacies do?



Modern treatment plants are capable of treating municipal, commercial and industrial wastewater to release clean, healthy water into the environment and surrounding communities but not all treatment plants in operation are effective. Before treatment, wastewater contains large quantities of contaminants: human waste, industrial waste, toxic chemicals, that are environmentally harmful elements. Modern high-quality, well maintained equipment and treatment systems have the capacity to treat both liquid and solid waste and to remove chemicals and contaminants efficiently. Treatment plants can separate the liquid resulting in completely potable water. However there is also the need to also treat the separated solids to remove chemical and biological contaminants That is more difficult.<sup>3</sup>

At the same time it is important to minimise the actual presence of pharmaceuticals in the environment and to follow their pathways into community waste from development, production, administration and excretion. The effects of the presence of medicines and pharmaceutical products in the environment are still largely unexplored.

### Metabolites and transformation products

Inside the body many medicines are chemically changed through metabolic processes and, after leaving the body, metabolites enter the environment.

Whether diclofenac, the contraceptive pill or diabetes or cardiovascular medication, they all have in common their high consumption, and they pollute the environment. After ingestion by humans, they travel in wastewater or through incorrect disposal into the general environment.

Fish will absorb pollutants from the water and reproduction can be disrupted. In fact, all animals and plants can be affected.

<sup>2</sup> Pharmabrief\_Spezial\_2\_2024\_Web.pdf

<sup>3</sup> <https://www.ssiaeration.com/how-to-reduce-chemicals-and-contaminants-in-wastewater/#gref>

Metformin is an important example: the transformation product guanylurea, created in the sewage treatment plant has been proven to occur in drinking water.

Sewage treatment plants need the capacity to detect and remove all traces of pharmaceuticals before the resulting water can be considered potable.

It is basic that the unquestioning use of medications should be considered - whether the use of a preparation is medically necessary. That makes sense. The benefit and the meaningfulness of a medication should in the best case be discussed with doctors. However there are many practices that can be changed that could have a limiting impact on the quantity of pharmaceutical products reaching the environment.

### Household medicine disposal

Leftover medicine or expired medicine should not be flushed down the toilet or disposed of with household

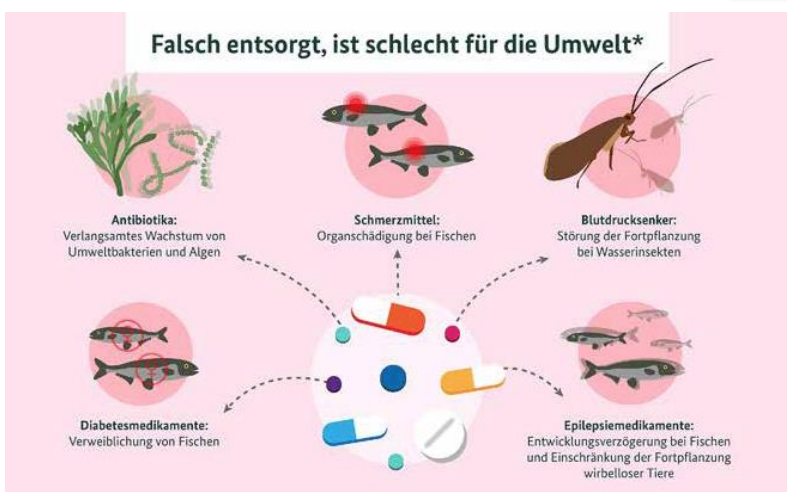
Since 2001 metered dose aerosols with CFCs have been phased out.

Bacteria, fungi and other microorganisms, and their resistance to the treatment of diseases they cause, are among the biggest challenges to global health. Despite some progress, structural and other hurdles remain in containing antimicrobial resistance (AMR).

Medicines can be life-saving. But for the future protection of humans, animals and the environment their production, use and disposal must all be controlled by law.

Risks for people and the environment can only be controlled by the *One Health* approach as described by Dr Ekbal<sup>5</sup> and by Dr Niyada Angsulee Kiatying<sup>6</sup>.

Our German colleagues have taken on enormous challenges. We wish them well and look forward to learning from their experiences.



waste. Pharmacies can be depots for unwanted community medicines as part of an official waste disposal system<sup>4</sup>.

### Asthma Sprays and Anaesthetics

Some medicines particularly harmful have an impact on the atmosphere around us.

Anaesthetic gases from German clinics cause up to 35% of greenhouse gases. The anaesthetic desflurane is an enormous problem. A seven-hour operation causes about as many emissions as a car journey of around 8,000 km. Sevoflurane is now recommended as an anaesthetic gas, which clearly is less harmful to the climate than desflurane.

Depletion of the ozone layer is a major environmental hazard and the use of metered dose aerosols containing chlorofluorocarbon (CFC) has been a major contributor.

### Olympic Games Paris 2024: End the health hypocrisy

Lancet: Editorial

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01641-6/fulltext?dgcid=raven\\_jbs\\_etoc\\_feature\\_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01641-6/fulltext?dgcid=raven_jbs_etoc_feature_lancet)

The International Olympic Committee (IOC) tells its own inspirational stories: about how the Olympics can encourage physical activity, develop a social and environmental legacy, lead by example in corporate citizenship, and strengthen the role of sport in supporting the Sustainable Development Goals. A Cooperation Agreement between the IOC and WHO, renewed this year, talks of dedication to health promotion policy and action, and contributing to the prevention of non-communicable diseases. These are admirable ideals. Just how well are the Games living up to them?

Health activists and experts are certainly right to call out the hypocrisy of Coca-Cola's prominent sponsorship of the Olympics. As a World Report in this issue explains, a new campaign—*Kick Big Soda Out of Sport*—is calling for an end to soft-drink manufacturers' sponsorship of sporting events, starting with Coca-Cola's partnership with the Games. Consumption of sugar-sweetened beverages is helping to drive up rates of diabetes, obesity, and cardiovascular disease, causing an estimated 3.6 million disability-adjusted life-years and 75,700 deaths in 2021. Soft drink manufacturers have made concerted attempts to undermine public health efforts to reduce these harms through sugar taxes. Seeing Coca-Cola's logo alongside the IOC's pledges to encourage physical

<sup>4</sup> in Australia and Japan for example, material is collected in pharmacies and pooled with hospital and other waste for disposal through especially developed high temperature incineration.

<sup>5</sup> HAIAP at 40 from page 244  
<https://www.twn.my/title2/books/pdf/HAIAP%20at%2040.pdf>

<sup>6</sup> [https://www.haiasiapacific.org/wp-content/uploads/2024/08/Penang\\_Report\\_Full\\_HAIAP\\_31\\_August\\_2023.pdf](https://www.haiasiapacific.org/wp-content/uploads/2024/08/Penang_Report_Full_HAIAP_31_August_2023.pdf) Page 37.

activity, one cannot help but see the Games as being co-opted into an industry narrative that has downplayed the importance of diet for health and instead puts the sole emphasis on exercise.

The very act of staging the Games has also drawn attention. Media reports have documented how the French Government provided buses to drive homeless people out of Paris ahead of the Olympic opening ceremony—hardly in keeping with the Games pledge to ‘strengthen the support to refugees and populations affected by displacement’.

If the IOC insists on making lofty pledges about the Games’ social, health, and environmental legacy, for a start, it should drop its short-sighted and hypocritical partnerships with companies that enable great harm to health and wellbeing.

**Calls for the Olympics to end harmful Coca-Cola sponsorship:** Paul Webster<sup>7</sup> in the same issue of *Lancet*.

For evidence of Coca-Cola’s ‘amazing promotional efforts’ throughout the Olympics, Trish Cotter, an Australian food policy activist who co-leads the *Kick Big Soda out of Sport* campaign points to this year’s official Olympic song, *Hello World*. According to the IOC, the song marks a historic moment in Coca Cola’s 96-year relationship with the Olympic Movement, making it the first time the two have collaborated on a song as a way of inspiring ‘everyday greatness among athletes and fans around the world’ for now and years to come’. Cotter notes that the video version of the song, which features superstar singers standing on a stage emblazoned with the Coca-Cola logo, is intercut with images of numerous athletes. ‘By bringing the Olympians into the video’, says Cotter, ‘the athletes may be unwittingly providing tacit endorsements of Coca-Cola.’ So far, says Cotter, 72 organisations from 20 countries—including the World Cancer Research Fund International, World Obesity Federation, and the World Public Health Nutrition Association—have joined the Kick Big Soda out of Sport campaign, which describes the IOC’s relationship with Coca Cola as ‘a profit-driven marriage of convenience’ in which ‘the allure of sports is a pretext for exposing millions of children to unhealthy products’.

[The word was spread among Marathon swimmers in Paris that a can (or bottle) of Coke would flush out unwanted bacteria from the River Seine, leading to many drinking the popular sugar-loaded soft drink before and / or after the race.<sup>8</sup>]



## 'Just in case' antibiotics widely overused during COVID-19

<https://news.un.org/en/news/topic/health> 26 April 2024

Antibiotics saw ‘extensive overuse’ globally among hospitalised COVID-19 patients during the pandemic without improving clinical outcomes, while also potentially increasing the already serious and growing threat of antimicrobial resistance from ‘superbugs’.

WHO noted that although just eight per cent of hospitalised coronavirus patients also had bacterial infections which can be treated with antibiotics a **staggering three in four were given them on a ‘just in case’ basis**. The advice was very clear from the start that this was a virus.

According to the WHO, antibiotic use ranged from 33 per cent for patients in the Western Pacific region to 83 per cent in the Eastern Mediterranean and the African regions. Between 2020 and 2022, prescriptions decreased over time in Europe and the Americas, but they increased in Africa. Data compiled by WHO also indicated that most antibiotics were given to critically ill COVID-19 patients, at a global average of 81 per cent. Antibiotic use in mild or moderate infections showed considerable variation across regions, with highest use in Africa, at 79 per cent.

Worryingly, the WHO found that the most frequently prescribed bacteria-busting antibiotics globally were those with higher potential for antimicrobial resistance (AMR).

‘When a patient requires antibiotics, the benefits often outweigh the risks associated with side effects or antibiotic resistance. However, when they are unnecessary, they offer no benefit while posing risks, and their use contributes to the emergence and spread of antimicrobial resistance,’ said Dr. Silvia Bertagnolio, WHO unit head for surveillance, evidence and laboratory strengthening division for AMR.

### No positive impact

The WHO report maintained that antibiotic use ‘did not improve clinical outcomes for patients with COVID-19’. Instead, their systematic prescription ‘might create harm for people without bacterial infection, compared to those not receiving antibiotics.’

The findings were based on data from the WHO Global Clinical Platform for COVID-19, a database of anonymous clinical data from patients hospitalised with the coronavirus. Data came from 450,000 patients in 65 countries from January 2020 to March 2023.

<sup>7</sup>[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01638-6/fulltext?dgcid=raven\\_jbs\\_etoc\\_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01638-6/fulltext?dgcid=raven_jbs_etoc_email)

<sup>8</sup> <https://www.eonline.com/news/1405903/2024-olympics-swimmers-are-fighting-off-bacteria-from-seine-river-by-drinking-coca-cola>





## Health for All

Unlocking the  
Social Determinants of Health

Dr. B. Ekbal

For there can now no longer be any doubt that such an epidemic dissemination of typhus had only been possible under the wretched conditions of life that poverty and lack of culture had created in Upper Silesia. If these conditions were removed, I am sure that epidemic typhus would not recur. A population will never achieve full education, freedom and prosperity in the form of a gift from the outside. The people must acquire what they need by their own efforts.

Rudolf Virchow

*Report on Typhus Epidemic in Upper Silesia (1848)*

As though the vitiated atmosphere of the streets were not enough, the workers are penned in dozens into single rooms, so that the air which they breathe is enough to stifle them. They are given damp dwellings, cellar dens that are not waterproof from below or garrets that leak from above. They are supplied with rotten clothing, adulterated and indigestible food. They are exposed to the most violent vibrations between hope and fear; and are not permitted to attain peace of mind and quiet enjoyment of life.

Friedrich Engels

*Conditions of Working Class in England (1845)*

## Health for All

Unlocking the  
Social Determinants  
of Health

Dr. B. Ekbal



### Unearthing the Roots of Health: A Historical Journey

The book delves into the often-overlooked history of Social Determinants of Health, tracing the evolution from Primary Health Care to Universal Health Care. It scrutinizes contemporary issues like Climate Change and draws lessons from the Covid-19 era, advocating for the One Health, One World concept. Drawing from the groundbreaking contributions of Engels, Virchow, and Allende, the book explores diverse perspectives on social ethology, causation, and strategies for sociomedical transformation. By highlighting key documents and concepts, it illuminates the trajectory of healthcare policy and the ongoing pursuit of health equity in our swiftly evolving world.

## 'Health for All - unlocking the social determinants of health'



Dr B Ebal's new book '*Health for All - unlocking the social determinants of health*' was introduced by Dr Mira Shiva at the 50th anniversary of the Medico Friends Circle on 10 August, 2024 in the Institute of Mental Health and Behavioural Science in Kozhikode in Kerala. The book is dedicated to Dr Zafrullah Chowdhury.

Medico Friends Circle (MFC) is a nationwide group of socially conscious, secular, pluralist, pro-people, pro-poor health practitioners, scientists, and social activists interested in the health problems of the people of India.



## 50 Years Medico Friends Circle

Anniversary Celebration

from MFC: <https://mfcindia.org/50-years/>

In the banner on the website we can see Mira Shiva and several other HAIAP colleagues

The year 2024 marks the 50th anniversary of Medico Friend Circle. We are excited to celebrate this significant milestone. The organisation has been a single entity for the past 49 years, remaining relevant and engaged in various initiatives. It is democratic and inclusive, providing a space for open discussions and inspiring individuals to take up initiatives. It has been a source of alternative health thought and has provided a platform for various interventions, analyses, and discussions.

As an organisation with a rich history, we recognise that there are many different narratives of our past. To preserve and celebrate our heritage, we have launched an ambitious history and archive project. We are reaching out to past and current members to share any material, such as photos, correspondence, videos, and publications, that can help paint a picture of our history.

We have revamped the MFC to make it better, updated and user-friendly to reach out to a larger audience. We are collaborating with other organisations to digitise our materials and make them easily accessible and searchable, making it easier to find specific issues.

We also plan to document the views of members through video interviews and panel discussions on selected topics that highlight the impact of Medico Friends Circle.

This 50th anniversary celebration provides an opportunity to reflect on our past and look forward to a future which would continue to make a difference to the health sector of India.

A series of online panel discussions is available - on issues that MFC has collectively engaged with over the past five decades. These discussions form part of the oral history of MFC and contribute to the larger archives being put together as part of the 50 years' commemoration.

<https://mfcindia.org/online-panel-discussions/>

## What happened to the New International Economic Order?

### Food for a dejected thought

Claudio Schuftan

Claudio writes about the seminal 1970s UN resolution that was never heeded and the glimmer of hope of reviving it in 2024.

Fifty years ago in May 1974, the General Assembly adopted a revolutionary declaration and program of action on the establishment of a New International Economic Order (NIEO) 'based on equity, sovereign equality, interdependence, common interest and



cooperation among all States, irrespective of their economic and social systems'. The hope was that a NIEO would 'correct inequalities and redress existing injustices, make it possible to eliminate the widening gap between the developed and the developing countries and ensure steadily accelerating economic and social development and peace and justice for present and future generations'.

Alas, despite the quintessential relation of this revolutionary declaration to human rights (HR), what evolved is far from what was envisioned or called-for.

- The NIEO resolution envisioned or called: For full and effective participation of developing countries in all phases of decision-making at the IMF and the World Bank. None has materialised. Despite repeated commitments, the representation of developing countries in international financial institutions has remained largely unchanged. The governments of the largest developed countries continue to hold veto powers in the decision-making bodies of these institutions.
- For appropriate urgent measures to mitigate adverse consequences for development arising from the burden of external debt. These included debt cancellations, moratoria, rescheduling or interest subsidisation. Failure to fulfil these promises forced developing countries to borrow from commercial sources at exorbitantly high interest rates with shorter maturity terms and no mechanism for restructuring. This has exacerbated the debt crisis.
- For the accumulation of buffer stocks of commodities in order to offset market fluctuations, combat inflationary tendencies and ensure grain and food security. Developing countries are yet far from attaining food security. Take, for instance, Africa that turned from a net-exporter to a net-importer of food since the adoption of the NIEO resolution.
- For improved access to markets in developed countries through the progressive removal of tariff and non-tariff barriers and of restrictive business practices. Yet, since the late 1970s, there has been a resurgence of protectionism in OECD countries.
- **For fairer trade relations.** Trade protectionism under different guises, including health and sanitary standards, persisted even after the establishment of the World Trade Organization (WTO). Take, for instance, the issue of strengthened intellectual property rights to be reinforced in the WTO's agreement on Trade-Related Intellectual Property Rights (TRIPS). Actually, these rights have raised the costs of medicines, of acquiring medical technology and have reduced technology transfers and have raised TNCs' monopoly powers. Even worse, developed countries refused to relax TRIPS to allow developing countries' access to Covid-19 vaccines,

drugs and testing technologies. TNCs continue to influence and shape domestic and international politics to their interests. TNCs have governments in their pockets --just witness their consistent success at dodging tax payments. Do not forget that stringent WTO text on TRIPS was adopted at the request of TNCs, especially to protect monopoly profits of Big Pharma.

As is no news to you in this context: The WTO is heavily influenced by major banks and TNCs who exert political influence to liberalize trade and investment; to obtain subsidies; to reduce their tax burdens; to dilute working conditions and to relax environmental protection.

Through the World Economic Forum (WEF), TNCs are now setting the global economic agenda. Privatisation, liberalisation and deregulation, as well as Public Private Partnerships (PPPs and multistakeholder platforms have significantly eroded the state from its customary intervention in regulating the economy and promoting redistribution --with the NIEO (and HR!).

The erosion of the state as an institution becomes visible to us in underfunded social programs, a smaller public sector, weakened regulatory structures, foregone infrastructure projects, public assets sales and continued privatisation.

TNCs continue to take over the global economic agenda setting through their influence in the WEF, through non-inclusive informal country groupings as is the case of the G7 and the G20. Add to this their questionable legitimacy in influencing formal bodies like the OECD and Europe's Bank for International Settlements (ie acting as norm-setters). In all this, developing countries remain absent and/or badly underrepresented and disadvantaged.

### **Just a few points to close**

- The United States took the position that it cannot and does not accept any implication that the world is now embarked on the establishment of something called the New International Economic Order.
- The NIEO effectively went into oblivion after 1981 when President Reagan declared: 'We should not seek to create new institutions'
- The global economy continues to struggle under what truly is a 'non-system'
- We still do not have a global financial governance mechanism to deal with mounting global crises fairly.
- What is most disappointing may not be the failure of the NIEO as such, but the hope that it inspired.

### **A bleak future?**

Initiated by Progressive International, delegates from over 25 countries of the Global South assembled in Havana on 27 January 2023 to declare their intent to build

a NIEO fit for the 21st century, countering the TNCs' global economic agenda behind the WEF.

The signatories of 'NIEO-Mark II' seek to rebuild the collective power of emerging and developing countries for fundamentally transforming the international system, and for alternative ways to respond to global crises.

Amidst all the current crises, the UN Secretary-General has called for a *Summit of the Future* to be held on 22-23 September 2024.

What is the chance that UN member states will agree to the 'Pact for the Future' being negotiated?

To what extent will the Pact accommodate NIEO-Mark II?

What is the chance that the nations will agree to the Pact for the Future?

Fat chance... Mind you, the world is now more divided than it was in the 1970s when NIEO-Mark I was first proposed. (all excerpted from A. Chowdhury) ...

Brave new world!

[schuftan@gmail.com](mailto:schuftan@gmail.com)

All Readers are available at [www.claudioschuftan.com](http://www.claudioschuftan.com)

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## India : Study finds cause of puzzling low use of diarrhoea cure

- Diarrhoea is the world's second leading cause of death under the age of five
- Oral rehydration salts are the main treatment for diarrhoea in children
- Doctors wrongly believe that parents do not want ORS prescribed

Claudia Caruana *SciDevNet* 23/02/24  
<https://shorturl.at/9oSP5>

Young children in India who suffer from life-threatening diarrhoea frequently are given ineffective treatments because health providers misperceive the wishes of parents, an international study shows.

Although the benefits of ORS have long been known, they have been underused for decades, according to the study published in *Science* this month. It found that, at present, nearly half of diarrhoea cases around the world do not receive ORS treatment.

'Despite decades of widespread knowledge that ORS is a lifesaving intervention, the rates of ORS use remain stubbornly low in many countries such as India,' says co-author Manoj Mohanan, professor and senior associate dean at Sanford School of Public Policy, Duke University, in the US.

## Scoping the problem

The researchers sent standardised patients – actors trained to present as patients – to make unannounced visits to health care facilities and present a case of diarrhoea for their two-year-old child.

They randomly assigned the patient to express a preference for ORS, antibiotics, or no preference.

This meant they could find out whether prescribers followed the wishes of parents who requested antibiotics. Such a scenario could be problematic especially if the prescriber suspected the child had diarrhoea caused by a virus and not by bacteria as antibiotics are not helpful for viral-caused diarrhoea.

Additionally, they wanted to learn if the prescribers offered antibiotics over ORS because they were more profitable to prescribe due to financial incentives. So, they asked some of the 'patients' to tell providers that they would buy medicines somewhere else if they weren't prescribed.

Finally, the researchers wanted to find out if there were sufficient dosages of ORS available at health facilities. For this, providers in half of the 253 towns where the study was conducted received a six-week supply of ORS.

According to the researchers, health care providers' perception that patients do not want ORS accounted for roughly 42 per cent of underprescribing, while stockouts and financial incentives explained only 6 per cent and 5 per cent, respectively.

'As economists, we often think of financial incentives being a major factor in explaining [health care provider] behaviour,' Mohanan told SciDev.Net.

'In this sense, our finding that providers' behaviour about ORS prescription is driven more by perceptions about what patients might want is a novel contribution to the literature and our understanding of the problem.'

One suggested intervention is to target healthcare providers and encourage patients and practitioners to request ORS for diarrhoea.

## The 'know-do' gap

Jishnu Das, a professor of public policy at Georgetown University, Washington, D.C., points out that in 2007, two papers<sup>9</sup> published simultaneously from India and Tanzania showed that, in their clinical practice, doctors perform far below their knowledge frontiers.

'Many doctors who tell you that they would give ORS to a patient with diarrhoea, don't do so in their clinical practice,' he explained.

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## Feature: Controlling Nipah virus

B Ekbal and other acknowledged sources

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### Nipah virus outbreak in Kerala

A new Nipah virus outbreak was detected in Kerala in July. Checkpoints at the Tamil Nadu borders were put in place quickly to prevent spread to that state from Kerala

#### How does a new virus suddenly appear?

It is probable that initial transmission in Malaysia of Nipah from bats to pigs occurred in late 1997/early 1998 through contamination of pig swill by bat excretions, as a result of migration of the host forest fruit bats to cultivated orchards and pig-farms. The migration was driven by deforestation, fruiting failure of forest trees during the El Niño-related drought and anthropogenic fires in Indonesia in 1997-1998.

#### Lessons from the Nipah virus outbreak in Malaysia -

[https://www.mjpath.org.my/2007.2/02Nipah\\_Virus\\_lessons.pdf](https://www.mjpath.org.my/2007.2/02Nipah_Virus_lessons.pdf)

is a particularly good comprehensive reference.

**The Hindu** July 27 covered Kerala's fast response to the latest Nipah outbreak well

<https://www.thehindu.com/sci-tech/science/kerala-breaks-the-shackle-of-centralised-testing-sequencing/article68450219.ece>

#### How Kerala curtailed the Nipah virus in 2023<sup>10</sup>

September's outbreak of the killer bat-borne infection – India's sixth - began and ended in just a week.

When Kerala found itself confronting the deadly bat-borne Nipah virus for the fourth time in five years, it had its operation manual ready, and managed to contain the infection within just a week.

The response to the COVID-19 epidemic was greatly facilitated by the experience gained in the earlier Nipah outbreaks<sup>11</sup> and now the trainings and experience of COVID-19 improved the system further.

#### **Lathika Arun, district surveillance officer:**

On 9 September 2023, a case of suspected Nipah was reported in Kozhikode district. Samples were sent to the National Institute of Virology (NIV), Pune, India's apex reference laboratory for major virus outbreaks, for confirmation. By the 15 September, India's Ministry of Health had reported six laboratory-confirmed Nipah virus cases, including two deaths, in the same district.



Nipah is a zoonotic virus which can cause a severe respiratory infection and attack the brain. It was first detected in 1999 during an outbreak among Malaysian pig farmers, and was also found in Singapore. While no new infections have occurred in either location, there have been periodic flare-ups in Bangladesh and India since 2001. The Malaysian outbreak is believed to have been caused by the virus spreading from infected pigs to humans. But in India and Bangladesh, the most likely transmission path is thought to be from the consumption of fruit products — such as date palm sap — contaminated by the urine or saliva of infected fruit bats, according to the WHO. WHO also said that a high percentage of subsequent outbreaks likely involved human-to-human transmission.

The emergence of Nipah and Hendra (found in Australia in 1994 affecting horses and humans) is a direct result of deforestation and habitat destruction causing the bat hosts to look for new habitat.<sup>1</sup> Previously the relevant bats had been living entirely in undisturbed remote forests.

In our book **HAIAP at 40**<sup>1</sup> from Page 102 Dr Ekbal explains in detail how the 2018 outbreak was managed and contained in Kerala and how learning from that experience assisted Kerala's response to Covid-19. The Nipah virus first appeared in Malaysia 1998/99. See page 253 **HAIAP at 40**.

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<sup>10</sup> <https://www.gavi.org/vaccineswork/how-kerala-curtailed-nipah-virus>

<sup>11</sup> Refer to HAIAP at 40 Page 253.



## Containment action

Kerala had sounded an alert immediately after it detected its first case. As infections spread, the state quarantined the affected areas in Kozhikode and issued alerts to neighbouring districts and states to intensify surveillance. The state government also declared containment zones in villages in the district restricting movement and public gatherings.

On 14 September, the district administration shut down schools for a week as a precautionary measure and switched to online classes.

Teams of officials from the central and state health ministry and the NIV, along with mobile diagnostic units, equipped with a point-of-care micro polymerase chain reaction (PCR) assay that multiplies gene sequences, and enzyme linked immune sorbent assay (ELISA) to detect antibodies in blood, fanned out to Kozhikode. Rapid diagnosis enabled quicker health system reflexes.

WHO reported that, 'As of 27 September 2023, 1,288 contacts of the confirmed cases were traced, including high-risk contacts and healthcare workers.' High-risk contacts would remain under quarantine and monitoring for 21 days.

### End zone

With the maximum incubation period reported for similar Nipah virus strains circulating in Kerala found to be 17 days, Kerala's standard operating procedure allowed for a potential incubation period of 21 days. If no new cases were reported during a 42-day period, the outbreak would be considered over.

14 September saw the final case notified. Accordingly, the outbreak was declared finished on 26 October 2023.

### Public know-how

It helped containment efforts that people from Kozhikode were practised at social restrictions following the COVID-19 pandemic. 'The trainings and experience of COVID-19 improved the system,' says Lathika Arun, district surveillance officer. People were familiar with use of masks and sanitisers, with social distancing and the frequent washing of hands with soap. Field-level workers were well trained on contact tracing and the importance of isolation, says Arun.

Nipah was no stranger by 2023. 'Not only the system, but the people also learnt from recurrent outbreaks of Nipah,' said TS Anish,<sup>12</sup> professor at the Department of Community Medicine at the Government Medical College, Manjeri, Kerala. 'They avoid fruits bitten by bats and other instances of contact with the animals.'

<sup>12</sup> Anish TS, professor, Department of Community Medicine, Government Medical College, Manjeri, Kerala

## The Kerala model of disease control

The key elements in Kerala's public health response were good coordination between the central and state health authorities, agile house-to-house surveillance and contact testing on the ground, efficient laboratory testing, quick preparation of health facilities for isolation centres, and efficient management of the dead bodies, says WHO.

According to Anish, it is important that the state's health system is sensitive: capable of detecting clustering of encephalitis or acute respiratory distress syndrome, two typical symptoms of Nipah infection, even in 'single-case clusters' – meaning outbreaks that involve just a single patient.

'As the system starts working in the early phase of the outbreak, patients are captured early and the best care is provided,' says Anish. 'This approach might have contributed to the low case fatality [rate] this time.'

Kerala has efficient locally-available testing facilities, a standard operating procedure for control in place with experience gained from previous outbreaks, strong political leadership and coordination of various departments, as well as decentralisation of all activities to local administration and health units.

That means that a district with Nipah cases can act fast, rather than waiting for approval from state HQ in Thiruvananthapuram. A study on Kerala's handling of the three prior Nipah outbreaks and COVID-19, published in March in the journal *Public Health Action*<sup>13</sup>, found that this decentralised agility was crucial to its successes.

Other contributors to Kerala's success at containing the virus rapidly, according to Anish, included public awareness campaigns run by local administrations, and the training of community health workers to detect any unusual events occurring in their vicinity.

Based on previous outbreaks, medical experts identified 19 core areas to be focused on, and set up 19 committees to manage those areas on day one. Those committees reported to daily review meetings.

The state also set up screening facilities and, in 2019, a new virology institute to study emerging threats. While there were none during the first outbreak of Nipah in Kerala, the state now has at least four biosafety level 2 (BSL-2) laboratories with a BSL-3 facility to extract the virus.

### Growing with experience

During the 2018 outbreak, the health system was inexperienced at dealing with infections that spread rapidly and can be fatal, says Arun. Hospital infection control measures were 'also not up to the mark'.

<sup>13</sup> <https://shorturl.at/V79qq>

The state has since mastered the entire chain of operations: route mapping, tracing of possible contacts, listing contacts and quarantining them to watch for any symptoms, transporting the symptomatic cases in designated ambulance vans, and setting up isolation facilities.

'Kerala has a public health system that works well at the primary level, has prior experience of Nipah and is able to spot it more easily now than earlier. Similar situations elsewhere may go unnoticed and uninvestigated.' *Shahid Jameel, virologist*

'[Our] results highlight the importance of human resources and service delivery as balancing factors during public health threats in any developing nation with limited resources,' reported the team of scientists behind the Public Health Action study in March 2023.4

Another group that analysed the 2019 outbreak reported that 'the major enablers for [Kerala's] apt response were identified to be effective communication, good line of control, effective division of work, intersectoral coordination, strong leadership, political commitment, resilient public private partnership and support groups, past experiences in disaster management, quick procurement of medicines and availability of lab facilities.'

#### **Link to climate stress**

One of India's top virologists, Shahid Jameel, recommends that bats from different areas in India are sampled to see what viruses they harbour, as Nipah is borne and spread by bats. 'The geography of the outbreak suggests that bats in the Kozhikode area carry the virus,' he says, explaining that Nipah's seasonality could be linked to ripening of date palm fruit, which bats lick at night and which is also consumed by humans. Several factors such as climate change-induced stress and deforestation contribute to the recent increased frequency of outbreaks.



Deforestation brings animal species out of their natural forest habitats, and closer to human habitations, causing fruit-eating species to dine on trees that are also accessed by people.

A robust response that includes a system that quickly detects spillovers holds the key, says Anish. Nipah is

caused by an mRNA virus prone to rapid mutations that can change the entire spread of the disease. This mutation increases its potential to cause bigger future outbreaks or even a pandemic, he cautions. The fatality rate of Nipah is high: 60–90% for the variant found in Kerala, says Anish.

The average case fatality rate of Nipah 'is on the relatively lower side (around 40%)' for the strains responsible for outbreaks in Malaysia during 1990s. 'It is on the higher side (around 75%) for the strain responsible for the outbreak in Bangladesh and West Bengal during the early years of 2000,' he explains. In Kerala, the circulating strain was closer to the Bangladesh strain in terms of deadliness – around 90% in 2018, he says.

'But, in 2018 we could save more people,' he adds. Four out of six patients in the recent outbreak survived, 'maybe because the system was able to pick up cases early and they could be treated with available antiviral drugs and supportive care'.

'Every spill-over is a 'test run' for the virus to check the effectiveness of already acquired mutations that may end up in more efficient human spread,' says Anish, 'so prevention of spill-overs is very important.' 'Similar situations elsewhere may go unnoticed and uninvestigated.'

#### **Scanning the horizon**

Other challenges include the huge reservoir of the virus in Asia, imprecise knowledge of the burden and regional distribution of infected bats, and insufficient evidence on the potential intermediate hosts or mechanisms that can hand over the infection to humans, he adds.

'Every spill-over is a 'test run' for the virus to check the effectiveness of already acquired mutations that may end up in more efficient human spread,' says Anish, 'so prevention of spill-overs is very important.'

Anish warns of two factors that could contribute to bigger future outbreaks. One is the possible presence or future emergence of an intermediate host, which would magnify chances of human infections because of their closer interactions. 'The intermediate host can act as a substrate for viral mutations, and the epidemic can become propagated in nature.' He cites the example of 1996–1998 outbreak in Malaysia, which saw a prolonged period of risk for human infections from infected pigs.

A second is that often the system may not recognise a Nipah outbreak, because the clusters are typically small in number and often limited to single cases.

But in future, there could be more spill-overs in such areas, because the local community does not perceive the risk, and these areas 'could act as a good field for the virus to mutate' and could be 'the cradle for new pandemics.' Those future pandemics could be devastatingly deadly, if not dealt with swiftly.

## Thailand: Embedding community and public voices in co-created solutions to mitigate antimicrobial resistance (AMR): using the 'Responsive Dialogues' public engagement framework

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[https://pubmed.ncbi.nlm.nih.gov/?term=Ruangajorn+S&cauthor\\_id=38965593](https://pubmed.ncbi.nlm.nih.gov/?term=Ruangajorn+S&cauthor_id=38965593) July 4 2024

### Abstract

The use of antimicrobials in Thailand has been reported as one of the highest in the world in human and animal sectors. Our engagement project aimed to improve our understanding of the issue of antimicrobial use and antimicrobial resistance (AMR) among adult Thai communities, and co-create locally relevant solutions to AMR, especially those focusing on raising awareness to improve related policies in Thailand. We conducted a series of online and in-person 'conversations' according to Wellcome's 'Responsive Dialogues' engagement approach, designed to bring together different voices to understand complex AMR problems and find potential solutions. This approach enabled key AMR stakeholders and policy makers to hear directly from communities and members of the public, and vice versa. Conversations events took place between 25 November 2020 and 8 July 2022, and we engaged 179 AMR key stakeholders and members of the public across Thailand. The issues found were: there were quite a lot of misunderstandings around antimicrobials and AMR; participants felt that communications and engagement around antimicrobial resistance had limited reach and impact; asking for and taking antibiotics for self-limiting ailments is a social norm in Thailand; and there appeared to be a wide availability of cheap antimicrobials. To mitigate the spread of AMR, participants suggested that the messages around AMR should be tailored to the target audience, there should be more initiatives to increase general health literacy, there should be increased availability of AMR related information at the local level and there should be increased local leadership of AMR mitigation efforts.

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### AMR Thailand 2024<sup>14</sup>

Thailand hosted the 4th National Forum on Antimicrobial Resistance on June 12-13, 2024 in Bangkok. This forum brought together experts and policymakers from multiple sectors to discuss the latest strategies and progress in combating AMR, further emphasising the country's commitment to this critical issue. The forum featured sessions on political commitment, challenges of AMR, Thailand's second National Action Plan on AMR, global collaboration, and surveillance systems.

Everyone has a role to play in combating AMR. Healthcare professionals must prescribe antibiotics only when necessary and educate patients on their proper use. Farmers and veterinarians should limit the use of antibiotics in animals and follow guidelines for responsible use. The general public needs to understand the importance of using antibiotics responsibly and adhering to prescribed treatments. Increased public awareness and responsible antibiotic use are crucial in the fight against AMR.

Recent reports from Thai research papers illustrate the gravity of the situation. A study by the Thai National Institute of Health highlighted the overuse of antibiotics in agriculture, stressing the need for stricter regulations and public awareness campaigns. Research conducted by Chulalongkorn University reported on the alarming rise of drug-resistant infections in Thai hospitals, where routine infections have become life-threatening. A study from Mahidol University covered a government initiative to promote responsible antibiotic use through educational programs in schools and communities, aiming to reduce misuse and over-prescription.

Thailand is also stepping up its efforts to combat AMR at global level. On May 28, 2024, Thailand joined 25 other Asia-Pacific countries in endorsing a joint position paper on AMR at the World Health Assembly in Geneva. This initiative, led by Japan, aims to accelerate action against AMR over the next five years and will be presented at the United Nations General Assembly High-Level Meeting on AMR in September 2024. The World Health Organization (WHO) has provided strategies to fight AMR, which Thailand is following. These include raising awareness and improving surveillance of antibiotic use.

Thailand is committed to leading the fight against AMR. By using antibiotics responsibly, as advised also by WHO, everyone can help protect themselves and their communities from this growing threat. Together, we can ensure a safer future for everyone.

<sup>14</sup> <https://www.who.int/thailand/news/detail/14-06-2024-thailand-sounds-the-alarm-on-antimicrobial-resistance>