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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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There are several 'Days' to acknowledge as well as a 'week' - **World Immunisation Week 24-30 April**. In that context we also look at the current spread of measles - including in countries where the disease had been eradicated by vaccination.

Dr Ekbal has contributed an important and interesting story of Kasturba Gandhi and her role in Hindustan Antibiotics and Kerala State Pharmaceuticals. Thank you Ekbal.

There is focus on a range of AMR issues and there are two Features: *World Immunisation week and measles today* and *AMR Policy advocacy in Thailand* (Thank you Niyada Angsulee).

TWN has published an update on the Patent Landscape of health threatening pathogens and there is an analysis of the evolving spread of H5N5 virus.

Dzulkifli Abdul Razak looks at the conflicts between Hari Raya and the tobacco products legislation in Malaysia.

Fran Baum (PHM War and Conflict Circle) explains how arms companies sponsor education in Australia and USA threatens the PBS in Australia. Deb Gleeson Explains - Thanks Deb.

Important 'days' fall in April: World Immunisation Day and Indian Safe Motherhood Day and there is a whole week devoted to Immunisation. We acknowledge and pay tribute to all these focal points and their implications. We note the proposed fate of the UK NHS which is very worrying - almost 80 years after it was hailed as a world achievement and an example for all.



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

Important 'Days'

World Health Day April 7



World Health Day, celebrated on 7 April 2025, launched a year-long campaign on maternal and newborn health. The campaign, titled *Healthy beginnings, hopeful futures*, urges governments and the health community to ramp up efforts to end preventable maternal and newborn deaths, and to prioritise women's longer-term health and well-being.

WHO and partners will also share useful information to support healthy pregnancies and births, and better postnatal health.

<https://www.who.int/campaigns/world-health-day/2025>

Helping every woman and baby survive and thrive

This task is critical. Tragically, based on currently published estimates, close to 300 000 women lose their life due to pregnancy or childbirth each year, while over two million babies die in their first month of life and around two million more are stillborn. That's roughly one preventable death every seven seconds.

Based on current trends, a staggering four out of five countries are off track to meet targets for improving maternal survival by 2030. One in three will fail to meet targets for reducing newborn deaths.

Listening to women and supporting families

Women and families everywhere need high quality care that supports them physically and emotionally, before, during and after birth.

Health systems must evolve to manage the many health issues that impact maternal and newborn health. These not only include direct obstetric complications but also mental health conditions, noncommunicable diseases and family planning.

Indian Safe Motherhood Day April 11

India is among the world's most dangerous countries to give birth, representing 15% of all maternal deaths globally. In India, 44,000 women die each year as a result of poor prenatal care. In the year of 2003, the Indian

government recognised April 11th as National Safe Motherhood Day at the proposal of the White Ribbon Alliance for Safe Motherhood, WRAI, an association of 1800 organisations.

Every year on April 11, National Safe Motherhood Day is observed in India to raise awareness about the importance of proper healthcare and maternity services for expectant mothers. It's a day to honour motherhood and advocate for safe pregnancy and childbirth practices, ensuring the well-being of both the mother and the child. This occasion serves as a reminder of the significant strides made in maternal healthcare while highlighting the challenges that still exist. Kasturba Gandhi's birthday is also celebrated on this day. See piece from Dr Ekbal, below.



Kasturba Gandhi, Hindustan Antibiotics Ltd and Kerala State Drugs and Pharmaceutical Limited

Dr. B. Ekbal

Kasturba Gokuldas Kapadia; 11 April 1869 – 22 February 1944, was an Indian political activist who was involved in the Indian Independence Movement during British India. She was married to Mohandas Karamchand Gandhi, commonly known as Mahatma Gandhi. National Safe Motherhood Day is observed in India annually on April 11, coinciding with Kasturba's birthday.



Kasturba Gandhi, Hindustan Antibiotics Ltd and Kerala State Drugs and Pharmaceuticals Limited

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Dr. B. Ekbal

Kasturba Gandhi was born on April 11, 1869. On February 22, the eighty-first anniversary of the life partner of Mahatma Gandhi, Kasturba Gandhi's passing (February 22, 1944), was observed all over India. In this context we are reminded not only of her remarkable life

but also of the genesis of Hindustan Antibiotics Ltd., independent India's pioneering public sector pharmaceutical enterprise. It is fitting, too, that we acknowledge the indirect yet significant influence Kasturba Gandhi exerted on the trajectory of India's pharmaceutical industry. During her time with Gandhiji under house arrest at Pune's Aga Khan Palace, Kasturba struggled with chronic bronchitis, a persistent lung ailment. Her condition tragically deteriorated when a subsequent infection led to pneumonia. When the traditional therapies favoured by Mahatma Gandhi proved ineffective, their son, Devdas, urged recourse to modern medicine. Penicillin injection was prescribed by doctors who examined Kasturba Gandhi.

The serendipitous discovery of penicillin, hailed as a miracle drug against infection, occurred in 1928. Scottish microbiologist Alexander Fleming (1881-1955), while engaged in research at St. Mary's Hospital, London, stumbled upon this ground-breaking discovery. Scientists Florey and Ernst Chain, at the University of Oxford, achieved the purification of penicillin and demonstrated its efficacy in combating human infections. Limited commercialisation of penicillin began in the West from 1939 onwards. The pressures of World War II then catalysed its mass production and widespread distribution by American pharmaceutical giants such as Pfizer. While news of penicillin's remarkable therapeutic potential had reached India, the drug remained unavailable for purchase.

Though Mahatma Gandhi championed the boycott of foreign goods, the exigency of saving Kasturba's life led to the decision to import penicillin from Britain. Tragically, she passed away on February 22, 1944, before the medication could reach India, a loss that deeply affected Jawaharlal Nehru.

In the aftermath of India's independence, Kasturba's tragic death contributed to the government's resolve to establish a public sector antibiotic production facility, Hindustan Antibiotics Ltd., with the support of the World Health Organization and UNICEF. As a poignant tribute to Kasturba, Prime Minister Nehru chose Pimpri, Pune—the site of her passing—as the location for this vital enterprise. On March 10, 1954, a decade after her death, he inaugurated Hindustan Antibiotics Ltd, independent India's first public sector pharmaceutical company. Fittingly, the factory's inaugural product was penicillin, the very medicine Kasturba had been denied. Hindustan Antibiotics then made this life-saving drug available in India and abroad at a fraction of the cost of imported brands. Subsequently, with Soviet assistance, Indian Drugs and Pharmaceuticals Limited (IDPL), another public sector pharmaceutical company, was founded in 1961, and subsidiaries of these public sector companies were established in a few states.

Leveraging the process patent provisions of India's 1971 Patent Act, public sector companies began producing and distributing high-quality, affordable generic medications globally—alternatives to the expensive brand-name drugs offered by foreign corporations. This era's industrial policy fostered national self-sufficiency in pharmaceutical production. Critically, the availability of these low-cost Indian generics proved instrumental in containing the global AIDS epidemic, bringing relief to countless impoverished patients. This pivotal role earned India's pharmaceutical sector the moniker: *'The Pharmacy of the Developing World'*.

Subsequent shifts in industrial policy, however, tilted the playing field toward domestic monopolies and multinational corporations. Furthermore, beginning in 2005, patent regulations were amended under pressure from the World Trade Organization (WTO), eroding provisions that had previously benefited the nation. Consequently, India's pharmaceutical sector now faces a precipitous decline. Hindustan Antibiotics and IDPL, in particular, are on the brink of closure, victims of governmental neglect.

Amidst a landscape of considerable challenges, the public sector drug company in Alappuzha, Kerala, the Kerala State Drugs and Pharmaceuticals Limited (KSDP) continues its forward momentum. Since the establishment of its beta-lactam division in 2011, KSDP has been actively engaged in the production of a range of antibiotics, notably including penicillin. Furthermore, a variety of other essential antibiotics, such as amoxicillin, cloxacillin, and azithromycin, are manufactured by KSDP and distributed to other states. With the closure of Hindustan Antibiotics, an enterprise founded in memory of Kasturba Gandhi, Kerala can rightly take pride in KSDP's unique position as the sole public sector producer of key antibiotics, including penicillin.

KSDP's continued production of these life-saving drugs, especially penicillin, makes it a singular beacon of public sector pharmaceutical strength, a testament to Kerala's commitment to accessible healthcare.



World TB Day March 24: Funding cuts posing a threat to global TB efforts

Third World Network 24 March 2025

Read complete article:

<https://twn.my/title2/health.info/2025/hi250303.htm>

Penang, 21 Mar (Kanaga Raja) — Early reports reveal that severe disruptions in the tuberculosis (TB) response are being seen across several of the highest-burden countries following the recent 'drastic and abrupt' cuts in global health funding, according to the World Health Organization (WHO).

Countries in the WHO African Region are experiencing the greatest impact, followed by countries in the WHO South-East Asian and Western Pacific Regions, it said.

In a news release issued on 20 March on the occasion of World Tuberculosis Day, marked on 24 March, WHO called for an urgent investment of resources to protect and maintain tuberculosis (TB) care and support services for people in need across regions and countries.

Pointing out that TB remains the world's deadliest infectious disease, WHO said: 'Global efforts to combat TB have saved an estimated 79 million lives since 2000.' 'However, the drastic and abrupt cuts in global health funding happening now are threatening to reverse these gains,' it warned.

Rising drug resistance especially across Europe and the ongoing conflicts across the Middle-East, Africa and Eastern Europe, are further exacerbating the situation for the most vulnerable, said WHO.

'The huge gains the world has made against TB over the past 20 years are now at risk as cuts to funding start to disrupt access to services for prevention, screening, and treatment for people with TB,' said Dr Tedros Adhanom Ghebreyesus, the WHO Director-General. 'But we cannot give up on the concrete commitments that world leaders made at the UN General Assembly just 18 months ago to accelerate work to end TB,' he added.

As a result of the funding cuts, WHO said 27 countries are facing crippling breakdowns in their TB response, with devastating consequences. These include: human resource shortages undermining service delivery; diagnostic services severely disrupted, delaying detection and treatment; data and surveillance systems collapsing, compromising disease tracking and management; community engagement efforts, including active case finding, screening, and contact tracing, are deteriorating, leading to delayed diagnoses and increased transmission risks.

AMR: The role of bacteriophages¹

<https://www.who.int/europe/news-room/fact-sheets/item/bacteriophages-and-their-use-in-combating-antimicrobial-resistance>

As a WHO fact sheet suggests, bacteriophages involving the selective targeting of bacteria by viruses may be another tool in curbing antimicrobial resistance. The challenge and expense of bringing novel antibiotics to market has rekindled interest in phage therapy. Their specificity in targeting and lysing bacterial hosts, including drug-resistant bacteria such as methicillin-resistant *Staphylococcus aureus* and *Pseudomonas aeruginosa*, has promise. Currently, phages typically are used on compassionate grounds or for life-threatening conditions where other options have failed. Importantly, phages are used to control bacterial diseases in crops, livestock and companion animals, and in aquaculture, phages may have value in replacing the use of antibiotics as well. Other potential uses may span from disinfection of hospital surfaces to wastewater treatment.

However, phages may not have been identified nor be effective for all bacterial infections. Resistance can develop to phage therapy, so combination treatment with multiple phages may be required.

And their use can prompt the release of endotoxins, mounting inflammatory responses in treated patients. So additional clinical testing of phages will be needed before wider therapeutic use in human medicine.

HAIAP News December 2024 included the story of the bacteriophage found in Australia in Melbourne's Merri Creek.

<https://www.haiasiapacific.org/wp-content/uploads/2024>

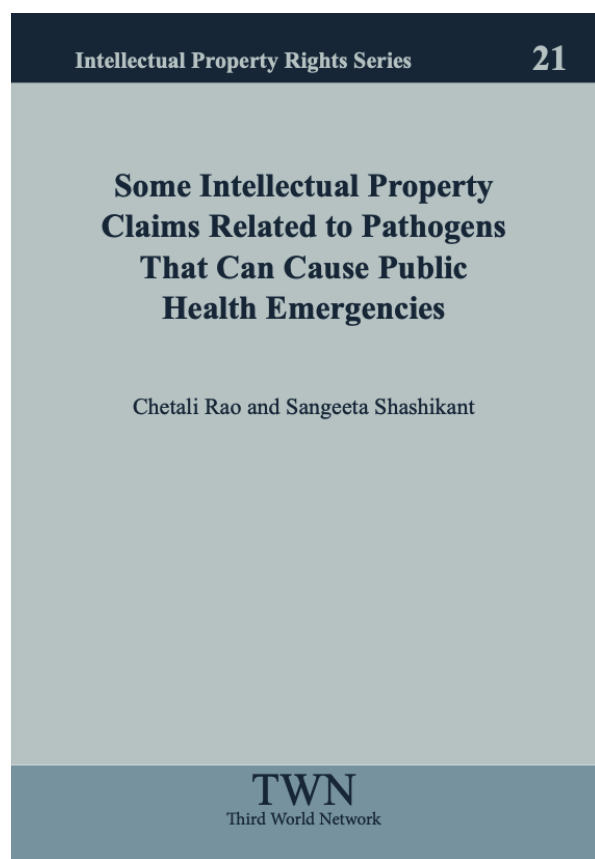
TWN update: an analysis of the patent landscape surrounding several pathogens relevant to public health emergencies.

<https://www.twn.my/announcement/Some%20IP%20Claims%20Related%20to%20Pathogens.pdf>

The Third World Network recently published an update of the patent landscape surrounding several pathogens relevant to public health emergencies. The report describes the history of inequitable sharing of underlying intellectual property behind the medical products needed to respond to public health emergencies, from avian influenza and H1N1 swine flu to Ebola virus and COVID-19. It highlights the contrasting approach between the Africa Group and the Group of Equity, largely comprised of LMICs across multiple regions, as compared with the European Union. While the European Union Pathogen Access and Benefit Sharing (PABS) proposal would not recognize IP claims over the biological materials, just over the derivative samples or sequence data, the Africa

¹ <https://www.nature.com/scitable/definition/bacteriophage-phage-293/>

Group and Group of Equity have called for no assertion of intellectual property rights over biological materials or their sequence information. Using the World Intellectual Property Organization's PATENTSCOPE database, the study identified patents since 2015 filed on Ebola virus, Nipah virus, Zika virus, and Lassa virus. Most of these patents were notable for the breadth of their claims over inventions derivative from these pathogens and their sequence information. This study highlights important concerns now the subject of negotiation in the WHO Pandemic Accord and recalls issues stemming from the Convention on Biological Diversity's sovereign rights over genetic resources and intergovernmental discussions over fair and equitable benefit sharing over this intellectual property.

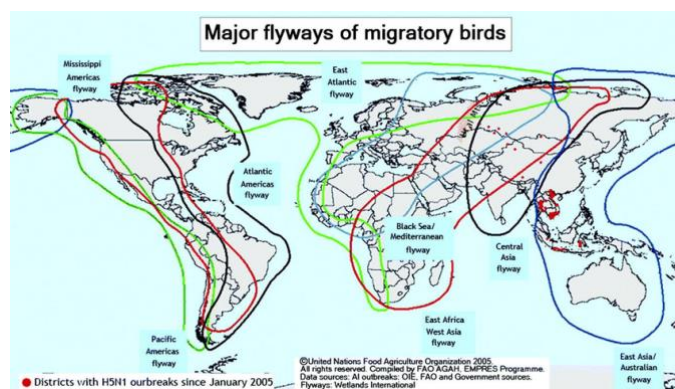


H5N1 A new pandemic?

This long informative ABC article includes the history, evolution, impact and potential development of the virus.

Read it here https://www.abc.net.au/news/2025-03-30/next-pandemic-risk-h5n1-2-3-4-4b-bird-flu-avian-influenza/105104736?utm_source=sfmc&utm_medium=email&utm_campaign=abc_newsletter_am-pm_sfmc&utm_term=&utm_id=2529377&sfmc_id=238543445

What is the difference between H5N1 and the dozens of other avian influenza 'A' strains that circulate the globe at any point in time? H5N1 is different. There are two big problems with avian influenza H5N1 2.3.4.4b. Firstly, it is classified as 'highly pathogenic' meaning it



makes the animals it infects very sick. Most die. More significant, perhaps, is that H5N1 2.3.4.4b is transforming before our eyes. Already devastating wild birds and



farmed poultry, the virus is rapidly learning to infect more and more species, including mammals.

Despite this dire impact, the avian viruses present so far come from strains and are currently under control. All but one are considered low pathogenic. They are unlikely to pose a wider threat. From its quiet 'debut' in Scotland in 1959, H5N1 gained global attention when it infected geese in southern China in 1996 and 18 humans in Hong Kong a year later, leading to six deaths.



H5N1 went on to infect wild birds and then spread easily via the birds' migratory pathways that crisscrossed the globe, mutating as it went. By 2015, it was found throughout Asia, the Middle East, North Africa and Europe.

'What happened in late 2021 is that the ecology of the virus changed,' Edward Holmes, Professor of Virology at the University of Sydney says, explaining that the way H5N1 interacted with its hosts, the environment and ecosystems changed the way it was able to spread and evolve. The virus showed rapid global expansion in wild birds and farmed poultry. By the end of that year, when sea mammals such as seals and sea lions ate sick or dead wild birds, they too became infected. On land, foxes and raccoon dogs caught the virus. By the end of 2022

H5N1 was also found in farmed mink that had come in contact with infected waterfowl and significantly, the virus began to spread in the US.

Then, in March last year, another important turning point: H5N1 was found in dairy cattle, probably first transmitted by contact with an infected bird's mucus or faeces, then spread from cow-to-cow via infected milking equipment.

2025 - H5N1 is now rampant in Europe, Asia, South America and the US, where it is 'running wild in the poultry and dairy industries'² - not helped by Donald Trump's new secretary of health and human services, Robert F Kennedy Jr, who advocates 'letting the virus rip'.

'In almost 30 years since we've known about H5N1, it's not really ever yet evolved human-to-human transmission,' Professor Holmes says. 'It's had a lot of opportunities because it spills over into humans all the time so that's the key question. Will it become a human-transmitted pathogen?'

Some positive news to hang on to, Holmes says, is that not every animal virus mutates to affect humans. But regardless, he says, it must not be forgotten that the biological motivation of H5N1 will continue to drive it towards adapting to as many species as possible.



Key takeaways for Veterinary Services

The World Organization for Animal Health released a policy brief on [2024 UN Political Declaration on AMR: Key takeaways for Veterinary Services](https://www.woah.org/app/uploads/2025/02/2024-un-political-declaration-on-amr-takeaways-for-vs.pdf).³

<https://www.woah.org/app/uploads/2025/02/2024-un-political-declaration-on-amr-takeaways-for-vs.pdf> describes four commitments for the animal health sector by 2030: 1. reduced quantities of antimicrobials used in animals; 2. prudent and responsible use of antimicrobials in animals; 3. prioritisation of prevention with a focus on animal vaccination strategies; and 4. investment to ensure access to essential veterinary services. The policy brief lists relevant UN General Assembly commitments in the areas of prevention, resourced surveillance, cross-sectoral coordination, and adequate funding. Links to key resource materials are also provided.

2024 UN Political Declaration on AMR: Key takeaways for Veterinary Services

For the second time in history, UN Member States have adopted a [Political Declaration](#) on antimicrobial resistance (AMR). During the 79th United Nations General Assembly in September 2024, they reached consensus on 44 commitments. Almost half of them consider animal health matters, including four setting specific goals for our sector. Such recognition marks a significant milestone of our efforts to contain AMR.

This memo summarises the key outcomes that Veterinary Services need to consider and implement as their essential contributions to ensure that this global effort translates into successful achievements.

Four commitments for the animal health sector by 2030

As a member of the national Veterinary Services, your work plays a central role in ensuring their achievement.



Reduced quantities of antimicrobials used in animals

'Strive to meaningfully reduce [...] the quantity of antimicrobials used globally in the agri-food system [...] taking into account the [...] standards, guidance and recommendations of the World Organisation for Animal Health.' (69)



Prudent and responsible use of antimicrobials in animals

'Commit to ensure that the use of antimicrobials in animals and agriculture is done in a prudent and responsible manner in line with [...] the standards, guidance and recommendations of the World Organisation for Animal Health.' (70)



Prioritisation of prevention with a focus on animal vaccination strategies

'Ensure [...] that animal vaccination strategies are defined with an implementation plan [...] taking into account WOA's list of priority diseases for which vaccines could reduce antimicrobial use [...]' (72)



Investment to ensure access to essential veterinary services

'Invest in animal health systems to support equitable access to essential veterinary services, improve animal health and appropriate management practices to prevent infections [...]' (73)

(X): corresponding commitment number the AMR Political Declaration.

² <https://www.pbs.org/newshour/health/how-america-lost-control-of-the-bird-flu-and-raised-the-risk-of-another-pandemic>

³ <https://www.woah.org/app/uploads/2025/02/2024-un-political-declaration-on-amr-takeaways-for-vs.pdf>

The UK National Health Service (NHS) to go.

In August 2018, HAIAP News marked the 70th anniversary of the UK NHS.⁴ The 40th Anniversary of the Alma Ata conference on PHC was also celebrated in that edition.

'The Lancet observed that the UK National Health Service (NHS) was founded in 1948 to provide a comprehensive health service based on clinical need, not on the ability to pay, and available to all. The NHS is admired by many for its ambitious goals and achievements but in its 70th year, the NHS faced a genuine crisis. As recognised by a House of Lords Select Committee report in April, 2017, the biggest internal threat to the sustainability of the NHS is the lack of a long-term strategy to secure an appropriately skilled, well trained, and committed workforce. [That] month, the first step to remedy this gap was taken with the publication of a draft strategy for the health and care workforce for England. Published by Health Education England, the draft would be open for consultation until March 23, and the final strategy will be published in July, 2018.'

On March 22, 2025. *The Lancet* reported that the UK NHS is to be axed. Vital services will be transferred to the Department of Health and Social Care.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00550-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00550-1/fulltext)

On March 24 Jessamy Bagenal of *The Lancet* asked Is the abolition radical or reckless?

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2825%2900566-5>

He commented:

'This was a shock to many people. But there is public support for change in the NHS. Using a sample of 2088 people in the UK, a UCL *Policy Labs and More in Common* polling report from March, 2025, indicated 72% of people think things in the UK are getting worse and 61% think the NHS needs radical change. However, the British public generally do not want the careless and irresponsible actions of US President Donald Trump's executive orders. British people are looking for change, but not chaos, radicalism, but not recklessness'.

Jessamy Bagenal notes that the logistics of how all of the NHS vital services will be transferred to the Department of Health and Social Care is yet to be disclosed, but hopefully there is a robust and well thought out plan (contrary to how it might appear) that will make this a radical rather than a reckless overhaul.

He concludes the article:

'The Labour Government will need a coordinated and consistent whole-of-society approach to save the NHS that does not involve large cuts to the public sector. The deep cuts to welfare and disability benefits announced in 2025 suggest this is not something that is fully recognised by the Labour Government yet. The abolition of NHS England could be celebrated as a radical step change in how the NHS is governed and should mark a **transformative** shift. If this same sense of bold radicalism is applied to the broader commercial and social determinants of health then meaningful reform and improvements are possible, not only for the NHS but for the health of the UK population. Without radical action to address these determinants of health, the abolition of NHS England risks becoming just another top-down mandate that disrupts rather than delivers improvements in health—and that would be very reckless indeed.'

Arms dealers sponsor education in Australia

Fran Baum - PHM War and Conflict circle

It is truly disturbing that arm dealers (British Aeospace systems and others) are sponsoring science education in high and primary schools and the Universities are taking more and more funds from the 'defence' companies for teaching and research. PhD scholars are offered much larger stipends and there are whole science courses run in conjunction with the companies.

Paul Laris and Fran Baum have been working with other groups in Adelaide (mainly pro-Palestine groups) to organise a public forum on the Militarisation of Education in South Australia.

I wonder if we should start looking at this globally and documenting how much this is happening in different places.

Here is an article Paul has written about this issue in Australia. *How Australian education was captured by arms dealers* (in 'Pearls and Irritations').

<https://johnmenadue.com/post/2025/04/how-australian-education-was-captured-by-arms-dealers/>

⁴ <https://www.haiasiapacific.org/wp-content/uploads/2018/08/HAIAPNewsAugust2018Red.pdf>

Feature 1: April 24 -30 World immunisation week 2025 and measles today

Immunisation for All is Humanly Possible

<https://www.who.int/campaigns/world-immunization-week/2025>

Compiled by Beverley Snell with acknowledged sources

Vaccines are one of humanity's greatest achievements.

Over the last 50 years, immunisation with essential vaccines has saved at least 154 million lives. That's six lives a minute, every day, for five decades.

In these 50 years, immunisation accounts for 40% of the improvement in infant survival, and more children now live to see their first birthday and beyond than at any other time in human history. Measles vaccine alone accounts for 60% of those lives saved.

There are more lives to be saved by building on these achievements. The future of immunisation means not only reaching millions of children who have never received a single shot, but protecting grandparents from influenza, babies from malaria and RSV, pregnant mothers from tetanus, and young girls from HPV.

We are at a watershed moment in the history of global health. Hard-won gains in stamping out diseases that are preventable through vaccination are in jeopardy. Decades of collaborative efforts between governments, aid agencies, scientists, healthcare workers, and parents got us to where we are today — a world where we've eradicated smallpox and almost eradicated polio.

Under the banner, 'Immunisation for All is Humanly Possible', World Immunisation Week 2025 aims to ensure even more children, adolescents, adults – and their communities – are protected against vaccine-preventable diseases.

Vaccines are proof that less disease, more life is possible when we put our minds to it.

It's time to show the world that Immunisation for All is Humanly Possible.

Measles

Before immunisation against measles was available, epidemics of measles were very common in developing countries. However measles is rare now in most high income countries because of routine childhood immunisation against the disease. Today, doctors in high and middle income countries might never see a case of measles whereas before a vaccine was available every parent knew exactly what measles was and recognised it immediately. Almost every person was infected during childhood and children who recovered

were protected from further infection for life. But many did not recover and children in LICs and in conflict settings, and among displaced and refugee populations are particularly vulnerable.

What is measles?

Measles is a highly contagious infection of the respiratory system caused by the measles virus (paramyxovirus). It is easily spread by aerosol during normal contact. Coughing, sneezing and talking close to infected people can spread the virus. After attaching to the lining of the airways, it multiplies, and can cause disease throughout the body.

Signs and symptoms

For about 10 days after a person is infected there are no signs then the symptoms start to appear.

Stage 1

Measles looks and feels like a cold at first and is characterised by a runny nose, cough and a slight fever. As the infection progresses, the persons' eyes become red and sensitive to light, and the fever worsens (can be as high as 40.6C). The length of these early symptoms is usually three or four days before a rash appears. A persistent dry cough is very common.

Koplik's spots: One special identifying sign of measles



is Koplik's spots. These are small red, irregularly shaped spots with blue-white centres found inside the mouth. Koplik's spots usually appear one to 2 days before the measles rash. Parents have been very familiar with Koplik's spots and know that measles is on the way when they appear.

Stage 2

The second stage begins after 3-7 days. The fever persists and a large, flat red to brown blotchy rash appears. The rash usually starts on the face and then spreads to the chest, back and arms and legs, including the palms and soles of the feet. It usually takes about 3 days for the rash to make its way down to the feet. The total time for the rash, from beginning to end, head to toe is usually about 6 days. Children are often very ill during this time.

Complications related to measles infections

Measles can lead to many different complications such as chest infections (croup, bronchitis, and pneumonia), eye infections (conjunctivitis), heart problems (myocarditis), hepatitis and swelling of the brain (encephalitis). Measles can also make the body more susceptible to ear and lung infections (pneumonias) caused by bacteria. Laryngitis is common and in some children it may become obstructive.

Measles is most dangerous for infants, pregnant women and people with weakened immune systems.

What is the treatment for measles?

There is no specific treatment for measles. Treatment of symptoms may be achieved from bed rest and the oral administration of paracetamol. Antibiotics should only be used when there are secondary infections.

Immunity to measles

Immunity to the disease occurs after vaccination, after active infections and in infants there is passive immunity up to 9 months of age from protective antibodies from the mother. Vaccination is less effective if given before 9 months because of the persistence of maternal antibodies.

Vitamin A deficiency

All children with measles should have high dose vitamin A therapy.

Many children develop vitamin A deficiency related symptoms such as conjunctivitis after measles. It is important to treat this symptom immediately with high dose vitamin A therapy as it could lead to loss of sight. Children suffering from measles should be referred to the local health workers or doctor.

How can measles be prevented?

Measles can be prevented by immunisation. About 95% of vaccinated persons are protected for their entire lifetime with one injection but a second injection - a booster - after 6 months provides optimal protection. All children should be vaccinated at 9 months (after passive immunity disappears) to protect them and others from measles. The measles virus vaccine is administered as a single injection beneath the skin (subcutaneous) and is available as a single vaccine or combined with vaccines for two other diseases; mumps and rubella virus (MMR).

Measles and the Somalia Refugee experience

Beverley Snell

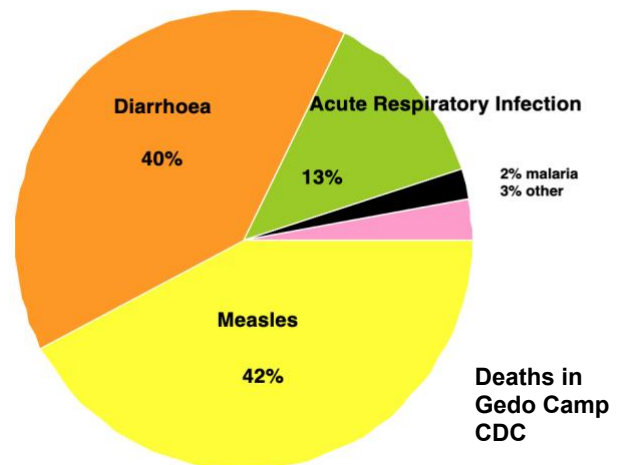
In 1980 when an influx of all most 2 million refugees from Ethiopia arrived in Somalia 35 camps were set up to receive them. The emergency received almost no attention for several months until the world noticed and UN organisations and International Non-government organisation started to arrive.

At first there was no system and no coordination and no triage. People were weak and ill after weeks walking. Very soon people were dying.

Ultimately there were situation analyses with the help of the US Centres for Disease Control (CDC).

The following figure illustrates the situation in the Gedo camp in one of the southern regions.

Somalia: camps in Gedo Region 1980



Of all the deaths, 42% were from measles.

Somali doctors saw the need for a comprehensive system based on Primary Health Care (PHC) as defined at Alma Ata in 1978, and coordination from a central unit under the Ministry of Health - The *Refugee Health Unit* (RHU). Willingness of stakeholders to cooperate in development of the PHC framework and adherence to RHU policies was crucial as well as NGO, UN and government willingness to contribute financially to support for the RHU.

All agencies signed an agreement between themselves, the MOH (RHU) and UNHCR (lead agency)
To work in collaboration with RHU
Otherwise there would be no travel permit !!
(including no fuel coupons)

Every individual in each agency was to pass RHU for orientation.

It was agreed that to address health issues it was necessary to know:

- population movement
- demographics
- camp layout
- general disease patterns
- medical emergencies? cholera? measles? malaria? meningitis?
- nutritional status
- Information provided by rapid needs assessment

There were protocols for 10 equal top priorities

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

A refugee health workshop with all health personnel was organised - MOH, refugee, expat, International (WHO, UNHCR, UNICEF, CDC) to set the system in place: To devise health info systems, treatment guidelines, essential drug lists, training systems etc - and - NB ! To review plans and implementation every 6 months.

Measles a priority

An immediate activity in the camps was identification and training of Community Health Workers (CHWs) from all the camp sections. CHWs would be working in the sections and involved with all tasks.

Their first activity was to register all under 5s for immunisation. It was also a good opportunity to get to know their communities and what was going on.

CHWs were responsible for:

- Registering eligible children
- Promoting measles immunisation
- Collecting children
- Helping the organisation/administration of vaccination sessions
- Helping with records, follow-up for subsequent immunisations

Protocols for emergency health response

It was not long before international relief organisations accepted the following protocols for emergency response and they were accepted officially:

- development of health information systems
- diarrhoeal disease control
- measles immunisation
- appropriate curative care

- maternal and child health
- standard case management- essential drugs -
- health worker training
- epidemic preparedness
- feeding programs if indicated.

Internationally, measles immunisation became an automatic part of the arrival process in refugee camps and emergency population settings.

In the Somali camps it was a very short time before the measles vaccination coverage was around 95%. The collated information that was published in May 1982, only about 18 months after the establishment of the RHU system, demonstrated that there were no cases of measles in the North-west camps and only 10 cases in the southern camps.

Somali mothers embraced vaccination and were proud of their children's records for vaccination for the vaccine preventable diseases that were the norm at that time. The last Small Pox cases had been found in Somalia in the late 70s and some of the doctors working in the camps had been part of the Small Pox campaign. People knew what Small Pox was and they knew the impact of the Small Pox vaccination that was introduced in Somalia.

They were happy that there was a vaccine for measles and for the other diseases that were added to the program. Vaccination campaigns were carried out in the host population from 1983 and childhood immunisation became part of the National Mother and Child Health Program (MCH). Immunisations were well received and northern Somalia reached a coverage rate of 95% for measles by 1988.

What happened in the north in 1988?

- Somali President Mohamed Siad Barre's forces bombed the northern Somalia capital Hargeysa
- North-west Somalis fled to Ethiopia
- Refugee camps appeared in the Ogaden Region of Ethiopia.

Australian Dr Michael Toole - who had worked with the RHU - was engaged by CDC to conduct a situation analysis of the new Ethiopian camps. The populations were Somalis from the north where measles vaccine coverage was more than 93%. Therefore priority vaccination was not needed at the beginning - probably a unique situation. However after three months measles appeared and vaccination was instigated promptly and routine immunisation established.

Mike Toole found Somali Health Workers among refugees in the Ogaden camps trying to work according to RHU principles. ⁵

⁵ Personal communications - Michael Toole.

Measles and Samoa - end of 2019

In the HAIAP News December 2019, the measles outbreak in Samoa is described.⁶

National Immunisation programs had been in place for over 30 years, following the inception of the Expanded Programme on Immunization (EPI) in 1974.

How the epidemic grew

Melissa Clarke, Australian National Broadcaster (ABC) foreign affairs reporter in Apia, Samoa, described the evolution of the epidemic and the response.⁷

'Samoa's measles epidemic grew slowly, then swelled suddenly. A few cases had appeared in October. By November, the Samoan Government had declared a state of emergency. Schools were closed and vaccinations made mandatory. But it was not enough to halt the spread of the virus. Measles infections had popped up around the Pacific, but the virus only took hold in Samoa, where the national immunisation rate had fallen to a low of 30 per cent. Tonga and Fiji also declared states of emergency to tackle measles outbreaks but both countries had far higher vaccination rates and had so far not reported any deaths.'

'Samoa's troublesomely low immunisation rate was borne of an earlier tragedy. In 2018, two babies died shortly after getting measles vaccinations. The nurses who administered the injections had incorrectly mixed an expired anaesthetic with the vaccine. It prompted the Government to suspend the nation's vaccination program and though it was eventually restored, many Samoan mothers no longer trusted the vaccination process. When the outbreak occurred the Samoan Government arranged a nation-wide shutdown to get people vaccinated. Businesses were ordered to close and all citizens placed under a curfew to allow mobile vaccination teams to go door-to-door.'

'Scepticism regarding the safety of the vaccine and the expanding atmosphere of doubt around vaccination — even in the most advanced countries — are among the underlying causes of the dramatic expansion of the disease,' said Ms Marinescu, United Nations' resident coordinator in Samoa at that time.

Measles NOW in USA - From CDC⁸

As of April 3, 2025, a total of 607 confirmed measles cases were reported by 22 jurisdictions in the USA: Alaska, California, Colorado, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Washington.

History of measles cases in USA

Measles was officially eliminated from the United States in 2000, meaning there has been no measles spreading within the country and new cases are only found when someone contracts measles abroad and returns to the country. Achieving measles elimination status in the United States was a historic public health achievement enabled by vaccine policy.

From <https://www.vox.com/health/406967/rfk-jr-hhs-cuts-vaccine-measles-outbreak>

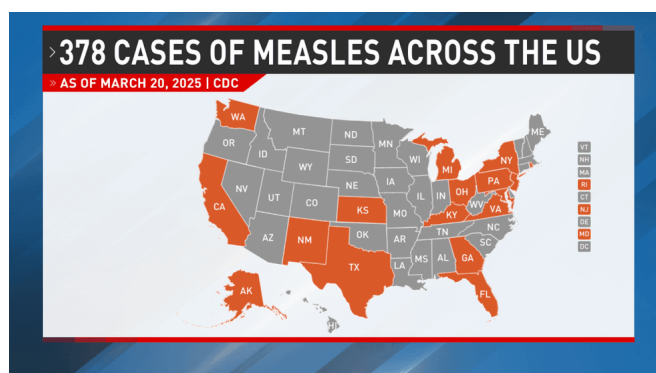
When Robert F. Kennedy Jr. sought to be confirmed as Donald Trump's secretary of Health and Human Services (HHS), he had to negate his long record of fringe anti-science beliefs. He had indulged in conspiracies about chem trails, questioned whether HIV was the actual cause of AIDS, and, most notably, **spread** the repeatedly debunked theory that childhood vaccinations could lead to autism.

'I am pro-safety,' Kennedy said in his opening statement at one hearing. 'I believe vaccines have a critical role in health care.' He gave assurances that he would not change federal vaccine guidance.

But less than two months into his term, Kennedy was blocking the release of pro-vaccine data amid a widening measles outbreak even as he put into motion long-term projects that seem set to further erode Americans' 'wobbly trust' in childhood vaccination. Coupled with the massive staff cuts at HHS, a weakened federal health department is being remade. Some of the effects were seen immediately as a massive measles outbreak spread.

Kennedy's leadership is already making the biggest US measles outbreak since 2019 worse and two people, including an unvaccinated child, died by April 3.

Some experts believe it may take up to a year for the disease's spread to be brought under control. Epidemiologist Michael Mina wrote in the New York Times that the US could see tens of thousands of cases. More people would die, and many of the ones who survived



⁶ <https://www.haiasiapacific.org/wp-content/uploads/2019/12/HAIAPNewsDecember2019.pdf>

⁷ <https://www.abc.net.au/news/2019-12-09/anatomy-of-an-epidemic-how-measles-took-hold-of-samoa/11773018>

⁸ <https://www.cdc.gov/measles/data-research/index.html>

London School of Hygiene and Tropical Medicine, who warned that misinformation can unfortunately travel rapidly. 'Even a small decline in vaccine uptake can have devastating consequences.'

Measles in our region ¹²

Vietnam and Thailand are experiencing measles outbreaks, with health professionals concerned about vaccination rates against the disease.

In a health alert issued in the State of Victoria, Australia, acting chief health officer Dr Evelyn Wong said four recent cases in the state had been linked to travel from South-East Asia.

In Vietnam, the health ministry reported a 130-fold increase in measles cases in 2024 compared to the previous year. There were 6,725 confirmed cases and 13 fatalities, according to state media reports. Most of the fatalities were in children or elderly people with underlying health conditions.

According to data reported to the WHO by member states, Thailand had 7,507 cases in 2024, compared to just 38 in 2023.

'During outbreaks in low vaccination areas, measles spreads like wildfire,' Dr Senanayake an Associate Professor at Australia's National University School of Medicine said. He said there's also a rare but fatal type of brain infection called SSPE (Subacute sclerosing panencephalitis), which can occur about seven years after a measles infection.

'And that's completely untreatable and a horrible infection — you just die from that.'

Angela Webster, a professor of clinical epidemiology at the University of Sydney, said several countries had eliminated or almost eliminated measles before the COVID-19 pandemic came along. 'Because of the suspicion about many regular immunisation programs and because of the disruption caused by the pandemic, it meant there is a couple of [cohorts] of particularly younger children who didn't receive the usual vaccinations of childhood,' she said. 'That made them much more vulnerable to infection'.

Dr Angela Pratt, the WHO representative for Vietnam, said data suggested 70 to 80 per cent of children with the infection were unvaccinated or under-vaccinated.

Apart from pandemic disruptions, she said Vietnam faced vaccine stock-outs in 2022-2023, 'resulting in hundreds of thousands of children missing out on being immunised against measles'.

Professor Senanayake said 'There's no doubt in my mind that what happened with COVID and COVID vaccines and vaccine conspiracies has escalated the issue exponentially.'

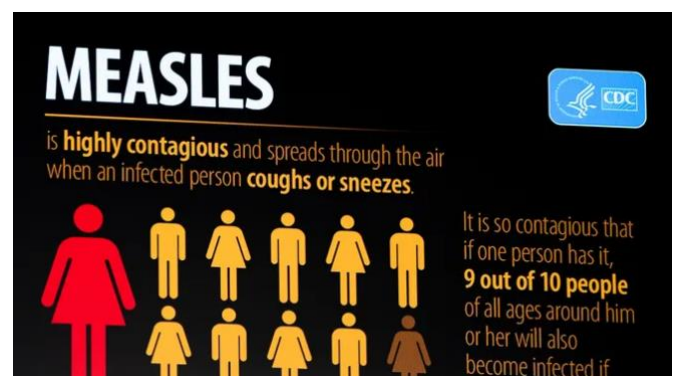
The Bangkok Post reported in September 2024 that Thai authorities organised a vaccination drive after five fatalities in its southern provinces, where vaccine rates were typically lower — just 40-50 per cent, compared to 80-90 per cent nationally.

Dr Thongchai Keeratihattayakorn, director-general of the Department of Disease Control (DDC), told the Bangkok Post the situation at the time was 'very worrisome'. He said some parents were concerned side effects like fever could lead to them taking time off work to care for their child and a loss of income as a result.

Measles can spread easily at times of heightened global travel. Professor Webster pointed out both Thailand and Vietnam have high populations and thriving tourist industries.

Dr Senanayake said 'We've seen outbreaks in a number of other countries around the world, so I don't think we're anywhere close to seeing the end of measles yet,' he said.

'But from an individual point of view, it's completely preventable ... vaccination is key'.



¹² <https://www.abc.net.au/news/2025-01-08/measles-outbreaks-in-south-east-asia-bringing-cases-to-australia/104789088>

Feature 2: Antimicrobial Resistance Policy Advocacy in Thailand: The Role of the Drug System Monitoring and Development Centre as Case Study of Civil Society

By Dr Niyada Kiatying-Angsulee¹, Yupadee Sirisinsuk²

Abstract

Thailand National Strategic Plan on antimicrobial resistance 2017-2021 was the first AMR policy of the country. It has a **One Health** approach with the concept of 'triangle that moves the mountain' through the balance of knowledge generation and management, social movement and political will. The studies on antimicrobial resistance policy ***emphasised policy contents rather than actors' roles and policy process.***

Acknowledgement of civil society roles in policy advocacy may facilitate engagement of civil society in policy process both financially and technically. This article aimed to elaborate roles of civil society by using a case study of Drug System Monitoring and Development Centre (DMDC) that is involved in the process of policy formation and implementation.

The case study included three parts: collation and explanation of activities performed by DMDC and the civil society network, analysis of strengths and weaknesses, and proposals for improvement. We found that civil society played significant roles in antimicrobial resistance policy processes. These include networking, testing of antibiotic residue in meat, campaigning, training, and public communication. Their strengths consist of commitment, flexibility, and community focus. Weaknesses involved lack of financial support, non-continuity, lack of enough technical knowledge in some groups, as well as insufficient access to data and information. Thai Health has a significant role in encouraging engagement and empowerment of civil society. Government should consider continuous support for civil society roles in policy process in terms of financial and technical support.

Introduction

Thailand announced a strategy to manage Antimicrobial Resistance (2017-2021) in the year 2016 - consisting of 6 strategies, namely:

1. Antimicrobial Resistance Surveillance under One Health Concept
2. Controlling the distribution of anti-microbials as a whole in the country
3. Infection prevention and control in hospitals and supervision to ensure proper use of antimicrobials.
4. Prevention and control of drug-resistant bacteria and supervision together with appropriate use of antimicrobials in agriculture and in pets.

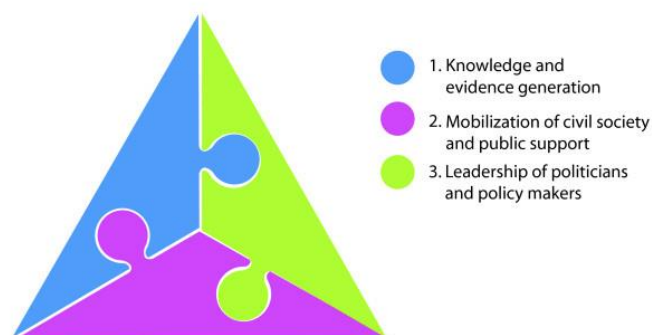
5. Promoting knowledge of drug-resistant pathogens and awareness of proper use of antimicrobials. to the people and

6. Administration and development of policy-level mechanisms to drive drug resistance work sustainable antimicrobials.

Before the strategies Thailand had an antimicrobial resistance structure and management system but it was scattered and lacked integrated functionality. There was no clear national direction and lack of coordination.

Overview

The situation of antimicrobial resistance and policy came from many sectors and coordination.



The Mountain-shifting Triangle Concept reflects the roles of both the public sector civil society in Thailand and international agencies..

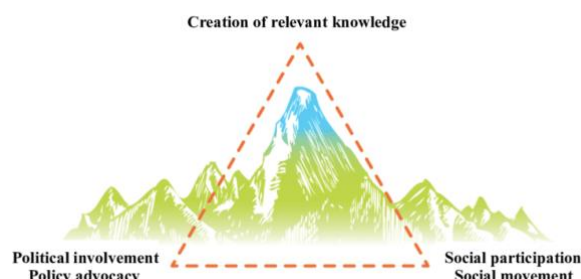
The Triangle-Moving Mountain Theory driving policy in the country, included changing what is difficult to happen. It is necessary to strike a balance between three parts: building related knowledge, social movement, and state power.

All three parts are connected. The fund office supporting health promotion (ThaiHealth) has given importance to with the role of civil society. To work on the movement by supporting the civil society network, the concept of Social Determinants of Health is added. This concept reinforces the importance of the creation of people's strength which is accepted as part of civil society playing a role in shaping national health policy. There was a process for formulating six policies: education and pushing for agenda formation; participation in the development of policy drafts; policy driving network; mobilisation in

cocreation; consensus and monitoring and auditing of operations; policy compliance.

Study of public policy and health policy

Many theories supported four-sided analyses. These include contents of the policy, stakeholders (actors), policy process and context.



The South Centre (2020) prepared a report on the analysis results.

The role of civil society organizations:

- CSOs in driving health policies such as cigarette and tobacco policies
- Access to medicines, drug prices, breastfeeding promotion, and breastfeeding
- Roles in antimicrobial resistance management.

They found that there is still a lack of participation as proposed in the policy. The field of antimicrobial resistance is complex and difficult to understand and general understanding may not be enough.

There is still a lack of clear diagnosis of issues and of systematic and complete reporting. There is no reporting of impact statistics directly to the public.

A study of the antimicrobial resistance management policy of Thailand has focused on the content of the policy by reflecting on the situation to suggest a directional framework for continuing operations.

Policies and Management Processes including the study of results

From the policy, and also from an analysis of the roles of those involved, it was found that while there is a misconception on some issues, and there are behaviours that risk development of antimicrobial resistance. Civil society is cooperating in the policy.

This article presents a case study of the Academic Centre for Drug Surveillance and Development which performs both academic duties and represents civil society and professional networks in co-pushing and driving Thailand's Antimicrobial Resistance Policy by collecting information on relevant activities over time. It describes the nature of work and analyses weaknesses and strengths, and develops proposals to increase roles to strengthen the implementation of the policy.

The presentation of the story is divided into 7 parts:

- Antimicrobial Resistance Management Policy in Thailand
- Past roles of civil society surveillance academic centres and development of the drug system and the work to drive the antimicrobial policy
- Campaign success factors
- Challenges to be addressed
- The future of work Promoting Antimicrobial Resistance Management Policy of Thailand
- Key milestones in management policy development
- Antimicrobial Resistance

It consists of three coordinators / collaborators: the public sector, civil society and the international community in the public sector by.

- National projects to prevent and control infection.
- In the hospital (1971) establishing a drug-resistance surveillance centre
- supporting the National Antimicrobial (1998) Antibiotic Smart Use Project (ASU) established in 2007 after situation analyses, personnel training and structure development
- strengthening management of the two main agencies, the Ministry of Public Health. and the Ministry of Agriculture and Cooperatives. (Fragmentation was found).
- Integration, resulting in a collaborative consultation between the two ministries.

These activities led to the establishment of the Coordination and Integration Committee.

Landscape of the situation and management of antimicrobial resistance

The documentation of the landscape of the situation and management of antimicrobial resistance in Thailand (2015) has led to landscape development draft plan. It was devised with participation from all sectors and activities with civil society participation including campaigning through communication and education. (Community Situation Survey (1975- present)

The landscape strategy covered:

- Antibiotic use awareness day activities
- (2013 - Present) Network Agenda Proposal
- Participation in the 8th National Health Assembly in 2015
- Cooperation with foreign countries leading to acceptance in Thailand
- Exchange of experiences and doing academic work. For example, participated in the Jaipur Declaration on AMR (2011).

- Coordinating with the World Health Organization
- Presentation at the high level meeting of the United Nations
- Strengthening the role of civil society in driving the policy
- Managing Antimicrobial Resistance

At the international level, the strategy reflects the problems of the people and promotes awareness of the public on the dangers of antimicrobial resistance reflecting the demand for antibiotic-free food.

Spotlights

Patient Safety from Antibiotic Use

Training is going on along with disseminating knowledge and monitoring all the work according to the policy.

Activities addressing the problem of antimicrobial resistance of Thailand by civil society have been in place for a long time - there was an activity in 1975, on behalf of the Drug Problem Study Group.

Subsequent campaigns highlighted the problem of inappropriate antibiotics and misuse in the community. The establishment of the plan created a surveillance mechanism and developed a system in 2008 - later to be converted into an Academic Centre for Drug Surveillance and Development - therefore expanding the work.

Other civil society networks then got involved to drive activities. By coordinating work with the OERC, goals were set for social agenda expanding networks that are aware and work together - including the dissemination of knowledge to the target population and wider society. The public health activities cover agriculture (plants, animals), environment - reflecting the situation of antibiotic use and contamination; and report antibiotic residue and drug-resistant bacteria in the surrounding environment and large farms.

Communication Networks

Education of the population has been undertaken by the Foundation of village doctors, Chiang Mai Food Safety Network, Rural Pharmacy Club, Beautiful Green Project, and Agricultural Commitment Network.

Groups have collaborated to create awareness day campaigns for antibiotics every year, for example by creating a network of cooperation with private partners and schools in Chiang Mai and the government sector together with local government organisations in Saraburi Province.

Examples of important work

The Foundation for Consumers in collaboration with others has surveyed antibiotic residues in ready-to-eat

foods, and fresh food (pork, chicken, fish) and organised a campaign to get antibiotics out of our food - similar to activities of animal protection organisations of the world, and they are partly aimed at improving the welfare of farm animals in Thailand. 'Friends'¹³ leads the food system.

At a meeting to exchange information inappropriate use of antibiotics on farms. it was found to be common that animal health was harmed by overcrowding and drug resistance.

Antimicrobial Impact on the environment project

A study /survey of the situation reported 'Drug-Resistant Death lurks in water near you' 'Silent superbugs killers are in a river near you'.

It was found that activities were still limited and not continuous. Since each organisation has other routine tasks, the complexity of drug resistance problems mean the network expansion is not yet fully operating.

Shortage of budget and lack of access to academic information together with the problem of lack of acceptance of government roles have limited progress.

The Academic Centre for Surveillance and Development of Drug Systems are driving work on the Antimicrobial Resistance Policy. That Centre participates in campaigning for management policies. Antimicrobial resistance activities continues and takes many forms, including the awareness day campaigns on use of antibacterial drugs.

Antimicrobial awareness day

The antimicrobial awareness day campaign was organised the first time in Thailand in 2013 and now occurs annually. The office of Food and Drug Administration supports and pilots activities for that event. The campaign highlights the use of inappropriate antibiotics in three diseases (common colds, diarrhea and wounds). The framework emphasises mechanisms to identify drug problems and procedures that lead to sending information and education to communities, societies and related agencies.

Summary of operational results

Promoting Antimicrobial Resistance Management Policy by civil society focuses on the situation and its impact on the people from the lower level, to develop national policies. The principle is only to be a lubricant, or add-on, in the public sector. The results showed that at the national level, management strategies also emerged.

Antimicrobial Resistance in Thailand Strategies (2017-2021) includes sub-strategies related to civil society and the general public operational level that have proved to be able to expand the network. Where Civil society is

¹³ Launched in 2006, Peuan Peuan ("Close Friends" in Thai) is managed by Friends-International and works with both the Thai

marginalized population and with vulnerable migrants from neighboring countries (Cambodia, Laos, Myanmar.)

aware it comes together to work to drive events and can expand access to news and knowledge among the general public. All can benefit greatly from activities that are done in collaboration with ThaiHealth. In 2019, nine million people were reached and in 2020 two million more people were reached, thus expanding awareness. Understanding of drug resistance has improved In many population groups. In addition civil society representatives have been invited to join national committees, and are working with government and academic agencies.

There is continuous research and academic work together with job success factors and factors that drive management policies. **Antimicrobial resistance management in Thailand is possible** and is carried on partly through civil society participation.

There are six work process factors as follows: Continuous work with information and communication; Campaigns at local, national and international levels; addressing the problem of antimicrobial resistance as identified by the Civil Service Commission; preparation of a drug review - Health risks in 2009, Year 1, Issue 3; Antibiotics, National Crisis Report preparation; Drug system situation report 2010.

Defining the state of the problem for the public and responsible agencies

There have been activities continuously for more than 10 years now. Organising the Antibacterial Awareness Day event started in the year 2013 and continues every year under a title that corresponds with the situation; writing a newsletter on AMR work every year to raise awareness and disseminate knowledge to society.

Seeking and expanding a network of colleagues

The network begins with an analysis of the cycle of antimicrobial resistance problems in large systems and related components, and then searches for other networks working on related issues. This process has the potential to create mutual understanding and networks that are directly related to work by exchanging academic and practical information and together developing ongoing cooperation.

The procedure has clear working characteristics:

- Working with partners to form a learning network by transferring knowledge reflecting the problem and inviting participation to support work.
- Working in a network and strengthening academia to do additional work for the civil society network - for example, the Biological Way Foundation - working in food security about toxic chemicals.
- Increasing understanding of how antimicrobial resistance emerges.

Many food sources destroy the environment and also destroy health of farmers. Literature developers and people who use the network collaborate with the food system and environment. Many food sources destroy the environment and also destroy the health of farmers.

There is a network from all sectors including civil society elements to drive policies. Academic Strategic Networks and Related Agencies are shown in Table 1.

Table 1 List of networks participating in antimicrobial resistance management policy to drive activities

a. Domestic network

1. Groups of specific population networks, including patient networks consumer network Agricultural Network, Parent Network, children's network, media network and mass communication
- 2 Issue-oriented networks, such as those organising the Antimicrobial Use Awareness Week. The networks collaborate with the rational drugs reading promotion network, food safety network, consumer protection network
3. The spatial network has nodes in all 4 sectors that include various parties. (Hospitals at all levels. Provincial Public Health Office, teachers, civil society, farmers and the mediation Coordinated by the Faculty of Pharmacy in each region.
4. Academic and professional networks such as the network of pharmacists, medical doctors, rural pharmacy clubs Faculty of Pharmacy
5. Strategic networks and related agencies

b. International network

World Health Organization, South Centre, ReAct, Third World Network, MORU, Health Action International Asia Pacific, ISIUM, Antibiotic Resistance Coalition, World Animal Protection.

The main policy: 8th National Health Assembly held in 2015

The 8th Health Assembly was a public health policy development process to emphasise the participation of all sectors according to the Triangle-Moving Mountain Strategy - using knowledge as a working base while building reconciliation in society.

The process: Participatory and systematic management achieves public policy for good health and the process is driven into concrete practice with channels and methods. The Civil Service Commission and its associates also participate in the National Health Assembly forum. There was a multi-step communication work process and academic work to prepare the assembly as a platform to understand the whole space of channels for policy proposals from the bottom up through the general public.

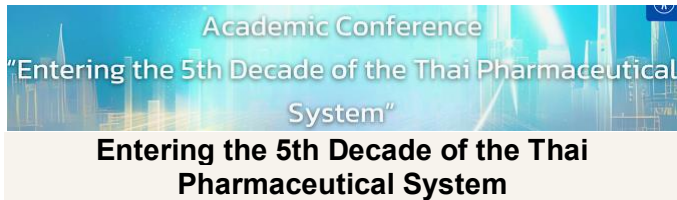
The activity required this multi-step preparation in advance, and following up of ongoing work, with information coming from domestic and international work and coordination of government agencies, .

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April 2025 Thailand

National Medicine Strategy in Thailand



The First **National Forum** on National Medicine Strategy was held during 2-3 April 2025 : Moving to the Fifth Decade of National Medicine Strategy - 'Bridging Health and Wealth: The Strategic Impact of Drug System'. During the Forum awards were given to many hardworking people in various areas for development and implementation of National Medicine Strategy in Thailand: Movement and Development of NMP; Access to Medicines; Industry; Rational Use of Medicines (includes Dr Niyada Kiatying Angsulee); Information.



AMR activities

The AMR Policy Board had the first meeting after the announcement by the cabinet. The AMR Policy Board has to be approved and announced every time the cabinet has come into action. The meeting was set up on 9th April 2025.

The government is pushing forward with the second action plan, aiming to continuously solve the problem of 'drug resistance'. It was found that in the past six years, the use of 'antibiotics' has decreased.

The meeting also reviewed the results of the past six years, which found a 26% reduction in antibiotic use in humans (target 20%) and a 60% reduction in antimicrobial use in animals (target 30%), and the performance of the AMR management system increased from 3.0 to 4.2 points (target 4 out of 5).

The Thai government has endorsed a political declaration at the United Nations in September 2024, with a target to reduce the death rate from AMR by 10%, which is in line with the goals of the **National Action Plan on AMR (No. 2) 2023-2027**.

In addition, the meeting established a national mechanism for strong management and supervision, expedited the implementation of antimicrobial resistance measures in both public and private hospitals, and requested the Ministry of Agriculture and Cooperatives (MOAC) to coordinate with agricultural and animal husbandry agencies to ensure AMR safety for land and aquatic animal products, with the Ministry of Public Health, MOAC, and the Ministry of Natural Resources and Environment (MNRE) working in accordance with the integrated AMR surveillance framework under the One Health approach.

Dr. Surachoke Tangwiwat, Secretary-General of the Food and Drug Administration, said that integrated cooperation and coordination among ministries is a key factor in combating the problem of antimicrobial resistance. This second plan will be a sustainable approach to protect public health and create stability for the country's health system.

"Today's meeting is therefore a continuation of the Thai government's commitment to reduce the rate of illness and death from drug-resistant bacteria, confirming its intention to protect people's quality of life and build a health system that is strong against future health threats," said Dr. Surachoke.

<https://www.thecoverage.info/news/content/8567>
<https://ndp.fda.moph.go.th/5decades>

How the tobacco industry in Malaysia is allowed to mar the Ramadan and Hari Raya experiences –April 2

Dzulkifli Abdul Razak

The first week in April could have seen two 'celebrations' of momentous dimensions. One is the Hari Raya Puasa after a month of fasting in Ramadan for Muslims. It is an obligatory tenet aimed at bringing the act of humility deeply into the meaning of life among fellow humans, not limited to just the Muslim Ummah. Indeed, in realising a just, fair and humane community throughout the world, in fact, the entire planet and universe.

The second reason for celebration could have been the banning of the 'display of smoking products' as announced by the MoH on April 2, 2022. However that did not happen. On that day, some three years ago, it was announced that liquid as well as gel forms laden with nicotine would be allowed to be sold freely in the open market. Accessible to all, high and sundry, notably those below the age of 18 years.

The Hari Raya festivities often symbolise the (re)awakening of the true spirit of humility through the act of sympathy, empathy as well as compassion is a major point of departure. These values are increasingly being recognised as essential for the existential survival of the human species, in fact for the non-humans too! Appropriate values-based lifestyle must be internalised, practised and realised impactfully on a daily basis without fail. The month of Ramadan is one concrete example to ensure that things are rooted throughout the globe - cutting across all forms of human-made barriers! The outcomes are immediately discernible by sharing and collaborating in the interest of the larger community worldwide for the benefit of humanity. Especially by putting 'right' the avoidable imbalances with the hope that it will snowball into a sustainable way of life. Simply put, the embedding of values starts with a strict principle of ethics as well as morality that regard all forms of lives as mercy to the worlds!

The Covid-19 pandemic has clearly underlined how imbalanced the state of world affairs is, let alone in terms of the cosmological dimensions - both the macro- and micro-aspects. Yet, the deep disparity and discrimination remains very much alive, with Asia facing some of the worst experiences globally whereby poverty rules for many decades on end. Reportedly, it worsened during the pandemic with many millions more joining the bottom of the pyramid, regardless of the conventional geo-political divide.

Based on this, the second reason for the celebration was set to recognise the banning of the 'display of smoking products' as announced by the MoH, of late. Unfortunately, that 'celebration' was short-lived. Held a day after the Hari Raya, it aptly coincided with April's Fool Day on April 1st, or better called as Hari Raya Vape! Why? It marked that day three years ago when nicotine vape became available to all - including children. All along, like cigarettes, they had been kept under the Poisons List of 1952 until that tragic April's Fool Day of 2022.

So, with the Raya celebrated just a day before, the use of nicotine-laden vapes by children 'addicted' to the product found a new 'legal' status on their Hari Raya list of what to indulge in. Seemingly, the Ramadan intense training to restrain from bad and unhealthy habits is totally lost, reducing the celebration to a victory that never was. In stark contrast, it is a sure failure thanks to draconian decisions that the then MoH took, and that were fully endorsed by the Cabinet of the day. The rest are hopeless memories of how the health of youth in Malaysia is being set aside unlike in several of committed ASEAN neighbours, especially now that Malaysia is supposed to lead as the Chair. What a shame it is, given the poor leadership of not walking the talk of SCRIPT!¹⁴

Obesity Epidemic in Mexico - Attributed to Free Trade Agreements

A government-sponsored junk food ban in schools across Mexico took effect on Saturday, March 28, 2025 as the country tries to tackle one of the world's worst obesity and diabetes epidemics.¹⁵

Mexico's children consume more junk food than anywhere else in Latin America, according to UNICEF, which classifies the nation's childhood obesity epidemic as an emergency. Sugary drinks and highly processed foods account for 40% of the total calories that children consume in a day, the agency reports; and one-third of Mexican children are already considered overweight or obese, according to government statistics.

But enforcement poses a challenge in a country where previous junk food bans have struggled to gain traction and monitoring has been lax across Mexico's 255,000 schools, many of which lack water fountains and even reliable internet and electricity.

It also wasn't immediately clear how the government would forbid the sale of junk food outside school campuses, where street vendors typically hawk candy,

¹⁴ <https://www.tandfonline.com/doi/full/10.1080/09512748.2023.220516>

¹⁵ <https://financialpost.com/pmn/mexico-bans-junk-food-sales-in-schools-in-its-latest-salvo-against-child-obesity>

chips, nachos, sugary drinks and ice cream to kids during recess and after the school day ends.

The North American Free Trade Agreement (NAFTA), which went into effect in 1994, and its successor, the United States-Mexico-Canada Agreement (USMCA), have been linked to the rise in obesity and related health issues in Mexico, due to increased access to cheap, processed, and unhealthy foods.

Impact on Mexican Diet:

This influx of cheap, unhealthy foods, coupled with the decline in the production of traditional Mexican staples, led to a shift in the Mexican diet.

Health Consequences:

The increased consumption of processed foods and sugary drinks has been linked to rising rates of obesity, type 2 diabetes, and other health problems in Mexico.

Australia's PBS

<https://aftinet.org.au/sites/default/files/2025-03/250318%20March%20Bulletin.pdf>

AFTINET reports that Australia's Pharmaceutical Benefits Scheme (PBS) could be in USA President Trump's firing line. Twenty-year patent monopolies on new medicines make them prohibitively expensive until cheaper generic medicines become available. The US government argues that the Australian wholesale price controls under the PBS are a restraint on trade and US profits, and the real agenda is simply to increase wholesale prices for US pharmaceutical companies, already amongst the most profitable in the world.

Most industrialised countries have policies to address this market failure, which makes medicines unaffordable for most people. The PBS is a health policy designed to make medicines affordable for all Australians. It controls the wholesale prices of commonly prescribed medicines by comparing the wholesale prices of new medicines with those of similar existing medicines. Necessary medicines are then made available at affordable subsidised prices to consumers, \$7.70 for pensioners and \$31.60 for others. The difference between the wholesale and the subsidised prices is the cost of the PBS to taxpayers. The US is the only industrialised economy that does not have a government scheme to make medicines affordable. In the US, pharmaceutical companies alone set the prices for new medicines. US medicine prices are two to ten times higher than

Australian prices, and many people cannot afford to buy medicines.

Australian Prime Minister Anthony Albanese has repeated that the PBS is not up for negotiation.

Dr Deborah Gleeson, Associate Professor of Public Health at La Trobe University, has closely tracked US attempts to influence Australian medicine policy over multiple administrations.¹⁶ She says the focus is broader than the PBS alone. 'What the Trump administration wants goes beyond just PBS processes,' said Dr Gleeson. 'the focus on the PBS alone; however, may be a red herring' 'It's important to understand what's really at stake. The government might promise not to change the PBS, but changes to other laws — like those regulating generics — could still slow down access to affordable medicines.' Dr Gleeson says the US is pushing for stronger 'patent linkage' laws that mirror its own system.

In the US, the Food and Drug Administration (FDA) must both assess the safety of a drug and notify patent holders of potential infringements. This system can be used to delay generic competitors and the release of generic drugs with the Therapeutic Goods Administration (TGA) and getting those drugs on the PBS.

This belligerent situation is not new. For many years the US PhRMA¹⁷ has attempted to coerce the Australian Government to change their system.

Many of us remember the US attack on Bangladesh in 1982 when Dr Zafrullah Chowdhury and others introduced an Essential Medicines Policy and established a facility to produce good quality affordable essential drugs in Bangladesh. The US directed all sorts of sanctions and threats at Bangladesh. See *The Politics of Essential Drugs* by Zafrullah Chowdhury, published by Zed Press 1995. Malaysia, Thailand, India and other countries have fought similar battles with the USA and the PhRMA.¹⁸



ZAFRULLAH CHOWDHURY
The Politics of Essential Drugs
THE MAKINGS OF A SUCCESSFUL HEALTH STRATEGY:
LESSONS FROM BANGLADESH



¹⁶ <https://theconversation.com/trump-has-australias-generic-medicines-in-his-sights-and-no-ones-talking-about-it-253836>

¹⁷ PhRMA, the Pharmaceutical Research and Manufacturers of America, is a trade association representing the interests of major biopharmaceutical companies, and its member companies include

big names like Pfizer, Merck, Johnson & Johnson, AstraZeneca, and Bristol Myers Squibb.

¹⁸ https://www.haiasiapacific.org/wp-content/uploads/2024/08/Penang_Report_Full_HAIAP_31_August_2023.pdf (From page 25 of the report.)

Third World Resurgence #362

Contents: Companies behaving badly: Reining in corporate misconduct on human rights and the environment.

Ten years since launching negotiations on a business and human rights treaty: Selected reflections on the way forward

By Kinda Mohamadieh

The activities of businesses can have adverse effects on individuals, communities and the environment. And with so many companies operating across borders, the potential harms they can inflict, and the challenges of holding them to account, have only grown. *Kinda Mohamadieh* looks at how ongoing negotiations to craft an international treaty to regulate business conduct could help safeguard human rights from corporate encroachment.

The elephant in the room: Ending corporate capture of the LBI negotiations

By *Marta Ribera Carbó, Martha Sedeida Devia Grisales, Shohel Chandra Hajang and Mona Sabella*

Unless the LBI negotiating process is freed of influence by business interests, it risks perpetuating the very corporate impunity it seeks to address.

Grounding the new legally binding instrument on transnational corporations on the right to a healthy environment

By Francesca Mingrone and Ana Maria Suarez-Franco

The main existing frameworks to regulate corporate conduct – at the international, regional and national levels – currently fail to meaningfully incorporate protection of the environment. *Francesca Mingrone* and *Ana Maria Suarez-Franco* explain how including the right to a healthy environment and broader environmental considerations in the new legally binding instrument on transnational corporations is essential to ensure effective protection of people's rights and the planet.

Curbing corporate abuse and exploitation in Latin America

By Gabriela Quijano

Having often fallen victim to business wrongdoings, Latin America badly needs effective regulation of corporate activity to protect human rights and the environment. Efforts towards this end have thus far fallen short, but some building blocks for a robust corporate accountability regime are already in place in the region.

The ISDS imbroglio

By Lean Ka-Min

While accountability for their misdeeds may currently be in short supply, there is no lack of rights and benefits enjoyed by corporations operating abroad. For example, companies can sue their host countries for lost profits in secretive tribunals established under the investor-state dispute settlement (ISDS) mechanism – a system where the state is put on the back foot and the public interest takes a backseat.

ECOLOGY

Making Erhai Lake bloom again

A story of China's ecological transformation

By Tings Chak

The restoration of the once heavily polluted Erhai Lake in China's Yunnan province is the fruit of a guiding vision that sees protection of the environment as essential to, not at odds

with, economic prosperity.

ECONOMICS

The gig economy's false promise

By Jennifer D. Daniel

Touted as a path to empowerment, Africa's gig economy is a digital twist on old patterns of labour exploitation – but workers are fighting back.

WORLD AFFAIRS

International law at a crossroads: Can Gaza spark a global reckoning? By Ramzy Baroud

The Gaza conflict has laid bare the toothlessness of international law, but it also presents an opportunity to forge a more equitable global order.

The end of aid

By Laura Robson

The Trump administration's targeted shutdown of USAID would wipe out billions of dollars in development funding – it would also shutter an agency which did not always have the interests of its supposed beneficiaries at heart.

HUMAN RIGHTS

Only political will can end world hunger

Food isn't scarce, but many people can't access it

By Jennifer Clapp

Hunger persists because we allow political and economic injustice to endure, laments *Jennifer Clapp*.

The forgotten victims: Orphans of femicide in Colombia

By Anna Abraham, Tony Kirby and Sergio Alejandro Melgarejo García

In the face of the femicide crisis in Colombia, a second crisis persists: hundreds of children are left orphaned each year and without support from the state.

WOMEN

Hashtags alone will not safeguard women's lives and rights

By Tegan Zimmerman and Adebola Esther Osegboun

The #BringBackOurGirls campaign raised questions around the efficacy of using social media to promote gender equity.

CULTURE

Remembering is not enough

By Frederico Freitas

The Oscar-winning film *I'm Still Here* shines welcome light on the dark days of the military dictatorship in Brazil, but much remains to be done before this terrible chapter in the country's history can truly be closed.

ACTIONS & ALTERNATIVES

India's free library movement counters caste discrimination and authoritarianism

By Emily Drabinski

A network of activists in India is setting up libraries as spaces of equality and

empowerment. https://www.twm.my/title2/resurgence/2025/362.htm?utm_medium=email&utm_source=sendpress&utm_campaign