FROM THE PRESS

Hope for the HIV positive

The international health funding agency UNITAID has created a "patent pool" that will make HIV drugs affordable to patients in developing countries. Drug manufacturers will have access to patented processes and those bartering their patented knowledge will receive royalties for it.

The value of the patent pool is summed up by Mike Foster, the international development minister of the UK which was one of the founding countries of UNITAID: "Last year 2.7 million people were newly infected with HIV and 2 million people died from AIDS – the need to make effective HIV medicines affordable for developing countries has never been greater."

UNITAID is an international health financing agency that works to improve access to drugs related to HIV/AIDS, malaria and tuberculosis. It not only makes existing drugs accessible, but also encourages research in this area. This has major implications for those affected by these diseases in developing countries. For example, all patients on drugs for HIV will develop resistance to these drugs over a period of time. Second generation drugs are so expensive that they remain inaccessible to a majority of patients. Worldwide, only 42% of HIV infected people in need of treatment have access to it.

Peter Moszynski, HIV drug patent pool offers hope of cheap drugs to millions, *BMJ*, January 16, 2010.

Fighting the asbestos lobby

Civil rights and health groups are campaigning for a total ban on asbestos in India. They are calling on legislators to pass the White Asbestos (Ban on Use and Import) Bill that was introduced in the Rajya Sabha in 2009. In January 2009, the Kerala State Human Rights Commission issued a ban order against asbestos, declaring that exposing consumers to asbestos fibres of all kinds was a violation of human rights.

Though asbestos is banned in 50 countries, in India, consumption is actually increasing, from 125,000 metric tonnes in 2000 to about 300,000 metric tonnes in 2007. Asbestos is mixed with cement for roofing sheets and India's asbestos cement industry has grown by about 10% every year, and employs some 100,000 people. Experts express grave concerns about the consequences to workers' health. The mineral is indicted in a number of diseases including asbestosis and cancers of the lung, pleura and peritoneum, larynx and ovaries. An estimated 90,000 people die every year from diseases related to occupational exposure to asbestos; this number does not include the deaths of family members of asbestos workers, and of those living near asbestos factories and mines.

The industry runs a massive lobby that has blocked efforts to get chrysotile, or "white asbestos", listed in the UN registry of hazardous materials and has launched media campaigns to convince the public that asbestos is a safe material. 90% of India's asbestos comes from Canada and the Canadian government-funded Chrysotile Institute has run a global campaign in support of chrysotile.

Closer home, organisations working to get asbestos banned are coming up against a strong political lobby, according to Madhumita Dutta of the Ban Asbestos Network, Chennai. Several parliamentarians have major holdings in asbestos companies, the government owns asbestos companies, and industry funding has influenced government studies on asbestos.

Activists are also concerned about the poor quality of health data. While there is no doubt about the health hazards of asbestos, there is no systematic information collection to give a sense of how many people are getting affected. Hospitals have reported seeing many cases of the asbestos-caused mesothelioma.

Occupational health has not been a priority in Indian medical education. Only one medical school in the country has a training programme in occupational health. There are 55 million Indians under the Employees State Insurance Corporation but very few of the 6,500 physicians in this scheme have any training in occupational health. So asbestosis is frequently diagnosed as tuberculosis or bronchitis. According to V Murlidhar of the Occupational Health and Safety Centre in Mumbai, doctors do not have access to the particular radiological plate that is necessary to give a firm diagnosis of asbestosis. India's labour laws have made it difficult to punish negligent employers and few workers have received compensation for asbestos-related disease.

Talha Burki, Health experts concerned over India's asbestos industry, *The Lancet*, February 20, 2010. T Nandakumar, Fighting for a ban on asbestos, *The Hindu*, December 21, 2009.

NCW sees red over the morning after pill

The National Commission of Women (NCW) has written to the Medical Council of India and the Ministry of Health and Family Welfare expressing concern over the extensive advertisement campaigns for emergency contraceptive pills. The advertisements of the pills promote these as an alternative to safe sex; this not only conceals the numerous side effects of these pills but also increases the risk of HIV and other sexually transmitted diseases.

These pills are available over the counter and are increasingly being used by teenagers. They are designed for use by women above 25 years of age and can have serious side effects, such as hormonal imbalance, for teenagers and women who use them regularly.

The NCW statement aims to draw attention to the large scale publicity of emergency contraceptives undertaken by pharmaceutical companies. It states: "With concern, it is seen that the drug is being projected as an after saviour of unsafe sex. The advertisements of these pills are quite misleading and its side-effects as well as efficacy are not at all being disclosed."

PTI, NCW writes to health ministry on emergency contraceptive pills, *The Hindu*, February 22, 2010.

Illegal drug trial – but with government support

Illegal drug trials in Cambodia have human rights activists fuming. In December 2009, police picked up heroin users from an area notorious for heroin use. These addicts were given urine tests to confirm that they were using an opiate. Then, instead of being entered into a detoxification programme, they were forced to take a traditional herbal medicine, Bong Sen, for 10 days and then sent home. A total of 90 people were forced into two trials. The purpose was apparently to test the drug's efficacy and safety. The programme was run by Cambodia's National Authority for Combating Drugs.

Two non-governmental organisations were asked to provide participants for the trials. When they insisted on evidence that all legal and ethical requirements for research had been followed, they were threatened with closure notices and withdrawal of their license to run a needle exchange programme. Two days after they were enrolled in the "trial", the "participants" were made to put their thumbprints on "informed consent" forms.

Most of the "participants" had vomiting and diarrhoea after they took the herbal medicines.

The drug manufacturer, the Ben Tre Fataco General Import-Export and Trading Service Company, received support from the Vietnamese government to develop Bong Sen. The Vietnamese government also recommended the drug to the Cambodian government as a cheaper alternative to methadone, the drug currently used in de-addiction programmes.

The head of Cambodia's National Authority for Combating Drugs denied that a drug trial was conducted and insisted that the participants were volunteers who were convinced about the benefits of the drug.

The international community has been highly critical of the drug trial. "The illegal importation and coercive tactics used to put drug users on a wholly unknown and unproven cure for drug dependency is not merely unethical, but a violation of the most sacrosanct of principles of medical ethics," said Joe Amon of the health and human rights division of Human Rights Watch.

Margaret Harris Cheng, Cambodia criticised over unethical drug trial, *The Lancet*, January 16, 2010.

(Mis)use of international aid in Haiti

Health facilities in Haiti receiving aid in the form of medicines from international bodies have been found to be charging patients for these drugs. The earthquake in Haiti has led to a sudden flow of aid to the country of essentials, nutritional supplements, and life-saving medicines.

UN officials have warned that hospitals would be cut off from receiving supplies under the programme on essential medicines and supplies if they were found to be levying fees.

John Zarocostas, Officials look into possible misuse of medical aid in Haiti, *BMJ*, February 20, 2010.

H1N1, the vaccine industry and the World Health Organization

India's health secretary, K Sujatha Rao, has asked the World Health Organization (WHO) to respond to media reports accusing it of blowing the issue of H1N1 influenza out of proportion.

WHO has been accused of creating a false alarm about the seriousness of the H1N1 pandemic due to its vested interests in the pharmaceutical industry. WHO's director general, Margaret Chan, has replied to this allegation: "I believe we would all rather see a moderate pandemic with ample supplies of vaccine than a severe pandemic with inadequate supplies of vaccine."

The World Health Organization is also caught up in the controversy after allegations that some WHO experts have financial ties to the drug industry. A Danish newspaper obtained documents showing that Juhani Eskola, a Finnish vaccines adviser on the WHO board, received £5.6million for his research centre from GlaxoSmithKline for research on vaccines during 2009. Professor Eskola is a member of WHO's Strategic Advisory Group of Experts on Immunization, which advises member states on which vaccines to use and how much to buy. On his institute's advice, the Finnish government bought large quantities of GSK's H1N1 vaccine Pandemrix.

Express News Service, H1N1: India asks WHO to explain 'false pandemic' reports, *Indian Express*, January 22, 2010. Jo Carlowe, WHO expert had conflict of interest, Danish newspaper alleges, *BMJ*, January 16, 2010. Jason Gale,WHO to clarify H1N1 data after false pandemic claim, *Bloomberg*, January 22, 2010.

Paying for the sins of others

A study on carbon dioxide consumption at the global level revealed that carbon dioxide emissions in developing countries are caused by consumption in developed countries. 23% of carbon dioxide produced globally comes from products that are traded internationally. It comes as little surprise that the US is the largest importer of carbon.

"India is a net exporter of emissions, producing 100 million metric tonnes of carbon dioxide in 2004 that were consumed

elsewhere," says Steven Davis, one of the authors of the study that appeared in Proceedings of the National Academy of Sciences. The authors of the study hope to influence current trade and environment policies. They advocate increased accountability on the part of the developed countries. Carbon dioxide emissions should be understood in terms of consumption patterns and not on production patterns alone.

Anika Gupta, "Carbon intake should decide climate policy", *Hindustan Times*, March 9, 2010.

Bailing out the dying

On March 8, 2010, the Bombay High Court directed that regular inspections be carried out in jails in the state of Maharashtra, with special reference to issues of health. It has been found that the health problems of jail inmates are compounded by the lack of health facilities in prisons.

A division bench consisting of Justice P B Majumdar and Justice R G Ketkar pulled up the home department for not fulfilling its duties.

On January 12, 2010, the court had ordered the state home department to fill all vacant posts for nurses, laboratory assistants and medical officers and submit a compliance report. This report was not submitted.

The Bench asked for an explanation of why the government failed to provide a compliance report. "Either you comply or seek an extension – there is no third alternative," stated Justice Majumdar.

In 2008, Advocate Rajesh Bindra filed a bail plea on the behalf of his HIV positive client stating that he needed bail in order to obtain adequate treatment. The client died without treatment. Not only are health facilities poor, escorts are not provided to take ill inmates to hospitals. The amicus curiae, Advocate Yug Chaudhary, stated that many patients who were not even critically ill were dying in jails due to lack of medical treatment. The judges refused the request made by Advocate Anand Grover that prisoners be provided with condoms to prevent the transmission of HIV. They stated: "They can be educated for not indulging in such risky acts, but if still they want to do it and die, we cannot help it. They [prisoners] also need to maintain some discipline. They are not freedom fighters to get extra facilities."

HT Correspondent, HC raps state on HIV+ jail inmates' treatment, *Hindustan Times*, March 3, 2010. Rebecca Samervel, HIV-positive inmates can apply for bail, says HC, *Times of India*, March 9, 2010. Hetal Vyas, Give inmates gyan, not condoms. *DNA*, March 9, 2010.

Assam records the highest maternal mortality rates

According to the latest official data, Assam has the highest maternal mortality ratio (MMR), at 480/100,000 live births, compared to the national ratio of 254 per 100,000 live births. Though insurgency is being blamed for this, many other factors are involved. "There is a gamut of social issues, insurgency, no development, lack of infrastructure, lack of manpower in [the] healthcare system and other such things which contribute to such drastic results," said Aparajita Gogoi of the White Ribbon Alliance that works towards safe motherhood.

AK Sivakumar, member of the erstwhile National Advisory Council, points out that insurgency need not lead to such high MMR. "Look at Sri Lanka. They had to battle a lot of insurgency, yet they managed to bring down their MMR to 43..." It is not simply in Assam; as a nation India as a whole has not done too well in this area. India should reduce its MMR to 109/100,000 if it intends to meet Millenium Development Goals.

IANS, Assam records highest maternal mortality rate in the country, *The Hindu*, March 5, 2010.

Compiled by Supriya Bandekar
supriyabandekar@gmail.com