

HAI-LIGHTS

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The UN's Global Compact Evaluating ten years of UN partnership with the private sector

by Kenny Bruno

[Editor's note: While HAI has criticized the World Health Organization's (WHO) growing reliance on the private sector, it is clear that the WHO is not the only UN agency adopting this lucrative, operating method. In fact, the UN system in general seems to have become a close ally to industry. There is no better example of this than Secretary-General Kofi Annan's new initiative, the Global Compact.

For the past few years, HAI-Europe has been working with an international network of NGOs as part of the Alliance for a Corporate-Free United Nations. This group formed to raise critical questions about the Global Compact and to monitor its activities.

Below are excerpts from the CorpWatch report Greenwash +10: The UN's Global Compact, Corporate Accountability and the Johannesburg Earth Summit written by Kenny Bruno, coordinator of the Alliance. On the tenth anniversary of the ground-breaking Rio Earth Summit, the report describes how the UN has actively worked to strengthen its relationship with industry during the past decade, using campaigns such as the Global Compact. In September, the next environment summit will be held in Johannesburg. It will be an opportunity for many NGOs to raise concerns about the UN's increasingly close ties with industry and its potentially damaging consequences for the public interest and corporate accountability. There are clearly lessons to be learned from this report that will help those working in the public health field as they continue to examine and critique the private sector's role in health initiatives.]

"[C]ooperation [with the private sector] must be managed in a manner that does not compromise the independence and neutrality of the United Nations..."

—Kofi Annanⁱ

"It is...crucial that governments protect the integrity of the spirit and letter of the UN embodied in 'We the peoples...' by ensuring a corporate-free UN"

—Asia-Pacific People's Forum on Sustainable Developmentⁱⁱ

The 1992 Earth Summit in Rio de Janeiro represented a high point of hope for the international community in general and the United Nations in particular. With a deepened understanding of the connections between environment and development, UN diplomats, governments and non-governmental organizations (NGOs) left Rio to embark on a series of ambitious international conferences and challenging negotiations. Their purpose was to protect the earth and improve life for the most impoverished of its human inhabitants.

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Unfortunately, that purpose was undermined by the Summit's failure to confront corporate power in any meaningful way. Governments in Rio allowed big business to avoid a binding legal framework for their activities, opting instead for a voluntary approach to sustainable development. In Rio, some NGOs warned that heavy influence of business on the Summit would lead to the "partial privatization of the UN", and the "globalization of greenwash."ⁱⁱⁱ

During the almost 10 years since Rio, a parallel process has taken place, which has sidelined the agreements forged there and dissipated the energy that the Earth Summit inspired. Through the process of globalization, transnational corporations have increased their economic power enormously in the last decade. They have also successfully resisted most environmental challenges to their core businesses, maintaining unsustainable practices in the energy, chemicals, agriculture, extractive and transportation sectors.

Now, 10 years on, citizen groups, thousands of which are planning to attend the World Summit on Sustainable Development (WSSD) in Johannesburg, are making an attempt to revive the spirit of Rio, a spirit that values environment, human rights, worker rights, human health and justice above commercialism, corporate rights and "free" trade.

This effort comes at a time when the United Nations is increasing its dedication to partnerships with business. Such partnerships date back to Rio, when the conference Secretary-

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General invited business to advise him on its view, and business eagerly accepted the invitation. The World Business Council for Sustainable Development (WBCSD), formed to advise the Rio Summit, has been enormously influential at the United Nations ever since. But in the last three years, under Secretary-General Kofi Annan, the UN's ideological embrace of world business has tightened even further. The new philosophy, building on the Rio Summit's approach, declares that "confrontation has been replaced by cooperation."^{iv}

Mr. Annan's Global Compact is the highest profile UN partnership program, and no doubt will be cited in the Johannesburg documents as an example of UN-private sector cooperation. This article argues that the Global Compact is deeply flawed and represents the smuggling of a business agenda into the UN. We believe that the Global Compact

should not be regarded as a model for cooperation, but rather should be scrapped or re-designed completely.

A crucial question hangs over the Johannesburg meeting: Can the UN member states successfully sponsor a conference that by its very nature must confront the practices of big business, while simultaneously seeking to increase UN cooperation with big business?

Behind this question is a conflict between two approaches to the conundrum of overwhelming corporate power in a world desperately needing radical change towards sustainability. The first approach is "corporate responsibility". Corporate responsibility refers to any attempt to get corporations to behave responsibly on a voluntary basis, out of either ethical or bottom-line considerations. The second approach is "corporate accountability," which refers to requiring corporations to behave according to societal norms or face consequences.

Voluntary corporate responsibility and corporate accountability may be mutually supportive in some circumstances. But this report argues that in critical moments, the purpose of voluntary corporate responsibility is not to improve the behavior of corporations on behalf of sustainability, but rather to avoid accountability mechanisms that would be more difficult for corporations to control. The Johannesburg Summit is one of those critical moments.

Judging from past business behavior, there is a distinct danger that corporations will point to the Global Compact and other voluntary measures as the reason why accountability measures are not necessary.

Greenwash +10 is an update of the CorpWatch report of September 2000, *Tangled Up in Blue – Corporate Partnerships at the United Nations*.^v *Tangled* summarizes flaws in the design of the Global Compact and other UN-corporate partnership programs. *Greenwash +10* focuses on the Global Compact in practice over its first 18 months, and argues that it should not become a framework for the relationship between the UN and the private sector or for the WSSD....We believe a careful study of the Global Compact's progress so far will provide an object lesson which may help us focus on what is really needed to make the Summit in Johannesburg a success.

Blue*wash (n)

- 1** Allowing some of the largest and richest corporations to wrap themselves in the United Nations' blue flag without requiring them to do anything new. (*New York Times*).
- 2** Efforts by corporations to be perceived as part of the world humanitarian community through voluntary association with the United Nations, without provisions for accountability. (CorpWatch)

The Global Compact's contradictions

"...we strongly call on governments to support a growing citizens' campaign that demands the dissolution of the Global Compact."

—Statement of the Asia-Pacific People's Forum on Sustainable Development^{vi}

The Global Compact is the highest profile corporate partnership at the UN, and is cited as a model and major initiative by many corporations and UN agencies. It has also been identified as a promising example of corporate responsibility measures for the Johannesburg Summit. Therefore, it is important for governments and NGOs involved in the Summit process to understand the Global Compact.

In the Global Compact, the Secretary-General Kofi Annan asked business to abide by nine principles derived from key environmental, labor and human rights agreements. Virtually everyone, including us at CorpWatch, believes in and promotes these nine principles. But the Compact has serious flaws.

In our earlier report, *Tangled Up in Blue*, we noted four flaws of the Global Compact, which are still relevant:

1 Wrong companies

Notorious violators of the Compact's nine principles are allowed to participate in the Compact activities.

2 Wrong relationship

The UN should not necessarily aspire to "partnership" with corporations, even when cooperation is appropriate. Last year, Global Compact personnel indicated that it was no longer considered a partnership program, but web materials and the Secretary-General's report to the General Assembly indicate the partnership language is still being used.^{vii}

3 Wrong image

The image projected by certain corporations—both purposefully and inadvertently—might rub off on the UN, to the UN's detriment. The UN has shown poor judgement in allowing executives such as Nike's Phil Knight to be photographed with Mr. Annan in front of the UN flag, without any substantial effort by the company to adhere to Global Compact principles.

4 No monitoring or enforcement

As the Secretary-General's report to the General Assembly puts it, "the Global Compact is not intended as, and does not have the capacity to be, a corporate code of conduct or global standard."^{viii} But without monitoring company behavior, it is impossible to know whether the Global Compact firms are even abiding by the principles of the Compact.

UN responses

The Office of the Global Compact has responded to these criticisms in several ways. First, it reiterates that the UN logo is carefully safeguarded and cannot be used by Compact companies without express permission of the UN legal office.

Second, the UN says it does not have the resources or mandate to do monitoring or enforcement of the Global Compact, and that it should not be seen as a code of conduct or regulatory mechanism.

Finally, the UN emphasizes that the Global Compact is, despite its name, a "multi-stakeholder learning network", characterized by dialogue and action.^{ix}

These arguments, along with developments since the Compact's launch in July 2000, raise additional contradictions.

No logo?

While the Global Compact itself does not automatically allow participating companies to use the UN logo, the UN's "Guidelines for Cooperation Between the United Nations and the Business Community" does foresee some use of the UN logo. An image based on the Global Compact logo (not the main UN logo) appears on a Daimler-Chrysler publication called *The Global Compact*.^x The image is missing some of the specific design elements that make up the Global Compact trademarked logo, but it is clearly similar and meant to evoke the logo.

The question of UN image goes beyond the technicalities of UN logo use. The DaimlerChrysler publication also features an "editorial" by Kofi Annan, which is in fact a speech masquerading as a column written especially for DaimlerChrysler. There—side by side with an editorial by Daimler Chair Juergen Schrempp, and near a photo of a Daimler executive shaking hands with Kofi Annan in front of the UN flag—the column runs under the header "DaimlerChrysler and the Global Compact."

Outside the Global Compact, the UN has shown similar disregard for its own image. A glossy booklet, *The United Nations—The Millennium Summit*, published in New York for the Sept. 2000 Summit, freely mixes ad copy and speeches about world peace, photos of corporate executives and photos of UN personnel. The tacky amalgam makes the UN Millennium Summit seem like an excuse to sell advertising pages. For those who respect the Secretary-General and the UN, the booklet, which fortunately was not widely distributed, seemed like the precursor of a potential image nightmare for the UN.^{xi}

Ambiguous membership

At the July 26, 2000 Global Compact launch in New York, Kofi Annan was joined by Nike CEO Phil Knight and representatives of some 50 other corporations, whose names were published as Global Compact companies.^{xii} Since that

time, the UN has issued many statements claiming new members, and reports that hundreds of companies have joined the Global Compact.^{xiii}

But it has refused to name those companies, saying it wished to avoid giving those companies a free publicity ride. (This policy is not applied consistently: on October 12, 2001, United Nations Office for Project Services announced that the Russian oil company YUKOS “had officially joined the Global Compact.”^{xiv} Membership policy is even more confusing when you consider that UN officials believe bad actor companies should be part of the Compact,^{xv} but certain industries, like tobacco, are not welcome.^{xvi})

The Compact managers would like to create an impression of momentum and success through the recruitment of “hundreds” of companies, yet they acknowledge that these companies have not done enough to merit being named. The membership is either bloated or secret, depending on one’s interpretation. Either way it is an odd policy for an initiative

The UN acknowledges it cannot monitor the companies in the Compact, and relies on NGOs to do so, but NGOs are not permitted to know the names of the companies they would monitor.

that claims “transparency” as one of its tools.^{xvii} Even stranger is the fact that the UN acknowledges it cannot monitor the companies in the Compact, and relies on NGOs to do so, but NGOs are not permitted to know the names of the companies they would monitor.

Illusory role for NGOs

This brings us to another contradiction of the Global Compact. The Compact managers claim that civil society has a major role to play. But many of the NGOs named as partners have had trouble articulating what their role is.^{xviii} In fact, as the Amsterdam-based research group Corporate Europe Observatory has documented, it is the International Chamber of Commerce (ICC) that has been the primary partner and even co-designer of the Global Compact.^{xix} The ICC is the same business lobby largely behind Business Action for Sustainable Development (BASD), industry’s primary voice for the Johannesburg Summit.

Even if their role in the early stages was minor, some important labor unions and NGOs are supportive of the Global Compact’s potential to provide new opportunities for dialogue with business. Amnesty International and the International Confederation of Free Trade Unions (ICFTU) are among those that have joined the Global Compact Advisory Board.^{xx}

Amnesty International believes that the Global Compact must be monitored. They have made it clear that the success of the Compact will depend on monitoring and some sort of

UN officials have even attempted to smear the reputation of NGOs critical of the Global Compact.

sanctions mechanism,^{xxi} while the Global Compact Office and the ICC have insisted there can be no such mechanism. Amnesty will continue to raise, from within the Advisory Council, issues similar to the ones raised from the outside by the Alliance for a Corporate-Free UN.^{xxii}

Whether the NGOs inside or outside will have much influence on the function of the Global Compact is an open question. The ICFTU has made public statements strongly supportive of the Compact’s potential,^{xxiii} and the UN is quick to point to that support. However, UN officials tend to downplay or ignore the views of NGOs skeptical of the Global Compact.^{xxiv} UN officials have even attempted to smear the reputation of NGOs critical of the Global Compact.^{xxv}

Whose “learning model?”

Although the Global Compact was first introduced by Kofi Annan at the Davos World Economic Forum, one of the main substantive activities of the Compact, the publishing of “best practices” case studies, is derived from industry input to the Rio Conference and other forums on sustainable development. Business has been publishing “best practices” case studies since at least 1992. Both the International Chamber of Commerce (ICC), in its 1992 book, *From Ideas to Action*, and the Business Council for Sustainable Development, in various publications, championed the case study as a way of spreading good practices. Some of these case studies have been in fact studies of worst practices with good spin, others were trivial, still others controversial.^{xxvi} Some case studies may represent real progress. But taken as a whole, the case studies are meant to convey the message that business understands the problems, is already finding solutions, and governments need not meddle in this process of innovation. So-called best practices case studies can be a diversion from the need for corporate accountability.

One of the Compact’s main planks is the annual Learning Forum. The Learning Forum description has a lot of fancy phrases like “learning synergies” and “participatory platforms.”^{xxvii} But behind the fancy phrases, the Global Compact Learning Forum is essentially the same best practices case study approach promoted by business since 1992. With the emphasis on dialogue without commitment, exclusively voluntary steps, and case studies selected by business, one could surmise that the Learning Forum is industry’s agenda smuggled into the UN, via the Global Compact.

The main advantage of the Global Compact Learning Forum over International Chamber of Commerce materials is having an academic committee evaluate the studies before publishing. Using this advantage, the UN could create a learning forum that governments and communities would trust, as opposed to the self-serving case studies of business associations. With serious evaluation, the Global Compact could be considered an improvement over business-only initiatives.

But the evaluative function, while important, has also revealed the weakness of the corporate contributions so far. The Global Compact Office was slated to web publish its first set of corporate case studies on the one year anniversary of its launch, in July 2001. In July, they announced that the case studies would be delayed until the first Learning Forum, which took place in London on October 29-30, 2001. But at that Learning Forum, UN officials discovered that “none of the company submissions conformed to the case study guidelines suggested by the Global Compact Office,” and about half “did not make reference to any of the nine GC principles.”^{xxviii}

To its credit, the Office did not publish these as case studies, but rather as “pilot phase submissions” or examples. Many of the examples are drawn from trivial corporate actions taken before the Compact was conceived, others are mainly about internal management systems rather than results. Yet

How then should we judge the inability of even its star companies to provide presentable case studies

UN officials emphasize that the Global Compact should be judged by results, and that its fulfillment will be measured through the “annual posting [of case studies] and actions taken.”^{xxix} How then should we judge the inability of even its star companies to provide presentable case studies?

This failure also provokes one to wonder how many International Chamber of Commerce and World Business Council for Sustainable Development case studies would have been published had there been an independent review. As the UN Research Institute for Social Development (UNRISD) points out, a handful of anecdotes provide the “evidence” for a supposed “paradigm shift” in business attitudes and practices. UNRISD views progress on corporate responsibility through voluntary Codes of Conduct and other voluntary initiatives as “incipient and piecemeal.”^{xxx} Even the architects of the Global Compact acknowledge that “the fact that the GC recognizes and promotes a company’s ‘good practices’ provides no guarantee that the same company does not and will not engage in ‘bad’ ones elsewhere.”^{xxxi}

Good practices are better than bad ones, and the UN’s facilitation in evaluating which are which is welcome. But case studies are no replacement for corporate accountability measure. In Johannesburg, people will be demanding accountability.

To read the full report (including case studies and recommendations) written by Kenny Bruno and published by CorpWatch, visit: <http://www.corpwatch.org/campaigns/PCD.jsp?articleid=1348>. Also be sure to look at <http://www.earthsummit.biz>, the home of the “Green Oscars.” The site has been set up by CorpWatch and Friends of the Earth to dramatize the corporatization of the Johannesburg meeting and the United Nations.

References

- ⁱ Cooperation between the United Nations and all relevant partners, in particular the private sector, Report of the Secretary-General, United Nations General Assembly, 28 August, 2001 A/56/323.
- ⁱⁱ Statement of the Asia-Pacific People’s Forum on Sustainable Development, 25-26 November 2001, Phnom Penh, Cambodia.
- ⁱⁱⁱ Greenpeace Book on Greenwash, Greenpeace International, Rio de Janeiro, June 1992.
- ^{iv} Kofi Annan, “Working Together,” Business in Africa, February 2000.
- ^v CorpWatch, Tangled Up in Blue, September 2000. Available in PDF and HTML format at www.corpwatch.org/un.
- ^{vi} Meeting on November 25-26, 2001, Phnom Penh, Cambodia.
- ^{vii} Georg Kell, Executive Office of the Secretary-General announced that Global Compact companies were considered “participants” rather than “partners” at a talk during a seminar, “Corporate Investments: Towards Accountable Development,” sponsored by World Economy, Ecology and Development Association (WEED) and the Heinrich Boell Foundation, Nov. 8, 2000; The Global Compact website and the A/56/323 report use the “partnership” terminology.
- ^{viii} A/56/323 op. cit.
- ^{ix} A/56/323 op. cit.
- ^x “The Global Compact,” DaimlerChrysler, Stuttgart and Washington, D.C., undated.
- ^{xi} UN2000—Millennium Summit, the United Nations, New York 6-8 September, 2000.
- ^{xii} The website, www.unglobalcompact.org, previously listed the companies as partners of the UN, that list can now be found in Tangled Up in Blue, CorpWatch 2000, p. 12.
- ^{xiii} Various pages in Global Compact website, www.unglobalcompact.org.
- ^{xiv} “Russian oil company YUKOS and UNOPS sign partnership agreement,” UNOPS press release, October 12, 2001.
- ^{xv} Assistant Secretary-General John Ruggie letter to editor of *International Herald Tribune*, August 2000.
- ^{xvi} Speech by Assistant Secretary-General John Ruggie at seminar on partnerships, German Permanent Mission to the United Nations, March 29, 2001.
- ^{xvii} “The Global Compact—What it is and what it isn’t,” The UN Global Compact Office, New York, January 17, 2001.

- ^{xviii} Personal communication with various NGOs listed as Global Compact partners by the UN, various dates.
- ^{xix} Corporate Europe Observatory, "High time for UN to break 'partnership' with the ICC," posted to CorpWatch website July 25, 2001, available at: www.corpwatch.org/campaigns/PCD.jsp?articleid=618.
- ^{xx} Secretary-General to convene first meeting of Global Compact Advisory Council, United Nations note to correspondents, January 5, 2001.
- ^{xxi} Statement by Amnesty International's Pierre Sane, July 26, 2000 to the Global Compact meeting in New York. See also July 28, 2000 letter from Kenneth Roth of Human Rights Watch to Kofi Annan, available at: www.hrw.org/advocacy/corporations/index.htm.
- ^{xxii} Personal communication with Amnesty International senior staff, January 11, 2002.
- ^{xxiii} Remarks of Bill Jordan, ICFTU General Secretary, Global Compact panel Davos, 29 January 2001, available at: www.unglobalcompact.org/un/gc/unweb.nsf/content/billjordan.htm, accessed December 11, 2001.
- ^{xxiv} For example, UNEP reported a "striking degree of consensus" supporting the Global Compact at a February 2001 workshop in Paris www.unglobalcompact.org/un/gc/unweb.nsf/content/unepmeeting.htm. Personal communications with various NGO representatives attending that workshop indicate that NGO criticism of the Compact was prominent. Also see January 22, 2000 letter from John Ruggie to Alison Linnecar of International Baby Food Action Network (IBFAN), on file with CorpWatch.
- ^{xxv} January 22, 2000 letter from Assistant Secretary-General John Ruggie to Alison Linnecar of IBFAN, on file with CorpWatch; various personal communications with NGO representatives.
- ^{xxvi} Jed Greer and Kenny Bruno, *Greenwash—The Reality Behind Corporate Environmentalism*, Third World Network, Penang 1996 p. 50.
- ^{xxvii} Global Compact website www.unglobalcompact.org/un/gc/unweb.nsf/content/ExSuGC.htm, accessed December 28, 2001.
- ^{xxviii} Global Compact website: www.unglobalcompact.org/un/gc/unweb.nsf/content/ExSuGC.htm, accessed December 11, 2001.
- ^{xxix} Global Compact website www.unglobalcompact.org/un/gc/unweb.nsf/content/faq.htm, accessed December 11, 2001.
- ^{xxx} Peter Utting, *Business responsibility for sustainable development*, UNRISD, Geneva 2000, pp. 11, 12.
- ^{xxxi} John Gerard Ruggie, "The Global Compact as learning network," electronic version sent by author to CorpWatch, August 2001.

Drug Policy

POST-DOHA ACTION ON INCREASING ACCESS

At the March meeting of the World Trade Organization's (WTO's) TRIPS Council, the European Union and the United States disagreed on how poor countries lacking the ability to manufacture pharmaceuticals could use compulsory licensing to import cheaper generic versions of patented drugs needed to address health problems.

At the meeting the EU introduced a proposal which would help countries that do not manufacture drugs. Although the Doha Declaration allowed countries to make patented drugs using compulsory licensing in health emergencies, it did not address the needs of countries that have no manufacturing capability. (For more details about the Doha Declaration, see the previous issue of HAI-Lights, <http://www.haiweb.org/pubs/hailights/dec2001/dec01.html#trips>.) The new EU initiative would fill this gap by amending the agreement to allow drugs to be manufactured in one country and then exported to another. The plan includes safeguards to keep drugs from being exported to countries not involved in a health emergency or from being sold on their own country's black market. It also stressed that the system needed to become more transparent so that WTO members would know if a member decided to use this mechanism.

Developing countries viewed the EU paper as a positive step, but were skeptical about the U.S.'s position. Developing nations adopted a joint position at the meeting that called for a permanent solution to the problem while keeping options open for countries.

The March TRIPS meeting was the first time that countries met to discuss further some of the agreements made at the Doha conference. The Doha Declaration on TRIPS and public health has called on countries to solve this issue by the end of the year. The TRIPS Council will take up the issue again in June.

(*British Medical Journal* <http://www.bmj.com/cgi/content/full/324/7338/634/a> and IP health list message posted by J. Love on 8 March 2002.) ●

Doha Declaration

EU'S G10 REPORT RELEASED

The EU's High Level Group on Innovation and Provision of Medicines (G 10) has released its report and recommendations on enhancing industry innovation and competitiveness while safeguarding high standards for public health. Some conclusions to note include its support of continuing the ban on direct-to-consumer advertising of prescription medicines within the EU. It also calls for a better distinction between advertising and information. At the same time it promotes a "collaborative public-private partnership" involving interested parties to test information and evaluate it to see if it does meet patients' needs. The group also asked the Commission to consider providing core funding for patient groups so that they would be less dependent on industry funding and could participate more independently in EU debates and decision-making. The report will be officially presented to EU Commission President Romano Prodi in May at the G10 Medicines Information Day. More information about the G 10 and its consultation for this document can be found at: <http://pharmacos.eudra.org/F3/g10/g10home.htm>. ●

(G 10 Medicines Report, 26/2/02)

NGOS FOCUS ON DOHA IMPLEMENTATION

In March, Médecins sans Frontières (MSF), Consumer Project on Technology (CPT), Oxfam and Health Action International (HAI) co-organised a one-day conference on effective implementation of the Doha Declaration and public health technical assistance. Although the Declaration affirmed governments' right to take necessary measures to ensure public health, the NGOs believed it gave an ambiguous map to all of the possibilities existing in the TRIPS agreement, including compulsory licensing and parallel importing. The meeting focused on the technical assistance to be provided by various stakeholders including the World Intellectual Property Organization (WIPO), the WTO, the UN Centre for Trade and Development (UNCTAD) and the World Health Organization (WHO). The speakers and day's discussion took stock of the progress already made and put forward recommendations to help countries benefit from the commitments made in the Doha Declaration. A report about the meeting is now available and can be downloaded from the HAI website at: <http://www.haiweb.org/campaign/access/reportpostDoha.html> or: <http://www.haiweb.org/campaign/access/ReportPostDoha.pdf> ●

(Summarized from meeting announcement)

WORLD LEADERS IN MONTERREY VOW TO FIGHT POVERTY AND IMPROVE HEALTH

Western nations announced pledges to increase aid to developing countries by about US\$12 billion by 2006 at the UN Conference on Financing for Development held in Mexico in March. Experts say the bolstered funds are a response to criticism that globalization and free trade have not benefited the world's poor. Today more than one billion people live on less than US\$1 a day.

The meeting included the adoption of the Monterrey Consensus which emphasizes that wealthy countries must do more to help poorer ones. At the meeting professor Jeffrey Sachs stated that improving health in countries ravaged by AIDS, malaria and tuberculosis was a first step in improving economic development. The meeting's participants heard calls to find solutions for infectious diseases that mainly affect the poor in developing countries. More than eight million people die each year from preventable illnesses said experts at the meeting. "We have ways to keep millions alive at low cost and we're not doing it," said Sachs. ●

(Kraul, C & E. Chen, "U.S., Europe to tout pledges of development aid at summit Mexico: Bush and other leaders say they want to boost grants to poor nations by \$12 billion a year by 2006, *The Los Angeles Times*, 21/3/02, and *IPS reports*)

UNDERSTANDING THE FACTORS THAT INFLUENCE ANTIBIOTIC USE

While antibiotics play a major role in fighting diseases with a bacterial origin, their overuse has led to a steady increase in drug resistance. A new review authored by Aryanti Radyowijati and Hilbrand Haak has gathered information from scientific studies on the factors that influence the use of these drugs by health providers, dispensers and community members in developing countries. It suggests that the factors involve a complex mixture of medical, psychosocial, cultural, economic and political factors. In its conclusion, the report calls for concerted action against the problem by governments, public and private institutions and medical leaders in order to change the way that antibiotics are used.

The report can be downloaded from: http://www.childhealthresearch.org/doc/AMR_vol4.pdf or http://dcc2.bumc.bu.edu/richardl/ih820/Resource_materials/amr_vol4.pdf ●

WHO Revised Drug Strategy Watch

MORE OPEN PROCEDURE ANNOUNCED FOR THE MODEL LIST

In April, WHO convened an expert committee to draft its 12th model list of essential drugs. Directly before the meeting, it held an “open day” to present its new procedure for determining which drugs will be placed on the model list. The process includes reviewing evidence and carrying out a pharmaco-economic review of the proposed drug. The drugs are also compared with existing essential drugs and must be shown to have comparative advantage. The process now aims to be more transparent than in the past. Representatives from civil society and other stakeholders can comment on the proposed drugs and some comments are now available on the WHO Essential Drugs and other Medicines website: <http://www.who.int/medicines>). More drugs should be added shortly. The complete set of expert papers can be reviewed at: <http://www.who.int/medicines/organization/par/edl/expertcommomm.shtml>. The current model list is also available on the EDM site. A report about the meeting will follow in the next issue of *HAI-Lights*. ●

(Message from W. Bannenberg, posted on E-drug, 20/3/02)

WHO UNVEILS ARV QUALITY LIST

After much anticipation, WHO has released quality data on generic and other antiretrovirals and related medicines used to treat HIV. In total, eleven ARVs and five drugs used to treat opportunistic infections have been deemed to meet WHO’s recommended standards of quality and good

manufacturing practices. WHO has called the list a new effort that could make treatment services more accessible in poor countries. “The project demonstrates the vital contributions research-based and generic companies can make to innovation, quality and access to life-saving medicines,” said WHO’s Director-General, Gro Harlem Brundtland.

The pilot project is seen as part of the UN-wide strategy to increase access to essential medicines. The process has been co-ordinated by WHO but calls on the expertise within UNICEF, UNAIDS and is supported by the UN Population Fund and the World Bank. (The complete list of drugs can be found at: <http://www.who.int/medicines/organization/qsm/activities/pilotproc/pilotproc.shtml>.)

This list is just the first step in a process that will keep adding drugs and suppliers that meet the standards. More than 100 products are still under review. The release of the list has caused controversy among the pharmaceutical industry as it lends legitimacy to generics without regard for patent rights. Products on the list are approved for purchase by UN agencies. “We did not look at patent status in evaluating the drug list” said Jonathan Quick, director of WHO’s Essential Drugs and other Medicines Unit “Patents are a national issue. If the drug was legal and registered in the country producing it, that was the entry ticket.” ●

*(WHO press release 19 <http://www.who.int/inf/en/pr-2002-19.html>, Zimmerman, R. “World Health Organization prepares list of ‘quality’ AIDS medications” *The Wall Street Journal* 20/3/02.)*

Drug Promotion

EXPOSING DRUG PROMOTION – AND ITS COSTS - IN HOLLAND

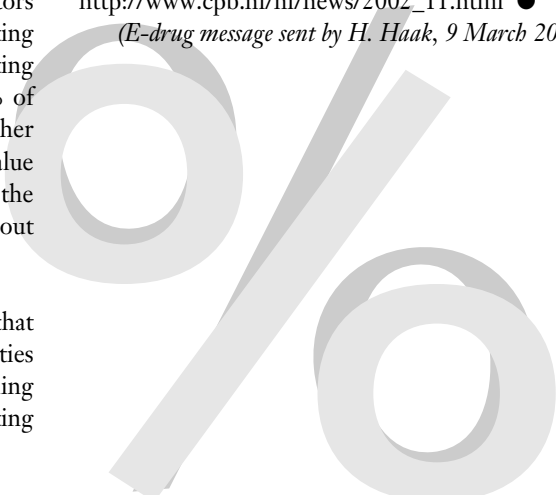
A study from an unlikely source – The Netherlands Bureau for Economic Policy Analysis has found that medical doctors are strongly influenced by drug companies’ marketing activities. In fact it stated that a 10% increase in marketing efforts results in an increased demand of 3%. About 40% of this increase comes at the expense of demand for other medicines. According to the report, doctors tend to value drugs more highly and prescribe them more frequently the greater the amount of marketing material they receive about them.

Due to the results, the Bureau has recommended that stricter rules be made including a ban on “training” activities by the industry and forbidding companies from providing grants to doctors enabling them to take part in post-marketing research meant to promote certain drugs.

The Dutch industry association has stated that it is “baffled” by the report’s findings.

To read a PDF version of the full report go to: http://www.cpb.nl/nl/news/2002_11.html ●

(E-drug message sent by H. Haak, 9 March 2002)



UPDATE ON DIRECT-TO-CONSUMER ADVERTISING

HAI Europe members and the regional office have been actively lobbying against the EU Commission's proposed change to the advertising law that would open the door to DTCA in Europe.

Two articles on direct-to-consumer advertising written by Barbara Mintzes have made recent headlines in the *British Medical Journal*. In April, Mintzes had an editorial published highlighting DTCA's role in medicalising normal human experiences. It focused on advertising's role in promoting drugs to relatively healthy people. It also questioned the value of many new indications for medicines, particularly in light of their corresponding risks. To read the full article, go to: <http://www.bmj.com/cgi/content/full/324/7342/908>

In February, the journal published highlights of a study that looked at the prescribing practices of general practitioners in the US and Canada. The researchers led by Mintzes found that public advertising of prescription medicines had a negative effect on the appropriateness of the treatment offered to patients in both countries. It found that when patients asked for a particular drug by name, they were likely to receive it, even if the doctor had reservations about it. This fact was no surprise according to Mintzes who stated "Last year, pharmaceutical companies pumped over US\$2.5 billion into

advertising prescription drug products in the United States alone, and their substantial investments are based on the knowledge that sales are influenced by this direct advertising."

At present, direct-to-consumer advertising is legal in the US and New Zealand. However, Canadians often receive DTCA through US-based media such as television and magazines. To read the BMJ article, visit: <http://www.bmj.com/cgi/content/full/324/7332/278>

To review the full study undertaken by Barbara Mintzes and other researchers assessing the potential impact of DTCA on the Canadian health care system, go to: <http://www.chspr.ubc.ca/hpru/pdf/dtca.PDF>

In January HAI Europe and the European Public Health Alliance held a seminar on direct-to-consumer promotion related to the Commission's suggested changes to the region's advertising law. The meeting report, its press release and a corresponding statement against the introduction of DTCA in the EU can all be found on the HAI website at: <http://www.haiweb.org/campaign/DTCA/index.html>. (Those interested in endorsing the statement should contact the HAI Europe office.) In addition, both Charles Medawar and Barbara Mintzes wrote and published briefing papers on various aspects of DTCA in time for distribution at the meeting. These papers can also be accessed from the above link on the HAI website. ●

BUKO JOINS DEBATE ON PATENTS AT UK CONFERENCE

Gopal Dabade of BUKO Pharma Kampagne took part in the two-day meeting organised by the British Commission on intellectual property rights. The conference focused on finding ways to make intellectual property rights provide more benefits to developing countries. The conference included a workshop on medicines and vaccines which included speakers from the Brazilian Mission in Geneva, the South Centre and the drug company Pfizer.

After finishing its consultative work, the British Commission will draft a report of its findings which will be presented to the British Government's Secretary of State for International Development by the end of June. For more information about the meeting and the work of the Commission, visit: <http://www.iprcommission.org> ●

from mostly health professionals as part of its "Even Slikken" (A lot to swallow) campaign. The purpose of the petition was to draw attention to the right for people in developing countries to have access to the medicines they need. The petition was presented to the Dutch State Secretary on International Commerce at a special event.

Convinced of the importance of the Doha Declaration on TRIPS and public health, Wemos is now lobbying the EU to take the following steps:

- ensure that WTO members can make full use of the provisions in the TRIPS agreement. This entails flexibility in protecting public health and promoting access to medicines for all.
- find a solution for WTO members without sufficient pharmaceutical production capacity and which have difficulty in making effective use of the TRIPS agreement's compulsory licensing option.
- actively support the least-developed countries in response to the Doha Declaration's seventh recommendation which states that developing countries will not be obliged to implement certain parts of the TRIPS agreement until the year 2016.

DUTCH LOBBYING ON ACCESS

In The Netherlands, the group Wemos participated in the Doha conference as part of the Dutch government delegation. Before the meeting it had collected more than 7,000 signatures

- keep promoting access to medicines as was expressed by the ACP-EU Joint Parliamentary Assembly in November last year in their Call for Action.

For more information about Wemos's access campaign, call Nicole Metz at (+31-20) 468 8388 or visit the organization's website: <http://www.wemos.nl> ●

HAI at the WHA

The next issue of *HAI-Lights* will contain a full report on the debate and activities taking place at the 55th World Health Assembly in Geneva in May. In the meantime, a briefing paper on access issues, written by HAI and endorsed by a number of public health NGOs, can be downloaded from the HAI website at: <http://www.haiweb.org>.

DECLARATION FOR ACTION TO IMPROVE ACCESS

Participants at a meeting held at the invitation of the French Ministry of Foreign Affairs and with the support of UNAIDS and WHO ended a year-long consultative process on access issues involving 155 experts from 27 countries and 57 national and international organizations. The result is the declaration: Framework for action to improve access in developing countries. The group ReMeD which coordinated the year-long process now hopes to circulate the declaration to all international and national partners working on HIV/AIDS so that they can promote its endorsement by appropriate fora, governments and interested organizations. ●

To read and sign the declaration, visit: <http://www.remed.org/declaration>.

(Message on E-drug from C. Bruneton, 8 February 2002)

PUBLIC-PRIVATE INTERACTIONS

Heated debate has started in the wake of a US-based action aimed at defeating a bill meant to lower prescription drug prices for about one million residents of the state of Maryland who are too poor to have health insurance. A campaign launched against the bill, seemingly created by grassroots organizations, turned out to be organised on behalf of the US drug industry association, PhRMA. The industry group was against the bill because they said it limited patients' choices about drugs.

To carry out the campaign, the public relations agency hired by PhRMA joined with a little-known non-profit group called the Consumer Alliance which already opposed the bill because of its own concerns about reducing consumer choice. In this coalition, Consumer Alliance received money and organizational expertise in sending out its message. In return, PhRMA was able to disguise its interest and perhaps convince legislators that the lobby consisted only of worried consumers. This growing practice is becoming known as "Astroturf lobbying" in the States as the grassroots involvement is artificial. ●

(Craig, T. "Community leaders decry lobby firm's fax: Apparent support of prescription plan really a move by foes" *The Baltimore Sun*, 9 March 2002)

MISREPRESENTING "DIALOGUE" WITH INDUSTRY

The International Baby Food Action Network (IBFAN) reports that the company Nestlé has attempted to gain access to policy makers by falsely claiming that it is working in partnership with IBFAN. This followed a meeting between the manager of medical and scientific affairs for Nestlé South

Africa and staff from the IBFAN Africa coordinating office. Pauline Kisanga, IBFAN Africa's coordinator stated: "Our aim was to register our concern to Nestlé for all the ills it is doing in the region, particularly its new strategy of face to face promotion of infant formula, in southern African countries." The danger of such meetings soon became apparent: IBFAN Africa stated that a Nestlé representative went to UNICEF South Africa some weeks after the meeting with IBFAN and told them that they had discussed with their "partners" IBFAN Africa about the need to monitor the code in partnership. The company asked UNICEF South Africa to facilitate the company's participation in the process of national code development now taking place in that country. For more information, see IBFAN's press release on the issue: <http://www.babymilkaction.org/press/press24oct01.html> ●

(Correspondence with M. Brady, IBFAN, 8 March 2002)

NGO ALLIANCE CALLS ON UN TO CLARIFY GOALS ON PPIs

Members of the Alliance for a Corporate-Free UN, including HAI Europe, wrote to the UN Secretary General earlier this year calling for major changes to the UN's Global Compact initiative. The group called on Kofi Annan to clarify that the purpose of the Global Compact is not to promote a corporate, free-trade agenda. They also demanded that the compact include a monitoring aspect so that signatories of the compact can be held accountable for their corporate activities which violate the compact's provisions. The alliance is still waiting for a substantive response to the letter. The full text of the letter can be viewed at: <http://www.corpwatch.org/campaigns/PCD.jsp?articleid=1428>. ●

(Correspondence with CorpWatch, 29 January 2002)

ACTION IN FRANCE

The Paris-based organization ReMeD recently published a brochure and a video aimed at advocating appropriate drug donations. While the WHO guidelines on drug donations are now well known, ReMeD has found that many NGOs are unfamiliar with their recommendations and do not follow them when preparing donation shipments to disaster areas.

The video shows examples of poor quality donations found in Mostar, Bosnia (1995) and Tirana, Albania (1999). It also shows an inappropriate donation arriving in Lomé, Togo and talks about essential drugs policies and cost recovery with a local pharmacist.

The group is also using these materials to better inform journalists about inappropriate drug donations and the problems they can cause in recipient countries. They also plan to use the information to help educate doctors, nurses and pharmacists about the serious health risks posed by poor quality donations.

ReMeD is now lobbying the French government to make sure its own policies are in compliance with the WHO guidelines. To read the brochure mentioned above, go to: <http://www.remed.org>. For more information about ReMeD's work on donations, contact Serge Barbereau at e-mail: serge.barbereau@wanadoo.fr ●

LOBBYING ON DONATIONS POLICY IN THE NETHERLANDS

Within the European Union, Wemos has been pressuring the EU to implement the guidelines into its own policy. The group also raised the issue of the guidelines at the 50th anniversary meeting of the International Federation of Medical Students Associations. In 2002, Wemos will work actively to promote a drug donations monitoring system. For more information, visit the drug donations website: <http://www.drugdonations.org> ●

Drug Information

KILEN CELEBRATES TEN YEARS OF WORK ON DRUG ISSUES

KILEN in Sweden celebrated its 10th anniversary on 24 April by hosting a seminar on the theme "The Medicine-Dependent Society". Speakers at the KILEN anniversary event included Ingrid Burman, chairman and Susanne Eberstein, vice chairman of the Swedish parliamentary standing committee on social questions. Olle Nordberg of the Dag Hammarskjöld Foundation spoke on the power of civil society. In addition, Sten Olsson from the WHO Uppsala Monitoring Centre discussed the safety of medicines. Other speakers including the author Eva Moberg, (Science as Superstition), editor Göran Greider (Medicine and Power) and Jan Albinson and Lena Westin from KILEN talked about the day's theme.

It was ten years ago that KILEN started its work. This work was built upon 17 years of experiences with problems related to medicine dependence. The past 27 years have changed KILEN's view of the problem surrounding a medicine-dependent society. "What we at first considered as an individual medicine problem is more and more turning out to be a growing problem of society," said KILEN's co-director, Lena Westin. "We see the problems of society conditioned by the economical and social trends." To an increasing extent KILEN believes these trends make heavy demands upon people. Often these demands become so heavy a normal body and a normal mind can no longer cope with it. The expected results seem to be far beyond what is human and

reasonable. To reach these results people feel they must use medicines to help them improve their capacity. "We dope ourselves, including our health and our personal lives, and by that conceal the fact that the real dependence is on another level," suggested Westin.

Increasingly, KILEN sees signs that the pharmaceutical industry is gaining more and more power in society. Westin points to the fact that the medical profession, drug regulatory

KILEN placed the following advertisement in a number of newspapers in Stockholm and Dalarna during April 2002.

Hello!

Do you use medicines?

Everyone using medicines is invited to report suspected adverse drug reactions to the KILEN consumer database. Please report ALL suspected adverse drug reactions, even if you are uncertain about their significance.

Of course the consumer database can also be used by others (nurses, pharmacists, relatives and doctors) to report on medicines. Help us increase the knowledge about and safety of medicines. Share your experiences. Report even if you are uncertain or if you think that your adverse drug reaction is minor.

Call KILEN or report directly to our website at www.kilen.org

authorities and others are becoming increasingly dependent on industry funding to carry out their own work. In addition, the group notes that the pharmaceutical industry holds enormous power over the media as it generates advertising and public relations revenue. The media know that news from the pharmaceutical industry will result in increased magazine sales and broadcasting viewers and listeners.

However, there are counter actions to this trend. KILEN views this as its most important function now and in the future. "When you listen to the critical voices – you can hear important things," said Westin. "At the level of the medicine-users and consumers you can listen and collect the experiences of consumers. At KILEN we make it our work to value, collate and formulate these experiences and give feedback about them to both consumers and decision-makers.

In order to raise awareness among consumers about reporting and the safety of medicines KILEN has worked in the last year to inform the media about the issue using press releases and articles. The organization has also sent pamphlets and posters about the issue to members of the health establishment, politicians, consumer organizations and patient groups. It has also held two press conferences on the topic.

Last autumn KILEN was invited to Dunedin, New Zealand to participate in the 24th annual meeting of representatives from the national centres participating in the WHO International Drug Monitoring Programme. At that event, KILEN held a workshop on consumer reporting. At the meeting KILEN's staff was asked, on behalf of the participating countries, to take up this issue, to find ways to collate experiences and to illustrate that consumer reporting is of value and can measure "harm".

This campaign, as well as other projects in different parts of the world concerning consumer reporting, are now taking place. Anyone interested in being a part of this campaign or with a consumer reporting project in their own country, should contact KILEN at e-mail: kilen@kilen-institutet.se. ●

(Correspondence with L. Westin of KILEN, April 2002)

EU WEBSITE CODE OF PRACTICE

The EU has announced plans to publish a code of practice for health websites. The guidelines, expected in June, are meant to provide quality criteria for sites and promote best practice. In recent months the Commission has stressed the growing importance of the Internet as a primary source of health information for EU consumers. In its statement the Commission emphasized that the EU does not have the staff, funding or legal competence to set up a central monitoring system for sites. Instead, it wants to help member states by getting agreement on a number of quality indicators and to raise awareness about existing quality schemes already available. National authorities will then have to decide how to

implement them. The end result will be a short one-page summary of key criteria accompanied by a 15-page explanatory paper. ●

(British Medical Journal, <http://www.bmj.com/cgi/content/full/324/7337/567>)

WHO RELAUNCHES EFFORT FOR HEALTH DOMAIN

WHO and others have called on the Internet body that oversees domain names to reconsider the acceptance of a health domain. The domain-organizing group rejected the proposal in late 2000. Proponents of the domain name say it would inform Internet users that specific sites using it adhere to accuracy and safety standards. Currently more than 10,000 health sites exist on the web and there is little means to ascertain their quality. WHO has stated that it has no intention or means to monitor all of the health information now available on the Internet. It believes that by sponsoring the health domain and screening all applicants wishing to use it, it could help consumers find reliable information. ●

(British Medical Journal, <http://www.bmj.com/cgi/content/full/324/7337/566/a>)

WHO POSTS DRUG PRICING INFORMATION

WHO's Essential Drugs and Medicines Department has published a summary of drug price information services designed to show readers what WHO is doing to improve drug price information. The summary includes international price information services. You can download the information from: <http://www.who.int/medicines/organization/par/ipc/drugpricinfo.shtml> ●

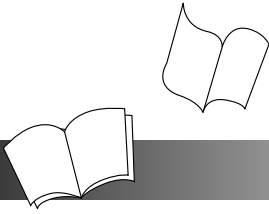
(E-drug message from M. Everard, posted 30 January 2002)

WEB NEWS

WHO Europe has redesigned and updated its website. It includes several new features such as news and events from WHO-Europe highlighted on the homepage, expanded and automated country information, and easy access to the regional office's databases. The website works with multiple languages for easier access.

To view the site, visit: <http://www.euro.who.int>

Past issues of INRUD News are now available from the INRUD website. The network has experienced difficulties in delivering posted copies of the newsletter to interested readers, so the web-based version may be helpful. To find it, go to: <http://www.msh.org/inrud/inrudnews>. ●



Publications



“Codes in context: TNC regulation in an era of dialogues and partnerships”

by Judith Richter
Corner House Briefing no. 26

As corporations have expanded beyond their national borders, it has become harder for individual countries to protect public interests through national regulation alone.

However, instead of international legislation, industry self-regulation or co-regulation is often seen as the best way to set global rules. This briefing paper challenges the effectiveness of such voluntary approaches.

Using the case study of the baby food industry, it raises crucial questions about efforts to make multinationals publicly accountable at a time when dialogues and partnerships are often considered the best way to interact with them.

Copies of the briefing paper can be obtained in various formats by sending an e-mail message to The Corner House at: cornerhouse@gn.apc.org ●

Medical supplies and equipment for primary health care: a practical resource for procurement and management

By Manjit Kaur and Sarah Hall (2001), ECHO International Health Services, Ltd.

Drugs, medical supplies and equipment have a significant impact on the quality of patient care and account for a high proportion of health care costs. Health services need to make the right choices about what to buy in order to meet priority health needs and avoid wasting limited resources.

Many organizations have produced useful information about essential drugs, but less information is available about essential medical supplies and equipment. Despite the fact that there is a much wider range of different brands and items to choose from, selecting supplies and equipment is often given little attention. This can result in procurement of items that are inappropriate because they are technically unsuitable, incompatible with existing equipment, because spare parts and consumables are not available, or because staff have not been trained to use them.

To address this situation, ECHO has produced this guide to medical supplies and equipment for primary health care. The manual is intended to be a practical resource for those responsible for procurement and management of medical supplies and equipment at primary health care level. It includes guiding principles for selecting supplies and equipment, provides guidelines for ordering and procurement, storage and stock control, and care and maintenance, and considers safe disposal of medical waste. The manual also discusses the use of standard lists as a tool for encouraging good procurement practice and includes model lists of medical supplies and equipment and essential drugs required for primary health care activities in health facilities and in the community as well as for basic laboratory facilities.

Although the manual is mainly intended for primary health care level, it will also be a useful resource for those responsible at national and district levels for health planning and management, training, and managing medical stores.

The publication is available from the ECHO website at: <http://www.echohealth.org.uk>. A single, free copy is available to organizations in the South. Additional copies or copies for international organizations cost 7.50 pounds (plus postage) and can be obtained from ECHO International Health Services, Ullswater Crescent, Coulsdon, Surrey, CR5 2HR, United Kingdom or by contacting e-mail: cs@echohealth.org.uk. ●

Connecting pre-marketing clinical research and medical practice: The case of cardiovascular drugs

By Nicolien Wieringa (Doctoral thesis published by the University of Groningen)

Before new drugs are approved for marketing and doctors can prescribe them to patients, their efficacy and safety are carefully studied. An important part of this process is the clinical trials that test the new drug against a placebo or other drugs. Clinical trials are conducted in different types of populations. However, the exclusion of elderly and female patients, patients from ethnic minorities and those with other illnesses or using other medications is often justified by the need for homogenous trial populations. This reduces the applicability of trial results to medical practice, where large variations between patients exist. This gap poses a problem to doctors, pharmacists and patients who want the right drug to be prescribed, delivered and used by the right patient at the right time and in the right dosage. Other actors involved in

health care are affected by this problem too, the government, health care insurers and pharmaceutical companies.

The gap between clinical research and medical practice, in particular regarding new drugs, is the central theme of this thesis. Today there are few empirical studies focusing on the differences between populations in clinical trials and in daily practice using new drugs. This study was designed to investigate the nature and size of the demographic and disease-related differences between patients in pre-marketing research and medical practice. Cardiovascular drugs were chosen because they are widely used, by both younger and older patients, of whom the latter often present with co-morbidity and co-medication. The study also investigates the gap between clinical research and medical practice from the perspective of medical practitioners.

A number of changes regarding drug regulation are suggested to improve the connection between pre-marketing clinical research and medical research. These changes refer to the standards applied to drug regulation and the organization of that process. The thesis argues that issues which are relevant to medical practice, in particular variability in drug responses and demonstration of clinical effectiveness, should become core issues in drug regulation.

Copies of the thesis can be obtained by contacting the author: e-mail: nwieringa@cvz.nl or by writing to her at: N. Wieringa, Hoendiepskade 14, 9718 BE Groningen, The Netherlands. ●

HAI-Lights is produced by the HAI-Europe office together with members of the HAI-Europe network. Contributions are welcome for future issues. Please send information to the following address:
**HAI-Europe, Jacob van Lennepkade 334-T,
1053 NJ Amsterdam, The Netherlands**
tel. (+031-20) 683 36 84, fax (+31-20) 685 50 02
e-mail: info@haiweb.org
website: <http://www.haiweb.org>

Editor: Lisa Hayes

Designer: Nicolette Schuur

Webmaster: Sadara

Contributors to this issue: Wilbert Bannenbergh, Serge Barbereau, Mare Bergsma, Mike Brady, Carinne Bruneton, Kenny Bruno, Gopal Dabade, Margaret Ewen, Rose de Groot, Hilbrand Haak, Manjit Kaur, Charles Medawar, Nicole Metz, Barbara Mintzes, Kevin Moody, Kirsten Myhr, Judith Richter, Lena Westin, Nicolien Wieringa, and Els Witschge.



Health Action International

Health Action International (HAI) is an informal network of consumer, health, development action and other public interest groups involved in health and pharmaceutical issues in many countries around the world. HAI actively promotes a more rational use of drugs. It believes all drugs marketed should meet real medical needs, have therapeutic advantages, be acceptably safe and offer value for money.

This newsletter highlights the activities of the network's contacts in Europe and North America as well as the work carried out by the regional office in Amsterdam on behalf of its members.