

Universal Health Organisation (UHO)

Weekly Newsletter – 27 Sep 2024



The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

Announcement: Membership & endorsements to the UHO invited: <https://uho.org.in/member.php>

The British Medical Journal (BMJ) has brought out the Food Advisers to the UK Government are on the payroll of the world's largest food companies

A recent analysis by the BMJ [analysis by the BMJ](#) has revealed close links between the UK Government's Scientific Advisory Committee on Nutrition (SACN) and the food and drinks industry. These include big names in the processed food industry such as Nestle, sugar manufacturers Tate and Lyle, the world's largest ice cream manufacturer, Unilever.

These conflicts of interest are hazardous to human health. SACN is an influential group of “supposedly” independent experts advising the UK government on food policies. Since its inception in 2000 it has framed guidelines on daily salt and sugar intake, vitamin D supplements and feeding of babies. Its scope of work also includes reviewing the evidence on ultra-processed foods, artificial sweeteners and plant based food and drink. In July 2023, SACN issued a caution on ultra-processed foods stating the overconsumption of them cause adverse health effects. However, they put a rider to this stating that there were “[uncertainties around the quality of evidence](#) available.” This phrase is reminiscent of the powerful [tobacco industry hiding the link between smoking and cancer](#) when evidence first started emerging, or the [sugar industry diverting the attention to saturated fats](#) as the cause of obesity and poor health by paying scientists in the 1960s.

The rising obesity rates in the UK reflect that the SACN is not having the desired impact on public health. Presently, over a quarter of the population of the UK is obese.

UHO recommends that experts who decide public health policies should be free from industry ties.

From the frying pan into the fire: In India FSSAI and policy makers are dominated by the Industry

While in the UK the experts, due to their conflicts of interests, are stalling healthy food policies, our situation is more discouraging. According to Dr Arun Gupta, a pediatrician, formerly a member of the PM’s Council for India’s Nutritional Challenges, and presently the Convener of Nutrition Advocacy in Public interest (NAPi), when policy makers work with the food industry there are serious issues of conflict of interest. In India, the food industry dominates decision making. So much so that during stakeholders meetings with the Food Safety and Standards Authority of India (FSSAI) authorities, 80% of attendees are from the food industry including multinationals. The policy on ultra-processed foods is in draft stage for a decade and the government is not moving forward. [Industry manipulates Health Policy](#) in India, he summed up.

India is staring at a [public health crisis](#) due to ultra-processed food products, according to him. Ultra-processed foods makes one to eat more which contributes to growing rates of obesity in the population. This in turn contributes to chronic diseases like diabetes, osteoarthritis, heart ailments and

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fatty liver disease to name a few. Obese people are also [more vulnerable](#) to severe outcomes from acute communicable disease as was illustrated during the Covid-19 pandemic.

UHO recommends urgent policy changes to address this threat. Our middle class is fast [reaching the obesity rates](#) of the Western countries and there is no time to lose controlling the consumption of ultra-processed foods.

Bharat Biotech & ICMR draws flak from scientists and civil society over prosecution of researchers

Over 600 scientists and concerned citizens have written an [open letter](#) to Bharat Biotech and the Indian Council of Medical Research (ICMR) strongly criticizing their action following reports that Bharat Biotech has filed a defamation suit against Banaras Hindu University (BHU) researchers. The [open letter](#) to the ICMR and Bharat Biotech called their action as punitive and shortsighted. Earlier the ICMR had tried to intimidate the researchers at BHU threatening them with legal actions and drew [flak from the UHO](#).

The researchers at BHU had undertaken a research study among a thousand participants who had taken the Covaxin manufactured by Bharat Biotech by following them up for over a year to record any adverse events following vaccination. They recorded some adverse events, including few serious ones like stroke and Guillain Barre Syndrome [stroke and Guillain Barre Syndrome](#).

The researchers had also recorded the limitations of the study and suggested more detailed studies to confirm their findings. The paper based on their research was published in the peer reviewed journal Drug Safety. Bharat Biotech also threatened the editor and publishers of the journal Springer Nature with litigation. Under pressure the journal has [retracted](#) the paper. The authors are challenging this decision, rightly, UHO feels.

UHO is of the view that an august scientific body like the ICMR should not resort to bullying tactics. This will send a wrong message to young researchers and is also not compatible with the scientific approach. Science settles disagreements with data and debate and not dragging honest researchers to the court of law. The action by ICMR indicates the nemesis of science today.

UHO's critique of the Niti Aayog's report on Future Pandemic Preparation

Niti Aayog has published [a report](#) on Future Pandemic Preparedness and Emergency Response, A Framework for Action, with its logo on the report. Niti Aayog has curiously given a disclaimer, even though the expert group was selected by Niti Aayog and the expert group complements Niti Aayog leader Dr Vinod Paul for this. **(Disclaimer:** This report represents the views of the Expert Group members. It does not constitute the official views of NITI Aayog. NITI Aayog does not accept any legal liability for the accuracy or inferences drawn from the material contained therein or for any consequences arising from the use of this material). Such ambiguity from an august body erodes public trust.

Experts of the report, contrary to its claims, have not learnt the lessons from the Covid episode. No

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critical assessment of the response, measures advised by the experts and taken by the government is made. Without doing that, a stamp of approval to repeat all these mistakes in future is assured. The conflict of interest is evident, as the persons who were advisors to the government in different capacities during Covid, are writing the report or have provided support to the report. Obviously, the report does not draw any right conclusions.

Some of the major mistakes during Covid-19

- **Lockdown:** Our public health experts had not advised the lockdown of the whole country in one stroke. Because of migrant workers' helplessness, and many other factors the lockdown was anyways not implemented in its true sense and as was noted [people did developed antibodies](#) very soon.
- The experience of other countries who did not implement lockdown is proof enough that lockdown is not an effective tool as was always held in past by WHO. And that it brought the economic, social, psychological ruin for the people, especially poor. The Indian Public Health Association (IPHA) through its [joint statements](#) during the pandemic consistently cautioned about the collateral harms due to lockdown.
- **Masks, Distancing.** These measures also not having any scientific basis are [not effective in community settings](#) and should not be used. Even Anthony Fauci, conceded during the congressional hearing in the USA that there was [no evidence](#) of 6 feet distancing.
- **Sero-surveys.** Early in the pandemic, by May 2020, it was evident that large number of people had developed Antibodies IgG and people were facing Covid with very mild or no symptoms. IFR in India was lower than even the other countries. [WHO website](#) uploaded the article early in the pandemic, September 2020, giving 0.05% IFR below 70 years of age should have been taken into consideration.
- Many studies indicated that re-infection was not common [re-infection was not common](#) and even if it occurred the disease was mild and hospitalization was not required. And our age-old knowledge should have stopped us from mass vaccination when [80% of the population](#) had already acquired immunity from infection.
- Presence of IgG only and absence of IgM response [absence of IgM response](#) after SARS-CoV-2 infection characteristic of a novel virus, should have immediately given us the understanding that this is from immune memory and that Sars-Cov-2 was not any novel virus.
- Wasting more than 35000 crores on EUA vaccines and more than 72000 crores on PPE, masks, testing is totally unjustified with all the knowledge that was available at that time.
- Age profile for having severe disease was evident from the beginning and NTAGI had said no for the Covid vaccination of children and still we injected a vaccine having no long-term safety data with a clinical trial on just 525 children. [The approval](#) was given when "No data by means of any press release or any preprint is available in the public domain, as of now, on the basis of which the SEC made the recommendation

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- **Covid-19 is considered** the worst pandemic in the report. Can an infection with $< 0.05\%$ mortality rate below 70 years be called a pandemic? Sweden, the main Western country which did not impose a lockdown, had [almost no excess mortality](#) in 2020/2021. Dharavi, the polar opposite of Sweden and one of the densest places on earth, had an [estimated](#) yearly excess death of at most 3-4%, that is, within statistical error. For a deadly pandemic, how can Dharavi and Africa have lower mortality rate than New York and London?
- First 100 days are emphasized but emphasis on reassuring the people is not there. Do we want to create panic and drastic, unnecessary, harmful measures to be repeated? As we can see masks being mandated in Kerala for one person dying of Nipah!

The writing on the wall is ominous. In the momentum of media hype around the monkey pox virus, the expert group constituted by Niti Aayog has suggested enacting separate legislation to handle public health crisis. They have proposed a separate “Public Health Emergency Management Act (PHEMA)”. They have also suggested a Pandemic Preparedness and Emergency Response Fund.

UHO recommends that first our planners and policy makers should do an honest audit of the collateral harms of the hurried and draconian measures implemented during the Covid-19 pandemic. They should also review how many pandemics have occurred in the past and at what intervals and whether Covid-19 with its low infection fatality rate of 0.05% up to the age of 69 years could be called a pandemic.

Similarly, they should do an honest appraisal of whether monkey pox can really be called a PHEIC. What is concerning is that the experts seem to have learned the wrong lessons from the Covid-19 pandemic and they may tend to implement even harsher measures within the first 100 days in the presumption that Covid-19 spread in the country because they failed to implement stricter measures.

We recommend debate among large group of experts, civil society groups, social scientists, legal experts and in parliament, and to go the extra mile, our IT enabled AI can be leveraged to gauge the views of the common citizen as well on important issues affecting their freedom and human rights before contemplating such a legislation which will give enormous and unaccountable powers to bureaucrats and the police on the pretext of frequent pandemics. Science will again be destined to take a back seat as it was compelled to during the Covid-19 pandemic.

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