

Memories of Amit Sengupta (1958-2018)

Dear friend and irreplaceable movement leader,
your brilliance, integrity, commitment and love
will continue to inspire us.



January 2006. CSDH visits Iran (with PHM side meeting). Amit steering the Civil Society process for the Commission

18.01.2006



November 2006. PHM SC in
Cairo

March 2007. Second National Health Assembly in Bhopal.
Amit operating behind the scenes.





March 2008. Cairo IPHU



August 2009. Cape
Town Strategy
Workshop





May 2010. Planning
GHW3 (John Knox)



May 2010. Civil Society
Workshop on GHG (WCC,
Geneva)



Feb 2011. WSF in Dakar



Feb 2011: March
at WSF, Dakar



“You see, its like this...”
PHM event within WSF,
Feb, 2011





PHM events at
WSF, Feb 2011

May 2011. PHM's New
Delhi office





Feb 2012. PHM SC (PMAC)

July 2012. Amit being acknowledged
at PHA3





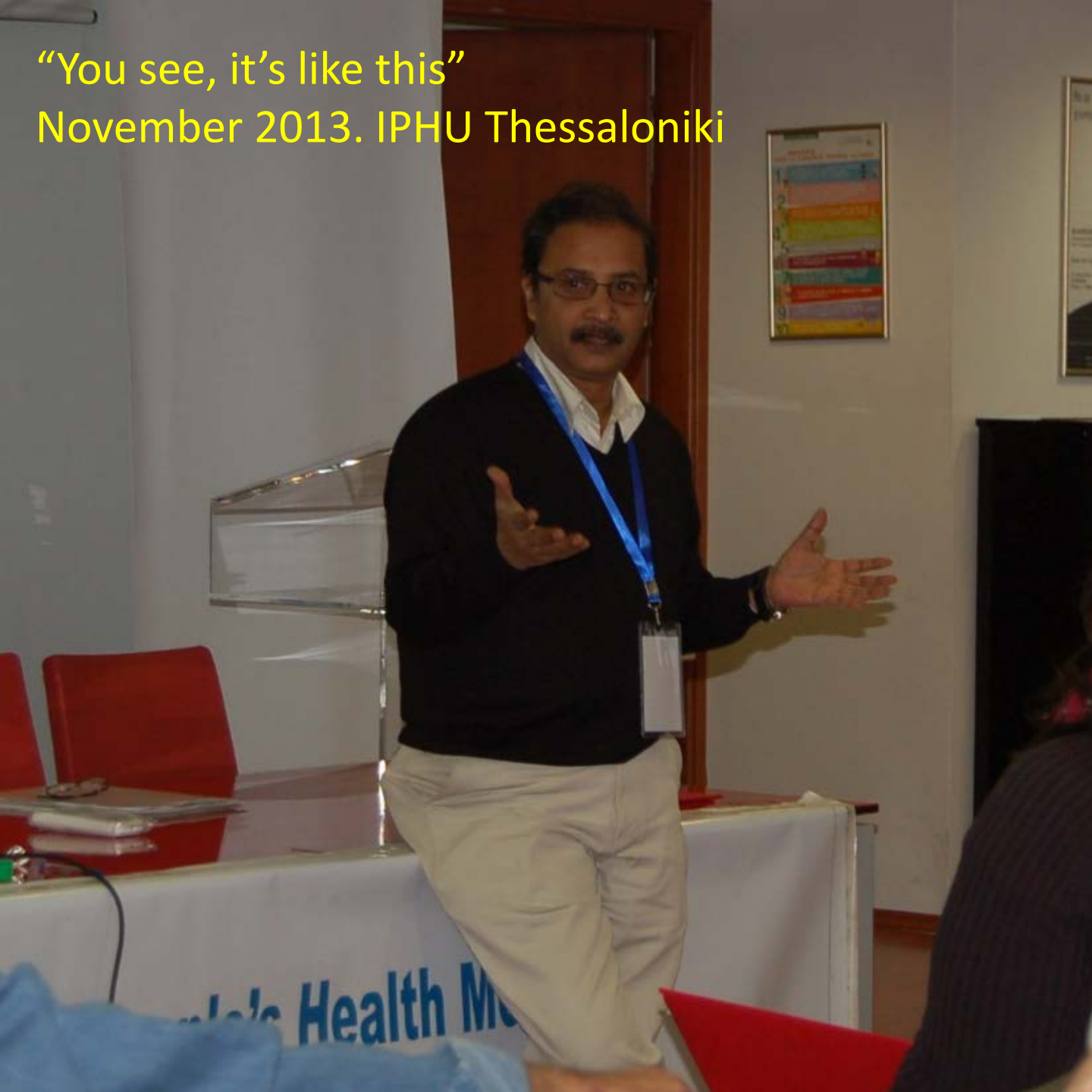
July 2012. Extended SC at Cape Town after PHA3



Too much fun...
Celebrating the success
(and conclusion) of
PHA3

“You see, it’s like this”

November 2013. IPHU Thessaloniki





Nov 2013. IPHU Thessaloniki – Can you spot Amit?



November 2013. In solidarity with the Halkidiki struggle















Leadership

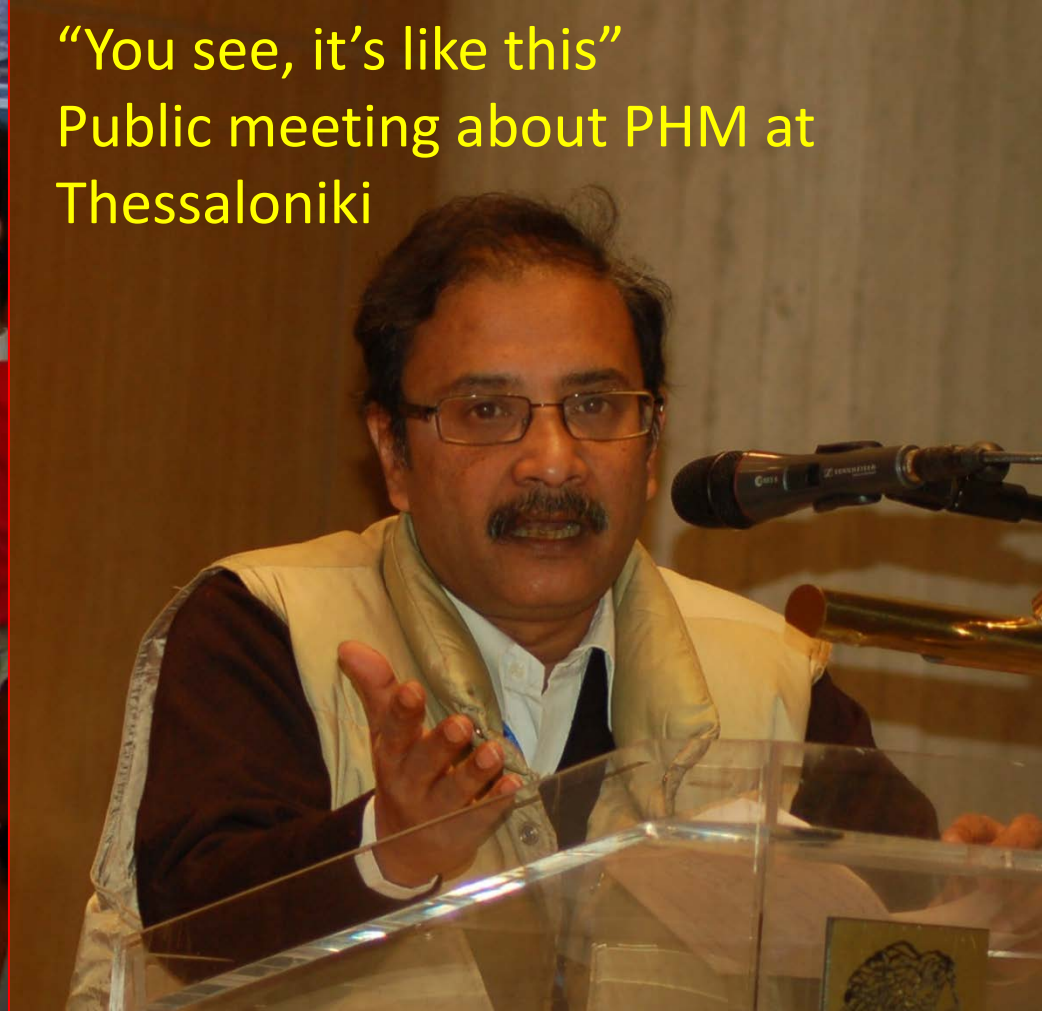


Further solidarity



Group work at Thessa
IPHU

“You see, it’s like this”
Public meeting about PHM at
Thessaloniki



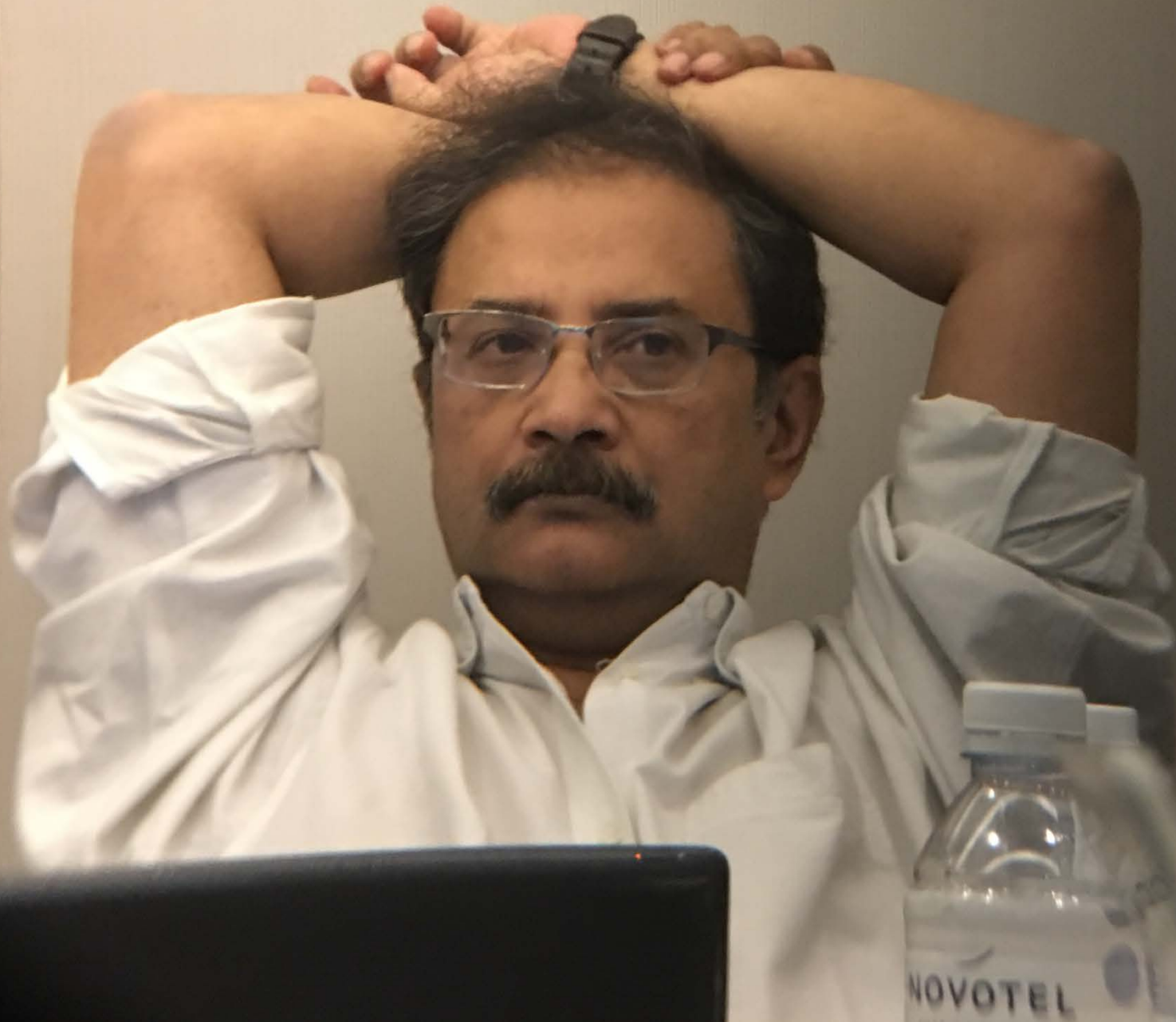
Jan 2014. The year PMAC went to Pattaya



Jan 2016. SC, Bangkok



Jan 2018. SC in Bangkok



- The IP based system of R&D promotes research in areas where there is maximum profit, not where there is greatest need
- e.g. the last medicine developed for T.B. was introduced 30 years ago, *me-too drugs* (Cox2 inhibitors, ACE inhibitors, H2 antagonists, etc.) proliferate, conferring little therapeutic benefit but logging huge sales
- Alternate models for R&D with public ownership over the final product need to be promoted
- Clinical Trials in developing countries are much more prone to the flouting of promotional norms



Final Thanks, PHA4, 19 Nov
2018

