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Provisional agenda item 15.1. Antimicrobial Resistance

Speaker: Dr Arlene Chua

MSF has documented very resistant bacteria in our projects ranging from child nutritional centres in Niger to adult trauma centres in Syria. However, there remains a tremendous gap in our ability to diagnose and understand the burden of resistance because of the lack of diagnostic tools adapted to the contexts where we work. We have started to use polymyxin, considered to be the last line of antibiotics for multi resistant gram negative infections.

The Global Action Plan is an urgent first step towards addressing the systemic challenges causing and resulting from AMR. MSF urges WHO and Member States to provide the resources needed to fulfil this plan and to coordinate efforts to combat AMR. This should include mechanisms for accountability and evaluation.

WHO and Member States should take the following actions:

- Provide resources to implement infection control measures at all levels of health care, beyond education and training.
- Monitor and address important data on appropriate and inappropriate use of antibiotics, *and* information on access to antibiotics for patients who truly need them.
- Ensure affordability and access to key vaccines for all low- and middle-income countries to reduce the burden of disease and the need for antibiotics
- Revise registration policies for old antibiotics that are being revived to treat multidrug resistant bacteria, harmonising recommended dosing, and promoting manufacturing of quality-assured antibiotics.
- Promote development of point-of-care and rapid diagnostic tests for resource-limited settings.
- Support the call for innovative mechanisms for R&D of new antibiotics, with the immediate establishment of a new product development entity ensuring that the cost of R&D is de-linked from the price of resulting products and that the use of new products is governed by a public health framework that conserves the new antibiotics, while securing affordability and access to those in need.