



## **WHO 68<sup>th</sup> World Health Assembly, 2015**

Provisional agenda item 15.1. Antimicrobial Resistance

### **Background**

Médecins Sans Frontières (MSF) is witnessing firsthand the emergence of antibiotic resistance in our projects. In contexts ranging from children admitted to nutritional centres in Niger to adult trauma patients in Syria, MSF has documented very resistant bacteria including ESBLs, MRSA and CRE. In 2014, we started to use polymyxin, considered to be the last line of antibiotics for multidrug resistant gram negative infections.

However, there still remains a tremendous gap in our knowledge on the extent and burden of antibiotic resistance among our patients because of the lack of diagnostic tools adapted in the context where we work. Aside from malaria rapid diagnostic tests, we lack the ability to diagnose common causes of fever and can only resort to presumptive antibiotic treatment. We need to have a better clinical approach to our patients.

MSF welcomes the Global Action Plan (A68/20) as an urgent first step towards addressing the multiple, systemic challenges that are the cause and consequence of antimicrobial resistance. However, to ensure WHO and global response to antibiotic resistance is successfully implemented, we would recommend critical changes to the Plan of Action.

### **Feedback on WHO Global Action Plan**

Our Feedback on the WHO GAP Draft (A68/20) is arranged according to the five strategic objectives note in the plan.

#### **Objective 1: Improve awareness and understanding of antimicrobial resistance through effective communication, education and training**

#### **Objective 2: Strengthen the knowledge and evidence base through surveillance and research**

Focusing on the most vulnerable to infections caused by resistant bacteria, there is a need for surveillance in highly susceptible patients such as HIV, neonates, malnourished and war/burn injuries.

In the development of the framework to monitor the consumption of antibiotics, it is important to collect data on appropriate and inappropriate use. Aside from collecting information on excessive and inappropriate use, it is equally important to collect information on access to antibiotics for patients who truly need them.

#### **Objective 3: Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures**

Resources to implement infection control measures should be provided at all levels of health care beyond education and training.

Access to vaccines is critical in order to reduce the burden of disease, reducing morbidity and mortality for patients at the same time as reducing the need for and use of antibacterial drugs. However, key vaccines such as those against pneumococcus must be made more affordable for all low and middle income countries to have optimal access and realize their potential to help address AMR. These vaccines must also be fit to resource constrained areas, including by improving their labelling for extended thermostability and use in the controlled temperature cold chain and through making their packaging as small in volume as possible.

#### **Objective 4: Optimize the use of antimicrobial medicines in human and animal health**

MSF welcomes the call for “effective, rapid, low-cost diagnostic tools” as we believe that access to diagnostic tools is an essential but often less emphasized part of addressing antimicrobial resistance. Diagnostic tests are critical in appropriate antibiotic use (antibiotic stewardship) as well as for surveillance of resistance. While there is progress in methods for the detection of bacteria in developed countries (i.e. molecular techniques, MALDITOF), these are not suitable for developing countries. Because of the lack of diagnostic tests, diagnostic uncertainty is driving unnecessary antibiotic use. There is a need for point of care and rapid diagnostic tests designed and developed for resource limited settings. These diagnostic tests should meet international standards of quality and regulatory approval.

There is a revival in the use of old antibiotics because of the urgency of antibiotic resistance. While we wait for new antibiotics to be developed, WHO should push regulatory authorities to revise registration policies for old antibiotics that are being reviewed for treating multidrug resistant infections, harmonising their recommended dosing and indications and promote manufacturing of quality assured antibiotics. WHO should also continue to address reports of substandard antibiotics that maybe contributing to antibiotic resistance. Moreover, strengthening pharmacovigilance in countries is important, as stringent regulatory authorities have recently made amendments to speed up the approval of new antibiotics with less clinical data.

Pharmaceutical company marketing and profit-driven motives to increase use must also be addressed as part of a comprehensive stewardship program. Models of research and development that do not rely on aggressive advertising or incentives to increase antibiotic use and which de-link the cost of R&D from price and sales volume must be promoted.

#### **Objective 5: Develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions**

We welcome the call for “new processes” to “facilitate renewed investment in research and development of new antibiotics, and to ensure that use of new products is governed by a public health framework of stewardship that conserves the effectiveness and longevity of such products while securing affordability and access to those in need”. We are convinced that the solution to the current market failure in the medical research in AMR lies in de-linking the cost of R&D from the volumes of sales and the sales revenues both to ensure conservative use of antimicrobial agents and affordable access for those in need. MSF supports the immediate establishment of a new product development entity which can encourage the development of new, effective antibiotics through de-linked models of R&D and that meet the aforementioned principles of access and not excess.

#### **Overall MSF recommendations:**

We urge WHO and member states to commit and provide the resources needed to fulfil the global action plan and to establish a clear role to coordinate efforts to combat antimicrobial resistance. This should include a mechanism for accountability and evaluation.

Access issues for appropriate use of antibiotics, diagnostic tests and vaccines should be given equal importance while addressing the excessive use and reduction in global human consumption of antibiotics.

Support for the call for innovative new mechanisms to invest in research and development of new antibiotics, ensuring that the cost of the R and D is delinked from the price of the end product and to ensure that use of new products is governed by a public health framework that conserves the effectiveness and longevity of new antibiotics, while securing affordability and access to those in need.