



WHO Executive Board, 140th Session 2017
Agenda Item: 7.2 (EB 140/11)
Antimicrobial Resistance (AMR)

Two years ago at the Sixty-Eight World Health Assembly (WHA), Member States agreed to the Global Action Plan (GAP) on antimicrobial resistance (AMR) that contains the blueprint for Member States and the WHO to address the public health challenges caused by AMR. Last year, in September 2016 at a United Nations High Level Meeting, Member States reiterated these commitments and deepened them by adopting a High Level Political Declaration on AMR that MSF welcomed.

Médecins Sans Frontières (MSF) witnesses, first-hand, the emergence of antimicrobial resistance in a wide range of its operational contexts.

The adoption of the GAP and the Political Declaration were important political steps towards recognizing the systemic challenges causing and resulting from AMR. Success now depends on the full and timely implementation by WHO and Member States of these commitments with appropriate resources and accountability. The response must recognize the multifactorial nature of AMR with a public health driven agenda that puts the needs of patients and health workers at the core of the AMR response.

During the 2017 140th session of the Executive Board and 70th World Health Assembly, MSF calls WHO and Member States to transform words into action. Now the focus has to turn to urgently and fully implementing these commitments through the development, funding and execution of national action plans as well as normative and regulatory frameworks, including a global framework for development and stewardship to ensure needs-driven innovation, affordable and sustainable access to existing and new health technologies.

Specifically, MSF recommends Member States and WHO to:

1. Provide increased monitoring and surveillance to bridge the gap in knowledge regarding the extent, types and burden of antibiotic resistance, especially in countries and areas with limited resources or poor health infrastructure.
2. Recognize and address the multiple reasons for the development of AMR, including the inappropriate use of medicines, the lack of access to diagnostics and other health technologies, and inadequate medical strategies in under-resourced health systems.
 - Policies and regulations to promote optimal use of antimicrobials must be tailored to the diversity of country contexts. In developing countries where MSF mostly works there is an overall need to:
 - a) increase microbiology laboratory capacity and context-adapted diagnostics in order to target antibacterial therapy and to document types and rates of resistance,
 - b) improve infection prevention and control in medical settings to reduce burden of infection and transmission, and

- c) provide training and support for healthcare workers in the appropriate prescription and use of antibiotics.
 - Recognize that high prices and barriers to access are an inappropriate way to achieve stewardship and rational use of antibiotics as it impacts patient care. Countries need to increase access to suitable, affordable and effective medical tools to facilitate effective prevention, diagnosis and treatment strategies. Recommendations and measures included in the Global Vaccine Action Plan should be taken into account both by the Secretariat and Member States. As an example, increasing affordable access and therefore coverage of both Pneumococcal Conjugate Vaccine (PCV) and rotavirus vaccine are essential tools to reduce mortality and prevent the unnecessary use of antibiotics. It has been estimated that universal PCV coverage would avert up to 11.4 million days of antibiotic use for pneumonia in <5 year old children per year. MSF welcomes the GSK/Pfizer commitment to reduce the price of PCV to MSF and NGOs working in humanitarian contexts and asks for price reductions to be extended to all governments.
 - Prioritise the implementation of strategies agreed within the WHO Global Plan of Action on Public Health, Innovation, and Intellectual Property and the WHO resolutions on the Follow up to the CEWG report in ensuring innovation, affordability and access to existing and new diagnostics, drugs and vaccines.
3. Acknowledge that a global and comprehensive AMR response must ensure that the needs of neglected patients are not further forgotten. MSF welcomes the special recognition of drug-resistant tuberculosis (DR-TB) in the UN political declaration and the Member States decision to host a UN High Level Meeting on TB in 2018. As the largest non-governmental provider of DR-TB treatment worldwide, MSF data shows that countries need to step up in the prevention, diagnosis and treatment of DR-TB by updating national policies and practices, while pharmaceutical companies must take clear and concrete steps to increase affordable access to newer drugs.
 4. After two decades of private sector under-investment and withdrawal from research and development to address AMR, Member States should recognize that the current research and development (R&D) model has failed to deliver the necessary tools to combat AMR. As a result, medical treatment providers, like MSF, do not have the medical tools needed to diagnose, prevent and provide appropriate treatment for our patients and the pipeline of new drugs is nearly empty. MSF is encouraged to see that the UN Political Declaration on AMR builds on the recommendations of the recent report of the UN Secretary General High Level Panel on Access to Medicines in recognizing the failures of the current medical research and development system and commits Member States to incorporate strong R&D and public health commitments to try to ensure that the new antibiotics, vaccines and diagnostics we urgently need to curb bacterial resistance are available and affordable for all who need them. Governments now need to ensure that any new incentive and funding for innovation coming from public or philanthropic sources fully delinks R & D costs from prices and sales, and start negotiating a global framework on biomedical innovation to ensure that research priorities will be driven by patient and public health needs and that public investment on R&D achieve optimal public health outcomes.