



Executive Board, 138th Session, 2016
Agenda Item 8.5
Global Action Plan on Antimicrobial Resistance

Background

Médecins Sans Frontières (MSF) welcomed the Global Action Plan as an urgent first step towards addressing the multiple, systemic challenges that is the causes and consequences of antibiotic resistance. Currently MSF continues to witness first-hand the emergence of antibiotic resistance in our projects in a wide range of contexts such as child nutritional centres in Niger, our burn care units in Iraq and in adult trauma centres in Syria. MSF has documented the presence of very resistant bacteria, including ESBL, CRE and MRSA. In recent years we have started using polymyxin, which is considered to be the last line of antibiotics for multi-drug resistant gram negative infections. A tremendous gap remains, however, in our knowledge of the extent and burden of antibiotic resistance among our patients due to the lack of diagnostic tools adapted to the contexts where we work.

The response to AMR requires work in multiple areas ranging from:

- **Diagnosis:** There is an urgent need for a rapid point of care diagnostic test that distinguishes bacterial infections from those caused by non-bacterial pathogens such as viruses, mycobacteria and parasites. It is also critical for new diagnostic tests to diagnose more precisely and quickly the bacterial infection in order to use of targeted, superior therapies.
- **Drugs:** The antibiotic pipeline is dry. Not only is more funding for R&D needed but new approaches on how to maximise the increased investment in anti-infective R&D
- **Education and rational use:** On the community level, education is needed to increase the general understanding on the appropriate use of antibiotics and measures taken to prevent excess use of antibiotics, while ensuring appropriate access to existing and new antibiotics for populations in need.

In addition, governments should look towards increased vaccination coverage, particularly for vaccines for bacterial infections such as the Pneumococcal Conjugate Vaccine (PCV). It has been estimated that universal PCV coverage would avert up to 11.4 million days of antibiotics use for pneumonia in children less than 5 years per year and a 47% reduction in days on antibiotics.

High-level Meeting in September

While the adoption of The Global Action Plan during the Sixty-eighth World Health Assembly was an urgent first step towards addressing the systemic challenges causing and resulting from AMR, its success depends on the actual implementation by the WHO Secretariat and Member States development of national actions plans, especially resources needed to both transform the landscape of medical tools and the approaches taken at all levels of health systems. A high-level meeting and a side-event dedicated to antimicrobial resistance is foreseen to take place during the United Nations General Assembly in September 2016.

MSF believes that this meeting should produce tangible outcomes that support the further implementation of the Global Action Plan - including identifying current barriers to implementation and proactively looking at mechanisms that can encourage Member States to work together to resolve these challenges. MSF therefore urges the WHO and Member States use this opportunity to review WHO and Member States actions to date and progress on developing national actions plans.

MSF would in particular urge the WHO and Member States to ensure the High Level Meeting can:

- a) Encourage countries to submit national action plans to combat AMR which should be accompanied by data on causes, prevalence and impacts of antibiotic resistance. Such national plans could undergo peer review to bolster and share experiences and approaches.
- b) Secure commitment by Member States for the resources needed to fulfil the global action plan and to establish a clear role to coordinate efforts to combat antibiotic resistance. This should include efforts to identify a mechanism for accountability and evaluation.
- c) Review Member States introduction, roll-out and coverage of vaccines, including new vaccines such as the PCV. Identification of barriers to such introduction and roll-out, including affordability obstacles as cited by Member States in the GVAP resolution of 2015¹, should be included.
- d) Review current status of various investments in research and development to address antibiotic resistance, including product pipelines for development of effective, rapid, low cost diagnostic tools suited for resource scarce contexts. This would include any progress on identification of a good biomarker that can distinguish bacterial from other infectious causes of fever: Such a diagnostic tool would potentially make a difference in avoiding unnecessary use of antibiotics.
- e) Ensure that all recent data and reports that are already working towards the 5th objective of the GAP – namely to ‘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 are compiled and reviewed.’ This should not only include those reports that are making the economic case, but also to look at solutions, initiatives and collective approaches that seek to develop relevant medical tools to reduce and address antibiotic resistance.
- f) Member States should discuss approaches for the development of quality assured new tools, and especially medicines, where the cost of research and development is delinked from the price of the end product and to ensure that new products are governed by a public health framework that conserves the effectiveness and longevity of new antibiotics, while securing affordability and access to those in need. Such efforts should in particular be integrated with or at a minimum closely aligned to the Consultative Expert Working Group (CEWG) on Research and Development. This may include financing emerging R&D initiatives to address AMR through a Pooled Fund, under the auspices of WHO TDR, which is expected to be finalised this year under the mandate of CEWG, and which covers all diseases of public health relevance to developing countries. It should be expanded to include all research processes carried out under the Global Action Plan. Furthermore, Member States should ensure that monitoring and tracking R&D investments, and identifying gaps, is carried out under the newly established Global Observatory on Health R&D, which was provided a mandate by the World Health Assembly to set priorities for new R&D investments based on public health needs.
- g) Member States should ensure that all new tools (vaccines, diagnostics and medicines), are quality assured, and look towards the WHO Prequalification Programme as a mechanism to enable development and use of such quality-assured products.

¹ http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R6-en.pdf