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MSF briefing on provisional agenda item 12.2 Antimicrobial Resistance
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Background

Médecins Sans Frontières (MSF) witnesses first-hand the public health challenges caused by antimicrobial resistance (AMR) in a wide range of our operational contexts. This includes AMR in relation to antibiotic resistance (ABR) and in our role as the largest non-government provider of care for people with drug-resistant tuberculosis (DR-TB).

Higher than expected rates of drug-resistant infections have been identified in several MSF projects with access to reliable microbiology – ranging from burn patients in Haiti to children in Mali. This is particularly concerning in programs managing acute traumatic injuries and reconstructive surgery in the Middle East that have shown drug resistance rates between 50-100% for standard antibiotics.

The adoption of the WHO Global Action Plan (GAP) on AMR (WHA 68.7) two years ago was an important step in the right direction. MSF welcomed that Member States reiterated these commitments and deepened them by adopting the 2016 Political Declaration of the UN High-Level Meeting on AMR. Governments have recognized the systemic and multi-faceted challenges causing and resulting from AMR and have committed to important actions.

Some of the most significant commitments included in the UN Political Declaration are:

- To develop, fund and implement national action plans responsive to the different health contexts and needs. This includes improving surveillance, monitoring, stewardship and access to health services and care. The declaration recognizes that many contexts need investments in diagnostic and laboratory capacities, infection prevention control and health system and health-workers strengthening, among others.
- Including neglected DR-TB in the AMR response.
- To implement existing global frameworks, including the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, and to negotiate additional ones, including a global stewardship and development framework. These will support the development of new health technologies while also increasing affordable and sustainable access to existing ones.
- To resolve the lack of research and development (R&D) on new drugs and diagnostics, including through the provision of funds and incentives to innovate and improve public health outcomes by investing in priorities set by governments and ensuring a public return on investment by fully de-linking R&D costs from prices and volumes of sales.

During the 70th World Health Assembly, MSF calls on Member States, WHO and other relevant stakeholders to transform words into action. Success now depends on the full and timely implementation of these commitments with appropriate resources. Apart from more resources, the response must recognize the multifactorial nature of AMR, have a public health driven agenda and puts the needs of patients and health workers at the centre.

MSF comments on the Report by the Secretariat

The report prepared by the WHO Secretariat¹ provides evidence of progress against several components of the GAP and MSF would like to acknowledge the important work done.

MSF has the following general comments on the Report:

- MSF welcomes the increased recognition to the surveillance gaps and the establishment of the Global Antimicrobial Surveillance System, but it is important to ensure that strengthening of laboratory and diagnostic capacity directly improves patient management and care in real time.
- MSF supports the work done by WHO towards preparing the negotiations of a global development and stewardship framework, but more must be done. MSF asks for Member States' leadership and civil society engagement for the next steps. Evidence-based priority setting for R&D on new vaccines, drugs and diagnostics is an important component of this effort, including the recently released "Global priority list of antibiotic-resistant bacteria to guide research, discovery, and development of new antibiotics"² and the need to include DR-TB R&D needs³.
- MSF welcomes the establishment of the UN/WHO ad hoc interagency coordination group and looks forward to sharing our field perspective when the terms of reference and opportunities for engagement are published. MSF notes the need to strengthen the participation of local and global civil society and seek clinicians' perspectives, as well as the need to increase policy coherence within the UN system by including agencies with relevant mandates, including agencies that work to increase access to existing medical tools.
- MSF sees a need to increase coherence and synergies among WHO and national work programs/departments and mandates. For example, when appropriate, AMR interventions should be closely coordinated with interventions to scale up a DR-TB response, increase immunization coverage, improve access to existing diagnostics, vaccines and drugs, and improve infection prevention control and water sanitation and hygiene.

MSF recommendations

MSF recommends that Member States, WHO and relevant stakeholders consider:

- **Comprehensive, context-specific and patient-driven responses**

Member States, WHO and other relevant stakeholders need to recognize and address the multiple drivers of AMR. Interventions, regulatory frameworks and policies must be tailored to the diversity of country contexts and be patient and public-health driven.

In developing countries, where most of MSF's operations are, there is an overall need to:

- a) Increase microbiology laboratory capacity and context-adapted diagnostics in order to target antibacterial therapy, promote evidence-informed patient care and management of infections, and document types and rates of resistance.

¹ Report by the WHO Secretariat to the Seventieth World Health Assembly. April 2017; Source:

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_12-en.pdf

² Source: <http://www.who.int/medicines/publications/global-priority-list-antibiotic-resistant-bacteria/en/>

³ Source: <http://www.who.int/mediacentre/news/releases/2017/drug-resistant-tb/en/>

- b) Improve infection prevention and control in medical settings and increase access to existing medical tools (e.g. vaccines) to prevent and reduce the burden of infection and transmission.
- c) Provide training and support for healthcare workers in the appropriate prescription and use of antibiotics.

- **The neglected needs of DR-TB patients should be a central part of the AMR response**

A global and comprehensive AMR response must ensure that the needs of neglected patients are not further forgotten. MSF welcomes the special recognition of DR-TB in the UN political declaration and in this WHA report⁴. As the largest non-government provider of DR-TB treatment worldwide, MSF data show that countries need to step up 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 drugs⁵. MSF is working with the Union, governments and partners to establish a new framework to promote urgently needed open, collaborative and public health-driven R&D for new TB regimens called the 3P Project (Push, Pull and Pool)⁶.

- **Increasing access to existing diagnostics, drugs and vaccines**

There is a need to increase affordable access to suitable, affordable and effective medical tools to facilitate effective prevention, diagnosis and treatment strategies.

Recommendations and measures included in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and the Global Vaccine Action Plan should be taken into account both by the WHO 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. MSF asks for price reductions to be extended to all governments and for competition to be accelerated.

- **Increasing research and development in new health technologies ensuring full public return on the public investment**

After two decades of private sector under-investment and withdrawal from R&D to address AMR, Member States are recognizing that the current R&D model has failed to deliver the necessary tools to combat AMR. As a result, Ministers of Health and medical treatment providers, like MSF, do not have the medical tools needed to diagnose, prevent and provide appropriate treatment for patients, and the pipeline of new drugs is nearly empty.

MSF requests Member States and WHO to increase policy coherence and coordination among R&D efforts and is encouraged to see that the UN Political Declaration builds on the recommendations of the 2016 UN High-Level Panel on Access to Medicines report in recognizing the failures of the current medical R&D system and the need for reform. Governments need to agree to global frameworks on biomedical innovation to ensure that research priorities will be driven by patient and

⁴“Multidrug- resistant tuberculosis has already reached the level of a public health crisis in many countries, causing an estimated 250 000 deaths in 2015.”

⁵ “Fewer than 5% of people in need are treated with new TB drugs, nearly four years after their approval” (source: <https://msfaccess.org/about-us/media-room/press-releases/fewer-5-people-need-are-treated-new-tb-drugs-nearly-four-years>) and “MSF urges pharmaceutical corporations to release clinical data to help develop urgently needed new TB regimens” (source: <https://msfaccess.org/about-us/media-room/press-releases/msf-urges-pharmaceutical-corporations-release-clinical-data-help>)

⁶ Tuberculosis and antimicrobial resistance – new models of research and development needed, WHO Bulletin. <http://www.who.int/bulletin/volumes/95/5/17-194837.pdf>

public health needs and that public investment in R&D promotes open sharing of data/knowledge and affordable access to achieve optimal public health outcomes.

MSF welcomes the creation of new funding and incentive mechanisms by Member States, as well as the political and financial support to new initiatives like the MSF-supported Global Antibiotic Research and Development Partnership (GARDP)⁷ and 3P TB Project (Push, Pull, Pool). However, MSF notes with concern an on-going development of a new initiative at the World Economic Forum (WEF) that would define new incentive mechanisms without appropriate representation of Member States and civil society and with undue pharmaceutical industry influence.

In their investments and normative decisions on AMR R&D, it is essential that Member States, WHO and other stakeholders respect and implement the global consensus reached at the UN Political Declaration that *“all research and development efforts should be needs-driven, evidence-based and guided by the principles of affordability, effectiveness and efficiency and equity, and should be considered as a shared responsibility: in this regard, we acknowledge the importance of delinking the cost of investment in research and development on antimicrobial resistance from the price and volume of sales so as to facilitate equitable and affordable access to new medicines, diagnostic tools, vaccines and other results to be gained through research and development”*.

⁷ Global Antibiotic Research & Development Partnership (GARDP) <https://www.dndi.org/diseases-projects/gardp/>