

67th World Health Assembly
Side Event on Antimicrobial Resistance

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Tuesday 20 May 2014

12.15 – 2.00pm

At the World Health Assembly, Geneva, 19 – 24 May 2014, the delegations of the UK, Netherlands, Turkey and Ghana jointly convened a side event on Antimicrobial Resistance (AMR) on Tuesday 20 May 2014. And judging by the turnout – a packed conference room – the issue is a clear hotspot for Member States.

Led by Dame Sally Davies, the Chief Medical Officer of the UK and formidable global advocate on AMR, the four member panel addressed national challenges and responses to AMR in Ghana, Turkey and Netherlands.

WHO's Director General, Dr Margaret Chen made a brief introductory address and impressed on the audience the need to move ahead quickly on tackling AMR globally. 'We are down to the last medicines for many important diseases. Gonorrhea and syphilis are on the rise,' she stated. 'We are down to the last medicine and the pipeline for antibiotics has dried. She indicated that FAO, OIE and WHO have jointly begun examining the animal and human dimensions of AMR. 'We do not want to be in a post-antibiotic era,' she added. Dr Chen urged Member States to support the resolution on Antibiotics (Resolution EB135/R13) which is to be tabled Friday 23 May 2014, as well as the Global Action Plan on AMR.

The Minister of Health of Netherlands began her address by stating, 'The bugs know no borders, they don't discriminate and they don't respond to drugs.' She added that people are getting seriously ill and are dying as a result of skin infections and diarrhoea. Common surgeries like knee replacement will become potential killers because of secondary infections that are untreatable. 'This is a global problem on par with if not more serious than nuclear security, international terrorism and climate change,' she stated.

In order to tackle AMR, three main areas needed addressing: (i) stopping the misuse and abuse of antibiotics (ii) prevention focussing on good hygiene practices in human medicine and veterinary practice and (iii) innovation.

Because national action is largely driven by developments at international level, there is a need for consensus and agreement on strategies that are workable and efficient.

The Minister shared that in the Netherlands, national action has been based on, amongst other strategies, a proven 'search and destroy' policy on destructive bacteria such as MRSA. In the past excessive use of antimicrobials for disease prevention and to boost growth in food animals had contributed to the present alarming AMR situation.

'In 2007 the Netherlands was the world leader and heaviest user of antimicrobials in food animals. In 2009 the government agreed to decrease use by 50%. In 2012, the Netherlands achieved this goal. Resistance is now decreasing in animals. By the end of next year, our goal is to decrease this further by 70%,' she stated.

Data from Netherlands indicates that there are 2 million hospitalizations per year due to AMR. The government therefore views hospital/healthcare acquired infections very seriously. Interventions to tackle this situation include preventing the unnecessary use of antimicrobials in both human

medicine and animal husbandry. 'We have done this and it is not impossible,' stated the Minister. Wise and judicious use of antibiotics (AB) based on correct diagnosis; government-industry collaboration for research and development of new antibiotics and political courage are some of the necessary ingredients for effective intervention.

She concluded by stating that the Netherlands will host a Ministerial meeting on AMR in June 2014 aimed at speeding up the WHO's Global Action Plan.

In her opening remarks, the Minister of Health, Ghana informed the audience that in 2012, the country experienced its first major brush with AMR when a whole hospital had to be shut down due to MRSA outbreak. The government then initiated a national programme on ABR with the help of the Danish government, monitoring AB use and AMR. Health facilities nationwide now focus on imparting important public health messages and practices such as proper hand washing techniques; media outreach to rural women who are engaged in commercial activities, emphasise personal hygiene and sanitation.

Ghana's experience indicates the need for health systems to be strengthened to cope with AMR. Greater diagnostic susceptibility testing is critical. An antimicrobial surveillance unit is underway, which in partnership with a Bioequivalence Centre for drug safety and quality, has been given the mandate to achieve low levels of AMR. Industry cooperation is being sought, putting aside profits, but focussing on reducing AMR.

According to the Minister of Health of Turkey, evidence based data was imperative to tackle AMR and his government recognised the need for intersectoral collaboration. Turkey initiated an AB surveillance programme in 2001; AMR surveillance began in 2011. Based on information gathered on the use of AB, prescription practises and modalities of action, Turkey initiated a national action plan on AMR. Currently there are regulatory measures in place; rational drug use is emphasised; there is education of pharmacists, doctors and patients on correct AB use and AMR. Following a review of the national action plan, a regional action plan was developed with emphasis on strengthened surveillance and data collection capacities, in close collaboration with the EU and WHO.

Dame Sally Davies shared the experience of the UK, stating emphatically that her government is committed 'to the highest level' in the fight against the bug. She emphasised that currently there is insufficient data across the world on the true state of AMR; there was a critical need therefore, for countries to recognise the challenges and reduce the threats that AMR posed to public health.

The UK government recognises the importance of an across-government strategy on AMR, involving interdepartmental and cross-ministry collaborations between Ministries of Health and Agriculture, for example.

'There is a public health tension in that governments want to conserve the antimicrobials that exist while the industry's motive is to market for profit,' she stated.

Effective surveillance systems, rapid diagnostics, appropriate vaccines and innovative approaches are the need of the day. 'If we fail, we face daunting economic consequences,' she stated.

In the coming days, Member States will discuss Resolution EB 134/R13 on ABR. Dame Sally Davies urged Member States to support the Resolution and 'not to make this a drafting effort but to look at it as 'good enough' to move forward'.

In her end remarks, Dame Sally Davies reiterated the need for 'obsessional sanitation and hygienic practices' for infection control. In an aside she observed that, 'Only 1 in 3, men wash their hands after using the washroom.' 'Comparitively, more women wash their hands.'

'Wouldn't it be good if we had new antibiotic by the year 2020? If not, we risk going back to the pre-AB era,' she concluded.

The discussion session that followed the panel presentations offered the opportunity for participants to interact freely with the panel. Sweden shared that following concerted action on AMR in the 1990s, the country has seen a decrease in ABR statistics for all age groups; currently there is more than 70% drop in the use of AB from broad spectrum to narrow spectrum AB. Since 2012, Sweden has initiated intersectoral collaboration mechanisms involving 18 agencies.

There was a suggestion from the floor to use International Health Regulations to address surveillance and monitoring weaknesses in countries. 'The existence of regulations was clearly necessary and important, however compliance was imperative,' commented the Minister of Health, Netherlands. 'It is very important that we have the doctors and pharmacists on our side,' she added.

The AMR matter had to be taken to high level panels such as the post 2015 MDGs and SD. 'There was a need to ensure that heads of government negotiating the SD goals are fully aware of the AMR agenda,' stated Dr Ilona Kirkbush from the Geneva Institute of Graduate Studies. The AMR issue is an interesting example of what a global public good means, she added. There was a need to include this in the G70 and other UN mechanisms, she reiterated.

The US Food and Drug Administration representative informed the group that action on AMR in the US is White House led. Her view was that there would be no permanent victory in this area but sustained action was urgently needed with particular respect to integrated surveillance across both animal and human health sectors. There was also a need to focus on diagnostics because 'we cannot effectively treat if we do not know what we are treating.' She impressed that advanced science was a necessity to address AMR and vaccines.

Dame Sally Davies wrapped up by stating:

- 'There is clear support for an Integrated Health agenda
- The Research and Development agenda was complex but must be tackled anyway
- It was necessary to work with the private sector but with clarity of expectations
- There must be ownership by Member States to handle the issue'

In his summary, Dr Keiji Fukuda, the Deputy DG for Health Security at WHO stated:

- 'Awareness raising on AMR was urgently needed
The dynamics between NCDs (such as cancer) and ABR must be better understood.
- The scope of the solution required cross-sectional involvement from the agricultural and health sectors as well civil society.
- National action plans must be driven by political will within governments.
- There was a need for technical and science based action with particular respect to integrated surveillance.'

'From the WHO perspective, we are beginning to move on the issue; the greatest danger we face is fragmentation or action that is taken in isolation. We must work together if we are to take this issue forward,' he concluded.



The DG of Health, Dr Margaret Chen making opening remarks at the Side Event on AMR



The Minister of Health, Netherlands, speaking during the Side Event on AMR. On her right is Prof Aslam, who spoke on the AMR situation in Turkey.



Chief Medical Officer of the UK, Dame Sally Davies at the Side Event on AMR



The Minister of Health, Ghana giving her inputs during the Side Event on AMR