

9. Antimicrobial Resistance

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In focus

The Secretariat advises:

Pursuant to resolution [WHA72.5 \(2019\)](#), the Director-General will submit a report ([EB148/11](#)) that: outlines progress in implementing the [global action plan on antimicrobial resistance](#); provides an update on activities towards achieving the five strategic objectives of the global action plan, on progress in global coordination and tripartite partnership efforts; and highlights the main country-level and global challenges in programme implementation.

The Board will be invited to note the report and provide guidance on accelerating Member States' implementation of national action plans on antimicrobial resistance and on enhancing feedback from health ministries on the process to review the [Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance](#).

Background

AMR, one of the topmost public health problems of our time is being discussed at WHO since EB 134 and can be read here- [Recent GB discussions of AMR](#). AMR has reached UN level discussions, with the first ever High-level Meeting on Antimicrobial Resistance (AMR) in 2016 that led to adoption of "[Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance](#)" at the UN. Following the Political Declaration's mandate, the Secretary-General of the United Nations convened an Ad Hoc Interagency Coordination Group (IACG) on Antimicrobial Resistance which submitted its [report](#), following which the [UN Secretary-General issuing his report](#) in May 2019. On 14th April, a High-Level Interactive Panel on Anti-microbial Resistance was scheduled to be held on 14 April 2020 at the UN Headquarters in New York but has been [postponed](#) due to the global public health emergency (COVID-19).

AMR governance includes the tripartite (including WHO and OIE) and the aims of the collective action of the tripartite including links to their respective works can be accessed [here](#). AMR topic page from WHO can be accessed here- [Secretariat topic page on AMR](#).

PHM Comment

PHM appreciates this report, particularly, in terms of improving the knowledge base for ongoing decision-making. While the report identifies the challenges well, a roadmap to resolve them is missing.

The implementation of NAPs has been slow despite the fact that the Global Action Plans were adopted in 2015. The monitoring indicators are still focused on whether the sources of funding of NAPs have been identified [C-E] or not. The October 2020 TRACSS Report shows that progress in some areas is very slow. The TRACSS data are self-report and have a strong response bias so the mediocre achievement of Fig 7.4 is particularly worrying, particularly in view of Fig 7.2 and 7.5.

More technical assistance is needed for developing countries to improve their surveillance systems to enrol them in the Global Antimicrobial Resistance and Use Surveillance System (GLASS) as well as on the new SDG indicator 3.d.2.

AMR stewardship needs responsive health systems and better access. The Access-Watch-Reserve (AWaRe) categorization of antibiotics, targets and resources are useful, but the fact that only 34 countries have adopted this in their national essential medicines list is disappointing. **While we expect other countries to adopt AWaRe, we need to recognize that unless we have a baseline data of use, it would be difficult to achieve our targets by 2024.**

Promoting the rational use of drugs and regulating unethical marketing practices, that increase the irrational use of antimicrobials, both need to be emphasized to ensure the success of stewardship programs. **PHM is concerned about the increasing role of Pharma companies in AMR stewardship grants** as has been the case in India and Latin America among others, despite the known fact that the commercial information sources (pharma), instead of independent expert guidelines have a negative impact on stewardship and rational prescription.

Actions against AMR cannot be separated from the economic reforms needed to address the fiscal constraints on LMICs. Despite lower per capita use of antibiotics in LMICs, the higher resistance rates clearly point towards the systemic determinants, such as poor public health spending, sanitation and IPC as extant research prove. The AMR problem undermines progress towards both UHC and SDG.

The ecological and ethical aspects of global meat consumption patterns have direct implications on AMR given the overconsumption of antimicrobials in factory farming. **As the Codex review process draws close, PHM reiterates the position that preventive and growth promotive use of antibiotics in animals is not a therapeutic use.**

The AMR Action Fund is focused on 'a sustainable antibiotic market' but not on access and affordability. While the discovery of newer antibiotics is a top priority, WHO needs to introduce

measures for access as newer antibiotics are [exponentially more expensive](#) than their predecessors.

Given the limitations of AMR Action Fund on affordability as well as narrow focus on late stage molecules, creating prospects for a public sector-led Impact Investment Fund is a pressing need.

The tripartite approach is necessary. However, given the difference in country-wide presence of these organizations, WHO should reach out more actively to all relevant civil society sectors across the sectors at the domestic level through its country offices.

CSOs have a critical role in the campaign against AMR as they can mobilize public opinion, strengthen transnational advocacy to prioritize AMR and provide insight on actions at the community level to balance adaptive and technical regulations. For more, see this South Centre paper "[How Civil Society Action can Contribute to Combating Antimicrobial Resistance](#)", is an important read.

Notes of discussion