

8.5 Global action plan on antimicrobial resistance

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In focus

The Board will consider [EB138/24](#) which, in line with resolution [WHA68.7](#) (May 2015), reports on discussions with the UN regarding options for a high-level meeting on ABR in 2016, on the margins of the United Nations General Assembly.

Background

The increasing prevalence of antimicrobial resistance (combined with the slowdown in the development of new antimicrobials) has been recognised as a major threat within public health for some years.

In 2001 WHO published the [global strategy for containment of antimicrobial resistance](#), and the Health Assembly has adopted several resolutions on the subject including [WHA60.16](#) concerning the rational use of medicine and [WHA62.15](#) on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis and [WHA67.25](#) (in May 2014). Various initiatives have been launched, including in 2011 a call for action on [World Health Day](#), with a policy package for stakeholders. In May 2014 WHO released the [report of the global surveillance of antimicrobial resistance](#).

WHA68 (May 2015) considered [A68/19](#) which provided a summary report on progress made in implementing resolution [WHA67.25](#) on antimicrobial resistance.

One of the commitments in [WHA67.25](#) was to produce a global action plan on antimicrobial resistance. A draft global action plan was considered by WHA68 ([A68/20](#)) and after a long debate was adopted ([WHA68.7](#)). Through this resolution the Assembly adopted the Global Action Plan (GAP); urged MSs to implement the Plan, including developing national action plans; and requested the DG to undertake a range of actions. (See [PHM Comment](#) from May 2015 on the provisions of the GAP.)

Among the range of actions requested of the DG was “to elaborate, in consultation with the United Nations Secretary-General, options for the conduct of a high-level meeting in 2016,

on the margins of the United Nations General Assembly, including potential deliverables, and to report to the Sixty-ninth World Health Assembly through the 138th Executive Board”.

This is the focus of Secretariat document [EB138/24](#) which reports that discussions are in progress.

PHM comment

There is nothing of substance in [EB138/24](#). PHM looks forward to WHA69 for the more substantive reports on the implementation of the GAP.

Notes of discussion at EB138

Item commenced Seventh Meeting, evening, Day 3 (Wed 27 Jan)

Doc: [EB138/24](#)

Congo: AFRO. AMR is a big burden for human health: there are many consequences at ES levels. Multisectorial aspects of AMR: health, environment, agriculture, finance, etc. The factor that contribute AMR: well know. irrational use of antibiotics, use of falsified of products, insufficient research and development, consumption of non controlled products, etc. AMR TB, Paludis, HIV/AIDS. Welcoming the document submitted by the Secretariat. We need to strengthen the capacity of the centre that are addressing AMR (at the african level). We need to strengthen the implementation of the world plan 2016-2020.

Malta: on behalf of EU and member states: Turkey, MAcedonia, serbia, Albania, Ukraine, georgia, moldova, croatia (not sure), support the resolution. AMR poses huge threat to human health, and may have a huge economical impact. High level commitment is key to implement the plan. we want the Un Assembly to agree a declaration . such declar call for action among all sectors and all organization. FWO for agriculture, OMI for animal health. more and stronger cooperation is need amongst ... concerted action on MAR concerning human and animal health should be discussed at a UN general meeting.

EU call for strengthened efforts infection control, surveillance, appropriate diagnosis and prescriptions. Need for control of distribution and use of antibiotics and alternative treatments.

Pakistan: On behalf of the countries of the Eastern Mediterranean region, thanks secretariat for action plan on global microbial resistance. Understand the problem of microbial resistance, and want to contain the threat. Adoption of global action plan in 2015 was a milestone in response to the threat. We appreciate the options proposed for a higher level meeting in 2016 which would involve the participation of heads of state and the government. This will bring the threat of AMR to the highest political levels and enhance the global response. Strong commitment and political will will be required at all levels if sustainable

change from the global action plan will be a reality. Strengthening of core capacities in each country is key. Would like a special rep on AMR.

UK: UK support Malta on their statement. We need an ambition to slow the growing treat of AMR. resolution at UN assembly is opportunity to show leadership and set up a strong global and ambitious program. Resolution would give opportunity for coordination amongst all sectors. Recognise AMR would mean different things in different countries. A resolution will build on the gap. A one health approach would be essential. considering the different sector of Agriculture, health and all other sectorsreport was before november, some things happened afterwards. Call for an update.

US: Much that could be said about what DG, etc. have done to bring attention to the issue of AMR and advance the global action plan. Report highlights one aspect of WHA, and that is advancing discussions with the UN about a 2016 meeting with the GA. Want a higher level meeting held during the 2016 meeting, either a higher level meeting or a side event. Need to move forward as a multi-sectoral issue. Adoption of standards to focus on optimized use of antibiotics and standardization. Education and training needed. Prescription by medical professionals needed. Systematic surveillance of drug surveillance. Promoting containment concept.

Sweden: Thanks secretariat for report. Align with statement from Malta on behalf of the EU. Chance to bring AMR to key actors in the health sector, ambitious goal. Crucial to have a successful meeting, collaboration is required. Strong political signal calling for actor by all relevant sectors and organizations within the UN system. Needs for developing countries to achieve this should be addressed.

China: welcome the report and the active role played by secretariat. countries that achieve results but challenges remain great. we adopted a series of measures to address these challenges. necessary to carry out consultations with member states. WHO will further find out overall situation and setting out rules and regulations for this. We suggest that countries should in accordance with specific situation implement timeline and implementation plan for AMR.

DPRK: Last 5 yrs, microbes advanced themselves too. Emergence of gram -ve bacteria, etc were good examples. Microbes create a new mechanism to spread faster. Political movements addressing AMR seem to be in the right direction. Strong attention at the upcoming G7 meeting to continue supporting the AMR issue. Window of opportunity to make significant changes. 2 comments for forums: 1) Outcomes should aim high towards creating real changes. Action oriented by aiming to accelerate actions to address AMR at global, regional and national levels. Actions needed. 2) In rush against AMR, need multi-stakeholder action to accelerate it. Avoid widespread of antibiotic use both in humans and animals.

Japan: cooperation at regional is important since regions are more and more interconnected. Japan will host an interministerial meeting on AMR this year. We believe this will be a positive contribution for asian pacific region.

Saudi Arabia: missed

Russia: problem of AMR is one that everywhere demands holistic approach, an intersectoral approach. problem of AMR is a problem that is of great issue for future when we look at collaboration. we, russia with other countries, already have treaties on single application of requirements on food products for animals where there is a good evidence base.

In line of SDG we must recognize importance of political documents on such issues. Necessary to put the future provisions in place on AMR. Need more stakeholders involved.

There should be a high level meeting. we wish to participate, including elaborating a resolution.

Thailand: Allies with statement from DPRK. Political commitment is important in addressing AMR. Ensure whole society engagement, through NHA resolution adopted in Dec 2015. Delegation strongly concurs that political commitment at global and regional level is very crucial. Strongly support the development of a higher level meeting at the UNGA.

Egypt: align with statement of EMRO. AMR is current threat that will evolve in future unless we take action. *Reference to Ebola* national implementation of plan. Low and middle income countries are those that are most infected. great challenge not only for them, but world as a whole. microbes cross borders without constraints. Need for public awareness campaigns

South Africa: Associated with statement by Congo. Commend work of WHO and global action plan. Support taking these discussions to GA in 2016, which would be an important step to raise awareness and attain the highest level of political commitment. Will secure domestic financing to implement global action plan and to support regional level activities and for MS to conduct necessary actions.

Brazil: wish to recognize importance to raise awareness and to mobilise international efforts. continue to discuss on highest level: Un General Assembly. Raises issues of equity and access. you can count on Brazil to support this movement.

RC: we have been helping to promote international collaboration by hosting advisory group.

France: aligns with Malta statement on behalf of EU. slightly after adoption of global plan, france happy to now this stay a priority. this is indispensable. France organizes a high level meeting UN GA. this will strengthen the commitment for implementation. let's stay on 'one health' approach. Focus on three axes: encourage research to allow civil society to discuss matter, advocate specific status for commercialisation of specific antibiotics. Goals have to be met, this is a sine qua non.

Namibia: micros outline us, they can easily be smarter than us. More clinical and practical effort needed. Advancing discussions to UN is good, more cost effective to ensure basic clinical standards, continuous education of physicians, nurses, etc. necessary.

Canada: addressing AMR remains key priority. Pro debate at UN. will ease a global approach in mobilising all state and nonstate actors. Multi Stakeholders involved, deserves its attention.

Argentina: AMR is a major threat to global health. Argentina worked in line with global action plan. the resolution and high level meeting planned indicates importance of the matter.

India: multidimensional facets of AMR. we have a major meeting on it end of february. conference will focus on ****fast summing up**** Conference will strengthen regional efforts on AMR. work on document should begin here in geneva. Un meeting should focus on technical implementation. AMR needs a logo because it is so important. It is the microbes that will have the last laugh. special emphasis to role of PARO linking develop production

Germany: high on Germany's agenda. support high level meeting. Number of research activities have started or are under way that were in action plan. innovation needs to be affordable. Unique aspect is clear focus on global need and burden of research capacities. 300 000 euros support from Germany.

Morocco: Morocco is drafting multisector plan to prevent Microbial resistance , we agree with secretariat to meet with UNGA. Multi-sectoral approach needed

Australia: Commend secretariat, G7, etc. Commend G7's commitment for holding a higher level meeting, and support a meeting at the highest political level. Required at all levels where AMR will have an impact. Necessary to build further momentum.

Further detailed proposals would be recommended. Committed to continuing action on the asia pacific and Japan hosting a regional meeting on this issue.

Norway: align with Sweden. short remarks regarding inputs on outcome of UNGA in september. antibiotics should only be used when necessary. international rules needed. risk for commercial actors to profit from the use.

Switzerland: Threat posed by antimicrobial resistance affects us all. Switzerland supports holding a high level meeting within UNGA during 2016, efforts on AMR must be supported at national level, regional and global level in a coordinated manner. Goal of strengthening efforts to control AMR is at the top of our political agenda In Nov 2015, adopted national strategy on AMR This strategy is focused on a one health approach. Involves a number of sectors, human health, agricultural health, etc. fully compatible with WHO action plan. Switzerland has joined global health security agenda initiative launched by US. Launched comparative study on different AMR strategies

Colombia: risk is to loose lots of scientific knowledge made in last decade. problem of resistance. use of antibiotics make it worse. we should train people in proper use. pharmaceutical industry should be strategical partner. need integrated surveillance system for AMR, involving all relevant sectors, including human and animal. political will is crucial. need national pharmaceutical policies based on appropriate use of medicines etc. Need for this 2016 high level meeting.

we need legislation. make sure they are safe for use. need epidemiological surveillance

Bangladesh: missed.

Zambia: Aligns with position articulated by DR of Congo. Support statement by South Africa and Namibia on same subject. Need integrated approach as a priority as we transition towards SDGs. Would like visibility of AMR even on ground level because lots of work needs to be done on the ground. More awareness on issues of AMR. Esp among general population. Need strengthening of routine surveillance and to update public policy on use of antimicrobial agents.

Indonesia: aligns with DPRK. we have developed 5-years strategic plan to compromise resistance for AMR. Community empowerment and strengthening collaboration among governments is important. priority setting from member states.

NGOs:

- International Council of Nurses (ICN)
- International Pharmaceutical Federation (FIP)
- Médecins Sans Frontières International (MSF)
- The World Medical Association, Inc. (WMA)

Keiji

Outcome of the heads of state is very clear

Political engagement and support at the highest level

Recognition of the issues that we are dealing with

Not only discussion at the highest level but all levels

Socialization of this issue

India –expectation of deliverables in this report

NY permanent missions will engage in addressing the modalities and the procedures

SG and DG contact has proceeded

Adoption of GAP effort to address the effort

Division of work into 10 streams

Global surveillance system has been started

Global awareness week.

Address R& D issues under Marie Paul and DNDi-partnership low and middle income countries

Global development stewardship framework

29 Feb MS consultation

Document has been noted; item concluded