AMR at the 69th World Health Assembly: Talk of the Town

In contrast to previous years when I have attended the World Health Assembly (WHA) in the delegation of a Member State or the European Union, this year for the first time, I experienced WHA as an “insider”. There was much preparation in the run up to the WHA and we (the AMR Coordinating Secretariat) were keen to see how AMR would feature. In fact, it featured every day: from the Director-General’s opening speech to several mentions during Member State speeches. Over the course of the week, many side events, meetings and sessions took place that were directly relevant to AMR and some are highlighted in this issue of the newsletter. The AMR Secretariat information stand proved very popular with delegates and drew numerous visitors.

I was very pleased with the engaged and productive comments on AMR that issued from Member States. AMR has, quite rightly, come to the fore over the past two years, with the global action plan being approved at last year’s WHA. This year, many Member States have confirmed that they are in the process of developing national action plans to combat AMR. In this context, almost all referred to taking a One Health approach and their willingness to provide data for the Global Antimicrobial Resistance Surveillance System. From the excellent comments, it was clear to me that all had carefully read the documents. Member States asked for a balance between access to new or existing antibiotics and the restrictive use of antibiotics. I was equally impressed by the comments made by NGOs and other professional organizations that demonstrated tremendous commitment. At the close of the WHA, delegates agreed a comprehensive set of steps that lay the groundwork for pursuing the health-related Sustainable Development Goals. They agreed to prioritize universal health coverage, and to work with actors outside the health sector to address the social, economic and environmental causes of health problems, including antimicrobial resistance.

So, we, the Coordinating Secretariat have work to do, and we are very keen to involve all Member States and stakeholders in this process. The next step will be the high-level meeting at the United Nations in New York in September and I am convinced that, given all the commitment demonstrated at the WHA, we will be successful in ensuring that AMR is taken on board at the level of Heads of State. Thank you all for your commitment and you can count on us.

Marc Sprenger, Director

Thailand: progress and challenges in combating AMR

In 2009, Thailand began a programme called P4P (pay for performance), that hospitals voluntarily take part in, to reduce the rate of antibiotic prescription in hospitals. A computerized system was introduced in 2012 and showed the antibiotic prescription rate across the 900 participating hospitals to be 54%. By 2015, the rate had reduced to 40%. The programme is now being rolled out to the primary care level in the Quality Outcome Framework programme. Under the QOF, a hospital and the primary care facilities in its area will be incentivized to reduce the antibiotic prescription rate.

Research conducted among Thai consumers has highlighted the facts that people believe the word for “anti-inflammatory” is the same as “antibiotic” and that there is a high rate of self-medication with antibiotics for conditions such as the common cold. Currently, the “Reclassification of Antibiotics” Working Group, within the Food and Drug Administration of Thailand, is considering which critically important antibiotics (CIAs) should be designated as prescription only. "A number of implications must be considered: there is a need to address health system issues such as access, due to the likely increased cost to consumers (in waiting time and/or money costs), potential delays in seeking treatment, and potential loss of income to private pharmacists...." said Nithima Sumpradit, Ministry of Public Health, Thailand.
Global action in antibiotic research and innovation

A side event on “Global action in antibiotic research and innovation” brought together actors in this area to provide an up-to-date picture. Several national and regional initiatives are underway, including the Biomedical Advanced Research and Development Authority in the United States of America; the Innovative Medicines Initiative in Europe; the Joint Programming Initiative on Antimicrobial Resistance; and various prize funds, such as the Longitude Prize, the Challenge Prize and the Horizon Prize. Opened by Dame Sally Davies, Chief Medical Officer for England, who quoted a tweet from Bill Gates on the need for investment in AMR medicines, diagnostics and vaccines, the meeting highlighted the centrality of the need to ensure access and stewardship.

Dame Sally Davies, Chief Medical Officer for England, who chaired the side event “Global action in antibiotic research and innovation”, with panelist Nithuma Sumpradit, Bureau of Drug Control, Food and Drug Administration, Ministry of Public Health, Thailand.

New WHO Infection Prevention and Control (IPC) Global Unit supports AMR agenda

A new IPC global unit has been established within the WHO Service Delivery and Safety Department to provide a comprehensive, integrated IPC function focused on strengthening national and international IPC capacity and implementing safe practices at the point of care. The unit will work collaboratively with other WHO units and it is clear that the IPC and AMR agendas will support each other in producing valuable guidance and support for Member States.

Benedetta Allegranzi, member of the Technical Coordination Group for the AMR Secretariat, and interim Coordinator for the IPC Global Unit.

During the WHA, a side event on “The critical role of infection prevention and control in strengthening health systems and achieving quality universal health coverage (UHC)” was held, where many aspects of IPC and AMR were highlighted. Dr Margaret Chan, Director-General, emphasized the importance of preventing healthcare acquired infections and reducing the spread of AMR. Successful behaviour change stories were presented, in particular the move from hand washing with soap and water to the use of alcohol-based hand rub. The complexity of surgical site infection (SSI) prevention was discussed and WHO is currently developing the first international SSI Guideline and an associated toolkit, to be launched in September 2016. The meeting was brought to a close by Sir Liam Donaldson, Special Envoy for Patient Safety, who stressed that guidelines alone will be ineffective until they have been locally adapted and implemented.

Currently the IPC Global Unit has a policy brief out for consultation and would be delighted to receive your feedback. Find information about the unit and the policy brief here.
Official launch of Global Antibiotic Research and Development Partnership (GARD)

GARD was officially launched during the WHA. A joint initiative by WHO and the Drugs for Neglected Diseases initiative (DNDi), GARD’s mission is to develop new antibiotic treatments addressing AMR and to promote their responsible use for optimal conservation, while ensuring equitable access for all in need. DNDi announced that it secured commitments for GARD from four governments and from the humanitarian organization Médecins Sans Frontières. GARD is now in its incubation, or start-up, phase and aims to have at least two projects that address urgent global health needs ready for implementation by the end of 2016, and two more by the end of 2017. ‘Today’s pipelines are far too empty, so the global community has to take a range of different approaches that break from traditional market-driven “business as usual”. We look forward to making an important contribution to this through GARD’, said Manica Balasegaram, newly appointed GARD Director. More information available here.

Colistin - EMA European expert group proposes reduction of use in animals of last resort antibiotic colistin to manage risk of resistance

The European Medicines Agency has launched a public consultation on the advice drafted by its Antimicrobial Advice Ad Hoc Expert Group, and endorsed by the Committee for Medicinal Products for Veterinary Use and Committee for Medicinal Products for Human Use, to minimize sales of colistin for use in animals and restrict its use in animals to last resort treatment only. The deadline to provide comments is 26 June 2016. For the press release, click here and for the updated advice, click here.

Superbug that doctors have been dreading has reached the U.S.

For the first time, researchers have found a person in the United States carrying bacteria resistant to antibiotics of last resort, an alarming development that the top U.S. public health official says could mean “the end of the road” for antibiotics. It’s the first time this colistin-resistant strain has been found in a person in the U.S. In November, public health officials worldwide reacted with alarm when Chinese and British researchers reported finding the colistin-resistant strain in pigs and raw pork and in a small number of people in China. The deadly strain was later discovered in Europe and elsewhere. To read more, click here.
Resources

• Antimicrobial resistance: aide-memoire. Click here.

• Antimicrobial resistance for policy makers. Click here.

• Antimicrobial resistance: A manual for developing national action plans and supporting documents and tools. Click here.

• Global Antimicrobial Resistance Surveillance System (GLASS). For information on criteria and procedures for enrolment in GLASS and for the GLASS manual, click here.

• For information on infection prevention and antimicrobial resistance, click here.

UPCOMING MEETINGS/EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 29–June 2</td>
<td>National Action Plan workshop</td>
<td>Jakarta, Indonesia</td>
</tr>
<tr>
<td>June 2-3</td>
<td>DRIVE-AB conference on new business models for AMR. Link to conference website here.</td>
<td>Amsterdam, Netherlands</td>
</tr>
<tr>
<td>June 6</td>
<td>“Meeting the multisectoral challenge of AMR”. Every Woman Every Child, with ReAct and Dag Hammarskjold Foundation. More information here.</td>
<td>New York, USA</td>
</tr>
<tr>
<td>June 8</td>
<td>Bio Convention “Where the Rubber Meets the Road: Implementing Commercial Incentives for Antibiotics”</td>
<td>San Francisco, USA</td>
</tr>
<tr>
<td>June 27-29</td>
<td>“Advancing global health security: From commitments to action” meeting. For more information, contact: <a href="mailto:suryantorol@who.int">suryantorol@who.int</a></td>
<td>Bali, Indonesia</td>
</tr>
<tr>
<td>Jun 29-Jul 1</td>
<td>“A One Health approach to building AMR national action plans in middle and low income countries” meeting. Information here.</td>
<td>Wilton Park Sussex, UK</td>
</tr>
<tr>
<td>July 21-22</td>
<td>RIMSA 17. 17th Inter-American Ministerial meeting on Health &amp; Agriculture: One Health and the SDGs. More information here.</td>
<td>Asuncion, Paraguay</td>
</tr>
</tbody>
</table>

Please let us know of your upcoming events for inclusion in the newsletter. We also welcome your suggestions and comments. For all communications, please contact the Secretariat at whoamrsecretariat@who.int. Responsibility for newsletter contents rests with the AMR Secretariat Director: Marc Sprenger.

Newsletter editor: Breeda Hickey.

Members of Technical Coordination Group: Work stream leads HQ - Carmem Pessoa da Silva, Gilles Forte, Benedetta Allegranzi, Peter Beyer, Kate Medlicott, Awa Aidara-Kane, Martin Friede, Francis Moussy, Olivia Lawe-Davis and Karin Weyer.; Yahaya Ali Ahmed, AFRO; Pilar Ramon Pardo, AMRO; Ali Mafi, EMRO; Danilo Lo Fo Wong, EURO; Sirenda Vong, SEARO; Klara Tisocki, WPRO