Good afternoon, everybody. It’s 4:00 PM here in Geneva at WHO headquarters and welcome to this virtual press conference to launch the WHO antimicrobial resistance global report on surveillance. It’s the first report of its kind by WHO. Its publication today heralds a global effort led by WHO to address drug resistance. It’s the most comprehensive picture of antibiotic resistance to date with data from 114 countries from all six regions of WHO. With me in the room is WHO’s Dr Keiji Fukuda, assistant director general for health security; and also Dr Carmem Pessoa, who is the team lead on antimicrobial resistance. We’re going to start now with Dr Fukuda making some opening remarks and afterwards we will then open up this press conference for questions. So, I now immediately hand you over to Dr Fukuda.

Thanks, Glenn, and welcome, everybody. Thank you for coming up here to headquarters. Good to see everybody again and welcome to everybody online. So, as is typical for these kinds of sessions, what I’ll do is say a few opening words, but I’m really
happy to be joined by Carmen, who has really been one of the main architects of the report. So, we’ll then be able to go into any questions that you want to take up, but as Glenn mentioned, you know, today we’re releasing or we have released the first global report on the surveillance findings worldwide related to antimicrobial drug resistance and this report really provides the most comprehensive picture that we’ve had to date. There have been of course many reports on this issue in the past by different organisations, but this is really the most complete global picture that we have certainly been able to put together….probably anybody’s been able to put together. It really combines the data from about 114 countries. It doesn’t cover all pathogens, but it covers an important group of pathogens out there infecting people.

Now, there are several findings to the report, but I just want to highlight a few of the main ones.

1 is that it’s clear that rates are very high of resistance among bacteria causing many of the most common serious infections – the ones that we see both occurring in the community as well as in hospitals – and we see this in all regions. So, for example, in all regions of the world we now see that hospitals are reporting untreatable, or nearly untreatable, infections and so this is a pattern or this is a finding that we see in all parts of the world. If we take a look at an important infection like gonorrhoea… this is an infection which affects about a million people per day; an important sexually transmitted disease. We now see that ten countries have reported finding gonorrhoea which is untreatable by any antibiotics. We have no medical treatment for this infection in many of these instances.

We also see that when we look at some of the most common infections – so, for example, urinary tract infections or in some instances diarrhoea infections – that we really are beginning to run out of medicines that can be taken by mouth. So, it’s one thing to take medicines by mouth, which is of course a much easier route. It’s a different thing to have to go into a hospital or to get injectable antibiotics. So, this is another important finding. Overall the picture is very clear however. While the numbers vary from region to region, the picture is consistent and what we’re seeing is that the capacity to treat serious infections is really becoming less in all parts of the world.

I think the other important issue or the other important finding is that antimicrobial resistance is not a future issue. I mean, this is an issue today. It’s going to be an issue tomorrow, but it is very much an issue today.

So, let me put some of these findings in perspective. I think the first thing that I want to point out is that this report documents that resistance is a global trend. This is something which is again variable depending on where you look in the world. It varies in terms of organism to organism, but we are really seeing the emergence of this in all parts of the world and this is a critical point. So, I want to emphasise again this is not a regional phenomenon. This is not a phenomenon occurring in just poor countries or developing countries or in rich countries or developed countries. This is something which is occurring in all countries in the world and so this is probably one of the important points to make today…

But a second important point is that if we look at antimicrobial resistance and we ask ourselves, well, what does this really mean… I mean, is this an abstract issue? What is really the impact of this? What it means is that all of us… so, our family members, all of the persons in this room, our friends… when we are most vulnerable and in need of these
medicines, there is a chance that they are simply not going to be available and we are not going to be able to have access to effective medical care in a number of instances.

So, what does that mean? One way to think about antimicrobial drugs is that these have been one of the pillars or one of the foundations for modern healthcare or what we consider modern healthcare. What this means is that worldwide many infections are very common. Pneumonia, which are infections of the lungs… urinary tract infections, infections of the blood system, diarrhoea in some instances, sexually transmitted diseases… these are infections which occur on a regular basis; on a daily basis in large numbers all around the world. What this means is that we are going to begin to lose or we are losing the ability to treat these kinds of infections which we see everywhere, but another important part of this is that there are certain infections for which we have mounted targeted, very large public health efforts to try to control.

So, infections like HIV, infections like malaria, infections like tuberculosis… much of our public health ability to address these kinds of infections… again, this is going to become eroded because of this kind of resistance trend and these infections are ones which you know disproportionately affect some countries and disproportionately affect developing countries, but the ability to directly treat or not treat infections is only part of the story.

Another part of modern healthcare is that we rely upon these medicines to protect people when they are most vulnerable. So, again, what does this mean? It means that when people develop cancer and are on chemotherapy and become immunocompromised, they are at much higher risk for complications and infections and severe ones. When babies are born prematurely, they are in the same situation. When we have children who are malnourished, they are at much higher risk for infections. When we have people coming in for surgery… it may be elective surgery such as getting joints replaced or heart surgery or it may be as the result of car accidents or wounds and things like that, but again we depend on antimicrobial drugs to get… help people to get through those things and when we have people with common illnesses like severe diabetes or are on dialysis from renal failure… again, these people are at much higher risk for infections and we rely upon these medicines to protect them. That is what it means when we say that it really begins to get at our ability to protect people when they are most vulnerable.

Now, in all of these situations, whether we’re talking directly about infections or we’re talking about people coming in for other forms of healthcare, in essence what it means… the bottom line is that we should expect to see that there are going to be some people who simply have untreatable infections. We can’t do things about them. Or we are going to see people who are going to be treatable, but it’s going to take much longer to treat them. So, for example, when we look at the available information, we see estimates ranging from about two days to 16 days of extra hospitalisation depending on the kind of infection that you come in for. If you have an untreatable infection in some of these instances you are more likely to develop chronic consequences. So, for example, the chronic consequences of gonorrhoea are often things like infertility, ectopic pregnancies… if you are a baby born to a mother who has an untreatable gonorrhoea, that may mean blindness for you. So, again, there are chronic consequences to these kinds of infections. We should anticipate to see more deaths and we should also anticipate to see higher costs both directly but also indirectly.

Now, the third point that I want to make here is that, you know, this is a somewhat grim picture, but I also want to point out that it is not a hopeless picture and especially we feel it’s
not hopeless if countries and other stakeholders see this report and respond to this report as a call of action. Countries and the other stakeholders addressing this issue will bring antimicrobial resistance under control. That we are completely convinced of. It will take time, but… and it’s also going to take a number of key actions, but this is one of the things that we hope that this report begins to move us towards.

So, in terms of some of the key steps… what are some of the things that we have to do and what are some of the things that we have to sustain? There are a lot of things that could be mentioned here, but I just want to highlight a couple of the more important ones.

I think the first thing is that we need to intensify our efforts to educate people and to increase awareness among many different groups and by many different groups we mean many different groups ranging from families and communities in all countries up to decision makers across sectors and the things that they… we would like to see growing awareness about the issues. What does AMR mean? What are the consequences of it? Then, again, what can be done?

A second action that I want to highlight is the need for a global action plan. There are tremendous resources. There is a lot of energy that can be brought in to tackle issues like this and a global action plan is something that can help facilitate the ideas and the energy which is contained in stakeholders across these many different sectors who need to be involved. A global action plan can also act as a blueprint. Actions can be taken in isolation or the results of those actions can be synergistic and can complement each other and a global action plan acting as a blueprint can really facilitate that. So, that’s the second action that I want to emphasise.

Finally, there are many different actions which have been started over the many years. This is… the work on trying to control antimicrobial drug resistance is not new and there are many things which have already been started which are important to strengthen and to sustain. So, let me highlight some of these.

These are the kinds of actions and steps needed to prevent or reduce infections and these may range from the better use of vaccines to make sure that we reduce infections to the use of common infection control methods like washing your hands. There are many things that can be done to reduce infections going from person to person. There are steps that need to be taken to reduce the non-health uses of antimicrobial drugs and so… for example, the use of these drugs as growth promoters is a non-health use of these kinds of agents, and this is another areas that we need to focus on.

A third kind of area requiring more attention is on research and on innovation in part related to the development of new kinds of agents but also other technologies such as better diagnostic tests and so on. There’s a wide range of areas where we need this kind of attention. We need better monitoring around the world of the key trends. One of the important secondary findings of this report is that in fact there are major public health gaps in the ability simply to monitor what’s going on and this is one of the things that we hope to begin to see change quickly over the next few years.

The last point I want to underscore is that this issue… antimicrobial resistance like many other issues may affect many countries, but it’s going to disproportionately have severe consequences for developing countries and for poorer countries. This is… using this
attention again to underscore the need to support these countries who are developing – I think – is a really critical part of the actions that have to be taken. So, let me close down here and just underscore again. At WHO we are taking this situation extremely seriously and hopefully stepping up to the right level and what we hope to do is take this occasion to reach out to the many other stakeholders, and there are many other groups who are also serious about this, and let it be known that we very much welcome their working with us. We see this as something which is going to require the efforts of many different stakeholders and organisations and we greatly welcome that. So, Glenn, let me stop there.

GL Thank you, Dr Fukuda. So, before we start the Q&As, I should mention to those online and those in the room that after this press conference there will be an audio recording uploaded on the web. This should be uploaded pretty soon after the press conference and a few minutes after it’s finished and there will also been a written transcript which will be following and which we will place on the web maybe a couple of hours later. We’re also sending out a video news release with highlights of the press conference, too.

For journalists on the phone, if you have a question, what you need to do is… you need to tap zero-one on your phone – that’s zero-one – and then you’ll be put in the queue to ask a question. Before you ask your question, can I ask you all to identify who you are and which organisation you represent? So, without further ado, we’ll start with some questions in the room first and then we’ll go over to the people phoning in. So, first of all, from the room do we have any questions? Over there… can you just hold before we get the microphone in front of you?

CL Yes. Claudia [unclear] German television. I have a question. It seems that the medical personnel and NGOs are welcoming… are really welcoming this first global report, but the question is, why do you only come up with this now? Because this seems to be a major health problem all around the world.

KF Do you want to go one by one or batch them or…

GL We’ll do it one by one first and then we’ll…

KF Yes. Well this has been – I think – an issue for which the clinicians and scientists and public health workers have been really worried about for a number of years and so there have been efforts to monitor trends more at local levels and at national levels over a number of different years, but I think that what we’re seeing right now is a new opportunity. There is a window right now because I think we’re kind of entering into a transition where the awareness about this issue is beginning to move outside of the healthcare settings to other sectors and we see that this kind of global surveillance report capturing what is going on, on a broader scale, than on the local levels is really one of the key steps – I think – which can bring this all into focus and this is one of the reasons why this global report was done now. In the past often this kind of information was used by doctors locally to help decide, should we use this antibiotic or that antibiotic, but what we are now trying to do is underscore the global picture which is going on, which is a little bit startling – I think – in just seeing how pervasive this trend is worldwide.

GL Any more questions from the room? We’ll go to our first question from the caller and it’s Miriam Falco from CNN.
Hi, Dr Fukuda. Thanks for taking questions. My question is that – as you just mentioned – a lot of this has been known for quite some time and a lot of the problems are consistent in different places for different reasons. So, you have in the United States and other countries a lot of use of antibiotics for growth of animals like you mentioned. In Russia and that part of Europe you’ve got antibiotic-resistant TB growing and nothing has changed. So, how is this report going to change… now, I have to correct that because in the United States they did just pass… the FDA got 25 out of 26 companies to agree to not sell antibiotics for growth purpose or at least not allow them to be prescribed. Whatever. It’s a baby step, but in general overuse of antibiotics in the United States is pretty consistent and antibiotic-resistant TB is not going down in parts of the country where that… the world where that is very prevalent. How is this going to change that? Because all these parties know this information.

Miriam, good question and I think it actually relates a little bit to the answer to the first question. The transition that we are seeing and that we hope to support and facilitate is… I think that in the past the approach to antimicrobial drug resistance was really focusing on a lot of the technical aspects. So, looking at it as a pathogen by pathogen issue… so, for example, we looked at resistance patterns in one type of bacteria or one group of viruses or another and then we looked at it in terms of this antibiotic or that antibiotic. That kind of attention is needed, but it has only gotten us so far.

The transition that’s going on is that once you begin to look at, what is the impact of this, and you begin to see that this is not really just something which can be dealt with by tackling some pathogens, but really needs a broader social effort that… it needs to be seen as a national priority. Then, all of a sudden, the ability, the momentum, the weight to tackle this kind of issue is different than in the past. That is the change which is beginning to occur now and this kind of report again shows that the issues are not just local issues, but this is a global phenomenon that’s going on. By pointing out that global picture, it makes it easier for sectors to see that in fact just working in one country or in one sector or in one local area is not going to get the job done and I think that this kind of global picture will help us to bring together the many different stakeholders and again to be thinking about this more on a global level. The actions may be taken on a more local level, but to have a global perspective on that… this is something that we are very much working with many stakeholders to clarify to get this kind of scope across. I hope that addresses.

What stakeholders specifically are you talking about? Are you talking about state government? Are you talking about NGOs? Are you talking about vaccine manufacturers or drug developers? Who are these stakeholders you say you’ve already been in touch with?

The stakeholders are pretty broad. So, governments are essential to this kind of issue and then within the government however you have many different sectors. You have the health ministries, but you have… also have ministries of agriculture. You have finance ministries who have to understand the issues to know whether this is an area in which the countries should invest in. You have the private sectors. You have companies – both those working on the antimicrobial agents themselves but other technologies – and you have communities. You have the regulatory agencies. So, these are a lot of the sectors that we see out there. For example, in some of our recent meetings, these are the groups… the kinds of groups that we have reached out to and invited them to begin to provide their perspectives and provide their input into what needs to be taken into account to fully address this issue.
Next on the call is Sophie Borland from the Daily Mail in the UK. Sophie, good to have your question.

Sophie: [Inaudible] infections that we can now treat successfully will return and become life-threatening and also sort of common [unclear]. Could you be very specific?

KF: I’m sorry. We didn’t hear the beginning of your question. Could you repeat that again?

Sophie: Yes. Which common infections will become very deadly if this problem continues? Could you spell out… could you be more specific? You mentioned diarrhoea. Are we talking about [unclear] any other diseases?

KF: Yes. There’s a whole range of different infections and different infectious agents. I’ll also ask Dr Pessoa to augment this, but again, in communities, staphylococcal infections - to be more specific, staph aureus infections - are a common cause of skin infections that we see people coming in with. The rates of resistance to some of the common antibiotics used to treat them are now quite high; in some instances over 60%. In hospitals there are a group of pathogens known as the gram-negative bacteria. So, these are ones which cause blood infections, urinary tract infections, and a number of different kinds of infections and so these are becoming in some instances resistant to even the most sophisticated antibiotics we have. Urinary tract infections… we are losing the ability to treat them with the kinds of antibiotics that you typically would have taken by mouth.

So, there are many… there’s a wide range of organisms like this, but this also extends over to tuberculosis. In HIV we see resistance. In common viruses like influenza sometimes we see very high rates of resistance to some of the influenza viruses. If we look at some of the more severe infections occurring in hospitals related to fungi… so, candida is a common bad infection that happens to people who are immunocompromised, again increasing levels of resistance. Then, if we go to some of the larger pathogens like malaria, in Southeast Asia we are beginning to lose the ability to use the most important anti-malarial agent, artemisinin. So, Carmem, maybe I can ask you to amplify.

Carmem: Well, I would also perhaps add the example of tuberculosis; that we know right now the frequency of multidrug-resistant tuberculosis is really coming to a point and the availability of effective treatment is still very limited. So, to give you an idea, only 50% of patients with so-called MDRTB – multidrug-resistant TB – are effectively treated with the existing drugs. I would also like to come back perhaps to your first example, diarrhoea. You know, most of the times diarrhoea are self-limited and they do not request the use of antibiotics, but when we have diarrhoea caused by a multiresistant pathogen, then there is a trend to have an invasive disease; so, a more severe disease and eventually even leading to sepsis and with much higher morbidity and mortality. I would like to remind you that diarrhoea is still quite an important cause of death worldwide.

Sophie: Influenza… I thought that was treated by antivirals; not antibiotics. Could you just explain that?

KF: Sure. So, when we use the word antimicrobial, what we’re referring to is a broad range of medicines to treat a broad range of infectious agents and so you’re exactly right. Influenza is a virus. There are specific medicines that can be used to treat influenza viruses;
that group. In some instances in the past we have seen examples where resistance has appeared in one country and then spread virtually worldwide within about a year to two years period and so this happens with… that can happen with that group of viruses.

GL Just a reminder that if you’re online and you would like to ask a question, to get in the queue you type zero-one and then you’ll be placed in the queue. The next person on the line to ask a question is Jennifer Yang from the Toronto Star. Jennifer, can I have your question?

JY Yes. Thanks very much for taking questions, Dr Fukuda. I actually have two questions. My first… and they’re both about the surveillance aspect. The first is that the report notes that only 22 member states were able to provide data for all of the nine pathogens that were identified as priorities. Is there a list somewhere in the report of those 22 countries or member states?

KF Yes. I think in the full report there’s a… it’s a fairly thick full report, but if you go through there you will find it.

JY I’ll look for that. My second question is just… looking at the inconsistencies between surveillance capacity among the many member states, it’s very difficult to really get a sense of how good of a snapshot this first report is and I’m wondering if you could just speak to that. Do you have the sense that the numbers we do have in this report are very much just the tip of the iceberg or could they even overemphasise the problem because a lot of the data does come from, you know, sort of perhaps biased samples, you know, or samples from hospitals… from patients who have a lot infections already?

KF Yes. That’s an excellent question and this is probably another question Carmem would like to help address, but we know that the surveillance systems out there are suboptimal right now and we know that in fact the methods being used by different groups vary. So, they define things differently and a lot of the data is not collected in a systematic way and we also know in some countries there simply are no surveillance systems to monitor what’s going on. Taking all of that into account but also looking at reports coming from surveillance sites which have been in place for quite a long time with good methods, our guess is that the figures, you know… I don't think any of us would consider the figures to be absolutely precise, but I think the overall picture being provided is extremely convincing. That we don’t question at all. Again, that we are seeing high levels of resistance and that we see it everywhere… I think you can take that from the report. As we get better with surveillance – and this is one of the critical issues that WHO will be focusing its attention on – we hope that the quality of the data and the ability to monitor trends and detect new trends is going to improve over time, but I think that this report provides a very convincing picture that we have an issue right now.

CP Yes. I would like also to join Keiji in the words that this report provides enough information to say that we have disclosed high levels of resistance in all parts of the world. Now, to the extent of how frequent it occurs… yet indeed this needs to be better measured, but as a matter of fact there is no doubt that this level of risk not responding to existing drugs is there and it’s a matter of time. The further it spreads and the further increase in the impact on the population. So, the other thing I’d like to also acknowledge is that in the report itself there is quite a discussion about the limitations of the available data and also the limitations of these results, but one of the things that is the clear implication of this limitation with the data is the need for a coordinated and harmonised way to survey and to monitor the
trends of antimicrobial resistance worldwide and in this regard – as Dr Keiji Fukuda has already said – WHO is taking actions to build a global surveillance system exactly to better monitor this situation in the entire world.

GL  Do we have any questions in the room? Any questions? If not, we’ll go again to callers online. So, online we have Damian who is from [unclear]. Damian, can I take your question?

DA  Of course. Thank you very much for this report. My question will be related to the previous one. You just said that WHO is actually taking some action to improve the monitoring of multiresistant bacteria and I wanted to know specifically what can be done in every country to improve this monitoring. I mean, you say in the report that there is no consensus about how it should be done, so can you tell us if WHO is trying to make a consensus or…

KF  This is a very good question. In the past year or two WHO has begun convening a number of meetings and these have included organisations and individuals conducting surveillance around the world. So, we have brought in many of the key people working on surveillance from again literally all of the regions in the world and some of our efforts are going to be directed both at raising awareness to countries about the importance of this… about the importance of establishing that kind of capacity in the countries. Some of our efforts are spent on trying to gain consensus on important methodologies. Some of our efforts are spent on trying to get consensus on what data can be shared. So, all of these things… all of these points have been addressed in recent meetings and then there are additional meetings or consultations with these kinds of people who are conducting surveillance that will take this forward. So, again, Carmem, if you want to provide more detail…

CP  Yes. Thank you. Thank you for the question on the issue of surveillance also in agriculture. In fact there are protocols that have been developed to monitor food-borne disease and particularly antimicrobial resistance arising from food-borne disease. In this regard WHO has been working in collaboration with the Organisation for Animal Health and also the Food and Agriculture Organisation to not only improve these protocols but – above all – to expand the application of these protocols. They are now being applied in several countries, but the expansion of the application of these protocols is still a challenge. This work is ongoing and [unclear] to have this integrated surveillance on food-borne antimicrobial resistance is being also part of our work in collaboration with other partners.

GL  Thank you. Now online we have Maggie Fox from NBC, I think. Maggie, can I have your question?

MF  Thanks very much. I’d like to ask [unclear] very similar report two years ago. I’m wondering if you can explain to us what has changed in those two years. What’s different?

KF  Probably the single biggest change which has occurred in the last two years is the growing awareness among decision makers and in groups outside of the health sector that in fact antimicrobial resistance is… it’s a major priority. I think that’s the major difference which has occurred. Many of the individual items and the actions which have been covered in some of the recent reports coming from WHO; for example, when we had the World Health Day focusing on antimicrobial drug resistance… many of these individual actions
remain important and critical to point through and I think that the guidance given then remains really important guidance now, but the big difference is that the heightening awareness among decision makers among sectors is the means… the ability to again have a kind of complementary and coordinated joint effort and something that was probably not realistic a few years ago and which is now hopefully going to become increasingly realistic over the next few years.

GL  Do we have any more questions in the room? Our next caller is – let me check – the New Scientist. If you could identify who you are and your question, please…

DM  Hello. Yes. Thanks very much. It’s Debora MacKenzie from the New Scientist. Ultimately to fight this problem we’re going at some point to need novel kinds of antimicrobial drugs, but there’s a problem with that. You’ve shown the problem is global with this report and that means any novel drugs – in order to be available to people who need them – are going to have to be relatively inexpensive, but it’s a big problem bringing those to market. Antimicrobials by nature don’t really give much promise of profit. They have to be used for a limited time and in as limited a way as possible in order to retain their effectiveness. So, you need to come up with… people have discussed in the past. You need new ways to incentivise that kind of drug development. What steps has the WHO been taking to try and bring people together around those new kinds of incentives for new drug development?

KF  So, Deborah, thanks for that question. This is one of the – I think – most innovative areas where discussions are underway right now. In essence the issue is that we have not had… we have not really had development of new medicines occurring for quite a long time and I think the recognition of that but also the recognition to make sure that medicines are accessible to developing countries and to all populations but also to make sure that they are not used indiscriminately has begun to lead to a number of discussions which might be characterised in this way. If in the past we thought of antimicrobial drugs – antibiotics for example – as commercial goods which were something to be developed and to be sold, one of the questions we had before is, how do we move to thinking… to start thinking about these medicines as global public health goods? What does that mean? How do we approach that? How do we sustain the basis for research for doing that? What does that mean in terms of their use and distribution? What does it mean in terms of sharing the risks for the development of them? Because if you are a company who is going to embark on the development of something which may materialise in ten years or 15 years or may not, that’s a lot of risk and so this is one of the most vigorous areas of discussion – I think – underway now and it’s really hopefully going to lead us to think about new ways about approaching both sustainable research and development, sustainable and better ways to distribute these medicines… I think it is likely to require joint workings between the private sector and the public sector and I think it is going to push us to be very innovative about how we are going to really make the concept of global public health goods real as opposed to just a nice concept.

GL  Next on the line is Rebecca Smith from the Daily Telegraph. Rebecca… in the UK. Can I get your question, Rebecca?

RS  Yes. Hi. Thanks for coming back to me. We’ve been running a story online since the embargo break and we’ve had some early responses from readers saying, WHO is crying wolf. We’ve heard these kind of strong-language statements from WHO before. What makes this any different? But then we’ve got people from antibiotic action saying that a
bigger response is needed to this problem than to the AIDS crisis of the eighties. So, which is it?

KF I think that’s exactly the reason for putting out this kind of report. You have that kind of discussion when it remains speculative or if it remains in the area of opinions. You just need to look at the numbers. You just need to look at what are the implications of that, and then you can decide yourself, but when we look at the report, when we look at the data, when we see that information… what this tells us is that we have a big problem now and all of the trends indicate that the problem is going to get bigger and this is not an abstract problem. All of those things which I covered in the beginning… what does it mean to have infections that you can’t treat? What does it mean that if you develop conditions like cancer requiring chemotherapy and you become more vulnerable to it and you begin to lose the ability to protect… be protected against that? Then I think that these are very concrete findings. These are very concrete implications. You can interpret it one way or the other. We interpret it as something which is very serious.

GL We have a question in the room again. If you can tell us who you are and…

CL Yes. Claudia [unclear] again, German television. You just mentioned that quantification. Are there any figures out there? We use the figure of 25,000 deaths per year in the European region. Do you have anything for worldwide global figures?

KF There are some figures from some parts of the world. So, for example, there are estimates which have been put out by Thailand and there are estimates which were put out recently for the United States by the Centers for Disease Control, but right now we don’t have a global picture of this. We don’t have a global estimate of what would be the cost, what would be the overall health impact… this is one of the projects that we’re working with one of the stakeholders to try to get to some of these kinds of estimates, but right now there are no global estimates.

GL We are running out of time, but we can take a few more calls. I’ve got on the line a journalist from the Indian Express newspaper. If we could have your name and your question, please…

UF Hello. Yes. My name is [unclear] and I’m working with the Indian Express newspaper in India. Dr, you stressed on poor and developing countries which are facing the most brunt of, you know, antimicrobial medicines. So, in a country like India or in Southeast Asia where you see breeding grounds of malaria [unclear] and along with it there are several issues of, you know, lack of diagnostic facilities and lack of infrastructure. There is dense population. How do you suggest to work around these issues? Should we first focus on getting more medicines, new diagnostic equipment should be brought in, or should we focus first on creating awareness? Because there is this chain of issues which are there and India just seems to multiply diseases like anything.

KF So, this is – I think – the real-life challenge raised by this kind of issue. There are many different aspects to addressing antimicrobial drug resistance especially – I think – in a country like India as you mention. The population is big. It is dense. The country faces a large number of different kinds of infections – both those seen everywhere and then additional ones related to tropical countries or tropical climates – and then there are many issues such as regulation or the need for stronger regulation and so on. I think the first point
to make is that it doesn’t probably… it’s probably not a good thing to try to address these as a one-issue aspect, you know, or just to focus on one part of the problem.

One of the key actions that we foresee working with countries more and more on is the development of national plans and – by the development of national plans – hopefully a more holistic and coordinated way to address the many key aspects of what needs to be done. In some of these instances I think there are recommendations about, how to handle some of these problems have really been discussed a lot in the past and are pretty strong. In other areas… for example, we were just talking about, how do we move towards the development of new technologies and new agents in ways which are sustainable? I think that we have more work to do, but I think that the main message is that in order to address this kind of issue, national planning where the different stakeholders within the country come together to identify both the issues and concerns and then the solutions to those issues and concerns and working both with global partners… this is really – I think – the way to address this kind of issue and I think hopefully that’ll be useful for India.

GL Just to add, in the press release that we’ve issued today there is a section which highlights some of the regional actions and issues and our regional officers in the communication offices of our regions are able to take any calls and put you in touch with experts from those regions, but we have now just time for one last question and that is from Chris Mile [sic] from London. I think… I’m not sure which newspaper you’re from, but if you can tell us which one and your question, please…

CS Yes. It’s Chris Smyth from the Times of London. Two questions if I may… firstly, there is some pretty apocalyptic language in here about how it’s going to affect modern medicine and – by implication – patients across the world. How does this as a threat compare to other global health problems? HIV has been mentioned. Pandemic flu springs to mind. How does this fit in in terms of those threats firstly? Secondly, you talk about restrictions on prescribing and cutting down on the use of these drugs, but how much of a difference realistically can that make? Is this going to solve that problem or is it merely going to slow it until we find new drugs that can really make a difference?

KF These are again very good questions. Let me take the second one first and I’ll come back to the first one. So, how much can… how much impact can we really have if we take steps? Well, I think the good story here or the good news here is that in fact there are some countries which have taken pretty strong measures and we have seen the impact of taking those measures in reducing resistance patterns within those countries. So, I think it is beyond theoretical. There are actually good examples of where taking actions can have effects and we have seen this occur for example in some of the Scandinavian countries, but I think one of the questions becomes, can… to what extent can we take the lessons from those kinds of countries and then apply them to the broader range of countries? Countries come in different sizes and shapes and with different conditions and I think this is one of the issues that we’ll have to work through, but I think the answer to does it make a difference is clear. Yes. It does make a difference.

The next question is really, how do we make those lessons applicable more broadly? In terms of your first question, how big of an issue is this really? You know, it’s hard to simply give a hierarchy to, what are the health problems out there, because this kind of problem is related to many of the other health problems out in the world. Right now for example we are very focused on trying to make sure that things such as universal health coverage can get
implemented. This is seen as one of the big, important steps that can be taken, but when you take a look at antimicrobial resistance and you say, this in fact directly affects what we might expect in healthcare, you can see that it's linked to it. It contributes to it. It’s related to it even though it is a different issue. If you look at the fact that we are very concerned again about the impact of malnourished populations and that extent and you see that this kind of issue directly has an impact on that, again it’s hard to say where are the borders exactly, but it really is part of that. When you take a look at the fact that we simply rely upon being able to have surgery done… we rely upon being protected or being able to be treated for any number of conditions and that… if we lose that ability and that can affect both life expectancy and the development of longer illnesses and also the economic impacts of it, then the effects on countries are potentially quite profound. So, one of the earlier questions was, do we have this all estimated out, and the answer is, no. We can’t quantify that right now, but we really see that the ingredients for this being or having quite a profound impact on countries is very clear.

GL That was our last question. Thank you, everybody, for taking part and apologies if we haven’t had chance to take your call. Just a reminder that the info is on our website… the report, press release, and other related material that can be accessed from our home page… in addition we will have an audio recording placed on the web very soon of this press conference plus a video news release with some of the highlights from this press conference will be going out to television news agencies followed by a transcript of today’s press conference. Finally, if you do have any more questions, we have press officers around our six regions who are able to forward your questions to experts in the region and of course here in headquarters we can take questions from you by email or by telephone.

So, again, thank you so very much for taking part in this virtual press conference and also thank you especially to Dr Keiji Fukuda and Dr Carmem Pessoa for their insight and involvement in this launch. Thank you and goodbye.