Comprehensive Review of Global Action Plan on AMR:
ARC Discussion with WHO: July 26, 2021

The ARC discussion with WHO was wide ranging where ARC members presented their interventions on GAP progress, implementation, intersectoral coordination, funding and other facets of the comprehensive plan. A complete briefing note on the insights from the comprehensive review can be found here.

PHM's AMR representative **Nafis Faizi (Email: nafisfaiziphm@gmail.com)** spoke on WHO's strategic vision: Revising and updating WHO GAP: Missed opportunities including COVID-19. The summarized version of the statement can be found here.

Covid 19 has been an experiment between therapeutic misadventure and therapeutic nihilism and has exposed our AMR unpreparedness to a significant level.

Our first concern is about the therapeutic misadventure. Even after five years of a plan, we have failed to curb the misuse of multiple antimicrobials during Covid 19. In fact, the sheer scale of misuse is hitherto unknown to us. This includes Watch antibiotics and even reserve antibiotics. While the therapeutic misadventures continue as Covid 19 ravages, GAPs & AMR preparedness strategies continue to fail us in stopping these collateral damages.

The Second concern is about Therapeutic nihilism, borrowing directly from Paul Farmer. The nihilism is because we do not communicate the important role of care, support and treatment but keep looking for silver bullet solutions. Many, if not most health systems, do well in terms of treatment based on drug distribution and we do not emphasize the value of care and support during disease management. The overuse of antibiotics is primarily driven by this desperation, as we fail to include 'people's participation in planning and implementation of their health care (as stated in Alma Ata)' or co-creation of care. Stewardship efforts and regulations are adversely affected in the absence of such a model due to pressure to prescribe and/or dispense.

The Third concern- Covid 19 is a glaring example of access-excess challenge of AMR. While misuse continued, many people lost their eyes or even died due to Mucor mycosis post Covid 19. Despite the good sensitivity of Amphotericin B and mucor being declared an epidemic in some states of India, there was very little access to liposomal amphotericin B. Our friends in surgery operated and took out the mass, but without amphotericin B, little could be done as mucor is primarily a medically manageable disease.

In conclusion, our concerns are-
1. How will GAP and AMR preparedness curb such therapeutic misadventures as seen in Covid 19?
2. AWaRe and antimicrobial monitoring and surveillance needs a sense of urgency, especially in the current pandemic and its aftermath. How does GAP review propose to address urgent surveillance when needed especially during competing priorities?
3. In the long run, healthcare should be explained and understood as a system for care, support and treatment. Since this is critically important for AMR, how do we intend to include this in our plans?