

Global consultation survey on the draft People-centred framework for addressing antimicrobial resistance in the human health sector

Introduction to the consultation:

Thank you for participating in this open consultation on the draft [People-centred framework for addressing antimicrobial resistance \(AMR\) in the human health sector](#). The consultation is open until 14 March 2023.

The *People-centred framework* strives to provide a programmatic approach to addressing AMR that puts people, their needs and challenges at the centre of the AMR response. It aims to facilitate the mainstreaming of AMR interventions into broader efforts to strengthen health systems through primary health care (PHC) strategies, building country capacities for implementation of the International Health Regulations (IHR), and pandemic preparedness and response initiatives.

Objectives of the consultation:

The consultation aims to collect comments on the draft paper through a survey, focusing on the clarity and completeness of the following elements:

- The concept and structure of the people-centred framework;
- The prioritization and description of the 13 high-level interventions and their priority steps, listed in Annex 2.

Before completing the survey, please review the [draft paper](#) describing the people-centred framework and the core set of 13 high-level interventions.

Organizations can use the Word version of the survey to facilitate the compilation of input and submit to AMR_PCF@who.int.

Responses will remain confidential and will be used only for the purpose of developing the framework.

1. You are responding:
 - a. As an individual
 - b. On behalf of an organization**
2. Please provide your name: **Nafis Faizi**
3. Please provide the name of your organization: **People's Health Movement**
4. Country of person/organization: India (person)
5. Sector of the person/organization:
 - Ministry of Health
 - Community health care
 - Primary health care
 - Secondary/tertiary health care
 - Professional associations, including medical, nursing and pharmacist associations
 - Diagnostic or research laboratory
 - Civil society organization, including patient advocacy groups**
 - Private sector
 - Funding agency / Development partner
 - University/ Research institute
 - NGO/association/foundation
 - Faith-based organizations
 - Youth organizations
 - Intergovernmental organization
 - Other

If other, please specify:

6. Gender
 - Male**
 - Female
 - Prefer not to disclose
 - Other
7. Please indicate the AMR programme aspect(s) that are part of your work:
 - AMR policy and governance**
 - AMR regulations or legislation
 - AMR awareness and education**
 - AMR surveillance
 - Antimicrobial consumption and use surveillance**
 - Health insurance
 - Supply chain of health products
 - Infection prevention and control (IPC)**
 - Water, sanitation and hygiene (WASH)**

- Immunization
- AMR diagnostics and laboratory
- Patient treatment and management
- Antimicrobial stewardship**
- Research and development
- AMR One Health**
- Other: [text box]

8. **Framework objectives:** Do you have any comments on the rationale for and objectives of the framework (see Section 1 “Introduction” of the draft document)?

a. **Yes**

b. No

If yes, please specify:

The introduction to a people-centered framework should discuss the budgetary issues clearly. Just one in five (27/136) nations have been able to identify funding sources to enable fully implementing of their NAPs, which should be discussed in the framework (TrACSS data). Also, the budget allocations for AMR-sensitive interventions and enablers from the health systems budget should be discussed more clearly as the integration with UHC and other health system interventions continue.

9. **Framework concept:** Do you have any comments on Section 2 of the draft document?

Paragraphs:	Yes	No	If yes, please specify:
2.1 Definition	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Guiding principles	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Methodology	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Structure	<input type="checkbox"/>	<input type="checkbox"/>	
2.5 Interdependent interventions	<input type="checkbox"/>	<input type="checkbox"/>	
2.6 Engagement of communities and key populations	<input type="checkbox"/>	<input type="checkbox"/>	
2.7 Step-by-step structure (Figure 4)	<input type="checkbox"/>	<input type="checkbox"/>	

10. **High-level interventions:** Are there any critical missing high-level interventions to address AMR in the human health sector out of the 13 interventions listed (Figure 3)?

a. **Yes**

b. No

If yes, please specify:

1. Mass Drug administration (MDA) of single-dose antibiotics such as Azithromycin is something of grave concern. Such preventative misadventures continue with a recent paper on the use of single-dose azithromycin in planned vaginal delivery and the MORDOR trial a few years ago. Apart from the ethical issues involved, this is an intervention that must be prioritized. S

2. The socioeconomic drivers of Antimicrobial use need to be seen holistically. For instance, 'Inappropriate self-medication and restriction of non-prescriptive sales' needs contextual clarity. Pathologizing self-medication as if, it is a matter of choice alone is non-cognizant of unresponsive and/or inaccessible health systems. In such cases, non-prescriptive sale restrictions could be difficult and even detrimental to health equity. Non-prescriptive sales alone could address the pressure to dispense but are of little value in pressure to prescribe which is rampant in private unregulated health care.

11. Integration with primary health care and health emergency preparedness and response strategies: Do you have any comments on Section 3 of the draft document?

- a. Yes
- b. No

If yes, please specify:

While the document discusses integration with primary health care, it hardly mentions anything about the primary health care as outlined in Alma-Ata or even the Astana declaration. For instance, Astana declarations 'we should not tolerate fragmented health care'(A.3) and ensuring a continuum of care by making bold political choices (A.4) or people having a right and duty in health system planning as defined in Alma-Ata is completely missing. We wonder what kind of integration with PHC is the draft referring to. Most of the draft is about primary care and not primary health care. The draft is heavily concentrated on health care delivery and not the health system or primary health care. However, the draft is very clear on the inclusion of another package for AMR in the Universal Health Coverage. Contextually, packages and comprehensive health care with a robust continuum of care could mean different things. The document should expressly recognize the integrative principles with PHC.

12. Conclusion and way forward: Do you have any comments on Section 4 of the draft document?

- a. Yes

b. No
If yes, please specify:

13. **Priority implementation steps for each high-level intervention:** Do you have any comments on the priority high-level interventions (including on any critical priority steps that are missing)? (Please review **Annex 2**) (*optional*)? Please provide comments to the interventions in your area of expertise.

Foundation/Pillar	Intervention	Do you have any comments on the priority high-level interventions (including on any critical priority steps that are missing)?		If yes, please specify:
		Yes	No	
Effective governance	AMR governance and accountability in the human health sector in collaboration with other sectors	<input type="checkbox"/>	<input type="checkbox"/>	
Strategic surveillance and research information	National AMR surveillance network to generate quality data to inform patient care and action on AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	Antimicrobial consumption and use surveillance to inform actions on AMR	<input type="checkbox"/>	<input type="checkbox"/>	
Pillar 1: Prevention	Implementation of IPC core components	<input type="checkbox"/>	<input type="checkbox"/>	
	Universal access to improved WASH and waste management to mitigate AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	Access to vaccines and expanded immunization to manage AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	AMR management included in health benefits packages	<input type="checkbox"/>	<input type="checkbox"/>	

Pillar 2: Access to essential health services	Uninterrupted supply of essential health products for AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	Integrated quality AMR management services to improve patient care	<input type="checkbox"/>	<input type="checkbox"/>	
Pillar 3: Timely and accurate diagnosis	Improved laboratory and diagnostic infrastructure to enable clinical bacteriology and mycology testing	<input type="checkbox"/>	<input type="checkbox"/>	
	Awareness, education and understanding of diagnostic options and diagnostic stewardship	<input type="checkbox"/>	<input type="checkbox"/>	
Pillar 4: Appropriate and quality assured treatment	Up-to-date evidence-based infections treatment guidelines and antimicrobial stewardship (AMS) programmes	<input type="checkbox"/>	<input type="checkbox"/>	
	Implementation of regulation to restrict non-prescription antimicrobial sales	<input type="checkbox"/>	<input type="checkbox"/>	

14. Do you have any overall or additional comments on the draft People-centred framework for addressing AMR in the human health sector (*optional*):

1. "All pillars and interventions are closely aligned with PHC core and strategic levers as well as IHR core capacities." What principles will ensure alignment in case of reluctance to PHC core principles as can be seen in the insurance-prioritized growth of Universal Health Coverage? The packages-based approach in the inpatient-only UHC affects both referral systems and the continuum of care and has detrimental effects on predominantly outpatient-based prescriptions of Antimicrobials since in many countries such as India insurance-based UHC only covers inpatient charges.

2. The framework should identify and integrate with health systems rather than health care delivery systems and make an attempt to understand the socio-economic determinants of unresponsive health systems.

Thank you for submitting your feedback. All responses will be reviewed and considered for the further refinement of the draft people-centred framework, high-level interventions and priority steps.

If you have any questions, please contact us at: AMR_PCF@who.int.