

4th annual WHO dialogue/consultation on antimicrobial resistance with members of the Antibiotic Resistance Coalition (ARC) and other interested parties

The dialogue/consultation took place on Wednesday, May 9 at South Centre, Geneva. PHM made an intervention on the progress of National Action Plans on AMR.

The intervention statement was made by PHM's AMR representative **Nafis Faizi (Email: nafisfaiziphm@gmail.com)**. The statement can be read below:

Thank you for your presentation. I would be speaking on behalf of People's Health Movement regarding India's National Action Plan on AMR.

About a year ago on 19th April, 2017, the 'Inter-Ministerial Consultation on AMR containment' led by India's Health Minister announced the finalization of India's comprehensive and multi-sectoral National Action Plan. The good thing was that keeping the intersectoral 'one health' approach in mind, the Ministry of Consumer Affairs, Ministry of Environment, Forest & Climate Change along with representatives from Ministries of Agriculture, Pharmaceuticals, Information and Broadcasting, Chemicals and Fertilizers, Water and Sanitation, AYUSH, Food Processing Industries, ICMR, NCDC attended the meeting.

The WHO must be congratulated for the online assistance and preparation of comprehensive documents that have led to the use of detailed and time bound indicators for various targets in NAPs.

In its NAP, India went beyond the 5 targets and has included a 6th target- to 'Strengthen India's leadership on AMR' and according to our Health Minister India 'aims to support neighboring countries in collective fight against infectious diseases'. The plan also identifies the ministries, research agencies and associations that would help in achieving different targets in the short (1 year), medium (1-3 years) and long terms (>3 years).

However, the real problem with the NAP in India, as also in many other LMICs lies in its implementation and progress monitoring.

We have a few concerns regarding the tracking of progress. For example, in strategic priority 5- impact and cost of AMR as well as costing of operational plan to implement NAP-AMR was to be achieved in the short term of 1 year, which has already passed!

While WHO relies on self-reporting of progress by countries, we do not think that this alone is sufficient. We request WHO to consider harnessing the expertise and potential of civil society organizations such as members of the antibiotic resistance coalition in the implementation of National Action Plans. Increasing capacity through engagement of civil society and other actors will help in building political will and momentum and would increase transparency of national progress on AMR. Additionally, WHO-FAO-OIE country and regional directors could

work together and mobilize financial and technical resources for inter-sectoral efforts at the country level that could include civil society organizations across sectors.

There are many pertinent issues that have a tremendous impact on AMR which do not find a clear output/variable in India's NAP, like the widespread marketing and use of irrational fixed drug combinations of antibiotics. More than a third of tens of thousands of FDCs marketed in India are antibiotics and many can be purchased over the counter. Although steps to eliminate OTC sales of antibiotics is mentioned in the plan, implementation has faltered in the absence of concrete system wide measures. Implementation becomes particularly difficult given that a majority of Indian patients depend on a largely unregulated and heterogeneous private sector where irrational prescription practices are rampant and almost universally pervasive.

The issue of FDCs and of access, affordability and rational use of antimicrobials are interlinked. Remedial measures are impossible in the absence of a strong public health system, which India lacks, that is free at the point of access. We are worried that instead of strengthened health system based on primary health care and 'One Health approach', there are instead- threats of silver bullet technocratic solutions like the recently published mass drug administration of antibiotics such as azithromycin not only in animals but also for human use!

In India, irrational antibiotic use is driven by health system issues, and without addressing the latter only piecemeal and cosmetic changes are possible. In addition, there is a need to make an economic case for not only AMR but investing in IPC, WASH, and preventative interventions that would mitigate overuse of antibiotics.

In summary, we have three questions:

- 1. Does the WHO believe that harnessing CSOs could help make the implementation of NAPs more transparent and accountable, besides building momentum at country levels?*
- 2. Could WHO consider establishing some concrete links between the NAP on AMR and indicators of UHC and SDGs, as this will further push NAPs through utilisation of resources available under those heads?*
- 3. How can we make an economic case for IPC, WASH and preventative interventions that mitigates use of antibiotics in addition to strengthening of health systems based on primary health care and 'one health approach'?*

*-Dr. Nafis Faizi
On behalf of People's Health Movement*