

Tripartite Consultation with Civil Society on the Global Development and Stewardship Framework To Combat Antimicrobial Resistance

The WHO released its [Global Framework for Development & Stewardship to Combat AMR Draft](#). A Tripartite Consultation (WHO, OIE and FAO) with Civil Society on the Global Development and Stewardship Framework To Combat Antimicrobial Resistance took place on September 28 at Washington DC. PHM's AMR representative, **Nafis Faizi (Email: nafisfaiziphm@gmail.com)**, attended the meeting through Skype and made an intervention on One Health: Stewardship across the healthcare delivery, food production and environment sectors. The *Civil Society Consultation with WHO, FAO and OIE on the Global Development and Stewardship Framework: Antibiotic Resistance Coalition Report* can be accessed via mail to Nafis Faizi. However, PHM's full intervention can be read below (in italics). The full consultation report can be found [here](#).

Thank you. I would be speaking on behalf of the People's Health Movement and the shared concerns of CSOs regarding access and stewardship policies in context of the [Global Framework for Development & Stewardship to Combat Antimicrobial Resistance](#). We would like to intervene on five points.

First

We acknowledge the efforts put in the preparation of this document. We welcome the framework targets for regular data on reduction of global shortages and optimized use of antimicrobials, sales and other data. We believe this would be of enormous value in taking stock of the situation, refining and priority setting for the NAPs. But this requires a commitment to public data transparency. What commitments are the various Tripartite agencies and UN Environment willing to make on this?

Second

Given the huge importance of integrated surveillance through AMR laboratory capacities, we wonder how and what would this mean in the context of developing countries with shared needs. As important as it stands, an elaboration on how the framework will monitor and assist country level implementation of prudent use standards is important.

Third

The document correctly identifies that access to antimicrobials is essential along with rational and prudent use. The issues of access are seriously jeopardized in the current environment of IP protection and profitability prioritized over human health.

Despite the availability of WHO's [AWaRe categorization](#), the issues of access cannot be solved unless we address these concerns. In India, for example since 2015, the availability and stock out of Benzathine Penicillin, one of the 'Access group' antibiotics that should be widely available, is common. In Delhi alone, there have been problems in treating gonorrhoea and syphilis since the past few months. This is a troubling situation as on one hand resistant [Neisseria Gonorrhoea is a high priority pathogen for R&D of new antibiotics](#) while on the other hand, unavailability of Penicillin is contributing to more resistance. Due to high public health value, the drug manufacturers of Penicillin and other antibiotics cannot be allowed to simply stop the production without prior notice. It must be ensured in the National Action Plans

that some ways of production and supply should be ensured within the notice period for these vital antibiotics.

While the document mentions the need for follow-up processes for WHO global strategy and plan of action on public health, innovation and intellectual property, the roadmap must clarify the pathways through which we can monitor the progress and implementation.

Fourth

We totally agree with the document's enlisted principle that Universal health care provides the best enabling framework for addressing AMR in the human health sector. However, in most countries including India- Universal Health Care is replaced by an insurance-driven, privately provisioned Universal Health Coverage. Most of these insurance- coverage schemes like the recently launched scheme in India, only cover hospital based care. Irrational antimicrobial prescribing practices flourish in a majority of private facilities contracted to provide care. Further, neglecting outpatients exposes them to irrationally prescribed antimicrobials by the unregulated private sector as well as OTCs. Irrational practices such as antibiotics in viral diarrhoeas or respiratory tract infections are common in this largely unregulated practice. While we welcome, the Voluntary certification schemes for antimicrobial stewardship programmes in hospitals (modelled after Baby-friendly Hospital Initiative) more concrete steps are needed to address the health systems and regulation issues to promote stewardship in the unregulated sector.

Fifth

In the wake of the recently published research by Collignon et al, it is also important to reiterate that development and stewardship to combat AMR cannot rely on use of antibiotics alone as increased public health-care expenditure, adequate sanitation facilities and better regulation of the private health sector, among other factors directly affect AMR. The prudent use of antimicrobials cannot be promoted without regulating the private sector in countries like India along with a badly needed increase in public health-care expenditure. Unless this is done, the stewardship framework would have a limited impact and would be akin to mopping the floor while the faucet is open.

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