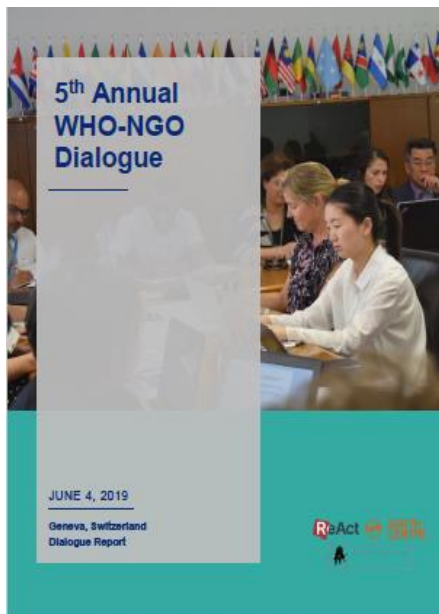


5th annual WHO dialogue/consultation on antimicrobial resistance with members of the Antibiotic Resistance Coalition (ARC) and other interested parties

The dialogue/consultation took place on Wednesday, June 4, 2019 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 dialogue report can be accessed [here](#).



The statement is reproduced in the next page.

Intervention 5th WHO-NGO dialogue, South Centre 2019

Thank you. I would be speaking on behalf of the People's Health Movement and the shared concerns of CSOs regarding AMR developments within WHO. We would like to raise four concerns.

First

We totally agree with the WHO Global Stewardship Framework 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 that is only meant for hospitalized patients. All of us know that most antimicrobials are prescribed in outpatients through private clinics (including unqualified practitioners and over the counter sales). Universal Health Care does provide the enabling platform for acting on many drivers of AMR but not the current form of Universal Health Coverage. In fact it could prove detrimental with the largely unregulated private practice, with evident research from global south that higher density of private providers could lead to over-prescription.

Second

The developing countries like India have a broken primary health care system, and with the current model of UHC dominating, there is an un-predictable continuum of care with dangers of health-care transmission of drug resistance through patients treated irrationally in the broken primary care or private clinics. The antimicrobial stewardship would be impossible to implement within this framework. While WHO Director General has talked about the fact that 'Strong health systems built on the foundation of people-centred primary care are vital not only for ensuring access to precious medicines and treating infections, but for preventing the wastage of precious resources that can be invested to address other health threats.' While we completely agree with this, the WHO needs to do more for primary health care for the sake of AMR as this is where irrational use is the most. Unfortunately, primary healthcare has time and again been subsumed within the UHC- and this was true even in the Astana declaration that PHM raised concerns about in the Alternative Civil Society Declaration on Primary Health Care.

Third

Behavioural change is immensely important in rational use of prescription as well as WASH and IPC facilities. It was indeed heartening to see WASH and IPC being one of the agenda in the WHA. Ensuring this is important but behavioural change for better use of IPC should be understood through a systems thinking approach and this would need involve both providers and patients. It must also be understood that the already overburdened health workforce could find it difficult to change their behaviours without proper infection control support, which is nowhere to be found in L&MICs, at least in primary care and unregulated private sector. Information asymmetry has to be worked out at different levels- providers, dispensers and end-user levels.

Lastly

We were wondering how the WHO envisions the harnessing of the power and reach of civil society organizations in bringing more transparency and accountability in NAPs as well as strengthening of health systems as well as social determinants (and not only drivers) of AMR.

-Dr. Nafis Faizi

On behalf of People's Health Movement