Stewardship and access intervention

Thank you Chair,

On behalf of Health Action International, ReAct – Action on Antibiotic Resistance is grateful for the opportunity to take the floor again.

ReAct strongly agrees with the notion in the draft roadmap that access and stewardship cannot be dealt with in isolation from each other. However, as previously noted R&D financing cannot be seen a separate issue from securing affordable access nor stewardship. The choice governments make on the R&D financing model will impact greatly our efforts to secure affordable access to end products as well as our ability to preserve the effectiveness through stewardship efforts – including the ability to remove financially driven promotion of antibiotics.

The twin goals of access and conservation should not be seen as being at odds with one another, but as two integral parts of an effective response to ensure sustainable access to effective antibiotics. This goes for both human and animal use.

We are pleased to see the emphasis that the WHO puts on ensuring affordable access in the draft framework - including through licensing agreements, support for countries to make use of TRIPS flexibilities and implementing delinkage. This is needed in particular given that affordable access was not sufficiently included and addressed in the Global Action Plan on Antimicrobial Resistance.

Aside from collecting data on consumption, access to first- and second-line antibiotics should also be measured and benchmarked by the WHO to complement the assessment of the access problem.

Misuse and overuse of antibiotics is widespread in all countries regardless of what income bracket they sit in. The OECD estimates for example that 60% of antibiotics prescribed by general practitioners in OECD countries are used for inappropriate purposes. Conservation efforts – including through effective stewardship program and policies - is something all countries need to improve in both human and animal sectors.

Along this line ReAct therefore supports the important step taken by the WHO in addressing non-therapeutic use of antibiotics, including routine preventative use, in food animal production. We are surprised over the push back from some countries on the inclusion of the guidelines on use of medically important antimicrobials in food-producing animals in this framework.

In our minds, the regret factor is simply too great – if we have the opportunity to minimize the risk of emergence and spread of new multi-resistant bacteria – we absolutely must take it, and not delay action. If we had acted much sooner, could we have prevented the emergence of mobile colistin-resistance? In some settings colistin is truly a life-saver last resort antibiotic. What will further delays lead to and who will be responsible for the future consequences?
Finally - as regards the draft roadmap, ReAct is concerned that it does not sufficiently reflect the depth nor the breadth of the access and stewardship challenges in low and middle-income contexts with weak health systems.

There is simply no way around the fact that increased financial and technical support needs to be mobilized to support the strengthening of health systems and support the transition to more sustainable agricultural practices in low- and middle-income countries if effective conservation interventions and improved access to antibiotics is to be realizable.