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Documentation of the Work of the World Health Organization

Conference B

World Health Organization

Committee Staff

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Agenda

I. Antibiotic Resistance as a Threat to Global Health

II. Strengthening Global Resilience against Outbreaks and Epidemics

III. Addressing Mental Health in Protracted Humanitarian Crises

Resolutions adopted by the Committee

Code	Topic	Vote
WHO/1/1	Antibiotic Resistance as a Threat to Global Health	Adopted without a vote
WHO/1/2	Antibiotic Resistance as a Threat to Global Health	Adopted without a vote
WHO/1/3	Antibiotic Resistance as a Threat to Global Health	Adopted without a vote
WHO/1/4	Antibiotic Resistance as a Threat to Global Health	Adopted without a vote

Summary Report

The World Health Organization held its annual session to consider the following agenda items:

I. Antibiotic Resistance as a Threat to Global Health
II. Addressing Mental Health in Protracted Humanitarian Crises
III. Strengthening Global Resilience against Outbreaks and Epidemics

The session was attended by representatives of 22 Member States. On Sunday, the committee adopted the agenda of I, III, II, beginning discussion on the topic of “Antibiotic Resistance as a Threat to Global Health.”

By Tuesday, the Dais received a total of 4 proposals covering a wide range of sub-topics such as multi-stakeholder partnerships, antimicrobial pollutants in aquatic environments, and the regulation of and education on the distribution of antibiotics. The discussions were extremely well facilitated by the attending delegations. They revolved around solutions that truly embodied the collaborative values of the United Nations and were comprehensive, multilateral, and agreed upon by the majority of the body. Much of what was discussed surrounded increasing cooperation between developed and developing states, the partnerships between the public and private sectors, and raising awareness on the topic as a whole.

On Wednesday, 4 draft resolutions had been approved by the Dais, 2 of which had amendments. The committee adopted 4 resolutions following voting procedure, all of which received unanimous support by the body. The resolutions represented a wide range of issues stated above and highlighted the serious nature of antimicrobial resistance as a global threat. Cooperation, efficiency, and diplomacy were the foundation of the committee in their approach to resolution writing and the delegates’ commitment to addressing antimicrobial resistance was illustrated through their hard work and eagerness for rational compromise.

Code: WHO/1/1
Committee: World Health Organization
Topic: Antibacterial Resistance as a Threat to Global Health

The World Health Organization,

Considering World Health Assembly resolution 58.27 on containing antimicrobial resistance and the United Nations Environment Program *Global Programme of Action for the Protection of the Marine Environment from Land-Based Activities* (1995), adopted by Member States to address antimicrobial pollution in oceans due to the threat antibiotic resistance poses to global health,

Acknowledging the World Health Organization (WHO) report on *Health, Environment and Climate Change* (2018), which details the importance of ecosystems in health and well-being and the threat of antibiotic pollution to fragile oceanic ecosystems, as it relates to the health and well-being of people as well as the survival of sea salt and seafood markets in coastal towns,

Deeply concerned by the unregulated dumping of sewage and medical waste into rivers, dams, and oceans from point sources as it increases concentration levels of antibiotics in waterways and abates the efficiency of antibiotics in treating disease, as it relates to intergovernmental cooperation between WHO, Food and Agriculture Organization (FAO), and UN Environment Assembly (UNEA),

Noting the solution of decontamination of water through bioremediation with microbes such as *EcoCleanTM* and *Green Clean* as presented by the United Nations Industrial Development Organization (UNIDO) for mitigating the development of antibiotic resistance in rivers, dams, and oceans due to the interaction of diluted antibiotics and bacteria in aquatic environments,

Observing the harmful effect that poor sanitation practices and runoff from domestic and commercial sources has on degradation of oceanic ecosystems and the propagation of antibiotic resistance with emphasis on developing countries which lack access to clean water in health facilities as addressed by the United Nations Children's Fund program Water, Sanitation and Hygiene (WASH),

Stressing the importance of gaining scientific data such as that of the UN Water Global Analysis and Assessment of Sanitation and Drinking Water 2017 report on the presence of antibiotics in aquatic ecosystems as classified by strains and locations,

Recognizing the importance of tracking antibiotic use in fisheries through databases such as the Global Antimicrobial Resistance Surveillance System (GLASS), as it supports economic growth and food security in regions such as East Asia,

Noting further the intentions of the UNEP Consultation Meeting on Coral Reefs in 2016 and resolution 2/12, which followed the Framework for Action program to establish closer integrated management of antibiotics in the ocean as well as bolstered research and monitoring methods,

Concerning the importance of healthy aquatic environments for saltwater conversion in domestic and international markets, with emphasis on the access to uncontaminated water in Small Island Developing States (SIDS) as it contributes to their economic prosperity by maintaining livelihoods for workers in the saltwater industry and related aquatic industries,

Acknowledging the need for long-term, sustainable funding as supported by the multisectoral organization United Nations Global Compact (UNGC) concerning data collection, water stewardship and collective action for reducing water pollution through support from private industries which oversee aquaculture,

1. *Recommends* cooperation between the WHO and national and international organizations such as the UNEP, to coordinate strategies with willing Member States through international and regional conferences such as the International Collaborative Conference in Clinical Microbiology and Infectious Diseases, carried out by the British Society for Antimicrobial Chemotherapy to address the reduction of antimicrobial pollution in aquatic settings;

2. *Reminds* Member States to consider the long-term impact of antibiotic water pollution through risk assessments on specific ocean ecosystems as it relates to the preservation of relevant aquatic markets, carried out by local governments under the direct supervision of WHO;

3. *Invites* Member States to reduce sewage dumping from industrial and agricultural facilities, domestic households, and medical facilities with proposed UN intra-agency collaboration by;

    a. Cooperating between Member States and UN entities such as the WHO and FAO to inhibit illegal medicinal and industrial waste dumping practices;

    b. Supporting sustainable waste management strategies in cooperation with the UN Global Partnership on Waste Management (GPWM);

    c. Promoting irrigation methods with the aid of FAO, specifically watershed efforts, cover crops, and buffers which limit agricultural runoff in commercial farming strategies as it contributes to the well-being of populations;

4. *Further recommends* practices of bioremediation utilized by UNIDO, which introduce indigenous species of resistant bacteria into water to consume antimicrobials and decrease antibiotic concentration levels by mitigating development of multidrug resistance in waterways to be adopted by Member States;

5. *Calls upon* Member States to develop capacity building to improve sanitation efforts in the aquatic environment by implementing ambassador programs through WHO in developing countries which equip citizens in rural communities with resources such as educational pamphlets and hand sanitizer to carry out water sanitation strategies;

6. *Promotes* the practice of data collection carried out through partnerships with WHO and UN Water to focus research in order to coordinate operations in vulnerable aquatic ecosystems which contribute most to the development of antibiotic resistance in waterways;

7. *Encourages* Member States to monitor the use of antibiotics within aquaculture through GLASS and to limit their use to necessary production measures to ensure the sustainability of domestic and international fisheries;

8. *Further invites* Member States to collaborate with the International Coral Reef Initiative in strategizing to contain the antibiotics found in aquatic environments at the national level through their 'Framework for Action' program that have affected one-third of the Great Barrier Reef;

9. *Affirms* the partnership between SIDS and the FAO subcommittee on aquaculture;

10. *Requests* Member States to cite water-related business risks such as water scarcity and flooding as stipulated by the UNGC in order to encourage voluntary contributions from the private sector to WHO, intended to carry out antibacterial reduction efforts such as ambassador programs and bioremediation in aquatic environments.

Code: WHO/1/2
Committee: United Nations High Commissioner for Refugees
Topic: Providing Adequate Shelter for Refugees and Internally Displaced Persons

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The World Health Organization,

Acknowledging Article 1 of the *Charter of the United Nations* (1945) on the right to sovereignty when addressing transparency in strengthening implementation of multilateral frameworks, which complements World Health Organizations (WHO) 1948 Constitution to maintain and uphold global health,

Guided by the *2030 Agenda for Sustainable Development* (2015), specifically Sustainable Development Goal (SDG) 3 Target 8 which outlines the importance of achieving universal health coverage for all to develop and maintain crucial health services, which aid in limiting the spread of antibiotic resistance (ABR),

Noting that developing Member States will need assistance to formulate and implement better strategies to combat Antimicrobial Resistance (AMR), as well as the Official Development Assistance to distribute of 0.7% of Global National Income to provide aid towards developing Member States as stated in General Assembly resolution 26/25 (1970),

Emphasizing the Global Vaccine Action Plan 2011-2020 framework which creates more equitable access to existing vaccines for people in all communities as the integration of vaccines is one of the most cost-effective tactics to promote and maintain general health decreasing the risk of AMR,

Taking note of the Global Action Plan for Antimicrobial Resistance which outlines five crucial objectives to combating AMR such as optimizing the use of antimicrobial agents as the lack of optimization furthers the spread of ABR,

Underscoring the resolution WHA/70/L.32 and its efforts to consider vulnerable areas that lack legislation and programs, for without these health policies international peace and security will be threatened,

Observing the positive results of the World Antibiotic Awareness Week, which was established by resolution WHA/68.7, through the implementation of programs that educate on the role antibiotics have within the international community,

Fully aware of the difficulties regarding the use of antibiotics in developing countries for agricultural means as outlined in the FAO Action Plan on Antimicrobial Resistance from 2016-2020 and Codex Alimentarius established by the WHO and the FAO on the limitation of antibiotic use in agriculture,

Recognizing the World Health Organization's *Antibiotic Resistance: Multi-Country Public Awareness Survey* (2015) that states ABR is not given adequate levels to media attention, thus causing misinformation and unknowing to people affected, such as patients or consumers,

Confident with WHO's collaboration with Drugs for Neglected Diseases initiative in the development of Global Antibiotic Research and Development Partnership which aims to develop and deliver new treatments for bacterial infections where drug resistance is present or emerging,

Observing the work of the WHO Emergency Health Program Beyond Borders, which has continuously demonstrated its capabilities in limiting the outbreak of illnesses,

Noting with satisfaction the previous success of WHO's Package of Essential Non-Communicable Disease Interventions for Primary Health Care in Low Resource Settings (PEN) in Southeast Asia for providing early detection of disease, which mitigates life-threatening complications and improves the

quality of care and simple indicators to measure the performance of health services given the availability of a minimum set of technologies and essential medicines using cost-effective investments,

Further noting the importance of the role that regional organizations and international organizations as stated by the Interagency Coordination Group on Antimicrobial Resistance (IACG) possess in combating ABR,

Deeply conscious of the continued need for antibiotics in the veterinary field, Member States are encouraged to emulate programs such as Innovative Veterinary Solutions for Antimicrobial Resistance (InnoVet-AMR) and in collaboration with the Network of Aquaculture Centers in Asia-Pacific, focusing on strengthening capacities, policies, self-assessment, and National Action Plans on prudent and responsible use of antimicrobials in fisheries,

Recognizing the important role that Non-Governmental Organizations (NGOs), such as the International Federation of Red Cross and Red Crescent Societies (IFRC), play in the international community specifically in responding to public health initiatives, programs, and crises,

1. *Encourages* Member States to increase some information and sharing between United Nations (UN) agencies, national and international organization such as South Eastern European Health Network (SEEHN) for stronger coordination to shorten response times;

2. *Expresses* the hope that Member States collaborate with the WHO to create national health policies and plans that address providing universal health coverage to close the gaps between individual Member States' health priorities and achieve SDG 3 by the regional coalitions such as *the European Center for Disease Prevention and Control,* the Association of Southeast Asian Nations (ASEAN) Regional Cooperation in Communicable Diseases and Pandemic Preparedness and Response (ASEAN RCPR)*,* and the Africa Centers for Disease Control and Prevention to assess accountability and surveillance mechanisms using intergovernmental dialogue to ensure sustainable development for future populations;

3. *Recommends* all willing and able Member States to meet the 0.7% standard of Official Development Assistance contribution towards the UN used to aid Member States in responding to public health events;

4. *Invites* all able and willing Member States and NGOs, such as the Global Alliance for Vaccines and Immunization and the Bill & Melinda Gates Foundation*,* to collaborate towards the integration and distribution of vaccines to all communities, especially rural areas, as the lack of immunization campaigns increases the spread of AMR globally;

5. *Reiterates* the modification of policies for a country-level approach through the FAO Assessment Tool for Laboratories and Antimicrobial Resistance Surveillance Systems;

6. *Suggests* cooperation between local government entities and regional NGOs by calling attention to the IFRC, Partners in Health, UN Volunteer program and Project HOPE to achieve the SDG 16 for communities to function independently and sustainably;

7. *Strongly urges* the adoption of an effective waste disposal system through logistical and technical coordination akin to the Infect Control 2020 that initiates the surveillance and sanitation of antibiotic water residues in various bodies of water to mitigate the spread of ABR;

8. *Supports* the expansion to expand the duties of epidemic and disease preparedness initiatives to consider their imperative role in the issue of AMR by organizing training centers for technical skills seminars on quarantine processes, drug production, and lab support cooperating with the distribution of drugs and microbial research infrastructures for neglected or reemerging pathogens;

9. *Asks* the Global Antimicrobial Resistance Surveillance System (GLASS) to work in cooperation with WHO Regional Offices in creating a guideline for tracking and surveying the optimization of antimicrobial agents and ABR patterns in all regions and producing a regional response to this emerging and reemerging threats;

10. *Expresses* the hope for the promotion of publicity on AMR material on a national and international level regarding issues such as:

    a. Suggesting the use of traditional and modern mass media to promote better understanding and awareness of ABR to mitigate and reduce the issue and related epidemics;

    b. Encouraging programs that mirror the *Rapid Deployment Expert Group to Combat Health Threats* and *Epidemic Control for Volunteers* toolkit to educate rural populations who do not have immediate access to media on the dangers and risks of AMR;

    c. Advocating school curriculums to include ABR awareness in science and health classes;

    d. Providing clear and widespread awareness campaigns in hospitals and working closely with doctors and pharmacists to ensure patients understand the risks associated with the misuse of antibiotics;

11. *Encourages* to increase the promotion of the information and technology sharing between international organizations such as SEEHN and Member States in order to shorten effective response times for public health emergencies;

12. *Further invites* Member States to create and implement applicable cost-effective plans regarding AMR that Member States can adapt and implement under the purview of UN Industrial Development Organization, the UN Commission of Population and Development, and the UN Environment Programme;

13. *Recommends* all Member States to provide appropriate and clear labeling on food items when antibiotics are used in production outlined within SDG 12 addressing Responsible Consumption and Production;

14. *Endorses* the adoption of the One Health Approach established by WHO, FAO, and the Organization for Animal Health (OIE) to address key areas of improvement to incorporate One Health Approaches and recommends partnerships with NGOs to ensure sustainable development.

Code: WHO/1/3
Committee: The World Health Organization
Topic: Antibiotic Resistance as a Threat to Global Health

The World Health Organization,

Recognizing the World Health Organization (WHO) and World Trade Organization (WTO)'s research awareness initiative Antimicrobial resistance- a global epidemic, stating that antibiotic usage has increased drastically due to international trade and an increasingly globalized world,

Guided by General Assembly resolution 71/211 (2017) on "International cooperation to address and counter the world drug problem," which calls for Member States to establish effective and comprehensive approaches to confront the misuse of drugs and antibiotics within healthcare systems,

Citing General Assembly resolution 72/139 (2017) on "Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society," which acknowledges that certain Member States incorporate public healthcare systems where health care and pharmaceuticals are provided through the government,

Recalling World Health Assembly (WHA) resolution 67/25 (2014), which urges Member States to slow the spread of antibiotic resistant bacteria in the efforts to improve health and health equity,

Taking note of WHO's development of National Medicines Regulatory systems (MRAs), established in 2007 under the WHO Data Collection tool to control the distribution and regulate the utilization of medical tools, vaccines, and antibiotics,

Highlighting that independent medical companies require regulation to ensure their product is compliant with the International Health Regulations (IHR), which aim to provide public health responses while avoiding unnecessary interference with international trade,

Drawing attention to the WHO's Tobacco Free Initiative (TFI) which outlined the lack of transparency within the medical industry preventing consumers from understanding the consequences of the improper use of drugs and antibiotics,

Concerned by the lack of awareness related to the threats that poor sanitation and hygiene have on antimicrobial resistance within the global population, such as an increased spread and higher concentration of resistant bacteria as cited by WHO's Water, Sanitation, and Hygiene (WASH) at the WHA in 2015,

Conscious of the need to expand on existing regulations regarding the quality and correct usage of antibiotics medication, such as WHO's policy package which addresses the issue of unauthorized dispensing of antimicrobials and the proper usage of said antibiotics,

Emphasizing the over prescription of antibiotics by licensed physicians leads to an exacerbated rate at which resistance develops among certain microbes, as was noted in a study conducted by the Center for Disease Control and Prevention (CDC),

Underscoring the importance of the World Antibiotic Awareness Week and its influence on raising awareness of antimicrobial resistance,

Appreciating WHO's annual World Health Summit, which convenes annually in Germany, and its purpose of improving global health and encouraging discussion of global health threats, specifically the emphasis on antimicrobial resistance in 2015,

1. *Invites* Member States to draft and implement their own National Action Plans that follow the framework established by preexisting Global Action Plans relating to Antimicrobial resistance for:

    a. Internally monitoring the distribution of antibiotics;

    b. Halting the influx of unregulated drugs dispensed from private sector companies;

2. *Requests* that Member States uphold their commitment to formulate effective and comprehensive policy to combat antimicrobial resistance in the face of the global health threats it presents by:

    a. Utilizing already existing programs that are outlined by the CDC, such as the PulseNet program established to track the spread of bacteria throughout Member States;

    b. Continuing to research effective means to combating antimicrobial resistance using predictive modeling to standardize data aggregation from national hospitals and laboratories to track accurate antimicrobial resistance (AMR) trends;

3. *Suggests* Member States with government provided healthcare to monitor their administration of antibiotics and practice more sustainable methods of treating infections and disease through:

    a. Reducing the scope of antibiotics administered to the population only to cases where clear bacterial infections exist;

    b. Limiting the prescription of broad range antibiotics to individuals whose ailments can be treated by more narrow spectrum medicine;

    c. Inhibiting the over-the-counter trade of antibiotics in order to prevent individuals from self-administering antibiotics for illnesses or infections that are not bacterial;

4. *Encourages* Member States to hold private sector medical distributors accountable for the amount of antibiotics accessible to doctors and patients by inviting health care professionals to create an oversight committee within their health care system to:

    a. Oversee the distribution of antibiotics in order to limit their accessibility;

    b. Improve scientific collaboration between physicians and private sector professionals to limit the over prescription of antibiotics;

5. *Recommends* Member States to implement medicinal regulation and control systems through the WHO Data Collection Tool to assess the necessity and accuracy of the antibiotics being diagnosed and distributed;

6. *Proposes that* Member States consider implementing the IHR's Joint External Evaluation due to its:

    a. Enhanced ability to improve preparedness by recommending a National Reference Laboratory where information regarding diagnostic results and epidemiological data should be updated and implemented;

    b. Increased potential for detection and response capacity where laboratories can identify all pathogens and conduct molecular characterization;

    c. Allocation of resources based on needs and findings, as a result of surveillance of infections in collaboration with stakeholders within the state;

7. *Recommends* Member States to implement legislation using the frameworks of preexisting AMR containment policies and control regulations by:

    a. Working with UN agencies such as the Food and Agriculture Organization to ensure that antibiotics are properly disposed of and therefore are not improperly used;

    b. Implementing other preexisting disposal methods such as WHO's global policy for sound health care wastes management (HCWM);

    c. Incorporating pharmaceutical supply chain transparency in order to avoid multiple distributors and to ensure supply does not exceed demand;

    d. Focusing on lowering the number of individuals who do not finish their medication through clear and concise labeling on medication packaging that include its contents, responsible usage, and implications of misuse;

8. *Recalls* the statistics found from TFI on the impact of detailed descriptions and pictures of the repercussions on tobacco use, Member States can:

    a. Support a global campaign to provide information, descriptions, and pictures regarding the harmful effects of the misuse of antibiotics;

    b. Publicize and reiterate the danger and consequences that antibiotic resistance presents to public health;

9. *Encourages* Member States to recognize WHOs policy of WASH in order to reduce the quantity of antibiotics in circulation by:

    a. Alleviating the heavy dependence on antibiotics by underscoring the benefits of practicing personal hygiene by way of establishing an agenda—suggested by the WHO to be adopted by Member States—through the UN World Antibiotic Awareness Weeks set to focus on hygiene;

    b. Bolstering a standard set by the WHO regarding personal hygiene such as the *Guidelines on Sanitation and Health* by:
        i. Keeping in mind the possibility of contamination of infectious diseases or bacteria to lessen the necessity of antibiotics and consequently mitigate the detrimental effects of resistance*;*
        ii. Advocating for the installment of standards of training health, medical, and related professions—as specified in the mandate of the WHO—with respect to sustaining and developing sanitation procedures;
        iii. Increasing awareness in the scope of the household to uphold sanitation practices by way of developing health promotion interventions held within Member State health industries;

10. *Recommends* Member States to reference public education programs such as the Epidemic Control for Volunteers toolkit to ensure that even rural communities have access to information about diseases, so afflicted citizens have and increased awareness about what prescription would be necessary;

11. *Commends* the expansion of global awareness campaigns focused on antimicrobial resistance such as World Antibiotic Awareness Week through:

    a. Increasing global awareness of the threats of antimicrobial resistance through increased commentary and declarations by the WHO and other UN bodies;

b. Creating a media campaign that will spark conversations about antimicrobial resistance and in turn generate awareness towards the threats antimicrobial resistance poses among consumers of antimicrobial medicines;

c. Encouraging global leaders to acknowledge and discuss the dangers that antimicrobial resistance present to global security and health;

d. Issuing a public declaration that 2019 is the year for Combating Antimicrobial Resistance;

12. *Encourages* the World Health Summit to incorporate antimicrobial resistance as an area of emphasis every conference due to the rising public health threat it presents to global health in order to:

    a. Stimulate conversation between world leaders, Non-Governmental Organizations, and the private sector about antimicrobial resistance;

    b. Improve and encourage information and expertise sharing about effective solutions and programs that combat antimicrobial resistance;

    c. Increase awareness to the threats of antimicrobial resistance and increase media coverage of the issues that it presents;

13. *Encourages* increasing the promotion of information and technology sharing between international organizations such as South Eastern European Health Network, The African Center for Global Health and Social Transformation, and the Asian eHealth Information Network, and Member States to shorten effective response times for public health emergencies by:

    a. Welcoming an open forum for Member States to discuss and highlight regional public health events regarding sustainable development, technology, and energy related solutions and advancements that contribute to combating AMR;

    b. Inviting Member States to Beijing in the year 2025 to address and assess the need for more allocated funding and voluntary contributions towards combating AMR in developing countries.

Code: WHO/1/4
Committee: The World Health Organization
Topic: Antimicrobial Resistance as a Threat to Global Health

The World Health Organization,

Guided by the *2030 Agenda for Sustainable Development* (2015) and Sustainable Development Goal (SDG) 3, which ensures healthy lives and promotes well-being for all and the manner which in it correlates to the threat of global health arising from antibiotic resistance (AMR),

Recalling World Health Assembly (WHA) resolution 68/7 (2015) which proposed the *Global Action Plan on Antimicrobial Resistance* and the importance of incorporating One Health approaches as these leads being able to effectively detect, respond to and prevent outbreaks of zoonosis and food safety problems,

Guided by the *International Covenant on Economic Social and Cultural Rights* of 1966, which states in article 12 that all peoples have the right to the highest attainable standard of health,

Recognizing WHA resolution 54/11 (2007) which provides the World Health Organization`s (WHO) strategy on the safe use of medicines, including antibiotics, to maintain a global standard to combat AMR,

Recalling the *Food and Agricultural Action Plan on Antimicrobial Resistance 2016-2020* which calls for an increase in awareness of antimicrobial resistance and safe practices within the agricultural sector to mitigate AMR,

Alarmed by the statistics reported by the 2009 *WHO Country Pharmaceutical Situations* which revealed that half of all Member States have not yet implemented a campaign for public education on the use of antibiotics,

Calling attention to the need for awareness within the agriculture and livestock industry, through the Food and Agricultural Organization (FAO)`s regional and national offices as 75 to 90% of antimicrobials used in livestock are excreted, mostly unmetabolized, therefore contaminating the soil and water ways,

Following the *WHO Antimicrobial Stewardship* self-paced course that will help equip clinicians and healthcare workers who prescribe antimicrobials with adequate knowledge and tools to improve the use of essential medications,

Taking into consideration WHA resolution 67/25 that highlights the importance of monitoring use of antibiotics in animals as this leads to an increase of AMR within consumers,

Noting with support the Global Antimicrobial Resistance Surveillance System (GLASS)'s aim to support global surveillance and research in order to strengthen the evidence base on antimicrobial resistance in order to lessen the threat of AMR,

Calling attention to the collaboration between FAO and WHO`s work of the Codex Alimentarius Commission on protecting consumer health and ensuring fair practices in the food trade,

Noting with concern that the black-market industry is a contributor to antibiotic resistance as highlighted by the WHO *Report on Surveillance of Antibiotic Consumption 2016-2018,*

Acknowledging the impact of the black-market industry on developing countries as stated in the United Nations Office on Drugs and Crime *World Drug Report 2018,* which estimated that 30 percent of drugs are sold under black markets in developing states, as opposed to only 1 percent in industrialized countries,

Aware of WHO`s recommendation in the 2017 *WHO Guidelines on the Use of Medically Important Antimicrobials in Food-Producing Animals* for farmers in the food industry to stop using antibiotics routinely to promote growth and prevent disease in healthy animals,

Recognizing the antibiotic prescribing and resistance: Views from Low and Middle Income Prescribing and Dispensing Professionals (2017), in which WHO found as many as 33% of antibiotics may be excessive due to their broad usage,

Recognizing WHO`s *Framework of Promoting the Health of Refugees and Migrants* (2017) in its contribution to improve global public health by addressing the health of refugees and migrants,

Emphasizing the pioneered *Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa in health care facilities* (2017) which highlights public health if international concern to bring attention to the threat of AMR,

Considering the Joint Interagency Antimicrobial Consumption and Resistance Analysis report by the European Centre for Disease Prevention and Control, along with other regional organizations, which identifies the correlation between veterinary antibiotic use in the livestock industry and antibiotic resistance,

Recognizing the Status of Over the Counter (OTC) Rulemaking coordinated by the United States Food and Drug Administration for classifying medications as OTC's to ensure that antibiotics can only be prescribed by general practitioners' (GP),

Noting with concern that recent findings reported in the *Journal of Antimicrobial Chemotherapy* show that 50% of all antibiotic prescriptions for children given by GP are excessive,

1. *Calls upon* Member States to promote healthy lives and well-being for all as recognized in SDG 3 and WHO's constitution, with special consideration to developing countries;

2. *Encourages* Member States to develop and implement National Action Plans (NAPs), aligned with *WHO`s One Health Approach,* in cooperation with private health industries and governmental bodies to address needs at the national level;

3. *Invites the* United Nations Development Programme to provide model NAPs on Antimicrobial resistance in line with the *Global Action Plan on Antimicrobial Resistance,* as this will allow all peoples to attain the highest standard health;

4. *Supports* WHO's cooperation with regional health ministries in practicing the restriction of the excessive use of antibiotics by requesting an annual report on antibiotic prescriptions from regional health ministries to decrease the threat of AMR;

5. *Invites* the FAO to institute programmes in conjunction with WHO to hold community workshops on what antimicrobial resistance is and safe agricultural practices to mitigate the spread of antimicrobial resistance through the agricultural sector;

6. *Recommends* Member States to encourage private industries to decrease the quantity of antibiotics used in the meat industry as this contributes to AMR within peoples;

7. *Recommends* moving away from the use of broad-spectrum antibiotics against a wide range of pathogens, and instead promoting the use of narrow-spectrum antibiotics to limit immunization of bacterial strains, and upon potential infection, ensuring, infected patients are isolated and treated separately to minimize the potential for the bacteria to spread to other patients;

8. *Requests* the establishment of a global data base established through funds by voluntary contributions by Member States to be overseen by WHO in conjunction with the World Organization for Animal Health (OIE) to monitor the distribution of antibiotics to be used in livestock:

    a. Building upon the OIE- FAO-WHO- collaboration in order to strengthen global knowledge of the risk of using antibiotics in livestock;

    b. Encouraging the implementation of international standards regarding the distribution of antibiotics;

9. *Encourages* the creation of a sub-committee of GLASS headed by a WHO representative to implement a test and rank system to make the presence of antibiotics in food products public information by:

    a. Appointing test administer trainings through a collaboration with the FAO who will consist of members from each Member State, that will annually conduct testing on their respective Member States food and agriculture products;

    b. Working alongside the FAO and Member States agriculture departments to accomplish a multilateral approach to the overuse of antibiotics in food products by publishing an annual report based on the finding of the test;

    c. Pursuing a multi-sectoral approach to decrease the use of antibiotics as growth promoters in animals slowing the spread of antimicrobial resistance within the population;

10. *Advises* Member States to adopt available codes established by the Codex Alimentarius Commission such as the *3-MCPD* which approve networks to reducing contaminants in refined oils, found in infant formula that the Joint FAO/WHO Expert Committee on Food Additives report pose certain risks to consumer health;

11. *Urges* industrialized Member States to educate its citizens on the threat of the black market, and to model the plans outlined in the European Union (EU) Action Plan on Drugs 2017-2020 by*:*

    a. Encouraging states to detect and dismantle illegal activity within the pharmaceutical sphere;

    b. Calling for states to adopt key indicators on antibiotic drugs, to better identify counterfeit substances;

    c. Inviting states to strengthen and monitor education and information-sharing surrounding black market threats;

12. *Recommends* implementing educational programmes amongst communities within developing states, over seen by WHO`s Surveillance and Monitoring systems which seek to, educate communities both on the dangers of consuming black-market antibiotics; as well as on detecting counterfeit antibiotics with the use of technologies;

13. *Calls for* a top-down AMR education and training program endorsed by WHO, to be integrated into Member States national health programs, in accordance with the comprehensive Center for Disease Control *Action Plan Against Antimicrobial Resistance* (2012) to:

    a. Create a global bi-annual conference for all pharmaceutical companies to educate, train and increase accountability, using the sustainable and controlled manufacturing idea proposed by the World Antimicrobial Resistance Congress by holding conferences every 6 months to assess the steps and actions taken by these companies to increases awareness and knowledge on AMR within their own company infrastructure;

b. Implement food and drug regulatory bodies in each Member State to give awareness training and attendance to such conferences for all companies and workers involved in the manufacturing and distribution of antibiotics;

c. Encourage AMR training programs to be included into credential programs for doctors, physicians, nurses and any health practitioners;

d. Make sure such training programmes are adopted by both domestic and non-domestic healthcare workers such as those found in Non-governmental organizations (NGOs);

e. Stress that patients are offered the black box warning that gives patients adequate information on prescribed drugs prior to the issuing of any antibiotic, be given either by a physician or pharmacists, as is observed;

14. *Urges* Member States to engage in educational programmes that advocate for the reduction of antibiotics in food producing animals to reduce AMR in animals by up to 39% as noted in WHO`s Guideline;

15. *Emphasizes* the incorporation of all relevant United Nations bodies to review guidelines and training to physicians in order to ensure proper amounts of medication as well as appropriate medication being prescribed with:

a. The implementation of a universal standard which centralizes treatment regimens provided to patients by physicians following WHO`s Guide to Good Prescribing*,*

b. The synchronization of strong support from governments, pharmaceutical companies, and distribution programs through NGOs, the required information may be implemented throughout rural regions as well as local communities for the required information to reach physicians and medical institution that provide care using antibiotics,

c. The recommendation for government and medical institutions to implement these treatment regimens in the training, certification, and licensing of medical professionals;

16. *Draws attention* to the equitable inclusion of refugees by increasing the United Nations High Commission on refugees work within refugee camps to make sure that refugees understand their rights as global citizens and to make sure that refugees are included within NAPs on AMR as refugees are also susceptible to AMR;

17. *Strongly advises* Member States to collaborate with the FAO in the creation of a global guideline for that emphasizes in the labeling and monitoring of food and livestock that contains antibiotics as this leads to an increase awareness of AMR within consumers;

18. *Aims* to promote the use of narrow-spectrum antibiotics in line with recommendations as proposed by the EU in WHO`s bulletin entitled *Negotiating Prices of Drugs for Rare Diseases* in cases where a specific pathogen is detected to increase versatility in patients;

19. *Invites* Member States to use the *Status of OTC Rulemaking* as a model framework to classify drugs by:

a. Researching mortality rates caused by the use of unnecessary prescriptions;

b. Encouraging national accountability guidelines for the mislabeling of antibiotics as OTC’s;

20. *Invites* Member States to work with WHO to create a tailored training program by working with regional and national health ministries modeled after the policy *Culture Matters: using a cultural*

contexts of health approach to enhance policy-making (2017) that takes into consideration the different backgrounds of individuals worldwide as all peoples are affected with AMR in all regions.