

24-28 March 2019

Documentation of the Work of the World Health Organization



Conference A

World Health Organization (WHO)

Committee Staff

Director	Kiki Tamis
Chair	Fiona Adams

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

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 25 Member States and one Observer.

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 three proposals covering a wide range of sub-topics, such as antibiotic use in the food production industry, education of health care providers, and surveillance and research. On Tuesday, delegates worked within the spirit of cooperation and consensus and moved towards merging into one working group. By the end of Tuesday, discussions continued concerning whether merging into a single working group was feasible given the time constraints. By Wednesday, consensus was reached in forming one working paper.

On Wednesday, one draft resolution was approved by the Dais, which had one amendment. The committee adopted the resolution without a vote. The resolution covered a wide range of issues, including strengthening the Global Action Plan on Antimicrobial Resistance, expanding the GLASS database, and encouraging communication between policymakers and grassroots workers. After voting procedure, Member States started discussing the next topic on the agenda "Strengthening Global Resilience against Outbreaks and Epidemics," before adjourning the meeting on Wednesday afternoon.

Overall, the committee addressed the topics with conviction, responsibility, and respect; the delegates worked in the true spirit of the World Health Organization as a consensus-building body to address antibiotic resistance as a threat to global health.



Code: WHO/1/1

Committee: World Health Organization

Topic: Antibiotic Resistance as a Threat to Global Health

1 *The World Health Organization,*
2
3 *Encouraged* by the Sustainable Development Goals (SDGs), specifically SDG 3, to “ensure healthy lives
4 and promote well-being for all at all ages,” which requires a global response to the alarmingly increasing
5 number of individuals affected by antibiotic resistance,
6
7 *Recalling* the Global Action Plan on Antimicrobial Resistance (AMR) WHA 68.7 which has set five
8 objectives: to improve awareness, strengthen knowledge, reduce the incidence of infection, optimize the
9 use of antibiotics, and increase investments in new medicines, vaccines, and other possible treatments of
10 bacterial infections,
11
12 *Underlining* the importance of article 25 of the *Universal Declaration of Human Rights* (1948), which
13 highlights the right to an adequate standard of living, which includes food, and medical care, as well as
14 the necessity for adequate health standards to be respected in food production to achieve this goal of
15 combating antibiotic resistance,
16
17 *Reaffirming* the importance of a multi-sectorial and trans-disciplinary perspective to prevent antibiotic
18 resistance from spreading by considering the aspect of food safety laid out in the One Health Approach,
19
20 *Alarmed by* the use of antibiotics as growth promoters in the agribusiness as well as the large-scale
21 indiscriminate use of antibiotics,
22
23 *Recalling* the statement by the Food and Agriculture Organization of the United Nations (FAO) in the
24 introduction of the FAO Action Plan on Antimicrobial Resistance 2016-2020, which states that inadequate
25 use of antimicrobials in food production are the main cause of the spread of AMR,
26
27 *Acknowledging* the value of the work done by international referral laboratories such as the Robert Koch
28 Institute, the Institut Pasteur, and the Weizmann Center in providing laboratories for AMR monitoring and
29 fostering research collaboration worldwide,
30
31 *Deeply concerned* by the lack of unified knowledge and communication between laboratories and policy-
32 makers as stated in the *Global Antimicrobial Resistance Surveillance System (GLASS) Report: Early*
33 *Implementation 2017-18,*
34
35 *Recognizing* the work and progress made by the Global Microbial Research and Development Hub (AMR
36 R&D Hub) in pushing for the development of new antibiotics and other treatments against bacterial
37 infections,
38
39 *Noting with regret* the lack of implementation of national regulations in Member States pertaining to the
40 overuse and misuse of antibiotics, as highlighted in the World Health Organization (WHO) *Global Action*
41 *Plan on Antimicrobial Resistance,*
42
43 *Recalling* World Health Assembly resolutions WHA39.27 on “The rational use of drugs” (1986),
44 WHA47.13 on “Rational use of drugs; and the WHO Actions Programme on Essential Drugs” (1994),
45 WHA51.17 on “Emerging and other communicable diseases: antimicrobial resistance” (1998), and
46 WHA58.27 on “Improving the containment of antimicrobial resistance” (2005),
47
48 *Reminding* Member States of the Secretariat’s recommendations from the report on *Antimicrobial drug*
49 *resistance* (EB134/37) by incorporating the prevention of antibiotic resistance in all health sectors by

50 reducing the usage of antibiotics, emphasizing the prevention of infection by practicing proper hygiene,
51 expanding healthcare access and infrastructure, and encouraging technical innovation for use in a global
52 action plan,

53
54 *Appreciating* the practical guidelines for approaches needed to ensure sustainable and effective global
55 action to address antimicrobial resistance following the One Health approach provided by the Interagency
56 Coordination Group on Antimicrobial Resistance (IACG),

57
58 *Acknowledging* the difficulties faced among various organizations and individuals regarding antibiotic
59 resistance including research, pre-existing WHO initiatives, and other educational initiatives due to
60 various barriers such as logistics, resources, and language, among others,

61
62 *Bearing in mind* the importance of research on alternative treatments for antibiotic resistant infections,

63
64 *Further recalling* General Assembly resolution 71/3, the “Political Declaration of the high-level meeting of
65 the General Assembly on antimicrobial resistance,” which acknowledges the presence of antibiotic
66 residue and the lack of research on reducing this residue within the environment,

67
68 *Taking note* that funding for the Global Microbial Research and Development Hub (AMR R&D Hub) is
69 provided through the German Federal Research Ministry (BMBF) as well as the Bill and Melinda Gates
70 Foundation and the Wellcome Trust that opens the door for further research,

- 71
72 1. *Suggests* promoting national resistance control teams by encouraging Member States to implement
73 worldwide coverage of national referral laboratories that:
- 74
75 a. Act as the government’s central scientific public health institution to monitor and analyze
76 long-term public health trends for countries or regions such as the Robert Koch Institute in
77 Germany, the Institut Pasteur in Paris, or the Weizmann Center in Israel;
 - 78
79 b. Rapidly analyze antibiotic resistance profiles of bacterial isolates and generate metagenomic
80 libraries of bacterial populations with the latest high throughput sequencing techniques and
81 providing downstream bioinformatic analysis pipelines to feed them in the GLASS dataset;
 - 82
83 c. Implement specific guidelines for the collection and processing of biological sample material
84 via a countrywide distribution system which will then be analyzed in the referral laboratories;
- 85
86 2. *Encourages* data-driven collaboration between Member States and pharmaceutical companies based
87 on GLASS data to promote the development of urgently needed antibiotics for bacterial infections
88 showing evidence of resistance modeled after the antibiotic pipeline in Canada and the United
89 Kingdom;
- 90
91 3. *Recommends* an annual international conference where all laboratory institutions working on
92 antibiotic resistance, practitioners, and governmental entities covering antibiotic resistance in
93 legislation may update their information modeled after the International Scientific Conference on
94 Antimicrobial Resistance 2018 in Indonesia, which was designed to be a singular conference for
95 information sharing to build and develop effective measures to tackle antibiotic resistance;
- 96
97 4. *Advises* to reduce the overuse of antibiotics, by encouraging Member States to improve the
98 documentation and legislation of antibiotic use, consumption profiles, supply chains and distribution,
99 through means including but not limiting to legal frameworks requiring distribution of antibiotics to
100 governmentally licensed distribution sites and implementing individual double-sided documentation
101 for antibiotic intakes, as known from the application of vaccines and therefore extending the
102 international WHO vaccination card to include antibiotic intakes, meaning it will be documented from
103 the patient side plus the doctor making the prescription, acknowledging the newly arisen need for
104 stricter control antibiotic intake;
- 105

- 106 5. *Urges* Member States to refer to WHO Critically Important Antimicrobials for Human Medicine ranking
107 as orientation for domestic legislation, circumscribing the use of mentioned antibiotics only for
108 necessities;
109
- 110 6. *Recommends* to emphasize the correlation between food production and antibiotic resistance spread
111 by promoting the World Antibiotic Awareness Week organized by WHO in November, and expand the
112 topics discussed to prevention in the agribusiness;
113
- 114 7. *Suggests* to reiterate the Global Action Plan on Antimicrobial Resistance (2015) of WHO and the FAO
115 Action Plan on Antimicrobial Resistance 2016-2020, specifically regarding the use of antibiotics in
116 food production, by encouraging Member States to adopt national policies which include measures
117 such as:
118
- 119 a. Regulations of growth promoting antibiotics in agriculture;
120
- 121 b. Subjecting any potential new antibiotic to thorough testing and reserving them as a last resort
122 treatment option;
123
- 124 c. Reducing the use of antibiotics for growth promotion and prevention of diseases in livestock
125 and instead only use them individually, in case of medical necessity;
126
- 127 8. *Invites* the national governments to award quality labels to the agribusiness as an incentive to
128 implement more responsible and sustainable production processes, especially in regards to the use
129 of antibiotics;
130
- 131 9. *Encourages* communication between policy makers, medical staff, and laboratories, as well as
132 international communication through the process of translation of reports into all official UN languages
133 so that all Member States can have access to updated information, for language barriers inhibit the
134 sharing of antimicrobial resistance data;
135
- 136 10. *Suggests* Member States initiate national laboratory evaluations for antibiotic resistance data
137 collection on both animal and human samples based off the FAO Assessment Tool for Laboratories
138 and Antimicrobial resistance in order to ensure efficient data collection and provide recommendations
139 for further development of Member States capacities, to promote greater involvement of developing
140 countries within the GLASS IT platform;
141
- 142 11. *Welcomes* the implementation of educational programs regarding antibiotic resistance through
143 existing channels such as the AMR R&D Hub to work with medical professionals across the globe
144 about antibiotic resistance:
145
- 146 a. Encourages Member States not actively involved with the AMR R&D Hub to join in order to
147 create a bridge between developing and developed countries towards education of
148 healthcare professionals and hopes for the expansion of already existing programs such as
149 the Global Antimicrobial Resistance Surveillance System;
150
- 151 b. Urges work with the World Alliance Against Antibiotic Resistance, starting at national levels
152 within Member States to allow and foster a multilateral dialogue to share data and medical
153 expertise;
154
- 155 12. *Highlights* the need to improve accessibility of the World Antibiotic Awareness Week as an
156 educational campaign to inform global citizens about the implications of antibiotic resistance and
157 supports the creation of further campaigns which:
158
- 159 a. Educate the public on the topic regardless of location or access to technology;
160
- 161 b. Are available in multiple languages, including the six official languages of the United Nations;

- 162
163 c. Include cooperation with the civil societies and tribal and local governments of Member
164 States to disseminate information;
165
- 166 13. *Encourages* Member States to implement and adopt regional online training modules for healthcare
167 professionals on antibiotic resistance, modeling programs after ones like the Antimicrobial
168 Stewardship for Africa to foster education on misuse of antibiotics and how to develop prescription
169 guidelines;
170
- 171 14. *Further invites* Member States to actively implement their National Action Plans (NAP) through
172 education, legislation and regulation;
173
- 174 15. *Recommends* the use of the WHO OneHealth Tool to help developing nations plan the better
175 allocation of their already existing funds toward the necessary strengthening of health infrastructure
176 based on programs and initiatives evaluating antibiotic resistance;
177
- 178 16. *Suggests* expanding the GLASS database through the integration of information from various
179 research institutions around the world, collected in bioinformatic databases of resistance genes, their
180 products and associated phenotypes, for example the open-source databases Comprehensive
181 Antibiotic Resistance Database or the European Nucleotide Archive, in the GLASS system, by:
182
- 183 a. Raising awareness for these open-source databases among WHO staff and regional offices
184 as well as on national level to promote further data collection;
185
- 186 b. Encouraging researchers and clinical institutions to feed research results as well as
187 diagnostic results to the GLASS database;
188
- 189 17. *Encourages* Member States to continue developing technology sharing partnerships with other
190 members in the aim of:
191
- 192 a. Informing local scientists to new practices and research methods to tackle antibiotic
193 resistance;
194
- 195 b. Providing assistance to Member States that are not yet part of GLASS and who do not have
196 the resources and adequate infrastructures to do so to acquire the research facilities with the
197 objective to join GLASS;
198
- 199 c. Helping Member States be capable of doing future research on their own regarding the issue
200 of antibiotic resistance;
201
- 202 18. *Further encourages* Member States to implement point prevalence surveys from sentinel sites, which
203 provides a snapshot of the prevalence of antibiotic resistance in Member States lacking capacity as a
204 first step in promoting reporting developing states, to be evaluated at national or regional referral
205 laboratories and integrated into the GLASS system;
206
- 207 19. *Urges* expansion of international collaboration of researchers focusing especially in developing
208 countries by:
209
- 210 a. Encouraging non-governmental organizations, such as the Bill and Melinda Gates foundation,
211 and national research institutes, like the National Institutes of Health in the United States of
212 America, to provide grants and scholarships to foster exchange of researchers for laboratory
213 visits in established national referral laboratories to learn new techniques to apply them in
214 their own;
215
- 216 b. Initiating a mentorship program between different national laboratories or development
217 agencies such as Israel's Agency for International Development Cooperation and the Japan

218 International Cooperation Agency to share technologies as well as to reinforce and optimize
219 the laboratories techniques in the long term and provide access to broader study populations;
220

221 20. *Encourages* Member States to support research for alternative solutions to antibiotics resistance by:
222

223 a. Promoting prevention through vaccines, referring to the Global Vaccine Action Plan, adopted
224 by the World Health Assembly, as well as and the use of probiotics, prebiotics and symbiotic
225 bacteria;

226 b. Sponsoring alternative research to antibiotics such as immunotherapeutic bacteriophage
227 therapy, bacteriocin, and predatory bacteria for treating diseases;

228 c. Advancing the development and usage of innovative, sustainable and natural solutions, such
229 as constructed wetlands and the use of activated charcoal within manure, to reduce antibiotic
230 residue in nature;

231 d. Delinking the research costs, sales income and market entry by providing research funding
232 by the expansion of existing funds, such as Fleming Fund and invite private donors to
233 contribute to these funds;

234 21. *Suggests* translating the data from the GLASS database into clinically applicable advances
235 developing a strategy to globally streamline the development of new antibiotics via making
236 suggestions to the national health ministries about what particular research would be valuable in the
237 specific region;

238 22. *Recommends* expanding educational initiatives regarding health and sanitation for individuals in order
239 to combat communicable diseases prior to the need for antibiotics in an effort to decrease the use of
240 antibiotics.
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