

**PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING**

**WHO headquarters, Geneva  
Wednesday, 25 January 2017, scheduled at 17:30**

**Chairman: Dr R. BUSUTTIL (Malta)**

**CONTENTS**

	<b>Page</b>
<b>1. Post of Director-General (continued)</b>	
<b>Nomination of candidates.....</b>	<b>2</b>
<b>Draft contract.....</b>	<b>2</b>
<b>2. Preparedness, surveillance and response</b>	
<b>Antimicrobial resistance .....</b>	<b>3</b>

**SEVENTH MEETING**

**Wednesday, 25 January 2017, at 17:30**

**Chairman:** Dr R. BUSUTTIL (Malta)

**The meeting was held in open (private) session from 17:30 to 18:15;  
it then resumed in public session.**

**1. POST OF DIRECTOR-GENERAL:** Item 4 of the agenda (continued)

**Nomination of candidates:** Item 4.1 of the agenda (document EB140/INF./1) (continued from the third meeting, section 2)

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the nominations for the post of Director-General adopted by the Board in open (private) session:<sup>1</sup>

The Executive Board,

1. NOMINATES

Dr Tedros Adhanom Ghebreyesus  
Dr David Nabarro  
Dr Sania Nishtar

for the post of Director-General of the World Health Organization, in accordance with Article 31 of the Constitution;

2. SUBMITS this nomination to the Seventieth World Health Assembly.

The CHAIRMAN said that the members of the Board had been greatly impressed by the calibre of all the candidates. It was a tribute to the Organization that highly competent and distinguished individuals had applied for the post of Director-General. He congratulated the three nominees.

**Draft contract:** Item 4.2 of the agenda (document EB140/3) (continued)

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the draft contract of the Director-General adopted by the Board in open (private) session:<sup>2</sup>

---

<sup>1</sup> Resolution EB140.R3.

<sup>2</sup> Resolution EB140.R4.

The Executive Board,  
In accordance with the requirements of Rule 107 of the Rules of Procedure of the World Health Assembly,

1. SUBMITS to the Seventieth World Health Assembly the draft contract establishing the terms and conditions of appointment of the Director-General;<sup>1</sup>
2. RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

I

Pursuant to Article 31 of the Constitution and Rule 107 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

II

Pursuant to Rule 110 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Seventieth World Health Assembly to sign this contract in the name of the Organization.

The CHAIRMAN said that the Secretariat had been asked to determine each nominee's preference with regard to the treatment of pension entitlements and to report thereon to the Seventieth World Health Assembly.

**2. PREPAREDNESS, SURVEILLANCE AND RESPONSE:** Item 7 of the agenda (continued)

**Antimicrobial resistance:** Item 7.2 of the agenda (documents EB140/11 and EB140/12) (continued)

The CHAIRMAN drew attention to a revised draft resolution proposed by Australia, Austria, Colombia, Costa Rica, Estonia, Germany, Ireland, Jamaica, Japan, Luxembourg, the Russian Federation and Switzerland, which read:

The Executive Board,  
PP1. Having considered the report on improving the prevention, diagnosis and clinical management of sepsis;<sup>2</sup>

---

<sup>1</sup> See Annex.

<sup>2</sup> Document EB140/12.

PP2. Concerned that sepsis continues to cause every year approximately six million deaths worldwide, most of which are preventable;

PP3. Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

PP4. Considering that sepsis has a unique and time-critical clinical course which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

PP5. Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, access to improved sanitation and water availability and other infection prevention and control best practices.

**Forms of septicaemia associated with nosocomial infections are severe, hard to control and have high fatality rates; [Congo]**

PP6. Recognizing that while sepsis itself cannot always be predicted its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

PP7. Recognizing the need to improve measures of prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, insufficient laboratory services as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

PP8. Noting that healthcare associated infections represent a common pathway through which sepsis can lead to an increased burden on the healthcare resources;

PP9. Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services and timely access to healthcare including intensive care services, with reliability in the delivery of the basics of care including intravenous fluids and the timely administration of antimicrobials where indicated;

PP10. Acknowledging that:

(i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;

(ii) the Global Action Plan on antimicrobial resistance<sup>1</sup> adopted by resolution WHA68.7 (2015) as well as resolution WHA67.25 (2014) urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;

(iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;

(iv) in the absence of appropriate and timely clinical management including effective antimicrobials sepsis would be almost universally fatal;

(v) ineffective or incomplete antimicrobial therapy **in infections including sepsis and more generally related to infections** ~~in infections~~ **[Thailand]** may be a major contributor to the increasing threat of antimicrobial resistance; and

(vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines;

**(vii) recognizing that immunocompromised patients are most at risk from very serious forms of septicaemia; [Congo]**

PP11. Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality which urged Member States, inter alia, to integrate cost-effective **and affordable** **[Thailand]** new vaccines into national immunization programmes in countries where it is feasible;

---

<sup>1</sup> Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

PP12. Recognizing the importance of strong functional health systems which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

PP13. Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

PP14. Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September<sup>1</sup> in many countries, to raise awareness regarding sepsis,

#### OP 1. URGES Member States:<sup>2</sup>

- (1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in healthcare settings according to international guidelines, ~~through health promotion and health services;~~ **[Thailand]**
- (2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;
- (3) to continue in their efforts to reduce antimicrobial resistance, and promote the appropriate use of antimicrobials in accordance with the Global Action Plan on Antimicrobial Resistance<sup>3</sup> including development and implementation of comprehensive antimicrobial stewardship activities;
- (4) to develop and implement standard and optimal care and strengthen medical counter measures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;
- (5) to increase public awareness of **protection from infectious diseases—sepsis** **[Turkey]** through health education, including on patient safety, to ensure prompt initial contact between affected persons and the healthcare system;
- (6) to develop training for all health professionals on infection prevention and patient safety and the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;
- (7) to promote research aimed at innovative means of diagnosing and treatment of sepsis across the lifespan, **including for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies;** **[Russian Federation]**
- (8) **to apply and make best use of ICD system to establish the prevalence and profile of sepsis and AMR, and [Thailand]** to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to

<sup>1</sup> See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

<sup>2</sup> And, where applicable, regional economic integration organizations.

<sup>3</sup> Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

preventive, diagnostic and treatment activities and access to relevant health care for survivors;

(9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities<sup>1</sup> held every year on 13 September in Member States;

## OP 2. REQUESTS the Director-General

(1) to draw attention to the public health impact of sepsis including by publishing a report on sepsis, describing its global epidemiology and impact on the burden of disease and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems by the end of 2018;

(2) to support Member States as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

(3) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable **types of [Russian Federation] treatments of sepsis and infection prevention and control, including immunization, particularly [Russian Federation]** in developing countries while taking into account relevant existing initiatives;

(4) to report to the Seventy-third World Health Assembly, through the Executive Board, on the implementation of this resolution.

The financial and administrative implications of the draft resolution for the Secretariat were as follows.

<b>Resolution:</b> Improving the prevention, diagnosis and management of sepsis	
<b>A. Link to the General Programme of Work and the Programme budget</b>	
<b>1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.</b>	Twelfth General Programme of Work, 2014–2019, category 3, outcome: increased access to interventions for improving health of women, newborns, children and adolescents; category 4, outcome: policies, financing and human resources are in place to increase access to people-centred, integrated health services; category 5, outcome: increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics. Programme budget 2016–2017, outputs: 3.1.1; 3.1.2; 3.1.4; 3.1.6; 4.2.3; and 5.2.2.
<b>2. Please provide a short justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.</b>	4.5 years

<sup>1</sup> See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

<b>B. Budgetary implications for implementation of additional deliverables</b>			
<b>1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:</b> None			
<b>(i) Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US\$ millions:</b>			
– <b>How much are the resources available to fund the proposed resolution in the current biennium?</b> US\$ 0.40 million (in-kind staff contribution across regional offices and WHO headquarters).			
– <b>How much would the financing gap be?</b> US\$ 1.68 million.			
– <b>What are the estimated resources, not yet available, if any, which would help to close the financing gap?</b> Zero.			
<b>2. 2018–2019 (if required): estimated budget requirements, in US\$ millions:</b> US\$ 4.63 million.			
<b>Level</b>	<b>Staff</b>	<b>Activities</b>	<b>Total</b>
Country offices	0.00	1.20	1.20
Regional offices	1.35	0.48	1.83
Headquarters	1.20	0.40	1.60
<b>Total</b>	<b>2.55</b>	<b>2.08</b>	<b>4.63</b>
<b>3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions:</b> US\$ 4.63 million.			

The representative of NEPAL said that recent studies indicated that the South-East Asia Region would bear the highest burden of antimicrobial resistance. Without timely interventions, antimicrobial resistance had the potential to become a significant health, economic and social problem. It was of concern that no new antibiotics had been produced for human use in over a decade; the rational use of available antibiotics was therefore essential. The Secretariat should take into consideration the issue of access to antibiotics faced by developing countries such as Nepal, which was as much of a public health dilemma as inappropriate use. It was therefore important to adopt an approach that addressed those two health challenges equally, including through advocacy and public awareness-raising activities, in particular at the national and local levels. His Government was committed to mitigating the threat posed by antimicrobial resistance.

The representative of LIBERIA said that she endorsed the statement made by the representative of New Zealand. It was important to accelerate implementation of the global action plan on antimicrobial resistance and to consider the range of mechanisms for dealing with the issue, including the One Health approach, the International Health Regulations (2005) and national action plans to strengthen health systems. Such mechanisms would also serve to address sepsis-related issues. She requested that Member States should be given additional time to consider the draft resolution, as it involved a range of pharmaceutical, diagnostic and device-manufacturing costs and had the potential, especially for low-income countries, to shift attention away from health system strengthening to a specific condition.

The representative of PAKISTAN said that stakeholders must recognize all factors contributing to antimicrobial resistance, which included inappropriate use of medicines, lack of access to diagnostic and other health technologies, and inadequate medical strategies in under-resourced health systems. Noting that readily available and affordable vaccines could in many cases prevent the use of antibiotics, he called for an economic evaluation to be carried out in order to highlight the need for affordable vaccines for poorer populations. Systematic regulation of the private sector was necessary, particularly in developing countries, in order to contain both overuse and inappropriate use of antimicrobials. Special consideration should be given to specific diseases, such as multidrug-resistant tuberculosis, that required a more aggressive approach at the global level. The situation in the area of animal husbandry was particularly alarming, as a broad spectrum of antimicrobials was being used in large quantities for treatment and prophylaxis, in the absence of a regulatory framework. Governments should establish multisectoral platforms to develop, implement and monitor national policies and strategies on antimicrobial resistance. Action to tackle antimicrobial resistance must prioritize the needs of patients and health workers.

The representative of JAPAN<sup>1</sup> said that his Government accorded high priority to the issue of antimicrobial resistance. The momentum generated in tackling antimicrobial resistance had to be translated into concrete action at the regional and country levels. To that end, WHO, in close collaboration with FAO and OIE, should provide Member States with technical support to enable them to take action, including the promotion of prudent use of antimicrobials. His Government stood ready to share its experiences and technologies in that regard. Sepsis, which was preventable and treatable, had become an issue in both developed and developing countries and therefore required action at the global level. It was critical to disseminate knowledge and promote education and training for health care professionals on prudent use of antimicrobials, especially in secondary and tertiary hospitals.

The representative of AUSTRALIA<sup>1</sup> expressed strong support for the establishment of an ad hoc interagency coordination group and asked for continued updates on the steps taken to that end, noting that rapid action was needed in order to build on the global momentum. He looked forward to the creation of a global development and stewardship framework on antimicrobial medicines, which should strike a balance between issues of access, appropriate use, the strength of scientific knowledge and elements of the One Health approach, and welcomed further engagement with Member States on its development. He acknowledged the substantial body of work that WHO had undertaken to address the issue of sepsis. Australia was pleased to cosponsor the draft resolution on sepsis.

The representative of BANGLADESH<sup>1</sup> said that his Government had stepped up its efforts to control antimicrobial resistance following a One Health approach, including through the development of a national strategy and action plan and the expansion of laboratory networks. It was important to recognize the link between antimicrobial resistance and universal health coverage, in order to help to situate the challenges related to antimicrobial resistance within the wider framework of the Sustainable Development Goals. Although access to antimicrobials without prescription posed challenges, the availability of such medicines by prescription only constrained access, particularly in resource-limited settings. Rapid scaling up of universal health coverage under the supervision of a trained health workforce would be essential, and would require the mobilization of adequate financial and technical resources to support least developed and developing countries. An update on the establishment of a global development and stewardship framework would be appreciated.

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



The representative of NORWAY<sup>1</sup> asked what steps the Secretariat was taking to follow up with the 103 countries that had not yet responded to the survey developed by WHO, OIE and FAO on the status of development of a national action plan on antimicrobial resistance. Noting that monitoring and evaluation were crucial components of the global action plan, he said there was need for the development of a system to enable countries to report on antimicrobial resistance using the joint external evaluation tool. Given the role of the environment and the ecosystem as a whole in the spread of antimicrobial resistance, and in keeping with the One Health approach, he encouraged WHO to work with UNEP and other organizations of the United Nations system heavily involved in the work to achieve the Sustainable Development Goals, such as UNDP and UNICEF. He stressed the urgent need for the rapid establishment of both an ad hoc interagency coordination group and a global development and stewardship framework, with the involvement of all relevant stakeholders.

The representative of INDONESIA<sup>1</sup> said that her Government had implemented an antimicrobial resistance containment programme in 2016, heightening public awareness of the issue through communication, education and training, capacity-building and surveillance. However, limited resources and institutional capacity remained a challenge to such efforts. Her Government encouraged multisectoral collaboration in the context of the One Health approach and had participated actively in various high-level meetings to strengthen advocacy and secure engagement at the national, regional and global levels. She requested WHO, together with FAO and OIE, to provide specific and coordinated support to Member States in developing national action plans, noting that her Government was in the process of drafting its own action plan.

The representative of GERMANY<sup>1</sup> said that the final report on antimicrobial resistance to be submitted to the Seventieth World Health Assembly should include information on: activities undertaken to tackle bacterial resistance, not just resistance of HIV and the pathogens causing tuberculosis and malaria; progress in other areas, such as implementation of the Global Antimicrobial Resistance Surveillance System; the launch of the Global Antibiotic Research and Development Partnership; and the joint activities undertaken by WHO, FAO and OIE. Accelerated efforts and joint action would be required at all levels in order to fulfil the commitments set out in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance and in the global action plan on antimicrobial resistance.

During its presidency of the Group of 20, her Government would address antimicrobial resistance focusing on two elements: the One Health approach; and research and development for new antibiotics, alternative therapies and rapid point-of-care diagnostics. The Group of 20 agriculture ministers had agreed to restrict use of antibiotics in veterinary medicine to therapeutic use alone, and had stated that responsible and prudent use of antibiotics in food-producing animals did not include use to promote growth in the absence of a risk analysis.

Her Government had sponsored the draft resolution on sepsis in order raise awareness, strengthen prevention, early diagnosis and timely management of the condition, and ensure that health workers were trained to handle cases of sepsis. Sepsis management must form an integral part of health management systems.

The representative of GHANA<sup>1</sup> said that the report set out in document EB140/11 provided no information about the reasons for the slow progress in developing a global development and stewardship framework, and clarification of processes leading up to the conclusion of the framework would be appreciated. The establishment of the framework and preparation of national action plans

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

could take place simultaneously, particularly as the provision of certain information and development of standards for action plans would be facilitated by the framework.

The representative of SWITZERLAND<sup>1</sup> said that he would welcome further information on the establishment of an ad hoc interagency coordination group. Having outlined some of the steps taken in his country with regard to antimicrobial resistance, including contributing financially to the Global Antibiotic Research and Development Partnership, he called on all stakeholders to increase investment in research and development on new antibiotics and diagnostic tools.

The representative of DENMARK<sup>1</sup> said that the clear requirements to establish multisectoral action plans and ensure prudent use of antibiotics were welcome. Robust, integrated surveillance of antibiotic use and development of antimicrobial resistance in all sectors was important and Denmark fully supported the adoption of a One Health approach. Her country would welcome the establishment of an ad hoc interagency coordination group in the first quarter of 2017.

The representative of PANAMA<sup>1</sup> said that it was important to raise awareness of antimicrobial resistance, and welcomed the global action plan on antimicrobial resistance. She expressed her country's willingness to be added to the list of sponsors of the draft resolution on sepsis, noting the importance of early diagnosis, treatment, capacity-building for health care workers, and appropriate use of antibiotics. Effective, inclusive multisectoral action at the global, regional and national levels was essential, including for rationalizing the use of antibiotics, controlling the emergence of resistance and promoting the development of new antimicrobial medicines. Vaccines should be recognized as an effective means of prevention.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA<sup>1</sup> said that a lack of understanding of the scale of the problem of antimicrobial resistance was a major issue. Member States had to recognize the need for urgent multisectoral action, and WHO should enhance its awareness-raising activities using innovative methods in order to inform the public, not merely the scientific and medical community. He sought clarification regarding the progress made in establishing a global development and stewardship framework and when the results of the proposed ad hoc interagency coordination group expert consultation would be shared with Member States. Tackling antimicrobial resistance was a particularly ambitious task in low-income countries, where better monitoring and surveillance to obtain data on antimicrobial resistance were needed. WHO should collaborate with Member States to develop policy and regulatory frameworks.

The representative of BRAZIL<sup>1</sup> expressed support for the convening of an ad hoc interagency coordination group and the establishment of a global development and stewardship framework. He would welcome further consultation on the framework and noted the relevance of the recommendations made by the United Nations Secretary-General's High-Level Panel on Access to Medicines on alternative innovation mechanisms in combating antimicrobial resistance. In adopting a One Health approach to the issue of antimicrobial resistance, the human–animal interface must be tackled strictly on the basis of scientific evidence. The highly relevant issue of sepsis should be addressed in connection with the global action plan on antimicrobial resistance and related national plans.

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ZIMBABWE,<sup>1</sup> recognizing the importance of developing detailed national action plans to address antimicrobial resistance, said that Member States should be assisted in establishing national surveillance and data collection mechanisms. The Secretariat should organize interim briefings for Member States on the status of a global development and stewardship framework, before the Seventieth World Health Assembly.

The representative of INDIA,<sup>1</sup> having outlined some of the steps taken at the national level to tackle antimicrobial resistance, sought clarification from the Secretariat regarding the slow progress in establishing a global development and stewardship framework. He said that the framework, which should be developed through an intergovernmental process, must focus not only on controlling the production, distribution and sale of antibiotics, but also on areas that were not receiving enough attention, such as research and development and affordable access to new and existing antimicrobials, including for those for HIV infection, tuberculosis and malaria.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that multistakeholder action was vital in tackling antimicrobial resistance, and urged governments to consult national dental associations when developing their national action plans. In order to optimize antibiotic use and combat antibiotic resistance, all prescribers, including dentists, would have to examine prescribing behaviours and the effectiveness of current guidelines.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that a successful global development and stewardship framework would require close collaboration between physicians and pharmacists. She welcomed the work undertaken by the WHO Expert Committee on Selection and Use of Essential Medicines concerning the appropriate use of antibiotics and fully supported the establishment and implementation of diagnostic tools to tackle antimicrobial resistance.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIRMAN, said that the shortage of qualified biomedical laboratory scientists constituted a barrier to a comprehensive antimicrobial resistance-monitoring programme. Harmonization of standards was essential to improve the collection, interpretation and use of data on antimicrobial resistance, which could foster innovations conducive to new diagnostic methods, targeted interventions and improved patient care.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that research and development would play an essential role in global efforts to tackle antimicrobial resistance. Accountability in meeting commitments on antimicrobial resistance, including compliance with General Assembly resolution 71/3, was essential. Efforts to establish an ad hoc interagency coordination group should therefore be accelerated.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that sustained and coordinated multisectoral action on antimicrobial resistance was needed and noted the importance of political engagement at the national level to implement the commitments set out in the political declaration of the high-level meeting of the General Assembly. Despite the important role played by nurses, many initiatives promoting prudent antimicrobial prescribing and management had failed to include them, limiting the impact on patient

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

outcomes; nurses must be included in surveillance, monitoring and auditing activities. She called for the finalization of a global development stewardship framework.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE), speaking at the invitation of the CHAIRMAN, said that a global development and stewardship framework must support antimicrobial innovation by promoting open, collaborative modes of research and development that ensured fair returns on public investment. WHO should exercise leadership in advancing the framework. The principles of affordability, equity and de-linkage of the costs of research and development and the price of health products must be taken into account in all mechanisms to address antimicrobial resistance, and every effort must be made to promote policy coherence. Noting the critical gaps in national action plans, she said that the provision by WHO and its partners of adequate financial and technical resources was essential for setting up and implementing national action plans, particularly in developing and least developed countries. The process for establishing an ad hoc interagency coordination group must be transparent and inclusive, and conflicts of interest must be avoided.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that action on antimicrobial resistance must address knowledge gaps, including on the use of alternatives to antimicrobials, and welcomed the Memorandum of Understanding between China and the United Kingdom of Great Britain and Northern Ireland on antimicrobial resistance research and collaboration. Students in the field of health care should be involved in initiatives to combat antimicrobial resistance, and modules concerning antimicrobial resistance should be more widely included in pharmacy curricula.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN said that the focus must now be on implementing fully commitments on antimicrobial resistance through the development, funding and implementation of national action plans, and the establishment of policy and regulatory frameworks, including a global development and stewardship framework. Surveillance, laboratory and diagnostic capacities, infection prevention and control, health systems and human resources must also be strengthened in developing countries. She welcomed the decision to hold a high-level meeting of the General Assembly on tuberculosis in 2018. Efforts must be made to increase affordable access to vaccines, diagnostics and medicines, which were critical in reducing antibiotic use. Research and development on new health technologies was crucial, but public health safeguards that had already been agreed, such as the de-linkage of research and development costs from prices and sales, must be respected.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that she was concerned that the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance did not contain specific targets. The slow progress concerning national regulations on dispensing antibiotics without a prescription and on using antibiotics for non-medical purposes was also worrying. A focus on education was advisable. Learning modules on appropriate antibiotic use, infection prevention and antimicrobial resistance should be provided before and while working as a health care professional, and she called on Member States and WHO to fund and support independent basic and continuing education on antimicrobial resistance through academic institutions and health professionals' organizations. Her association stood ready to assist and participate in the development and dissemination of teaching modules to physicians and other health care professionals.

The DIRECTOR-GENERAL expressed appreciation for Member States' strong support in approving the global action plan on antimicrobial resistance and the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. She had held discussions

with the new United Nations Secretary-General on ways to ensure full implementation of the political declaration, including the establishment of an ad hoc interagency coordination group. With a view to achieving equitable geographical and gender balance, she hoped that the group would include scientists from developing countries and female scientists. WHO continued to provide technical support to countries in the development of their national action plans. She acknowledged the need to examine and recognize the relationships and interlinkages among the various mechanisms outlined in the political declaration, including the proposed global development and stewardship framework on antimicrobial medicines and the global action plan on antimicrobial resistance.

The SPECIAL REPRESENTATIVE OF THE DIRECTOR-GENERAL (Antimicrobial Resistance) said that the Secretariat was working closely with the United Nations Secretary-General with regard to the ad hoc interagency coordination group and would move forward in a timely manner following its establishment. In the context of transparency and accountability, Member States would be provided with updates on the activities of the group.

To date, 49 Member States had finalized their national action plans and a further 67 countries were on track to complete them before the Seventieth World Health Assembly; the Secretariat was providing support to the remaining countries to facilitate their progress in that regard.

A total of 30 countries had already enrolled in the Global Antimicrobial Resistance Surveillance System, launched in March 2016, and another 10 were in the enrolment process, indicating that good progress had been made in the area of surveillance. Progress was also being made towards finalization of a report on the global development and stewardship framework for submission to the Seventieth World Health Assembly. The report would include information on the updated draft Model List of Essential Medicines, which included a core list of antibiotics, and on work to identify priorities for research and development, including a priority list of pathogens for which product development was needed.

**The Board noted the report contained in document EB140/11.**

The representative of JAMAICA, speaking on behalf of the sponsors of the draft resolution on sepsis, read out proposed editorial amendments to the draft resolution. In preambular paragraph 10(v), the words “antimicrobial therapy in infections” should be amended to “antimicrobial therapy of infections” and in preambular paragraph 10(vii), the words “recognizing that” should be deleted. In paragraph 1(5), “protection from infectious diseases” should be replaced with “the risk of progression to sepsis from infectious diseases” and in paragraph 1(8), “make best use of” should be replaced with “improve the use of the”.

**The Board noted the report contained in document EB140/12.**

The CHAIRMAN took it that the Board wished to adopt the draft resolution as amended.

**The resolution, as amended, was adopted.<sup>1</sup>**

**The meeting rose at 19:40.**

= = =

---

<sup>1</sup> Resolution EB140.R5.