

Improving the prevention, diagnosis and management of sepsis

**Draft resolution proposed by Australia, Austria, Colombia,
Costa Rica, Estonia, Germany, Ireland, Jamaica, Japan,
Luxemburg, Russian Federation and Switzerland**

The Executive Board,

PP1. Having considered the report on improving the prevention, diagnosis and clinical management of sepsis;¹

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

¹ Document EB140/12.

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 resistance¹ 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 [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;

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;

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

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 September¹ in many countries, to raise awareness regarding sepsis,

OP 1. URGES Member States:²

- (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 Resistance³ 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]**

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

² And, where applicable, regional economic integration organizations.

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

(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 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 activities¹ 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.

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