

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**Palais des Nations, Geneva
Wednesday, 24 May 2017, scheduled at 14:30**

**Chairman: Dr H. M. AL-KUWARI (Qatar)
later: Mr P. DAVIES (Fiji)
later: Dr H. M. AL-KUWARI (Qatar)**

CONTENTS

	Page
Preparedness, surveillance and response (continued)	
Health emergencies (continued)	
• The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (continued)	2
• WHO response in severe, large-scale emergencies (continued)	2
• Research and development for potentially epidemic diseases (continued)	2
• Health workforce coordination in emergencies with health consequences (continued)	2
Implementation of the International Health Regulations (2005) (continued)	2
Antimicrobial resistance	5

COMMITTEE A

FOURTH MEETING

Wednesday, 24 May 2017, at 14:45

Chairman: Dr H. M. AL-KUWARI (Qatar)

later: Mr P. DAVIES (Fiji)

later: Dr H. M. AL-KUWARI (Qatar)

PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda (continued)

Health emergencies: Item 12.1 of the agenda (continued from the third meeting, section 3)

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

Implementation of the International Health Regulations (2005): Item 12.4 of the agenda (documents A70/15 and A70/16) (continued from the third meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of items 12.1 and 12.4 of the agenda, which were being discussed together.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and responding to the comments made, recalled decision WHA69(9) (2016), in which the Sixty-ninth World Health Assembly had welcomed the progress made in the development of the WHO Health Emergencies Programme, the elaboration of an implementation plan, and the establishment of the Independent Oversight and Advisory Committee for the Programme. She also recalled document A69/30, which provided an overview of the oversight and implementation plan for the Programme. The Independent Oversight and Advisory Committee would continue to track the implementation of and monitor the progress made by the Programme using a tool developed for that purpose and would report on progress made in accordance with the results framework that had also been developed. She urged the Member States to wait until the Committee had reported to the governing bodies before taking a decision on whether or not to develop a new implementation plan.

She assured Member States that the Independent Oversight and Advisory Committee would continue to ensure that the WHO Health Emergencies Programme complemented WHO's traditional technical and normative role, with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. The work of the Committee had been informed by reviews and assessments conducted by panels and advisory committees appointed by the Director-General and the

United Nations Secretary-General. She invited Member States to study and comment on the reports published by the Independent Oversight and Advisory Committee, which were available online.

Although progress had been made, much remained to be done. She agreed that it was important to build partnerships and strengthen regional and country-level action, and explained that the Independent Oversight and Advisory Committee would report on those issues in the upcoming reporting cycle. As a number of speakers had noted, it was indeed vital to increase funding levels to deal with the fragility of the WHO Health Emergencies Programme, and to ensure its long-term sustainability.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the WHO Health Emergencies Programme remained a work in progress and positive developments included the creation of a functional global surveillance system, enabling a more timely response to events, including natural disasters, disease outbreaks or conflicts. Momentum was being gained with respect to: implementation of the International Health Regulations (2005); assessment and development of core capacities required by the Regulations at the country level; and control of infectious diseases, including yellow fever and cholera. Strong teams had been established at all levels of the Organization, and existing partnerships and networks had been strengthened. The regional offices and, in particular, the regional emergency directors, played a critical bridging role between the global and country levels. The Organization was also enhancing its advocacy for the health needs of the most vulnerable populations, and for the protection of health care workers and facilities.

He welcomed the Independent Oversight and Advisory Committee's focus on country capacities, including the capacity of country offices to support national emergency preparedness and response. As part of the implementation process for the new incident management system, the critical leadership role of the WHO heads of offices had been clarified, and the Secretariat would seek to improve the capacity of major country offices by supporting leadership posts, particularly in countries facing protracted and long-term crises, as well as more enabling functions in areas such as finance, administration, logistics and security, which were vital to making WHO more operational at the country level. Member States had highlighted the need to tailor the work of the Programme to respond to specific needs and emergencies in different regions, in line with existing national and regional capacities.

Referring to the blueprint for research and development preparedness for rapid research response, he said that the Blueprint Global Coordination Mechanism sought to bring together national and global stakeholders to enhance collaboration and fill existing research gaps. An updated list of priority diseases had been published in January 2017 and progress had been made in defining the vaccines and diagnostics requiring urgent attention. The Secretariat recognized the need for equitable access to effective and affordable products and policy coherence in all activities related to research and development, and would keep Member States updated on the progress made in implementing the research and development blueprint.

He welcomed the fact that the Independent Oversight and Advisory Committee had chosen to focus its recommendations on business processes. A range of standard operating procedures geared towards achieving shorter-term efficiencies had been approved and incorporated into the WHO eManual. However, a more fundamental shift was needed in the way that country offices operated, particularly in situations involving protracted crises and long-term vulnerabilities. The level of authority delegated to WHO representatives and incident managers in areas such as finance, human resources and procurement must be increased; new procedures were being tested to that end.

New standard operating procedures were being drafted to fast-track due diligence processes for non-State actors. However, it was also clear that, along with a greater level of autonomy, country offices would require increased support and capacity to ensure the successful roll-out of the WHO Health Emergencies Programme. In addition, a different approach and a greater level of investment in staff welfare and security were required. In line with the recommendations made by the Independent Oversight and Advisory Committee, a working group had been established to address those issues.

Challenges facing the WHO Health Emergencies Programme, including unmet needs in Somalia and Yemen, highlighted the fact that expectations had risen with regard to the Organization's performance, particularly in the context of multiple emergencies in various parts of the world. The rising number of emergencies, including those classified as Grade 3, placed a significant strain on staff and on the Organization as a whole. In response to concerns expressed by Member States and the Independent Oversight and Advisory Committee regarding the sustainable financing of the WHO Health Emergencies Programme, including the Contingency Fund for Emergencies, he explained that the finances of the Programme had improved considerably since the 140th session of the Executive Board. However, funding was still short-term and highly earmarked. He stressed that without a significant change in financing, it would not be possible to implement all of the Independent Oversight and Advisory Committee's recommendations. Financial resources for the Contingency Fund for Emergencies, which had been integral to improving WHO's response to outbreaks and emergencies, would be fully depleted as of September 2017. As part of its medium- to long-term resource mobilization strategy, the Programme was shifting the focus from global- to country-level fundraising. He called on Member States to ensure that funding levels for the Contingency Fund did not fall below US\$ 20 million.

The Secretariat was committed to further work on investment cases and strategic plans, in order to ensure long-term, predictable funding, which would in turn help to guarantee a smoother transition of assets under the Global Polio Eradication Initiative.

In summary, the WHO Health Emergencies Programme was at a critical juncture; progress had been made, but remained fragile. Welcoming the words of support from Member States and partners, he called for concrete action to ensure global health security.

The representative of THAILAND welcomed the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola outbreak and response. However, she expressed concern regarding the potential overlap between the work of the proposed technical advisory group of experts on infectious hazards, the Review Committee and other emergency committees for specific diseases, which could result in an inefficient use of WHO resources. Her Government supported the Organization's role in monitoring additional health measures and enhancing compliance with the temporary recommendations under the International Health Regulations (2005), and encouraged States Parties affected by those recommendations to play an active part in efforts to find a mutually acceptable solution under Article 43 of the Regulations.

Further efforts were needed to close implementation gaps, including measures to create strong, sustainable, multisectoral political and financial commitments to enable the functions of National IHR Focal Points; strengthened capacities to improve surveillance, epidemiological and response activities; strengthened capacity in the areas of human resources, points of entry and chemical and radiation emergencies; and active engagement of the security sector and the media in activities relating to the International Health Regulations (2005).

The representative of SWITZERLAND welcomed the important role played by WHO in the field of research and development, and the progress made following the Ebola virus disease and Zika virus disease outbreaks. WHO was best placed to develop a global approach to research and development and promote coordination in that field. It was essential to promote collaboration and create synergies between work on antimicrobial resistance, diseases that disproportionately affected low- and middle-income countries, and potentially epidemic diseases. It was therefore crucial to provide financial support to the Global Observatory on Health Research and Development and the Consultative Expert Working Group on Research and Development: Financing and Coordination, in order to ensure a unified approach to research and development in the field of health. She encouraged the Secretariat to ensure collaboration within the Organization, and to integrate the blueprint for research and development into its institutional structure.

The representative of PARAGUAY regretted the late distribution of documents A70/15 and A70/16, which hindered full consideration of the item. Moreover, the documents referred only to the draft global five-year strategic plan to improve public health preparedness and response 2018–2022, and did not include a monitoring and evaluation strategy for implementation of the International Health Regulations (2005), which should form part of the strategic plan, and which should be submitted to the Health Assembly for consideration. Likewise, she regretted that some of the suggestions put forward by States Parties of the Region of the Americas had not been incorporated into the strategic plan.

The representative of NEPAL said that the proliferation of nuclear power and chemical plants must be taken into account when developing plans and policies relating to the International Health Regulations (2005), as incidents at such plants could have a direct, long-term impact on health. Given that implementation of the Regulations required a multisectoral approach, it was important to explore cooperation with regional and subregional mechanisms or forums in other sectors, in order to ensure the engagement of political and development actors. In addition, Nepal, and many other countries, shared porous borders, which posed significant challenges with regard to implementation of the Regulations. It was therefore necessary to identify clusters of countries based on shared borders, including population interactions and epidemiological risks, in order to develop shared modalities. He encouraged the Secretariat to promote and facilitate bilateral and multilateral collaboration among those clusters of countries in order to ensure the effective joint implementation of the International Health Regulations (2005).

The Committee noted the reports contained in documents A70/8, A70/9, A70/10, A70/11 and A70/15.

The CHAIRMAN took it that the Committee wished to suspend its consideration of document A70/16, pending the outcome of informal consultations.

It was so agreed.

Antimicrobial resistance: Item 12.2 of the agenda (documents A70/12, A70/13 and EB140/2017/REC/1, resolution EB140.R5)

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, recalled that the Executive Board, at its 140th session, had considered progress made in implementing resolution WHA68.7 (2015) on the global action plan on antimicrobial resistance and United Nations General Assembly resolution 71/3, on the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. The Board had also considered a report on improving the prevention, diagnosis and clinical management of sepsis. Member States had highlighted the need to raise awareness of and accelerate actions to address antimicrobial resistance and sepsis, and had looked forward to the establishment by the United Nations Secretary-General of the Interagency Coordination Group on Antimicrobial Resistance, as well as an update on progress made in the creation of a global development and stewardship framework on antimicrobial medicines and resistance. In addition, Member States had noted the importance of prevention and early diagnosis of sepsis, as well as the need for robust infection prevention and control programmes and the integration of sepsis in initiatives on antimicrobial resistance. The Board had recommended the adoption of the draft resolution contained in resolution EB140.R5.

The representative of MALTA spoke on behalf of the European Union and its Member States. The candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and

Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with the statement. She welcomed WHO's leadership role in the implementation of the global action plan on antimicrobial resistance, but noted that further support should be provided to Member States in the development of national action plans and called on countries to engage in that work. She urged the Interagency Coordination Group on Antimicrobial Resistance to provide guidance across the United Nations system to promote a One Health approach to antimicrobial resistance. Work on the global development and stewardship framework must be accelerated. Enhanced cooperation and increased funding for research and development on antimicrobial resistance were also needed at the international level, including on new innovative infection treatment methods and health threats such as multidrug-resistant tuberculosis. Greater clarity was needed on how the Secretariat would provide support to and link work in that area with the work of the Interagency Coordination Group. The Secretariat should also systematically exchange information with the international research platforms on antimicrobial resistance that were supported by the European Union. Tackling antimicrobial resistance would require "push and pull" mechanisms to bring new interventions to market, the prudent use of antimicrobials, and health systems strengthening, including through efficient infection prevention and control measures. She encouraged WHO to strengthen efforts to prevent infections that may lead to sepsis.

The representative of QATAR, underlining the seriousness of the problem of antimicrobial resistance, expressed support for the global action plan and its recommendations. His Government had adopted a number of measures to tackle antimicrobial resistance, including the development of a monitoring and surveillance programme on the use of antibiotics in hospitals, measures to enhance coordination between governmental and nongovernmental entities, and awareness-raising measures. He supported the work of the Interagency Coordination Group on Antimicrobial Resistance to develop measures to tackle antimicrobial resistance for adoption at the international level.

The representative of the PHILIPPINES welcomed the establishment of the Interagency Coordination Group on Antimicrobial Resistance and outlined the measures implemented by her Government to tackle antimicrobial resistance, which included the development of a national action plan; measures to foster closer intersectoral collaboration; the provision of training and toolkits for hospitals on antimicrobial stewardship; and the publication of national antibiotic guidelines. In addition, her Government was standardizing the use of the International Statistical Classification of Diseases and Related Health Problems and had strengthened laboratory surveillance. Her country would encourage the adoption of an ASEAN declaration to combat antimicrobial resistance.

The representative of MONACO expressed support for the draft resolution.

The representative of NORWAY welcomed the collaboration between the Secretariat and Member States in the development of national action plans to combat antimicrobial resistance and was pleased to note that the Interagency Coordination Group on Antimicrobial Resistance had begun its work. She emphasized that the One Health approach must take into account all relevant environmental aspects, including agriculture and contamination from the pharmaceutical industry. In that connection, she encouraged WHO to continue to work closely with UNEP and other relevant United Nations entities. She underlined the need to integrate substances with antimicrobial activity used in households, industry and food production into the One Health approach, and asked for relevant information in that regard to be included in future reports. Although progress had been made in relation to the development of the Global Antimicrobial Resistance Surveillance System, further efforts should be made to avoid the duplication of monitoring efforts and to make full use of existing tools, such as the joint external evaluation tool. She expressed strong support for the approach

proposed by the Secretariat in the draft road map for the finalization of the global development and stewardship framework and looked forward to engaging in the associated discussions.

The representative of PARAGUAY said that her Government was developing a multisectoral national action plan in line with the One Health approach and the global action plan and had begun to implement some of the related activities. She asked for the time frame for implementation of the global action plan to be extended at the country level and requested technical and logistical support from international organizations in that regard. Work on the development of a framework for monitoring implementation of national action plans, which should involve regional consultations, was essential and should begin following the current Health Assembly. Since joint external evaluation was an optional component of the International Health Regulations (2005), certain countries could choose not to participate in the self-assessment monitoring questionnaire developed by FAO, OIE and WHO.

The representative of the RUSSIAN FEDERATION said that her Government had sponsored the draft resolution on sepsis in view of the seriousness of the problem. She encouraged the development of innovative approaches to the diagnosis, treatment and prevention of sepsis and the training of specialists, and underscored the need for alternative medicines, new vaccines, increased access to research and enhanced intersectoral cooperation. Her Government accorded high importance to tackling sepsis and had implemented a range of measures to that end. Turning to the report on antimicrobial resistance, she highlighted the fact that the joint external evaluation under the International Health Regulations (2005) was a voluntary process and had not been agreed on by all Member States. As such, she would endorse the report on antimicrobial resistance provided that the proposal to verify self-reported data through joint external evaluation was deleted from the document.

The representative of SWEDEN said that the response to antimicrobial resistance must follow a One Health, multisectoral approach. It was imperative to maintain momentum, build capacities and ensure sustainability in order to meet commitments on antimicrobial resistance. Noting that it was essential to enhance surveillance and share information through the Global Antimicrobial Resistance Surveillance System, he called on Member States to increase efforts to ensure its implementation. He also called for further advancements in the global development and stewardship framework and welcomed the draft road map for its finalization, but urged the Secretariat to accelerate action in that regard. His country supported the scope of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. The Interagency Coordination Group on Antimicrobial Resistance must promote synergies between existing structures and systems, including the global action plan and the 2030 Agenda for Sustainable Development. In that connection, prompt action was needed before the Director-General was due to report to the United Nations General Assembly. Although continued efforts at the highest level were required to ensure a strong response by all relevant sectors, the involvement of United Nations headquarters must not undermine the role of technical organizations including WHO.

The representative of BRAZIL said that his Government recognized the importance of antimicrobial resistance and was formalizing its national action plan. The elaboration of a global development and stewardship framework must continue in close consultation with Member States, with a view to considering a draft framework at forthcoming WHO governing body meetings. It was a matter of concern that the report by the Secretariat made little or no reference to access to and the affordability of new and existing antibiotics and alternative therapies, vaccines and diagnostics, and alternative innovation models, which were covered in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. All aspects of those points could be addressed in the global development and stewardship framework. He did not agree with the proposed periodic verification of self-reported data through the joint external evaluation tool under the International Health Regulations (2005), as the tool was voluntary, and the procedures to put it into

operation had yet to be discussed by the governing bodies. Caution should be exercised when updating the WHO Model List of Essential Medicines to address the issue of sepsis, and Member States should be consulted. National action plans on antimicrobial resistance should also be taken into account in that process. His Government was implementing a range of measures to tackle sepsis, including a set of guidelines for the prevention and treatment of sepsis.

The representative of the UNITED STATES OF AMERICA highlighted the importance of prioritizing gram-negative bacterial infections in efforts to combat antimicrobial resistance, and requested the Secretariat to continue to focus on the global action plan and on priority antibiotic-resistant bacterial pathogens. She supported the proposed scope of the global development and stewardship framework outlined in the draft road map, and the provision of information on best practices, guidance and recommendations regarding stewardship and the development of new antimicrobials. Further discussion was needed on the remit of WHO regarding the operationalization of the framework and on the achievement of its goals. A multisectoral approach was critical in order to ensure effective action on development and stewardship. WHO should involve FAO and OIE in the development of guidelines on the use of antimicrobials in food-producing animals, and in all other WHO initiatives that covered issues that fell within their mandates.

Turning to the issue of sepsis, she expressed support for the draft resolution and the future priorities contained in the report. To combat sepsis, it was necessary to improve prevention, early detection and the training of health professionals, including by placing a greater emphasis on surveillance and epidemiological data, and by creating a more explicit link between initiatives to combat antimicrobial resistance, surveillance to guide antimicrobial regimens for suspected sepsis, and efforts to optimize the management of antibiotics. Greater importance should also be given to the de-escalation of antibiotic treatment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that it would be challenging to deliver a useful global development and stewardship framework that would not be superseded by other initiatives, given the complexity and size of the task. He asked how the Secretariat would ensure the availability of resources to deliver the framework in a timely and effective manner, while ensuring alignment with other FAO and OIE initiatives, and how Member States and experts could provide relevant support. It was vital to ensure that the Member States that were yet to implement their national action plans moved forward with that work, with the support of the Secretariat. She asked whether the Secretariat had considered a timeline for the transition from supporting the development of national action plans to their implementation. The efforts to address the increasing threat of multidrug-resistant tuberculosis should be linked to the global antimicrobial resistance response. The Interagency Coordination Group on Antimicrobial Resistance was essential to improve the coordination of global efforts on antimicrobial resistance, identify gaps, and bring together key stakeholders ahead of the next United Nations General Assembly. With regard to sepsis, priority should be given to raising awareness among and improving training for health professionals, rather than to public awareness campaigns.

The representative of the BAHAMAS underscored the need to build supporting structures to strengthen testing on antimicrobial resistance, and to ensure access to affordable laboratory reagents. A communication strategy was required to engage other relevant sectors in the fight against antimicrobial resistance. His Government was applying the global action plan at the national level. While progress had been made, it was essential to continue to implement national action plans, set priorities and sustain and align actions with financial resources. New antimicrobial medicines were urgently needed. He commended the work done by the Global Sepsis Alliance. Noting that Sustainable Development Goals 3 and 6 were directly related to preventing sepsis, he said that his Government had prioritized the Sustainable Development Goals in its national development agenda. Highlighting

the importance of action to tackle antimicrobial resistance and sepsis, he expressed support for the draft resolution.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the need for a multisectoral response to antimicrobial resistance. Despite the high level of commitment achieved and the experience gained through the development and implementation of national action plans on antimicrobial resistance, greater alignment and synergy were needed between bilateral and multilateral partnerships. He welcomed the establishment of the Interagency Coordination Group on Antimicrobial Resistance and of national working groups on antimicrobial resistance, which would ensure effective action at the national and international levels.

The representative of FRANCE requested the Secretariat to continue supporting Member States with the implementation of their national action plans, in collaboration with FAO and OIE. In 2016, her Government had adopted a road map setting out 40 actions to reduce the use of antibiotics, implementing a One Health approach by involving not only the health and agriculture sectors but also the education, research and environment sectors, among others. Her Government was awaiting with great interest the recommendations of the global development and stewardship framework, and hoped that the Interagency Coordination Group on Antimicrobial Resistance would provide clear guidelines on the cautious and rational management of antimicrobial medicines. She requested the Secretariat to provide recommendations on ensuring the availability of quality older antibiotics and vaccines, including by proposing mechanisms to prevent market distortion. The lack of new medicines to treat drug-resistant tuberculosis was also alarming. She stressed the importance of seeking synergies among the many international actions and initiatives to implement the global action plan, and to improve research and development on new antimicrobials, alternative therapies and diagnostic tools. As from September 2017, her Government would coordinate the European Union's joint action on antimicrobial resistance and health care associated infections, involving FAO, OIE, the Regional Office for Europe and other key stakeholders.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, said that priority had been given to combating multidrug-resistant tuberculosis and artemisinin-resistant malaria in the Region. All Member States of the Region were scheduled to implement their national action plans by August 2017. WHO should collaborate with FAO and OIE, in line with the One Health approach, to build country capacities to effectively implement national action plans. Member States should strengthen laboratory capacities to bolster surveillance on antimicrobial resistance, and the Global Antimicrobial Resistance Surveillance System should accelerate the inclusion of antimicrobial resistance in animals and agriculture and the monitoring of antimicrobial consumption. The report of the Interagency Coordination Group on Antimicrobial Resistance should contain recommendations, including on synergies and coordination among FAO, OIE and WHO at the global, regional and country levels, and strategies to improve country implementation and monitoring capacities.

While she supported the draft resolution, she noted the importance of retaining a focus on antimicrobial resistance, as its scope was much wider than that of sepsis. Indeed, the comprehensive implementation of the global action plan on antimicrobial resistance would contribute extensively to the fight against sepsis. She proposed that the words "international guidelines" should be replaced by "WHO guidelines" in paragraph 1(1), and that the words "to develop sepsis prevention and management guidelines and" should be added at the beginning of paragraph 2(1).

The representative of THAILAND noted the significant progress achieved in tackling antimicrobial resistance since the adoption of the global action plan. Her Government had formulated a national action plan and had enrolled in the Global Antimicrobial Resistance Surveillance System. It

was also one of the few developing countries that had begun to establish a national surveillance mechanism to monitor the consumption of human and veterinary medicines and track and trace the distribution of antimicrobials for human and animal use. She welcomed the establishment of the Interagency Coordination Group on Antimicrobial Resistance, which would promote the implementation of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. Recognizing the importance and urgency of sepsis prevention and management, she expressed support for the draft resolution and noted her Government's active participation in related regional initiatives.

The representative of ALGERIA said that the growing threat to all countries posed by antimicrobial resistance required a concerted and urgent response, including through the implementation of the global action plan, and the development and implementation of national action plans. National responses would prove inadequate, however, unless particular attention was paid to the challenges faced by low- and middle-income countries, including with respect to the affordability of and access to high-quality antibiotics, vaccines and diagnostic tools. The recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines should serve as a reference for all stakeholders. It was crucial to strengthen health care systems at the country level, encourage the sharing of information at the national, regional and global levels and raise awareness of the importance of prevention.

The representative of NEPAL said that the Member States of the South-East Asia Region bore a high burden of antibiotic resistance, which could have a devastating impact on public health and economic activity, and seriously undermine global efforts to eliminate and control many common public health problems. Given that the development of new antibiotics took many years and required huge financial investment, it was imperative to prolong the usefulness of existing antibiotics. Public awareness-raising campaigns were needed, particularly at the local and national levels. He urged the Secretariat to support people-centred approaches that promoted the rational use and distribution of antibiotics, particularly in developing countries, and to provide technical support to Member States to strengthen surveillance systems and laboratory capacity. National, regional and subregional surveillance databases on antimicrobial resistance should be established and made available to Member States and all relevant stakeholders in order to better inform decision-making. He underscored the importance of multisectoral collaboration, in line with the One Health approach.

The representative of the NETHERLANDS said that significant progress had been achieved in raising the political profile of the threat of antimicrobial resistance. He was concerned, however, that many countries had still not developed a national action plan and, in particular, that some countries were failing to address certain key aspects of the problem, such as the use of antimicrobials as a tool for promoting animal growth, the discharging of antibiotic residues into the environment, and over-the-counter sales of antibiotics or substandard drugs. WHO must ensure that the Interagency Coordination Group on Antimicrobial Resistance took an active role in discussions on the issue, including by formulating a road map with clear goals and deliverables. The Director-General elect must continue to prioritize action to tackle antimicrobial resistance.

The representative of CANADA commended FAO, OIE and WHO for the progress made in implementation of the global action plan and welcomed the adoption of a multisectoral One Health approach. Her Government was developing a national framework on antimicrobial resistance with multistakeholder and multisectoral engagement, and had pledged 9 million Canadian dollars to support the WHO Antimicrobial Resistance Secretariat, as well as funding to facilitate OIE engagement in the Interagency Coordination Group on Antimicrobial Resistance. In addition, her Government had enrolled in the Global Antimicrobial Resistance Surveillance System.

The global development and stewardship framework must have clear and achievable goals and promote tangible and concrete action in line with international antimicrobial resistance standards, and in accordance with national contexts. She highlighted the need for collective action, which would protect global health, strengthen health systems and support key commitments, including the 2030 Agenda for Sustainable Development. Recognizing the relationship between antimicrobial resistance and sepsis, and its impact on clinical responsiveness to the treatment and evolution of sepsis and septic shock, she expressed support for the draft resolution.

The representative of PANAMA said that her Government had adopted the One Health approach to tackle rising antimicrobial resistance and had established a committee comprising experts from the public health, animal, plant and environmental sectors to regulate and monitor the issue, particularly the use of antimicrobials in those sectors. Her Government was also developing a national action plan with an emphasis on the training of experts in human and animal health and students of human and veterinary medicine in the rational use of antimicrobials, combined with public awareness-raising efforts. Support would be required in order to introduce the necessary changes in the medical, veterinary and industrial sectors. Political, technical and financial support, including from FAO, OIE and WHO, would be necessary at all levels, especially for the national regulatory authorities. She highlighted the importance of vaccines as part of preventive measures, and the need for a life course approach in tackling antimicrobial resistance. Her Government hoped that the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance would encourage a unified, global approach to halt the advance of antimicrobial resistance.

The representative of GERMANY said that her Government had provided considerable financial support to WHO and the Global Antibiotic Research and Development Partnership in the fight against antimicrobial resistance. Member States must ensure the timely implementation of the global action plan, as well as the prompt development and implementation of national action plans. Her Government had recently published an interim report on implementation of the national antimicrobial resistance strategy. Combating antimicrobial resistance was one of the priorities of the German presidency of the G20, as reflected in the Berlin Declaration of the G20 Health Ministers, which called for efforts to raise awareness of antimicrobial resistance; strengthen infection prevention and control; strengthen surveillance and sharing of data; ensure the prudent use of antimicrobials; and foster research and development of new antibiotics, alternative therapies, vaccines and point-of-care diagnostics. It was important to coordinate existing initiatives, provide affordable access to new and existing antimicrobials, and engage the environmental sector, in order to combat antimicrobial resistance effectively.

She welcomed the draft road map for the finalization of the global development and stewardship framework, which must be comprehensive and cover human and veterinary medicine, agriculture and the environment. Member States should be closely involved in the further development of the framework.

Noting with grave concern the high incidence of sepsis at the global level, she called for efforts to increase awareness of antimicrobial resistance and sepsis among medical staff and the public, and to strengthen prevention and control measures. The draft resolution could make a major contribution to such action.

The representative of IRELAND welcomed WHO's efforts to promote the early diagnosis and treatment of sepsis, which would save lives. Her Government supported the education and training of health professionals and the public on the prevention and recognition of sepsis, and had developed evidence-based clinical guidelines on sepsis. Since the launch of the national sepsis programme, in-hospital sepsis-associated mortality had fallen, as had the average length of hospital stays for sepsis cases. Her Government fully supported the draft resolution and looked forward to working with Member States in its effective implementation.

The representative of INDIA said that his Government had implemented a range of measures to combat antimicrobial resistance in India, including the development of a national action plan, the establishment of surveillance networks, and the amendment of legislation to better regulate sales of antimicrobials and promote the rational use of medicines. He called for the ongoing collaboration between FAO, OIE and WHO to be maintained, and for the Global Antimicrobial Resistance Surveillance System to be expanded to include animal health, agriculture and the environment; a working group should be established at the earliest opportunity in order to achieve that objective. Underscoring the voluntary nature of joint external evaluation, he said that the International Health Regulations (2005) would need to be amended in order for all States Parties to carry out external evaluations, even on a voluntary basis.

The scope of the global development and stewardship framework should also be expanded to include research and development, as well as affordable access to new and existing antibiotics and diagnostic tools. The three interrelated themes of antibiotic stewardship, research and development, and access to antibiotics must be reflected in a balanced manner in any future global framework on antimicrobial resistance, which should be formulated through an intergovernmental process. A clear focus must be maintained on supporting Member States in their efforts to implement national action plans to combat antimicrobial resistance, including through the provision of technical support and the mobilization of resources.

The representative of FIJI, speaking on behalf of the Pacific Island Countries, thanked the Secretariat for the support provided to Pacific Island Countries and for advocating that antimicrobial resistance was a major development issue for those countries. Antimicrobial resistance had the potential to pose a serious threat to Pacific Island Countries, including disruption of the ecological balance and pollution of the sea, which local populations depended on as a source of food. In response to that threat, several Pacific Island Countries had adapted the global action plan to their national priorities and had developed national action plans. In that respect, she called on FAO, OIE and WHO to provide the necessary technical and financial support to Pacific Island Countries for the effective implementation of national action plans and to ensure a multisectoral approach, in line with the One Health approach. In addition, resources were required to address the challenges of limited awareness of the threats posed by antimicrobial resistance, including the absence of surveillance systems to monitor antimicrobial resistance and use, insufficient diagnostic and laboratory facilities, and difficulties in translating strategic goals into practical action. To tackle antimicrobial resistance effectively, Member States must implement the actions described in their national action plans.

Mr Davies took the Chair.

The representative of ETHIOPIA said that his country had implemented a wide range of measures to combat antimicrobial resistance, including the development of a national action plan following the One Health approach, and implementation of a national strategy for the prevention and containment of antimicrobial resistance, which was aligned with the objectives outlined in the global action plan. However, further action was needed in view of the challenges that remained, in particular capacity limitations. He expressed the hope that support would be provided by international partners, in particular to developing countries.

The representative of FINLAND underscored the need for the prudent use of antibiotics, access to accurate, real-time diagnostic tools, vaccines and alternative methods of infection control, and measures to prevent the transmission of resistant microbes, including measures to raise awareness of the importance of hand hygiene. Her Government had implemented a range of measures to tackle antimicrobial resistance, including the development of a new national action plan, the introduction of legislation, the establishment of nationwide surveillance systems, and awareness-raising campaigns for

health and social care professionals and the public. Antimicrobial resistance, however, remained a global health threat to both humans and animals and would require a multisectoral response.

The representative of the CONGO said that broad-spectrum antibiotics were very costly, and their use in the long-term treatment of immunocompromised patients was depleting hospital resources. The Secretariat should specify, among anti-infective medicines, the role of systemic antifungals, which were often used in the treatment of such patients and which were extremely expensive. Noting that multidrug-resistant tuberculosis was a considerable problem in the African Region, he said that second-line anti-tuberculosis medicines were difficult to access, and the WHO treatment guidelines for drug-resistant tuberculosis were not widely used, which posed significant problems for countries with limited resources. Third-line HIV medicines were simply not affordable and thus not accessible to countries with limited resources. He regretted that the global action plan on HIV drug resistance (2017–2021) was still being developed, even though the first half of 2017 had already passed, as it hindered the development of national action plans and efforts to fight resistance to antiretroviral medicines. With regard to malaria, he noted that, in addition to resistance to antimicrobial medicines, attention should be accorded to resistance to insecticides and anti-vector substances, which were no longer effective in the African Region.

Insufficient information had been provided in document A70/13 on immunodeficiency conditions that frequently led to sepsis; cancer had been mentioned, but other conditions existed that led to infections associated with severe sepsis. An annex containing a list of the main infections linked to severe sepsis, including diabetes and sickle cell anaemia, should be added to the document, as should the need for vaccines against streptococcus pneumonia and haemophilus influenzae as part of measures to prevent infections that led to sepsis.

The representative of GABON, speaking on behalf of the Member States of the African Region, called for technical and financial support to enable the Member States of the African Region to develop their national action plans. Challenges to tackling antimicrobial resistance in the Region included limited access to quality medicines, weak engagement of health professionals, and non-compliance with rules governing the prescribing and dispensing of antimicrobials. Prevention and control of antimicrobial resistance required the engagement of all Member States.

National action plans must be adopted and implemented, in line with the strategic objectives of the global action plan. To that end, National IHR Focal Points should be designated, national multidisciplinary working groups established, and joint external evaluations conducted. She encouraged WHO to strengthen its collaboration with FAO and OIE.

The representative of GHANA urged the Secretariat and Member States to sustain political and country-level momentum to ensure that all countries were included in efforts to tackle antimicrobial resistance. Initiatives to develop new antimicrobials, vaccines and diagnostic tools must be sustained. Implementation of the global action plan was essential to ensure country ownership and actions. She looked forward to the roll-out of the global development and stewardship framework, but noted that funding gaps were hindering that process. Antimicrobial resistance must be linked to the 2030 Agenda for Sustainable Development to ensure that sustainable resources continued to be mobilized. She supported the draft resolution.

The representative of PAKISTAN expressed support for the goals of the global action plan regarding the treatment and prevention of infectious diseases with safe and effective medicines. Her Government had introduced measures to tackle antimicrobial resistance, including the designation of a national focal point on antimicrobial resistance for human health, the establishment of a multisectoral oversight committee to develop technical and policy documents, and the development of a national strategic framework. In addition, her Government was in the process of enrolling in the Global Antimicrobial Resistance Surveillance System and establishing related surveillance mechanisms. The

national action plan would be costed and the necessary resources mobilized to enable its formal implementation.

The representative of KENYA said that her Government had developed a national action plan on antimicrobial resistance, but needed to mobilize the resources required to support the implementation of the priority areas identified in the plan, including research and development, and raising awareness of and knowledge on antimicrobial resistance among the public and health professionals. With support from OIE, her Government had developed guidelines on antimicrobial use in animals, and was addressing gaps in regulation on the use of antibiotics in food, health products and veterinary medicines. The Secretariat should continue to provide technical and financial support for the implementation of national action plans, update Member States on the work of the Interagency Coordination Group on Antimicrobial Resistance, organize consultations with Member States on the global development and stewardship framework, and provide a comprehensive report on those consultations before the Seventy-first World Health Assembly.

The representative of MEXICO welcomed the Secretariat's report on antimicrobial resistance. When drafting a national action plan, in line with the One Health approach, his Government had identified obstacles that included a lack of resources and the need for cost-effective diagnosis and multisectoral coordination. The support of international organizations was therefore essential to filling implementation gaps. He asked the Secretariat to indicate when the road map for the finalization of the global development and stewardship framework would be published. The framework should be drawn up through a consultative intergovernmental process that involved coordination with other organizations to avoid the duplication of efforts.

The representative of JAMAICA commended the global action plan and said that her Government was committed to developing a national action plan in line with the One Health approach. The Secretariat should increase support for countries by providing training on the methodology for monitoring antibiotic consumption at the national level with an emphasis on human health, animal health, crop production, food safety and the environment. She welcomed the development of protocols to measure antibiotic use in a standard way in hospitals, new recommendations on infection prevention and control, and the circulation of the WHO Model List of Essential Medicines. Since a lack of finances could threaten success, WHO and international partners should continue to advocate for guidance on the integrated surveillance of antimicrobial resistance in the food chain and for laboratory capacity-building. She expressed support for the draft resolution.

The representative of NEW ZEALAND welcomed the outcomes of the high-level meeting of the United Nations General Assembly on antimicrobial resistance, in particular the establishment of the Interagency Coordination Group on Antimicrobial Resistance, and encouraged continued work on the global development and stewardship framework. The support of the Health Assembly for the Proposed programme budget 2018–2019 reflected the global significance of antimicrobial resistance. She outlined some of the actions taken by her Government to develop a national action plan in line with the One Health approach. She supported the priorities highlighted in the Secretariat's report on sepsis, in particular the need for a coordinated approach to reduce the global burden, and the linking of work towards universal health coverage with antimicrobial resistance.

The representative of the UNITED REPUBLIC OF TANZANIA said that his Government had finalized its national action plan on antimicrobial resistance in line with the One Health approach. He outlined the plan's objectives and thanked the Secretariat for its financial and technical support in that regard. WHO and other partners should continue to help developing countries implement their national action plans. His Government stood ready to share its experience of developing a national action plan.

The representative of ECUADOR said that his Government was committed to implementing a national action plan in line with the One Health approach. To prevent antimicrobial resistance, health systems must be strengthened and health promotion and prevention emphasized, including through the provision of effective antimicrobials and prudent use of prescriptions based on scientific evidence. Relevant training should be developed without the involvement of the pharmaceutical industry, to ensure better quality prescriptions. To that end, human resources capacity-building, better access to quality information, monitoring tools on medication use, and incentivizing the creation of educational tools for the community were essential. Financial and technical support were needed for research and development and innovation in related areas, including affordable diagnostic tools, impact studies of the health and socioeconomic burdens of antimicrobial resistance and improved surveillance. It was also important to focus on interventions that targeted the determinants of antimicrobial resistance, such as self-medication.

The representative of JAPAN said that the outcomes of the high-level meeting of the United Nations General Assembly on antimicrobial resistance and momentum on the issue should be translated into concrete action at the regional and country levels. Progress towards finalization of the global development and stewardship framework was welcome. It was critical to raise awareness of health care-associated infections and antimicrobial resistance among health care professionals and the public, and promote training on antimicrobial use, particularly in secondary and tertiary hospitals. To that end, her Government had implemented a national surveillance programme and was committed to sharing its experiences to help fight antimicrobial resistance at the global level. She called on Member States to support the draft resolution.

The representative of SOUTH AFRICA welcomed the Secretariat's reports. She took note of the global action plan and guidelines on the programmatic management of multidrug-resistant tuberculosis. Drug resistance as it related to tuberculosis, HIV and malaria should also be fully recognized. She looked forward to finalization of the global development and stewardship framework, and fully supported the Global Antimicrobial Resistance Surveillance System, in which all Member States should participate. Access to antibiotics in low- and middle-income countries remained a challenge. A One Health approach was vital, but not easy to implement due to competing interests. WHO and the Interagency Coordination Group on Antimicrobial Resistance should assist in the implementation of the One Health initiative at the national and regional levels.

The representative of the REPUBLIC OF KOREA said that antimicrobial resistance was a serious threat to global health security that must be addressed through intersectoral collaboration. He commended the work of WHO and the United Nations in that regard and outlined some of the actions taken by his Government to implement a national action plan, including incentives for appropriate antibiotic use. His Government had played a leading role in strengthening global capacity to fight infectious diseases, including by tackling antimicrobial resistance, and encouraged more countries to complete joint external evaluations of core capacities under the International Health Regulations (2005).

The representative of the ISLAMIC REPUBLIC OF IRAN said that the Iranian national action plan would be presented in July 2017 with the support of WHO. He highlighted the importance of capacity-building at the national and regional levels, assessing the national magnitude of antimicrobial resistance, and maintaining collaboration with international groups and WHO to further develop the Global Antimicrobial Resistance Surveillance System. Greater attention should be given to sepsis, its prevention, early recognition and clinical management. To that end, a multifaceted report should be prepared on its epidemiology and impact on the global burden of disease.

The representative of AUSTRIA supported WHO's work on antimicrobial resistance, particularly the development of guidelines for the use of products included on the list of Critically Important Antimicrobials for Human Medicine. FAO, OIE and WHO should each employ their specialized expertise on the issue and avoid duplication of efforts. He welcomed the science-based guidance on the management of foodborne antimicrobial resistance developed by the Codex Ad hoc Intergovernmental Task Force on Antimicrobial Resistance, which took the WHO global action plan fully into account. He expressed support for the draft resolution.

The representative of SWITZERLAND said that the Interagency Coordination Group on Antimicrobial Resistance should maintain political focus on antimicrobial resistance. His Government had recently joined the Global Antimicrobial Resistance Surveillance System and had sent representatives to visit other countries to exchange experience. All public and private stakeholders should invest further in the research and development of new antibiotics and diagnostic tools, aided by the forthcoming global development and stewardship framework. His Government would continue to support the strengthening of international and intersectoral collaboration in the fight against antimicrobial resistance.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that controlling antimicrobial resistance would require new medicines, effective surveillance networks, immunization programmes and stronger health systems to ensure that antimicrobials were used properly. He commended the action taken by the Secretariat thus far.

The representative of VIET NAM said that his country was the first in the Western Pacific Region to issue a national action plan. Despite the action taken and strong political commitment, international support was needed to tackle the remaining challenges in his country. The global development and stewardship framework should therefore be finalized as soon as possible. The Secretariat should consult broadly on the framework, including with Member States, so that countries' individual contexts and needs would be taken into consideration and accountability shared among stakeholders. Technical expertise must be mobilized across the different levels of the Organization to help Member States strengthen their health systems.

The representative of AUSTRALIA said that, while progress had been made in developing and implementing national action plans, almost one third of Member States had not yet begun developing a plan and should accelerate their efforts. The engagement of FAO, OIE and WHO in establishing the Interagency Coordination Group on Antimicrobial Resistance was commendable and the group's workplan should be released soon. She supported the development of a draft road map for the finalization of the global development and stewardship framework, which should complement the global action plan and balance issues of access and appropriate use within a One Health approach. Since drug-resistant tuberculosis and malaria were particular problems in the Western Pacific Region, the Government of Australia was supporting product development partnerships to bring new drugs and diagnostic tools to market and enhance regulatory systems. She noted the report on improving the prevention, diagnosis and clinical management of sepsis, and acknowledged the substantial body of work carried out by WHO across a number of programme areas in that regard.

The representative of ICELAND supported the proposals contained in the reports by the Secretariat. In line with resolution WHA68.7 (2015), the global action plan was being implemented in his country, through a consensus document that reflected the One Health approach. The aim was to raise public awareness, increase surveillance of antimicrobial-resistant bacteria and enforce proper antibiotics use and infection-control measures by health care workers and the public. He supported all intercountry collaboration to combat antimicrobial resistance.

The representative of BANGLADESH said that his Government was fully aware of the problems posed by antimicrobial resistance and sepsis and had developed a related national strategy and action plan. WHO should continue to collaborate with FAO and OIE, under a One Health approach, to strengthen country capacities to sustain the implementation of national action plans. Member States must strengthen their laboratory capacities to bolster surveillance. The Global Antimicrobial Resistance Surveillance System should accelerate the inclusion of animals and agriculture and monitoring of the use of antimicrobials. He requested technical support from the Secretariat to implement his country's national action plan.

Dr Al-Kuwari resumed the Chair.

The representative of BARBADOS said that, despite the gains achieved through tax-funded essential health care in her country, noncommunicable diseases remained highly prevalent there, and many people were vulnerable to sepsis. Her Government supported global efforts to reduce antimicrobial resistance and prevent and manage sepsis. A national action plan, based on the One Health approach and incorporating the objectives of the global action plan, had been completed in early 2017. Surveillance capacity in her country was being increased with a view to Barbados becoming a functioning member of the Global Antimicrobial Resistance Surveillance System. She outlined the status of the antibiotic-resistant strains present in Barbados. She echoed calls for research into new medicines and treatments for infections that lead to sepsis. She supported the draft resolution.

The representative of CHINA described the mechanisms put in place in his country to combat antimicrobial resistance, which had reduced the rates of antimicrobial use and effectively checked the rise of antimicrobial resistance. All countries should develop and actively implement national plans, strengthen coordination between their health and agricultural sectors, expand and publish surveillance information and provide guidance on the rational use of antibiotics to hospital staff. The Secretariat must continue to provide technical support to Member States and help developing countries to establish monitoring systems, expand training and increase the proper use of antibiotics and their overall capacity.

The representative of CHILE outlined the measures taken in her country to combat the serious threat of antimicrobial resistance, including the development of norms and control programmes, extended immunization coverage and a national action plan based on the global action plan. The Secretariat should support countries in implementing measures to fight antimicrobial resistance and strengthen coordination with other stakeholders and multilateral organizations.

The representative of SAUDI ARABIA said that he fully supported the decision on antimicrobial resistance made at the meeting of G20 health ministers in May 2017. The threat posed by antimicrobial resistance in his country was aggravated by huge numbers of people making the hajj pilgrimage, but his Government was working to counter the threat through a multisectoral committee, training on the proper use of antibiotics for health care workers and the public, better control of antibiotic distribution, and investment in research. He urged WHO to continue encouraging pilgrims to be immunized before coming to Saudi Arabia and thus help prevent the spread of vaccine-preventable diseases.

The representative of ZIMBABWE said that his Government had embarked on several activities related to antimicrobial resistance, including situation analysis, establishment of a working group and technical teams, and development of a national action plan. Welcoming the support provided to Member States by FAO, OIE and WHO on the issue, he called for further collaboration between United Nations agencies and Member States to ensure successful implementation of national action plans.

The representative of NIGERIA, highlighting activities undertaken in his country, said that given the scale of challenges faced by developing countries, a pragmatic approach, with WHO playing a leadership role, was needed, and the sharing of experiences was essential. It was important to find a balance between increasing access to critical medicines and restricting access to prevent antimicrobial resistance; careful thought should also be given to how decisions on that issue were communicated. He requested further support from WHO on the definition of a context-specific response to antimicrobial resistance.

The representative of IRAQ said that addressing antimicrobial resistance should be included in health system development. Capacity-building of health personnel, the rational use of antimicrobials based on scientific standards and guidelines for dealing with infectious diseases based on scientific approaches were all essential in that regard. Moreover, sentinel sites should be established for surveillance purposes and laboratory capacity-building should entail the integration of epidemiological and laboratory surveillance activities. Intersectoral collaboration and community participation on health promotion were also vital.

The representative of CÔTE D'IVOIRE said that policies were needed on antimicrobial resistance as a whole but also specifically on issues such as hygiene in hospitals and the use of antibiotics in the livestock and agriculture sectors. With regard to surveillance, a national reference framework had been developed to help establish a national surveillance network, build capacity of medical personnel and standardize laboratory activities. The country also participated in international surveillance networks and had set up a surveillance system for antimicrobial resistance in animals.

The representative of COLOMBIA said that, although progress had been made, broader measures were needed, such as in respect of the regulation of the storage, use and sale of antimicrobials; immunization; health system strengthening; and regulation of the use of veterinary medicines. The Interagency Coordination Group on Antimicrobial Resistance should also be active in sectors such as agriculture and livestock farming to ensure a multisectoral approach and encourage governments to ensure that plans and funding were available to implement measures across multiple sectors. A global development and stewardship framework should guide the development, control, distribution and use of new antimicrobials, diagnostics and vaccines and to foster access to such products, taking into account the different needs and purchasing power of different countries.

The representative of the GAMBIA said that the paucity of accurate and reliable data on antimicrobial resistance and the failure of the health, animal and food sectors to share information on the subject were hampering efforts to prevent, track and contain the emergence of resistant organisms in the region. Drawing attention to activities in his country, he noted that despite progress, guidance on the future strategic direction and activities for the finalization of a global development and stewardship framework would be useful. The distribution and appropriate use of new antimicrobials, vaccines and diagnostic tools would be vital in that regard.

The representative of EGYPT, welcoming the establishment of the Interagency Coordination Group on Antimicrobial Resistance, said that the necessary resources must be made available to address the threat of antimicrobial resistance, and sufficient resources should be allocated within the programme budget to support Member States. He asked whether FAO and OIE had been involved in the development of the new guidelines on the use of antimicrobials in food-producing animals, and stressed that particular emphasis should be placed on research and development so that new medicines would be available where they were needed. He would welcome further information about what the Secretariat was doing in that respect. He would also like to know, with regard to paragraph 15 of the report contained in document A70/12, how the Secretariat would monitor implementation in States that did not wish to undergo a joint external evaluation, as that tool was voluntary in nature.

The representative of INDIA, supported by the representatives of BRAZIL, EGYPT and PANAMA, expressed concern that paragraph 15 of document A70/12 did not accurately reflect the fact that joint external evaluations were voluntary and suggested that a footnote should be inserted to clarify that point.

The representative of the OFFICE OF THE LEGAL COUNSEL explained that the report by the Secretariat was intended to inform discussions and could not be amended. Member States' concerns would be taken on board and also reflected in the summary records of the proceedings.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that efforts to combat antimicrobial resistance required all prescribers, including dentists, to examine the appropriateness of prescribing habits and the effectiveness of current guidelines in order to optimize antibiotic use. He encouraged all Member States to consult national dental associations during the development of national action plans. Awareness-raising and prevention programmes were an effective means of reducing oral pathogens and the need for antimicrobials. The Federation stood ready to participate in efforts to achieve the first objective of the global action plan through education and training.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the recognition of the need for new products as part of an effective strategy to combat antimicrobial resistance. The development of tools, such as point-of-care diagnostics, was vital for the treatment of poverty-related diseases that could rapidly develop microbial resistance. Welcoming the establishment of the Global Antimicrobial Resistance Surveillance System and its planned expansion and links to other relevant surveillance systems, he encouraged WHO to support those surveillance systems and ensure that they met global needs. Sufficient funding and resources needed to be allocated to the issue and WHO should monitor the implementation of national action plans.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that pharmaceutical companies worldwide had signed a declaration outlining their commitment to reducing the development of antimicrobial resistance, investing in research and development to meet public health needs, and improving access to antibiotics, vaccines and diagnostics. A new industry alliance on antimicrobial resistance had been established to oversee implementation of that declaration. She welcomed the efforts of WHO to develop a more systematic approach to stewardship. Improving the appropriate use of antibiotics was a complicated process and a case-by-case approach should be used, taking into account local antibiotic resistance patterns and national health system capabilities. Efficient public health policies and an efficient health care infrastructure, together with efforts to improve sanitation, hygiene, vaccination rates, infection control, education and stewardship, were vital.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the Organization's exclusion of tuberculosis from its list of priority antibiotic-resistant pathogens was problematic. She welcomed the support provided through WHO's global tuberculosis programme and urged Member States to support the 3P Project to ensure the development of new appropriate and affordable treatments for tuberculosis. The United Nations General Assembly's high-level meeting on tuberculosis in 2018 would be an opportunity to mobilize investment in tuberculosis research and development and ensure that Member States committed to the prompt implementation of WHO guidance on tuberculosis diagnosis and treatment.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, described a delinkage model in the form of a prize fund that had been proposed at federal level in the United States of America, and suggested that it could be used by other governments to advance drug development.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance and the creation of the Interagency Coordination Group on Antimicrobial Resistance, although the group's terms of reference needed further definition and strengthening. The group should include more health professionals and representatives of civil society, and safeguards should be created to avoid conflicts of interest with private sector observers. The Secretariat, Member States and relevant actors should seek a comprehensive, patient-driven response to antimicrobial resistance; address the neglected needs of people with drug-resistant tuberculosis; address the need to increase access to existing diagnostics, drugs and vaccines; and ensure a full return on public investment in research and development. While reforms to financing and incentive mechanisms in research and development were welcome, she said that WHO should ensure policy in that area was more coherent and coordinated. It was essential to delink paying for innovation from the expectation of high prices, monopolies and volume sales.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, applauded WHO for its leadership in the fight against antimicrobial resistance. The Federation remained committed to supporting WHO in the development and implementation of relevant tools, and highlighted the importance of engaging organizations of health professionals in developing and implementing national action plans.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, noted WHO's efforts to prevent and control drug resistance in HIV, tuberculosis and malaria, and prioritize research and development for new interventions in tuberculosis. Innovative thinking was needed to advance the development of new treatments for drug-resistant tuberculosis. Licensing provisions for new antibiotics could be structured to support access and stewardship. New interventions in the area of antimicrobial resistance could include innovative incentives for research and development and intellectual property management.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, commended WHO's efforts to raise global awareness of antimicrobial resistance. The Secretariat should work with governments and other actors, including civil society, to provide financial and technical support to countries. FAO, OIE and WHO should organize campaigns to mobilize key communities to tackle antimicrobial resistance. WHO must ensure: transparency and independence in the work of the Interagency Coordination Group on Antimicrobial Resistance; the delinkage of drug development costs from product prices and quantities; and investment in capacity-building in health systems. The routine use of antibiotics in food-producing animals should be phased out and the use of colistin banned. WHO should invest in health systems capacity to curb antimicrobial resistance. FAO, OIE and WHO should include civil society in an open consultative process on antimicrobial resistance.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, said that the health sector should be the cornerstone of multisectoral collaboration to combat antimicrobial resistance. WHO and the health sector should provide leadership in research and development for new health technologies, including in respect of exploring methods of delinkage, ensuring transparency in work on antimicrobial resistance and addressing the global nature of innovation and access to health;

and in surveillance, which would require strengthened health systems and long-term investment in health services. She urged WHO to act on the issues raised by the United Nations Secretary-General's High-level Panel on Access to Medicines. Member State funding, independent of commercial interest, was crucial to the WHO's role in the fight against antimicrobial resistance.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern that the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance lacked specific targets. Some countries had been slow to regulate the unnecessary dispensing of antibiotics. Member States must promptly address over-the-counter dispensing. Awareness of antibiotic use among health professionals was occasionally inadequate; WHO should fund and support independent education in antimicrobial resistance in educational institutions and organizations of health professionals. She welcomed increased funding for the research and development of new antibiotics and diagnostics, but stressed that investment in human resources and education was crucial to the fight against antimicrobial resistance.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, applauded WHO's progress in the fight against antimicrobial resistance, which required multisectoral collaboration among several actors, and its efforts to raise awareness of the issue. Public education helped prevent antibiotic misuse, but health professionals also needed training on correct antibiotic use. He called for further collaboration between young health professionals and other stakeholders and stressed the importance of involving non-State actors and young people at high-level meetings on antimicrobial resistance.

The SPECIAL REPRESENTATIVE OF THE DIRECTOR-GENERAL (Antimicrobial Resistance), responding to the comments made by a number of representatives of Member States, including Brazil, Egypt, India and the Russian Federation, acknowledged that the joint external evaluation tool was voluntary in nature. In terms of support for countries that had not yet developed national action plans, the 24 Member States that had not begun that process had been invited to a training workshop to catalyse efforts in that regard and the Secretariat would continue to provide support where required. The Secretariat was developing prevention and control guidelines on resistant gram-negative bacteria to limit the spread of such bacteria. In response to the recommendation that priority should be given to the education of health care workers on sepsis prevention and management, the Secretariat was drafting a global training package on infection prevention and control in collaboration with the United States Centers for Disease Control and Prevention and other stakeholders. He agreed that engagement with health care professionals was of the utmost importance; the Secretariat had invited educational institutions to discuss how the topic could be included in their curricula. Guidelines on the use of antimicrobials in food-producing animals were also being developed and FAO and OIE were members of the steering group in that process.

He thanked Member States for their support for the draft road map for the finalization of a global development and stewardship framework and said that he had taken note of comments regarding the need for future reports to include data on access to and the availability and prices of antibiotics; the Secretariat was endeavouring to collect such information for publication. In response to the question by the representative of Mexico, he said that the draft road map had been developed in close cooperation with OIE and FAO, pursuant to resolution WHA68.7. A copy of the road map had recently been uploaded to the WHO website and was available for consideration by Member States. The Secretariat would hold a meeting in November 2017 to solicit Member States' views and decide the best way forward. The Interagency Coordination Group on Antimicrobial Resistance had already recognized the importance of framing activities on antimicrobial resistance within the context of the Sustainable Development Goals. Acknowledging the importance of the pneumococcal vaccine, he said that the draft resolution covered three key areas, namely prevention, diagnosis and management, all of

which were closely linked to antimicrobial resistance; should the draft resolution be adopted, the activities of WHO would be aligned with the provisions of that text.

The Board noted the report contained in document A70/12.

At the invitation of the CHAIRMAN, the representative of GERMANY read out the proposed amendments to the draft resolution contained in resolution EB140.R5. In subparagraph 1(1), it had been suggested to replace “international” with “WHO” so that the end of the sentence read “in healthcare settings according to WHO guidelines”. In paragraph 2(1), it had been suggested that “To develop sepsis prevention management guidance” should be inserted at the beginning of the paragraph. However, as the paragraph referred to the drafting of a report that would be issued in 2018, it was ambitious to expect guidance to be developed in 2017. She therefore suggested that a new subparagraph 2(2) be inserted, which would read “To develop sepsis prevention management guidance.” The numbering of the remaining subparagraphs would be amended to reflect the insertion.

The representative of BRAZIL requested that the amendments be provided in writing and said that more time would be needed to consider the revised text.

The representative of the UNITED STATES OF AMERICA requested clarification of the first proposed amendment and expressed support for the second proposed amendment.

The CHAIRMAN said that a revised version of the draft resolution would be circulated in due course and that the agenda item would be reopened to consider the new version at a later date.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the seventh meeting, section 2.)

The meeting rose at 18:55.

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