

Fourth report of Committee A

(Draft)

Committee A held its seventh meeting on 26 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar).

It was decided to recommend to the Seventieth World Health Assembly the adoption of the attached resolution and decision relating to the following agenda items:

12. Preparedness, surveillance and response

12.2 Antimicrobial resistance

One resolution as amended, entitled:

- Improving the prevention, diagnosis and clinical management of sepsis

12.4 Implementation of the International Health Regulations (2005)

One decision

Agenda item 12.2

Improving the prevention, diagnosis and clinical management of sepsis

The Seventieth World Health Assembly,

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

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

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

Considering that sepsis follows 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;

Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, improved sanitation and water quality and availability, and other infection prevention and control best practices; and that forms of septicaemia associated with nosocomial infections are severe, hard to control and have high fatality rates;

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;

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

Noting that health care-associated infections represent a common pathway through which sepsis can lead to an increased burden on health care resources;

Considering the need for an integrated approach to tackling sepsis that focuses on prevention, early recognition through clinical and laboratory services, and timely access to health care, 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;

¹ Document A70/13.

Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the global action plan on antimicrobial resistance adopted in resolution WHA68.7 (2015),¹ 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 for infections, including sepsis, may be a major contributor to the increasing threat of antimicrobial resistance;
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines; and
- (vii) immunocompromised patients are most at risk from very serious forms of septicaemia;

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 new vaccines into national immunization programmes in countries where this is feasible;

Recognizing also 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;

Further recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

Also recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September² in many countries, to raise awareness regarding sepsis,

¹ See document WHA68/2015/REC/1, Annex 3.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

URGES Member States:¹

- (1) to include prevention, diagnosis and treatment of sepsis in national health systems, strengthening in the community and in health care settings, according to WHO guidelines;
- (2) to reinforce existing strategies or develop new ones leading to strengthened infection prevention and control programmes, including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;
- (3) to continue in their efforts to reduce antimicrobial resistance and promote the appropriate use of antimicrobials in accordance with the global action plan on antimicrobial resistance,² including the development and implementation of comprehensive antimicrobial stewardship activities;
- (4) to develop and implement standard and optimal care and strengthen medical countermeasures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;
- (5) to increase public awareness of the risk of progression to sepsis from infectious diseases, through health education, including on patient safety, in order to ensure prompt initial contact between affected persons and the health care system;
- (6) to develop training for all health professionals on infection prevention and patient safety, and on 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 treating sepsis across the lifespan, including research for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies;
- (8) to apply and improve the use of the International Classification of Diseases system to establish the prevalence and profile of sepsis and antimicrobial resistance, and 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;

¹ And, where applicable, regional economic integration organizations.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

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

REQUESTS the Director-General:

- (1) to develop WHO guidance including guidelines, as appropriate, on sepsis prevention and management;
- (2) 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;
- (3) 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;
- (4) 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 treatments for sepsis, and infection prevention and control, including immunization, particularly in developing countries, while taking into account relevant existing initiatives;
- (5) to report to the Seventy-third World Health Assembly on the implementation of this resolution.

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

Agenda item 12.4

Implementation of the International Health Regulations (2005)

The Seventieth World Health Assembly, having considered the report on implementation of the International Health Regulations (2005): global implementation plan,¹ mindful of the legally binding nature of the International Health Regulations (2005), recalling country ownership and WHO's leadership in the implementation of the International Health Regulations (2005), and aware of the urgency of their implementation, decided:

- (1) to take note of the report contained in document A70/16; and
- (2) to request the Director-General:
 - (a) to develop, in full consultation with Member States, including through Regional Committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly through the Executive Board at its 142nd session;
 - (b) to continue to pursue and strengthen efforts to support Member States in the full implementation of the International Health Regulations (2005), including through building their core public health capacities.

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¹ Document A70/16.