PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Thursday, 23 May 2019, scheduled at 14:30

Chairman: Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)
later: Dr S.P.V. LUTUCUTA (Angola)
later: Dr Y. SUZUKI (Japan)
later: Dr S.P.V. LUTUCUTA (Angola)

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COMMITTEE A

SEVENTH MEETING

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STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Health, environment and climate change: Item 11.6 of the agenda (documents A72/15 and A72/16) (continued)

The representative of SPAIN said that socioeconomic and environmental conditions, particularly air pollution, had a major effect on health. The health costs resulting from pollution could be reduced through coordinated intersectoral measures aimed at an equitable and green energy transition. She supported the draft WHO global strategy on health, environment and climate change and related initiatives on human health and biodiversity.

The representative of SRI LANKA welcomed the comprehensive draft global strategy on health, environment and climate change, particularly the inclusion of occupational risks, which disproportionately affected the health of vulnerable groups. Comprehensive national health programmes should be developed for health care workers and those working in the informal economy, especially agriculture, who were exposed to a multitude of environmental, occupational and climate-related risks. She requested the Secretariat to develop an operational framework for implementing the draft global strategy in the workplace.

The representative of ETHIOPIA outlined the steps her Government had taken to address the impact of the environment and climate change on health and expressed support for the draft decision on the draft global strategy.

The representative of BELGIUM welcomed the draft global strategy and the draft plan of action on climate change and health in small island developing States. Future action in that area should follow a One Health approach. For example, the draft global strategy focused on mitigating environmental risks to human health, but should also promote human health in a way that was beneficial both for the environment and for preservation of the climate, such as healthy diets that supported the development of sustainable food systems. She expressed support for the draft decision on the draft global strategy.

The representative of the DOMINICAN REPUBLIC endorsed the recommendations contained in the draft global strategy and suggested adding detention facilities and other types of residential settings to the list of key settings as sites for interventions. In view of the challenges caused by increasingly extreme weather events, subregional strategies on health, environment and climate change should be devised to promote sustainable and resilient joint intersectoral and interinstitutional action with an emphasis on protecting natural resources.
The representative of NEW ZEALAND said that her Government supported all efforts to prioritize environmental protection, which was essential in achieving health equity through sustainable health and climate systems. She highlighted the urgency of that challenge for the Pacific island States and other small island developing States, particularly in relation to health and the wider impacts of climate change.

The representative of TUVALU, speaking on behalf of Pacific island countries and territories and also on behalf of the members of the Pacific Islands Forum represented at the Health Assembly, supported the draft global strategy and draft plan of action and described the negative impact of climate change on health in Pacific island countries and territories. In the course of developing national health and climate change country profiles, the Pacific island countries and territories had identified key recommendations to address the effects of climate change on health and well-being, which would require continuous support from the Secretariat over the next five years, including: strengthening the implementation of policy and plans; assessing health vulnerability, impacts and adaptive capacity to climate change; strengthening integrated risk surveillance and early warning systems; addressing the barriers to accessing climate change finance to support health adaptation; and including the health co-benefits of adaptation and mitigation actions in the national climate change policy of each country. Collective efforts were essential in that regard, including to reduce inequitable access to quality health care and strengthen preparedness and responsiveness to the effects of climate change on health.

The representative of CANADA, expressing strong support for the draft plan of action, said that his Government stood ready to contribute to the related goals through its ongoing work, information-sharing mechanisms and current collaborations with the Secretariat. He welcomed the draft global strategy and its inclusion of the Arctic as a vulnerable region, and supported the related draft decision. WHO could continue to provide strong leadership and coordination of intersectoral efforts to tackle environmental health risks, including by maximizing the health co-benefits of environmental and climate change interventions. He would welcome further details on the monitoring and implementation of the draft global strategy and stressed the need for the prioritization of resources to ensure its sustained implementation.

The representative of MEXICO said that current approaches to managing the impact of the environment on health and well-being had been insufficient to reduce the related risks and should therefore be revised. The cross-cutting nature of the 2030 Agenda for Sustainable Development had laid the foundations for promoting development and well-being in harmony with environmental protection. Coordination of health-related actions and efforts, under the leadership of WHO, was nevertheless essential. She therefore welcomed the draft global strategy and its comprehensive approach and called on Member States to renew their commitment to tackling the issue.

The representative of the NETHERLANDS expressed deep concern about the health effects of air pollution and climate change. She applauded the draft global strategy and encouraged the health sector to strive for a Health in All Policies approach. In recent months, 1.4 million young people worldwide had taken part in climate change strikes to demand political commitment on tackling climate change. The health sector had a responsibility to raise awareness of the implications of climate change and put health at the centre of the conversation. It was essential to build the capacity of future health professionals and create opportunities for meaningful youth participation. Young people were ready to take up the challenge and ensure a healthier future but could not do so fully unless those with the ability to change the climate crisis recognized their responsibility to do so.

The representative of JAPAN supported the draft decision on the draft global strategy and expressed appreciation for the Secretariat’s work on the draft plan of action. Prevention and emergency preparedness and response, appropriate and prompt information sharing, adequate national financial
resources, and capacity-building of human resources were vital to successfully tackle the challenges posed by climate change. The Secretariat should continue to seek scientific evidence on the health effects of climate change and take effective measures to encourage cooperation among Member States.

Dr Lutucuta took the Chair.

The representative of BURKINA FASO, welcoming the draft global strategy, outlined the various steps her Government had taken to address environmental health and climate change. She encouraged collaboration in order to enhance technical and financial support for countries with limited resources to enable them to successfully implement their national plans.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked the Secretariat for the timely draft global strategy. Environmental hazards had resulted in hundreds of thousands of deaths in the countries of the Region, 72 per cent of which were from noncommunicable diseases, with the majority among children and vulnerable groups, particularly in countries experiencing crisis situations. Climate change was hampering disease prevention work in the most vulnerable communities and in conflict situations. Efforts must therefore be stepped up. Comprehensive, multisectoral interventions were needed to overcome health challenges, with strong governance mechanisms, communication, coordination, promotion of a Health in All Policies and universal health coverage approach and strengthened disease prevention. He looked forward to the interim progress report on the implementation of the draft global strategy to be presented to the Seventy-fourth World Health Assembly.

The representative of the ISLAMIC REPUBLIC OF IRAN said that WHO must prioritize both environmental health, which was the most important social determinant of health, and climate change, which was the biggest risk factor for noncommunicable diseases. Adverse environmental and climate change impacts on health had led to the migration of some communities in her country. Neighbouring countries must therefore work together to ensure an effective response. In that regard, the Secretariat should strengthen the capacity of country offices to coordinate and harmonize joint interventions and should provide technical support to Member States.

The representative of MONACO expressed support for the draft global strategy and welcomed the fact that WHO was pursuing the process of becoming an accredited agency of the Green Climate Fund. WHO should work in a cross-cutting way with other relevant organizations of the United Nations system to develop common strategies and avoid the duplication of work. She called on the Secretariat to provide support for data collection, in view of the challenges faced by small countries, such as Monaco, with that task.

The representative of the PHILIPPINES expressed support for the draft global strategy and the related draft decision and looked forward to receiving the progress report on the implementation of the draft global strategy at the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA said that her Government had developed a 10-year comprehensive plan on environmental health. With a view to sharing its experience and contributing to sustainable development, her Government was hosting the new WHO Asia-Pacific Centre for Environment and Health in Seoul.

The representative of AUSTRIA welcomed both the draft global strategy and the draft plan of action as important steps forward. The joint WHO/United Nations Economic Commission for Europe Fifth High-level Meeting on Transport, Health and Environment, to be held in Vienna from 22 to
24 October 2019, would provide a forum for sharing concerns and discussing goals on clean, safe and healthy mobility and transport at the European level.

The representative of SOUTH AFRICA expressed support for the draft global strategy and welcomed the emphasis on providing adequate environmental health services as a means of making progress towards achieving universal health coverage. Policy cohesion within government departments and between organizations of the United Nations system and other stakeholders at the global level must be strengthened. She welcomed the opportunity to improve monitoring and evaluation, and called for the inclusion of infrastructure indicators.

The representative of CHINA welcomed the draft global strategy’s proposals to enhance primary prevention through multisectoral action, strengthen leadership and coordination in the health sector, and establish adequate governance mechanisms. He outlined the range of measures taken by his Government, including the development of action plans to address water, air and soil pollution. His Government supported WHO’s leading role in the area of health, environment and climate change and would continue to play an active part in global efforts to ensure a healthy environment and adequate climate change response.

The representative of the UNITED STATES OF AMERICA welcomed the draft global strategy and draft plan of action and supported the Secretariat’s efforts in the area of human health, environment and climate insofar as such action was consistent with the Organization’s core mandate. Although the draft global strategy and draft plan of action provided an improved focus on areas where WHO could add most value, namely technical support and capacity-building for national health systems, the Secretariat must avoid the duplication of efforts already under way under other relevant multilateral bodies. Efforts to address cross-sectoral environmental health risk factors and air pollution were welcome, as was the recognition of the need to bolster health security and emergency response. He encouraged the Secretariat to continue supporting Member States in developing their health systems and promoting international and intersectoral partnerships.

The representative of NORWAY said that substantial and urgent global efforts under strong leadership from WHO and the health sector were needed to combat the environmental health crisis. She therefore strongly supported the draft global strategy and draft plan of action and requested the Director-General to secure the necessary resources for their implementation, as well as for the follow-up to the First WHO Global Conference on Air Pollution and Health. Action across all sectors and a Health in All Policies approach were crucial.

The representative of the UNITED REPUBLIC OF TANZANIA strongly supported the draft action plan and draft global strategy and called on the Secretariat and all actors and donors to ensure sufficient funding for their implementation. She requested the Secretariat to support health ministries in developing multisectoral plans and in strengthening the capacity of health governance structures at the national and subnational levels.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the draft global strategy and its focus on prevention. However, greater emphasis should be placed on how to understand, model and adapt to the expected impacts of climate change, for example on water-borne, vector-borne and other diseases such as malaria, and on food systems and food security. His Government welcomed the references to the need for more sustainable diets and resilient food systems.
The representative of THAILAND said that collective, cross-border measures would be required to address air pollution. Adequate monitoring and surveillance of the health impacts of air pollution would guide effective mitigation measures at the community and individual levels. In addition, primary prevention of air pollution would require strong intersectoral collaboration, in particular among the transport, industry and agriculture sectors.

The representative of MOZAMBIQUE said that, as a country affected by natural disasters, including the recent Cyclones Idai and Kenneth, her Government welcomed the efforts of WHO and its partners to provide a strategic direction and emphasized the importance of an intersectoral approach. The implementation of a contingency and emergency response plan was decisive for a rapid response and the timely re-establishment of services. She requested the Secretariat to provide support for the continued building of resilient health systems and for strengthening the capacity of rapid response teams at all levels of care.

The representative of INDIA expressed support for the draft plan of action, which should take into account country-specific contexts. Support should be provided to strengthen health systems against the impacts of climate change by: advocating for a Health in All Policies approach; providing support and hands-on training to establish a coordination mechanism with other programmes and sectors; building the capacity of health care professionals; and facilitating climate-resilient health infrastructure, the development of green health care and a platform for the integration of health surveillance data with other environmental risk factors. Guidelines and a framework for research-related actions would be welcome.

The representative of INDONESIA described the measures taken by her Government to reduce the impacts of climate change and highlighted the importance of multisectoral cooperation and an integrated approach to tackling environmental risks. She welcomed the request for a report on implementation of the draft global strategy to be presented to the Seventy-fourth World Health Assembly.

The representative of BRAZIL welcomed the intersessional consultations on the draft global strategy and the draft plan of action. However, some of the proposed actions in the draft global strategy were not consistent with the consensus-based language that had been adopted. In addition, some of the terminology used required further attention; for example, references to environmental issues as a cause or as a driver of conflict, as well as language with no multilaterally agreed definition, such as “circular economy” and “global goods”, should be avoided. She strongly recommended that the Secretariat should concentrate its scarce financial and human resources on actions to which it could clearly add value, and for which it had a mandate and an advantage compared to other organizations.

The representative of GERMANY expressed support for the draft global strategy but said that consideration of the extent of accountability at the national level was needed. A One United Nations approach and strong cross-sectoral cooperation between the health and environmental sectors and other relevant authorities was required. She called on Member States to support the Secretariat’s outstanding work on health impacts of chemicals to allow the Organization to continue to play a leading role on that issue. In strategic objective 6 of the draft global strategy on monitoring, the use of existing data should be strongly recommended. Indicators for monitoring progress towards the 2030 Agenda for Sustainable Development should include Sustainable Development Goal target 3.9.3 on the mortality rate attributed to unintentional chemical poisoning. Greater emphasis should be placed on the impact of environmental pollution on human health. She urged the Secretariat to mobilize adequate resources for: implementation of the WHO road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond; the next meeting of the WHO Global
Chemicals and Health Network; and health sector participation in the forthcoming meetings during the intersessional period on the sound management of chemicals beyond 2020.

The representative of MALTA said that intersectoral action would be required to respond to environmental health risks and challenges. She appreciated the move towards paperless governing bodies meetings and requested the Secretariat to only distribute badge holders and lanyards for returning delegates upon request so as to encourage their reuse. She commended the Secretariat for its work on the draft plan of action, which her Government supported.

The representative of SEYCHELLES, welcoming the draft global strategy and draft plan of action, said that the additional costs that climate change placed on ensuring universal health coverage were particularly great for small island developing States. It was therefore essential to cost the necessary investments for implementation of the draft plan of action and identify the additional financing required. Resources should be mobilized from partners such as the Green Climate Fund in addition to national resources so as to address the increasing pressures associated with vector control, build resilient health systems and respond to staffing needs.

The representative of SURINAME emphasized the importance of including climate change as a social determinant of health in cross-sectoral action. As a country facing similar issues as small island developing States, the draft plan of action was welcome and would not only spur her Government to take specific actions to develop the necessary legislation and systems required to adapt to the effects of climate change but would also ensure that the necessary funds were made available.

The representative of PANAMA expressed support for the draft global strategy and draft plan of action and their emphasis on the need for strengthened governance mechanisms and intersectoral measures. She fully endorsed the draft plan of action’s vision that all health systems in small island developing States would be resilient to climate variability and change. Mitigation measures were needed to minimize the impact of climate change on global health, which would require political, technical and scientific support.

The representative of NIGERIA supported the Organization’s approach to addressing current and projected risks from climate change. More research would be required to clarify exposure-response relationships and identify efficient methods to improve them. She emphasized the importance of early warning systems, public health systems strengthening, retrofitting and greening the health sector, energy demands, emergency preparedness, rapid monitoring, and addressing stresses such as poverty. Intersectoral collaboration would be key to successful implementation of the draft global strategy and draft plan of action, in addition to adequate funding. The Secretariat should therefore continue to empower and support national health authorities to deal with the necessary transformation and provide technical and financial support to developing countries in accordance with national circumstances and needs.

The representative of BOTSWANA welcomed the alignment of the draft global strategy with the strategic priorities of the Thirteenth General Programme of Work, 2019–2023 and its emphasis on stronger engagement of the health sector. She endorsed the request for the Director-General to report back on progress in the implementation of the draft global strategy to the Seventy-fourth World Health Assembly.

The representative of NAMIBIA, endorsing the draft decision on the draft global strategy, requested support for health systems strengthening in order to build resilience towards the effects of extreme weather conditions and climate change. Support should also be provided for implementation of
the draft global strategy in view of the need to address upstream environmental determinants of diseases while incorporating an intersectoral approach.

The representative of BAHRAIN said that financial resources were necessary to implement the draft plan of action. Efforts should focus on capacity-building and strengthening national institutions to ensure a coordinated approach, and on providing the necessary tools for decision-makers. Awareness-raising and information-sharing activities would also be required to ensure effective implementation of the draft plan of action.

The representative of UNEP, speaking on behalf of the Secretariat of the Convention on Biological Diversity, emphasized the important nexus between health and biodiversity and highlighted the adoption by the fourteenth Conference of the Parties to the Convention on Biological Diversity of a decision on health and biodiversity. The related measures included biodiversity-inclusive One Health guidance and the joint development with WHO of a global plan of action on biodiversity and health, building on discussions at the Seventy-first World Health Assembly. He welcomed the draft global strategy and draft plan of action.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that it was important to recognize the links between climate change and other WHO priorities, including obesity and undernutrition, in policies and actions in order to ensure cost-effectiveness and effectively address health and environmental issues. She encouraged Member States to provide health sector inputs into processes related to the United Nations Framework Convention on Climate Change.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy, particularly its emphasis on a Health in All Policies approach. Health impact assessments should be performed for all trade agreements in order to prioritize public health over commercial interests. WHO should act as a role model by adopting climate change performance indicators for its own activities and should continue to play a convening role at the 2019 Climate Action Summit.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, stressed the importance of climate change action and the health co-benefits of mitigation and adaptation strategies, as well as the need to build climate-resilient health systems. He called on Member States to integrate health into climate change policies and disaster risk reduction frameworks, and to incorporate climate change into public health planning. Measures must be taken to meet an emissions trajectory limiting global temperature rise to 1.5 °C. All relevant stakeholders should lead by example by establishing and following an organizational sustainability policy and divesting themselves of the fossil fuel industry.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN and also on behalf of the International Spinal Cord Society and the International Association of Logopedics and Phoniatrics, expressed strong support for the draft global strategy. She urged WHO to: explicitly acknowledge the need to include people with disabilities as a vulnerable group; examine how to integrate their needs into planning for emergency and disaster response and sustainability; and advocate for research on sustainable techniques to care for that group.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the draft global strategy and the leadership role taken by WHO. However,
she expressed grave concern regarding the removal of the reference to “undue influence and vested interests going against public interests”. Recalling the fact that air pollution was a major risk factor for cardiovascular diseases, she called on health, transport, environment and finance ministries to work with WHO to implement the draft global strategy.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, urged WHO and non-State actors to take the challenges of air pollution, global warming and climate change seriously. The draft global strategy would provide a good basis for actions to reverse adverse environmental and climate change effects, in tandem with additional steps to educate the public, policy-makers and professionals on the related disease and economic burden, increase green areas, encourage traditional food habits, and manage population growth and urbanization.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed support for the draft global strategy. She called for an integrated, comprehensive approach to environmental health and universal health coverage; an emphasis on the needs of young people; the prioritization of challenges by region, with reliable monitoring; adequate funding for the reduction of environmental pollution; investment in research, surveillance, reporting and tracking of climate-associated health events; and the need to draw on lessons learned.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, urged WHO to promote action on tackling the health effects of air pollution and climate change, taking into consideration the role played by pharmacists in prevention and emergency response. She called for efforts to strengthen the monitoring of air pollution, implement targeted policies, raise awareness and protect vulnerable groups. Acknowledging that climate change could be directly attributed to human activity, she called for collaboration and combined advocacy efforts targeting the public.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, highlighted the environmental advantages of breastfeeding, which should be considered as a public health intervention for climate change prevention and mitigation. She urged governments to implement the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions, and expressed regret that goal 12 of the draft global strategy on governance did not require governments to safeguard against conflicts of interest and commercial influence when facilitating cross-sectoral cooperation.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of the Union for International Cancer Control, urged Member States to promote health in processes under the United Nations Framework Convention on Climate Change. Member States should also develop sustainable food and consumption systems and protect public and planetary health from undue influences; it was deeply concerning that the reference to “undue influence and vested interests going against public interests” had been removed from the draft global strategy.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy. However, it should further underline the urgency of the climate crisis and the interconnectedness of human and planetary health in order to develop more realistic targets and boost international commitment to reducing carbon emissions. Political will – which was the responsibility of Member States – was an essential requirement for action. He supported the call for adequate funding allocation, which should take into account disparities in wealth across regions.
The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that the global response to climate change was inadequate. Member States should use the terms “breakdown” or “crisis” rather than “change” when describing the environment and climate and treat the notion of climate breakdown separately, rather than grouping it with the goal of promoting health throughout the life course. Steps should be taken to ensure adequate funding for action to tackle climate breakdown, and WHO should show leadership and mobilize political will by declaring climate breakdown a public health emergency of international concern.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and draft plan of action. She expressed particular support for the recognition of the critical importance of water and sanitation, and the emphasis on joint leadership by multiple ministries. However, current progress, especially regarding WASH, was too slow; Member States should take a long-term approach to financing and planning in that area. The rights of communities must be placed at the heart of water resource management and WASH services.

The ASSISTANT DIRECTOR-GENERAL (Healthier Populations) acknowledged the many comments underscoring the urgency of health, environment and climate change issues. Many Member States had emphasized the importance of health sector leadership, a multisectoral approach and coordination between the organizations of the United Nations system. The need for implementation, monitoring and evaluation, and investment, including for capacity-building, had also been highlighted. The Secretariat would continue to provide support, including through regional and country offices, and would listen to the voice of young people. There would be a briefing for Member States on the 2019 Climate Action Summit.

The CHAIRMAN took it that the Committee wished to approve the draft decisions contained in documents A72/15 and A72/16.

The draft decisions were approved.¹

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 11.8 of the agenda

- Antimicrobial resistance (documents A72/18 and EB144/2019/REC/1, resolution EB144.R11)

The CHAIRMAN invited the Committee to consider the draft resolution contained in resolution EB144.R11.

The representative of UGANDA, speaking on behalf of the Member States of the African Region, acknowledged the progress made in implementing the global action plan on antimicrobial resistance and expressed support for the draft resolution. Highlighting the implications of inaction against antimicrobial resistance, which included increased mortality and poverty, and reduced global health security, he called for tailored, multisectoral action on antimicrobial resistance. Member States should carry out self-assessment of antimicrobial resistance, introduce the Global Antimicrobial Resistance Surveillance System, raise awareness among the population, mobilize additional resources to implement the global action plan, and promote the rational use of medicines. The Secretariat and WHO’s partners should

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decisions WHA72(9) and WHA72(10).
provide technical support to Member States for the finalization of their national action plans, and expand the WHO Competency Framework for Health Workers’ Education and Training on Antimicrobial Resistance to cover animal health, the food industry and the environment. In addition, the global community should prioritize research, development and funding for innovative antimicrobials and vaccines for diseases that were highly prevalent in low- and middle-income countries, and should reduce the cost of new antibiotics.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, highlighted the need to strengthen and integrate antimicrobial resistance surveillance systems – which should encompass the human, animal, food safety and environment sectors – and encouraged the Secretariat in cooperation with FAO, OIE and UNEP to provide support for the collection of data on antimicrobial resistance in those sectors. Although a range of national measures had been taken to combat antimicrobial resistance, Member States in the Region faced various challenges along the supply chain. He therefore called on the Secretariat to accelerate the implementation of the global action plan and finalize a global development and stewardship framework. Urgent research and development on alternatives to antibiotics was also needed, in addition to effective post-marketing surveillance and regulatory action to eliminate substandard and falsified antimicrobials. The Member States of the Region would continue to accord a high level of political commitment to tackling the threat of antimicrobial resistance and therefore supported the draft resolution.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North 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 her statement. She welcomed the arrival of WHO’s new senior leadership team, including Dr Hanan Balkhy as Assistant Director-General for Antimicrobial Resistance, and looked forward to seeing the impact of this change and of the decision to make antimicrobial resistance a cross-cutting platform across the Organization. She called for improved antimicrobial resistance indicators in the WHO Impact Framework element of the budget, with specific targets, baselines and delivery milestones. Welcoming the report, she reiterated the importance of the One Health Approach and called on Member States to accelerate implementation of the global action plan. Antimicrobial resistance must be addressed within the context of universal health coverage. It was essential to maintain country-level political commitment on antimicrobial resistance, and the Secretariat in cooperation with FAO, OIE and UNEP should ensure that all Member States were given the opportunity to consider the forthcoming report of the United Nations Secretary-General to the United Nations General Assembly on the implementation of the commitments made in the political declaration of the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance.

She called for the establishment of a One Health global leadership group on antimicrobial resistance supported by a joint secretariat managed by FAO, OIE and WHO, as recommended by the Interagency Coordination Group on Antimicrobial Resistance. Pending the publication of the FAO/OIE/WHO tripartite workplan on antimicrobial resistance for 2019–2020, she reiterated the request that it should include further details on the rationale for costings, timings and the division of labour between the three organizations, and a clear demonstration of efficiency savings. Lastly, she asked how the tripartite organizations would incorporate recommendations made by the Interagency Coordination Group, and requested details regarding the next steps in finalizing the proposed global framework for development and stewardship.

The representative of ARGENTINA expressed support for the creation of a global framework for development and stewardship based on the five strategic objectives of the global action plan, in line with a One Health approach. In order to strengthen the link between action plans on antimicrobial resistance and those on universal health coverage, health security and multisectoral action, specific training should
be given to health workers to ensure the right dose of the right drug was given at the right time. Family and community health teams should also be encouraged to facilitate multisectoral community education on animal health, food production and the environment. In addition, surveillance and georeferencing of antimicrobial resistance should be promoted by ensuring the interoperability of information systems. Her Government supported the draft resolution.

The representative of AZERBAIJAN welcomed the draft resolution and outlined several national measures to combat antimicrobial resistance, including the creation of a multisectoral working group.

The representative of SINGAPORE expressed her Government’s commitment to supporting the global action plan and provided details of national and regional measures to promote long-term intersectoral engagement and political commitment in the area of antimicrobial resistance.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, described the efforts made by the countries in the Region to combat antimicrobial resistance as part of efforts towards the 2030 Agenda for Sustainable Development, and acknowledged the need to implement national plans under the One Health approach. He supported the tripartite work undertaken and encouraged the organizations concerned to ensure coordination in the implementation of joint action plans and to work in accordance with their respective mandates. Regional and national partners should support countries in the Region to mobilize sufficient sustainable human and financial resources, which in turn would support the design and implementation of national multisectoral action plans, consistent with the five strategic objectives of the global action plan. Greater attention should be focused on countries experiencing humanitarian crisis or conflict.

The representative of CHINA highlighted the importance of developing and implementing national plans to combat antimicrobial resistance and called on the Secretariat to provide the necessary technical support, particularly for developing countries, including a surveillance system to monitor key resistant microbes and additional training to enhance human resource capacity. She proposed that paragraph 4(3) of the draft resolution should be amended to read: “to support Member States, in particular developing countries, to develop and enhance their integrated surveillance systems, including by emphasizing the need for the national action plans to include the collection, reporting, and analysis of data on sales and use of antimicrobial medicines and data on key resistant microbes as a deliverable that would be integrated into reporting on the WHO indicators”. Furthermore, she proposed the insertion of additional text in paragraph 4 on the need to direct and organize staff training with Member States, in order to increase the knowledge and understanding of medical professionals, health managers and the public on antimicrobial resistance.

The representative of ETHIOPIA welcomed the prioritization of the issue and expressed support for the draft resolution. The recommendations of the Interagency Coordination Group should be fully implemented without delay. She encouraged the Secretariat in cooperation with FAO and OIE to work closely with countries, providing support for the implementation of national action plans to combat antimicrobial resistance. Technical support was required for issues related to antimicrobial stewardship, surveillance laboratory capacity and effective communication and partnerships. Her Government was committed to combating antimicrobial resistance but faced challenges in implementing the national action plan, mainly owing to a lack of resources.

The representative of the PHILIPPINES, expressing her full support for the draft resolution, welcomed the new tripartite agreement, which would facilitate the One Health approach towards controlling antimicrobial resistance. She looked forward to the Secretariat’s continued support to Member States, especially in addressing gaps related to the implementation of national action plans, and
called on the Secretariat to continue working closely with all stakeholders in order to help countries to develop and implement their national action plans.

The representative of MALAYSIA welcomed global efforts to control antimicrobial resistance and noted the progress made at the country level. Decisive action must be taken through the One Health approach. Integrated surveillance programmes were a crucial component of efforts to minimize the emergence of antimicrobial resistance. Her Government remained committed to tackling antimicrobial resistance, in spite of the associated challenges. She expressed support for the draft resolution.

The representative of LEBANON expressed support for the draft resolution, which provided clear objectives for Member States. The Secretariat in cooperation with FAO and OIE should engage more actively in efforts to ensure a multisectoral One Health approach among Member States. Her Government strongly supported the recommendations of the Strategic Advisory Group of Experts on antimicrobial resistance and the implementation of the next steps outlined in the report. She emphasized the need to address the dangerous practice of self-medication and over-the-counter dispensing of antimicrobials, which was widespread in many developing countries.

The representative of THAILAND expressed grave concern that certain countries had not yet been able to develop national action plans and ensure an appropriate response. She therefore emphasized the need to accelerate progress at the country level and implement the One Health approach. Adequate financial support with transparent management was critical to advance the global response, particularly with respect to the development of innovative approaches. She encouraged full engagement from the environmental sector at the country and global levels and expressed support for the draft resolution.

The representative of ALGERIA said that a concerted effort was needed to address antimicrobial resistance. He welcomed the tripartite collaboration between FAO, OIE and WHO and called on those organizations to strengthen prevention and management efforts. The Secretariat must prioritize the provision of sustainable support for the effective development, implementation, follow-up and evaluation of national action plans, and strengthen interagency cooperation. International funding should be increased to that end.

The representative of ZAMBIA said that countries with the largest share of the disease burden faced the greatest threat from antimicrobial resistance. Despite her Government’s efforts, a number of activities in the national action plan were yet to be implemented due to a lack of resources. She expressed support for the draft resolution and called for concerted efforts in addressing the issue, as well as support for implementation of her country’s national action plan.

The representative of VIET NAM outlined the measures taken by her Government to tackle antimicrobial resistance, including its work to improve multisectoral collaboration and raise community awareness. She looked forward to receiving further financial and technical support from WHO to combat antimicrobial resistance.

The representative of CANADA expressed support for the draft resolution, which his Government had sponsored. He thanked the Secretariat, in cooperation with FAO and OIE, for the progress made in implementing the global action plan, and looked forward to the finalized global monitoring and evaluation framework and tripartite workplan. He welcomed the recognition of the need for additional consultations on the development of a global framework for development and stewardship, and thanked the Interagency Coordination Group for its work. His Government looked forward to continuing the discussions on how Member States could best contribute to the forthcoming report of the United Nations.
Secretary-General. The fight against antimicrobial resistance was complex and required a One Health approach.

The representative of FRANCE stressed the importance of considering antimicrobial resistance priorities in funding and programmatic decisions, including innovative ways to mainstream antimicrobial resistance-relevant activities into existing international development financing. He supported the proposal to establish an international tripartite advisory group. There was an urgent need for new mechanisms to encourage investment in research and development, while maintaining the production capacity of relevant older antibiotics. Infection prevention measures should be implemented and the prudent use of antimicrobials promoted. In addition, adequate, predictable and sustained financing for human resources was essential.

The representative of SWITZERLAND stressed the need for full and sustainable implementation of the global action plan and for solutions to promote the sustainability and development of new antibiotics. The prudent use of antibiotics, together with infection prevention and control of infections, was crucial. She welcomed UNEP’s collaboration with the FAO/OIE/WHO tripartite partnership, which she hoped would result in greater integration at the international and national levels of environmental aspects that contributed to the emergence and spread of resistant pathogens. She endorsed the recommendations of the Interagency Coordination Group and the strengthened role of the tripartite partnership. Her Government supported the draft resolution, which it had sponsored.

The representative of ESWATINI said that her Government was working to strengthen the national One Health governance structure and the national antimicrobial resistance and antimicrobial use surveillance system, and to increase awareness and understanding of the issue. Emphasizing that antimicrobial resistance must be adequately addressed in order to achieve universal health coverage, she expressed support for the draft resolution.

The representative of the UNITED STATES OF AMERICA expressed support for the draft resolution, which his Government had sponsored. He applauded the global progress made in addressing antimicrobial resistance both through the work of the tripartite partnership and through the development and implementation of multisectoral national action plans. He commended the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and encouraged WHO to ensure non-duplicative and coordinated action under her leadership. The Secretariat should continue to regularly consult Member States and work closely with other international organizations on the issue. He welcomed the strengthened collaboration, coordination and leadership of the tripartite partnership and the development of a joint workplan. His Government looked forward to working with the Secretariat and the tripartite partnership to identify a multisectoral process for Member States to consider the recommendations of the Interagency Coordination Group, maintain the tripartite’s critical leadership and define a path forward through the forthcoming report of the United Nations Secretary-General.

The representative of JAMAICA said that her Government had developed and started implementing aspects of the national action plan for combating antimicrobial resistance. She urged the Secretariat to support the creation of a global framework for development and stewardship; encourage Member States to strengthen linkages at the country level between plans for combating antimicrobial resistance and plans for universal health coverage, health security and multisectoral action; and advocate for guidance on the integrated surveillance of antimicrobial resistance in health, along with food chain and laboratory capacity-building. She supported the draft resolution.

The representative of INDIA described her Government’s efforts to control antimicrobial resistance, guided by the country’s national action plan. The Secretariat should facilitate coordinated efforts at the country level with FAO and OIE, along with UNEP and other partner organizations, to
address the key challenge of ensuring multisectoral implementation of national action plans following the One Health approach.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the One Health approach to combating antimicrobial resistance and its integration in national action plans. She called for sustainable and adequate funding, strategic guidance and technical support to enable countries to fully implement their national action plans. The Secretariat should investigate the use of catalytic funding which could support countries in the early phases of implementing their national action plans. Her Government supported the draft resolution.

The representative of TOGO outlined the range of measures taken by his Government to tackle antimicrobial resistance, including implementation of the national multisectoral action plan. He welcomed WHO’s actions to control the determinants of antimicrobial resistance and called on all Member States to adopt the draft resolution.

The representative of the RUSSIAN FEDERATION highlighted the need to introduce surveillance and monitoring systems, particularly with respect to the environment, and welcomed the tripartite collaboration with UNEP. A multisectoral, multifaceted approach must be taken involving many different organizations of the United Nations system, which would enable further progress, in particular concerning WASH. He supported the strengthening of monitoring and epidemiological control with respect to foods of animal origin, which should be set out in the Codex Alimentarius. His Government had developed a national action plan and had cooperated with Eastern European and Central Asian countries to combat the spread of antimicrobial resistance. He expressed support for the draft resolution, which his Government had sponsored.

The representative of GERMANY expressed appreciation for the progress made, including the development of new antimicrobials by the Global Antibiotic Research and Development Partnership, and welcomed the tripartite efforts to promote integrated surveillance. The use of diagnostics and the implementation of stewardship programmes should be an integral part of primary health care. Moreover, regular training of physicians with regard to the prudent use of antibiotics, hygiene management and communication strategies was also key. She requested the Secretariat, in collaboration with other relevant global partners, to provide support, including technical support, to countries for the development and timely implementation of national action plans. She welcomed the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and expressed support for the draft resolution, which her Government had sponsored.

The representative of DENMARK, expressing support for the draft resolution, highlighted the need to generate evidence on antimicrobial resistance and translate it into policy and effective interventions. To fill that gap, her Government was working to establish the independent International Centre for Antimicrobial Resistance Solutions in collaboration with the World Bank. She called for synergies between that initiative and the activities of well-established bodies to be ensured, not only through financial support but also through expertise and technical support, and invited interested delegations to participate in those efforts.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a One Health approach should be applied and the roles of each stakeholder defined at the international level. The proper use of antibiotics in agriculture should be determined and controlled. In addition, effective surveillance and the integration of WASH should be discussed in detail. The Secretariat should facilitate experience sharing on the ranking of critically important antimicrobials and work with pharmaceutical companies on making new medicines available throughout the world. The tripartite memorandum of understanding
and collaboration with UNEP held great promise, and she looked forward to receiving and using the related workplan.

The representative of PAKISTAN said that his Government was committed to implementing the global action plan and attaining its overarching objectives. He outlined the strategic priorities within Pakistan’s national strategic framework and national action plan and the steps being taken to implement them.

The representative of JAPAN expressed support for the draft resolution. Although progress had been made by Member States and the tripartite partnership, further efforts were needed in terms of surveillance, the prudent use of antimicrobials and research and development. The Secretariat should therefore provide guidance to Member States and incorporate measures to combat antimicrobial resistance into each of WHO’s disease-specific programmes. Member States and international organizations must actively implement the recommendations of the Interagency Coordination Group. However, she opposed the creation of global governance instruments, calling instead for a careful examination of existing work.

The representative of MEXICO encouraged the Secretariat in cooperation with FAO and OIE to continue collaborating and promoting a One Health approach. Although support from international organizations was needed to fill the gaps in implementation of the global action plan, it was also important to create synergies with other multilateral forums to ensure that efforts were complementary. All work on combating antimicrobial resistance should be aligned with the five objectives of the global action plan. Priority should be given to generating and systematizing data, when it was within countries’ capacities to do so, to better monitor progress.

The representative of NEW ZEALAND welcomed the prioritization of carbapenem-resistant gram-negative bacteria as a key emerging threat, which had been associated with significant costs to the health system in New Zealand. Acknowledging the challenges faced by Member States in implementing their national action plans, she supported the draft resolution, particularly its call for effective collaboration on making the economic case for sustainable investments to combat antimicrobial resistance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND praised the inclusion of antimicrobial resistance among the key programmatic pillars of WHO, as well as the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and the creation of a coordination team. The Secretariat should engage closely with Member States to maintain the momentum generated by the work of the Interagency Coordination Group. In addition, Member States should use the occasion of the high-level meeting of the United Nations General Assembly on universal health coverage to note the forthcoming report of the United Nations Secretary-General and agree on a road map for implementing the recommendations of the Interagency Coordination Group. While WHO’s cross-agency work was positive, the Organization should remain focused on its core mandate of providing normative guidance. Lastly, sufficient funding for all activities must be allocated from the approved programme budget.

The representative of NORWAY expressed support for an international ban on the use of antibiotics as growth enhancers and on all other non-therapeutic preventive uses, as well as a ban on animal health workers being able to profit financially from the sale of antibiotics. She welcomed the report of the Interagency Coordination Group but expressed doubt about the creation of a One Health global leadership group and independent panel on evidence for action against antimicrobial resistance. Instead, there should be strengthened coordination between the members of the tripartite partnership and
other entities of the United Nations system. She supported a more active role for WHO and called for antimicrobial resistance to be given priority and visibility.

The representative of ISRAEL encouraged the Secretariat to promote the establishment of a global framework for development and stewardship to combat antimicrobial resistance. A multisectoral approach was required to effectively fight antimicrobial resistance. It was therefore crucial to advocate for the responsible use of antibiotics in both humans and animals, using a One Health approach. Investment in infrastructure, including sewage systems, was also needed. Her Government therefore welcomed the Organization’s work on the Global Sewage Surveillance Project and would support further WHO engagement on the issue. She expressed support for the draft resolution, which her Government had sponsored.

The representative of INDONESIA described the steps being taken in his country to combat antimicrobial resistance and the progress made in implementing the national action plan. WHO’s collaboration with UNEP and other entities of the United Nations system was welcome.

The representative of the NETHERLANDS said that antimicrobial resistance was not a future problem but a current one. She therefore urged Member States to accelerate implementation of multisectoral national action plans in line with a One Health approach. Political commitment and sufficient funding were essential. She supported strengthening the tripartite partnership and encouraged implementation of the joint workplan. Her Government would be holding a ministerial conference in June 2019 to support the progress of Member States through discussion of national action plans and an expansion of twinning programmes.

The representative of PARAGUAY said that the use of antibiotics in agriculture in his country had a far greater impact on microbiological diversity than their use in hospitals, causing a level of harm as yet unknown. He therefore supported the draft resolution. A strong message must be sent about the importance of the problem for international public health, and Member States must be encouraged to invest additional resources in controlling antimicrobial resistance. The global food industry should also be more involved to create synergies for a faster and more effective response.

Dr Suzuki took the Chair.

The representative of PANAMA reiterated his Government’s commitment to achieving the objectives set at the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance. The One Health approach would require intersectoral collaboration at all levels, including through the promotion of community-based health care. Education was a key tool for guaranteeing healthy lifestyles and environments. Furthermore, action should be oriented towards achieving sustainable human and social development. Health workers had a vital role to play in terms of proper use of antimicrobials and effective surveillance. In a globalized world, combating antimicrobial resistant-bacteria and other pathogens required an international response. However, urgent action must be taken at the country level, beyond discussions in international summits. He supported the draft resolution.

The representative of AUSTRALIA, expressing full support for the draft resolution, which her Government had been pleased to sponsor, commended the tripartite partnership and UNEP for the critical work achieved so far. Momentum must be maintained if the commitments of the 2016 political declaration were to be fulfilled. She welcomed the recommendations of the Interagency Coordination Group and looked forward to considering the forthcoming report of the United Nations Secretary-General on implementation of the political declaration. Her Government had made progress.
on combating antimicrobial resistance and would continue to support other countries in the Western Pacific Region through targeted initiatives.

The representative of BAHRAIN supported the recommended actions set out in the draft resolution. Member States should strengthen their national strategies and implement their national action plans in line with the global action plan. Multicountry monitoring groups should also be formed to provide Member States with support and on-the-ground training.

The representative of NIGER said that antimicrobial resistance was a growing public health problem and a global challenge to sustainable development. Future strategic action should focus on establishing governance mechanisms and increasing sectoral and multisectoral coordination using a One Health approach in order to better guide surveillance, research, outreach programmes and infection prevention and control measures.

The representative of BRAZIL welcomed the draft resolution, which would help the Secretariat move forward in supporting Member States’ efforts to tackle antimicrobial resistance. Such efforts cut across health systems strengthening, universal health coverage and work on the social determinants of health, among other areas. However, international action to address the issue must not duplicate efforts or distract attention from other health objectives, such as attaining Sustainable Development Goal 3.

The representative of SPAIN, outlining her country’s national action plan and the steps taken to implement it, said that finding solutions to antimicrobial resistance would require collaboration in bodies such as the Health Assembly. The rise and spread of resistant bacteria knew no borders, and experts from all fields and authorities at the highest level must be involved in combating it. She agreed with the findings of the report and supported the proposed actions.

The representative of the REPUBLIC OF KOREA, outlining the steps taken by her Government to attain the strategic objectives of the global action plan, expressed support for the tripartite agreement and the recommendation that multisectoral collaboration should be strengthened using a One Health approach. She supported the draft resolution.

The representative of TUNISIA said that, in the light of the public health threat posed by antimicrobial resistance and the near total lack of new antibiotics, her Government was fully committed to complying with WHO’s recommendations and initiatives on the issue. With the support of the Secretariat in cooperation with FAO and OIE, her Government had implemented a national action plan. The fight against antimicrobial resistance would be a long one and would require sustained efforts at the political, technical and community levels.

Dr Lutucuta resumed the Chair.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that dentists were key stakeholders in the fight against antimicrobial resistance. She urged governments to reach out to their national dental associations when developing and implementing their national action plans. The issue of funding mechanisms for national action plans should be considered at the United Nations General Assembly in September 2019, in order to ensure sustained, effective global action to address the issue. Her organization was committed to supporting the global action plan. The upcoming World Dental Congress would include a session on antimicrobial resistance and produce a white paper on antibiotic stewardship in dentistry.
The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and also on behalf of the International Federation of Medical Students’ Associations, stressed the need for a One Health approach and a focus on changing behaviour and educating health professionals. Though the establishment of a joint secretariat for the tripartite partnership might hold value, he urged Member States to continue financing the WHO Antimicrobial Resistance Secretariat and empowering WHO to continue its leadership role in implementing the global action plan.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, said that substandard and falsified medicines drove pathogen resistance, undermining stewardship efforts and endangering patients. He praised the draft resolution and drew attention to the Interagency Coordination Group’s recommendations to, among other things, strengthen post-market surveillance of antimicrobials and work towards regulatory systems strengthening and dissemination of best practices. Ensuring the quality of antimicrobials was critical to achieving the stewardship goals set forth in the draft resolution. Concerted and coordinated efforts would require ongoing leadership from WHO.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WASH did not receive sufficient attention in discussions on antimicrobial resistance. The world could not combat antimicrobial resistance so long as people lacked access to clean drinking water and decent toilets. He urged Member States to adopt the draft resolution on water, sanitation and hygiene in health care facilities recommended by the Board in resolution EB144.R5, focus on prevention efforts in their national action plans, and follow WHO guidelines on sanitation, water quality and health.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, welcomed the Interagency Coordination Group’s recommendation for all actors to increase investment and innovation in new health tools. A bench-to-bedside approach was needed to ensure that new and existing antibiotics were affordable, available and used wisely. She urged Member States to approve the draft resolution and move discussions about access and stewardship from principles to practice. Continued political commitment at the highest level was essential. The Global Antibiotic Research and Development Partnership would be redoubling its efforts to achieve the goals of the global action plan, including through an ambitious new strategy with expanded priorities.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to utilize the strong community presence of pharmacists in national action plans on antimicrobial resistance in strengthening surveillance systems and assessing antibiotic use. Recognizing the need for collaborative and sustained action, he called for young people to be better incorporated in the fight against antimicrobial resistance.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, commended WHO’s work in providing evidence to support the strengthening of the Codex Alimentarius trading standards and texts to minimize and contain antimicrobial resistance throughout the food chain. Strong health care systems, cross-agency action, surveillance and regulation of all industries involved was essential. However, extra care should be taken to ensure that public–private collaborations did not hinder efforts. Lastly, she supported efforts to promote WASH components within national action plans so as to reduce infection and protect breastfeeding.
The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, applauded the recognition of the need for new antimicrobials, diagnostics and vaccines, as well as stewardship, surveillance, infection prevention and control, and access to safe water, sanitation and hygiene to combat antimicrobial resistance. Innovation must be at the heart of efforts to tackle the issue. Furthermore, increased use of the Global Antimicrobial Resistance Surveillance System was needed. She welcomed the support provided by the Secretariat and Member States for the implementation of stewardship measures, but highlighted the need for additional resources for widespread uptake, in addition to further investment to prevent infections and the concomitant need for antibiotics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Interagency Coordination Group’s call for governments to establish production facilities or contract manufacturers to ensure sustainable production and supply of antibiotics. Research and development must be driven by patient needs, adapted for use in resource-limited settings and be both accessible and affordable. A paradigm shift was needed in the way that antibiotics were financed, regulated and developed; ideas such as public-purpose ownership should be embraced. Further work was needed to evaluate the clinical value of diagnostics and provide countries with guidance on which tests to prioritize. Lastly, with regard to the Global Antimicrobial Resistance Surveillance System, non-State actors should be permitted to supply data directly from countries facing challenges in data collection and reporting.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, emphasized that many functions would not be put in place unless there were binding requirements from conventions, treaties or regulations. An independent process free from private interests was essential in that regard. Furthermore, the challenges faced by low- and middle-income countries must be acknowledged and addressed through increased funding for the implementation of national action plans. To that end, a deadline for finalization of the global framework for development and stewardship should be established to ensure the timely mobilization of resources.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the response to antimicrobial resistance must include a stronger focus on the treatment and prevention of tuberculosis. She welcomed the inclusion of tuberculosis in the planned update of WHO’s list of priority pathogens, which would support investment in research and development to discover antibacterial agents for drug-resistant tuberculosis. In countries with a high burden of tuberculosis, national action plans to tackle antimicrobial resistance should include robust support for addressing drug-resistant tuberculosis, including research and development and universal access to diagnosis, treatment and holistic care.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to commit resources to the envisaged multipartner trust fund in order to enable effective implementation of the tripartite workplan on antimicrobial resistance. He welcomed the development of the Competency Framework for Health Workers’ Education and Training on Antimicrobial Resistance and its interprofessional approach, and encouraged social dialogue and the involvement of workers’ unions to ensure a collective sense of ownership. It was essential to improve the quality of health services and adopt a health systems approach to ameliorate the management of infection and infectious diseases. The draft resolution should include the need for regulation of the pharmaceutical industry.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, emphasized that the contribution of civil society was fundamental in
implementing national action plans. She supported the calls for a One Health global leadership group and the establishment of an independent panel on evidence for action against antimicrobial resistance. Welcoming the establishment of the Global Antibiotic Research and Development Partnership, she called for similar work to be replicated by other non-profit organizations working on delinkage innovation models that were not incentivized by patent monopolies. Society should not be expected to fund the financial incentives necessary to overcome the ongoing shortfall in innovation. Rational use and sound prescription remained the best strategy to combating antimicrobial resistance.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance), thanking Member States for their comments and their strong commitment towards tackling the issue, said that antimicrobial resistance was a global crisis that posed a challenge to achieving universal health coverage and threatened the progress made towards achieving the Sustainable Development Goals. The Secretariat was pleased to note that in the early implementation phase of the global action plan, 129 Member States had developed a comprehensive national action plan based on the One Health approach. Furthermore, 77 Member States had enrolled in the Global Antimicrobial Resistance Surveillance System, and were providing data annually. Nonetheless, continued support from Member States was urgently needed to scale up ongoing national, regional and global strategies, and to ensure effective multisectoral coordination at all levels. Increased engagement with civil society and the private sector was also essential.

The tripartite partnership had developed a report on the way forward that incorporated the recommendations of the Interagency Coordination Group, which emphasized the urgent need for a sustained One Health approach. The report would be submitted to Member States in due course.

The Secretariat, in cooperation with FAO, OIE, other organizations of the United Nations system, the World Bank and other partners, remained fully committed to accelerating the response to the threat of antimicrobial resistance, in accordance with the global action plan and the recommendations of the Interagency Coordination Group.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R11.

The draft resolution was approved.

The meeting rose at 18:30.

\[ \text{(1) Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA72.5.} \]