

of Canada and the USA, governments imposed an indefinite moratorium on cod fishing in the Grand Banks. There were complaints from the fishermen, but it was a necessary decision. Unfortunately, cod stocks have yet to recover and some scientists fear that the effects of cod overfishing may be permanent. Antimicrobial resistance may be likened to this overfishing scenario, to cattle overgrazing the grass in the commons or to deforestation on Easter Island, which led to the population dying out. Antimicrobial resistance is a consequence of continued overuse of antibiotics combined with the constant growth of resistance over time. The solution is to achieve the appropriate ecological balance. There comes a time when governments and regulators must make tough decisions. The European Union (EU) has done it with the banning of antimicrobial growth promotion in livestock. It's a matter of political will and doing it over time, with a planned formulated approach.

Q: What progress have governments made in containing antimicrobial resistance?

A: France had a national public information programme to reduce antibiotic resistance called "Antibiotics are not automatic" and saw a 26.5% reduction in the use of antibiotics for flu-like syndromes (which are largely viral) over five

years. There have been others, including the "Get smart" programme in the USA to use antibiotics wisely and in Canada the "Do bugs need drugs?" programme has shown a reduction of almost 20% in antibiotic usage for respiratory tract infections at a community level. It was adopted by a number of provinces but unfortunately not by the Public Health Agency of Canada.

Q: How can we educate patients to understand that antibiotics have no effect on viral infections, like the common cold?

A: That is a very important message. Many of the campaigns I mentioned involved education of the public. Behavioural analyses show that doctors and other prescribers often give in to pressure from patients and prescribe antibiotics because they are afraid they will lose their patients. That's why governments and patient organizations need to work together. Leadership from WHO and the messages from World Health Day 2011 can play a pivotal role in emphasizing these important messages to the general public.

Q: Apart from World Health Day, what other international efforts have there been to tackle the problem?

A: There have been a number of developments. Last year, the Swedish prime minister [Fredrik Reinfeldt], who

held the EU Chair role at the time, and United States President [Barack] Obama, established a joint EU-US task-force on antimicrobial resistance and, at this year's World Health Assembly in May, the Swedish minister for health and social affairs [Göran Haggglund] urged WHO to show leadership in tackling antimicrobial resistance. So, a decade after the WHO report in 2000, we have come full circle and seen resistance raising the stakes to an even greater extent than before. In June 2010, the Center for Global Development, called on WHO in a new report to reverse what it called "a decade of neglect" of drug resistance. In September 2010, a United States Institute of Medicine report described antimicrobial resistance as "both a global public health and environmental catastrophe" and a classic example of the "tragedy of the commons". It referred to the famous 1968 essay by Garrett Hardin in *Science*, where he wrote about the grass in shared pastures being eaten up because no one was watching over them. That is the tragedy of the commons and, similarly, the tragedy of antibiotics. Who is minding the "commons" in terms of the overuse and misuse of antimicrobials in the veterinary, agri-food and human settings? Unfortunately we have reached an ecological tragedy akin to the "tragedy of the commons". ■

Recent news from WHO

- On 14 October, the World Health Organization (WHO) released the report *Working to overcome the global impact of neglected tropical diseases*, which outlines strategies for dealing with 17 **neglected tropical diseases** found almost exclusively in very poor populations. These diseases thrive where housing is substandard, environments are contaminated with filth, and disease-spreading insects and animals abound. "These are debilitating, sometimes horrific diseases that are often accepted as part of the misery of being poor," says Dr Margaret Chan, WHO Director-General. "The strategies set out in this report are a breakthrough. If implemented widely, they can substantially reduce the disease burden, breaking a cycle of infection, disability and lost opportunities that keeps people in poverty."
- **Tuberculosis (TB)** could be eliminated if governments and donors fully invest in a plan released by the Stop TB Partnership on 13 October. *The global plan to stop TB 2011–2015: transforming the fight towards elimination of tuberculosis* sets out to provide diagnosis and treatment for 32 million people over the next five years. According to the report, more research is needed to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. The report also shows public health programmes how to drive universal access to TB care, including how to modernize diagnostic laboratories and adopt new TB tests. Some 9 million people become ill with active TB and nearly 2 million die each year.
- On 13 October, this year's **International Day for Disaster Reduction** had the theme "Making cities resilient". WHO called on governments and the international community to take measures to ensure facilities are resilient enough to survive earthquakes, floods, cyclones and other hazardous events. "Hospitals, clinics and other health facilities are the foundation of any health response to be launched to save the lives of people injured when their city is struck by a disaster," says Dr Eric Laroche, WHO Assistant Director-General for Health Action in Crises. "But we see too often that, when disasters happen, health facilities and the staff who work in them count among the casualties."
- On 7 October, WHO released simplified diagnosis and treatment guidelines for people with common, but untreated, **mental, neurological and substance use disorders**. The guidelines are to assist in the diagnosis and management of depression, alcohol-use disorders, epilepsy and other common mental disorders by non-mental health specialists.

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