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to the

MEETING OF THE REGIONAL ANTIMICROBIAL RESISTANCE STEERING
COMMITTEE AND TASKFORCE

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Distinguished Guests, Ladies and Gentlemen, Dear Friends

It gives me great pleasure to address the regional Steering Committee and Task Force on Antimicrobial Resistance. I would like to thank you all for your participation. It is encouraging to see such enthusiasm and support for the campaign against antimicrobial resistance in our region. I would also like to thank our partners, who give us such good support in difficult times and who share with us the values of serving those most in need.

In the 1990s, WHO highlighted the growing risk of antimicrobial resistance. In 2001, WHO published a series of technical materials to support Member States in addressing this challenging problem. However, both at the global level and within the Region, the issue of antimicrobial resistance has not received the attention it deserves, often due to the competition from other priorities.

The recent outbreak of Ebola in west African countries has shown, once again, that a threat to global health security is a threat to all, and becomes everybody's business in no time. Antimicrobial resistance, already recognized as a serious global health security threat, is now everybody's business. No country in the world can address the antimicrobial resistance, and its potential to inflict profound damage on the socioeconomic and development achievements of all nations, without being part of a global response. Owing to the nature of emergence and the persistence of resistance, a serious, collective, synergistic and sustainable response at the national, regional and global levels is crucial.

Antimicrobial resistance is a complex problem with multiple drivers, most of which are now well known. Resistance is a natural survival mechanism for microorganisms. However, irresponsible use of antimicrobials in humans, non-therapeutic consumption of antibiotics in animal husbandry and agriculture, and inappropriate infection prevention and control measures in health care settings are among the most important practices among service providers and the community that accelerate and expand resistance.

Health system inadequacies also play a major role in the persistence of resistance. Deficient antibiotic stewardship, inefficient antimicrobial resistance surveillance, lack of antibiotic use surveillance systems, lack of functional platforms for sharing resistance information, and weakness or lack of independent regulatory mechanisms in countries are some of the other important contributors.

Despite the fact that global information on the burden of antimicrobial resistance is limited, it is clear that antimicrobial resistance scars national economies throughout the world and poses a serious threat to human health and welfare, undermining development. Annual losses stemming from antimicrobial resistance are estimated to range from 21 to 34 billion dollars in the United States of America and about 1.5 billion Euros in Europe. According to a recent study in Thailand in 2010, antimicrobial resistance was responsible for at least 3.2 million extra hospitalization days and 38 481 deaths, and for losses in the range of 85 million to 203 million US dollars in direct medical costs and more than US\$ 1.3 billion in indirect costs.

Like many other public health problems, the solution calls for strong political will and commitment, a multi-disciplinary multisectoral approach, community engagement and resource allocation, in order to set the systems needed in place and build capacities. Several World Health Assembly and Regional Committee resolutions have given us, both the Member States and the Secretariat, the mandate to address antimicrobial resistance in a systematic way. This is not sufficient on its own.

We now have the opportunity of a forthcoming global action plan on antimicrobial resistance to guide our response. The draft is due to be considered by the World Health Assembly next month and it is hoped the Member States will adopt a resolution.

There is an international interest and willingness to work together under the “One Health” approach. Multiple international health and economic forums have put antimicrobial resistance on their agenda and high-level politicians have addressed the subject in their dialogues. The presence here today of the regional representatives of the United Nations Food and Agriculture Organization (FAO) and of the World Organization for Animal Health (OIE), as members of our Steering Committee, is confirmation of our collective responsibility and crucial roles in addressing this issue together.

The time for action is now. With this in mind, I have established this regional steering committee and task force to advise me and my staff on how best to move forward, in a consolidated way. We need to ensure that appropriate country action plans are developed in line with the global action plan on antimicrobial resistance, and that they are properly implemented and monitored, with particular attention to the participatory nature of the response and current context of the Region.

This first meeting of the Steering Committee and Task Force is primarily expected to look into the working modalities to ensure sustainability and effectiveness of the work and to draw up the outline of an operational framework for implementation of the global action plan by countries.

I am pleased to inform you that we are working very closely with the Ministry of Health of Oman on a high-level ministerial meeting, planned for early September this year. All ministers of health and of agriculture will be invited to attend and to renew their commitment to the implementation of the global action plan by endorsing the operational framework and related declaration. The outcome of your work will be the starting point of the response in our region.

I wish you a very successful meeting and a pleasant stay in Cairo.