INTERNATIONAL LEADERSHIP TEXAS/ OSGOOD CENTER
LONE STAR MODEL UNITED NATIONS 2023 (LSMUN)

WORLD HEALTH ASSEMBLY (WHA)

Background Guide
Richardson, Texas / November 4-5, 2023

The World Health Assembly (WHA) is the supreme decision-making body of the World Health Organization (WHO) and adopts decisions and resolutions recommended by the WHO Executive Board and the Director General or introduced by (groups) of WHO Member States during the WHA. **CHECK:** https://apps.who.int/gb/index.html

You can also get a sense of the topics discussed in the WHA: https://www.paho.org/en/wha

**WATCH:** https://youtu.be/ktdpQRpteh0

To cite an example, the 75th WHA took place in Geneva, Switzerland, from 22 to 28 May 2022. The main topic was **"health for peace and peace for health".** This assembly discussed matters focused on four pillars, three of which contribute to the **"triple billion targets":**

- **Pillar 1**: One billion more people benefiting from **universal health coverage**
- **Pillar 2:** One billion more people better protected from **health emergencies**
- **Pillar 3:** One billion more people enjoying **better health and well-being**
- **Pillar 4: More effective and efficient WHO providing better support to countries**

Delegations from 194 WHO Member States and other organizations (with observer status) participated in the meeting, which consists of a plenary and two committees. Between sessions, technical meetings and social events were organized.

On the topic "Health for peace and peace for health" and in the face of multiple crises around the globe that require well-coordinated and coherent action discussions took place. The WHO considers peace as a structural determinant of health and delivers humanitarian work in fragile environments. WHO's Health for Peace approach aims at promoting dialogue, participation, inclusiveness, and trust and conflict sensitivity. The focus is currently set on the COVID-19 pandemic, and on war, emergencies and crisis in Ukraine, Northern Ethiopia, Afghanistan, Syria, and other regions. WHO monitors health emergencies globally.

History, Mandate, and Functioning of the WHA
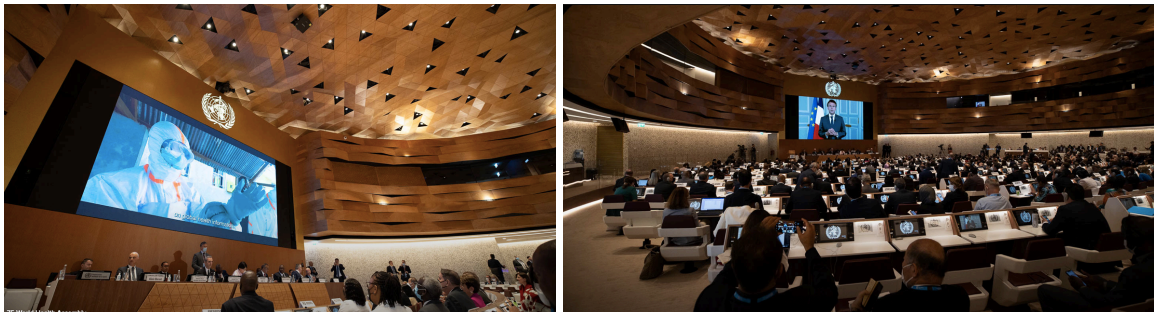
The **World Health Organization (WHO),** the United Nations (UN) specialized agency for health, was established in 1948 with the **objective** for **all people to attain the highest possible level of health.** In its constitution, **health is defined as a state of complete physical, mental, and social well-being and not merely the absence of illness or infirmity. CHECK:** https://www.who.int/about/governance/constitution **and** https://apps.who.int/gb/bd/

Functioning and Structure of the WHO and the Role of the World Health Assembly

Member States (MS)	194 Member States Accept WHO Constitution MS and associate MS
Regions	6 Regional Offices Coordinate regional efforts and offices
Secretariat Headquarter (HQ)	Headed by Director General (DG) DG elected for 5 years term by WHA Technical and administrative matters
Executive Board (EB)	Executive organ of the WHA 34 Members (representing regions) – 3 years term headed by chair (two years term) Meetings at least twice a year (January & May)
World Health Assembly (WHA)	Supreme decision-taking body Meetings generally once a year (in May) A L L Members States and delegations participate Elects members of Executive Board Approves budget

Each WHO Member State delegates no more than three representatives to attend the session of the WHA held in Geneva, Switzerland, each year in May. The WHA may convene in special sessions, as necessary; so far, this has happened only twice - in 2006 to accelerate the procedure to elect a **Director General (DG),** and at the end of 2021 to discuss the development of *the "Pandemics Treaty".* **The first WHA was held in Geneva in June 1948 with delegations from 53 of its then 55 Member States. Since then, the WHA has met every year for the past 74 years. In 2021, the WHA was held virtually for the first time due to the COVID-19 pandemic.**

Dr Tedros Adhanom Ghebreyesus
WHO DIRECTOR-GENERAL

The WHA elects an **Executive Board (EB)** which consists of **34 members** that are technically qualified in the field of health. **Meetings take place in January and in May (shortly after the WHA annual meeting).** The EB prepares decisions and resolutions to be considered by the WHA and is mandated to give effect to the WHA decisions and to act as its executive organ. The WHO **Secretariat** at the **headquarters (HQ)** of the WHO in **Geneva** consists of the DG and all technical and administrative staff. In addition to the secretariat, there are six regional offices responsible for the coordination of tasks in the respective region. **CHECK:** https://apps.who.int/gb/gov/en/composition-of-the-board_en.html
https://www.who.int/about/governance/executive-board/executive-board-151st-session

Participants of the WHA are delegations from WHO Member States, international organizations (such as the European Union, organizations of the United Nations or the World Bank) and other **non-state actors in official relations with the WHO** (nongovernmental organizations, international business associations and philanthropic foundations, academic institutions) invited to attend the WHA as **observers** and to participate in technical briefings and (social) side events, such as the "walk the talk" . **Non-state actors have to be granted the privilege of "official relations with the WHO" by the Executive Board, which is reviewed every three years. CHECK:** https://www.who.int/about/collaboration/non-state-actors/non-state-actors-in-official-relations-with-who For instance, for the 75th WHA, Taiwan requested to be granted an observer status. **CHECK:** https://www.state.gov/taiwan-as-an-observer-in-the-world-health-assembly/

CHECK: https://www.who.int/about/governance/world-health-assembly/seventy-fifth-world-health-assembly/the-who-and-the-wha-an-explainer
https://www.paho.org/en/wha

TOPIC 1: PROMOTING PATIENTS' SAFETY

What is patient safety?
https://www.who.int/news-room/fact-sheets/detail/patient-safety
https://www.who.int/teams/integrated-health-services/patient-safety
https://www.who.int/news-room/photo-story/photo-story-detail/10-facts-on-patient-safety

TOPIC 2: PROMOTING A MORE RESPONSIBLE USE OF ANTIBIOTICS

What are antibiotics? What is antibiotic resistance?
WATCH: https://www.who.int/campaigns/world-antimicrobial-awareness-week/2021#
https://www.cdc.gov/antibiotic-use/images/Infographic-how-AR-happens.jpg
https://www.cdc.gov/antibiotic-use/images/Infographic-AR-bacteria.jpg
https://www.cdc.gov/antibiotic-use/images/Infographic-need.jpg
https://www.sciencerepository.org/antibiotic-resistance-a-threat-to-global-health
https://www.who.int/europe/multi-media/item/causes-of-antibiotic-resistance
https://www.cdc.gov/globalhealth/infographics/antibiotic-resistance/antibiotic_resistance_global_threat.htm
https://www.cdc.gov/antibiotic-use/images/AR-Burden-Numbers-2019.png

CHECK specifically WHAT GOVERNMENTS CAN DO:
https://www.who.int/china/news/infographics/antimicrobial-resistance
https://www.un.org/sustainabledevelopment/blog/2018/01/un-health-agency-finds-high-levels-antibiotic-resistance-worlds-common-infections

Medication harm accounts for **50% of overall avoidable harm** in medical care

Medication errors are one of the main causes of avoidable medication-related harm

US$ 42 billion of annual global health spending can be avoided if medication errors are prevented

What is patient safety?

The World Health Organization defines **patient safety** as **"the reduction of risk of unnecessary harm associated with health care to an acceptable minimum."** Furthermore, it defines **patient safety culture** as "a culture that exhibits the following **five high-level attributes** that health-care professionals strive to operationalize through the implementation of strong safety management systems; **(1)** a culture where all health-care workers (including front-line staff, physicians, and administrators) accept responsibility for the safety of themselves, their coworkers, patients, and visitors; **(2)** a culture that prioritizes safety above financial and operational goals; **(3)** a culture that encourages and rewards the identification, communication, and resolution of safety issues; **(4)** a culture that provides for organizational learning from accidents; **(5)** a culture that provides appropriate resources, structure, and accountability to maintain effective safety system.

"No count exists of the number of people killed by medical errors since **Hippocrates** and despite physicians' best intentions, but the toll, if known, would be staggering. **The culprits for that toll, we know now, would not be, for the most part, rogue clinicians, or even incompetent ones, but rather the very designs of health care delivery, itself, in which even the best of the workforce get trapped.** Or, to be clearer, they are the myriad interactions of those delivery system designs and the frailties of unaided human minds and manipulations – the so-called "human factors" that set up normal people – most of us – for slips, errors, and lapses, the familiar "oops" of daily life. When I forget to set my alarm clock, that's a nuisance; when I forget to give a medication to a critically ill patient, that can be a disaster. But the causes are the same; being human. Only when medicine ceases to rely on heroism for excellence can the pursuit of real safety begin effectively."

What is the problem? Why is patient safety important?

Some key facts provided by the World Health Organization can help you understand the size and nature of the problem:

134 million adverse events occur each year due to unsafe care in hospitals in low- and middle-income countries, contributing to
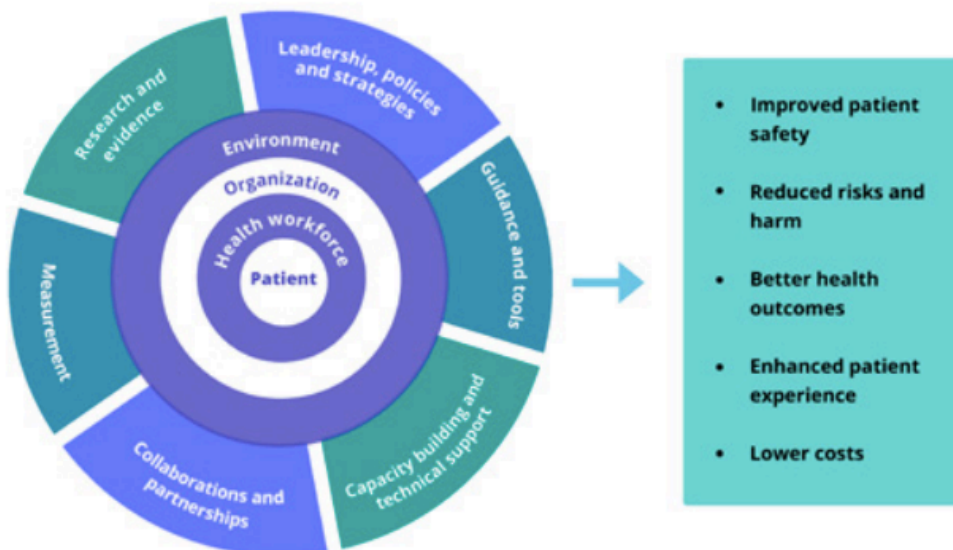**2.6 million deaths annually.**

15% of **hospital expenses** can be attributed to **treating patient safety failures** in **OECD countries.**
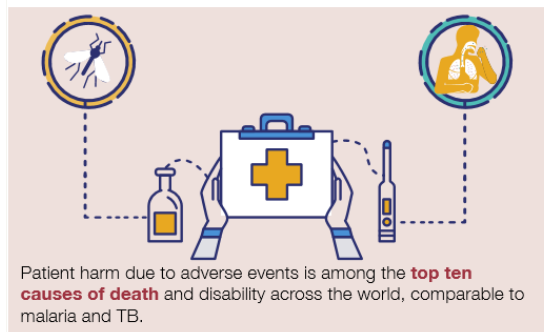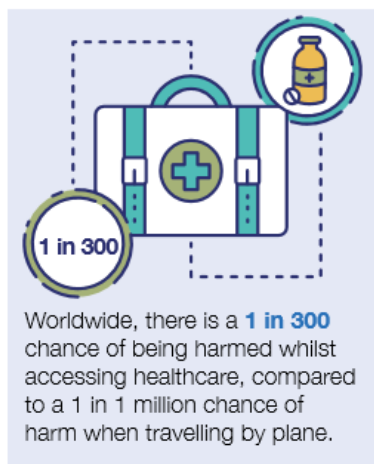
4 out of 10 patients are harmed in the primary and ambulatory settings; **up to 80% of harm in these settings can be avoided.**
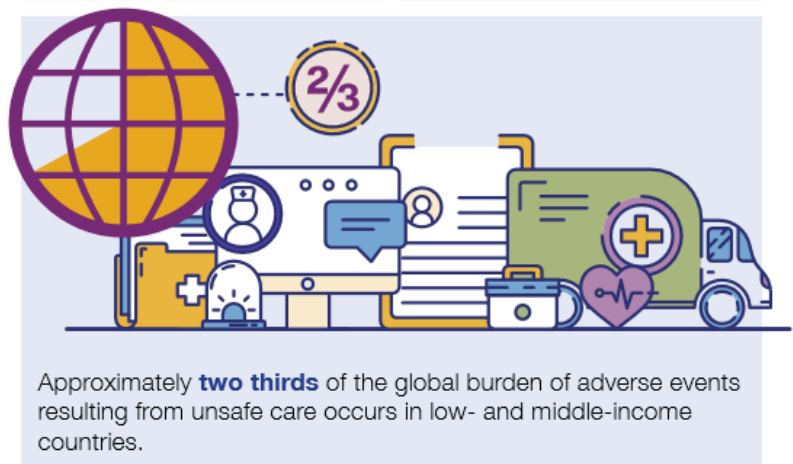

At least 5 people die every minute because of unsafe care

Speak up for patient safety!

World Health Organization

World Patient Safety Day

One in 20 patients attending healthcare facilities is exposed to avoidable medication harm

What commitments are needed to promote patient safety?

WATCH: https://youtu.be/YiMG0gjdY7k

Leadership, policies and strategies

Research and evidence

Guidance and tools

Environment

Organization

Health workforce

Patient

Measurement

Collaborations and partnerships

Capacity building and technical support

- Improved patient safety
- Reduced risks and harm
- Better health outcomes
- Enhanced patient experience
- Lower costs

Worldwide, there is a **1 in 300** chance of being harmed whilst accessing healthcare, compared to a 1 in 1 million chance of harm when travelling by plane.

Patient harm due to adverse events is among the **top ten causes of death** and disability across the world, comparable to malaria and TB.

Global Action on Patient Safety

In low- and middle-income countries alone, adverse events in hospitals contribute to **2.6m deaths** annually due to unsafe care.

In high income countries, 1 in 10 patients suffer whilst accessing care. In low- and middle-income countries it is closer to **1 in 4**.

Approximately **two thirds** of the global burden of adverse events resulting from unsafe care occurs in low- and middle-income countries.

Source: https://blogs.fcdo.gov.uk/aliabbot/2019/02/19/global-action-on-patient-safety/

What has been the history of patient safety in the World Health Assembly?

WHA55.18 The global need for quality of care and patient safety is recognized: Quality of Care: Patient Safety

Since health-care professionals were increasingly being required to incorporate patient safety principles and concepts into everyday practice, **in 2002, Member States of the World Health Organization (WHO)** agreed on a resolution on **"Quality of care: patient safety"** at the Fifty-fifth World Health Assembly that urged Member States to **"pay the closest possible attention to the problem of patient safety".**

This World Health Assembly (WHA) **resolution on patient safety** recognized the need to reduce the harm and suffering of patients and their families, as well as the compelling evidence of the economic benefits of improving patient safety. **CHECK WHA55.18 RESOLUTION** https://apps.who.int/gb/archive/pdf_files/WHA55/ewha5518.pdf

Since the resolution in 2002, there have been several international initiatives, which have brought the important matters to the attention of policymakers in many countries, including:

- development of global norms and standards
- promotion of evidenced-based policies
- promotion of mechanisms to recognize excellence in patient safety internationally
- encouragement of research
- provision of assistance to countries in several key areas.

This resolution was relevant because **studies show that additional hospitalization, litigation costs, health care-associated infections, lost income, disability, and medical expenses cost some countries between US$ 6 billion and US$ 29 billion a year.**

Several countries have published studies highlighting the overwhelming evidence showing that significant numbers of patients are harmed due to their health care, either resulting in permanent injury, increased length of stay (LOS) in health-care facilities, or even death. **We have learned over the last decade that adverse events occur not because people intentionally hurt patients. They are, rather, due to the complexity of today's health-care systems, especially in developed countries, where the successful treatment and outcome for each patient depend on a range of factors and not just the competence of one individual health-care provider.** When so many different types of health-care providers (doctors, nurses, pharmacists, and allied healthcare workers) are involved, it is very difficult to ensure safe care unless the system of care is designed to facilitate timely and complete information and understanding by all the health professionals. Similarly, in developing countries, a combination of numerous unfavorable factors such as understaffing, inadequate structures and overcrowding, lack of health-care commodities and shortage of basic equipment, poor hygiene, and sanitation, all of which can be attributed to limited financial resources, contribute to unsafe patient care.

WHA72.6 Global Action on Patient Safety

The Seventy-second World Health Assembly (WHA72) in May 2019 adopted a resolution on '**Global action on patient safety**' recognizing patient safety as a global health priority and highlighting that no one should be harmed in health care. Among many actions, the resolution https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R6-en.pdf :

- requests WHO to formulate a global patient safety action plan;
- endorses the establishment of World Patient Safety Day to be observed annually on 17 September, **CHECK:** https://cdn.who.int/media/docs/default-source/searo/patient-safety/regional-summary-report-world-patient-safety-day.pdf?sfvrsn=db9571c1_4
- urges Member States to share and disseminate best practices and encourages mutual learning to reduce patient harm through regional and international collaboration;
- requests WHO to design, launch and support **Global Patient Safety Challenges**

Regional Committee Resolutions and related documents

- Patient safety contributing to sustainable universal health coverage
  Regional Committee document (SEA/RC68/14), 68th Session of the Regional Committee for South-East Asia, 6 August 2016
- Patient safety in African health services: Issues and solutions
  Report of the Regional Director (AFR/RC58/8), 58th Session of the Regional Committee for Africa, 24 June 2008
- Regional policy and strategy for ensuring quality of health care, including patient safety

Resolution (CSP 27.R10), 27th Pan American Sanitary Conference, 59th Session of the Regional Committee for Pan America, 5 October 2007
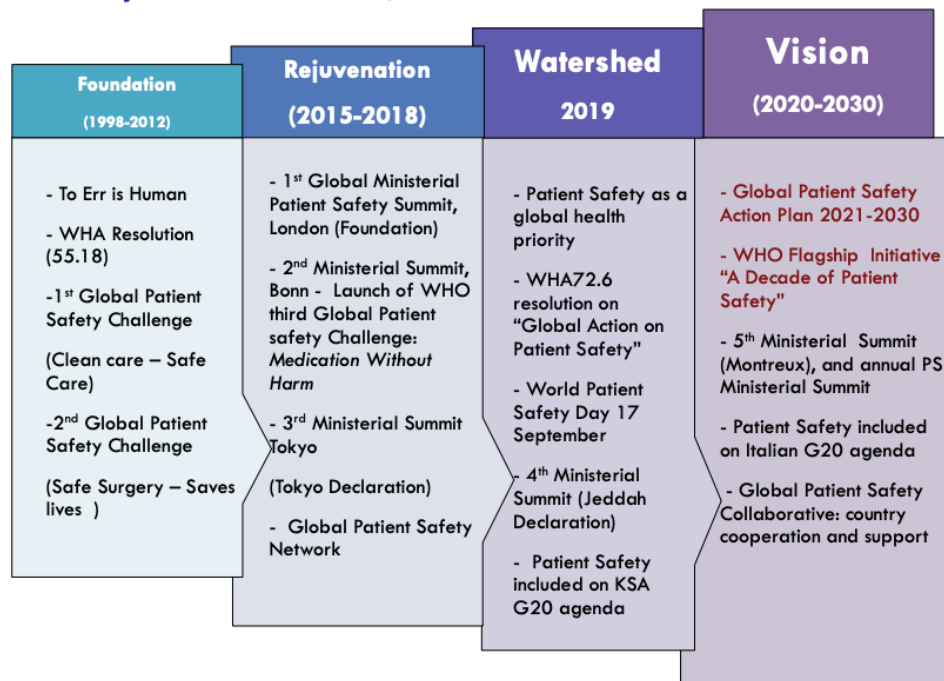
- [Ensuring the quality of care, including patient safety](#)
  Resolution (CSP27/16), 140th Session of the Executive Committee for Pan America, 25-29 June 2007
- [Regional policy and strategy for ensuring quality of health care, including patient safety](#)
  Regional Committee document (CSP27/16), 27th Pan American Sanitary Conference, 59th Session of the Regional Committee, 17 July 2007
- [Follow-up action: Promoting patient safety in health care](#)
  Regional Committee document (SEA/RC60/18), 60th Session of the Regional Committee of South-East Asia, 13 July 2007
- [Promoting patient safety in health care](#)
  Resolution (SEA/RC59/R3), 59th Session of the Regional Committee of South-East Asia– September 2006
- [Regional strategy for enhancing patient safety](#)
  Resolution (EM/RC52/R.4) 52nd Session of the Regional Committee for the Eastern Mediterranean, September 2005
- [Quality assurance and improvement in health systems with special reference to primary health care: A shared responsibility](#)
  Resolution (EM/RC47/R.8), 47th Session of the Regional Committee for the Eastern Mediterranean, September 2000

Global Patient Safety Action Plan 2021-2030

GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030
Towards Zero Patient Harm in Health Care

As you might have concluded, patient safety is essential to the provision of health care in all settings. However, avoidable adverse events, errors, and risks associated with health care remain major challenges for patient safety globally. While the seventy-second World Health Assembly in 2019 adopted **resolution WHA72.6** on global action on patient safety and mandated for development of a global patient safety action plan, **it was not until 2021 when this global action plan was adopted by Seventy-Fourth World Health Assembly in 2021 with a vision of "a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere".**

Global Patient Safety Movement – Past, Present and Future

Foundation (1998-2012)

- To Err is Human
- WHA Resolution (55.18)
- 1st Global Patient Safety Challenge (Clean care – Safe Care)
- 2nd Global Patient Safety Challenge (Safe Surgery – Saves lives)

Rejuvenation (2015-2018)

- 1st Global Ministerial Patient Safety Summit, London (Foundation)
- 2nd Ministerial Summit, Bonn - Launch of WHO third Global Patient safety Challenge: *Medication Without Harm*
- 3rd Ministerial Summit Tokyo (Tokyo Declaration)
- Global Patient Safety Network

Watershed 2019

- Patient Safety as a global health priority
- WHA72.6 resolution on "Global Action on Patient Safety"
- World Patient Safety Day 17 September
- 4th Ministerial Summit (Jeddah Declaration)
- Patient Safety included on KSA G20 agenda

Vision (2020-2030)

- Global Patient Safety Action Plan 2021-2030
- WHO Flagship Initiative "A Decade of Patient Safety"
- 5th Ministerial Summit (Montreux), and annual PS Ministerial Summit
- Patient Safety included on Italian G20 agenda
- Global Patient Safety Collaborative: country cooperation and support

CHECK: https://cdn.who.int/media/docs/default-source/patient-safety/gpsap-meeting-2021/neelam_dhingra_who_4_august_launch-event.pdf?sfvrsn=a4659cea_5

The purpose of the action plan is **to provide strategic direction for all stakeholders for eliminating avoidable harm in health care and improving patient safety in different practice domains** through policy actions on safety and quality of health services, as well as for implementation of recommendations at the point of care. **The action plan provides a framework for countries to develop their respective national action plans on patient safety, as well to align existing strategic instruments for improving patient safety in all clinical and health-related programs.**

READ the plan: https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan

CHECK this Power Point presentation to learn about its **7 strategic objectives:**
https://qps.nhsrcindia.org/sites/default/files/2022-03/Session-1-Global%20Patient%20Safety%20Action%20Plan%202021-2030.pdf

Ask yourself:

Strategic Objective 1
Policies to eliminate avoidable harm in health care

Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere

- **What has your country done to create laws, protocols, and plans to eliminate avoidable harm in health care (strategic objective 1)?**
- **Does your country have a national plan in place to promote patient safety?**

Strategic Objective 7
Synergy, partnership and solidarity
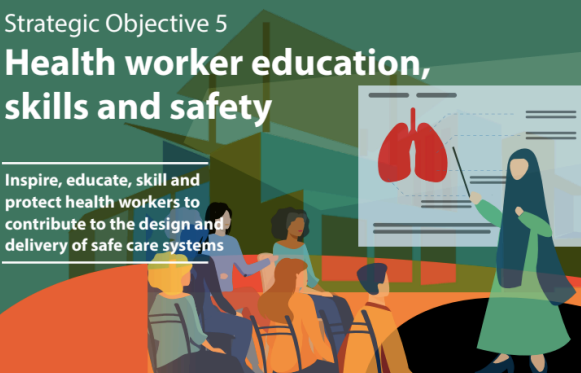
Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care

- **What has your country done to promote robust partnerships (strategic objective 7) and alliances across sectors to promote patient safety?**
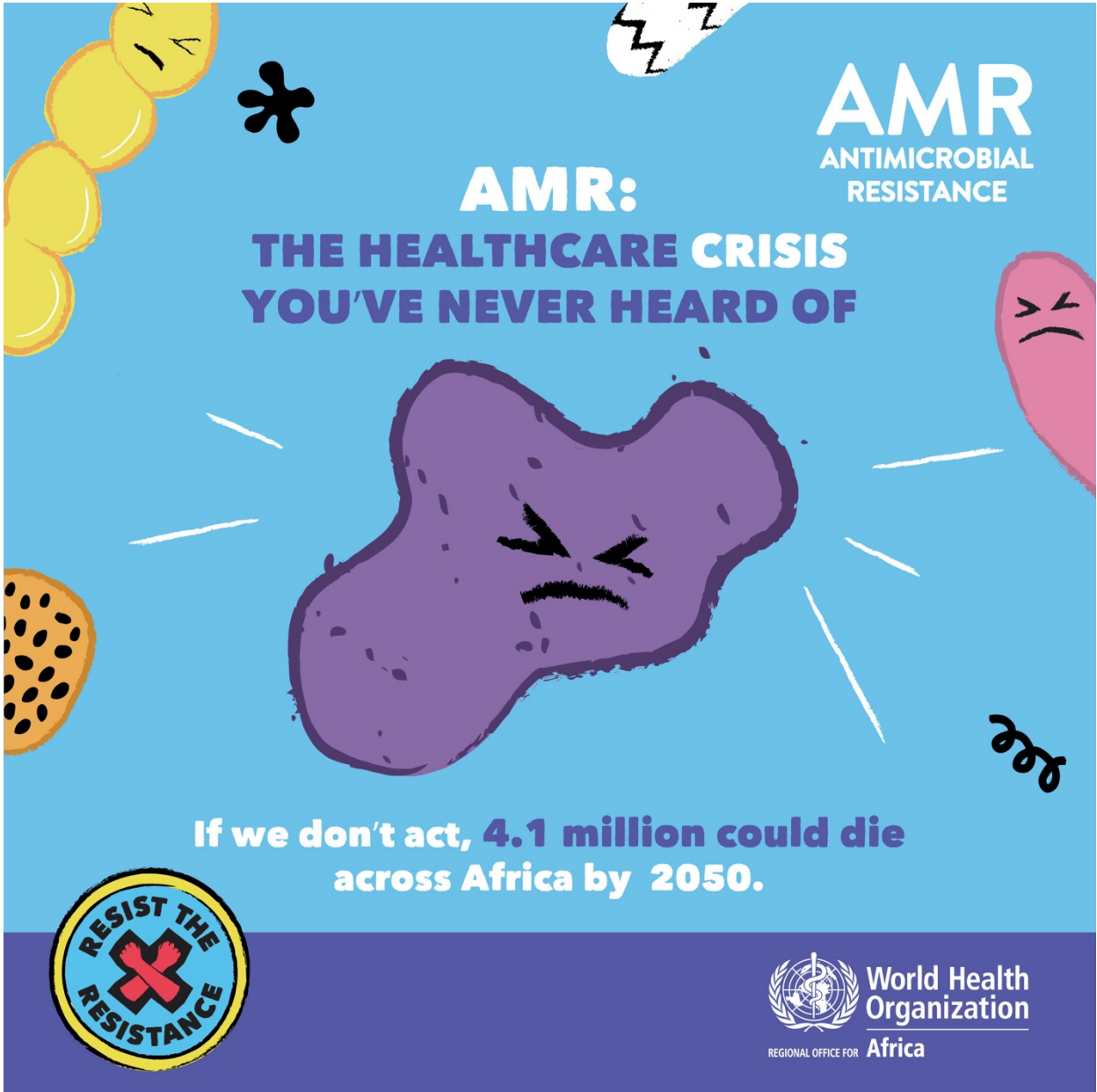

Strategic Objective 5
Health worker education, skills and safety

Inspire, educate, skill and protect health workers to contribute to the design and delivery of safe care systems

- **What has your country done to effectively educate health providers, technicians, and professionals (strategic objective 5) at a large scale to promote patient safety?**

- **What can countries do together at the World Health Assembly to improve the existing action plan?**
- **What can countries learn from member states leading the path in promoting patient safety?**
- **What can countries learn from member states running behind in promoting patient safety?**

What are antibiotics?
CHECK: https://kids.britannica.com/kids/article/antibiotic/390716

What is the problem? What is antimicrobial resistance (AMR)?
**W A T C H:** https://www.afro.who.int/ResistAMR

As you might have noticed reading the previous definition, "antibiotics work by killing bacteria or by preventing them from multiplying. Sometimes, however, not all the bacteria die. The bacteria that survive are said to have a **resistance to the antibiotic.** As those bacteria multiply, they pass on the resistance to new bacteria. The next time those bacteria are exposed to the same antibiotic, even fewer of them die. Eventually the antibiotic does not kill enough of the bacteria to make the illness go away. **When enough types of bacteria become resistant to an antibiotic, doctors no longer use that antibiotic as medicine. The number of resistant bacteria continues to grow.** Scientists are working to find new antibiotics to replace the old ones."

If scientists are working on this…, **why should I care about AMR? WATCH:** https://www.youtube.com/shorts/Kq_OygMEboM

"Antimicrobial resistance poses a catastrophic threat. If we don't act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can't be treated by antibiotics"
UK Chief Medical Officer, Professor Dame Sally Davies, 2014
https://www.sustainweb.org/reports/antimicrobial_resistance/
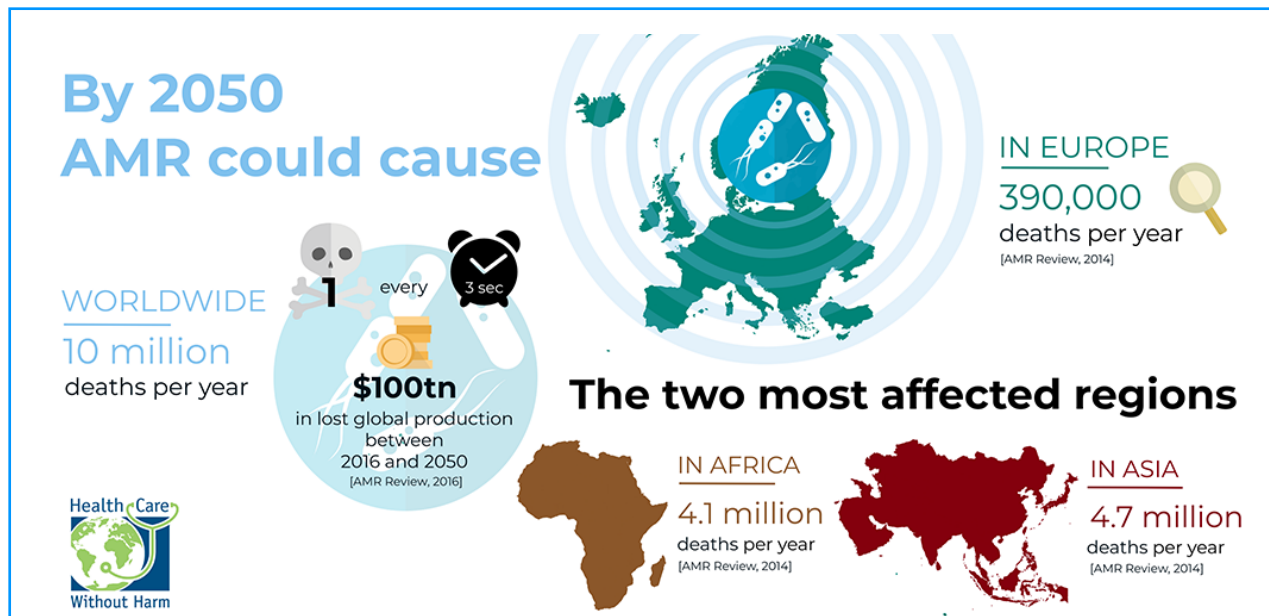
In other words, according to Youth Against Antimicrobial Resistance, **"infections become drug-resistant** when the microbes that cause them to adapt and change over time, developing the ability to resist the drugs designed to kill them. The ability of microbes to become resistant to the drugs designed to kill them is also known as **antimicrobial resistance, or AMR.** One of the most common types of drug resistance is **antibiotic resistance.** In this process bacteria – not humans or animals – become resistant to antibiotics. These bacteria are sometimes called **'superbugs'.**

What are "superbugs"? Why do they pose a health hazard? What does environmental changes have to do with them? What type of actions are needed to tackle the fast growth of superbugs and AMR? WATCH: https://youtu.be/4srU4183p6Y

WATCH this video to learn more about **AMR** from young leaders as they describe the global threat posed by AMR. **C H O O S E** subtitles in **ENGLISH:** https://youtu.be/k0o9CqR476I

Antimicrobial Resistance or AMR occurs naturally. It is the ability of organisms to resist the action of pharmaceutical drugs that are used to treat such illnesses. ==But, overuse or misuse of antimicrobials, including antibiotics, tips the scales and can lead to a global environmental and health crisis.== **CHECK** the titles **RISING RESISTANCE, PREVENTING SUPERBUGS,** and **COLLECTIVE ACTIONS:** https://www.unep.org/news-and-stories/story/healthy-environment-key-antibiotics-work

Antimicrobial resistance and the environment

The environment is key to antibiotic resistance. Bacteria in soil, rivers and seawater can develop resistance through contact with resistant bacteria, antibiotics, and disinfectant agents released by human activity. People and livestock can then be exposed to more resistant bacteria through food, water, and air.

Human antibiotic use jumped 36% in the 2000s

Up to **75% of antibiotics** used in aquaculture may be lost into the surrounding environment

70% of antibiotics are used by **animals**

Manure fertilizers cause antibiotic contamination in surface runoff, groundwater and drainage networks

Antimicrobial use for livestock will jump **67% by 2030**

Antibiotics are increasingly used to boost animal growth in intensive farming, especially in developing countries

Antibiotics can be absorbed by plants and crops

Major waste flows including wastewater, manures and agricultural run-off contain antibiotic residues and antibiotic-resistant bacteria

Wastewater treatment plants **cannot remove** all antibiotics and resistant bacteria

Up to **80% of consumed antibiotics** are excreted through urine and faeces

30% of antibiotics are used by humans

Antibiotic resistant bacteria may be present in **raw source water** and **treated drinking water**

A vast array of **contaminants in municipal and industrial wastewater** increases pressure on bacteria to become resistant

Antimicrobial concentrations in most effluents are **too low to be lethal** to exposed bacteria, but may be sufficient to induce antimicrobial resistance

More than 50% of municipal solid waste ends up in landfills and open dumps. This can include unused or expired drugs.

Multi-drug resistant bacteria are prevalent in marine waters and sediments in close proximity to aquaculture, industrial and municipal discharges

CHECK: https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance

What can be done to combat AMR? How policy makers contribute to solve the problem? CHECK RESOURCES: https://www.afro.who.int/ResistAMR

How policy makers can Resist the Resistance

Antimicrobial resistance is costing lives and costing money. It is a problem across the human, animal and environmental ecosystem. As policymakers, you need to focus on the future and protect your communities and economy from the negative impact of AMR. You can Resist the Resistance to safeguard this precious resource we call antimicrobials. Here's what you can do:

1. Lead

Make AMR a national policy priority. Ensure that the Government Resists the Resistance by educating everyone, from health care professionals to farmers, veterinarians and the general public, about why antimicrobials must be respected.

2. Invest

AMR costs lives and it costs money. But if you invest in tackling AMR by strengthening the health system and improving education today, you can save lives and money tomorrow.

3. Regulate and enforce

It's vital everyone uses antimicrobials responsibly – from doctors prescribing medicines to farmers treating their livestock. Laws and regulations must be adopted and, crucially, enforced to ensure the prudent use of antimicrobials. Together, we can Resist the Resistance.

**LEARN about ONE HEALTH. Should ONE HEALTH be considered in combatting AMR?**

**Yes, One Health should be at the center of antimicrobial resistance projects.
DO more research to learn why this approach is essential to deal effectively with AMR.**

One Health is an integrated, **unifying approach** that **aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.** The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for

clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development."

CHECK: https://www.unep.org/resources/superbugs/environmental-action
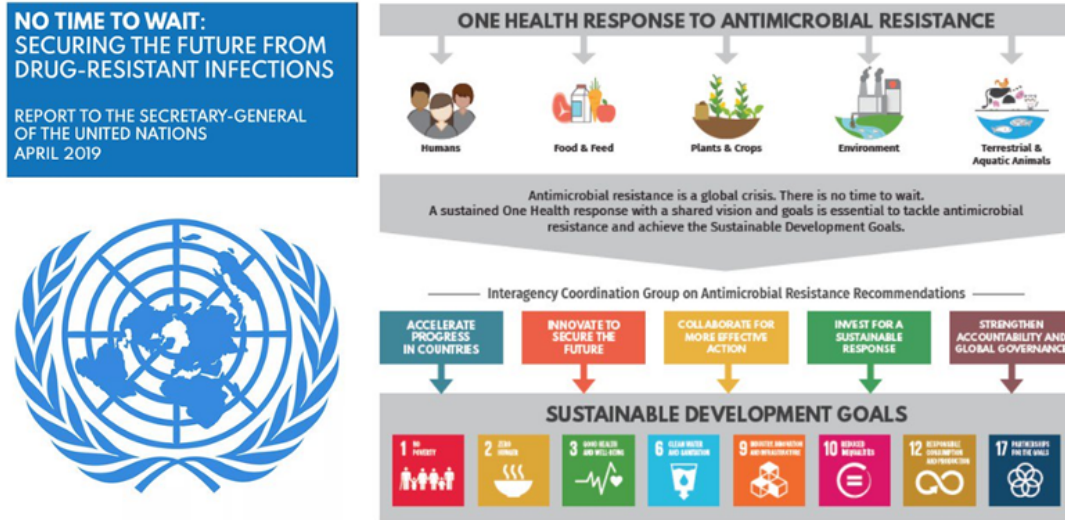
Why is a ONE HEALTH approach needed to deal with AMR?   CHECK these resources to understand the approach and to understand how antibiotic resistance spreads and to determine why healthy animals, healthy humans, and a healthy environment are linked:

CHECK: https://www.youtube.com/watch?v=Z_dk_pTxSGo
https://www.youtube.com/watch?v=Ndfi9QbdXVY

A ONE HEALTH CHALLENGE

The Interconnected Threat of Antibiotic Resistance

Resistance happens when germs (bacteria and fungi) defeat the drugs designed to kill them. Any antibiotic use—in people, animals, or crops—can lead to resistance. Resistant germs are a One Health problem—they can spread between people, animals, and the environment (e.g., water, soil).

## Examples of How Antibiotic Resistance Affects Humans, Animals & the Environment

People

Some types of antibiotic-resistant germs can spread person to person. "Nightmare bacteria" carbapenem-resistant Enterobacteriaceae (CRE) can also survive and grow in sink drains at healthcare facilities and spread to patients and to the environment through the wastewater.

Animals

Resistant germs can spread between animals and people through food or contact with animals. For example, *Salmonella* Heidelberg bacteria can make both cattle and people sick.
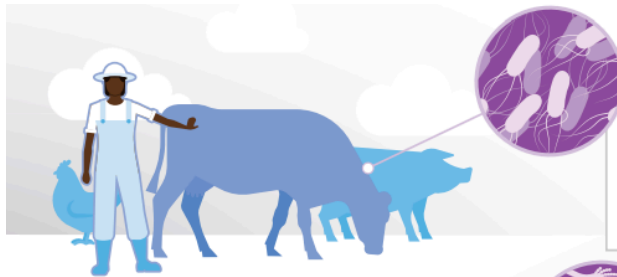
Environment

Antibiotic-resistant germs can spread in the environment. *Aspergillus fumigatus*, a common mold, can make people with weak immune systems sick. In 2018, resistant *A. fumigatus* was reported in three patients. It was also found in U.S. crop fields treated with fungicides that are similar to antifungals used in human medicine.

CDC

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Source: https://www.cdc.gov/drugresistance/pdf/threats-report/One-Health-Challenge-508.pdf
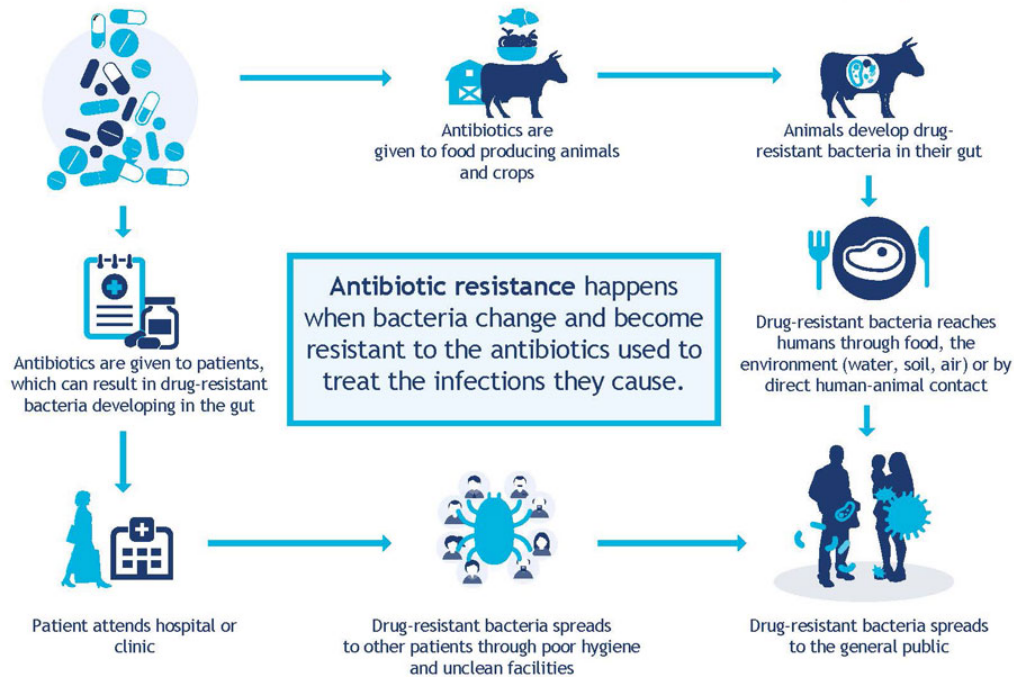
Does your country have a National Action Plan in place to combat antibiotic resistance (AMR)? CHECK: https://www.who.int/teams/surveillance-prevention-control-AMR/national-action-plan-monitoring-evaluation/library-of-national-action-plans

Do you need guidance to think about a National Action Plan?
CHECK: https://www.who.int/teams/surveillance-prevention-control-AMR/technical-guidance-and-resources-for-nap-amr-implementation

WHA68.7 Global Action on Antimicrobial Resistance

CHECK: https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R7-en.pdf

Global Action Plan on Antimicrobial Resistance

Alert to this crisis, the May 2015 World Health Assembly adopted a global action plan on antimicrobial resistance, which outlines five objectives: to improve awareness and understanding of antimicrobial resistance through effective communication, education and training; `to strengthen the knowledge and evidence base through surveillance and research; ` to reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures; ` to optimize the use of antimicrobial medicines in human and animal health; ` to develop the economic case for sustainable investment that takes account of the needs of all countries and to increase investment in new medicines, diagnostic tools, vaccines and other interventions. **This action plan underscores the need for an effective "one health" approach involving coordination among numerous international sectors and actors, including human and veterinary medicine, agriculture, finance, environment, and well-informed consumers. The action plan recognizes and addresses both the variable resources nations must combat antimicrobial resistance and the economic factors that discourage the development of replacement products by the pharmaceutical industry.**

An all-out effort is needed. WHO will work with the United Nations to tackle antimicrobial resistance at the political level. The strong collaboration with the Food and Agriculture Organization (FAO) and OIE will continue. A framework for monitoring and evaluating

national activities is being developed. **The objective was to have multisectoral national action plans in place by the 2017 World Health Assembly.** Antimicrobial resistance was regarded as a crisis that had to be managed with the utmost urgency. As the world entered the ambitious new era of sustainable development, it could not longer allow hard-won gains for health to be eroded by the failure of mainstay medicines. **READ:** https://www.amcra.be/swfiles/files/WHO%20actieplan_90.pdf https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_20-en.pdfhttps://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R5-en.pdf

WHA67.25 Global Action Plan

Sweden and the UK drafted the resolution, which was adopted at the sixty seventh World Health Assembly in May 2014. **The overarching goal of WHA 67.25 was to slow the development of resistance with activities focused on improving knowledge on and understanding of AMR, conserving, and stewarding the effectiveness of existing treatments, and stimulating the development of new antibiotics, diagnostics, and new therapies.** It emphasized practical measures to support member states to develop national policies, driving global standards on antibiotic stewardship, data collection and infection prevention and control. This is relayed in **10 objectives**, which will lead to the development of a global action plan with metrics to measure progress.

CHECK: https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R25-en.pdf to read the 10 objectives. As member states have different priorities and needs related to AMR, the plan was conceived as a series of building blocks, so countries could choose the most relevant blocks. A key block related to **communication, improving awareness, and understanding to change behavior, and social norms relating to antimicrobial use.** A second block focused on **preventing infection through hygiene and vaccination** and by developing systems to improve prevention in healthcare settings. **Optimizing antimicrobial use was the next theme, developing evidence and protocols to support the delivery of antimicrobials in humans, animals, and agriculture.** A fourth theme highlighted **the need for evidenced-based action** through data collection and research. Further themes looked to the future, developing new market models to distribute products and technologies related to AMR and assessing the long-term economic, developmental, and societal costs of AMR.
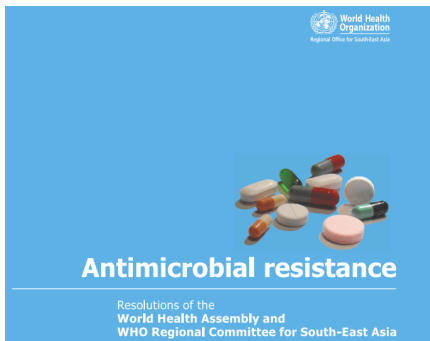
The draft Action Plan was part of a consultation overseen by the Strategic and Technical Advisory Group on AMR, which the CMO chairs. The aim was then to secure support for adoption of the plan at the 68th WHA in 2015. **CHECK** some of the highlights of several **COUNTRY STATEMENTS** that supported the resolution: https://www.southcentre.int/question/wha-resolution-on-combatting-antimicrobial-resistance-what-the-countries-said/

WHA72.5 TRIPARTITE AGREEMENT ON ANTIMICROBIAL RESISTANCE

Resolution 72.5 created a new tripartite agreement on antimicrobial resistance and encouraged the **Tripartite agencies (World Health Organization (WHO), (FAO), World Organization for Animal Health (OIE), and United Nations Environment Program (UNEP)** to establish clear coordination for its implementation and to align reporting to their governing bodies on progress under the joint workplan, according to their respective mandates.

CHECK: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R5-en.pdf
https://apps.who.int/gb /ebwha/pdf_files/WHA67/A67_R25-en.pdf
https://www.twn.my/title2/health.info/2014/hi140507.htm

OTHER RELEVANT RESOLUTIONS

CHECK:
https://apps.who.int/iris/bitstream/handle/10665/204783/B4587.pdf?sequence=1&isAllowed=y

https://press.un.org/en/2016/ga11825.doc.htm

What should your committee be discussing?

- **What additional actions are globally needed to combat AMR?**
- **What new targets and timelines need to be in place to make progress in addressing AMR?**
- **What partnerships and collaborative tools need to be made stronger?**