

***After WHA resolution 58.27***  
**Meeting the global challenge of  
antibiotic resistance**

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1918



2009

# Influenza related mortality

*"If grippe condemns, the secondary infections execute"*

L Cruveilhier 1919

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## PRE-ANTIBIOTIC ERA

Pneumonia caused by common **respiratory tract bacteria** in most influenza fatalities.

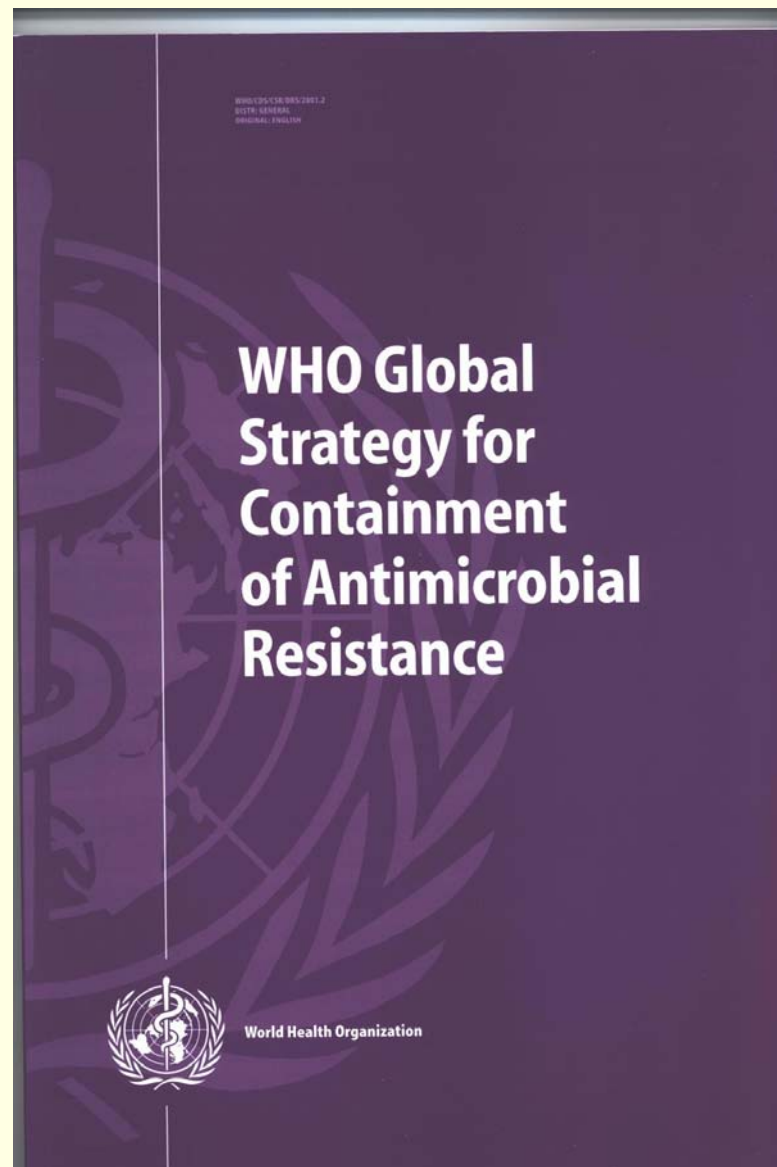
Morens et al, JID 2008

## (Beginning of) POST-ANTIBIOTIC ERA

**Resistant bacterial co-infection** has increased substantially in US children with influenza

Finelli et al, Paediatrics 2008

2001



2005

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA58.27

Agenda item 13.10

25 May 2005

### Improving the containment of antimicrobial resistance

The Fifty-eighth World Health Assembly,

Having considered the report on rational use of medicines by prescribers and patients;

Acknowledging that the containment of antimicrobial resistance is a prerequisite for attaining several of the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Recalling the recommendations of the Second International Conference on Improving Use of Medicines (Chiang Mai, Thailand, 2004);

Recalling also the findings of relevant WHO reports, including "Priority medicines for Europe and the world",<sup>1</sup> and the Copenhagen Recommendation from the European Union conference on "The Microbial Threat" (Copenhagen, 1998);

Aware that the spread of antimicrobial resistance recognizes no national boundaries and has reached proportions that require urgent action at national, regional and global levels, especially in view of the decreasing development of new antimicrobial agents;

Recalling previous resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on antimicrobial resistance, and WHA54.14 on global health security;

Recognizing the efforts of WHO in collaboration with governments, universities, the private sector and nongovernmental organizations to contain antimicrobial resistance, thereby contributing to prevention of the spread of infectious diseases;

Noting that, despite some progress, the strategy for containment of antimicrobial resistance has not been widely implemented;<sup>2</sup>

Wishing to intensify efforts to contain antimicrobial resistance and to promote rational use of antimicrobial agents by providers and consumers in order to improve global health security;

<sup>1</sup> Document WHO/EDM/PAR/2004.7.

<sup>2</sup> Document WHO/CDS/CSR/DRS/2001.2.

# Will we respond to antibiotic resistance in time?



*A seminar on the growing threat of antibiotic resistance  
September 14-17, 2005, Uppsala*

- Supported by Sida and Uppsala University
- Global advocacy
- Supporting WHO HQ and regions
- Collaboration with other international agencies (EMEA, ECDC)
- Regional and local networks





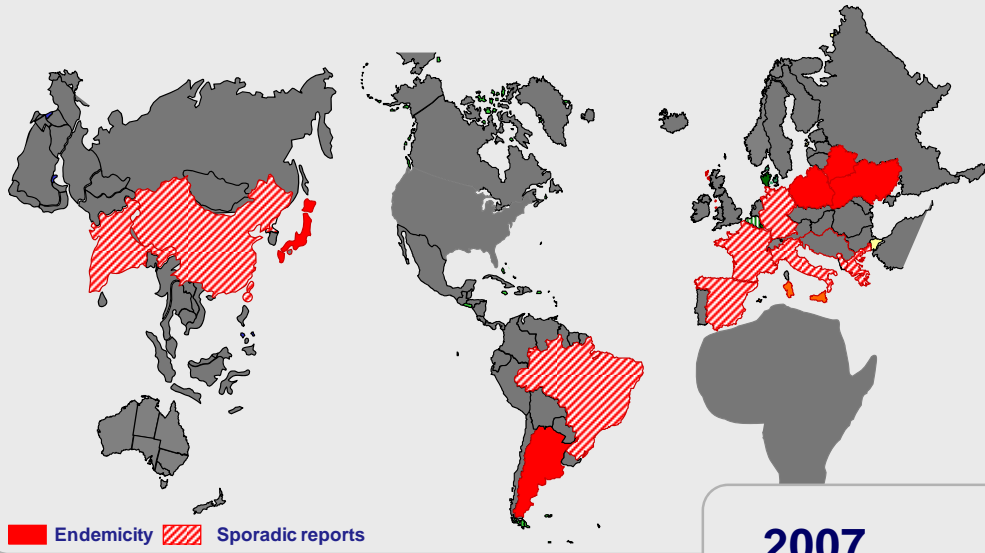
**TANZANIA**  
Neonatal sepsis  
with 43 %  
mortality

**SOUTH ASIA**  
One child is  
dying every  
second minute

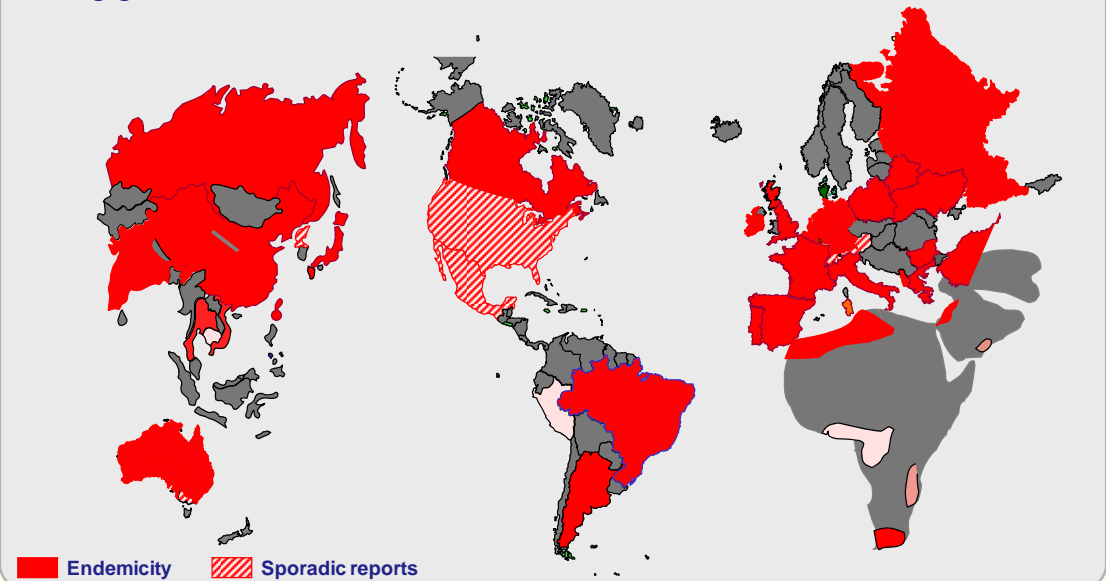


# ESBL (CTX-M) producing *Enterobacteriaceae*

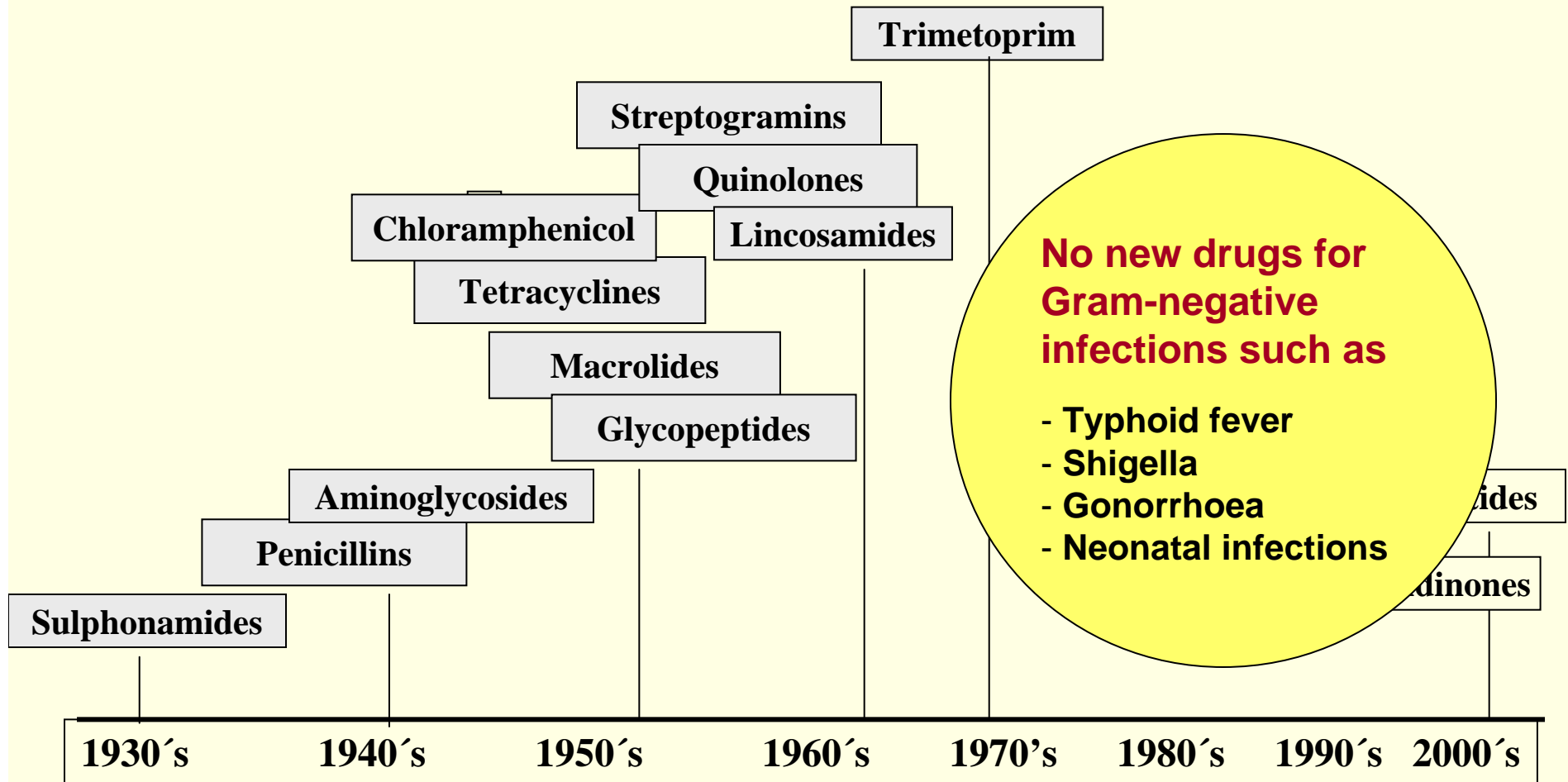
2001-2002



2007



# The dwindling antibiotic pipeline...



**2010**

# **Tackling antimicrobial resistance**


**THE THIRD WORLD PATIENT SAFETY CHALLENGE**

A promising initiative that must include

- permanent staff for global co-ordination
- global surveillance of antibiotic resistance and its burden
- surveillance of antibiotic use
- availability of effective medicines and diagnostics

# Both global and local actors have a role to take concrete action to address antibiotic resistance

- International organisations and donors **must** address the problem
- Governments **must** support national coordination
- Civil society has a **key role** to help increase the public's understanding of how antimicrobials should be used



If we would give this pandemic the attention that is needed – which pandemic alert phase level would we give it?