

A. IMPROVING THE CONTAINMENT OF ANTIMICROBIAL RESISTANCE (Resolution WHA58.27)

1. In resolution WHA.58.27, the Health Assembly requested the Director-General to expand and strengthen the provision of technical support to Member States in order to accelerate the implementation of resolutions WHA51.17 and WHA54.14 concerning containment of antimicrobial resistance. It also noted that the strategy for containment of antimicrobial resistance¹ had not been widely implemented and re-emphasized the need for a comprehensive, integrated, national approach to promoting the containment of that resistance.

Implementation of the strategy for containment of antimicrobial resistance

2. Overlap of issues and recommendations has resulted in the subject of containment of antimicrobial resistance being subsumed into the rational use of medicines. The Executive Board considered the matter at its session in January 2007² and adopted resolution EB120.R12 on rational use of medicines. The resolution that it recommend to the Health Assembly for adoption requested the Director-General, inter alia, to strengthen WHO's technical support to Member States in their efforts to establish or strengthen, where appropriate, multidisciplinary national bodies for monitoring medicine use, and implementing national programmes for the rational use of medicines. This request embodies the main component of WHO's strategy, namely for countries to establish intersectoral national task forces in order to coordinate containment strategies and a previous proposal to establish an independent fully-resourced intersectoral task force on antimicrobial resistance at headquarters and regional level in order to formulate a plan of action.³ The financial implications of that resolution⁴ envisage sufficient resources for setting up a global team in order to provide necessary additional technical support to countries. A proposed implementation plan will be discussed at the 15th meeting of the Expert Committee on Selection and Use of Essential Medicines (due to be held in Geneva, 19–23 March 2007).

3. Progress has been made in building a stronger evidence base, with the thrust of the Secretariat's work being on collecting and analysing data on antibiotic use in primary health care in low- and middle-income countries and on pharmaceutical policies relating to antimicrobial resistance. With 792 surveys now analysed, the evidence underlines the continuing overuse and inappropriate use of antibiotics worldwide⁵. The data on policies show that few countries have a national task force or strategy for containment of resistance, a reference laboratory for surveillance, or enforcement of policies such as limiting the availability of antibiotics to prescription only.⁶

¹ Document WHO/CDS/CSR/DRS/2001.2.

² See document EB119/2006–EB120/2007/REC/2, summary record of the sixth, eighth and twelfth meetings.

³ Document WHO/CDS/CSR/RMD/2003.7.

⁴ Document EB120/7 Add.1.

⁵ See document EB120/7 for more details.

⁶ Document WHO/TCM/2006.2.

Advocacy and research

4. WHO has continued its multidisciplinary work, concentrating on the following approaches to containment of antimicrobial resistance:

- research on surveillance of use of antimicrobial agents and drug resistance in resource-poor communities;
- dissemination of guidelines to improve management of common childhood infections, including evidence-based strategies for reducing the inappropriate use of antibiotics (e.g. the efficacy of a three-day course of antibiotics for treatment of pneumonia and the use of zinc in treatment of diarrhoea);
- provision of guidance, through the World Alliance for Patient Safety, on the prevention of health-care-associated infections and antibiotic prophylaxis in surgery;
- implementation of the Stop TB strategy, launched in 2006, in order to improve control of tuberculosis through promoting a patient-centred approach, use of quality-assured medicines in fixed-dose combinations, regular surveillance of resistance, and creation of the Green Light Committee, which facilitates access to quality assured second-line medicines against tuberculosis while ensuring their rational use by a stringent review and monitoring process;
- advocating the use of artemisinin-based combination therapy as treatment for uncomplicated falciparum malaria and banning the marketing and use of oral artemisinin monotherapies.

The future

5. The limited progress so far in implementing resolution WHA58.27 reflects the low investment in developing coherent, comprehensive programmes across health systems for promoting rational use of antimicrobial medicines and containing resistance. However, the subject is recognized in the Eleventh General Programme of Work and forms part of strategic objective 11 in the draft Medium-term strategic plan 2008–2013 and the draft Proposed programme budget 2008-2009.

B. IMPLEMENTATION BY WHO OF THE RECOMMENDATIONS OF THE GLOBAL TASK TEAM ON IMPROVING AIDS COORDINATION AMONG MULTILATERAL INSTITUTIONS AND INTERNATIONAL DONORS (Resolution WHA59.12)

6. Resolution WHA59.12 endorsed the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors and requested the Director-General to implement those recommendations, in collaboration with UNAIDS and its other cosponsors, and to report on progress to the Executive Board and to the Sixtieth World Health Assembly.

7. The Global Task Team's recommendations included the need for donors and multilateral institutions (e.g. WHO, UNAIDS, the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria and others) to work together more effectively in order to ensure that financial and technical support to national AIDS responses is harmonized and aligned in accordance with the