



**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

9 October 2013

**Sixtieth Session
Muscat, Oman, 27-30 October 2013**

**TECHNICAL MEETING
ADDRESSING ANTIMICROBIAL RESISTANCE:
PRIORITIES IN THE REGION**

Objectives of the session

The session on addressing antimicrobial resistance aims to:

- highlight the urgent growing and emerging risks associated with antimicrobial resistance and the consequences of inaction or lack of policy response to curb the threat;
- obtain a commitment to implement the WHO six-policy package to combat antimicrobial resistance in the Region.

Background and discussion points

Antimicrobial resistance (AMR) has emerged as a global health security concern. As the antimicrobials in use lose their power due to development of resistance against them on the one hand and with very few new antimicrobials in the production pipeline on the other hand, the threat of a return to the pre-antibiotic era looks imminent. Misuse and overuse of antimicrobials, along with extensive and uncontrolled use of antimicrobials in food production, particularly as growth promoters in animal husbandry, are the main drivers of accelerated AMR.

Estimates of the magnitude and of the health and socioeconomic burden of the problem associated with AMR in the Region are hampered by the limited availability of reliable data. However, academic studies from some countries in the Region show that the antimicrobial resistance pattern is critical and geographically extensive, with methicillin resistance rates in *Staphylococcus aureus* exceeding 50% and resistance to third generation cephalosporins in *Escherichia coli* exceeding 70% in some countries.

The resistance information from specific programmes (such as tuberculosis (TB), HIV and malaria) are more advanced. TB surveillance data has shown that approximately 24 000 new cases of multidrug resistant tuberculosis occur each year in the Region, with the best estimate between 11 000 and 81 000 cases. A recent survey indicates that 3% of all new TB cases in the Region could be multidrug-resistant. There are alarming signs of increased transmitted HIV drug resistance. In 12 low- and middle-income countries between 2007 and 2010, the prevalence of HIV resistance to any drug among people starting antiretroviral therapy rose from nearly 5% in 2007 to nearly 7% in 2010. Falciparum malaria parasites resistant to last-resort drugs, artemisinins, are emerging in South-East Asia resulting in higher morbidity and mortality. Resistance to earlier generation antimalarial medicines, such as chloroquine and sulfadoxine-pyrimethamine, is also widespread in most malaria-endemic countries in the Region.

Importance of tackling AMR

Increasing levels of AMR are endangering the prevention and treatment of all infections and in many cases, such as where TB, malaria and HIV are involved, disproportionately affect the poor. This in turn imposes significant burden on health systems, on the economy and on the community. Drug resistance reduces the effectiveness of treatment and patients remain infectious for longer, thus potentially spreading resistant microorganisms to the others. Infections caused by resistant microorganisms often fail to respond to conventional treatment, resulting in prolonged illness and increased risk of death. The societal costs accrue either directly – as expenses caused by extension of hospital stay, additional diagnostic or therapeutic procedures, and additional antibiotic use – or indirectly through the loss of productivity, long-term disability, and excess mortality.

Studies in Europe have indicated that the health-care costs and productivity losses to AMR are estimated to be at least €1.5 billion each year. The burden on developing economies can be even more significant as measured in Thailand, where US\$ 2 billion are lost annually due to AMR alone.

Challenges in the Region

Preliminary results obtained through limited country situation analyses in the Region have revealed several challenges that need to be addressed as immediate as possible. Lack of a robust functioning national AMR surveillance system and of collaboration with the animal health sector means that insufficient evidence is available to policy-makers to set appropriate policies, strategies and plans to combat AMR. Other challenges include absence of legislation or deficient enforcement of laws where they exist, and the proliferation of compound challenges to development, such as complex emergencies, resulting in disruption of control over the quality of medicines and over appropriate drug use. This also hinders the response in the affected countries.

Conclusion

Mindful of the challenges posed by the current trends in antimicrobial resistance, several resolutions of the World Health Assembly (WHA51.17 and WHA58.27) and of the Regional Committee (EM/RC48/R.8 and EM/RC49/R.10) have called upon the Member States and the international community to take measures to curtail the emergence and spread of AMR. Despite these resolutions the response to the threat of AMR has remained fragmented. Planning and implementation of appropriate policies, strategies and plans to curb AMR requires high political commitment and resource allocation.

AMR is a serious threat to the global health security. It is a multifaceted problem and requires urgent action. Appropriate actions rely on three strategic pillars: a) awareness-raising and stakeholder engagement; b) national capacity-building; and c) innovation, research and development in new tools and knowledge. The WHO six-policy package outlines the policy measures for curtailing the AMR at the country level.

Expected outcome of the meeting

Heightened awareness of the seriousness and urgency of AMR in the Region and a commitment to immediate action through implementation of the WHO six-policy package.