

WIPO, WTO, WHO Technical Symposium

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1. On behalf of Dr Margaret Chan, Director-General of the World Health Organization (WHO), I first would like to thank DG Gurry for hosting this year's annual trilateral symposium and to also join both him and DG Azevêdo in welcoming everyone. I would also like to especially note the presence of Monique Eloit, DG of the World Organisation for Animal Health (OIE), and to thank her for joining.
2. In the past few years, antimicrobial resistance has been undergoing a major transition. Where it previously was considered a rather complex technical issue for only a limited audience – primarily for health professionals – it is now increasingly, and appropriately, becoming understood to be a fundamental social threat, like climate change.
3. Such a transition is occurring because more individuals, countries, and organizations are beginning to better understand the magnitude of the consequences and implications of AMR – not only in terms of massively increased deaths and prolonged illnesses -- but also the practice of modern medicine and sustainable agriculture, food, and development as well as financial growth and a healthy environment.
4. Moreover, there are significant implications for food trade and a strong need to find better and more sustainable approaches to research, development and access to new products and technologies. The interplay of such considerations makes AMR unusually complex. Nonetheless, the bottom-line is that AMR is a social challenge of the first order and we must solve it.
5. One major result of this growing awareness and attention to AMR was the recent high level meeting on AMR held at the UN General Assembly, as well as the recent communiqué issued by the G20 Ministers of Finance under the Chairmanship of China. Attention to a health issue by such groups is unusual and a testament to the unusual gravity of this issue.

6. The effort to bring AMR to the highest levels might be considered as vertical transition. Reaching and alerting the highest levels is critical for creating the opportunities, support and leverage needed to address AMR and we are off to a good start. But we cannot relax because we are at the beginning and we must act quickly with this opportunity.
7. The fact is that most people and many organizations in the world still have little knowledge or understanding about AMR and without this as a foundation, fundamental change in how people -- including families, health workers and farmers -- use antimicrobials will not change quickly enough. We cannot afford to let up on efforts to build awareness.
8. But in this new period following UNGA, we have new challenges to meet.
9. First, we need to implement the global action plan, the multisectoral blueprint of what to do, by establishing and implementing National Action Plans.
10. Second, we need to create a broad and functional level of horizontal multisectoral cooperation and coordination among the many sectors and organizations whose contributions are essential. In essence, we need to take the concept of “one health” and make it a daily working reality so the work done across sectors, agencies, civil society and industry are harmonized and complementary rather than isolated. The AMR political declaration adopted by UNGA has mandated a coordinating group and its establishment will go a long ways towards accelerating such cooperation and coordination.
11. Third, we need to focus upon and tackle some major and specific cross sectoral major issues. These include financing. Here – the analytic work done by the UK review group, by the World Bank, by OECD and others have given us an idea of the magnitude of the support needed. A meeting convened at the World Bank last week of multiple stakeholders can be seen as the start of a process to address this issue.
12. Another key challenge is the development of a Stewardship framework, as mandated by both the WHA and the UNGA. The development of such a framework will facilitate and help harmonize appropriate use in both the health and agricultural sectors – another major step forward.

13. Yet another fundamental aspect of addressing AMR will be to find ways to make sure that we continue to have the new technologies we need including affordable access to existing and new antimicrobial medicines and diagnostic tools. Unless this becomes a reality, we cannot address AMR. For many countries and communities, lack of access is the dominant issue. In 2015, pneumonia accounted for 15% of all deaths of children under 5 years old, killing an estimated 922 000 children in 2015. Only 1/3 of children with bacterial pneumonia receive the antibiotics they need.
14. In the long run, building strong health and agricultural systems will be the most sustainable approach to addressing AMR and ensuring affordable access to good-quality health care, and essential medicines, including antimicrobial medicines and vaccines, as well as diagnostics and other vital interventions.
15. But to get there, we have many issues and barriers to resolve. Fortunately there is guidance and help. For example, new models for procurement, delivery and financing of treatments have been established for HIV/AIDS, malaria and tuberculosis and could serve as models to expand access to antibiotics.
16. In closing, I again want to thank all of you for joining these discussions and working together to find the solutions needed to turn back rising global levels of AMR. Thank you