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Press Release/Letter to Editor **16 November 2017**

Action needed now on antibiotic resistance

The world is marking World Antibiotics Awareness Week on 13-19 November. The World Health Organisation (WHO) has warned that the world is running out of new antibiotics to fight the growing threat of antimicrobial resistance. Malaysia is also affected and must take urgent action on this threat.

In the words of the Chief Medical Officer of the United Kingdom, Professor Dame Sally Davies, 'the world is facing an antibiotic apocalypse'. If antibiotics lose their effectiveness, it will spell 'the end of modern medicine'. Unless action is taken to halt the practices that have allowed antimicrobial resistance to spread and ways are found to develop new types of antibiotics, we could return to the days when routine operations, simple wounds or straightforward infections could pose real threats to life, she warns.

A WHO report* confirms that most of the new drugs currently developed to overcome antibiotic resistance are only short-term solutions. The report found very few potential treatment options for those antibiotic infections posing the greatest threat to health, including antibiotic-resistant tuberculosis (TB) which kills some 250,000 people each year.

'Antimicrobial resistance (which includes resistant bacteria, fungi, viruses and parasites) is a global health emergency that will seriously jeopardise progress in modern medicine,' warned Dr Tedros Adhanom Ghebreyesus, Director-General of WHO.

Today, around 700,000 people around the world die annually due to antimicrobial-resistant infections including TB, HIV and malaria. If no action is taken, it has been estimated that antibiotic-resistant infections will kill 10 million people a year by 2050.

Dame Sally said that because antimicrobial resistance (AMR) is 'hidden', people 'just let it pass'. 'This AMR is with us now, killing people... If it was anything else people would be up in arms about it. But because it is hidden they just let it pass... It will only get worse unless we take strong action everywhere across the globe.'

This is a global concern as new resistance mechanisms are emerging and spreading globally, threatening the ability to treat common infectious diseases, resulting in prolonged illness, disability and death.

Without effective drugs for prevention and treatment of infections, medical procedures such as organ transplants, cancer chemotherapy, diabetes management and surgeries like caesarean sections or hip replacements become very high-risk.

Another related problem is that no new classes of antibiotics have reached the market in the last 30 years. There is a need for new innovation models that develop new antibiotics which are also affordable.

AMR increases the cost of health care. According to a review done by the UK government, AMR will cost the world economy as much as $100 trillion annually.

AMR occurs naturally over time, usually through genetic changes. However, the misuse and overuse of antimicrobials is accelerating the process. Examples of misuse include when patients with viral infections like colds and flu are prescribed antibiotics, or the prevalent practice of feeding antibiotics to animals as growth promoters.

The residues of these drugs as well as the antibiotic-resistant organisms are found in water, soil and air. They can spread between people and animals, and from person to person. Poor infection control, inadequate sanitary conditions and inappropriate food-handling encourage the spread of AMR.

The WHO's World Health Assembly recognised that AMR has to be tackled using a 'One Health' model that promotes a coherent, comprehensive and integrated approach involving different actors and sectors, such as human and veterinary medicine, agriculture, finance, environment and consumers. This multisectoral response would be part and parcel of National Action Plans (NAPs) by all WHO member states.

CAP calls on the government to:

- Ensure a robust National Action Plan is in place to tackle antibiotic resistance. Strong political commitment, national ownership and sufficient multisectoral institutional capacities are essential for effective implementation of the NAP. It should involve as many 'stakeholders' as possible including NGOs. The NAP for Malaysia should be made available to the public and widely publicised.

- Improve surveillance of antibiotic-resistant infections. A national integrated surveillance system should include the public and private sectors and veterinary medicine, aquaculture, livestock and its products, agriculture and the environment. A national system of surveillance of antibiotic consumption in all sectors should be implemented as well.

- Strengthen infection prevention and control measures, e.g. investments in sewerage and sanitation infrastructure especially the removal of antibiotics from waste water.

- Formulate and implement a national policy for rational and appropriate use of antibiotics.

- Enact regulation in prescription and dispensing of drugs and its enforcement.

- Regulate the unethical marketing practices of antibiotics in terms of promotions and the incentives offered to medical, dental and veterinary practitioners to increase sales and usage.

- Educate the public on the dangers of antibiotic misuse and overuse. Involve the NGOs, the media, schools, communities, health professionals and consumers.

- Strengthen the Environmental Quality Act 1974 to include control over antibiotic contamination of water systems, waste treatment, sewage, soil and air particles.

- Regulate and monitor the use of antibiotics in livestock production, aquaculture, agriculture and horticulture and ban its non-therapeutic uses.

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*'Antimicrobial agents in clinical development – an analysis of the antibacterial clinical development pipeline, including Mycobacterium tuberculosis' by WHO