AMR a Global Threat for Public Health

G20 Commitments

“We are resolved to tackle common challenges to the global community, including (….) health threats (…), as a basis for sustainable development and stability” G20 Leaders Declaration Shaping an interconnected world, Hamburg, 7/8 July 2017.

“We recall universal health coverage is a goal adopted in the 2030 Agenda and recognize that strong health systems are important to effectively address health crises” G20 Leaders Declaration, Hamburg, 7/8 July 2017.

“Antimicrobial Resistance represents a growing threat to public health and economic growth. We will strengthen public awareness, infection prevention and control and improve the understanding of the issue of antimicrobials in the environment.” G20 Leaders Declaration, Hamburg, 7/8 July 2017.

The Challenge

At the C20 Global Health group, we understand that, when shifting from “development” for the poorest countries to sustainable development for all, the agenda is expanding in scope, size and complexity. Primary prevention through vaccines is one of the most extended and cost saving public health strategies with the greatest impact on the reduction of mortality. Thanks to the vaccines, important achievements such as eradicating smallpox, being very close to achieving it with polio, eliminating and controlling diseases are a fact in some regions of the world. Sustaining high vaccination coverage, protect both those who are vaccinated and indirectly those who are not. For this reason, vaccines are a human right and a social responsibility, constituting one of the most important signs of equity that a country can have, both for human and economic development.

Antimicrobial resistance (AMR) is a global problem of complex epidemiology, a political, social and economic problem of our time. There are resistant organisms in humans, animals, food and the environment, and the main driver of this resistance is the use of antimicrobials. The emergence and spread of AMR continues unabated throughout the world, devastating health and economic results in its wake proving that human health is connected to that of animals and the environment.

TB is one of the top 10 causes of death worldwide and the main cause of deaths related to AMR. The implementation of the WHO’s End TB Strategy in the context of the United Nations Sustainable Development Goals (SDGs) Agenda, includes the aim of ending the TB epidemic by 2035 but the funding required for a full response just in low and middle income countries is estimated at US$ 9.2 billion per year, excluding R&D.

New resistance mechanisms are emerging and spreading globally, endangering the achievement of the SDGs and threatening our ability to treat common infectious diseases, HIV and Hepatitis as global epidemics, have to be addressed too. In 2016, there were an estimated 10.4 million new TB cases worldwide and people living with HIV accounted for 10% of the total. Tuberculosis is the most common confection among people living with HIV, including those in antiretroviral treatment, and it is the major cause of HIV-related deaths. According to the Joint United Nations Program on HIV/AIDS, accelerating the AIDS response in low- and middle income countries could avert 28 million HIV infections and 21 million AIDS related deaths between 2015 and 2030 saving US$ 24 billion in additional HIV treatment costs. The AIDS response will require a rapid increase in investment during the coming years, $ 8 to 12 billion per
year to meet the fast-track targets for 2020 and 2030. This would produce economic returns of more than US$ 3.8 trillion that could extend well beyond 2030.

In September 2015, world leaders adopted the Agenda for Sustainable Development. One of the targets for Goal 3 includes a specific reference to combatting hepatitis. This was followed, at the World Health Assembly in May 2016, by the adoption of the Global Health Sector Strategy on Viral Hepatitis 2016–2021, which aims to eliminate viral hepatitis as a major public health threat by 2030. WHO data reveal that an estimated 325 million people worldwide are living with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. The WHO Global Hepatitis Report, 2017 indicates that the large majority of these people lack access to life saving testing and treatment. As a result, millions of people are at risk of a slow progression to chronic liver disease, cancer, and death. "Vaccines and medicines to tackle hepatitis exist, and WHO is committed to helping ensure these tools reach all those who need them", stated Margaret Chan, WHO Director-General.

**Recommendations**

- To continue the global commitment in the “End TB Strategy” but simultaneously widen the scope, understanding that the threat of AMR also includes other infectious diseases like HIV and HCV which become specially resistant in coinfections.

- To follow the Global Action Plan on Vaccines 2001-2020, a framework approved in May 2012 by the World Health Assembly with the objective of making universal immunization accessible everywhere.

- We call on the G20 to keep their financial commitment at the Ministerial Conference at the UN General Assembly High-Level Meeting on TB in 2018 in line with the WHO Global Action Plan on AMR. Only a multidisciplinary effort can provide an adequate response, as stated recently by the World Bank Group (WBG) in the World Development Indicator Database. It is extremely important to address these priority issues in an intersectoral manner.

- To strengthen GFATM and UNITAIDS and other global partners initiatives as multisectorial models in the response to actual and unexpected health crises, in regard to the 2030 commitment to leave no one behind and specially the most vulnerable and marginalized populations.

**Supporting Information**


**Contact Information**

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