AMR is a global problem requiring a global response

Written by Glenis Willmott on 7 December 2016 in Opinion

Failure to tackle antimicrobial resistance could trigger a global catastrophe, warns Glenis Willmott.

Antibiotics revolutionised medicine in the 20th century, providing effective treatment for many common infections such as pneumonia. However, inappropriate use of antibiotics and insufficient investment in health systems in many countries has led to the rapid spread of antimicrobial resistance (AMR) and without action to address this, we will be turning the clock back on decades of medical advancement.

Each year, 700,000 people die from drug-resistant infections and a recent report estimated that this could rise to 10 million people by 2050. Europe has the fastest growing rate of multi-drug resistant TB and a last-line antibiotic is now the only effective treatment for gonorrhoea.
Furthermore, many medical procedures, including caesarean sections and organ transplants are only made possible thanks to antibiotics to prevent and treat infections.

RELATED CONTENT

- Antimicrobial resistance a welcome EU priority [1]
- Piernicola Pedicini: Europe needs urgent response to antimicrobial resistance [2]
- Antimicrobial resistance: A case by case study [3]
- Richard Bergström: We must work together to fight antimicrobial resistance [4]
- Dutch presidency: 'One health' approach crucial to fighting antimicrobial resistance [5]

In economic terms, it is estimated that AMR could cost €9.4 trillion in global economic output by 2050. Yet development of new antibiotics has slowed significantly, in part because pharmaceutical companies focus on areas where they expect to see the greatest return on their investment.

AMR is a problem that cannot be dealt with by one country acting alone, something that was evident in 2015 when bacteria resistant to the last resort antibiotic, Colistin, quickly spread around the world. Coordinated EU action is therefore essential and in June this year member states called for the development of an EU action plan on antimicrobial resistance.

Under the Innovative Medicines Initiative, the EU has established a programme - New Drugs 4 Bad Bugs - which brings together the pharmaceutical industry, academia and biotech companies to support the development of new antibiotics.

This could be part of the collaborative solution that is needed to tackle AMR but, with a large amount of public money invested in the programme, there must be a binding condition that any medicines developed are affordable and accessible to the people who need them.

When it comes to tackling antimicrobial resistance, it is imperative that priorities are set based on genuine public need and that strings are attached to public funding to de-link the R&D costs from prices and sales.

AMR is a global problem requiring a global response. The World Health Organisation has developed a global action plan that calls for a number of measures, including the coordinated monitoring of resistance; reduced use of antimicrobials through awareness raising, promotion of vaccines and better sanitation; and more funding for research. It's absolutely vital that all countries work together to deal with this crisis and the WHO is best placed to lead such a global framework.

But for the action plan to work, there will need to be genuine political commitment from across the world and, of course, adequate resources.

Finally, if we're serious about tackling antimicrobial resistance, we must do something about the use of antibiotics in agriculture which, with some countries using more antibiotics to treat animals than humans, is simply unsustainable.

MEPs are calling for a ban on the routine prophylactic use of antibiotics in farming, as well as bans on use simply to promote growth or using antibiotics that are critically important for human health, such as Colistin.
There is still time to act to prevent a global catastrophe that could see medicine plunged back into the dark ages but it will require genuine political commitment and leadership, and we must take action now.

About the author

Glenis Willmott (S&D, UK) is a member of Parliament's environment, public health and food safety committee

Tags
Health

Categories
Health and social care