



# Integrating actions to tackle antimicrobial resistance into strategies to achieve universal health coverage

It is critical that ensuring people's access to effective treatment for common infections is aligned with efforts to reduce the risk of emerging antimicrobial resistance. The Institute of Development Studies, a Future Health Systems partner, is influencing policy agendas to give greater focus on the need for the just and sustainable use of antimicrobials.

## Background

In many countries people die from infectious diseases for which effective treatments are known. This is often because health services are not available or because people cannot afford to buy the appropriate treatment.

Many people seek healthcare in large unregulated, informal and less expensive markets, which have emerged to fill access gaps. These markets include individuals with some basic medical knowledge, who sell drugs for a living, often antibiotics.

There is evidence that easy access to antibiotics through these markets has contributed to falls in rates of death from childhood pneumonia and infections after childbirth. However, there is also evidence of widespread inappropriate use, including treatment without a reliable diagnosis or the use of partial doses, which may increase the risk of drug resistance.

Following increasing calls from a number of national governments and global health leaders to address the growing challenge of resistance to antibiotics, the 68th World Health Assembly (WHA) in May 2015 endorsed a global action plan to tackle antimicrobial resistance (AMR), including antibiotic resistance. The WHA also urged all Member States to develop and have in place

by 2017, national action plans on AMR that are aligned with the objectives of the global action plan.

Whilst a number of governments and international agencies are investing in laboratories to undertake antibiotic resistance surveillance, including the UK through its Fleming Fund, much less attention has been paid to the measures needed to ensure that people have access to effective treatment for common infections and, simultaneously, to reduce the risk of the emergence of resistant organisms. This is a critical dimension that needs to be effectively aligned, so that AMR does not undermine the efforts to achieve universal health coverage (UHC).

**Antimicrobial resistance threatens the very core of modern medicine and the sustainability of an effective global public health response to the enduring threat of infectious diseases.**

*Margaret Chan, former Director General of the WHO, 2015*

## What changes took place?

As part of efforts in the Western Pacific to mobilise national design and implement action plans, the Division of Health Systems in the WHO Regional Office for the Western Pacific (WPRO), approached the Institute of Development Studies (IDS), a Future Health Systems (FHS) partner, to produce a background document on integrating concern for AMR in UHC strategies for technical discussions at the Bi-Regional Technical Consultation on Antimicrobial Resistance in Asia and the Tokyo Meeting of Health Ministers on Antimicrobial Resistance in Asia, both in April 2016. The former

was the first time that senior officials from Ministries of Health and Agriculture across Asia came together to tackle AMR.

The Director of the Division of Health Systems at WPRO drew on the background paper for a presentation to the Technical Consultation on an integrated approach to AMR and UHC. The Technical Consultation then informed discussions held at the Tokyo Meeting of Health Ministers on Antimicrobial Resistance. At the end of the Tokyo Meeting, the Communiqué of the Tokyo Meeting of Health Ministers on Antimicrobial Resistance in Asia was issued. The latter was influenced by the IDS briefing, including its emphasis on interdependence of drivers of AMR and strategies for UHC.

In 2017, the briefing reached a wider audience when it was published as a chapter in a [WHO book](#) and in revised form as an article in [BMJ Global Health](#). It is contributing to ongoing discussions at the WHO on how to link its work on AMR and on UHC.

## What FHS evidence and learning informed this work?

Work led by IDS has centred on an approach that focuses on the need for the just and sustainable use of antimicrobials. This means ensuring universal access to effective and affordable treatment of common infections while reducing the risk of the emergence and spread of resistance. In many cases, this requires

/// Ensuring universal access to effective and affordable treatment of common infections while reducing the risk of the emergence and spread of resistance. ///

formulating strategies for intervening effectively in informal markets through which the majority of poor people in many countries obtain antibiotics to treat infections in both humans and animals.

## What next?

Another aspect of the IDS approach is a focus on the creation of coalitions for effective implementation of national action plans to address AMR. IDS is studying local policy

processes and factors influencing actions to improve antibiotic use, and engaging networks to inform and adopt this integrated approach.

IDS has been engaged to design and facilitate a [high level meeting on UHC and combating infectious diseases in Tokyo in 2018](#).

The meeting will be hosted by the Asia-Europe Foundation and the Ministry of Foreign Affairs of Japan with the objective of mobilising political commitment and intersectoral collaboration for action to integrate a concern for AMR into strategies for accelerating progress towards UHC.

IDS is also involved in several studies on the use of antibiotics in animal husbandry. Here too, the challenge is to enable farmers to use these drugs to improve their efficiency, while limiting the risk of resistance. Our findings demonstrate the need for a One Health approach, which addresses the different pathways for the emergence and transmission of organisms resistant to treatment.

## CREDITS

This Story of Change was prepared by Tom Barker and Gerry Bloom.

This document has been funded by the UK Government. However, the views expressed herein are those of the author(s) and do not necessarily reflect those of the UK Government or the partners in the Future Health Systems research consortium.

This work is licenced under a Creative Commons Attribution-NonCommercial 3.0 Unported License. 2018.

## Key references

World Health Organization (2017) *Antimicrobial resistance in the Asia Pacific region: a development agenda*, World Health Organization Regional Office for the Western Pacific, Manila, Philippines

Bloom G, Merrett GB, Wilkinson A, et al. (2017) Antimicrobial resistance and universal health coverage, *BMJ Global Health*, Volume 2, Issue 4

Merrett GB, Bloom G, Wilkinson A, MacGregor H. (2016) Towards the just and sustainable use of antibiotics, *J Pharmaceutical Policy and Practice*, 9:31

Peters DH, Bloom G. (2012) Developing world: bring order to unregulated health markets, *Nature*, 487:163–5



**Future Health Systems**  
Innovations for equity

✉ [futurehealthsystems@gmail.com](mailto:futurehealthsystems@gmail.com)

🐦 [@futurehealthsys](https://twitter.com/futurehealthsys)

f [www.facebook.com/futurehealthsys](https://www.facebook.com/futurehealthsys)

🌐 [www.futurehealthsystems.org](http://www.futurehealthsystems.org)



Future Health Systems is a research consortium working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes from across the globe, including: Johns Hopkins Bloomberg School of Public Health; China National Health Development Research Center; International Centre for Diarrhoeal Disease Research, Bangladesh; Institute of Development Studies, UK; Indian Institute of Health Management & Research; Makerere University School of Public Health, Uganda; International Institute For Primary Health Care in Ethiopia; Liberia Center for Outcomes Research in Mental Health; and Sierra Leone Urban Research Centre.