World Health Organization

Capturing the evidence on access to essential antibiotics in refugee and migrant populations

Global Evidence Review on Health and Migration (GEHM) series

The GEHM series is an evidence-informed normative product of the WHO Health and Migration Programme to inform policy-makers on migration-related public health priorities. These reviews aim to respond to policy questions identified as priorities by summarizing the best available evidence worldwide and proposing policy considerations. By addressing data gaps on the health status of refugees and migrants, the GEHM series aims to support evidence-informed policy-making and targeted interventions that are impactful and make a difference in the lives of these populations.

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ISBN 978-92-4-005780-7 (electronic version))
ISBN 978-92-4-005781-4 (print version)

Suggested citation. . Capturing the evidence on access to essential antibiotics in refugee and migrant populations. Geneva: World Health Organization; 2022 (Global Evidence Review on Health and Migration (GEHM) series). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Foreword

World Health Organization (WHO) has an ambitious agenda for universal health coverage, highlighted in its Thirteenth General Programme of Work 2019–2023 and the Triple Billion Targets, that is designed to fully support the United Nations 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDGs).

Much has been achieved over the last five years. Regarding communicable diseases, the SDG target on hepatitis B has been met, and since 2015 the number of people who have received treatment for hepatitis C has increased ninefold to 9.4 million, thus reversing the trend of increasing mortality for the first time.

The world may be close to our target of 1 billion people enjoying better health and well-being by 2023, although progress is only about one quarter of what is required to reach the relevant SDG targets. Unfortunately, on universal health coverage the situation is much less satisfactory, with progress of less than one quarter of what is required to reach the Triple Billion Target. Therefore, there is still much to be done.

Despite real successes in some areas, compelling challenges remain. One is antimicrobial resistance (AMR), which is the subject of this Global Evidence Review on Health and Migration (GEHM). AMR is a complex global health, socioeconomic and development challenge, with bacterial AMR alone causing over 1.27 million deaths per year worldwide. Left unchecked, AMR has the potential to derail progress towards the Triple Billion Targets and the SDGs.

AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines, making infections harder to treat and increasing the risk of disease spread, severe illness and death. Therefore, AMR is a complex global challenge with significant implications for human health, social well-being and economic development. Systematic misuse and overuse of antibiotics and other antimicrobials in both human medicine, veterinary medicine (terrestrial and aquatic) and food production (animals and plants) have put every nation at risk. The irrational use of antibiotics during pandemics and health emergencies also contributes to the emergence and spread of AMR. Unfortunately, the development pipeline for replacement antibiotic products is very weak. Without harmonized and immediate action on a global scale, the world may well be heading back towards a pre-antibiotic era in which common infections could once again become untreatable and lethal.

Effectively addressing AMR requires a balance between access to, and appropriate use of safe and effective antimicrobial medicines. In order to promote a global multisectoral approach to addressing the emergence and spread of antimicrobial

resistance, in May 2015 the World Health Assembly adopted a global action plan on AMR, which outlines five objectives to:

- improve awareness and understanding of AMR through effective communication, education and training;
- strengthen knowledge and the evidence base through surveillance and research;
- reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures;
- optimize the use of antimicrobial medicines in human and animal health; and
- develop an economic case for sustainable investment that takes account of the needs of all countries and increase investment in new medicines and diagnostic tools.

To support the implementation of the global action plan to tackle the threat of AMR, WHO is supporting countries to develop, implement and monitor their national action plans on AMR through providing guidance, tools and technical assistance. This has resulted in 157 countries and territories establishing national action plans for AMR. In addition, close to 120 countries have now enrolled in WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS), the number of countries collecting and sharing data on AMR linked to the new SDG indicator (3.d.2) has tripled, and there has been a substantial increase in the number of samples collected and analysed globally.

To expedite the implementation of national action plans, greater political commitment and financing are urgently needed. In this regard, the Global Leaders Group on Antimicrobial Resistance and AMR Multi-Partner Trust Fund have been established, the latter of which is now supporting 10 countries to implement targeted One Health activities within their national action plan.

While AMR is a global challenge, it is clear that international refugee and migrant populations may be particularly vulnerable to rising AMR. The draft WHO global action plan for promoting the health of refugees and migrants,[1] adopted by the World Health Assembly in 2019, emphasizes the importance of appropriate