

**American Mock World Health Organization 2016 Conference**

**Committee:** AFRO

**Subject:** Surveillance and Stewardship

**Sponsors:** Namibia, Zambia, Côte D'Ivoire, Algeria, Seychelles, Swaziland, Botswana

**Signatories:** Cape Verde, United Republic of Tanzania, Central African Republic, Comoros, Ghana, South Africa, Benin, Zimbabwe, Burundi, Kenya, Gabon, Mauritius, Equatorial Guinea, Nigeria

Humanitarian Index Score: 80%

*Deeply disturbed* by the threat that Antimicrobial Resistance (AMR) poses to the African continent and the world, as it affects sectors such as hospitals, agricultural and farming industries, and individual patients,

*Affirming* the need to establish surveillance and stewardship systems, as well as developing innovative solutions and programs to combat AMR,

*Acknowledging* the importance of collaboration and information/data sharing between governments, international organizations, and nongovernmental organizations to comprehensively combat Antimicrobial Resistance,

*Deeply concerned* by the lack of public health professionals like epidemiologists, and the extremely low ratio of physicians per 1000 people,

*Alarmed* by counterfeit drugs that are further complicated by weak political institutions and corruption that limits the enforcement of stringent laws on safe and fair antibiotics distribution,

*Realizing* that disparity in education throughout the African Region perpetuates the threat of AMR and education must be addressed in a culturally sensitive manner in conjunction with effective treatment and prevention methods,

*Welcoming* the idea of innovative ideas and the development of alternatives to typical antimicrobial treatments,

*Recognizing* that vulnerable populations including women, refugees, and children, who die each year due to diarrhea and dehydration, caused by high levels of shigella and salmonella which have both developed antimicrobial resistance, are disproportionately affected by AMR and contributing problems,

*Understanding* that underlying structural issues such as poverty, political conflicts, corruption, and security influence the ability for nations to establish surveillance AMR,

*Reaffirming* national sovereignty to participate in WHO recommendations,

*Noting* that “surveillance” is defined as the tracking and record-keeping of infectious disease rates, transmission, and resistance at a national level,

*Noting* that “stewardship” is defined as the proper implementation and use of antimicrobial treatments that are in line with the WHO standards along with continued education of healthcare workers and the general population,

*The General Assembly Plenary,*

1. **Establishes** the task force, World Workers Against Antimicrobial Resistance (WWAAR) to focus on the threat of Antimicrobial Resistance in the AFRO region,
  - A. WWAAR is to be comprised of 2 health representatives selected by each nation,
    - i. The 2 health representatives will be appointed by the means each nation perceives as being the most diligent,
    - ii. The health representatives will be appointed for a term of 4 years with the ability to be reelected for the maximum of one additional term,
    - iii. Health representatives will be endorsed to promote surveillance systems, stewardship, and cooperation with the aim of slowing the progression of AMR,
    - iv. WWAAR biannual meetings will be held at Windhoek, Namibia and further gatherings decided at each proceeding meeting, creating WWAAR AMR Development Goals, which will use a combination of feedback and surveillance of WWAAR implementation to develop time frame for goals;
  - B. WWAAR will be responsible for,
    - i. Establishing a standard for antimicrobial resistance screening and,
    - ii. Education of local healthcare professionals on the prevalence of antimicrobial resistance in the region,
    - iii. Evaluating the preventative resolutions applied,
    - iv. Setting both short-term and long-term goals to combat AMR, regularly evaluating the progress of all programmes through measurable indicators
    - v. Utilize public media campaigns through infographics to continue to raise awareness of the prevalence of AMR,
    - vi. Take responsibility for the quality and legitimacy of available drugs
2. **Encourages** the promotion of sanitary health practices to decrease the use of antibiotics, including but not limited to,
  - A. Preventative measures including access to vaccines, addressing childhood malnutrition, addressing the health of refugees in relation to AMR, and investment in water and sanitation infrastructure using:
    - i. Methods to further prevent malaria such as mosquito nets, biological control using genetically-modified mosquitoes, and sanitation methods such as draining or covering standing water;
  - B. Training of healthcare professionals, veterinarians, pharmacists, and epidemiologists on appropriate prescription methods to ensure proper stewardship,

C. Access to public education on sanitation practices as well as antibiotic overuse and misuse,

- i. Including education of the impact of AMR on specific diseases such as HIV/AIDS, Malaria, and Tuberculosis,
- ii. Educating community leaders to promote trickle down education within communities,

3. **Strongly urges** WWAAR to be funded by AFRO region's portion from the WHO's \$379.7 million allocated to the Preparedness Surveillance, and Response of Antimicrobial Resistance, on the basis that:

A. WWAAR is willing to collaborate with additional governmental organizations and nongovernmental organizations,

B. Funding will be allocated to countries on a case by case basis,

i. Each country will apply for funding to combat their antimicrobial resistance threat,

ii. Requests for funding will be reviewed at the biannual meetings of WWAAR,

1. Funding requests must combat one or more of the following dimensions of AMR,

- a. Education,
- b. Research,
- c. Vulnerable populations,
- d. Surveillance systems,
- e. Infrastructural health development,
- f. Advanced preventative care,

ii. The requests for funding will be deemed favorable by a  $\frac{2}{3}$  majority vote conducted by the WWAAR at each biannual meeting

4. **Recommends** development and utilization of diagnostic tests to identify prevalence of resistant disease strains to better treat and target infections without exacerbating current resistance trends while also collecting data for general AMR surveillance,

A. WWAAR would help physicians and healthcare professionals to monitor the administration of antibiotics and examine the evolution of AMR in order to obtain concrete data and perform sufficient surveillance,

i. WHO can provide a database for doctors to document antibiotic administration and the requirements for prescription in order to monitor drug use, disease progression, treatment progression and evolution of resistance,

ii. strongly encourages comprehensive and mandatory education of HCCO on effective surveillance and monitoring methodology,

iii. Can also provide careful guidelines on the considerations that should be kept in mind when prescribing antibiotics; physicians should be educated on the matter of proper diagnostics and the true necessity for antibiotic administration,

B. WWAAR would also collaborate with community and religious leaders to bring research together on alternative treatment methods that are common in the region (traditional medicine);

C. And further recommend the creation of a laboratory network for advanced testing, diagnostics and research in strategic geographical locations to support and aid neighboring nations that lack laboratory capacity,

i. Recommending: Mauritius, South Africa, Kenya and Nigeria to provide laboratory support in their respective regions

5. **Suggests** refugee population surveillance through refugee camp health clinics that are established and supported by governments in collaboration with NGOs, and with the recognition that the health of all peoples is fundamental to the attainment of peace and security by:

A. Training of health clinic physicians from a culturally mindful standpoint,

i. Along with training of respected leaders or representatives from refugee populations to make use of an available human resource that is more familiar with the background and culture of refugee communities so that education for health literacy is more efficient and influential,

B. Keeping in mind the proposed regional standards of health education and stewardship when training representatives and health care workers,

6. **Suggests** that additional vulnerable populations such as women, children, and refugees are considered when implementing AMR plans by:

A. Acknowledging that children require specialized treatments and can be disproportionately affected by the threats of AMR

B. Encouraging member nations focus on health of refugees in times of conflict as contributors or victims of AMR

7. **Urges** that education is necessary, especially in rural areas, to combat AMR, WWAAR assists with;

A. Education of citizens on proper antibiotic use and routes for obtaining them in a safe and appropriate manner,

B. Advancing of funding and awareness on healthy lifestyles from non-profit organizations in the form of sustainable education in communities

C. Also including but not limited to formal education for local physicians and community health worker, university system, and relying on assistance from translators to ensure efficient communication