

WORLD BANK INTERVIEW

AMR CONTROL SPEAKS TO DR ENIS BARIS, PRACTICE MANAGER, EUROPE AND CENTRAL ASIA HEALTH, NUTRITION AND POPULATION GLOBAL PRACTICE, WORLD BANK



GARANCE UPHAM asks the questions.

Q: *The WHO GPW (Global Program of Work) is focusing on universal health coverage (UHC), placing AMR within the broader UHC framework and from the report of the World Bank on AMR, the World Bank Group team (WBG) is thinking along the same lines. Could you please explain?*

Dr Enis Barış: I think it is very important to think of AMR as a health system challenge, sustainable solutions to which can only be found in strengthening health systems. Weaknesses in health system stewardship in general – and AMR stewardship in particular, in relation to infection control, are often cited. There also are issues pertaining to incentives, be they prescribing behaviour or payment modalities on the supply side, and on the demand side those related to healthcare seeking behaviour and health literacy. That said, a comprehensive set of remedial actions for AMR containment would require agreement on a sensible mix of both AMR-sensitive and AMR-specific solutions.

Q: *The WHO plans for one billion people covered by universal health coverage (UHC) has been met with some degree of cynicism, yet I remember when Dr Jim Yong Kim, then in charge of HIV at WHO, initiated the '3 by 5', which was also met with disbelief. Twelve years later, we see the three million people living with Aids (PLWAs) under the antiretroviral treatment objective (ART) surpassed expectations and Dr Kim is now president of the World Bank. Does that mean the health sector, which you are from, will support WHO to achieve this?*

Dr Enis Barış: The World Bank has always valued its

partnership with WHO in advocating for UHC globally as a means to improve health, a desideratum in its own right, but also as a means to increase human capital and productivity to help eradicate poverty which is also closely linked to financial protection from the impoverishing consequences of ill-health. We believe that what gets measured is managed more effectively and that requires setting benchmarks and ambitious but achievable targets. We will continue working with WHO towards the achievement of UHC goals globally.

Q: *Infection prevention and control (IPC) is first on the list of priorities in the global action plan on AMR adopted in the World Health Assembly in 2015, because health structures are conveyor belts for transmission and dissemination of AMR infections. Yet it is one area where countries are moving the least. Only five countries mentioned IPC in the United Nations General Assembly in New York in 2016, out of more than 100 countries making statements. Over a year ago, a WHO study showed 23 European countries had not had an IPC system in place. Worldwide, we do see some progress, like the recently adopted Indian national IPC plan, but it will take a lot more political clout and investment for implementation. Is the World Bank going to spur investments in this domain?*

Dr Enis Barış: We at the WBG are very much engaged in infection prevention and control, both through our investment and advisory services in several sectors, including Water and Agriculture and of course Health, Nutrition and Population (HNP). We have been providing financial and technical

assistance to strengthen preparedness and response capacity of countries both at the regional and national levels, not only to outbreaks and epidemics, but also for more routine surveillance and laboratory services. In addition, the HNP Practice is engaged in several activities that are instrumental in mitigating and containing AMR. Of note is our engagement in the AMRH – African Medicines Regulatory Harmonization initiative - to improve faster access to quality pharmaceuticals, including antimicrobials, by lowering costs and therefore increasing affordability. Finally, in numerous operations that we provide funds for, we support development, piloting and scaling-up of standard treatment protocols in primary care and inpatient care, and in-service training of healthcare workers, which all are key AMR-sensitive measures.

Q: *There is a shortage of older antibiotics and older vaccines affecting most regions of the world; there is a national report on this in France, for example. In part, this is due to the low return on investments of old generics, even though many would be useful for today's AMR infections and would spare later-generation antibiotics which need to be dispensed sparingly to decrease resistance risks. Your views on this?*

Would you favour public investments? Provide assistance for small to medium sized enterprises (SMEs) to produce older antibiotics?

Dr Enis Bariş: I am very much in favour of reverting back to some of the older, cheaper and yet efficacious antibiotics, many of which are no longer produced, or produced in sufficient quantity because of pricing disincentives. I made this point explicitly last year at an event on medicine quality in the margins of the World Health Assembly. As for public investment, I believe the proposal is worthy of further investigation.

Q: *What are your views on vaccines as preventatives? Shouldn't there be more emphasis on these?*

Dr Enis Bariş: Definitely. Think of the pneumococcal conjugate vaccine which after its introduction has brought about significant reduction in drug-resistant *Streptococcus pneumoniae* (DRSP) in vaccinated individuals, but also in the unvaccinated through herd immunity, by reducing occurrence of childhood pneumonia. *Haemophilus influenzae* type b vaccine is another example which is deemed to have reduced the burden of antibiotic resistance for the very same reasons.

Q: *As co-author of the WBG's 2017 report on AMR, what do you see as the World Bank's priorities for AMR in 2018? Was your report efficient in spurring countries to act on AMR?*

Dr Enis Bariş: We are very proud of our report which was the first one that forecast the global impact of AMR on economic

growth, trade, productivity and poverty. The elimination of the latter, as you know, is one of our twin corporate goals, the other one being boosting shared prosperity in the world. The report has been received very favourably by the global AMR community, but, by the same token, has imparted us with new responsibilities as a prime development finance institution with a global remit and reach to explore novel solutions to multisectoral One Health policy challenges, such as antibiotic use for growth promotion in the animal sector. Therefore we are now working on defining the scope of the much neglected One Health research agenda that goes beyond advocating for research for new antibiotics. This is a necessary R&D area, but not sufficient by any stretch, especially in low- and middle-income countries where the main issue is more about having access to antibiotics and stewarding their proper use in both human and animal sectors.

Q: *Many, including in the WHO leadership, see health ministries as "Cinderellas" in national budgets, and, at least until Ebola struck, health emergencies were not taken as matters of national security. Is this changing now? Is your argument on the great economic costs of AMR spurring better budgeting, or will it, since there don't seem to be major changes today?*

Dr Enis Bariş: I am not sure I'd use the term "Cinderella" to characterize ministries of health. Having spent my entire career engaging with ministers of health and finance, I have an acute understanding of the fiscal space constraints in the public sphere and the multiple demands that ministers of finance are facing from all sectors. What is key, though, and we at the World Bank are working a lot to make it happen, is to engage with all concerned parties in an evidence-based dialogue to document the return on investment in health emergencies preparedness and response, very much making the point that an ounce of prevention is better than a pound of cure.

Q: *What do you think of Peter Sands, new head of the GFATM – the Global Fund to Fight Aids, Tuberculosis and Malaria – saying that to address AMR and global health security, the world community needs to solve existing infectious diseases with better systems?*

Dr Enis Bariş: I'd agree entirely. We may not preempt or prevent outbreaks, but we can and must prevent epidemics through better preparedness and response of resilient health systems.

Enis Bariş is a medical doctor with degrees in Public Health (MSc) and Epidemiology (PhD) and experience as Director, Manager and Technical Expert in over 30 countries. Dr Bariş is currently the Practice Manager in the Health, Nutrition and Population Global Practice for the Europe and Central Asia Region at the World Bank.

Previously, he was the Practice Manager for the Middle East & North Africa and the Caribbean Regions. He also worked for the WHO as the Director of the Division of Country Health Systems, and for the International Development Research Centre of Canada as Chief Scientist and Senior Scientific Advisor.