A Call to Action

On 12-15 December 2016, representatives from Catholic-inspired and other faith-based organizations (FBOs) were convened in Rome to initiate a call to action for strengthening capacity among FBOs to reduce the emergence and spread of drug-resistant disease and address the associated health, social, and development impacts of such illnesses. The participants included persons with expertise in medicine, education, communications, and logistics, who addressed the realistic and current challenges facing all sectors throughout the world in addressing antimicrobial resistance (AMR). The workshop functioned as a starting point for Catholic-inspired organizations and as a model for other FBOs in addressing this significant threat to individual and community well-being.

The event was organized by the U.S. Department of State, Caritas Internationalis, and the Berkley Center for Religion, Peace, and World Affairs at Georgetown University, and was supported by the GHR Foundation. The Ambassador of the United States of America to the Holy See, His Excellency Mr. Kenneth Hackett, and the Secretary of the Pontifical Council for Health Care Workers, Monsignor Jean-Marie Mupendawatu, as well as Mr. Stefano Nobile of Caritas Internationalis and Ms. Amy Lillis, representing the U.S. Department of State’s Special Representative for Religion and Global Affairs, provided opening remarks.

The emergence and spread of drug-resistant disease is recognized as a global threat to human development.\(^1\)\(^,\)\(^2\) Infections with drug-resistant diseases can cause longer illnesses, more complicated illnesses, more doctor visits, the use of stronger and more expensive medicines, and more deaths. Left unaddressed, the continued emergence and spread of drug-resistant disease puts at risk modern medicine and achievement of the Sustainable Development Goals of 2030, including ending poverty, ending hunger, ensuring healthy lives, and reducing inequality and injustice.

AMR is the acquired ability of microorganisms to survive in the presence of the drugs meant to treat the infections they cause. The development of this resistance is a natural phenomenon, but also is propelled by health system failures. Using medications on preventable infections, using them when they are not

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needed, not taking the full course, and taking poor quality medicines all encourage the development of resistance.

The development and spread of drug-resistant disease requires addressing critical needs in the health ecosystem, including:

- Enhancing access to, quality of, and continuity of healthcare;
- Increasing education, training, trust, and understanding among the public, educators, and healthcare workers;
- Prioritizing the common good in health education and treatment;
- Advocating for improved policies and regulations related to access to quality medications.

FBOs are well positioned to encourage ongoing high-level support, mobilize individual and community action, and advance social and medical practices to combat the emergence and spread of AMR. The Catholic Church is the largest non-governmental provider of education and medical services in the world, reaching and serving individuals from all faith backgrounds that government services may not. The Church also is a platform for health advocacy with extensive reach, including through their own healthcare institutions, for example managing local dispensaries and training healthcare workers at all levels. Thus, faith communities, both at institutional and local levels, are well positioned to promote several effective and sustainable initiatives to address the problem.

During the High-Level Meeting on Antimicrobial Resistance, held on 21 September 2016 during the United Nations General Assembly, Cardinal Pietro Parolin, Secretary of State to His Holiness Pope Francis, shared the deep concern of the Holy See regarding the prevalence and impact of antimicrobial resistance in all parts of the world. The Cardinal noted that as the Catholic Church is engaged with the sponsorship of tens of thousands of healthcare centers and institutions of higher medical education in many parts of the world, it is deeply and extensively engaged in healthcare and in preventive health education.

The Cardinal observed that there are interrelated causes of this complex public health challenge. He noted various causes of the rapid spread of AMR, including inappropriate use of antimicrobial medicines in human, animal, food, agriculture, and aquaculture sectors; lack of access to healthcare services, including diagnostics and laboratory tests; and the contamination of soil, water, and crops with antimicrobial residues. In this regard, Pope Francis has warned that “the degree of human intervention, often in the service of business interests and consumerism, is actually making our earth less rich and beautiful, ever more limited and grey, even as technological advances and consumer goods continue to abound limitlessly.”

The Pope called for public health measures, medical research, and diagnostic development to facilitate the development of accessible and equitable solutions to this public health threat and thus to provide “a genuine service… to care for our common home and the integral development of persons, especially those in greatest need.”

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1 Pope Francis, *Laudato Si’: On Care for Our Common Home* (Encyclical, 2015), 34.
On another occasion, Pope Francis summarized the practical goals and focus of the rich social and moral doctrine of the Catholic Church as follows:

Poverty, hunger, diseases, and oppression are not inevitable; they cannot represent permanent situations. With trust in the power of the Gospel, we can make a real contribution to changing things, or at least to making them better. We can uphold the dignity of all those who await a sign of our love…

Dr. Hajime Inoue, Special Representative for AMR in the Office of the Director-General of the World Health Organization, affirmed that FBOs are critical community-based actors necessary for achieving objectives for effective and comprehensive responses to AMR. Inter-governmental and governmental collaboration with FBOs is critical for building local and global capacity to limit the emergence and spread of AMR through:

- animating necessary behavior change;
- strengthening awareness and action on infection prevention and control;
- promoting the appropriate stewardship of antimicrobials.

Following reflection on their own experiences, workshop participants offered the following recommendations for more effectively contributing to these objectives:

**Action in the community and religious settings:**

We cannot overemphasize the importance of engaging communities in achieving immediate and sustained behavior change. Community participation and ownership is essential for reducing the emergence and spread of AMR.

1. Enhance awareness and education on methods to prevent and control infections;
2. Create understanding of the individual and community impact of the misuse of and self-medication with antimicrobials;
3. Build trust within the community to enhance surveillance and improve infection prevention and control, particularly trust in vaccines;
4. Enable reliable and sustainable access to, and use of, water, sanitation, and hygiene;
5. Identify and mobilize sustainable and flexible funding.

**Action in the clinical setting:**

1. Enhance workforce numbers and safety; improve workforce training, including on infection prevention and control, and antimicrobial medicine use and stewardship;
2. Improve production, supply chain, and procurement, to ensure the availability, affordability, and quality of infection prevention and control resources (inter alia, appropriate personal protective equipment);

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1. Create collaborative methods to ensure reliable access to water, sanitation, and hygiene;
2. Strengthen vaccination programs through improved production, access, availability, and delivery mechanisms;
3. Improve production, supply chain, and procurement, to ensure the sustainability, availability, affordability, and quality of diagnostic tools;
4. Identify sustainable and flexible funding to ensure continued access to supplies and training;
5. Improve production, supply chain, procurement, and oversight, to ensure the sustainability, access and appropriate availability, affordability, and quality of medications;
6. Improve capacity to collect, monitor, evaluate, and address healthcare-acquired infections. Include collaboration with Ministries of Health, WHO, FAO, and other international, national, and local organizations on training on collection and submission of data on infection rates, possibly through sentinel sites;
7. Improved surveillance of incidence and prevalence of antimicrobial resistance.

Recommendations to improve FBO capacity to limit the emergence and spread of AMR:

Implementation

1. Strengthen the implementation and monitoring of infection prevention and control requirements in health facilities;
2. Work with international nongovernmental organizations and health organizations to assess the quality of locally produced products and potential for local production of other materials necessary for infection prevention and control;
3. Develop and/or strengthen platforms across FBOs and nongovernmental organizations to share resources among various providers within a country or region to prevent supply disruptions;
4. Develop and/or strengthen FBO pharmaceutical production and supply chain networks for safe, affordable, secure, and trusted access to quality medications;
5. Develop a system of accountability and checks and balances among local FBOs to enhance access to international and government procurement mechanisms;
6. Implement twinning programs and partnerships with healthcare facilities to enhance capacity, including between facilities in different countries;
7. Develop support groups of key affected communities for those living with drug-resistant disease.

Education and Awareness Raising

1. Integrate infection prevention and control and antimicrobial stewardship education in existing FBO health programs (inter alia, HIV, TB, malaria, and maternal and child health), education programs, and community outreach programs;
2. Train pharmaceutical and healthcare providers, local government, and educators to enable effective infection prevention and control and appropriate use of antimicrobials. Consider developing, strengthening, or enhancing implementation of training modules as appropriate, and use existing information and educational tools;
3. Enable local community-led messaging to promote ownership and ensure the messaging is effective and appropriate for the local context.

4. Opportunities to promote awareness and action to limit the emergence and spread of drug-resistant disease include:
   a. Mobilizing champions such as AMR survivors, opinion leaders, and as appropriate celebrities/musicians/artists;
   b. Use existing occasions of observance such as WHO’s World Hand Washing day in October and Antibiotics Awareness Week in November;

5. Work with traditional healers;

6. Recommend the development of pastoral letters and messages that highlight the global and local challenge of AMR and identify the threat of counterfeit production to the health of the community.

**Collaboration and Advocacy**

1. Proactively engage faith leadership, governmental and inter-governmental organizations, and communities to take action to reduce the emergence and spread of AMR;

2. Proactively engage governments and inter-governmental agencies on the development and implementation of national action plans on AMR, including the development, strengthening, enactment, and enforcement of necessary policies, laws, and regulations;

3. Develop, enhance, and/or integrate local, national, and regional networks of faith-based organizations to enable local capacity to address AMR, including within clinical, community, and educational settings;

4. Proactively identify opportunities for collaboration with other FBOs, the government, private sector, international non-governmental organizations, and civil society to develop approaches and solutions that support all people in need, including the most vulnerable;

5. Create ecumenical and interreligious platforms for sharing common problems and best practices for effective communication, education, and training on AMR;

6. Proactively engage inter-governmental organizations and governments on the development, implementation, and enforcement of policies, regulations, and legal action promoting the production and distribution of quality medicines;

7. Identify and mobilize sustainable and flexible funding.

**Proposal for the way forward:**

At the conclusion of the workshop, the participants identified recommendations that FBOs could operationalize independently, including:

1. Collaborating with Catholic Health Associations; religious orders of sisters, brothers, and priests; and other networks to host an FBO-led side event on AMR at the next convening of the 2017 World Health Assembly;

2. Sharing the needs and recommendations document throughout their religious, health, and education organizations and networks and taking appropriate measures to implement the actions;
1. Collaborating with existing platforms, such as Medical Mission Institute’s “MedBox” and EPN/ReACT’s toolbox, to share educational tools, behavior change resources, and information related to limiting the emergence and spread of AMR;

2. Conducting regional consultations;

3. Engaging local and headquarter WHO and other international organizations.

Workshop participants asked the conveners (the Berkley Center at Georgetown University, Caritas Internationalis, and GHR Foundation) to propose a draft of a five-year action plan with concrete steps, roles, and responsibilities animated by the recommended actions outlined above.

“We need to become more creative in responding to the health challenges around the world. It is important to plan ahead. Faith-based organizations are present on the ground, particularly in rural areas, and can make a big contribution. We need to learn how to be more accountable and more effective to provide continuity to health services. We cannot exclude, cannot be judgmental, and must be helpful.”

— Archbishop Silvano Tomasi, Importance of Planning for Health Service Continuity