Response to—Combating antimicrobial resistance demands nationwide action and global governance

Lance Gravatt

In general I applaud the initiatives suggested by the authors with one exception.

“Perhaps most crucially, global efforts might eventually include a new supra-national UN-level coordinating body and an international treaty with strong implementation mechanisms that include rules, setting targets and holding nations to account.”

A global bureaucracy rarely delivers the desired outcomes and if it does, the timeframe is usually very protracted. The UN and UNICEF after decades of effort and money are still valiantly attempting to eliminate the most basic of infectious disease such as tetanus, measles and tuberculosis. We can perhaps also look at the disappointing local results of the WHO Hand Hygiene Initiatives to reduce hospital-acquired infections in New Zealand as recently reported in The Journal. The failure to gain global agreement on climate change initiatives is a further example.

Moreover, the general constituencies of the UK and US have recently sent a strong anti-globalisation message at least as far as external governing bodies having the authority to hold a sovereign nation to account. We can also look to the reaction of sovereign nations and their peoples to the austerity measures imposed by the IMF and the European Troika and New Zealanders’ reactions to TPPA. I suggest that a grassroots approach is more likely to succeed.

If we look at our own treatment habits there is room for improvement in simple things with the power to have profound impacts. For example, New Zealand surgeons appear to have a penchant for pre-surgical skin decontamination using povidone-iodine. However, the latest of three consecutive meta-analyses report that chlorhexidine reduces both surgical site infection and skin contamination rates by about 30% more compared with povidone-iodine.

We can also look at the widespread use in New Zealand of topical chloramphenicol for post minor surgical procedures. In the 2014–15 sole supply tender PHARMAC funded nearly 600,000 units of 1% chloramphenicol eye ointment. The 2016 International Wound Infection Institute Consensus Guidelines warn “Application of a single dose of topical chloramphenicol to high-risk sutured wounds after minor surgery produces a moderate absolute reduction in infection rate that is statistically, but not clinically, significant”.

I respectfully suggest that New Zealand urgently establishes a National Antimicrobial Stewardship Commission that crosses the boundaries of human and veterinary use of vaccines, antibiotics and antiseptics. Such a Commission should be given the authority to draft regulations.
Competing interests:
Nil.

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