

## **Caritas Internationalis**

Parallel Session “Multi-sectorial Partnership for Action on AMR”

Parallel Session at PMAC 2018

Friday, 2 February 2018 – 15.30-17.30

World Ballroom B

Centara Grand at CentralWorld

## **Address of Mr. Stefano NOBILE**

### **Focal Point for Health and HIV, Caritas Internationalis**

Thank you, Dr. Stone!

Good afternoon!

First and foremost, I would like to thank the co-organisers of this important Session to give space to a Faith-Based Organisation, Caritas Internationalis. Caritas is a global Confederation of 165 national members which finds its very reason for existence in the service rendered by hundreds of thousands of professionals and volunteers who, in 200 countries and territories of the world, day by day and night by night, help its local and national members to distributing life-saving commodities among millions of people in need, being with them and for them in every circumstance – not only during emergencies or crises, but also before and after.

The heart of Caritas Internationalis throbs for serving those who live in the most resource-limited settings, both in low- and middle-income countries, and high-income countries. As essential participants in the social and pastoral mission of the Catholic Church, a significant number of our member organizations, at all levels (global, regional, national, and local) are engaged in the delivery of health care to all in need, but particularly to those who are poor, marginalized, migrants or otherwise deprived of access to such vital care.

The emergence and spread of drug-resistant diseases is recognized as a global threat to human development affecting – it has been said – not only good health and well-being (SDG3), but also no poverty (SDG1), zero hunger (SDG2), clean water and sanitation (SDG6), decent work and economic growth (SDG 8) and responsible consumption and production (SDG12). Vice-versa, the urgent call and challenge to care for creation are an invitation for all of humanity to work towards sustainable and integral development.

A friend of mine, official at the Center for Diseases Control of the United States and member of the Evangelical Lutheran Church in America, once told me this: *“usually, when thinking about the idea of creation care, the images that come to mind are of being more green: recycling, use energy-efficient products, driving vehicles that get better fuel mileage. But there is actually a lot more to it than that. If creation care involves the proper stewardship of the resources with which we have been blessed, that stewardship is all-encompassing. It is inclusive not just of things like fuel and water and electricity, but it is also about the proper stewardship of medicines and of doing what we can to ensure not only our own health, but to also help ensure the health and well-being of all of our brothers and sisters. I say this – he concluded - because as we misuse and abuse medical resources we are moving ourselves towards a future where the drugs won’t be effective and our ability to combat what should be a simple virus or infection will no longer be possible”*.

But, as Pope Francis affirmed in his recent address to the members of the Representative Council and personnel of Caritas Internationalis (and I quote), *“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”.*

For this reason, in December 2016 and together with the GHR Foundation, the U.S. Department of State and the Georgetown University Berkley Center for Religion, Peace and World Affairs, Caritas Internationalis co-hosted the very first workshop aimed at strengthening the faith-based engagement in the response to the emergence and spread of anti-microbial resistance. The workshop was the first holistic and systematic assessment by faith-based communities on how to strengthen their medical, social, education and pastoral structure to combat the emergence and spread of anti-microbial resistance and address individual and community needs associated with drug-resistant disease.

Throughout the workshop, participants were asked to consider the diverse areas in which faith and faith-inspired institutions and communities can have influence and take action, including in pastoral response, healthcare, community outreach, and education.

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 service – with all due respect – may not. The Catholic 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 encourage ongoing high-level support, mobilize individual and community action, and advance social and medical practices to combat the emergence and spread of anti-microbial resistance.

As anti-microbial resistance poses a global threat to life and relationships, the same relationships are key to reduce and eliminate anti-microbial resistance. Building relationships among members of key affected communities of diseases is an important step to address the threat of anti-microbial resistance.

Very often, the populations most vulnerable to disease are the same populations that do not have access to healthcare. Factors such as stigma, discrimination, and criminalization drive these populations underground and away from the health services they need.

To solve this problem, we must provide services for key affected communities as well as invest in programmes that address the barriers that keep people and communities away from services. The best way to do this is to involve affected communities in the design, delivery, monitoring, and evaluation of those health services – a way to both reduce anti-microbial resistance and provide a path in sustaining the programme at the community level.

Community participation and ownership is essential for reducing the emergence and spread of anti-microbial resistance through enhancing awareness and education on

methods to prevent and control infections; creating understanding of the individual and community impact of the misuse of and self-medication with anti-microbials; building trust with the community to enhance surveillance and improve infection prevention and control, particularly trust in vaccines; enabling reliable and sustainable access to, and use of, water, sanitation, and hygiene; and also for identifying and mobilizing sustainable and flexible funding.

Combating anti-microbial resistance will require that we rethink how we use medicine. It will ask us to be vigilant about hygiene and infection control. It will ask us to help build healthcare capacity in the developing world and to help ensure that all people have ready access to clean, safe water and to electricity so that they can practice proper infection control procedures that we often take for granted. Last but not least, combating anti-microbial resistance will require real behavioral change from all people on the planet.

For all these reasons, Caritas Internationalis plans to organize a series of regional consultations on combating the emergence and spread of anti-microbial resistance, regional consultations which will involve local and community-level FBOs and will be aimed at drafting national action plans to actively and effectively engage FBOs in the response to anti-microbial resistance, in a coordinated manner. Furthermore, such regional and national consultations will aim at integrate the response to anti-microbial resistance in on-going programmes of faith-based health facilities, promoting long-standing behavior change through scientific-based messaging of religious and community leaders – including parliamentarians, medical practitioners and other key influencers – as well as coordinating advocacy efforts at national and regional level to bring anti-microbial resistance at the top of the health agenda of national governments.

However, we cannot do it alone – we need commitment and support of all stakeholders, since, in the words of Pope Francis *“a genuine cooperation between politics, science and business can achieve significant results”*<sup>1</sup>.

It has been said that, if not addressed, anti-microbial resistance will kill millions of people by 2050. 2050 seems far away – but it is not: most probably, the vast majority of those seated in this room – if not all – will be healthy and alive in 2050. However, if we do not want to take those millions of deaths for granted – and we have not the right to do so – we need to start the landing approach now, when the wind is favourable.

Almost all of us came here by plane. As you know, the manoeuvre to proceed for landing starts at least 15 minutes before the landing per se. And the reason is quite simple: if the captain does not initiate the landing in time, he (or she) will miss the airport, with catastrophic consequences for all passengers.

We are at the panel control of the “anti-microbial resistance fight plane”. We are almost landing – we have around 30 years in front of us. We must work together to give a coordinated response to anti-microbial resistance – if not, we will miss our airport.

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<sup>1</sup> Address of His Holiness Pope Francis – Visit to the United Nations Office at Nairobi, [http://w2.vatican.va/content/francesco/en/speeches/2015/november/documents/papa-francesco\\_20151126\\_kenya-unon.html](http://w2.vatican.va/content/francesco/en/speeches/2015/november/documents/papa-francesco_20151126_kenya-unon.html)

I thank you for your attention and I wish you all a great evening!