DRAFT for a Resolution on Sepsis

xxxxx WORLD HEALTH ASSEMBLY WHA xx.xx
Agenda item xx.xx XX May 201X

Sepsis

The xxxxxxxx World Health Assembly,

Having considered the Report on sepsis;

Concerned that sepsis continues to cause millions of deaths worldwide of which at least two million each year are preventable;

Recognising that sepsis as a syndromic response to infection is the final common pathway to death from infective diseases of all origins worldwide;

Considering that sepsis has a unique and time-critical clinical course which is extremely amenable to therapy with the most basic elements of care;

Taking into account the fact that every year in excess of 30 million people develop sepsis, and that at least 8 million people including 5 million neonates and young children die from sepsis;

Further acknowledging that at least 2 million new people each year are left with significant long term complications of the syndrome;

Concerned that the incidence of sepsis has been increasing at between 8% and 13% per annum over the last decade, and that this trend is set to continue given that increasing age, tobacco use and obesity are risk factors;

Recognising that, despite the high and increasing incidence of sepsis, the term is under-used by health professionals and poorly communicated to patients and their relatives, and that even in developed countries with active programmes awareness even of the term among the public is typically below 40%;

Considering that, while in some cases infections triggering sepsis can be prevented through better hand hygiene, access to vaccination programs and access to improved sanitation, the sepsis syndrome itself in many cases can neither be predicted nor prevented but its ill effects in terms of mortality and long term morbidity can be mitigated;

Considering the seriousness of sepsis as a global public health problem and the need for advocacy to governments, health providers, populations and other parties for action on health promotion, infection prevention, access to healthcare and diagnosis and treatment;

Expressing concern at the lack of progress in the prevention (where possible) and control of the effects of sepsis particularly in developing countries, due to the lack of access to affordable, appropriate treatment and care as well as an integrated approach to the prevention and therapeutic approaches to sepsis;

Considering the need for a global approach to sepsis improvement focusing on prevention, early recognition and timely access to healthcare, with reliability in the delivery of the basics of care including intravenous fluids and antibiotics;
Acknowledging that: (i) the injudicious use of antimicrobial agents contributes to the threat of antimicrobial resistance; (ii) in the absence of effective antimicrobial agents sepsis would be almost universally fatal; (iii) resolution WHA67.25 on antimicrobial resistance recommended that WHA accelerate efforts to secure access to effective antimicrobials and to use them responsibly; (iv) for human health sepsis represents the single most vital indication for the responsible use of effective antimicrobials; and (v) ineffective or incomplete antimicrobial therapy in sepsis will be a major contributor to the increasing threat of antimicrobial resistance;

Recognizing that vaccine preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 on immunization and vaccine quality which urged Member States to integrate cost-effective new vaccines into national immunization programmes in countries where it is feasible;

Considering the organizational and therapeutic strategies which are common to improving outcomes from sepsis of bacterial origin and those of the syndromic response to other conditions which represent threat to global health such as that from malaria;

Recognizing the need to reduce incidence to prevent and control sepsis, to increase access to correct diagnosis and to provide appropriate treatment programs in all regions;

Cognizant of the challenges presented in resolution WHA56.28 of a population increasing in density, and with an increasing frequency of travel, contributing to the outbreak, spread and impact of pandemics and public health threats caused by infectious diseases such as Ebola and influenza; which predispose to the development of sepsis with resultant mass mortality;

1. RESOLVES that 13th September or such other day or days as individual Member States decide shall be designated as World Sepsis Day in order to provide an opportunity for education and greater understanding of sepsis as a global public health problem; to stimulate the strengthening of preventive and therapeutic measures for sepsis in Member States; and for States, organizations and individuals to advocate for improved outcomes from and measurement of the burden of sepsis;

2. URGES Member States:

(1) to implement further strategies leading to the prevention of infection which may give rise to sepsis, including by promoting practices of general hygiene and hand washing, clean deliveries, improvements in sanitation, nutrition and delivery of clean water, through ensuring access to vaccination programs for at risk populations, and the provision of effective personal protective equipment to health professionals and other health workers;

(2) to undertake evaluation of the need for, and where appropriate to implement, targeted public awareness campaigns increasing awareness of the symptoms of sepsis in at risk groups such as pregnant women, parents of neonates and young children, those with congenital or acquired immunosuppression including infection with HIV, and the elderly

(3) through multisectoral collaboration among health and educational institutions, nongovernmental organizations and civil society, to develop and implement measures that improve timely access to healthcare and to ensure healthcare delivers a reliable response with the most basic elements of therapy, namely antibiotics and intravenous fluids;
(4) to strengthen national health systems in order to address prevention and control of sepsis effectively through health promotion, including more widespread use of tools for the prevention, diagnosis and treatment of sepsis in the community and in healthcare settings according to international guidelines;

(5) accordingly to increase public awareness of sepsis, particularly among at risk communities, through health education in order that time to initial contact between sufferers and the healthcare system be reduced;

(6) to use national and international resources, both human and financial, to provide technical support to strengthen health systems in order to adequately provide local populations with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations;

(7) to consider, whenever necessary, using existing administrative and legal instruments including incentives in order to promote access to preventive, diagnostic and therapeutic strategies and delivery of the same;

(8) to develop and implement monitoring and evaluation tools in order to monitor, focus attention on and enhance progress towards improving outcomes from sepsis, and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and allocation of resources to survivors;

(9) to allocate resources for the development of national sepsis registries in order to monitor recovery and long term complications of sepsis, and to drive allocation of appropriate human and financial resources to improve rehabilitation services following sepsis;

(10) to develop training for all health professionals in the importance of recognizing sepsis as a time-critical condition with urgent therapeutic need independent of the underlying infection, and of communicating with patients, relatives and other parties using the term ‘sepsis’ in order to enhance public awareness;

(11) to implement mechanisms for surveillance of incidence of and outcomes from sepsis in order to support the development of evidence-based policy, and to identify at an early stage clusters particularly during disasters and pandemics to enable rapid mobilization of resources to treat, prevent spread and inform other vulnerable communities;

(10) to promote the observance of 13th September each year, or on such other day or days as individual Member States may decide, as World Sepsis Day;

3. REQUESTS the Director-General:

(1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the reduction of incidence of, and mortality and long-term complications from sepsis;

(2) to provide the necessary support for the development of scientific research related to the prevention, diagnosis and treatment of sepsis;

(3) to improve the assessment of global and regional economic impact and estimate the human and fiscal burden of sepsis;
4) to support, as appropriate, resource-constrained Member States in conducting events to mark World Sepsis Day;

(5) to mobilize international organizations, financial institutions and other partners to give support and assign resources in the strengthening of prevention and control programmes, diagnostic and laboratory capacities, and the management of sepsis to developing countries in an equitable, efficient, and suitable manner;

(6) to use available resources and systems, and existing collaborations and contra agreements with other partners, to communicate and disseminate the message to stakeholders, policymakers and their publics that sepsis is a time-critical condition which has a major impact on global public health;

(7) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to affordable treatments in developing countries;

(8) to report to the XXXXX World Health Assembly, through the Executive Board, on the implementation of this resolution.