

## Editorial

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Some introductory remarks<sup>1</sup> to the article on The Strategic Council on Antibiotic Resistance in Europe (SCORE) published in this issue of *The International Journal of Risk and Safety in Medicine* are warranted.

SCORE started as a project called Resist on Resistance (ROR) funded by a European Union grant. SCORE was an initiative of Prof. Dr. J. Verhoef of the Eijkman-Winkler Institute of the University Medical Centre Utrecht (UMCU) in Utrecht, The Netherlands, for which he assembled an international group of specialists.

The objectives of SCORE are (1) to address the urgent need to create favourable conditions for scientific breakthroughs in the fight against multiresistance to antibiotics and develop and implement a European policy, and (2) to identify the different ongoing and foreseen European research activities and investigate modalities for implementing an integrated and coordinated European programme on multiresistance to antibiotics.

Using this EU grant the UMCU founded The Strategic Council on Resistance in Europe (SCORE) whose main goals are to describe the state of affairs and provide a roadmap to combat antibiotic resistance. To achieve those goals, SCORE organized several symposia for more than 40 European experts on antibiotic resistance, including microbiologists, infectious disease specialists and experts from the pharmaceutical industry. These meetings, a questionnaire on antibiotic resistance, and a continuous flow of comments and suggestions via e-mail have resulted in this widely supported and consensus-based report. The report provides detailed background information and a European roadmap for effective action against resistance. This report defines the necessary measures and the research projects that need to be carried out in order to control the further emergence and spread of resistant bacteria. The problem is not solely national or even European, but has global significance. Thus, appropriate regional, national, European and global measures are required. The advice in this report may be used by the European Union to guide its future policy on antibiotic resistance in the coming decade.

Resistance is a sensitive issue, but if this European roadmap to combat antimicrobial resistance is followed, it is the firm belief of the SCORE members that antibiotic resistance can be controlled.

Also in this issue are five presentations on The Global Threat of Antibiotic Resistance which were given at a multidisciplinary meeting at The Dag Hammarskjöld Foundation, Uppsala, Sweden, 5–7 May 2004.

The Dag Hammarskjöld Foundation, established in 1962 in memory of the second Secretary-General of the United Nations, provides a forum for open discussions, free and frank debate and independent policy formulation<sup>2</sup>. The broad purpose of the Foundation is to promote globally, in the spirit of Dag Hammarskjöld, social, political, economic, environmental and cultural development. The Foundation is an autonomous institution which carries out its own work programmes. With its flexibility, the Foundation is able to explore new areas, develop concrete policy recommendations, and formulate strategies for change.

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<sup>1</sup>Originally published at <http://www.scoreproject.org/>.

<sup>2</sup>To be found at <http://www.dhf.uu.se/about.html>.

In a Press release<sup>3</sup> about the seminar in May 2004 attention is drawn, among others, to the fact that while the impact of antibiotic resistance continues to grow, a paradoxical downward trend is observed in the development of new antibiotics. And this Press release goes on: Over 50 per cent of prescriptions for antibiotics are believed to be unnecessary. In addition, in many parts of the world antibiotics are bought directly from drug outlets without a prescription. For many years doctors responded to resistance by switching patients from older antibiotics to newer ones. Along with the emerging resistance the supply of new drugs has declined as the pharmaceutical industry has shifted drug development from antibiotics into areas where the returns on investment are greater.

The participants at the seminar represented a unique range of backgrounds, including the World Health Organization, health professionals, the research community, pharmaceutical industry, regulatory authorities, non-governmental groups, consumers, media and national authorities.

The worldwide movement proposed in Uppsala will be able to take effective action itself and work with others, including universities and consumer organisations. To achieve a sustainable future for effective antibiotic treatment, immediate action is required in three key areas:

- increase awareness of all parties, to get the issue firmly on the global and national agendas and achieve political action;
- find and promote sustainable ways to reduce irrational use of antibiotics, exploiting experience and knowledge that already exist;
- explore ways of ensuring development of new and better antibiotics.

*“Today, we need concerted action to prevent a return to the era before antibiotics when children more often died of pneumonia and a lot of major surgery was simply not possible because of infection”*, declared Professor Otto Cars, one of the initiators of the seminar.

The seminar thus stressed the point that resistance jeopardises advanced medical procedures such as organ transplantations and implants of prostheses because antibiotics are crucial for patient safety.

A new star is shooting up into the firmament of anti-malarials, although its brightness has been under debate. We are talking now about Lapdap, the chlorproguanil/dapsone combination developed through a public/private collaboration between the WHO/TDR, (Tropical Disease Research Programme of the World Health Organization) and GlaxoSmithKline Plc (GSK) as main participants. Thus far this dispute was limited to discussions among professionals but recently it has been extended to the public arena and to several sites on the Internet<sup>4,5</sup> by means of an editorial in the Sunday Times<sup>6</sup>. In this issue of *The International Journal of Risk and Safety in Medicine* we pay some attention to this debate as the subject is of considerable importance.

One of the concerns of the Sunday Times editorial is the fact that the Lapdap report, although first drafted a year ago and revised in January of this year, had not been published by the WHO. I was just informed that the document came out on Tuesday, 27 September<sup>7</sup>. A legitimate question still remains how much delay is acceptable for the dissemination of a report which voices serious warnings about the

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<sup>3</sup>[http://www.dhf.uu.se/antibiotics\\_participant/Pressrelease.pdf](http://www.dhf.uu.se/antibiotics_participant/Pressrelease.pdf).

<sup>4</sup><http://www.fightingmalaria.org/news.php?ID=490&month=July%202005>.

<sup>5</sup><http://www.ifpma.org/PressReviewEmail/PressReviewDetail.aspx?nID=3128&SD=7JofS%2bE7KRny68crrHOtbQ%3d%3d>.

<sup>6</sup><http://www.timesonline.co.uk/article/0,,2087-1650853,00.html>.

<sup>7</sup><http://www.who.int/malaria/docs/LapDap.pdf>.

safety of a drug that will be used by millions. One thing is clear and that is that rigorous pharmacovigilance programmes are urgently needed in those countries in sub-Saharan Africa where Lapdap will be prescribed. Dr. Alex Dodoo points this out eloquently in his Commentary on the matter.

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