Global and European progress on AMR-containment

Updates from the WHO EURO Region

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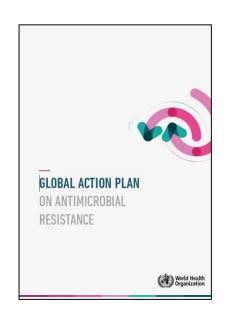




Global AMR Action Plan - Strategic Objectives

http://who.int/antimicrobial-resistance/global-action-plan/en/

- 1. Improve awareness and understanding
- 2. Strengthen knowledge and evidence base
- 3. Reduce incidence of infection
- 4. Optimize use of antimicrobial medicines
- 5. Develop economic case for sustainable investment



Global activities

- ANTIBIOTICS

 MITH CARE
- World Antibiotic Awareness Week (2015)
- Global AMR Surveillance System (GLASS) (2015)
- Global Antibiotic Research & Development Partnership (GARDP) (2016)





- Infection Prevention and Control core components (2016)
- Global Priority Pathogens List of Antibiotic-Resistant Bacteria

 (2017)
- Updated Essential Medicines List update (2017)
- WHO Competency Framework for health workers (20)



Awareness Week

Materials

- Info-graphs
- Websites
- Videos
- Press releases
- Presentations

Activities

- Country events (press conferences, seminars, workshops)
- Social media (incl. global twitter chat)



















Objectives of GLASS

Foster national AMR surveillance systems through harmonized global standards to:

- Monitor AMR trends
- Detect emerging resistance
- Inform estimates of AMR burden

Initial focus:

Bacterial infections in humans



Countries enrolled in GLASS

85 countries and 1 area as of 3 October 2019

National Body commitment



Share data on status of national AMR surveillance

Share AMR data

At least 1 surveillance site and at least one indicator

Core components of infection prevention and control programmes at the national and acute health care facility level









Core Component 2
IPC Guidelines



Core Component 3 IPC Training/Education



Core Component 4
HAI Surveillance



Core Component 5 Multimodal Strategies



Core Component 6
Monitoring, audit &
feedback



Core Component 7
Workload, staffing
& bed occupancy

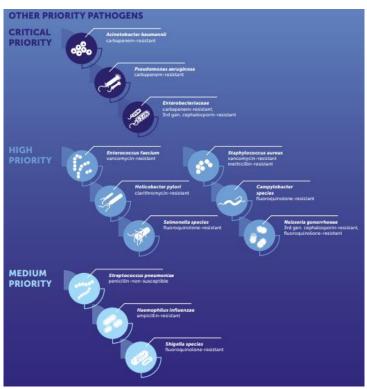


Core Component 8
Built environment,
materials &
equipment for IPC

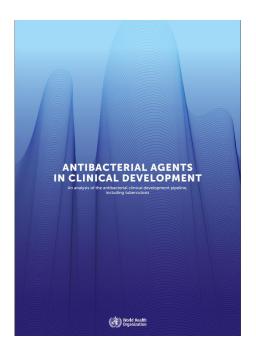
Priority pathogens for R&D

Critical needs:

- Drug-resistant TB
- Gram-negative bacteria:
 - -Carbapenem-resistant A. baumannii
 - –Carbapenem-resistant *P. aeruginosa*
 - -Carbapenem-resistant and 3rd generation cephelosporin resistant *Enterobacteriaceae*



Antibacterial agents in clinical development



- 51 new antibiotics in the clinical pipeline
- 33 against priority pathogens
- ~9 are innovative
- Of 10 phase-I antibiotics to tackle gramnegative bacteria only 1-2 will make it to market in 7 years

Pipeline is insufficient to treat priority pathogens & TB

WHO Guidelines and Resources

WHO Model List of Essential Medicines - Updated in 2017

- Added 30 medicines for adults and 25 for children
- Antibiotics now grouped into 3 categories:
 - ACCESS Antibiotics that should be available at all times (29 AB)
 - WATCH Antibiotics recommended as first- or second-choice (7 AB) treatments for a small number of infections
 - RESERVE Antibiotics that are last-resort options (8 AB)

AMR competency framework

To guide education and training of health workers:

- Awareness
- Appropriate use
- Infection prevention and control
- Diagnostic stewardship and surveillance

Antimicrobial resistance domains ^a	Category 1: All health workers ^b	Category 2: Prescribers ^c
Appropriate use of antimicrobial agents Competency statement: Health worker demonstrates that they have the knowledge and understanding, according to their field and level of expertise, to facilitate optimal and safe use of antimicrobial agents for management of infections.	Relevance: High Knowledge: 1. Understand that antimicrobials have different resistance potential (AWaRE categories). 2. Understand the specific roles of other health care workers. 3. Understand the consequences (intended and unintended) of the use of antimicrobial therapy in humans. Skills: 1. Ensure effective management of antimicrobials (according to scope of practice) in infection therapy. Attitudes: 1. Encourage patient and peer professional interactions on antimicrobial prescription and therapy.	Relevance: High Knowledge: 1. Diagnosis of disease including the ability to discriminate diseases of different infectious pathology. 2. Indication for antimicrobial therapy, including assessment of the severity of the infection (sepsis syndrome recognition) to inform urgency for therapy. 3. Understand that travel, recent hospitalization or previous microbiology findings of resistant bacteria are factors that predispose to colonization/infection with a resistant pathogen. 4. Understand common drug interactions between antimicrobials and other therapeutic agents, and between antimicrobials and

care groups.

significance and the strategies to

avoid interactions.

Online Community of Practice (CoP)

- Access to prompt technical advice for operational challenges for which answers are not readily accessible in current guidelines
- Informal peer-to-peer discussions



CoP activities

- Focused discussion weeks on relevant topics:
 - What makes a good NAP?
 - Situation analysis for AMR
 - Civil society engagement
 - The role of infection prevention and control
 - Antimicrobial stewardship
 - AMR competency framework for health workers
 - Links to primary health care

- Documenting lessons from discussions
- Sub-community on health workforce education
- Library of resources
- Notifications on upcoming webinars, events, new publications
- Networking

NAP Implementation Guidance

AMR and Multi sectoral working

https://www.who.int/antimicrobial-resistance/publications/workingpaper1multisectoralcoordinationAMR/en/

AMR and Gender

https://www.who.int/antimicrobial-resistance/national-action-plans/workingpaper5enhancingthefocusongenderandequity/en/

AMR and Primary Health Care

https://apps.who.int/iris/handle/10665/326454?search-result=true&query=primary+health+care&scope=&rpp=10&sort by=score&order=desc

AMR and Universal Health Coverage - Commentary in The Lancet

https://doi.org/10.1016/S2214-109X(19)30362-6

NAP Implementation Guidance

Governance: Turning plans into action for AMR

https://www.who.int/antimicrobialresistance/publications/Turningplansintoactionforantimicrobialresistance/en/

Infection Prevention and Control

https://www.who.int/infectionprevention/publications/core-components/en/ | http://www.who.int/infection-prevention/tools/core-components/en/

Surveillance

http://apps.who.int/iris/bitstream/10665/251554/1/WHO-DGO-AMR2016.4-eng.pdf?ua=1

Stewardship

http://apps.who.int/iris/bitstream/10665/251553/1/WHO-DGO-AMR-2016.3-eng.pdf?ua=1

Tripartite M&E Framework

https://www.who.int/antimicrobial-resistance/global-action-plan/monitoring-evaluation/tripartite-framework/en/

(AMR and costing (Under development)

Tripartite Plus









- May 2018: Tripartite MoU for AMR signed
- Sep 2018: Workplan Developed
- June 2019: Tripartite Trust Fund launched
- 10 pilot countries identified globally for Tripartite+ implementation



"One Health" Approach: Tripartite Plus workplan

- 1. Awareness and behavioural change
- 2. Surveillance and monitoring of antimicrobial resistance and use
- 3. Fostering Research and development, access stewardship and optimized use
- 4. Implementation of national action plans (NAPS), optimal use and legislation
- 5. Monitoring and Evaluation

Monitoring global progress on AMR

Purposes

- 1. Review and summarize country progress in implementing key actions to address AMR
- 2. Encourage national-level review of country progress and help identify priorities for next steps
- 3. Guide follow-up actions and identify areas where assistance and support is required

Monitoring global progress on AMR



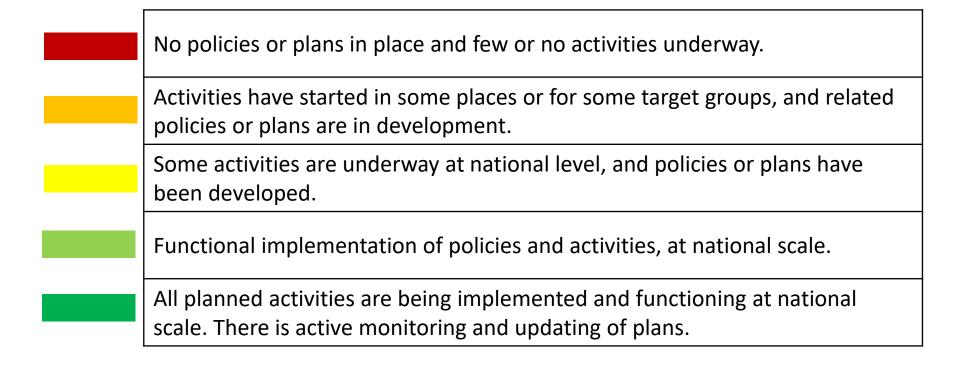




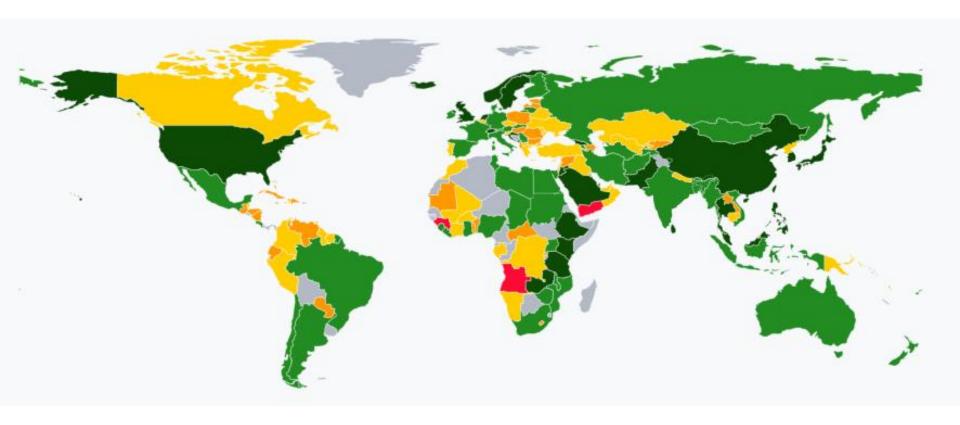
- 3rd global tri-partite self-assessment survey
- 159 out of 194 (82%) WHO Member States responded
 - Representing 92% of world population
- 50 out of 53 European Member States responded
- Report available online
- Global Database for AMR Country Self Assessment

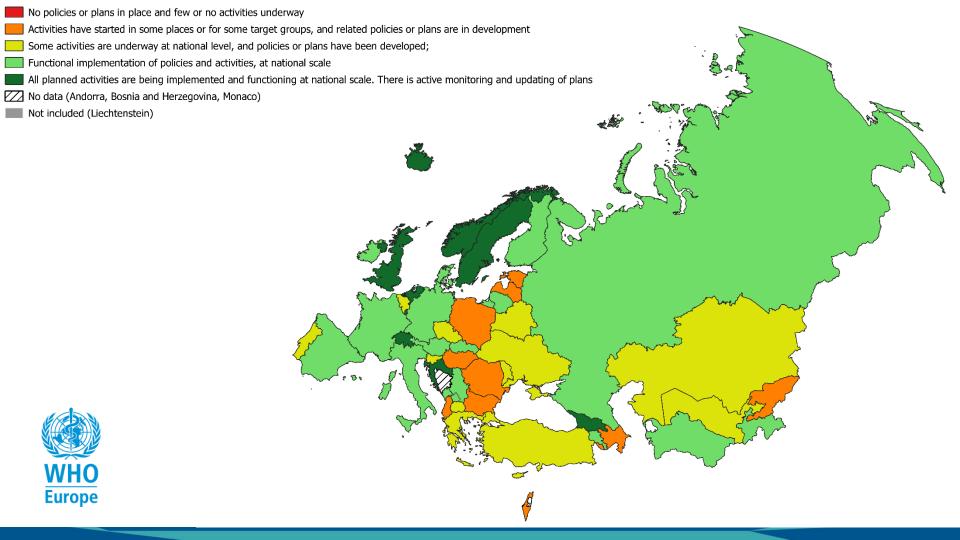


Self-assessment at country level. It closely reflects Global Action Plan on AMR

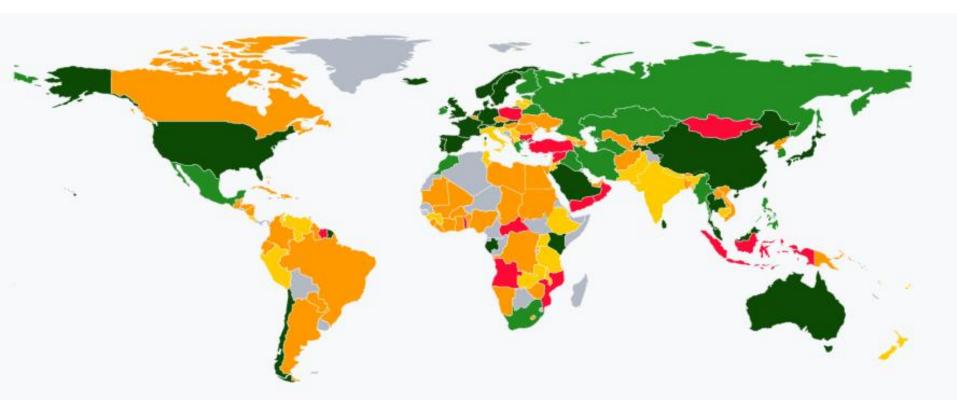


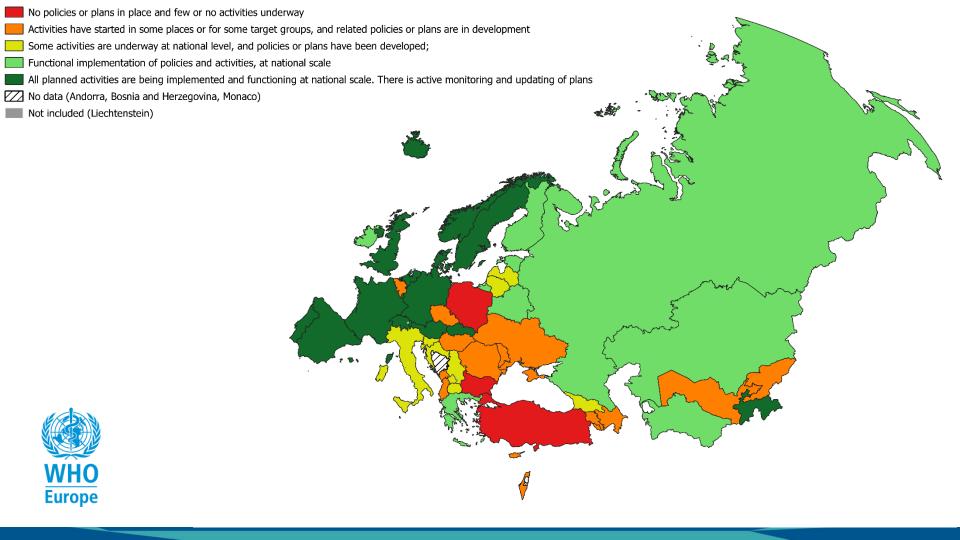
Country progress with development of NAPs



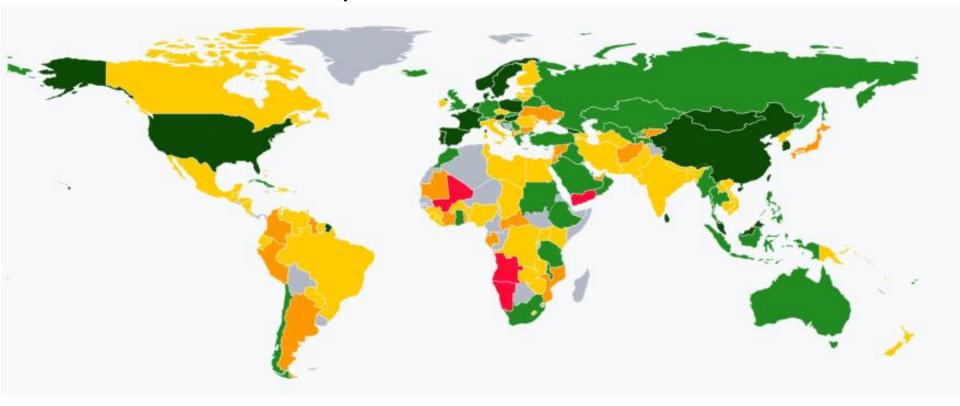


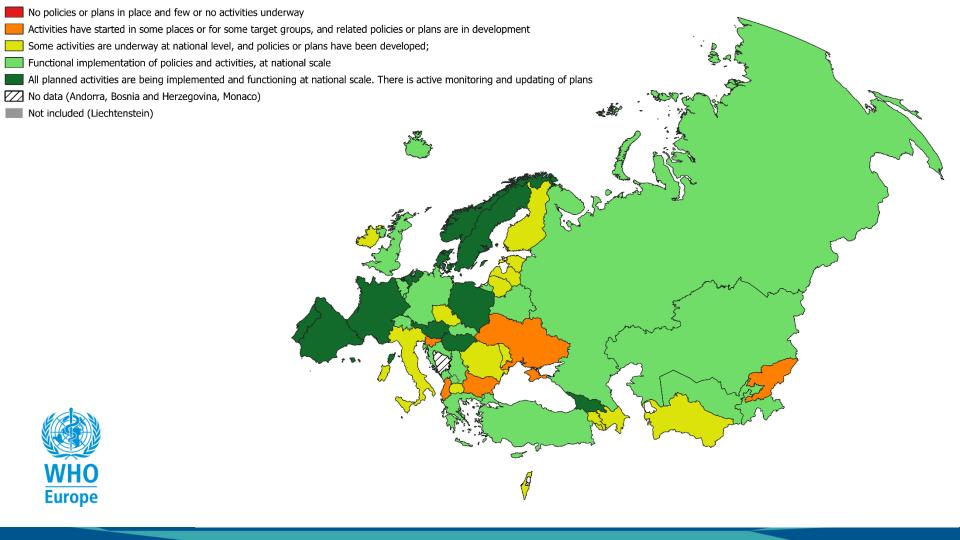
Multi-sector and One Health collaboration/coordination



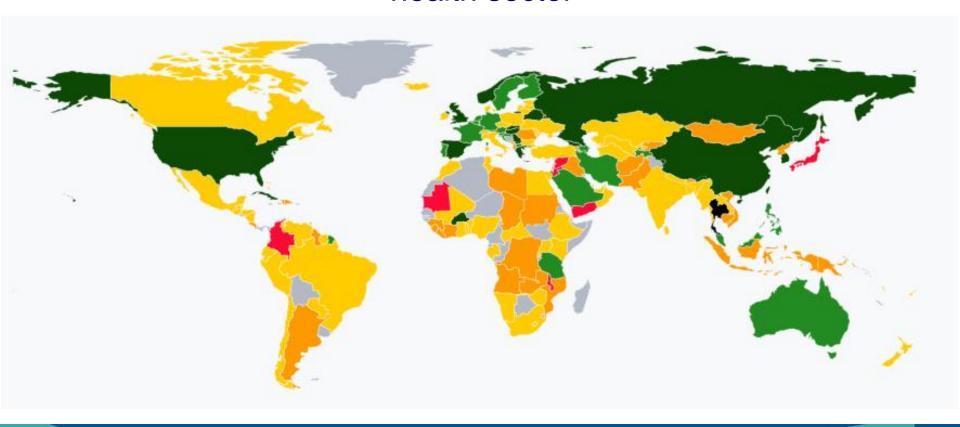


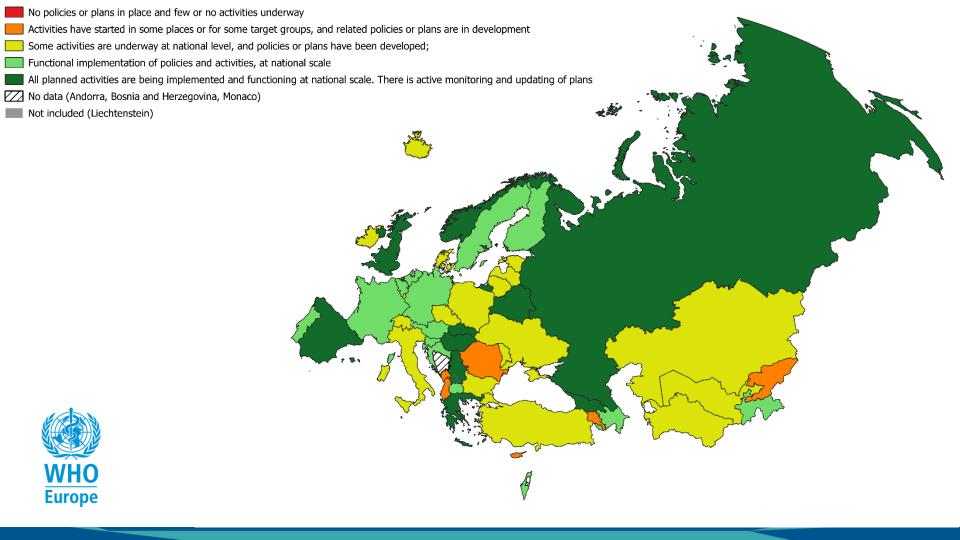
Raising awareness and understanding of AMR risks and response in human health



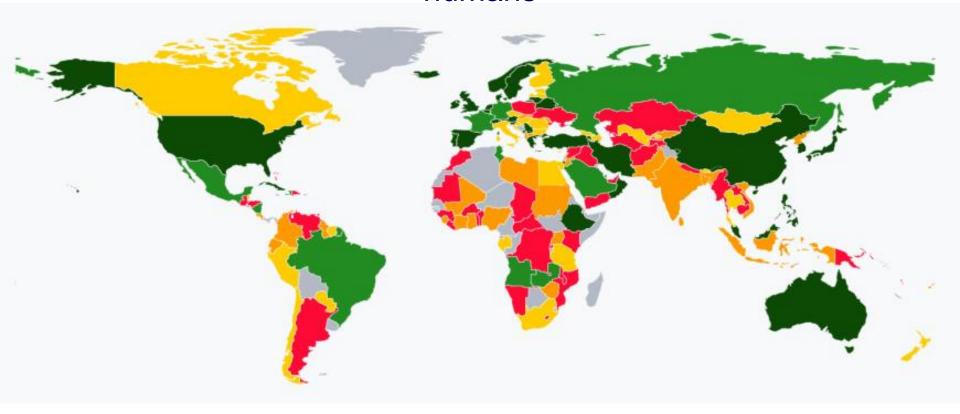


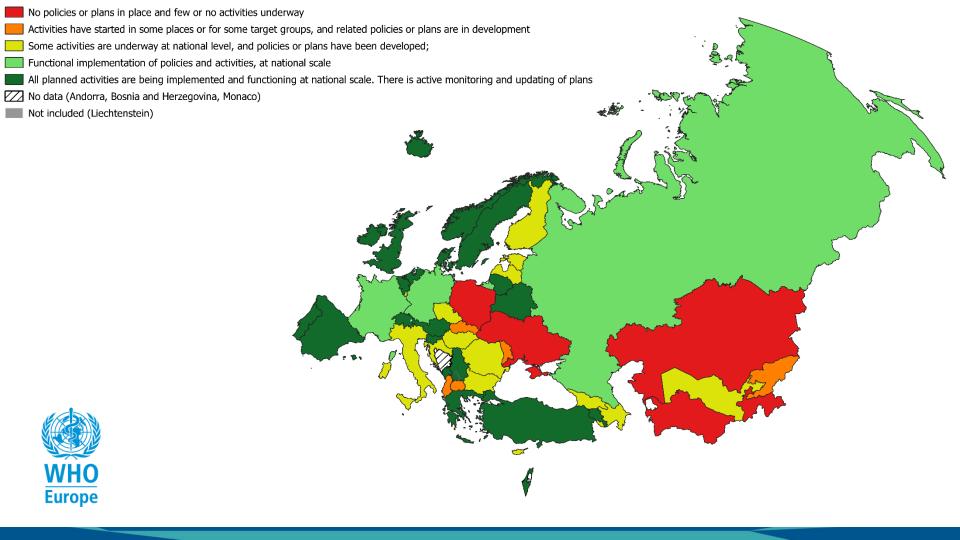
Training and professional education on AMR in the human health sector



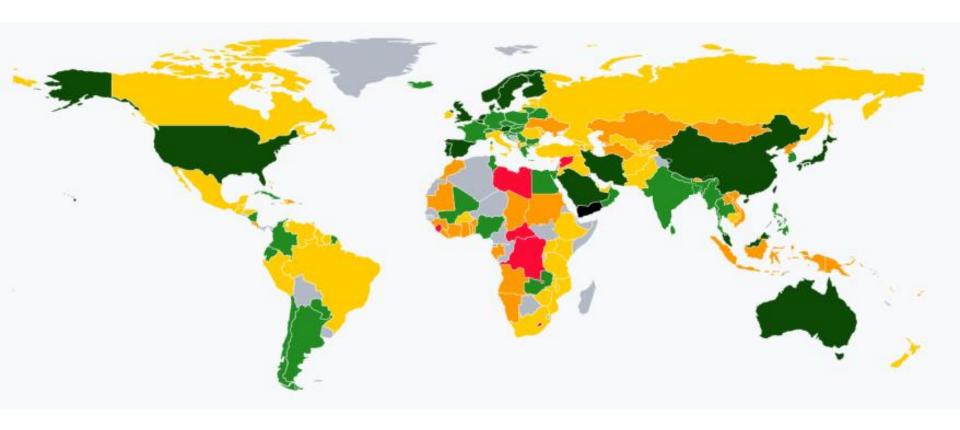


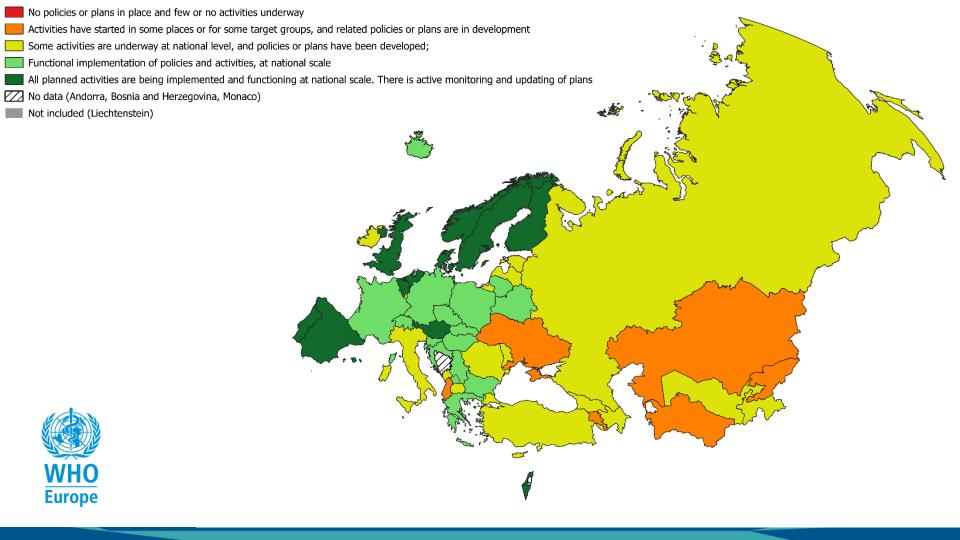
National monitoring system of surveillance of consumption in humans



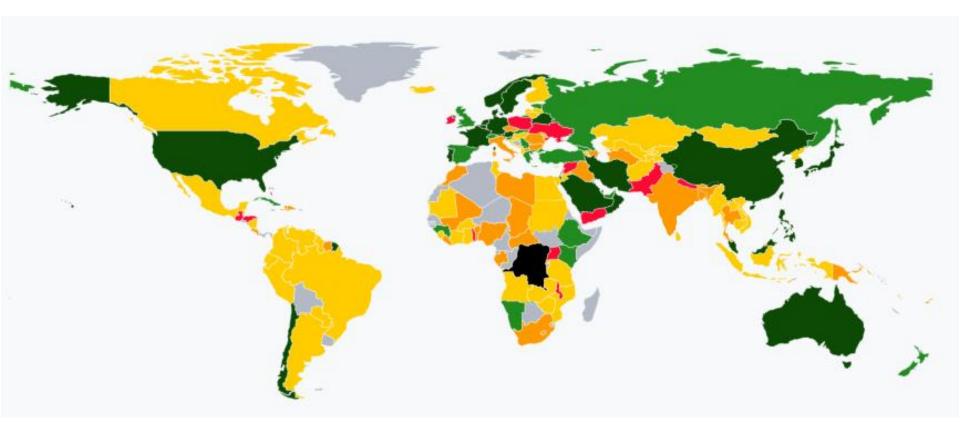


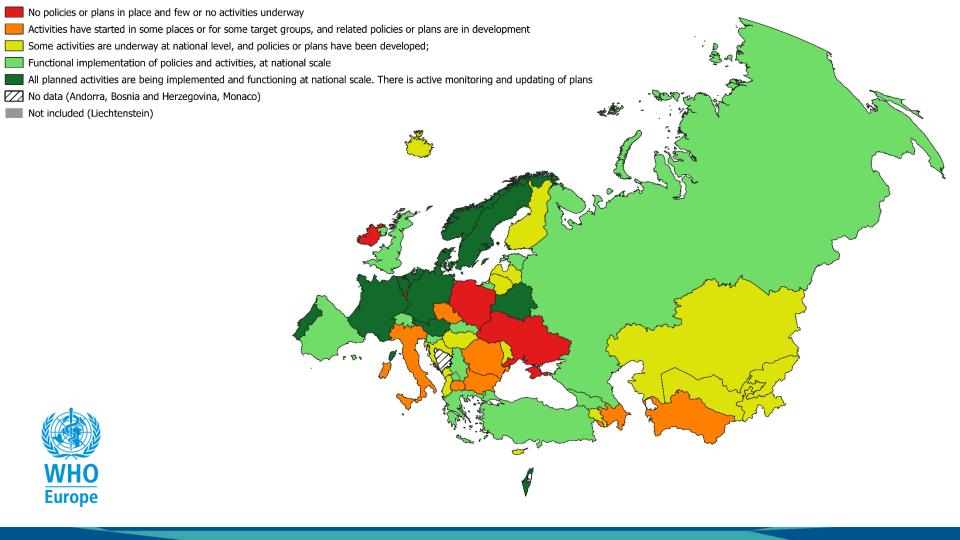
National surveillance system for AMR in humans



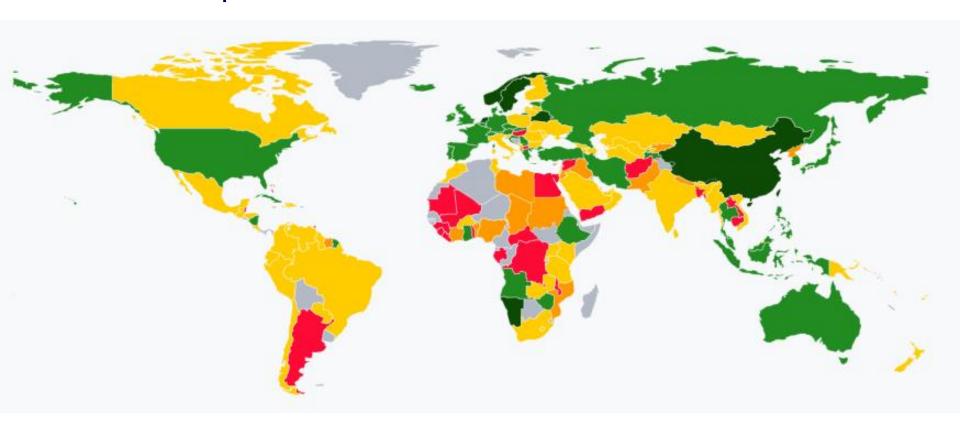


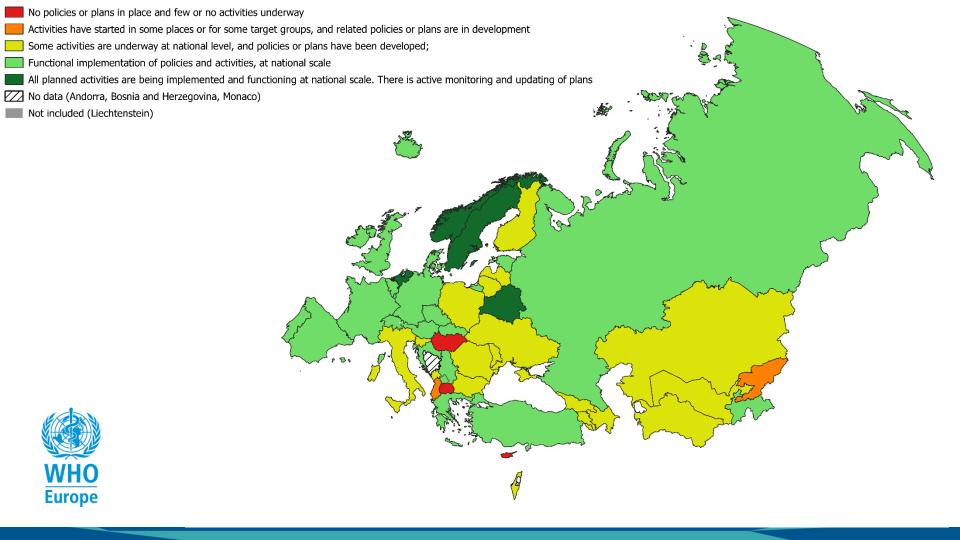
Infection Prevention and Control (IPC) in human health care





Optimize the use of AM in human health





Implementation activities

- Policy support
 - National stakeholder meetings
 - Intersectoral Coordination Mechanism
 - National AMR action plans
 - Evidence-informed policy briefs
 - FAO/OIE/WHO One Health policy meetings





Implementation activities

- Resources
 - Protocols, templates, tools, videos
 - Consultants/experts
 - Webinars
 - Online courses



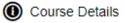
Antimicrobial Stewardship: A competency-based approach

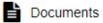


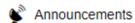












Implementation activities

- Training/capacity building
 - Antimicrobial stewardship
 - Infection prevention and control
 - Standardized laboratory methods
 - Data management and analysis
 - Behaviour change campaigns
- Research/projects
- Surveillance network activities





Making progress

- Progressing on all strategic objectives
- Broad collaboration
 - Within WHO (Global Regional National)
 - With International Organizations (FAO, OIE)
 - With external partners (international, national)
 - With donors (countries, foundations)
- Supporting materials /tools developed and distributed
- Pool of experts/consultants



Conclusion

- One Health?
- Geographical patterns
- Key areas
- Priority to the implementation
- International and regional cooperation

Thank you for your attention









