

Progress on new WHO initiatives that address crucial AMR response gaps at country level

Dr Kitty van Weezenbeek

WHO Director Surveillance,
prevention, and control of
Antimicrobial Resistance

Member State briefing

April 5th , 2022



Presentation outline:

- Status of the country AMR response

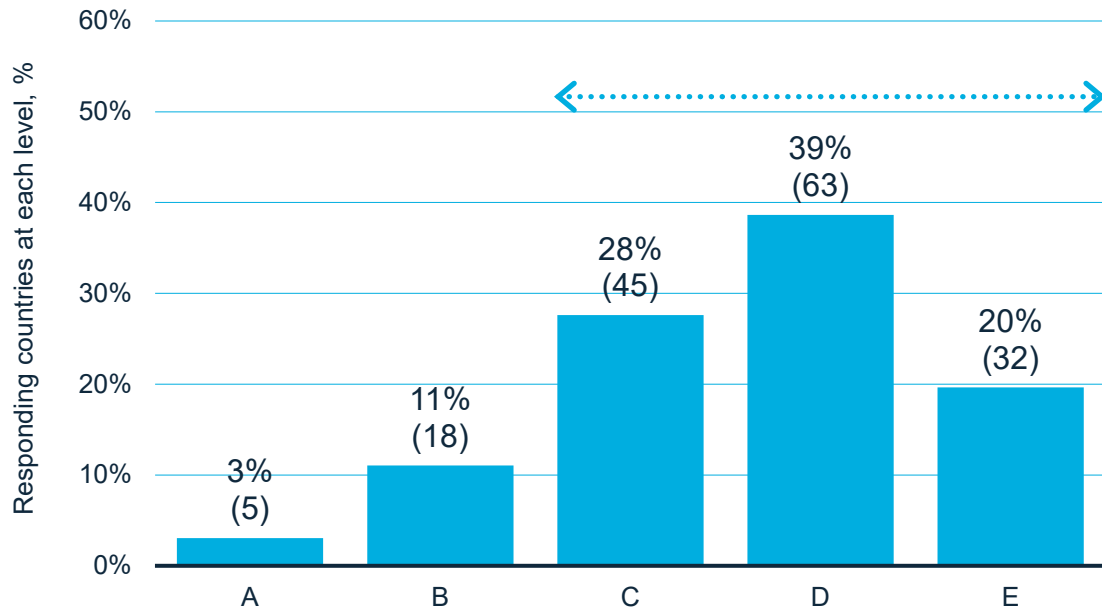
- Crucial AMR response gaps at country level

- The WHO response:
 1. WHO NAP Implementation Handbook
 2. A People Centred AMR Response Framework
 3. Nationally representative AMR surveys
 4. Strengthen laboratory capacity (bacterial infections & resistance)
 5. AMR research agenda for the human health sector



Progress on AMR National Action Plans 1.0 (NAPs)

NAP result 2021

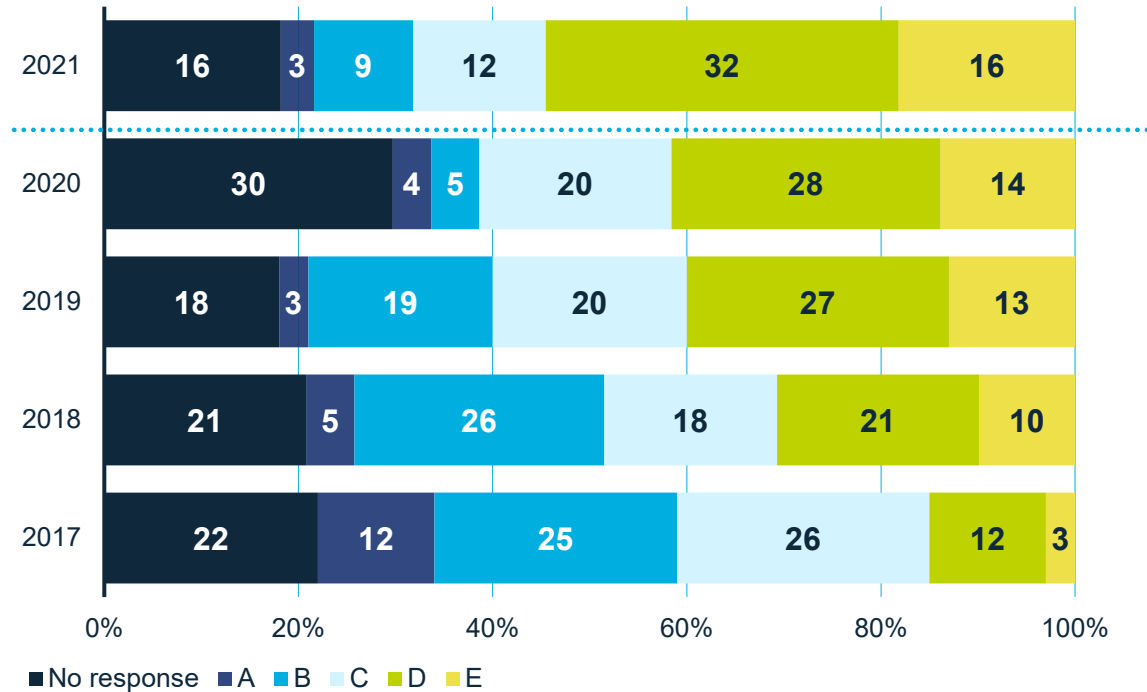


Source: TrACSS 2021 data, N=163

140 countries (**86%**) have developed a NAP (C-E):

32 actively implementing & monitoring (**20%**), **but only 7 LMIC**

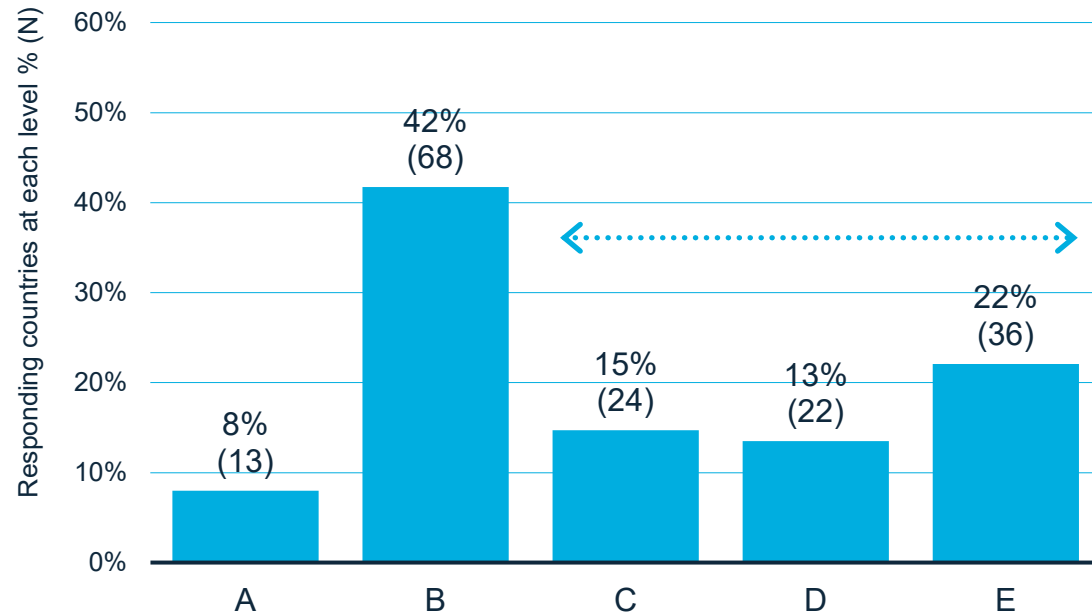
TrACSS 5 year responses - NAP progress



5-years: Clear increase in countries who have developed, implemented and monitored NAPs over the past five years (based on all 194 Member States).

TrACSS '21: status AMR multisectoral working groups

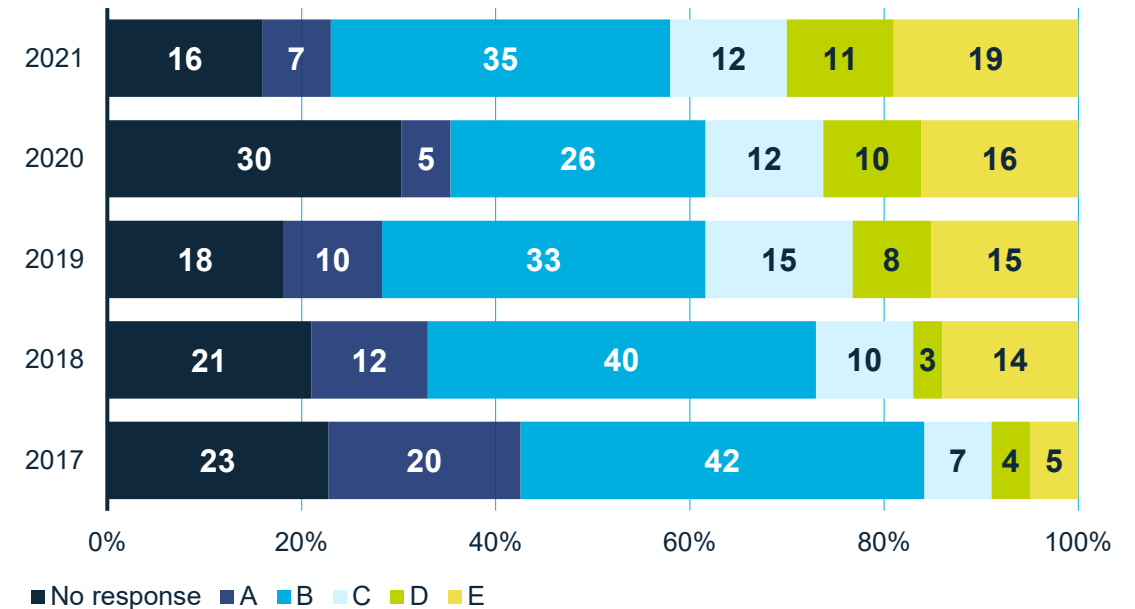
Multisectoral working groups



Source: TrACSS 2021 data, n=163

A	No formal multi-sectoral governance or coordination mechanism on AMR exists.
B	Multi-sectoral working group(s) or coordination committee on AMR established with Government leadership.
C	Multi-sectoral working group(s) is (are) functional, with clear terms of reference, regular meetings, and funding for working group(s) with activities and reporting/accountability arrangements defined.
D	Joint working on issues including agreement on common objectives.
E	Integrated approaches used to implement the national AMR action plan with relevant data and lessons learned from all sectors used to adapt implementation of the action plan.

TrACSS 5 year responses – AMR multisectoral working groups (N= all Member States)



5-years: Increase in functional multisectoral AMR WG over the past few years, but **50% not yet functional** and only **22%** are at the level of integrated approaches / monitoring. **LMICs represent only one third of countries with functional groups.**

Six interdependent building blocks of an **integrated programmatic AMR** response in the human health sector:

**Political
commitment &
governance**

**Access to early diagnosis
in a quality assured
lab network**

**Access to
appropriate
treatment**

**Prevention of
infection**

**Uninterrupted
supply chains**

**Surveillance &
evidence
generation**

Funding- Awareness – Education – Regulations – Human resources



MS response to the biggest challenge they are facing:

In one word, what is the greatest challenge that you face to sustainable implementation of national action plan activities?



WHO Global Antimicrobial resistance and use Surveillance System (GLASS)

Reported to GLASS - AMR	2017 (22 countries)	2018 (48 countries)	2019 (66 countries)	2020 (70 countries)
Number of patients with suspected infection				
Blood stream	81,920	262,265	441,794	502,584
Urinary tract	415,679	1,424,011	1,888,545	2,577,333
Gastro-intestinal	7,477	10,735	17,061	17,003
Sexually transmitted	2,847	9567	18,572	9,682
Total	507,923	1,706,578	2,365,972	3,106,602

Major progress, but important issues:

- GLASS AMR data is based on routine diagnostic processes
- Representativeness and quality of data
- Most data comes from HICs
- Limited use of data in LMICs
- Surveillance of antimicrobial consumption and use is still limited in LMICs

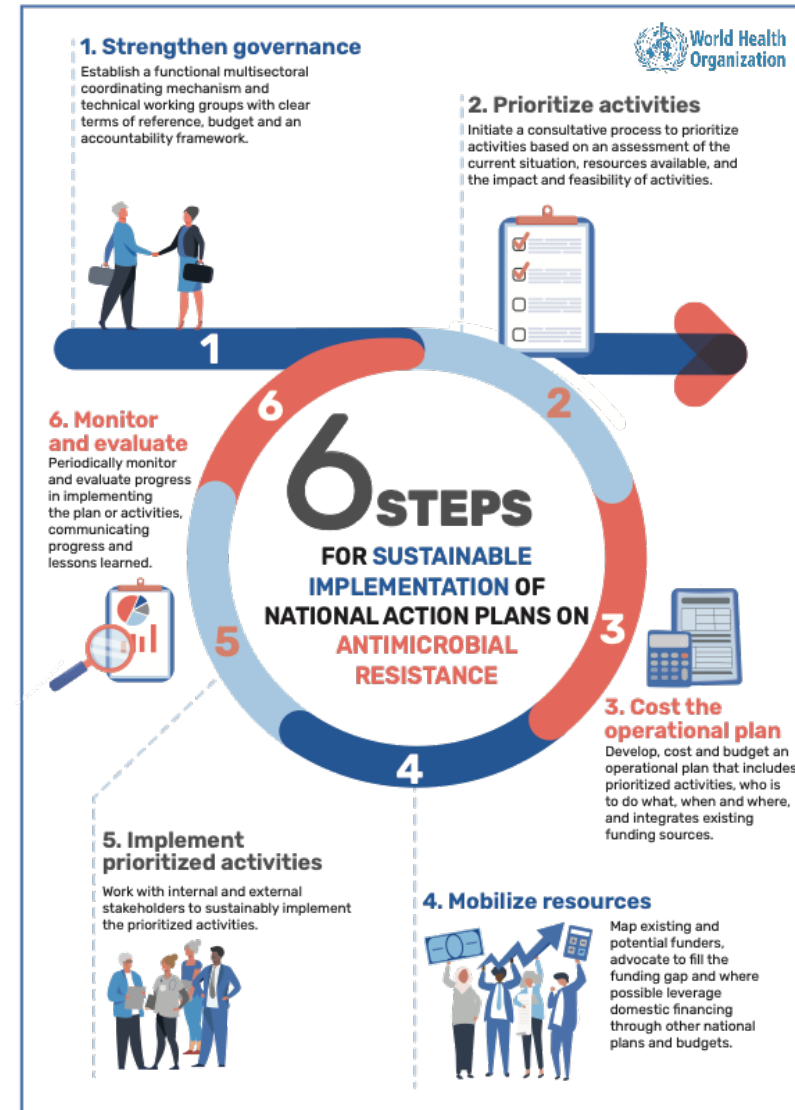
Key challenges to achieving impact at country level

- Lack of political commitment
 - No coherent programmatic approach with **adequate leadership, governance structures and accountability**; > 75% NAPS not costed and budgeted;
 - Suboptimal integration with UHC, PHC, pandemic prep /response
 - The patient perspective is missing; AMR has no face and voice
- Limited access to early & quality lab diagnosis
- Lack of representative & reliable AMR and AMC surveillance data
- Limited AMR evidence base in LMICs
- Weak and uncoordinated TA capacity



Response 1: WHO NAP Implementation handbook (March 2022)

- Describes a practical 6 step process at country level:
 1. Strengthen governance / coordination
 2. Prioritize activities
 3. Cost the operational plan
 4. Mobilize resources
 5. Implement prioritized activities
 6. Monitor and evaluate
- Collation of new and existing WHO tools and guidance to support each step (**a living document**)
- **Many tools during pilots also used by other sectors**
- Huge country demand for related trainings since launch



WHO/AMR/SPC/2021.1 © WHO 2021. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

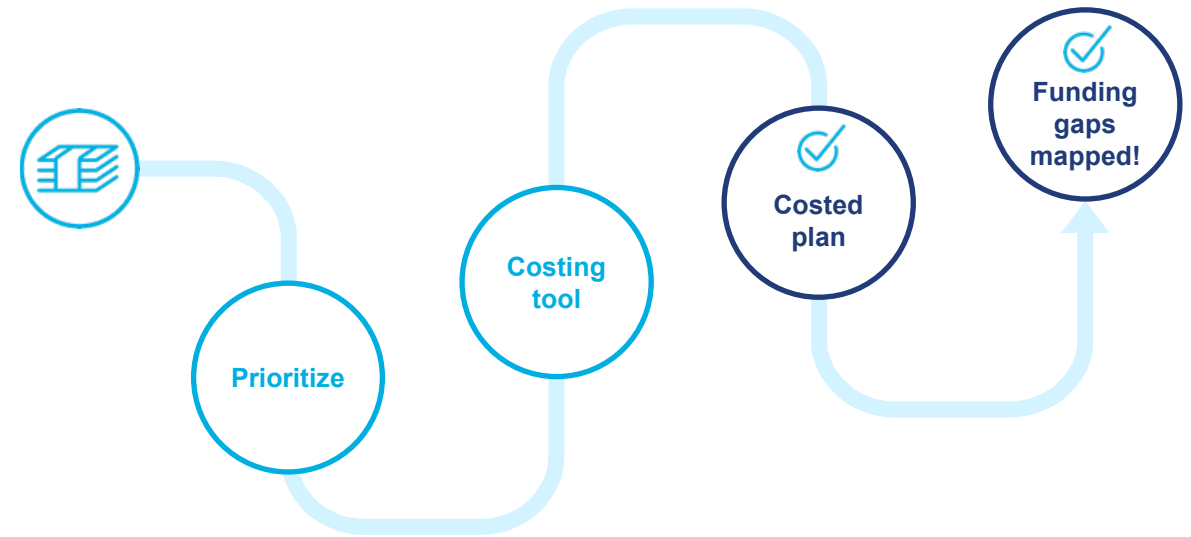
WHO costing and budgeting tool Less than 25% of NAPs are properly costed

WHO costing and budgeting tool for AMR NAPs

- Tool to support countries in costing and budgeting AMR
- Tested in Indonesia, Turkey, Somalia, Jamaica, Sierra Leone, Paraguay
- Launched in 2021 – ToT in PAHO, AFRO

Value of the Tool

- Encourages multisectoral collaboration
- Prioritization for development of operational plans
- Modular approach – can be used separately by departments/ sectors and then consolidated
- Maps funding gaps and existing funding sources
- Supports resource mobilization – domestic/ external



Technical package:

- Costing tool and user guide
- Readiness checklist
- Consolidator tool
- Intro video
- Training package and country case studies

Link to Tool and Guidance: <https://www.who.int/teams/surveillance-prevention-control-AMR/who-amr-costing-and-budgeting-tool>

Training package 'leadership skills for multisectoral NAPs'

Purpose "How to" collaborate and coordinate

- **To build skills:** building trust, understanding interests, managing conflicts, influence mapping, consensus building, joint planning
- **Target:** member of various Ministries, multisector coordination group members, WHO, FAO, OIE staff

Training package

- 10 modules, 2.5 days; simulations and case studies
- Coaching: 3 and 6 months after training

Next steps

- Pilots completed in **Botswana, Serbia, Morocco**
'What is AMR'?
- Roll out to countries in 2022



Response 2: a people centred framework to inform programmatic AMR response

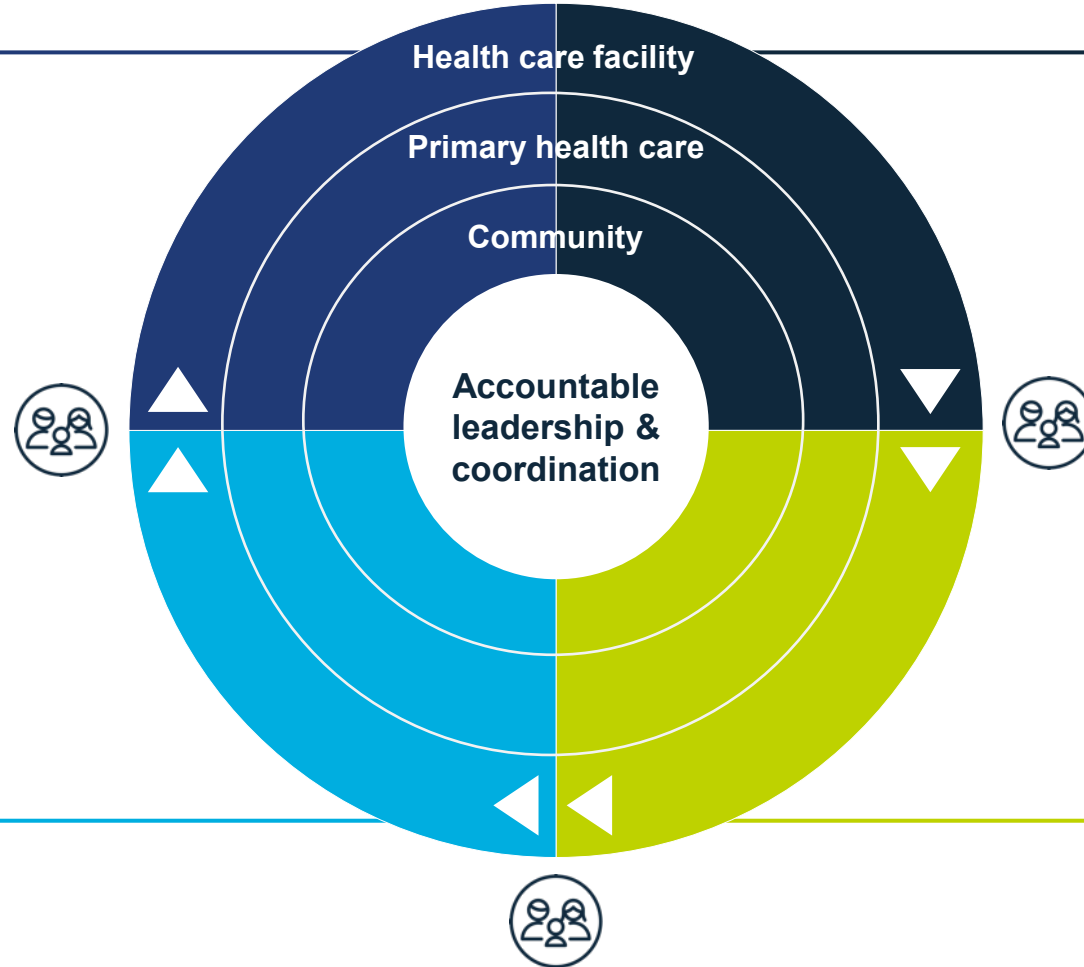


Appropriate and quality assured treatment/care

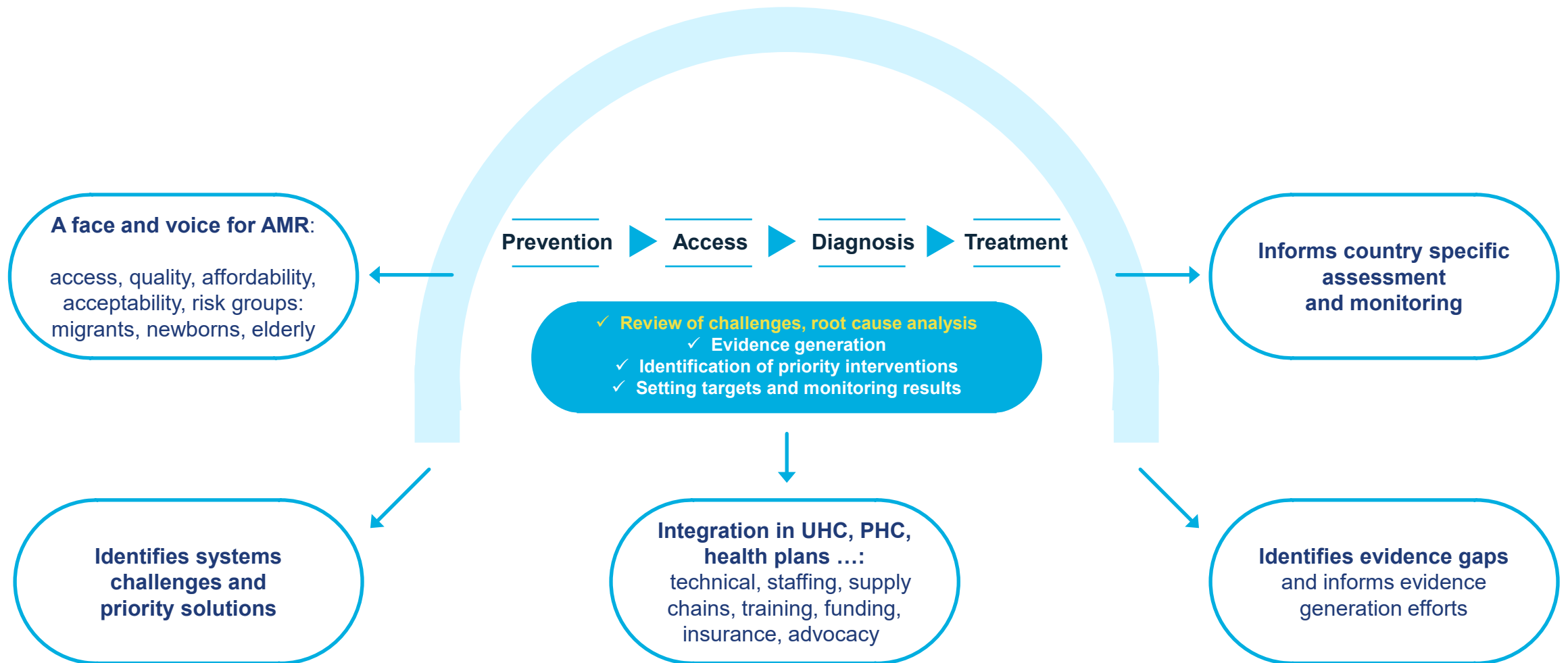
Prevent (AMR) infections

Timely and accurate diagnosis

Access to essential health care services



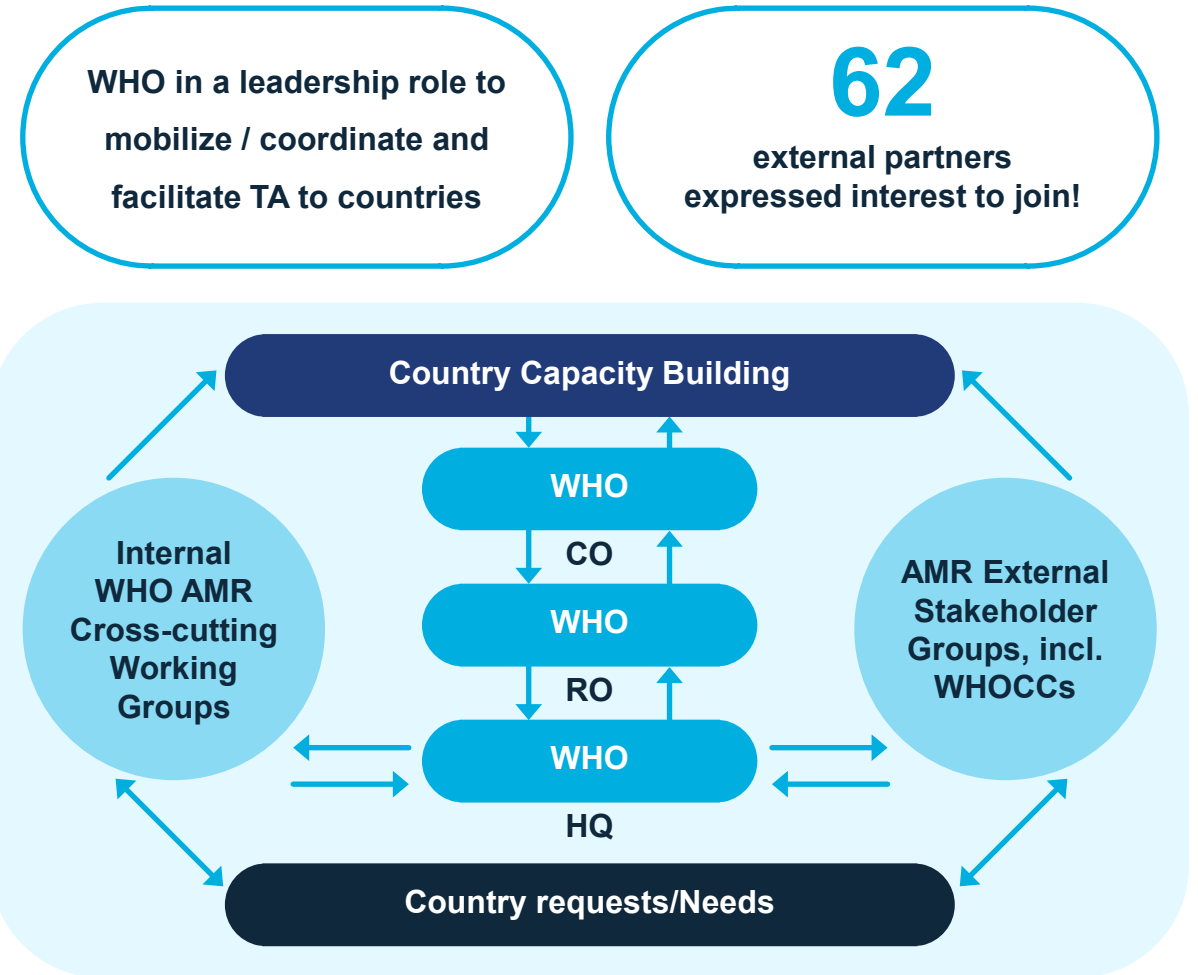
The **USE** of the People Centred AMR Framework at country level



WHO Technical Assistance Mechanism: “AMR TEAM”

Key proposed functions

- Identification and information sharing on country-level technical assistance;
- Strengthening of technical consultant capacity through roster development;
- Development, sharing & dissemination of practical guidance and tools;
- Coordination of delivery of technical assistance;
- Mobilization of resources for technical assistance; Evaluation of impact;
- Collation of best practices, country impact stories, and promote peer learning



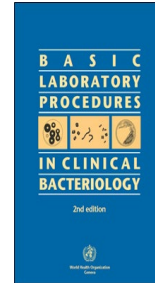
Response 3: generate and use representative and accurate surveillance data for policy development

National AMR surveys

- **Periodic representative national AMR surveys**
- Focus on SDG indicators first (blood stream infections)

Strengthen routine surveillance

- Diagnostic stewardship
- Bacteriology network strengthening
- Increase coverage of AMR and AMC surveillance



Guidance on use of data

- Guidance on use of AMR and consumption data at all levels
- Translate into guidelines, advocacy, evidence generation



December 2021: crosscutting laboratory consultation (all HQ departments & Lyon)

National AMR surveys: roadmap to global impact

Nationally representative data for ID / AMR burden measurement, trend analysis, country comparison and as platform for research

1

Develop technical guidance and pilot surveys globally (LIMC)

2

Build country capacity and coordinate technical assistance

3

Scale-up periodic surveys worldwide with focus on LMICs

4

Inform action, policies, interventions, and advocacy at country-level, and globally

Response 4: increase laboratory capacity to inform patient management, IPC measures and expand routine surveillance



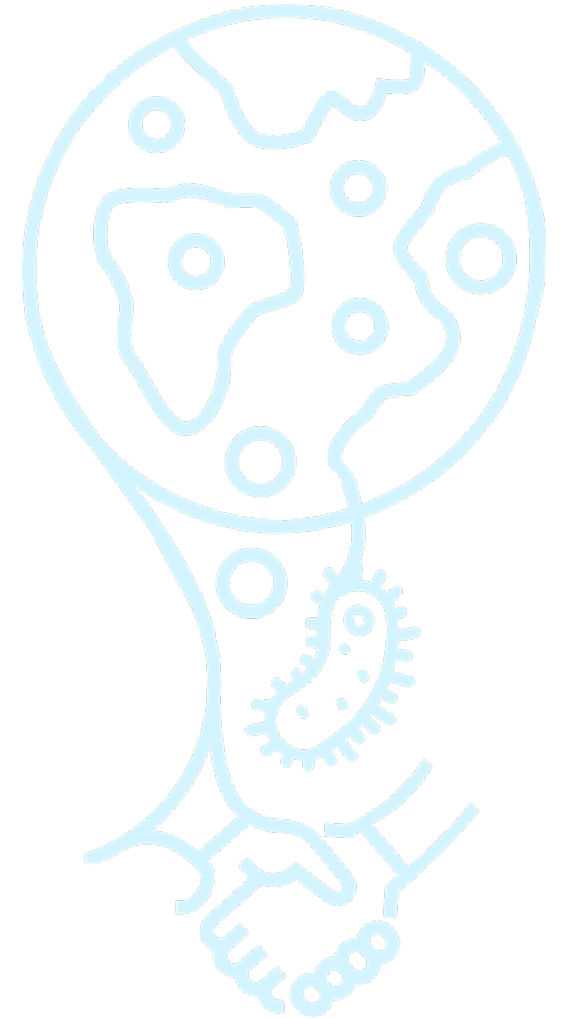
Response 5: Global AMR Research Agenda (human health)

- Knowledge gaps related to the burden and factors associated with AMR?
- New /improved interventions for AMR prevention, diagnosis, care and treatment?
- Best way to deliver these interventions?
- **Coordination with simultaneous One Health Research Agenda development**



Objectives

1. **Identify** and **prioritize** research questions
2. **Catalyse investment** and **scientific interest** among researchers, donors, health professionals and private sector
3. Guide the **translation of research into action**



Thank you and looking
forward to join forces to
combat AMR!

