
Global action plan on antimicrobial resistance

Report by the Secretariat

1. The global action plan on antimicrobial resistance was adopted by the Sixty-eighth World Health Assembly in resolution WHA68.7 in May 2015.¹ This report summarizes progress to date in implementing the global action plan and all requests in the resolution except options for a global development and stewardship framework related to antimicrobial medicines, a report on which is submitted separately in document A69/24 Add.1.

2. In resolution WHA68.7 the Health Assembly urged Member States to adapt the global action plan as a basis for their own national priorities and specific contexts, and to have national plans in place by the Seventieth World Health Assembly in May 2017. The current status of national action plans by region, according to the latest information available, is as follows:

African Region: Ethiopia, Ghana and South Africa all have plans whose preparation preceded the global action plan and need to be examined for alignment with it; 15 other countries are developing their plans.

Region of the Americas: Argentina, Canada and the United States of America have completed their plans, and Brazil, Chile, El Salvador and Peru are in the course of developing plans.

South-East Asia Region: Bangladesh, Bhutan, Myanmar, Nepal and Thailand have plans in development.

European Region: Austria, Cyprus, Czech Republic, Denmark, France, Germany, Greece, the former Yugoslav Republic of Macedonia, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland all have plans whose preparation preceded the global action plan and need to be examined for alignment with it.

Eastern Mediterranean Region: although no country has finalized its national action plan, most Member States have designated a national focal point for antimicrobial resistance who has been trained in the principles and processes for developing and implementing national action plans.

Western Pacific Region: Australia, Cambodia, Fiji, Japan, Philippines and Viet Nam have completed their plans.

¹ See document WHA68/2015/REC/1, p.17 for the resolution and Annex 3, p.127 for the global action plan (http://apps.who.int/gb/ebwha/pdf_files/WHA68-REC1/A68_R1_REC1-en.pdf#page=1, accessed 18 April 2016).

3. The Health Assembly also requested the Director-General to implement the actions for the Secretariat in the global action plan. In response, 10 cross-cutting workstreams have been established across the three levels of the Organization, which are coordinated through a Secretariat for antimicrobial resistance, located in the Office of the Director-General. External guidance is provided by a Strategic Technical Advisory Group on antimicrobial resistance, and a high-level Steering Group and the Secretariat's Global Technical Coordinating Group provide further support for coordinating organizational actions.

4. The workstreams are designed to support achievement of the five main objectives of the global action plan: (1) improve awareness and understanding of antimicrobial resistance through effective communication, education and training; (2) strengthen the knowledge and evidence base through surveillance and research; (3) reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures; (4) optimize the use of antimicrobial medicines in human and animal health; and (5) develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions. Updates on progress in these five areas are given below.

5. A public awareness survey was commissioned covering almost 10 000 people in 12 countries (two per WHO region).¹ The findings confirmed the need to improve global public awareness and understanding of antibiotic resistance (for example, almost two thirds of those surveyed know antibiotic resistance is an issue that could affect them and their families but not how and not what they can do). The survey will serve as a baseline against which to measure progress in awareness over time.

6. The first World Antibiotic Awareness Week (16–22 November 2015) was marked by Member States in every WHO region, and will become an annual event. Its theme “Antibiotics: handle with care” became a global, multi-year campaign to increase awareness of antibiotic resistance. The campaign was developed in collaboration with regional offices, FAO, OIE, the Centers for Disease Control and Prevention (United States of America), the European Centre for Disease Control and Prevention and other partners. It calls on the public, policy-makers, and health and agriculture professionals to act to reduce the spread and impact of antibiotic resistance. Materials in multiple formats were disseminated in the six official languages of WHO. Materials for agriculture audiences were produced and promoted jointly with FAO and OIE to strengthen the “One Health” approach. This campaign generated about 1000 articles in the media worldwide and unprecedented engagement on WHO's social media platforms (more than 21 million impressions, including the “most liked” infographic on Facebook and the “most liked” video on Instagram). More than 75 000 people visited the campaign website between October and December 2015.

7. In collaboration with FAO and OIE, WHO has developed a guidance manual on developing national action plans for antimicrobial resistance for countries,² which is being translated into all six official languages. A series of supporting tools has also been developed for use by Member States. Workshops are being held in all WHO regions for national focal points on antimicrobial resistance in order to familiarize them with the process of developing national action plans in line with the global action plan, to provide training in the use of the accompanying tools and resources, and to stress the

¹ http://apps.who.int/iris/bitstream/10665/194460/1/9789241509817_eng.pdf?ua=1 (accessed 18 April 2016).

² WHO, OIE, FAO. Antimicrobial resistance: a manual for developing national action plans. Geneva: World Health Organization; Paris: World Organisation for Animal Health; Rome, Food and Agriculture Organization of the United Nations (<http://www.who.int/drugresistance/action-plans/manual/en/>, accessed 18 April 2016).

importance of multisectoral ownership at country level at all stages of development of the plans. The workshops will conclude in May 2016. Key activities in this area of work include the establishment of a dedicated team to assist with the organization and facilitation of the workshops, to prepare standard information packs for national and regional adaptation, and to develop and facilitate simulation exercises covering all the strategic objectives of the global action plan.

8. A new infection prevention and control global unit has been established within the Secretariat to strengthen support for country capacity-building and safer care delivery. Its main technical areas of work for 2016–2017 are the following. The hand hygiene global campaign covers more than 18 500 facilities; the focus in 2016 is on preventing microbial transmission in surgical services. New global guidelines on prevention of surgical site infections, with implementation strategy and tools, have been pilot-tested in four African countries and will be extended to other countries. Evidence-based recommendations have been made for core components of effective infection prevention and control programmes in national action plans, and an urgent need has been identified for guidelines to contain spread of resistant pathogens in health care facilities, initially focusing on carbapenemase-producing Enterobacteriaceae. A campaign on injection safety, including the rational use of injectable antibiotics, has been conducted in three countries.

9. In support of optimal use of antimicrobial medicines, the Secretariat is: (1) working on methodology, indicators and tools for monitoring antimicrobial use in human health, means of support to countries for implementing the monitoring of the use of antimicrobial medicines, and contributing to the creation of an information repository; (2) setting technical guidance and standards for implementation of countries' policies and best practices for access to evidence-based selection and responsible use of antimicrobial medicines; (3) formulating guidance for WHO, FAO and OIE to use for improving use of antimicrobial medicines in humans and animals; (4) providing guidance and support to Member States for strengthening medicines regulatory systems and enforcing relevant regulations, so that existing and newly developed antimicrobial products of assured quality, safety and effectiveness are available.

10. WHO's Expert Committee on Selection and Use of Essential Medicines will assess potential revisions to the antibiotic chapter of the WHO Model List of Essential Medicines. The Secretariat is also contributing to the 4th revision of WHO's *Critically important antimicrobials for human medicine* (due to be published in early 2017).

11. A protocol for collecting data on antimicrobial consumption is being developed by the Secretariat as a tool for surveillance of antimicrobial medicines use, as part of the global surveillance programme. At a consultation (Geneva, 29 March–1 April 2016) representatives of Member States, staff members from WHO headquarters and regional offices, OIE experts, international experts and representatives of civil society reviewed existing methodologies, agreed on WHO's proposed global tool for surveillance of antimicrobial consumption at national level but recommended a flexible approach in its use between more and less advanced countries, discussed its integration in national surveillance programmes and synergies with data collection on antimicrobial use in animals, and finalized a questionnaire for a WHO survey on antimicrobial use to be completed in 2016. National experts are being trained in the use of the global surveillance tool and on implementation of the survey.

12. WHO and the Drugs for Neglected Diseases initiative convened expert consultations in 2014 and 2015, following which steps to establish the Global Antibiotic Research and Development Facility were taken. The purpose of this partnership, which is now being developed and led by the Drugs for Neglected Diseases initiative, is to develop new antibiotic treatments that are needed because of antimicrobial resistance and that are suitable for resource-limited settings. The Facility will work

closely with all stakeholders from countries at all income levels. A project director is being recruited, and a research and development portfolio is being created. For detailed information on options for a global development and stewardship framework, see document A69/24 Add.1.

13. In 2015, WHO hosted a consultation (Geneva, 11 and 12 June) on the development of point-of-care diagnostic platforms,¹ with an initial focus on diagnostic interoperability standards and new business models. These platforms will help to diagnose specific causes of diseases and should support more appropriate use of antibiotics. Working groups were created to further this work.

14. In September 2015 the Secretariat organized a meeting on biomarkers that can distinguish bacterial causes of acute fever from other infectious causes.² A target product profile to support this work is being constructed.

15. The WHO Advisory Group on Integrated Surveillance of Antimicrobial Resistance has developed, in collaboration with FAO and OIE, a five-year strategic plan to support the implementation of the global action plan to contain antimicrobial resistance at the human-animal interface.³

16. WHO is a member of OIE's Ad Hoc Group on Antimicrobial Resistance and is collaborating on the establishment of global databases on use of antimicrobial agents in humans (by WHO) and animals (by OIE).

17. In collaboration with FAO and OIE, WHO has continued activities to strengthen laboratory capacity for food microbiologists, epidemiologists and medical doctors as well as for veterinarians, and on integrated surveillance of antimicrobial resistance in foodborne and enteric pathogens.

18. WHO has developed, in collaboration with FAO and OIE, a global "One Health" curriculum on the use of whole-genome sequencing for integrated surveillance of antimicrobial resistance. This curriculum will be implemented first in Thailand in April 2016.

19. The Secretariat is developing a framework for monitoring, with input from the Strategic and Technical Advisory Group on Antimicrobial Resistance, Member States, FAO, OIE and other partners.

20. The Global Antimicrobial Resistance Surveillance System has been launched with technical partners, laboratory networks and WHO collaborating centres around the world. Building on existing surveillance structures and networks, it provides a framework for Member States to contribute surveillance data to a global system through a dedicated platform for digital information. The Surveillance System fosters the coordination of surveillance systems with national action plans for antimicrobial resistance. A network of WHO collaborating centres is being established to support surveillance of antimicrobial resistance and external quality assessment in countries in all regions.

21. In the United Kingdom of Great Britain and Northern Ireland, the government-commissioned independent Review on Antimicrobial Resistance has estimated the global burden of a continued

¹ http://apps.who.int/iris/bitstream/10665/181059/1/9789241509305_eng.pdf (accessed 18 April 2016).

² http://www.reactgroup.org/uploads/Report_fever%20biomarker_.pdf (accessed 18 April 2016).

³ http://www.who.int/foodsafety/publications/agisar6_2015/en/ (accessed 21 April 2016).

increase in antimicrobial resistance. In light of this work, the World Bank is estimating the cost of interventions to slow the spread of antimicrobial resistance. A full report is expected in 2017, but some results may be available later in 2016.

22. In response to the United Nations General Assembly's decision in resolution 70/183 on global health and foreign policy,¹ the United Nations Secretary-General prepared a report on the scope, modalities, format and organization of the High-level Meeting on antimicrobial resistance (document A/70/790) and requested the President of the General Assembly to initiate an open and transparent consultative process with Member States to finalize the outlined modalities and proposed outcomes. WHO, FAO and OIE together are actively supporting the process leading to the High-level Meeting. Outcomes and deliverables will be determined in a consultative process involving all Member States. The High-level Meeting may wish to adopt a document as its outcome so that the meeting not only results in a renewal of existing commitments but can decisively galvanize coordinated action among all stakeholders and elicit the funding necessary to ensure the achievement of all crucial development goals. WHO's Secretariat on antimicrobial resistance will support these and other activities necessary for a successful high-level meeting, by providing technical support and background and briefing documents.

23. Together, WHO, FAO and OIE are actively supporting the General Assembly process and senior staff of the three collaborating organizations held meetings with the Group of 77 Member States and others during a visit in March 2016 to United Nations headquarters in New York. The Directors-General of WHO, FAO and OIE hosted a High-level Dialogue on antimicrobial resistance with Member States in New York on 18 April 2016.

ACTION BY THE HEALTH ASSEMBLY

24. The Health Assembly is invited to note the report.

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¹ http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/183 (accessed 21 April 2016).