Reflections on the Global Action Plan

Almost two years ago the World Health Assembly adopted the Global Action Plan on Antimicrobial Resistance (AMR). The GAP was successfully developed through a great deal of hard work, intensive collaboration, and enthusiasm on the part of Member States. Now the GAP serves as the foundation of WHO’s work, as well as a critical signpost for global efforts to combat AMR. WHO is committed to supporting countries to develop and implement their own national action plans.

Looking back, one can see that the “AMR world” has changed - AMR has been upgraded from a ‘medical’ issue to a ‘societal’ one high on the international political agenda. AMR is linked to health system strengthening and universal health coverage and sits within these movements: therefore action to address AMR cannot be conducted successfully within a vertical programme.

I am impressed with the number of countries who have developed national action plans. Success lies is getting buy-in, at the political level and across sectors. However, action requires resources. Thanks to the work of the past few years, AMR will be a specific programme area in the proposed programme budget 2018-19 with clear deliverables and a budget. Investing in human resource capacity will be critical. WHO is grateful for the support provided by donors thus far, to all levels of the organization, and encourages all donors to scale up support to countries in combatting the global threat of AMR. As countries shift into implementation, more resources are needed to provide support and coordination for sustained action across the globe. AMR is a development issue: to counter the problem, national governments and development agencies must invest appropriately. It is encouraging that the World Bank has noted the need to get more public goods in return for the $500b spent annually in agriculture e.g. better health/AMR outcomes, among others.

Looking to the future, there are many challenges ahead, in particular the need to balance equitable access to, and appropriate use of, existing and new antimicrobial medicines. In this, countries will be greatly helped by the revised WHO list of essential medicines (to be published shortly). We also need to involve the environment sector more. The Interagency Coordination Group on AMR will provide opportunities for better collaboration with the environment sector and others relevant to combatting AMR. Also high on my agenda is the need to influence behaviour change and I am pleased that we will shortly be scaling up activity at the Secretariat to develop effective behaviour change strategies. Lastly, I am excited about the health workforce education initiative getting underway (see later). Having followed AMR for more than 20 years, I am encouraged that we can now make a real change given political support, a multisectoral approach and the commitment of all involved professionals.

Marc Sprenger, Director, AMR Secretariat

WHO 5 May Hand Hygiene Campaign

This year’s WHO 5 May hand hygiene campaign supports the theme ‘fight antibiotic resistance: it’s in your hands’, and aims to represent the goal of a joined-up approach by featuring professionals who can all play their part. The new image for this year is featured on the 5 May 2017 webpage and is available in English, French, Spanish, Chinese and Arabic. Five new advocacy posters have also been launched on the WHO web pages. WHO has many tools available and more are coming soon: these can be printed or shared electronically.

New online discussion forum for those developing/implementing NAPs

Are you developing/ implementing a national action plan to address AMR? Would you welcome an opportunity for informal peer-to-peer discussions of approaches to challenging or atypical situations? Do you need access to prompt technical advice for operational challenges? If so, join the Secretariat’s moderated, online discussion forum.
Expert consultation on health workforce education & AMR control.

This 2-day meeting, held 23-24 March 2017, aimed to outline the needs and define the tools/resources required to ensure that health workers are adequately educated and/or trained for effective antibiotic stewardship to limit AMR. It was attended by representatives of national public health agencies, the health education sector and WHO staff. A number of key action points were agreed upon to take forward:

1. A global multidisciplinary competency framework for AMR
2. More detailed global prototype curricula for AMR education, tailored to different professional cadres
3. A global analysis/monitoring tool to assess capacity in national AMR education
4. A community of practice housing an AMR knowledge repository/toolkit that provides a facility for dialogue, exchange, sourcing of expertise and networking on the topic

The value of vaccines in the avoidance of AMR

A roundtable discussion on the value of vaccines in the avoidance of AMR was held at Chatham House, U.K. 29-30 March, to explore the health and economic benefits that vaccines hold for the reduction of AMR and to identify better ways to assign values to these benefits. It was followed by a WHO Consultation on 31 March to explore the specifics of potential modeling-based approaches. These meetings mark the first steps towards raising awareness of the potential role that vaccines could play in global efforts against AMR. WHO will launch an exercise towards the prioritization of vaccines focusing on their role against AMR and lead the development of a roadmap laying out a global strategy for vaccines against AMR.

India releases AMR National Action Plan

New Delhi, 19 April 2017. India's National Action Plan on Antimicrobial Resistance was released at the “Inter-Ministerial Consultation on containment of AMR” by the Minister for Health Shri J.P. Nadda, along with his ministerial colleagues from the Ministries of Environment, Forest & Climate Change, Consumer Affairs, Food & Public Distribution, and Health & Family Welfare. Policy makers and senior officials from 12 ministries attended and reiterated their commitment to combat AMR with a multisectoral approach articulated in the Delhi Declaration on AMR that was signed by the Ministers.

Western Pacific Region NAP meeting

This was an excellent show case of the many and varied activities on-going in the region to address AMR, with the health and agriculture sectors well represented. Topics reviewed and discussed during the meeting included governance, one-health action, awareness-raising, surveillance and infection prevention and control (IPC).

Countries have very different approaches to sustaining and managing intersectoral action. In some countries the impetus has come from the top, and this high-level political commitment and coordination was cited as a critical driver. In other countries, the foundation for success has been strong technical collaboration across sectors that has fostered and encouraged higher-level interest. While many countries had AMR coordination located in a Prime Minister’s or cabinet office or equivalent, in others the Ministry of Health has taken the lead and effectively coordinated other sectors. In countries where action is taking place, it is frequently the case that coordination structures exist at both technical and political levels. Ensuring good data is a major issue, and there was
Editor's picks

How nurses can contribute to combating antimicrobial resistance in practice, research and global policy.


Antimicrobial resistance in the Asia Pacific region: a development agenda.

This report, by the WHO Regional Office for the Western Pacific, provides in-depth technical discussions in areas with direct implications for the containment of AMR as a development agenda.

Antimicrobial resistance: translating political commitment into national action

Editorial by Hajime Inoue & Ren Minghui.

Treatment guidelines for antimicrobial use in India

Apart from ICMR's Treatment Guidelines for Antimicrobial Use in Common Syndromes that were highlighted in the March 2017 issue, India also has the National Treatment Guidelines for Antimicrobial Use in Infectious Diseases that were released in February 2016, available here. The reconciliation and implementation of these and other available treatment guidelines from professional associations is a challenging work in progress.

agreement that better information on consumption and resistance patterns is important for sustaining interest and planning action. The agriculture sector was well represented at the meeting. Many countries already have well-established surveillance systems in the animal sector, largely based upon abattoir sampling. Finally, impressive at-scale AMR awareness campaigns were showcased at the meeting e.g. Viet Nam has 800,000 people signed up to its antibiotic pledge.

WHO/UNICEF Water and Sanitation for Health Facility Improvement Tool (WASH FIT) and Mobile App launched

WHO and UNICEF hosted a Global Learning Event, 28-30 March in Kathmandu, Nepal, with representatives from 25 countries, to share action-oriented solutions and learning to improve water, sanitation and hygiene (WASH) in health care facilities. The event featured several solutions for improving WASH in health care facilities and infection, prevention and control (IPC) efforts, from facility to national level, that could be adopted to support the implementation of national AMR action plans. One such solution, WHO/UNICEF’s WASH FIT tool and mobile app, was launched at the event. WASH FIT is a risk-based, step-by-step guide to undertaking WASH improvements as part of wider quality improvements in health care facilities. WASH FIT Mobile, hosted by mWater, is an electronic version of the tool which allows easy data entry and analysis. The WASH FIT guide, and associated training materials, is available at https://www.washinhcf.org/resources/tools/. WASH FIT Mobile is available at www.washfit.org.

Global Antimicrobial Resistance Surveillance System (GLASS) update

Formal data call: The first formal GLASS data call commenced on 1 April 2017 with the deadline for data submission on 1 July 2017. This year all countries enrolled in GLASS are invited to update their data on the current status of national AMR surveillance and GLASS implementation. GLASS countries conducting AMR surveillance are also expected to share their aggregated AMR data for the year 2016.

Enrolment update: 45 countries have expressed interest in enrolling in GLASS, of which 34 are fully enrolled.
Resources

• Antimicrobial resistance: A manual for developing national action plans and supporting documents and tools. Click [here](#).

• Global Antimicrobial Resistance Surveillance System (GLASS) documents and tools.

• For information on infection prevention and control, click [here](#).

• For information on antimicrobial resistance and the food chain, click [here](#).

• For AMR activities at the Food and Agriculture Organization of the UN, click [here](#).

• For AMR activities at the World Organisation for Animal Health (OIE), click [here](#).

UPCOMING
MEETINGS/EVENTS

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<td>2nd High Level Technical Meeting on Surveillance of AMR</td>
<td>Stockholm, Sweden</td>
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<td>May 2-3</td>
<td>1st meeting of Interagency Coordination Group (IACG)</td>
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<td>May 2-6</td>
<td>Antimicrobial Stewardship (AMS) Training Workshop. Hosted by Dept of Health, Pharmaceutical Division, and Philippine General Hospital</td>
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<td>May 5</td>
<td>SAVE LIVES: Clean your hands. Fight antibiotic resistance - it's in your hands</td>
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<td>May 19-20</td>
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<td>Training of Trainers Workshop for regional AMR resource persons</td>
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<td>June 13-16</td>
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Please let us know of your upcoming events for inclusion in the newsletter. We welcome your suggestions and comments. For all communications, and if you would like to subscribe to the newsletter, please contact the Secretariat at whoamrsecretariat@who.int. Responsibility for newsletter content rests with the AMR Secretariat Director: Marc Sprenger. Newsletter editor: Breeda Hickey.