**Monitoring of antimicrobial resistance: Outcome and goal indicators’ meeting**

On 8-9 June 2017, a group of technical experts from around the world came together at WHO Headquarters to discuss indicators for monitoring and evaluating country and global efforts to tackle antimicrobial resistance (AMR), as part of the Global Action Plan on AMR. The primary purpose of the meeting was to identify a set of indicators that can be used to track and communicate progress at country and global levels. Indicator discussions primarily focused on identifying outcome and goal measures, but also touched on process and outputs. Feedback from the meeting will be incorporated into the draft monitoring and evaluation framework, following which there will be a public, online consultation up to the end of September 2017. The report of the meeting will be made available here.

**Essential Medicines List updated with new advice on antibiotics**

New advice on which antibiotics to use for common infections and which to preserve for serious circumstances is among additions to the WHO Model List of Essential Medicines (EML) for 2017. Other additions include medicines for HIV, hepatitis C, tuberculosis, and leukaemia. The model list is used by many countries to increase access to medicines and guide decisions about which products they ensure are available for their populations.

In the biggest revision of the antibiotics section in the EML’s 40-year history, WHO experts have grouped antibiotics into three categories – ACCESS, WATCH and RESERVE – with recommendations on when each category should be used. Initially, the new categories apply only to antibiotics used to treat 21 of the most common general infections. The change aims to ensure that antibiotics are available when needed, and that the right antibiotics are prescribed for the right infections. It should enhance treatment outcomes, reduce the development of drug-resistant bacteria, and preserve the effectiveness of "last resort" antibiotics that are needed when all others fail. More information here.
Supporting development of national action plans in the Europe region

In this interview, Dr Lars Blad talks about his experiences working with WHO in the Eastern European and Central Asia regions supporting countries in the development of their National Action Plans.

“To be able to provide the best support possible, it is crucial to, in dialogue, identify the relevant stakeholders to be involved. Of utmost importance is to get an early involvement of the Agricultural/Veterinary sector – ensuring there is a One Health approach in the work and in the Plan from the outset”. Read more here.

Network for Improving Quality of Care for Maternal, Newborn and Child Health

The “Network for Improving Quality of Care for Maternal, Newborn and Child Health” was launched in Lilongwe, Malawi in February 2017. The network is made up of nine countries: Bangladesh, Ethiopia, Ghana, India, Ivory Coast, Malawi, Nigeria, Tanzania and Uganda. A technical session on the links between quality of care (QoC) and water, sanitation and hygiene (WASH) in health care facilities was held to catalyse action and ensure that WASH in health care facilities is embedded with network countries’ QoC action plans. Both WASH and QoC are critical to addressing AMR. A technical brief documenting the linkages between WASH and QoC can be read here.

First West African national action plan (NAP) workshop, Cameroon

The first West African multisectoral national action plan (NAP) workshop (and third in the WHO African region) took place in Douala, Cameroon 13-16 June and brought together 84 attendees from nine West African countries (Angola, Cameroon, Central African Republic, Chad, Comores, Congo, Equatorial Guinea, Madagascar and Sao Tomé et Principe). Representing the human health, veterinary, agriculture and environmental sectors, participants were trained and equipped with a series of tools and references to develop their NAPs. Students from 12 universities in Cameroon (undergoing studies in medicine, pharmacy, laboratory, nursing, midwifery, veterinary and environmental sectors) were invited to serve as scribes to also learn about AMR and, in time, to contribute to raising awareness of AMR in their respective areas. The workshop was covered by multiple media outlets – online, TV, newspapers and urban radio stations. The 2nd West African workshop will take place in Lome, Togo, 27-30 June.

British study itemises cost of superbug out-break at $1.2 milion-and outlines why investment in infection prevention strategies could save money in the long term

In 2015, five West London hospitals were afflicted with a 10-month outbreak in which 40 patients in renal and vascular wards were infected with a carbapenemase-producing strain of Klebsiella pneumoniae. Thirteen patients died. An investigative team from Imperial College London has now calculated the staggering cost of this antibiotic resistance outbreak at £980,000. The greatest cost (£296,000) turned up as lost revenue from planned surgical procedures that were cancelled due to the closure of four wards. Other major expenses were extra sta (£193,000), extended patient length-of-stay (£140,000), and patient screening (£84,000). Twenty-four rooms required hydrogen peroxide vapour decontamination (£37,000). According to lead author, Alison Holmes, “This study highlights the cost to the British NHS and why a relatively small investment in infection prevention strategies could save money in the long term.” More here.
Launch of White Paper on rapid diagnostic technologies to tackle AMR

The European Parliament Interest Group on Innovation in Health and Social Care has called on the European Commission to boost funding and innovation to foster the uptake of rapid diagnostic technologies. The paper was developed by Health First Europe in collaboration with the Alliance of Patients’ Organizations and the World Alliance Against Antibiotic Resistance. Innovative diagnostic technologies can contribute – as part of a broader and coordinated plan – to reduce antibiotic misuse. Rapid diagnostic technologies are simple tools able to reduce unnecessary prescription, tailor treatment for bacterial infections and limit infection spread. More here.

Clean and Safe Health facility (CASH) initiative in Ethiopia

The Clean and Safe Health facility campaign (CASH) in Ethiopia was launched by the Ministry of Health in 2014. It aims to reduce healthcare infections and make hospitals safer through staff training on infection prevention and control and patient safety, safe and sufficient water supply and sanitation facilities and health care waste management along with implementing audits and supporting hospitals in developing and implementing charters for cleanliness, all of which will contribute to addressing AMR. CASH is being implemented in all hospitals in Ethiopia (approximately 150) and will be expanded to health centres. CASH includes (among others):

- Attitude change on waste management and environmental hygiene
- Sustained advocacy and communication on hospital cleanliness
- Conducting regular cleanliness activities
- Implementation of infection prevention and facility management standards
- Assignment of an empowered ward master in each hospital
- Conducting internal and external audits and recognizing hospitals
- Ensuring hygiene, including environmental cleanliness, is high on everyone’s agenda by having a cleaning service plan

More information here.

Global Antimicrobial Resistance Surveillance System (GLASS) update

Enrolment update: 51 countries have expressed interest in enrolling in GLASS, of which 40 are fully enrolled.
Resources

- For information regarding national action plans on antimicrobial resistance 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.
- To access the WHO/UNICEF WASH in Health Care Facilities knowledge portal, 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 (FAO), click here.
- For AMR activities at the World Organisation for Animal Health (OIE), click here.

UPCOMING MEETINGS/EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 29</td>
<td>Strategic Technical &amp; Advisory Group meeting</td>
<td>Teleconference</td>
</tr>
<tr>
<td>June 27-30</td>
<td>2nd AMR National Focal Point workshop (10 West African countries)</td>
<td>Lome, Togo</td>
</tr>
<tr>
<td>June 30</td>
<td>Interagency Coordination Group (IACG) on AMR meeting</td>
<td>Teleconference</td>
</tr>
<tr>
<td>July 3-4</td>
<td>Consultative meeting on comprehensive AMR surveillance promotion in Iran</td>
<td>Ministry of Health &amp; Medical Education, Tehran, Iran</td>
</tr>
<tr>
<td>July 5-6</td>
<td>Developing priorities for WHO activities on AMR and the environment.</td>
<td>Nieuwegein, Netherlands. WHO &amp; KWR Watercycle Research Institute</td>
</tr>
<tr>
<td>July 11-12</td>
<td>EU-India seminar: Use of Veterinary Medicines and AMR</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>July 20</td>
<td>G20 Leaders’ Summit</td>
<td>Hamburg, Germany</td>
</tr>
<tr>
<td>July 24-27</td>
<td>Sudan NAP workshop</td>
<td>Khartoum, Sudan</td>
</tr>
<tr>
<td>Aug 8-9 (TBC)</td>
<td>India National Consultation to Operationalise Action against AMR</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>Aug 22-24</td>
<td>3rd Workshop on Antimicrobial Consumption</td>
<td>Maputo, Mozambique</td>
</tr>
<tr>
<td>Sept 5-6</td>
<td>DRIVE-AB Final Conference. Further information [here]</td>
<td>Brussels, Belgium</td>
</tr>
</tbody>
</table>

Please let us know of your upcoming events for inclusion in the newsletter. We also welcome your suggestions and comments. For all communications, please contact the Secretariat at whoamrsecretariat@who.int. Responsibility for newsletter contents rests with the AMR Secretariat Director: Marc Sprenger.

Newsletter editor: Breeda Hickey