UN announces interagency group to coordinate global fight against antimicrobial resistance

The United Nations Secretary-General has announced the establishment of an Interagency Coordination Group on Antimicrobial Resistance, which will be co-chaired by Deputy Secretary-General Amina Mohammed and World Health Organization Director-General Dr. Margaret Chan. The objective of the Group will be to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, including options to improve coordination, taking into account the Global Action Plan on Antimicrobial Resistance.

“As we enter the era of sustainable development, I would like to emphasize that antimicrobial resistance (AMR) really does pose a formidable threat to the attainment of the Sustainable Development Goals (SDGs), particularly in our developing countries,” said Ms. Mohammed. AMR is a “multi-sectoral problem”, she said, affecting human and animal health, agriculture, as well as the global environment and trade. Clean water, sustainable food production and poverty alleviation are but a few of the challenges it poses. WHO Director-General Margaret Chan said that antibiotic resistance is already prolonging illness worldwide, and the political declaration was a vital commitment to help tackle the scourge globally. She said the inter-agency group would support governments across the world, as well as advising on the “use and abuse” of antibiotics for people and livestock.

Group members are: Dr Hanan Balkhy, Ministry of National Guard Health Affairs, Saudi Arabia; Dr Jarbas Barbosa da Silva, ANVISA, Brazil; Professor Otto Cars, ReAct, Sweden;

Indian Council of Medical Research (ICMR) issues guidelines for the treatment of 10 common infections

This first-ever set of Antimicrobial Treatment Guidelines to be issued in India is intended for all healthcare settings and is open to further revisions depending on the data generated from implementation. Secretary (Health Research) and ICMR Director General Soumya Swaminathan said the guidelines were evidence-based and drawn from the Antimicrobial Resistance Surveillance Network that ICMR has implemented in some select hospitals to monitor trends in antibiotic resistance. They are important as this is the first time that any treatment guideline has been made available based on Indian data. “Most antimicrobial treatment guidelines available are based on pathogenic bacteria easily available in the Western literature. Now for the first time we have guidelines which are based on reliable Indian antimicrobial resistance data from domestic healthcare settings,” said Kamini Walia, ICMR scientist who led the guidelines project. More here.

In Europe, AMR remains high - new EU report

The findings in the latest report on AMR in bacteria from ECDC and EFSA underline the serious threat AMR poses to public and animal health. It also highlights that AMR levels in Europe continue to vary by geographical region. Marta Hugas, Head of EFSA’s Biological Hazards and Contaminants unit, said: “....countries where actions have been taken to reduce, replace and re-think the use of antimicrobials in animals show lower levels of AMR and decreasing trends.”
The value of vaccines in the avoidance of antimicrobial resistance

The issue of antimicrobial resistance (AMR) is widely understood to be one of the most significant threats to global health. Currently AMR has resulted in profound challenges for the treatment of infectious disease especially in low- and middle-income countries as evidenced, for example, by the emergence of antibiotic resistant Typhoid infections. All countries are experiencing a growth in the emergence of resistant organisms, making the treatment of infections - particularly those that are acquired in hospital settings - very difficult.

This (invitation only) roundtable discussion to be held at Chatham House, U.K. 29-30 March, seeks to raise the profile of the health and economic benefits that vaccines hold for the reduction of AMR, and to identify better ways to assign values to these benefits with the aim of improving policy-making.

Study highlights burden of community-onset AMR in India

A study by the Byramjee-Jeejeebhoy Government Medical College in India and Johns Hopkins University School of Medicine, and colleagues reported that India is among the countries with the greatest burden of bacterial disease in the world. However, there are limited data on AMR in inpatient and community settings in the country, where antimicrobial use is common and has substantially increased over the past two decades, according to the researchers.

"Understanding [antimicrobial resistance] in India may serve several purposes, including generating evidence to support advocacy for the regulation of currently unregulated antibiotic prescription; to develop evidence-based treatment guidelines; to guide policy for antibiotic stewardship programs....and to emphasize the need for universal, standardized infection control guidelines," Vidya Mave, MD, MPH, and colleagues wrote in The Journal of Infectious Diseases.

Caribbean NAP development and implementation workshop

A second NAP workshop for Caribbean countries was held in Nassau, Bahamas, 13-14 February 2017. A total of 30 participants from the Bahamas, Grenada and Haiti representing the human health, animal health and laboratory sectors attended. The workshop aimed to establish a common understanding of the attributes of an effective national AMR action plan, and help to create a local-to-global process for a coordinated response to the global AMR threat. In addition, it aimed to ensure that cross-sectoral “One Health” approaches are followed in planning, developing and implementing NAPs. This was a highly focused and active workshop and the three countries left the workshop with a nearly complete draft NAP, as well as clear next steps for the completion of their plans.

Photo: Participants in the process of developing a NAP at the Caribbean NAP workshop, Nassau, Bahamas, 13-14 February 2017.
Editor’s picks

**Stanford Antimicrobial Stewardship Online CME Courses**
Promoting the appropriate use of antimicrobials (including antibiotics), improving patient outcomes, reducing microbial resistance, and decreasing the spread of infections caused by multidrug-resistant organisms. More information [here](#).

**Antibiotic Resistance - the Silent Tsunami. Free online course starting 24 April**
Understand antibiotic resistance and what actions are needed to address this increasingly serious global threat. This [4-week course](#) is produced by Uppsala University, Sweden ad ReAct - Action on Antibiotic Resistance and will commence 24 April 2017.

**A review of clinical decision support systems for antimicrobial stewardship.**
This systematic review in [Clinical Microbiology and Infection](#) supports a role for clinical decision support systems in better antimicrobial prescribing, but suggests substantial room for improvement in how they are developed, evaluated, and used.

**Offline: Global health security — smart strategy or naive tactics?**
The Lancet Comment. Available [here](#).

---

**Global Antimicrobial Resistance Surveillance System (GLASS)**

**Enrolment update:** 43 countries have expressed interest in enrolling in GLASS, of which 31 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](#).
- Information on HIV drug resistance available [here](#).
- Information on anti-malarial drug resistance and containment available [here](#).
- For information on multidrug-resistant tuberculosis (MDR-TB), click [here](#).
### UPCOMING MEETINGS/EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 23-24</td>
<td>Expert consultation meeting on health workforce education and AMR control</td>
<td>WHO HQ, Geneva</td>
</tr>
<tr>
<td>Mar 24</td>
<td>World TB Day</td>
<td>Global</td>
</tr>
<tr>
<td>Mar 27-29</td>
<td>Meeting on NAPs on AMR in the Western Pacific Region</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>Mar 27-30</td>
<td>Water, sanitation and hygiene in healthcare facilities-action-oriented solutions and learning</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>Mar 29-30</td>
<td>The value of vaccines in the avoidance of AMR (invitation only)</td>
<td>Chatham House, U.K.</td>
</tr>
<tr>
<td>Mar 27-31</td>
<td>21st WHO Expert Committee on the Selection and Use of Essential Medicines</td>
<td>WHO HQ, Geneva</td>
</tr>
<tr>
<td>Mar 28-Apr 1</td>
<td>WHO/FAO/OIE NAP meeting</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>Mar 29</td>
<td>European Union &amp; South America Working Together on Antimicrobial Resistance</td>
<td>Brasilia, Brazil</td>
</tr>
<tr>
<td>Apr 27-28</td>
<td>2nd High Level Technical Meeting on Surveillance of AMR</td>
<td>Stockholm, Sweden</td>
</tr>
<tr>
<td>May 5</td>
<td>SAVE LIVES: Clean your hands. Fight antibiotic resistance - it’s in your hands</td>
<td>Global campaign</td>
</tr>
<tr>
<td>May 19-20</td>
<td>G20 Health Ministers’ meeting</td>
<td>Berlin, Germany</td>
</tr>
<tr>
<td>May 22-31</td>
<td>Seventieth World Health Assembly</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>May 26-27</td>
<td>G7 meeting</td>
<td>Taormina, Sicily, Italy</td>
</tr>
</tbody>
</table>

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 contents rests with the AMR Secretariat Director: Marc Sprenger.

**Newsletter editor:** Breeda Hickey.