

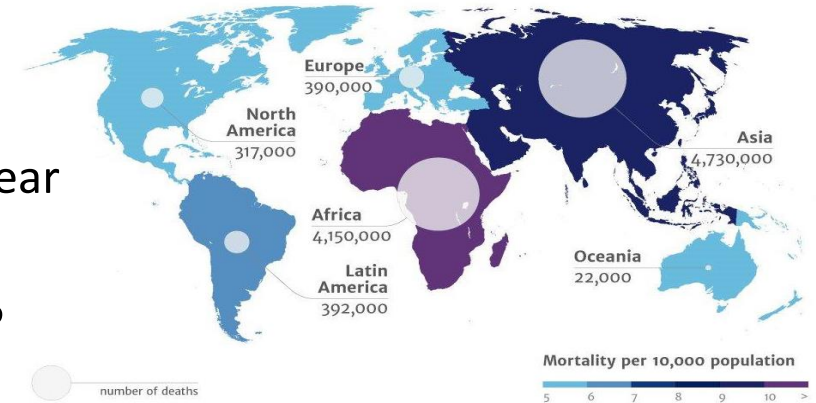
Global action plan on antimicrobial resistance

Dr Danilo Lo Fo Wong
Programme Manager for Control of Antimicrobial Resistance



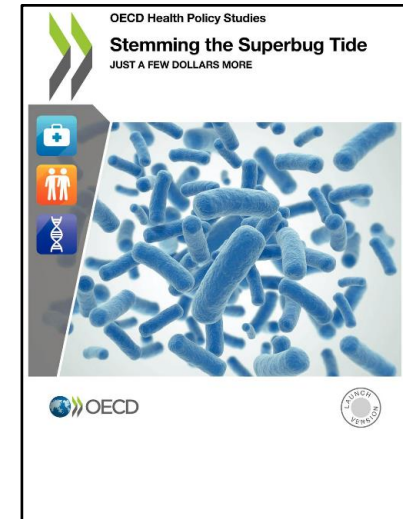
Antimicrobial resistance (2016)

- Claims lives, costs money, affects livelihoods, undermines health programmes
- Few new antibiotics in the pipeline
- Human health impact
 - By 2050, lead to 10 million deaths/year
- Economic impact
 - Reduction of 2 to 3.5 percent in GDP
 - Costing the world up to \$100 trillion



Antimicrobial resistance (2018)

- Claims lives, costs money, affects livelihoods, undermines health programmes
- Few new antibiotics in the pipeline
- Human health impact in 33 OECD countries
 - 2.4 million deaths between 2015 and 2050
- Economic impact in 33 OECD countries
 - Costs: \$ 3.5 billion/year to deal with complications
 - Savings: \$ 4.8 billion/year if investing in comprehensive public health package



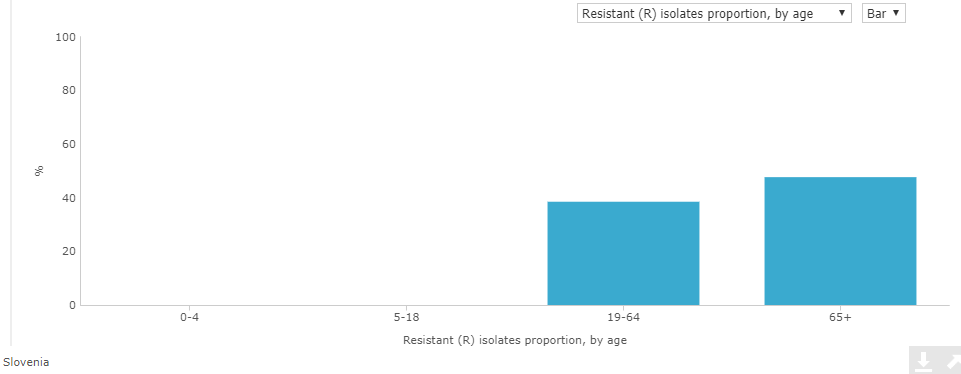
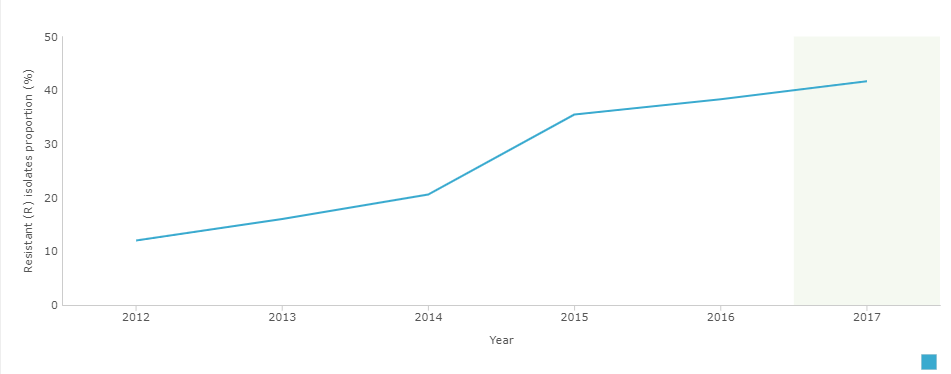
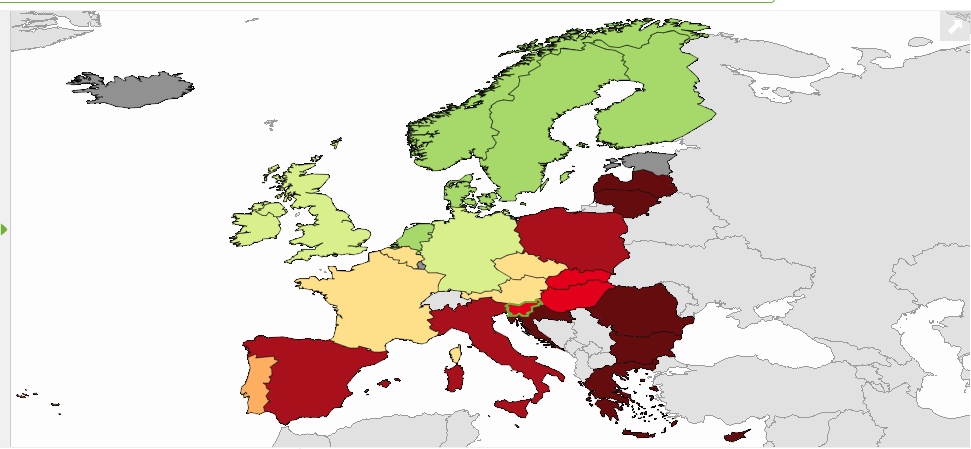


Surveillance Atlas of Infectious Diseases

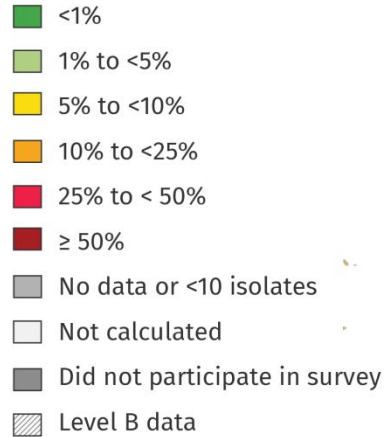
Antimicrobial resistance | Acinetobacter spp. | Combined resistance (fluoroquinolones, aminoglycosides and carbapenems) | Resistant (R) isolates proportion | 2017



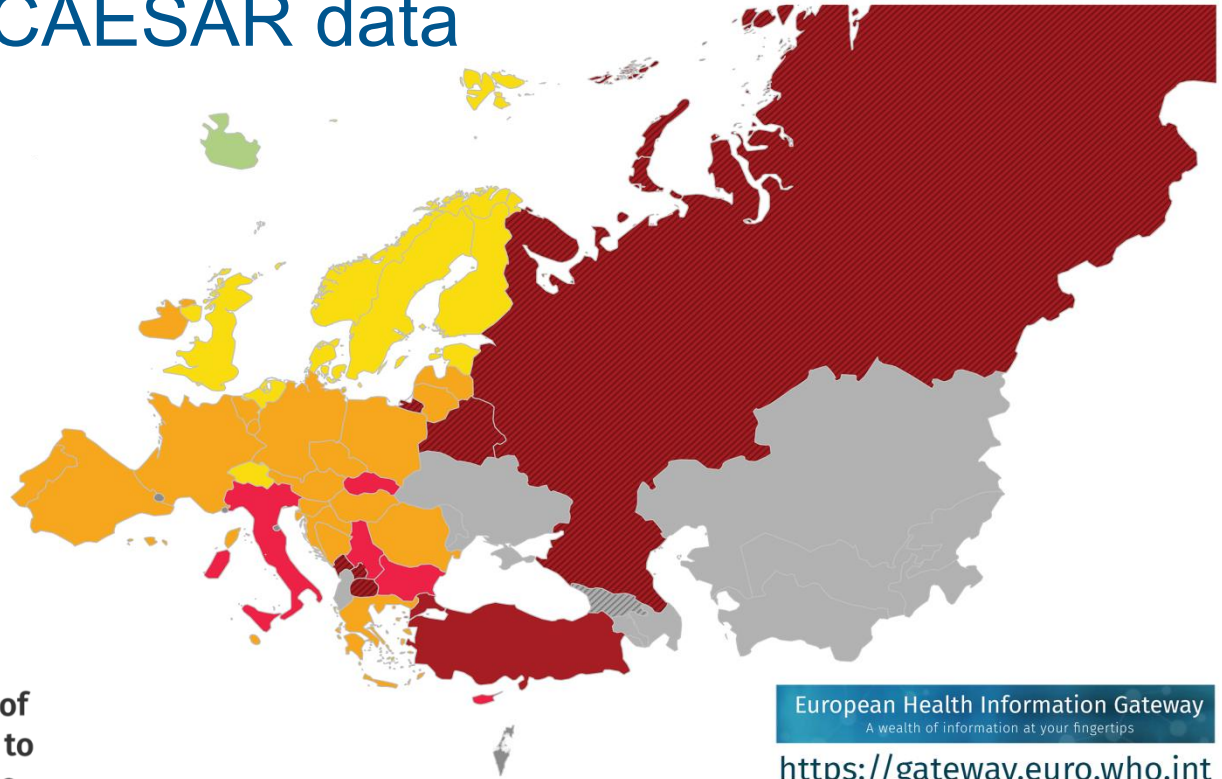
Region	Resistant (R) isolates proportion (%)
Iceland	-
Ireland	1.7
Italy	72.6
Latvia	75.0
Lithuania	77.6
Luxembourg	-
Malta	-
Netherlands	0.8
Norway	0.0
Poland	59.5
Portugal	24.1
Romania	81.3
Slovakia	25.2
Slovenia	41.7
Spain	51.1
Sweden	0.0
United Kingdom	1.7



EARS-NET and CAESAR data



**Percentage of invasive isolates of
Escherichia coli with resistance to
third-generation cephalosporins**



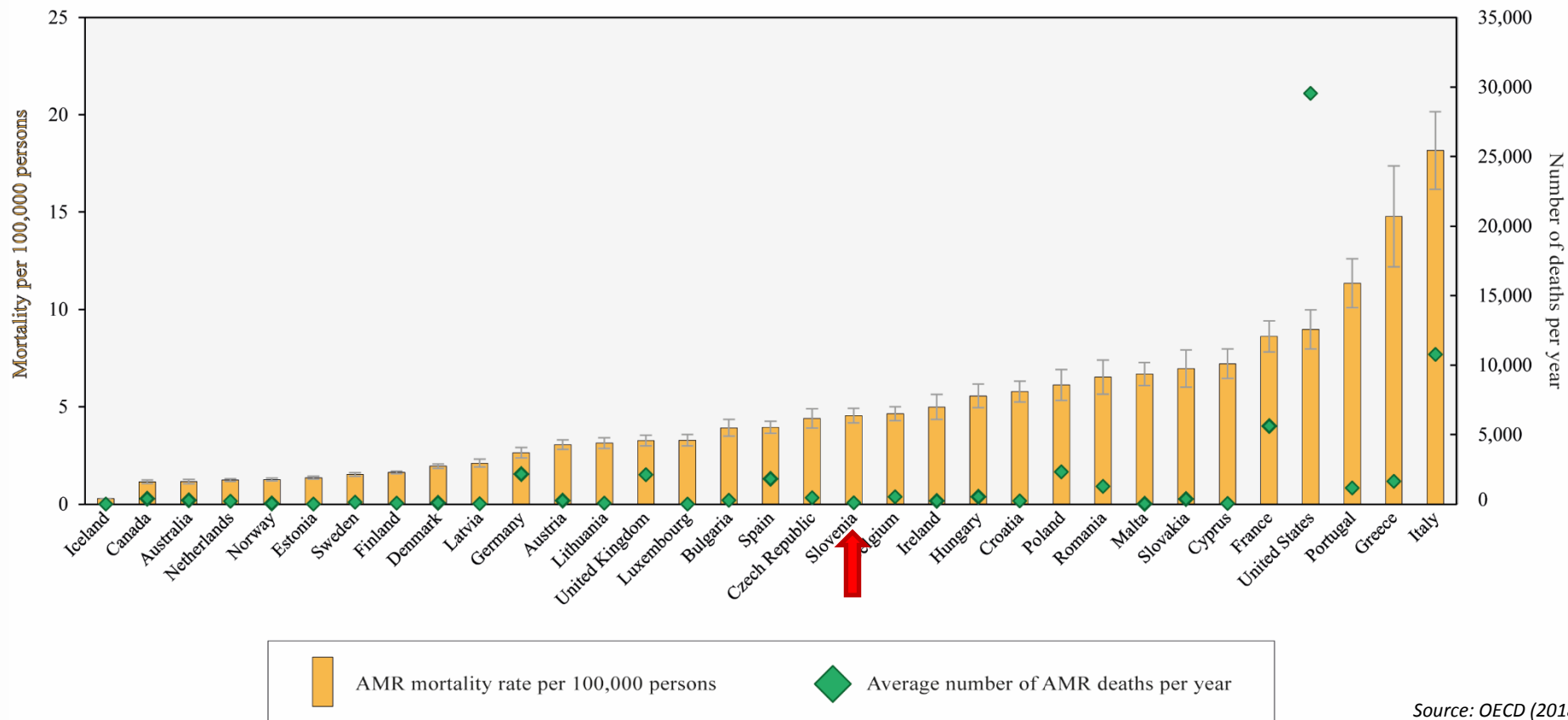
European Health Information Gateway

A wealth of information at your fingertips

<https://gateway.euro.who.int>

*Kosovo (in accordance with Security Council resolution 1244 (1999)). Level B data: the data provide an indication of the resistance patterns present in clinical settings in the country, but the proportion of resistance should be interpreted with care. Improvements are needed to attain a more valid assessment of the magnitude and trends of antimicrobial resistance in the country. Levels of evidence are only provided for CAESAR countries and areas. Data sources: CAESAR (©WHO 2017) and EARS-Net (©ECDC 2017).

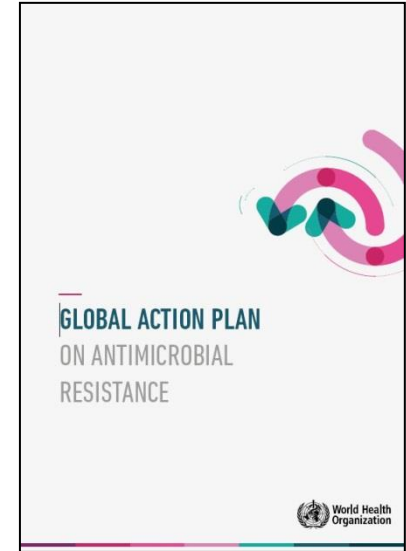
Average annual number of deaths due to AMR in OECD countries 2015-2050



Global AMR Action Plan - Strategic Objectives

<http://who.int/antimicrobial-resistance/global-action-plan/en/>

1. Improve awareness and understanding
2. Strengthen knowledge and evidence base
3. Reduce incidence of infection
4. Optimize use of antimicrobial medicines
5. Develop economic case for sustainable investment



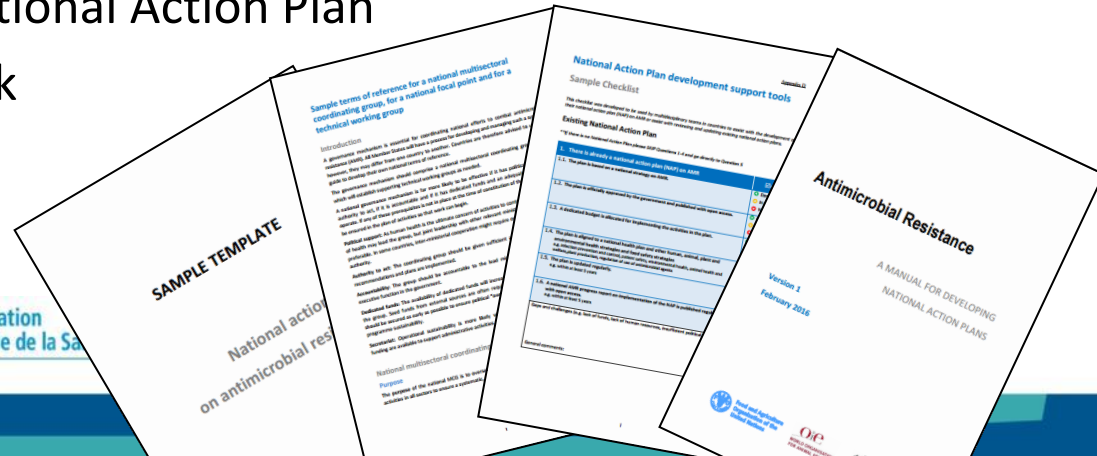
Global activities

- World Antibiotic Awareness Week (2015)
- Global AMR Surveillance System (GLASS) (2015)
- Global Antibiotic Research & Development Partnership (GARDP) (2016)
- Infection Prevention and Control core components (2016)
- Global Priority Pathogens List of Antibiotic-Resistant Bacteria (2017)
- Updated Essential Medicines List update (2017)
- Global Framework for Development & Stewardship



National action plan support

- Manual for developing national action plans
- Templates and tools
 - Sample Terms of Reference for ICM, Working Group, Focal Point
 - Sample template National Action Plan
 - Sample checklist for National Action Plan
 - Sample M&E framework
- Library of action plans



Monitoring global progress on AMR

- 2nd global tri-partite self-assessment survey
- 154 out of 194 Member States responded
 - Response rate 79.4%
 - Representing 91.3% of world population
 - Representing 95.9% of global GDP
- 50 out of 53 European Member States responded
- Report available online
- Global Database for AMR Country Self Assessment



Choose your question and filters:

Survey year

2017

Country

All

Map View

Visualization View

Table View

Response Overview

Documents

Print

← Scroll table to see all results →

Country	Question 4.1	Question 4.2	Question 5.1	Question 5.2	Question 6.1	Question 6.2	Question 6.2.1	Question 6.2.2	Question 6.2.3	Question 6.2.4	Question 6.2.5
Afghanistan	B	N	D	Y	C	C	C				
Albania	B	N	C	Y	C	B	B	A	B	C	
Algeria	B	Y	B		D						
Andorra		N									
Angola	C	N	B	Y	B	B	A	B			
Antigua and Barbuda	B	Y	B	N	C	B	B	E	B	B	
Argentina	B	N	D	Y	B	C	C	A	C	C	
Armenia	B	N	D	N	D	B	B	A		A	
Australia	E	N	D	Y	D	D	D	A	D	D	
Austria	E	Y	D	N	D	E	E		E	E	
Azerbaijan	B	N	B	Y	C	C	C				
Bahamas (the)	B	Y	B	N	C	A	A	A	A	A	
Bahrain	A	N	B	N	C	C	A	A	A	A	
Bangladesh	B	N	C	Y	C	A					

Key results from Slovenia



World Health
Organization

REGIONAL OFFICE FOR
Europe



Organisation
mondiale de la Santé

BUREAU REGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa

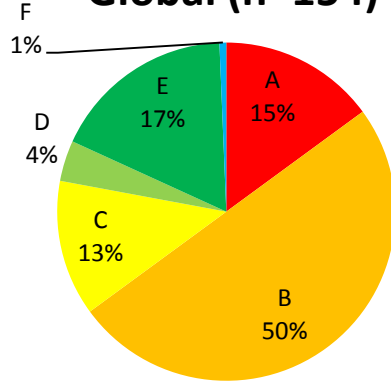


Всемирная организация
здравоохранения

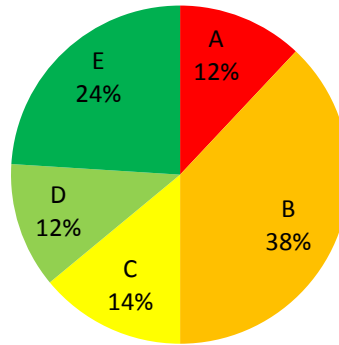
Европейское региональное бюро

One Health collaboration / coordination

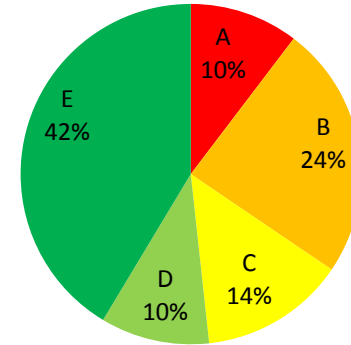
Global (n=154)



Europe (n=50)



EU/EEA (n=29)



A - No formal multi-sectoral governance or coordination mechanism exists.

B - Multi-sectoral working group(s) coordination committee on AMR established with Government leadership.

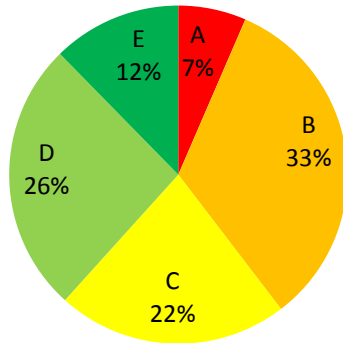
C - Multi-sectoral working group(s) is (are) functional, with clear terms of reference; regular meetings, and funding for working group(s). Activities and reporting/accountability.

D - Joint working on issues incl. agreement on common objectives, restriction of use of critically important antimicrobials.

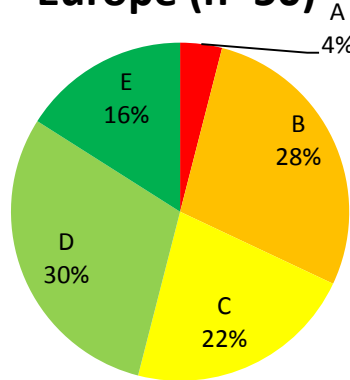
E - Integrated approaches used to implement the national AMR action plan.

Progress on national action plan development

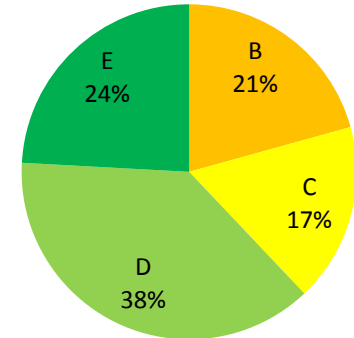
Global (n=154)



Europe (n=50)



EU/EEA (n=29)



A - No national AMR action plan.

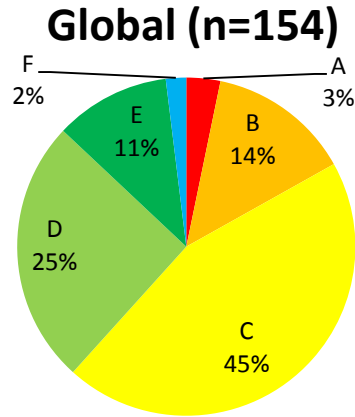
B - National AMR action plan under development.

C - National AMR action plan developed.

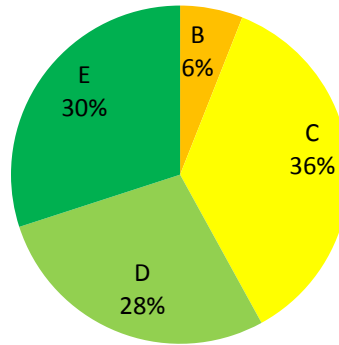
D - National AMR action plan approved by government that reflects Global Action Plan objectives, with an operational plan and monitoring arrangements.

E - National AMR action plan has funding sources identified, is being implemented and has relevant sectors involved with a defined monitoring and evaluation process in place.

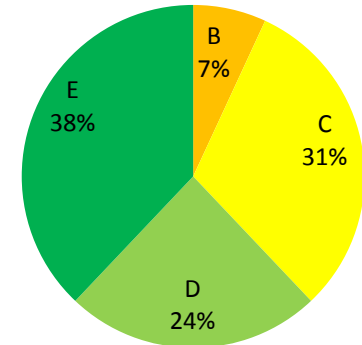
Raising awareness in human health



Europe (n=50)



EU/EEA (n=29)



A - No significant awareness-raising activities on ABR.

B - Some activities in parts of the country to raise awareness of ABR and actions that can be taken.

C - Limited or small-scale ABR awareness campaign targeting some, but not all, relevant stakeholders.

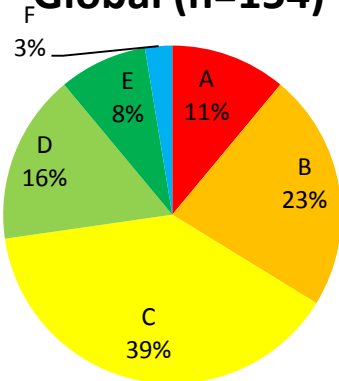
D - Nationwide, government-supported ABR campaign targeting all or the majority of stakeholders.

E - Focused, national scale government-supported activities implemented to change behaviour in target groups, both public and private

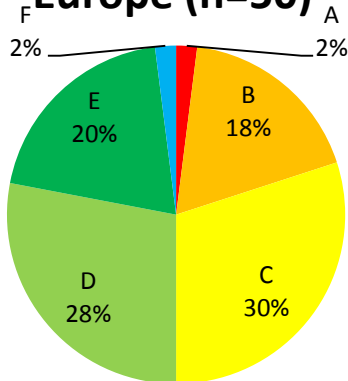
F - Missing answer

Training/professional education in human health

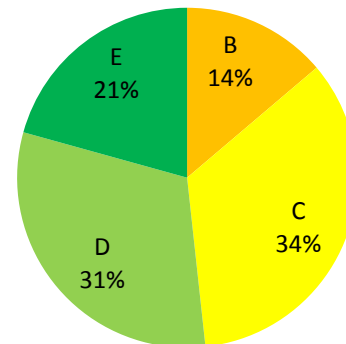
Global (n=154)



Europe (n=50)



EU/EEA (n=29)



A - No training for human health workers on AMR.

B - Ad hoc AMR training courses in some health related disciplines.

C - AMR covered in some pre- and in-service training or other continuing professional development (CPD) for health workers.

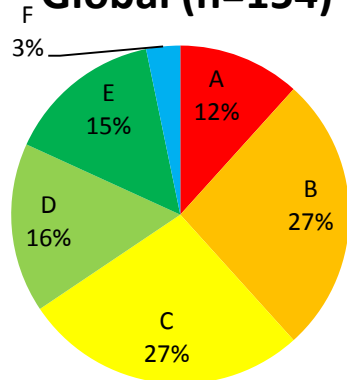
D - AMR covered in pre-service training for all relevant cadres. In-service training/CPD for all types of health workers nationwide.

E - AMR systematically and formally incorporated in pre-service training for all relevant human health cadres. In-service training/CPD on AMR taken up nationwide, in public and private sectors.

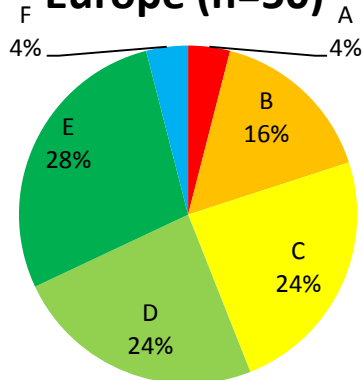
F – missing the answer

Infection Prevention and Control in human health care

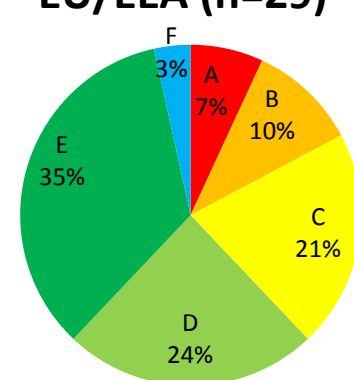
Global (n=154)



Europe (n=50)



EU/EEA (n=29)



A - No national IPC programme or operational plan available.

B - National IPC programme or operational plan available. IPC and water, sanitation and hygiene (WASH) and environmental health standards exist but not fully implemented.

C - National IPC programme and operational plan available and national guidelines available. Selected health facilities are implementing guidelines, monitoring and feedback in place.

D - National IPC programme available according to WHO IPC core components and IPC guidelines implemented nationwide.

E - IPC programmes in place and functioning at national and health facility levels according to WHO IPC core components guidelines.

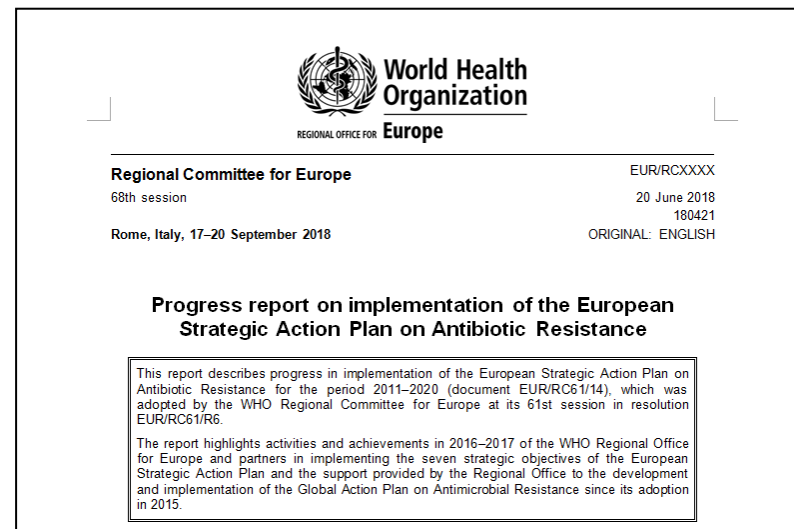
A five-pronged assault on AMR

- Promoting better hygiene
- Ending over-prescription
- Rapid testing to distinguish viral from bacterial infections
- Delays in prescribing
- Mass media campaigns



WHO/Europe implementation activities

- Implementation of European strategic action plan (2011-2020)
 - 7 Strategic Objectives
 - Aligned with Global action plan
- Mostly focused on non-EU MS
 - Governance and national action plans
 - AMR/AMC surveillance
 - Awareness raising



More interaction with EU MS

2017 EU Health Programme Work Plan

Support to National Action Plan on AMR development and implementation

- Policy support
- National Action Plan development
- Infection prevention and control
- Awareness and behaviour change
- Antimicrobial stewardship



Making progress

- Progressing on all strategic objectives
- Broad collaboration
 - Within WHO (Global – Regional – National)
 - With International Organizations (FAO, OIE)
 - With external partners (international, national)
 - With donors (countries, foundations)
- Supporting materials /tools developed and distributed
- Pool of experts/consultants
- Third global survey planned Q4 of 2018



Good news



3 out of **4** deaths due to AMR could be averted by spending **2** USD per person per year on measures as simple as hand-washing and more prudent prescription of antibiotics ...

Thank you for your attention

