GLASS guide for hospital AMC surveillance

- Feedback from countries -

GLASS AMC Team
GLASS guide for hospital AMC* surveillance (2020)

• Aims to assist countries to establish national mechanisms for routine AMC monitoring in hospitals
• Considers variable levels of capacity of countries
• Describes:
  • methodology for collecting and analysing AMC data at hospital level
  • choice of data sources
  • hospital activity metrics (denominators)
  • surveillance framework re: hospital sectors and organisational levels for monitoring

* AMC = aggregated sales data (info on qty & type of antimicrobials)
42 countries responded on the online questionnaire between October 2020 and February 2021

- Africa: 4 (9.5%)
- Americas: 4 (9.5%)
- Eastern Mediterranean: 14 (33.3%)
- Europe: 12 (28.6%)
- South-East Asia: 3 (7.1%)
- Western Pacific: 5 (11.9%)
- Low & lower-middle income: 13 (31.0%)
- Upper-middle income: 9 (21.4%)
- High income: 20 (47.6%)
- GLASS countries: 35 (83.3%)
- Non-GLASS countries: 7 (16.7%)

Preliminary feedback report
Countries can still respond until the end of April
Q1: Is the methodology presented in a clear manner in the GLASS guide for hospital AMC surveillance?

No 2 countries: Clear presentation, but:
  - Complex description of hospital denominators
  - Unclear terminology re: units of medicines
  - Avoid concrete concrete targets for AWaRe categories
Q2: Does the GLASS guide for hospital AMC surveillance provide practical tools for surveillance of AMC in hospitals?

- **Yes:** 83%
- **No:** 12%
- **DK:** 5%

**Need for clarification/additional tools:**
- Manuals & template for data input
- Stepwise approach when resources are limited
- Guidance and examples on how to use AMC data to inform local treatment guidelines
Q3: Is the GLASS guide for hospital AMC surveillance useful for enhancing AMC surveillance in your country?

- **No**
  - Already doing AMC surveillance at hospitals, but data analysis is done centrally due to errors
  - Not sure about applicability as hospitals may vary or use different IT systems
Q4: Are hospital pharmacists in your country knowledgeable on ATC/DDD system to undertake AMC monitoring in facilities?

- **No**
  - HIC: Errors are made at hospital level
  - LMIC: ATC/DDD system not part of curriculum
  - LMIC: No training in drug utilization research, pharmacoepidemiology, clinical pharmacy

**WHO**: ATC/DDD is prerequisite for AMC surveillance (priority support area)
Q5: Is it possible to separate procurement / dispensing records for inpatients and outpatients at hospital level in your country?

- **No**: To differentiate inpatients from outpatients, need to change infrastructure, IT, recording procedures.
- **No**: Private hospitals are not willing to share records.

**WHO**: Problem to calculate & analyse data.
Q6: Are antimicrobials for inpatients dispensed at wards (not purchased from the hospital pharmacy) in your country?

- **No**
  - In some hospitals, inpatient prescriptions at hospital pharmacy contain info on prescribing ward, but other hospitals may lack these data.
Q7: If purchase of antimicrobials for inpatients outside hospitals is common in your country, estimate % those antimicrobials.

• Answer provided by 8 countries only
• Wide range of % of antimicrobials (self)purchased outside hospitals
  • $\leq 5\%$ in 2 countries (HIC and UMIC)
  • 10-20% in 1 MIC
  • 50-80% in 1 MIC and 3 LIC
  • 99% in 1 LIC in conflict zone

YES • 5/13 of LIC & low MIC have high % of antimicrobials purchased outside hospital

WHO: Need info on self-purchase of antimicrobials from more countries
Need surveys to estimate shortages and % self-purchased antimicrobials
Q8: Would you consider setting up such a surveillance program in your country with the help of WHO according to this guide?

No • HIC: Already have hospital AMC surveillance in place – no need for WHO support
Q9: Please share any additional comments you may have on GLASS guide for hospital AMC surveillance.

• Type of support needed to implement the GLASS Guide
  • Technical support (training workshops on AMC methodology, data collection and analysis)
  • Financial support for LIC (computers, printers, stationary)
  • Logistics, transport
  • Additional tools (software tools, information systems, electronic records, tools for DDD calculations, educational materials)
  • Support on use of AMC data (link to AWaRE, treatment guidelines, antimicrobial stewardship)

• General remarks
  • Linkage to other surveillance systems, including AMR
    - Support on the implementation on NAPs on AMR and awareness raising on AMR