

Regional consultation on the WHO Policy Guidance on Integrated Antimicrobial Stewardship Activities in human health

WHO regional office for
the Eastern Mediterranean



15-16 September 2021
Final Report

Introduction

The World Health Organization (WHO) developed a policy guidance in 2021 to facilitate the implementation of antimicrobial stewardship (AMS) activities at national and sub-national levels using a programmatic approach. The policy guidance responds to the demand from Member States and is anchored in public health guiding principles in the human health sector. It was developed through extensive global consultations with diverse stakeholders and seeks synergies and efficiencies in implementing comprehensive interventions across essential areas of the human health sector at all levels. It aims to provide a set of evidence-based and pragmatic recommendations to drive comprehensive and integrated AMS activities.

To ensure wide dissemination and adaptation, the WHO regional office for the Eastern Mediterranean in collaboration with WHO's AMR Global Coordination Department, organized a two-day regional consultation workshop. The workshop was held on 15 to 16 September 2021 and was conducted virtually. It convened more than 65 participants from across the region, including representatives of the Member States, academics, WHO regional and country offices, and others.

Objectives of the workshop

General objective:

- To disseminate the WHO Policy Guidance on Integrated Antimicrobial Stewardship activities in human health at regional level and discuss its adaptation and implementation at country level.

Specific objectives:

- To discuss the WHO policy guidance on integrated antimicrobial stewardship activities and its five pillars, identify the enablers and challenges to implement these pillars within the local context at national and subnational levels
- To identify the key technical assistance (TA) needs for adaptation and rollout at county level
- To develop a generic roadmap for adaptation and implementation of the policy guidance in countries

Methodology

The workshop was organized over 2 days with presentations followed by facilitated group discussions to generate recommendations for adaptation and implementation of the policy guidance at country level.

The workshop was officially opened by Dr. Maha Talaat, Regional Adviser for AMR and IPC in the WHO Regional Office for the Eastern Mediterranean. She welcomed all the workshop participants to this important consultation highlighting the commitment of the region to the implementation of antimicrobial stewardship activities.

Mr. Thomas Joseph, a.i. Unit Head for Antimicrobial Stewardship and Awareness Unit at WHO headquarters, presented the WHO policy guidance on integrated AMS activities and explained the five pillars viz. Pillar 1: Establish and develop national coordination mechanisms for AMS and develop guidelines; Pillar 2: Ensure access to and regulation of antimicrobials; Pillar 3: Improve awareness, education and training; Pillar 4: Strengthen water, sanitation and hygiene (WASH), and infection

prevention and control (IPC); Pillar 5: Surveillance, monitoring and evaluation. These pillars need to be considered to commence and implement comprehensive and integrated AMS activities.

The participants were divided into five working groups for facilitated group discussions and sharing of experiences. Selected participants, who were appointed as group chairs and rapporteurs prior to the workshop, were provided with working tools including group work guides and templates for presentation back to the plenary. The link to the WHO policy guidance on integrated antimicrobial stewardship activities, [available here](#), was also shared with all participants before the workshop.

The groups discussed the 5 pillars of the policy guidance focusing on the following key questions regarding their adaptation and implementation at country level: What would be the challenges in implementing the pillars? What would be the enablers for implementing the pillars? What technical assistance would be needed? In addition to the individual presentations from each working group in the plenary sessions, a summary of the contributions of the different groups on the first day was also presented to all attendees on the second day. The main results of the discussion are summarized below.

Key challenges identified

Lack of political engagement and understanding of the importance of the AMS program; inadequate financial and human resources (in terms of competencies and multidisciplinary team composition); lack of clarity on the AMS coordination structures and how it relates to other governance structures; lack of a regulation system and mechanisms of implementation to monitor the irrational use of antimicrobials; weak IT infrastructure (manual data collection which is difficult to analyze and share); lack of AMS education in school curricula and health care workers' training programs; weak diagnostic capacities and quality of microbiology labs; and political instability and lack of security in some countries.

Key enablers identified

Political will and commitment from government; strong advocacy to the government and policy makers on the need for AMS activities; national action plan on AMR endorsed by government with AMS as a major objective in the plan; advocacy on stepwise implementation of AMS in healthcare facilities; digital innovation and access to IT facilities; promoting awareness and behavior change of patients and the general public including through social media campaign; conduct surveys and studies to generate good-quality data on AMR and AMU to understand the magnitude of the problem; electronic data management and sharing system; training of healthcare workers on collection and analysis of data related to the use of antimicrobials.

Technical assistance needed

Many areas of TA needs were identified. The list includes TA to develop national policies, guidelines and tools to enhance the appropriate use of antimicrobials; conduct training of country focal points on AMS; data analysis, use and prioritization of activities; digitalization and implementation of electronic data management system; strengthening laboratory capacity to improve pathogen identification and antimicrobial susceptibility testing; design platform to facilitate cross-country learning and sharing of best practices.

Implementation considerations

On the second day of the workshop, Thomas Joseph presented the WHO Periodic National and Health-Care Facility Assessment Tools (an annex to the WHO Policy Guidance), which help countries and health-care facilities assess their AMS preparedness in terms of their national and health-care facility core elements. The assessment provides users with baseline information on implementation status and a visual tool to assist development of a plan to address core elements that are missing or strengthen the implementation of existing core elements.

He also highlighted the critical steps to support implementation and scale-up of integrated AMS activities that need to be considered and tailored to the national, subnational and local context of the country. Multiple factors influence implementation of the policy guidance, and additional steps are needed to facilitate its implementation at different level. He emphasized the importance of strengthening and using existing national and subnational platforms and coordinating mechanisms and resources to implement integrated AMS activities. *“When we say we want to set up coordinating mechanisms, we are clear that we don’t want to compete or create any alternative structure. We want to work with the existing AMR structures”* said Mr. Thomas Joseph.

Generic roadmap

The participants were again divided into the same five working groups on the 2nd day for facilitated discussion to develop a generic roadmap for adaptation and implementation of the policy guidance. The groups proposed the steps to be taken at country level to support the implementation and scale-up of integrated AMS activities tailored to the national context.

- Conduct baseline and situational analyses to identify the gaps and needs at national and healthcare facilities level
- Conduct advocacy to engage stakeholders and decision makers including political leaders and civil society organizations. Advocate for inclusion of antimicrobial stewardship programmes in the national agenda.
- Set up a national multidisciplinary governance structure responsible for implementing an integrated antimicrobial stewardship strategy at the national level. Create mechanisms at multiple levels of the healthcare system and indicate the links with other programs.
- Establish strong partnership and collaboration with all relevant structures to integrate AMS activities
- Develop a costed implementation plan for stewardship with defined timelines. Identify short- and long-term objectives with clear responsibilities
- Develop national policy and regulation to include the application of the principles of antimicrobial stewardship as criteria for the accreditation of healthcare structures. Encourage institutions and facilities to implement rewards to reduce inappropriate diagnosis, prescription and dispensing.
- Create/enforce legislation and regulation to restrict dispensing of antimicrobial drugs without prescription
- Set up a national coordination unit involving all stakeholders from public and private sector to scale up the implementation of the plan
- Create stewardship committees at healthcare facility level with clear terms of references and communication line. Establish coordination mechanisms with facility IPC committees.
- Support national champions to advocate and conduct national awareness activities with all

stakeholders through social media, TV, and campaigns like World Antimicrobial Awareness Week (WAAW)

- Prioritize activities according to results of the analysis of the country situation.
- Allocate sustainable and adequate funding for all structures engaged in the stewardship program
- Build capacity on AMS through pre- and in-service training. Include antimicrobial stewardship in school and university curricula as well as training courses for different categories of healthcare workers.
- Strengthen laboratory capacity to support accurate diagnosis
- Set up mechanisms for auditing the appropriate implementation of the stewardship plan. Develop clear feedback process to prescribers within the healthcare facilities
- Develop standard treatment guidelines adapting the AWaRe classification and WHO EML in the treatment plan
- Implement digitalization and electronic data management system; stepwise implementation starting as a pilot and expanding gradually.
- Monitor and periodically evaluate based on key performance indicators. Integrate Stewardship indicators with the IPC and WASH programs

Conclusion

The workshop was very participatory, with rich group discussions, plenary sessions and high-quality deliberations. The workshop served as a platform for exchanging ideas on the challenges, possible solutions and best practices in implementing integrated antimicrobial stewardship activities. Lack of sustainable and adequate funding in countries was pointed out as one of the key challenges in implementing antimicrobial stewardship activities. Political will and commitment from the government would make a big difference in this regard. *“Leadership commitment is absolutely critical, and that commitment must translate to sustainable funding in annual plans and budgets so that AMS can be supported”*, said Thomas Joseph in his conclusion remarks.

Overall, there was unanimous agreement and commitment from countries for adaptation and stepwise implementation of the policy guidance tailored to the local context at national and subnational level. In her closing remarks, Dr. Maha Talaat, Regional Adviser for AMR and IPC in the WHO regional office for the Eastern Mediterranean said, *“we have experts and good people in our countries and in our region. I am very confident that they will push the agenda of antimicrobial stewardship forward”*. Implementation of antimicrobial stewardship is still evolving in the region. Adaptation and implementation of this policy guidance is very useful for advancing implementation of evidence-based stewardship activities. *“I can see some leaders, and I can see some champions who can act and take this activity forward with the support of WHO”*, she said in closing the meeting.

