



**World Health
Organization**

Global presentation of the status of national action plan implementation and the WHO implementation handbook

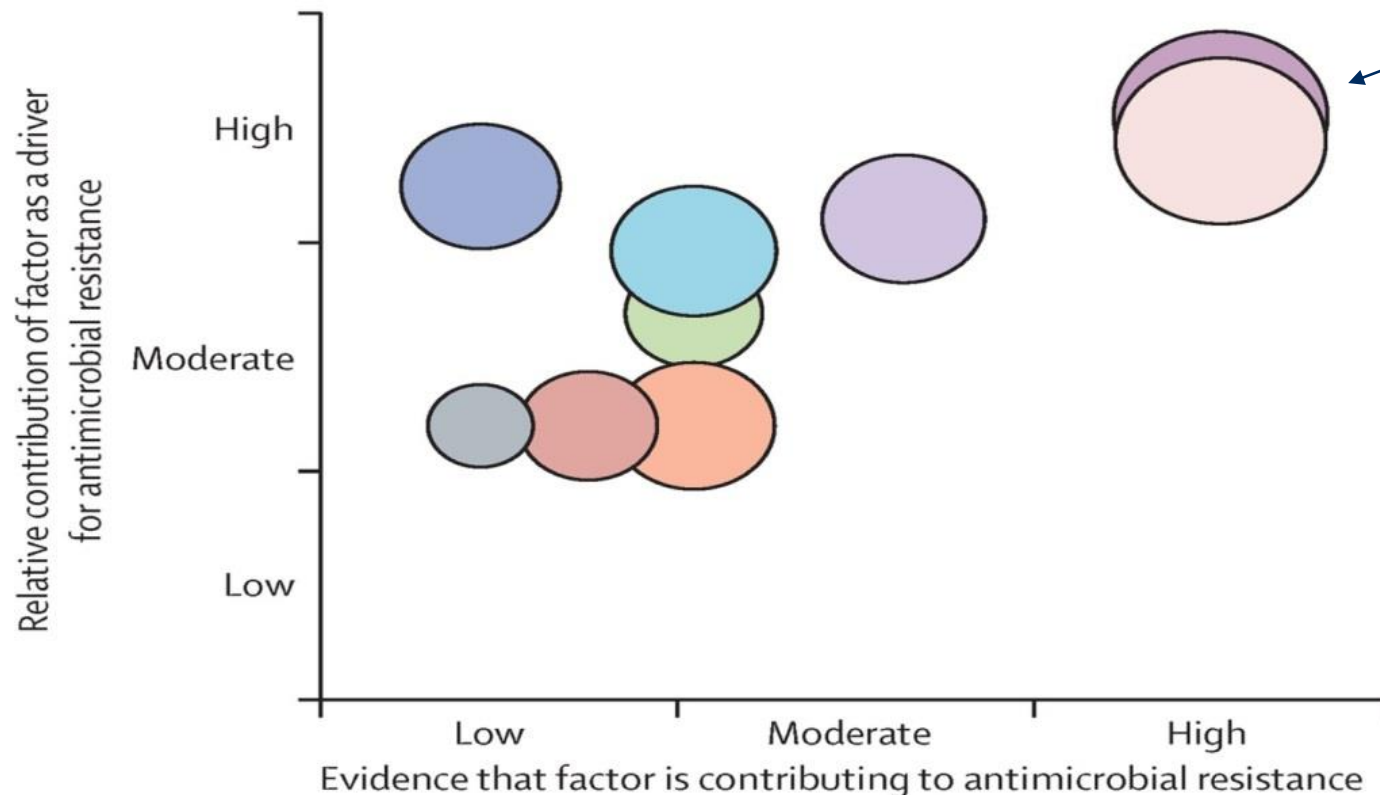
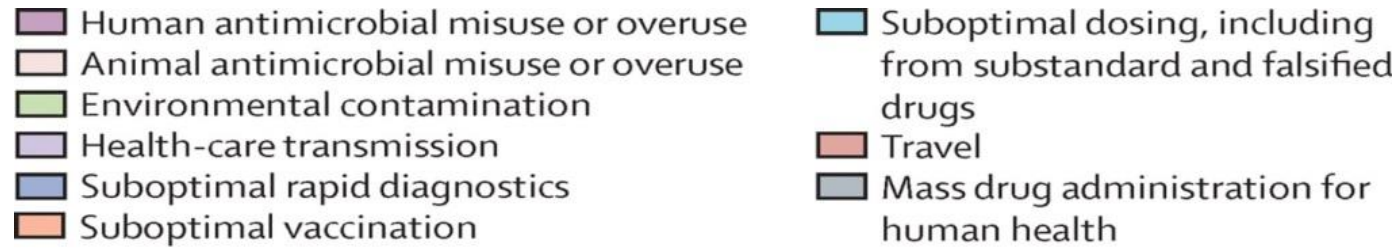
24 March 2022

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Factors contributing to Antimicrobial Resistance (AMR)

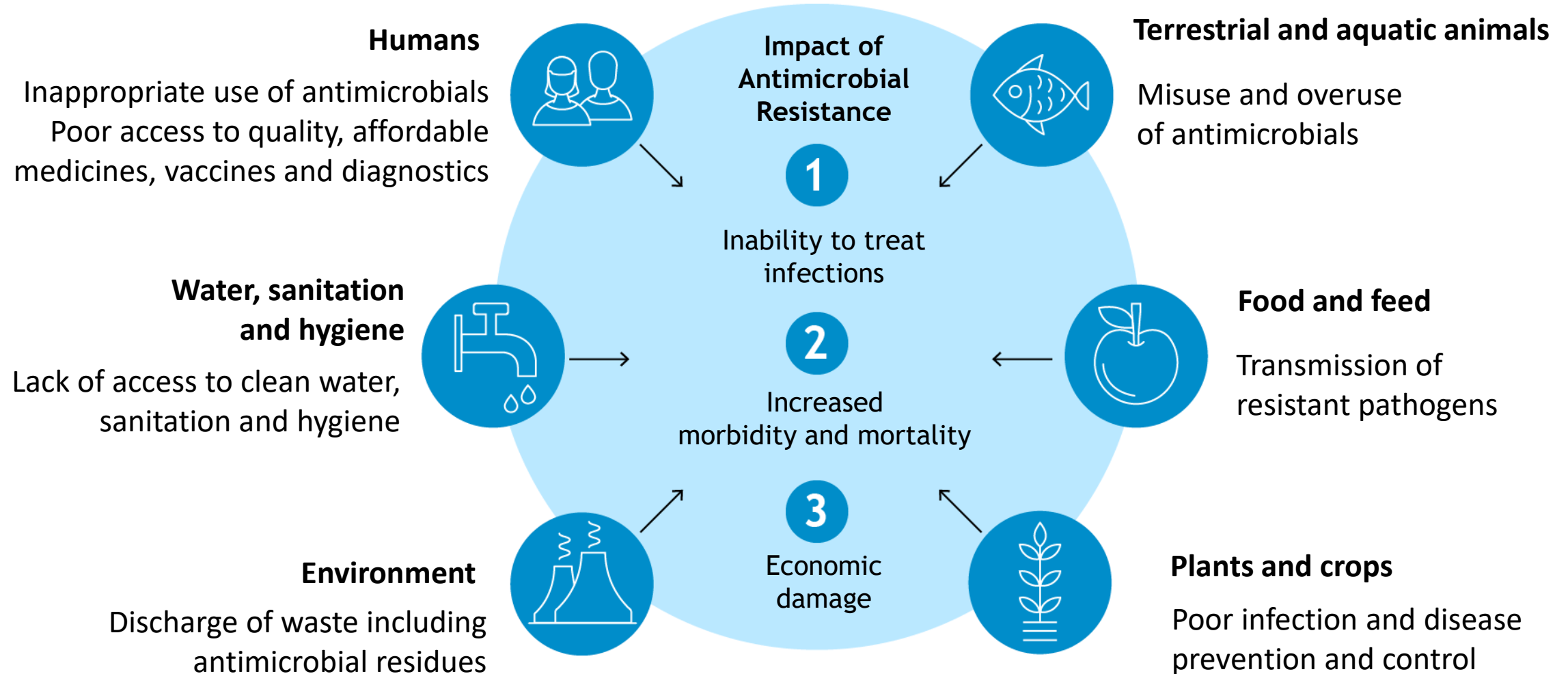


- Biggest drivers:**
- **Misuse or overuse in humans**
 - **Misuse or overuse in animals**

Holmes et al., 2016

AMR demands a comprehensive multisectoral response

Drivers of Antimicrobial Resistance



Global Action Plan on AMR (WHA68.7)

5 Strategic Objectives*

*A blueprint for countries to develop national action plans on AMR

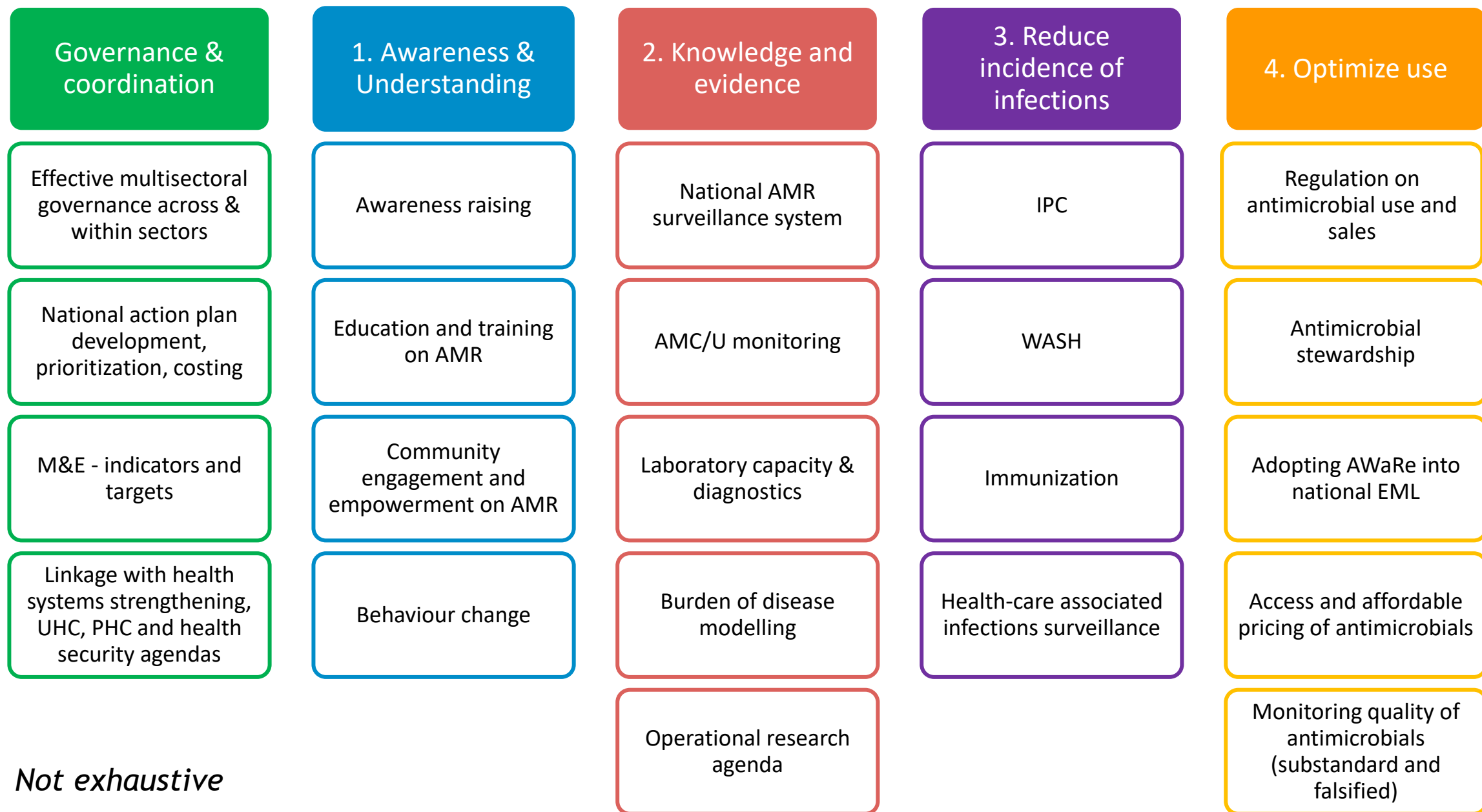
1. Improve awareness and understanding of AMR through effective communication, education and training
2. Strengthen the knowledge and evidence base through surveillance & research
3. Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures
4. Optimize the use of antimicrobial medicines in humans and animal health (including antimicrobial stewardship)
5. Develop the economic case for sustainable investment and increase investment in new medicines, diagnostic tools, vaccines...

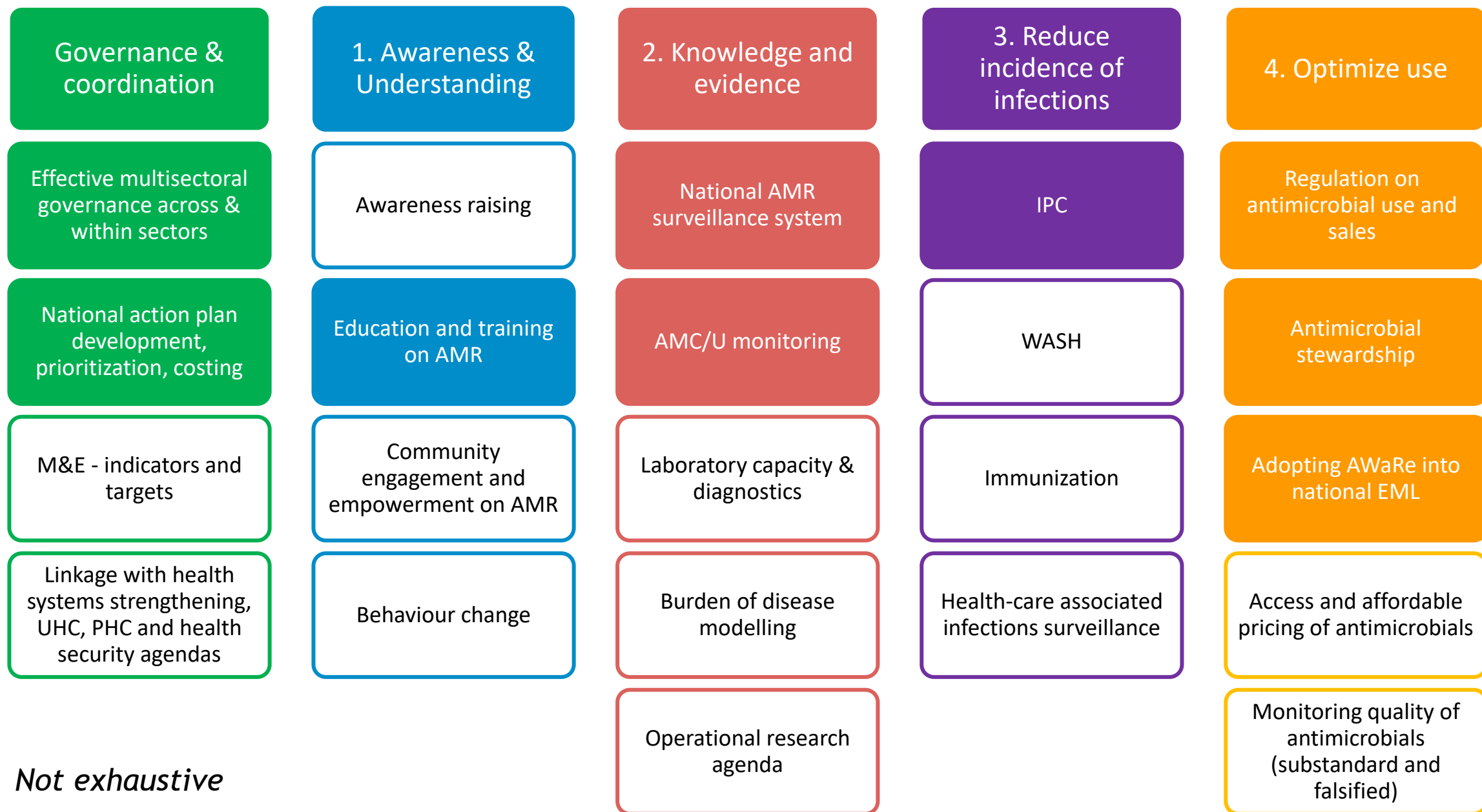


Adopted by the World Health Assembly in 2015

Recognized & supported by FAO (Resolution 4/2015) and OIE (Resolution 26) Governing Bodies in 2015

Further endorsed by UN General Assembly Political Declaration in 2016



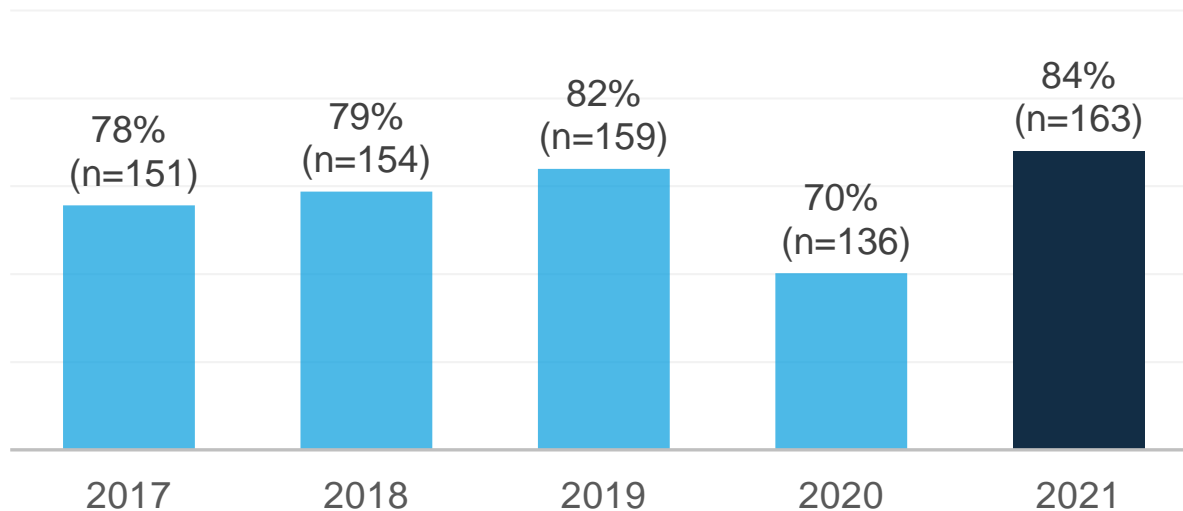


Country Action on AMR

Tripartite AMR Country Self-Assessment Survey (TrACSS)

- 163 Member States (84%) participates in 2021

TrACSS response rates over the past 5 years

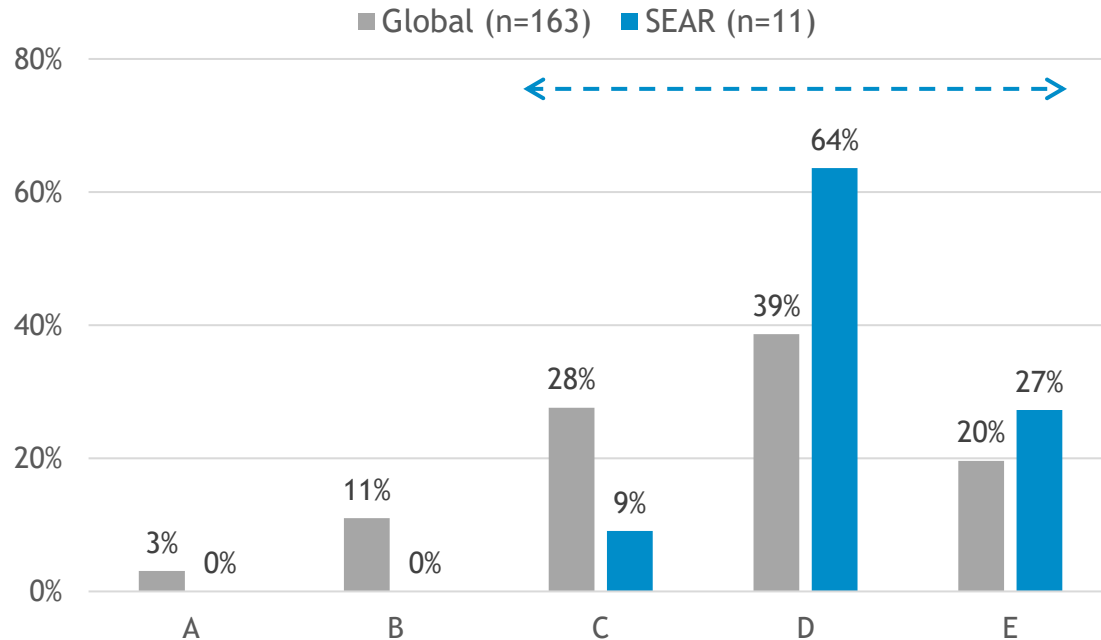


- An annual survey monitors the implementation of NAPs since 2017.
- Survey includes indicators on:
 - NAPs and governance
 - Education and awareness
 - IPC and WASH
 - Surveillance systems
 - Optimize use and AWaRe
 - Environment, and links to other diseases initiatives
- Indicators are assessed on A-E scale, with C serving as threshold for 'nationwide implementation'



Current status of national action plans (NAPs) on AMR

2021

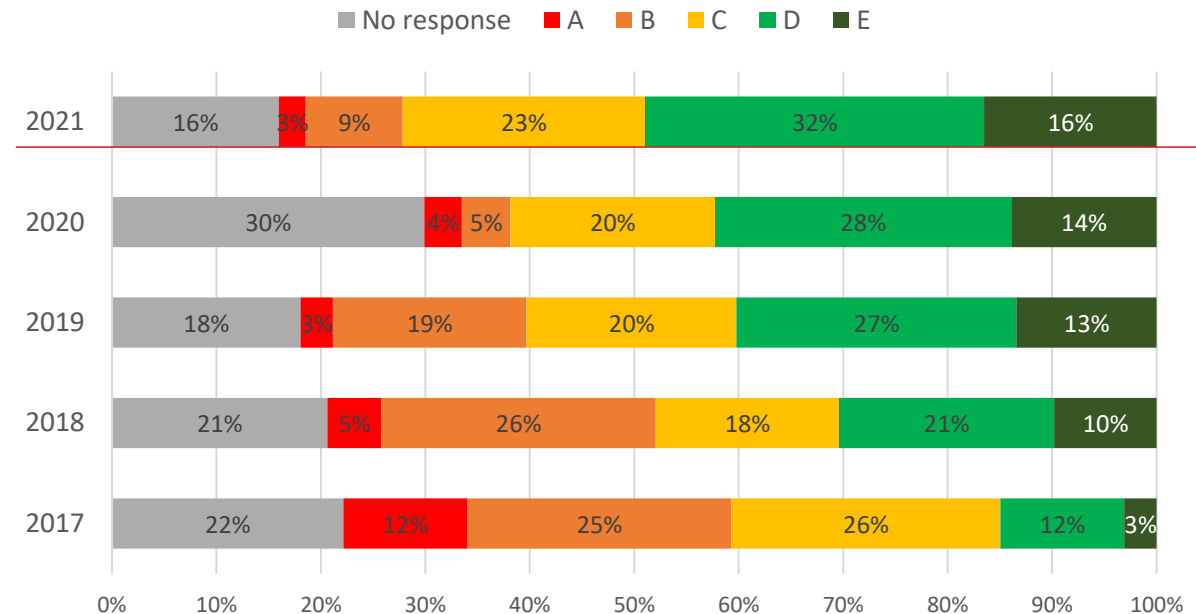


Source: TrACSS 2021 data

140 countries (86%) have developed a NAP (C-E):

- **95** (58%) implementing NAPs (D-E)
- **32** (20%) actively monitoring implementation (E)

TrACSS 5 year responses



Source: TrACSS 2017 -2021, n=194

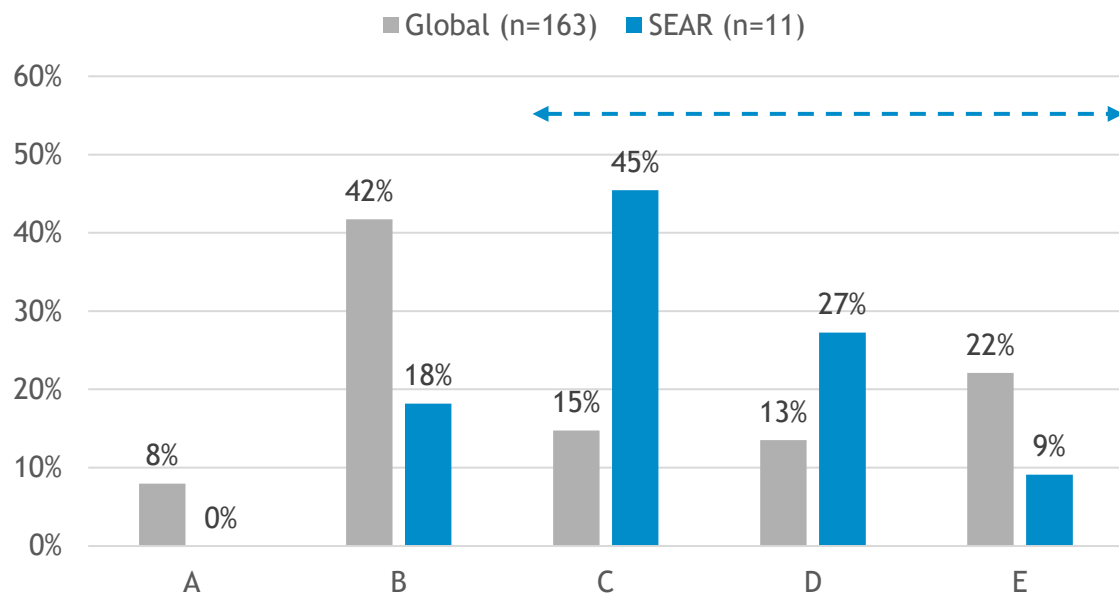


5-years: Increase in countries who have developed, implemented and monitored NAPs and a decrease in countries without developed NAPs.



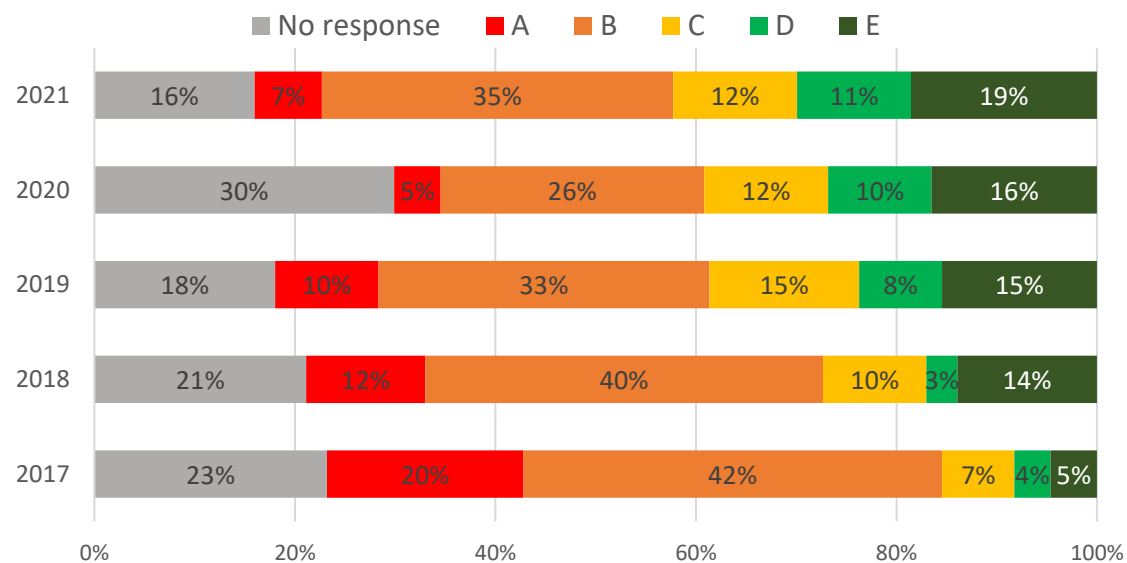
Governance and coordination: AMR multisectoral working groups

2021



Source: TrACSS 2021 data

TrACSS 5 year responses



Source: TrACSS 2017 -2021, n=194

82 countries (50%) have a functioning multisectoral working group(s) (C-E):

- **22** (13%) have joint working on issues including agreement on common objectives (D)
- **36** (22%) integrated approaches to implement the NAP with data and lessons learned to adapt implementation (E)

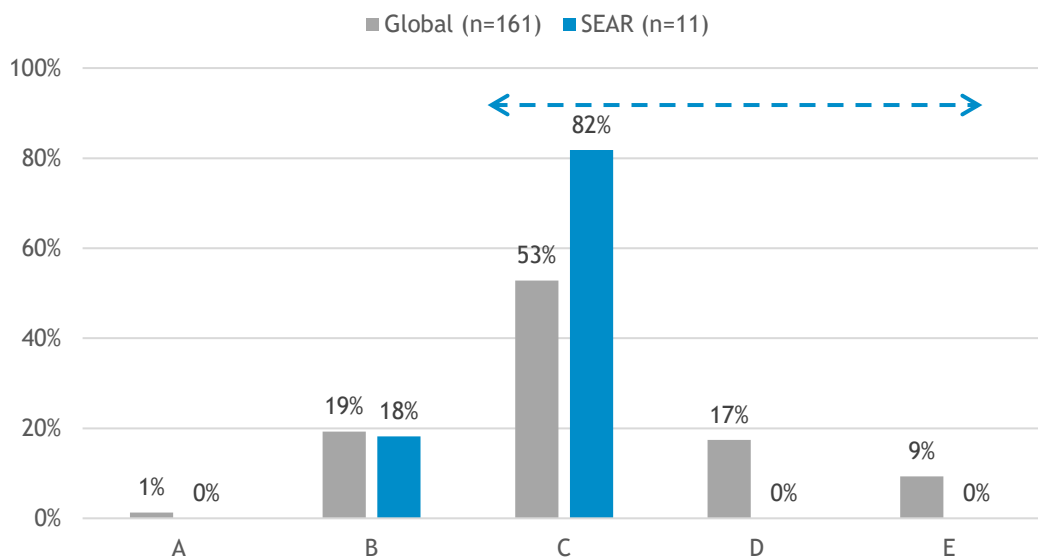


5-years: Increase in multisectoral WGs, however most committees are not yet functional (B).



Implementation has varied in different technical areas

Obj 1: Training and education on AMR human health

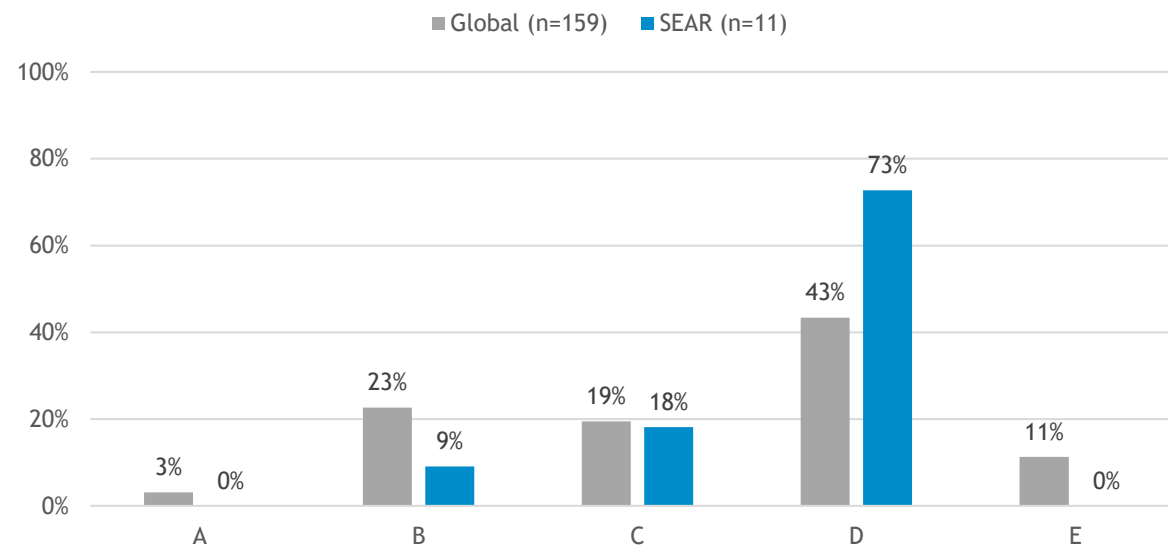


Source: TrACSS 2021 data

128 countries (79%) providing some pre- and in-service training on AMR (C-E):

- **28** (17%) cover AMR in all pre-service cadres (D)
- **15** (9%) formally and systematically incorporating AMR in pre- and in-service training nationwide for health workers (E)

Obj 2: National AMR surveillance system in human health



Source: TrACSS 2021 data

118 countries (74%) collect national AMR surveillance data (C-E):

- **69** (43%) standardized national AMR surveillance system collecting and reporting data with NRL (D)
- **18** (11%) links AMR with AMC/U surveillance data (E)

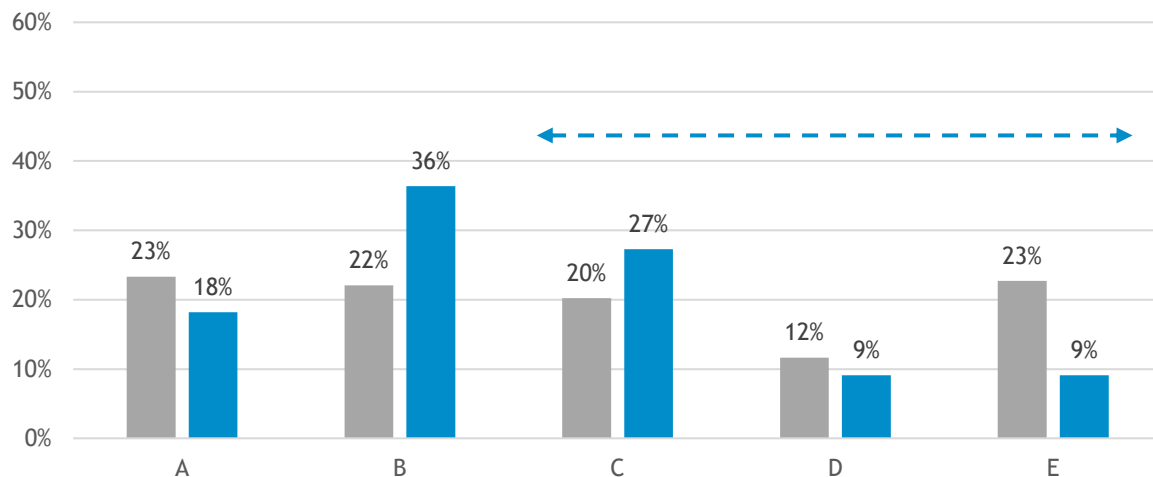


Implementation has varied in different technical areas

Obj 2: Monitoring system for antimicrobial use/sale

in human health

■ Global (n=163) ■ SEAR (n=11)



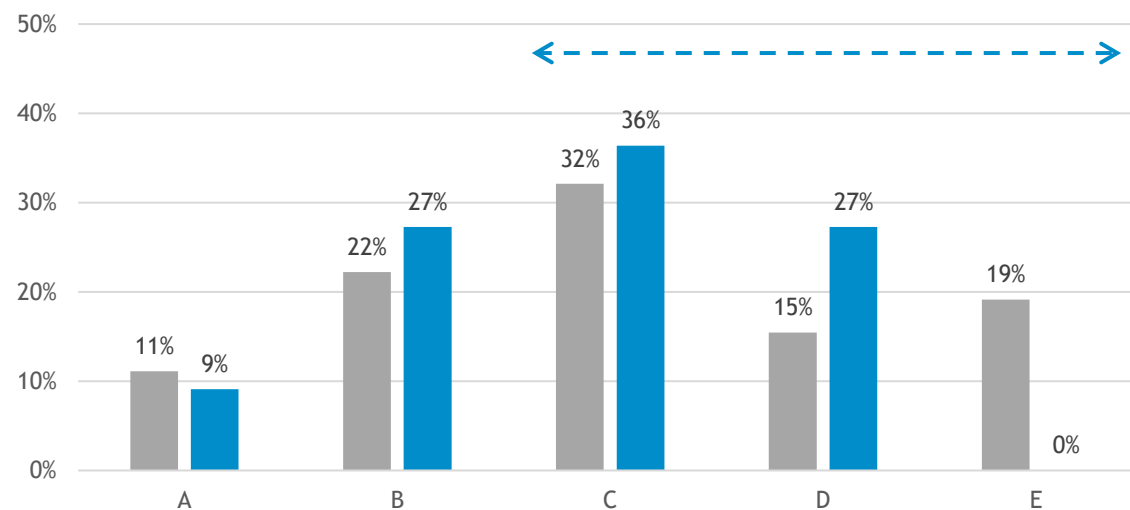
Source: TrACSS 2021 data

89 countries (54%) total sales of antimicrobials monitored at national level (C-E):

- **19** (12%) prescribing practices and appropriate use monitored in a national sample of health facilities (D)
- **37** (23%) data on national antimicrobial sales and facility prescribing and appropriate use collected and reported on a regular basis (E)

Obj 3: IPC in human health

■ Global (n=162) ■ SEAR (n=11)



Source: TrACSS 2021 data

108 countries (67%) national IPC programme and plan, implementing in select health facilities (C-E):

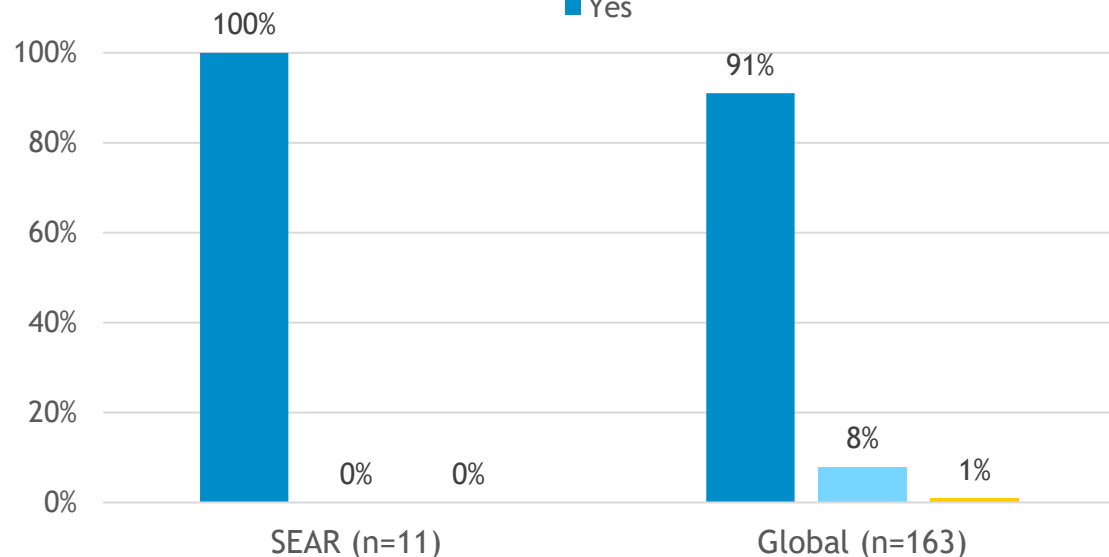
- **25** (15%) national IPC programme according to WHO IPC core components and implementing in all health facilities (D)
- **31** (19%) monitor effectiveness and compliance and adapt the response (E)



Implementation has varied in different technical areas

Obj 4: Regulations on antimicrobial use in human health

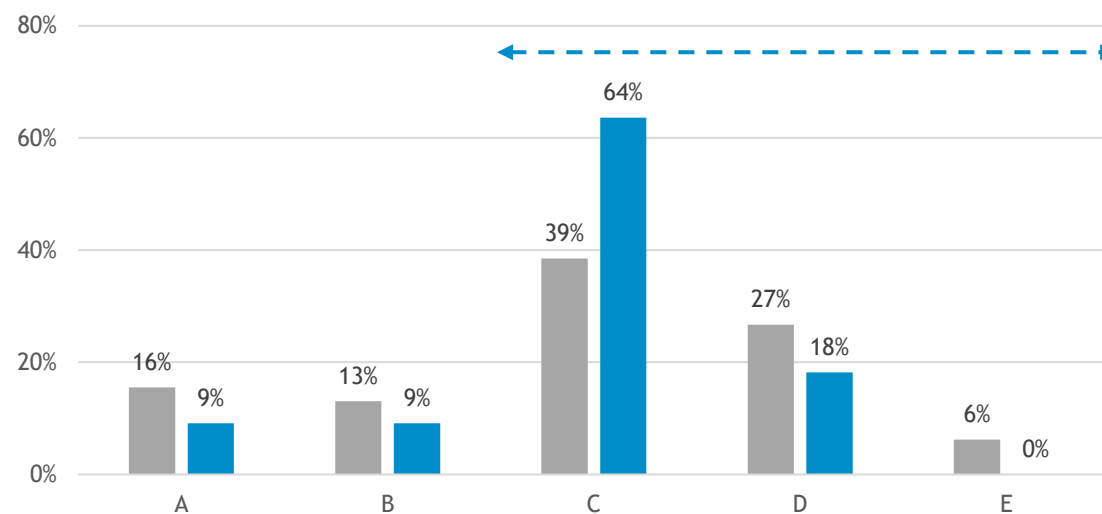
■ Yes



148 countries (93%) have regulations on antimicrobial use in human health

Obj 4: Policies to optimize AMU in human health

■ Global (n=161) ■ SEAR (n=11)



Source: TrACSS 2021 data

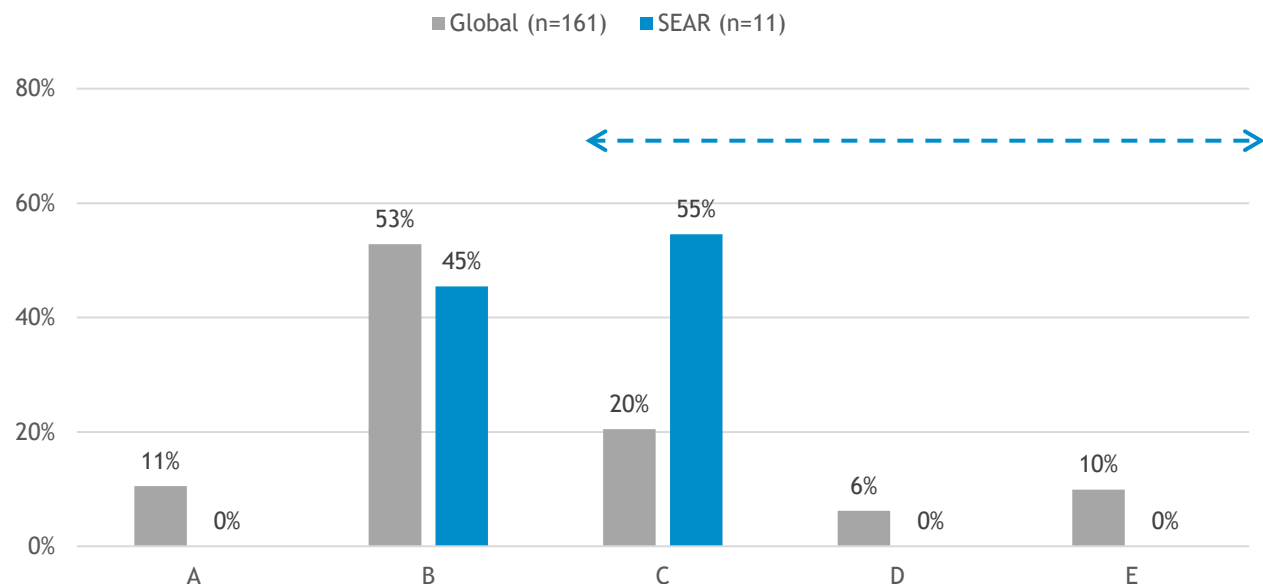
115 countries (71%) practices to assure appropriate use implemented in some health facilities (C-E):

- **43** (27%) guidelines and practices on appropriate use implemented in most health facilities (D)
- **10** (6%) guidelines on optimize use implemented for all major syndromes and data on use fed back to prescribers(E)



Implementation has varied in different technical areas

Obj 4: Adoption of AWaRe into national EML



Access

1st or 2nd choice for treatment, should be available at all times

Watch

Recommended only for specific, limited indications

Reserve


“Last resort” or when all other alternatives have failed

59 countries (36%%) have adopted AWaRe into the national EML(C-E):

- **10** (6%) monitor antibiotic consumption based on the AWaRe classification (D)
- **16** (10%) incorporated AWaRe into antimicrobial stewardship strategies (E)

WHO Implementation handbook for national action plans on AMR: guidance for the human health sector

Follows a six-step continuous process:

1. Strengthen governance
 2. Prioritize activities
 3. Cost the operational plan
 4. Mobilize resources
 5. Implement prioritized activities
 6. Monitor and evaluate
- 

Practical stepwise guidance, collation of WHO tools, and a checklist for implementation





1. Strengthen governance - steps for implementation

1. Establish a national/subnational governance structure
2. Establish membership and TORs for multisectoral coordinating mechanism(s)



[WHO tool: TOR for multisectoral coordination](#)

3. Establish membership and TORs of TWGs

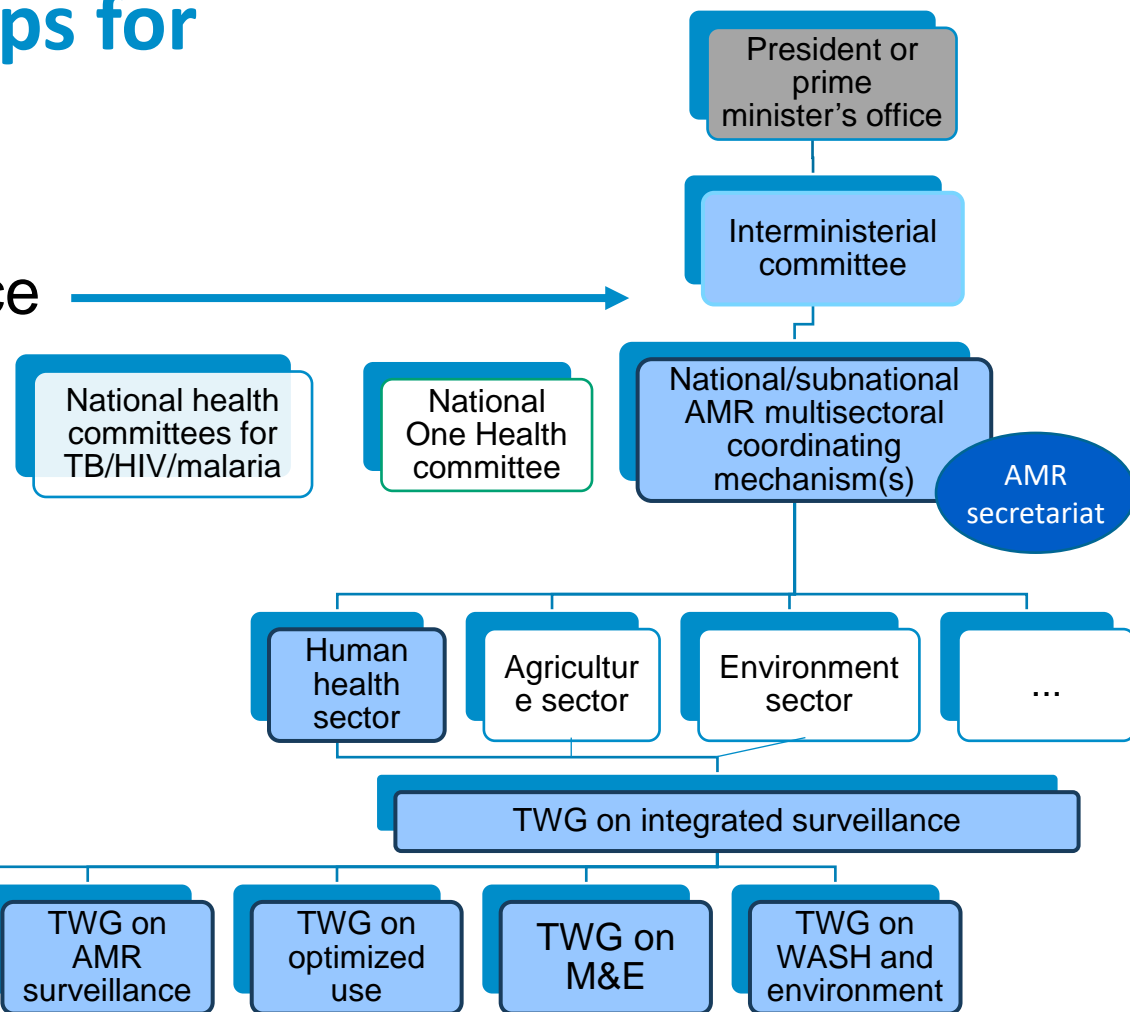


[WHO tool: sample TORs for TWGs](#)



[WHO tool: sample TORs for a TWG national focal point](#)

4. Capacity building for effective coordination and governance on AMR – leadership and managerial skills





2. Prioritize activities - steps for implementation

1. Review the current situation and identifying goals for implementation (short, medium and long term)

 Annex: Situational analysis

 Annex: SWOT analysis

 Annex: Stakeholder analysis

 TrACSS data

2. Identify key activities for prioritization

 WHO tools: prioritize activities at the national level

 WHO tools: prioritize activities at the facility level

3. Prioritize activities based on an agreed scope and approach

Strategic objective	Activity or sub-activity	Priority as assigned within stakeholder discussions (1-5; 1 = low priority, 5 = high priority)	Impact (1-5; 1 = low impact, 5 = high impact)	Imminent risk (1-5; 1 = low risk, 5 = high risk)	Early wins (1-5; 1 = time-intensive; 5 = quick win)	Feasibility (1-5; 1 = low feasibility, 5 = high feasibility)	Total
[Objective 1]							



3. Cost the operational plan – steps for implementation

1. Develop or revise a time-bound operational plan

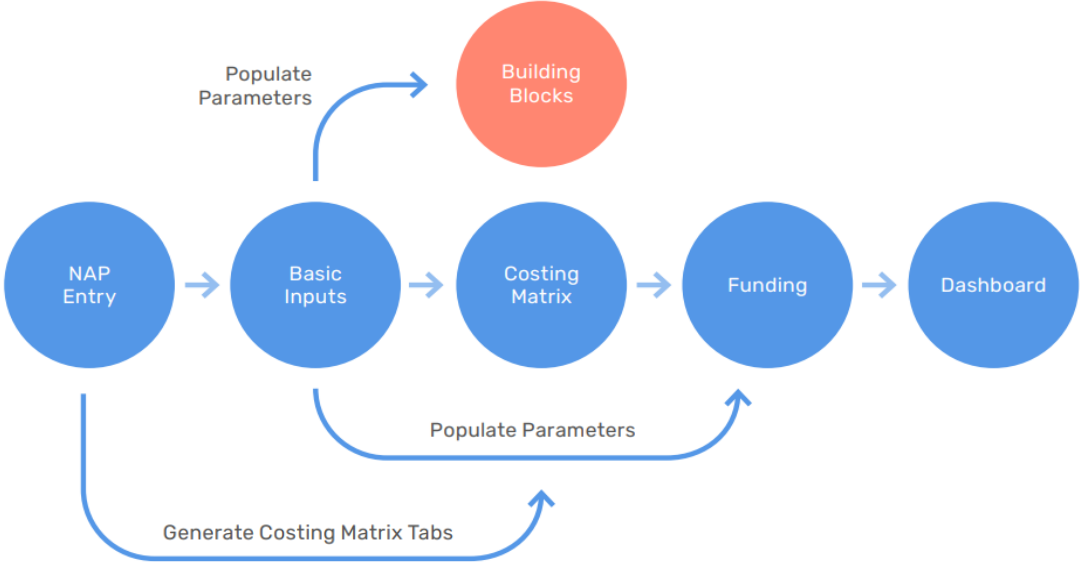
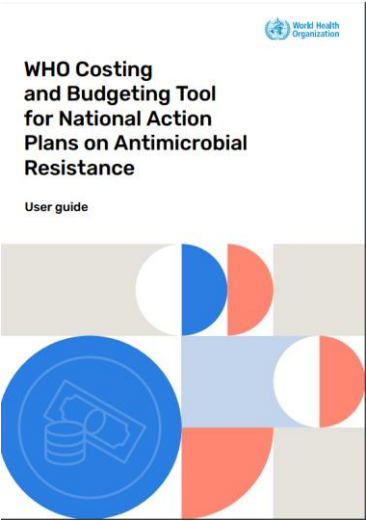


[Annex: Operational plan template](#)



[WHO national plan on AMR Library](#)

2. Cost and budget prioritized activities within the operational plan



Costs and Available Funding			
	Cost	Funded	Funding Gap
Strategy 1: Raise awareness and understanding and improve education on antimicrobial use, resistance prevention, and containment through effective communication and training			
Objective 1.1: Improve Community Awareness and Understanding, Education, and Empowerment	2,777,751.00	156,000.00	2,621,751.00
Objective 1.2: Support Education and Training of Human and Animal Health Care Professionals	2,558,171.00	65,000.00	2,493,171.00
Strategy 2: Strengthen the knowledge and evidence on antimicrobial use and resistance through one-health surveillance and research			
Objective 2.1: Support Surveillance of Antimicrobial Use	931,719.00	209,500.00	722,219.00
Objective 2.2: Establish or Strengthen Capacity of Laboratories	673,000.00	54,500.00	618,500.00
Total	258,719.00	155,000.00	103,719.00
Total	3,709,470.00	365,500.00	3,343,970.00



Checklist



4. Mobilize resources – steps for implementation

1. Identifying funding gaps in the NAP on AMR operational plan

- Identify activities already supported, including support through other existing programmes and plans (e.g. UHC)

2. Map potential funders for activities for which there is no funding

- Develop a funder map (existing and potential)

3. Discuss with potential funders and present a resource mobilization advocacy or investment case



Annex: Presenting an “investment case” for AMR support at the country level



Checklist



5. Implement prioritized activities – steps for implementation

1. Use technical guidance and resources to support implementation of NAP on AMR operational plan activities
2. Work with internal and external stakeholders to support sustainable implementation

Legend

● National level ● National and facility level ● Health care facility level

	Document title	Description and implementation use	Available languages
AMS	Step-by-step approach for development and implementation of hospital and antibiotic policy and standard treatment guidelines (2011)	Developed by the WHO Regional Office for South-East Asia, this document focuses on the mechanism to develop a practically applicable hospital antibiotic policy and standard treatment guidelines (STGs). In addition, the document contains information on various effective strategies for implementation of STGs.	English
	Antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries: a WHO practical toolkit (2019)	The specific aim of the toolkit is to enable AMS in health care facilities in LMICs. It includes structures that should be in place to support AMS at the national and facility level, AMS interventions to be performed at a health care facility level, and education and training for health care professionals performing AMS.	Arabic English French Russian Spanish
	WHO policy guidance on integrated antimicrobial stewardship activities (2021)	This guidance aims to provide a set of evidence-based, pragmatic recommendations to drive comprehensive and integrated AMS activities under the purview of a central national coordination unit, national AMR steering or coordinating committees, or other equivalent national authorities. The policy guidance complements the GAP , the WHO practical toolkit for AMS programmes in health care facilities in LMICs and other WHO guidance in surveillance, IPC and WASH.	English French Spanish



Checklist



6. Monitor and evaluate– steps for implementation

1. Monitor progress of implementation



WHO tools: M&E of NAP implementation



Annex: Core list of human health indicators for monitoring at country level

2. Analyse progress for decision-making

- Regularly reviewed by TWGs and/or multisectoral coordination mechanism
- Encouraged to review TrACSS data
- Include activities conducted by all implementing partners

3. Communicate implementation progress

- Develop a communication strategy to communicate progress, best practices, challenges, lessons learnt, resources needed



WHO tool: Example of a communication strategy



Checklist

- Provide practical step-wise guidance
- Accelerate implementation of national action plans in the human health sector

Next:

- Online living version of the handbook - regular updated with new WHO tools and guidance
- OpenWHO e-learning course

Thank you

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