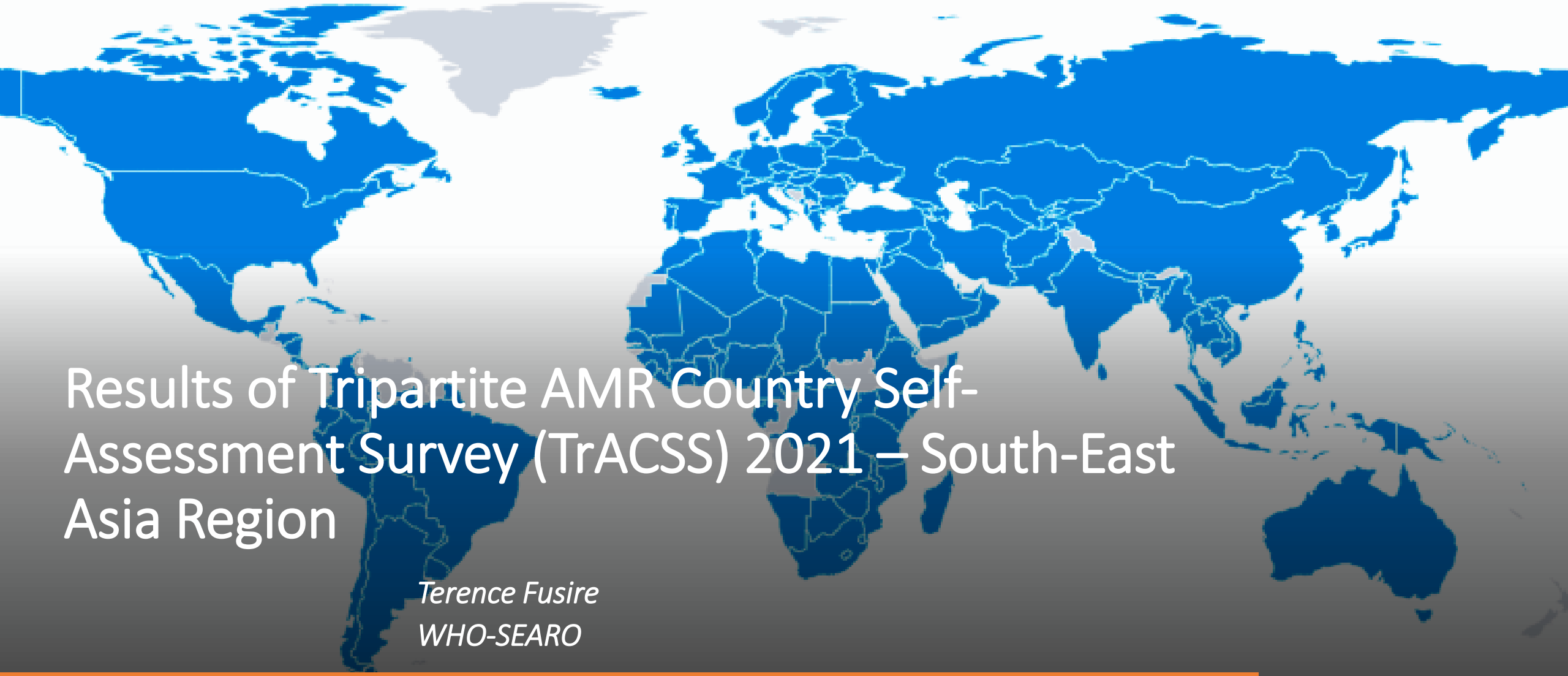

Results of Tripartite AMR Country Self-Assessment Survey (TrACSS) 2021 – South-East Asia Region

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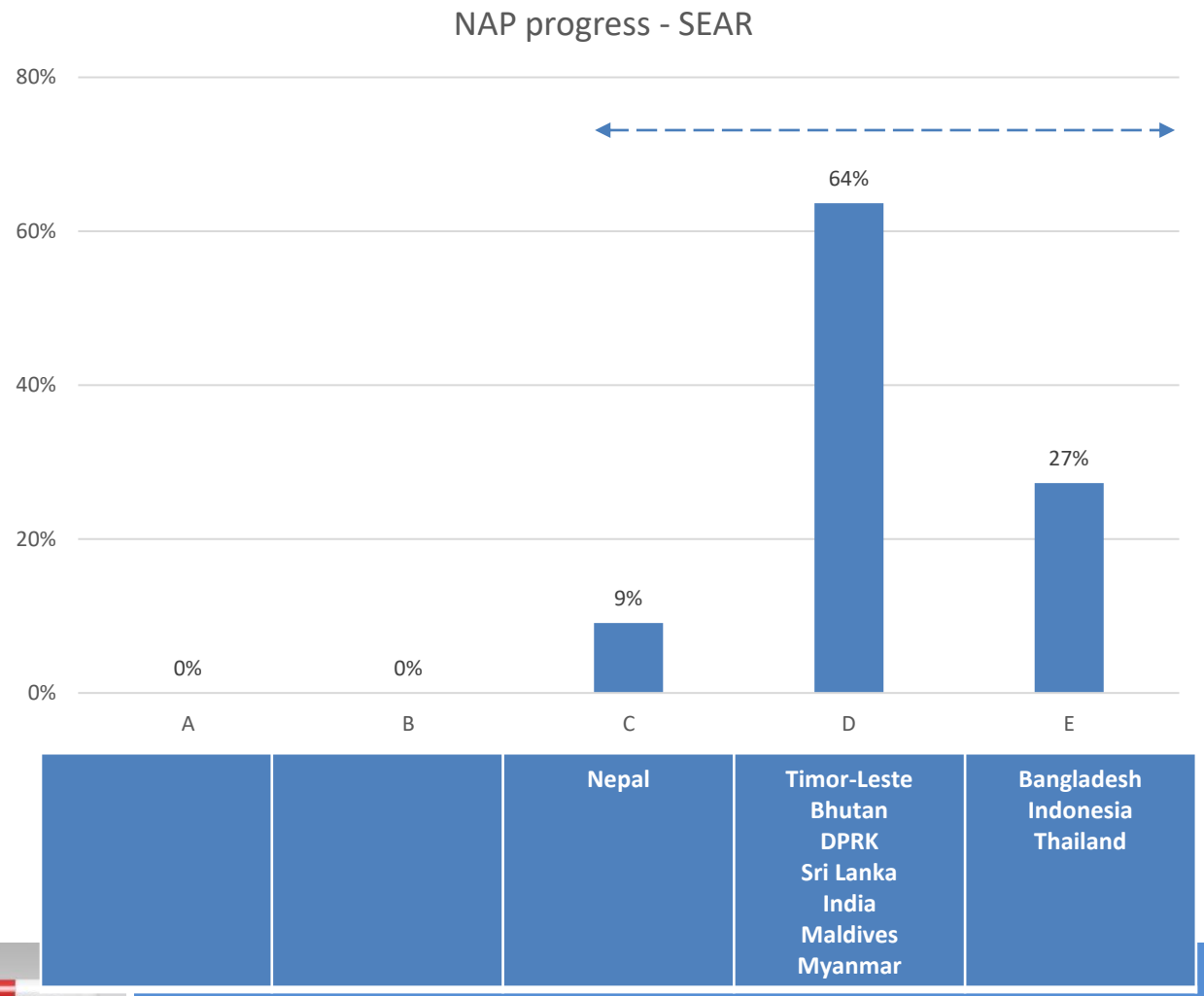
24 March 2022

Strategic Objective 1	Raising awareness and understanding of AMR risks and response
	Training and professional education on AMR in the human health sector
Strategic Objective 2	National monitoring system for consumption and rational use of antimicrobials in human health
	National surveillance system for antimicrobial resistance (AMR) in humans
	Is the country using relevant antimicrobial consumption/use and/or antimicrobial resistance data to amend national strategy and/or inform decision making, at least annually?
Strategic Objective 3	Infection Prevention and Control (IPC) in human health care
	Coverage with critical measures (water supplies, sanitation, hygiene and immunization) to reduce spread of infections in communities and health care facilities
Strategic Objective 4	Optimizing antimicrobial use in human health
	Adoption of "AWaRe" classification of antibiotics in the National Essential Medicines List

Assessment

A	No Capacity
B	Limited Capacity
C	Developed Capacity
D	Demonstrated Capacity
E	Sustained Capacity

AMR National Action Plans (NAPs)



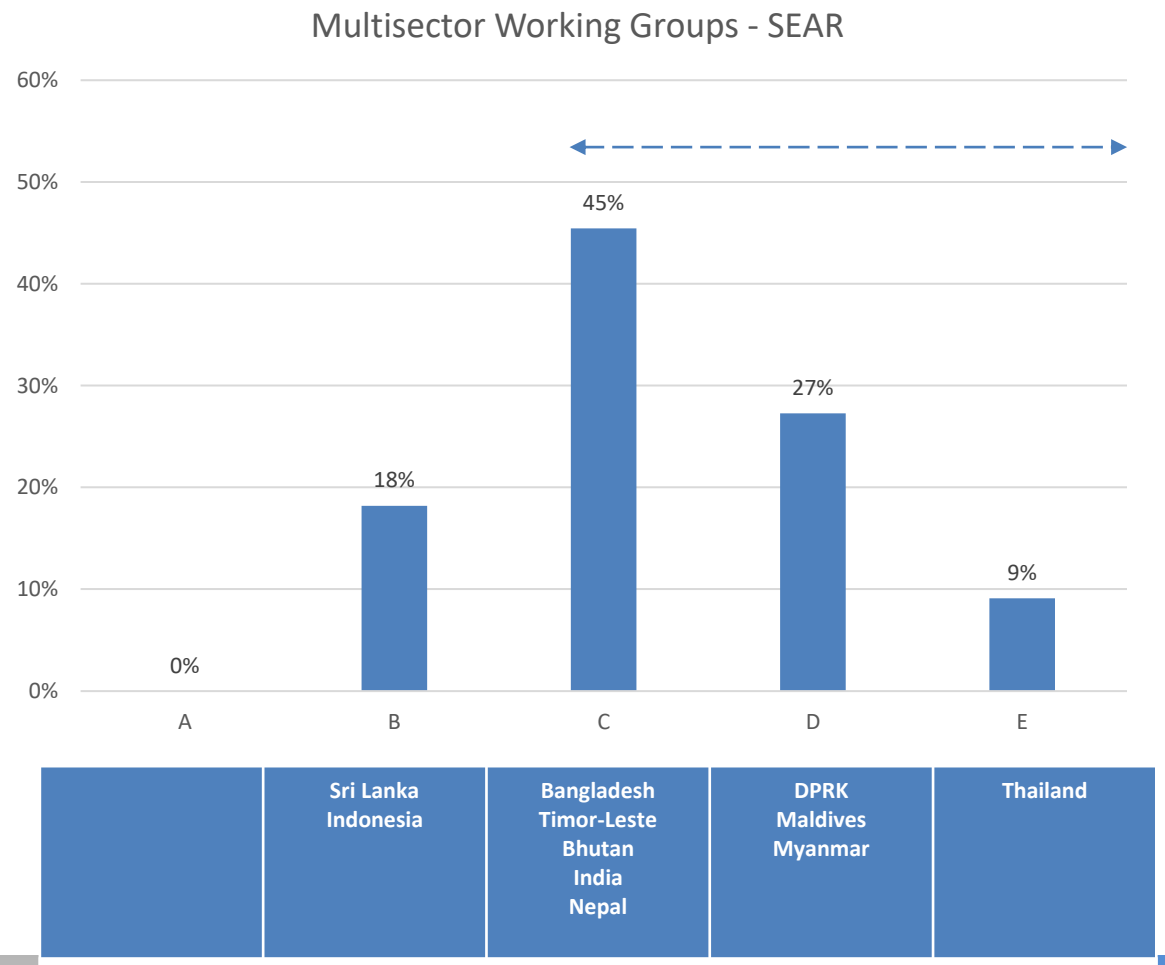
Source: TrACSS 2021 SEAR data, n=11

All countries in SEAR have developed a NAP on AMR (C – E), and over 90% have started implementing their NAPs, with 27% actively monitoring their implementation

Identifying funding sources and allocating funding to AMR NAPs is key to effective implementation

A	**No significant awareness-raising activities on relevant aspects of risks of antimicrobial resistance.**
B	**Some activities in parts of the country to raise awareness about risks of antimicrobial resistance and actions that can be taken to address it.**
C	**Limited or small-scale antimicrobial resistance awareness campaign targeting some but not all relevant stakeholders.**
D	**Nationwide, government-supported antimicrobial resistance awareness campaign targeting all or the majority of priority stakeholder groups, based on stakeholder analysis, utilizing targeted messaging accordingly within sectors.**
E	**Targeted, nationwide government-supported activities regularly implemented to change behavior of key stakeholders within sectors, with monitoring undertaken over the last 2-5 years.**

AMR Multisectoral Working Groups



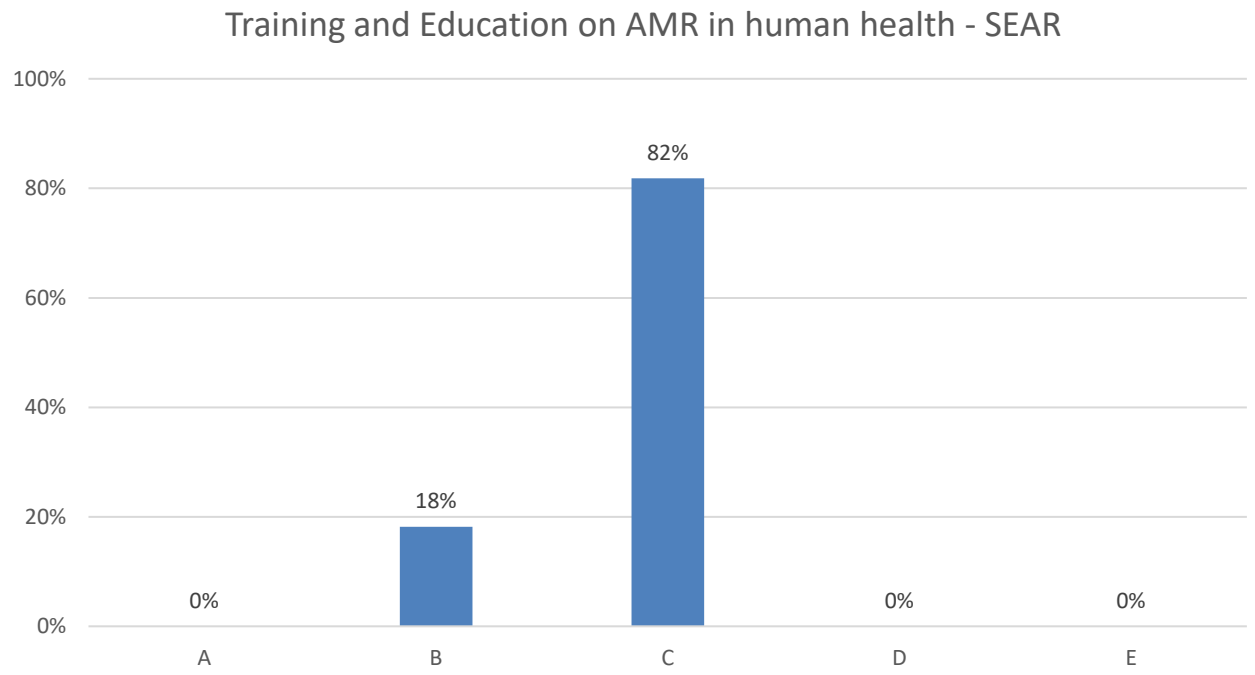
	Sri Lanka Indonesia	Bangladesh Timor-Leste Bhutan India Nepal	DPRK Maldives Myanmar	Thailand

82% (9/11) of countries in SEAR have **functional** multisectoral working groups on AMR with clear ToRs, regular meetings, and funding for WG activities

A	No formal multi-sectoral governance or coordination mechanism on AMR exists.
B	Multi-sectoral working group(s) or 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) with activities and reporting/accountability arrangements defined.
D	Joint working on issues including agreement on common objectives.
E	Integrated approaches used to implement the national AMR action plan with relevant data and lessons learned from all sectors used to adapt implementation of the action plan.

Source: TrACSS 2021 SEAR data, n=11

GAP OBJ 1: TRAINING AND EDUCATION ON AMR - HUMAN HEALTH



	Bhutan Maldives	Bangladesh Timor-Leste DPRK Sri Lanka India Indonesia Myanmar Nepal Thailand		

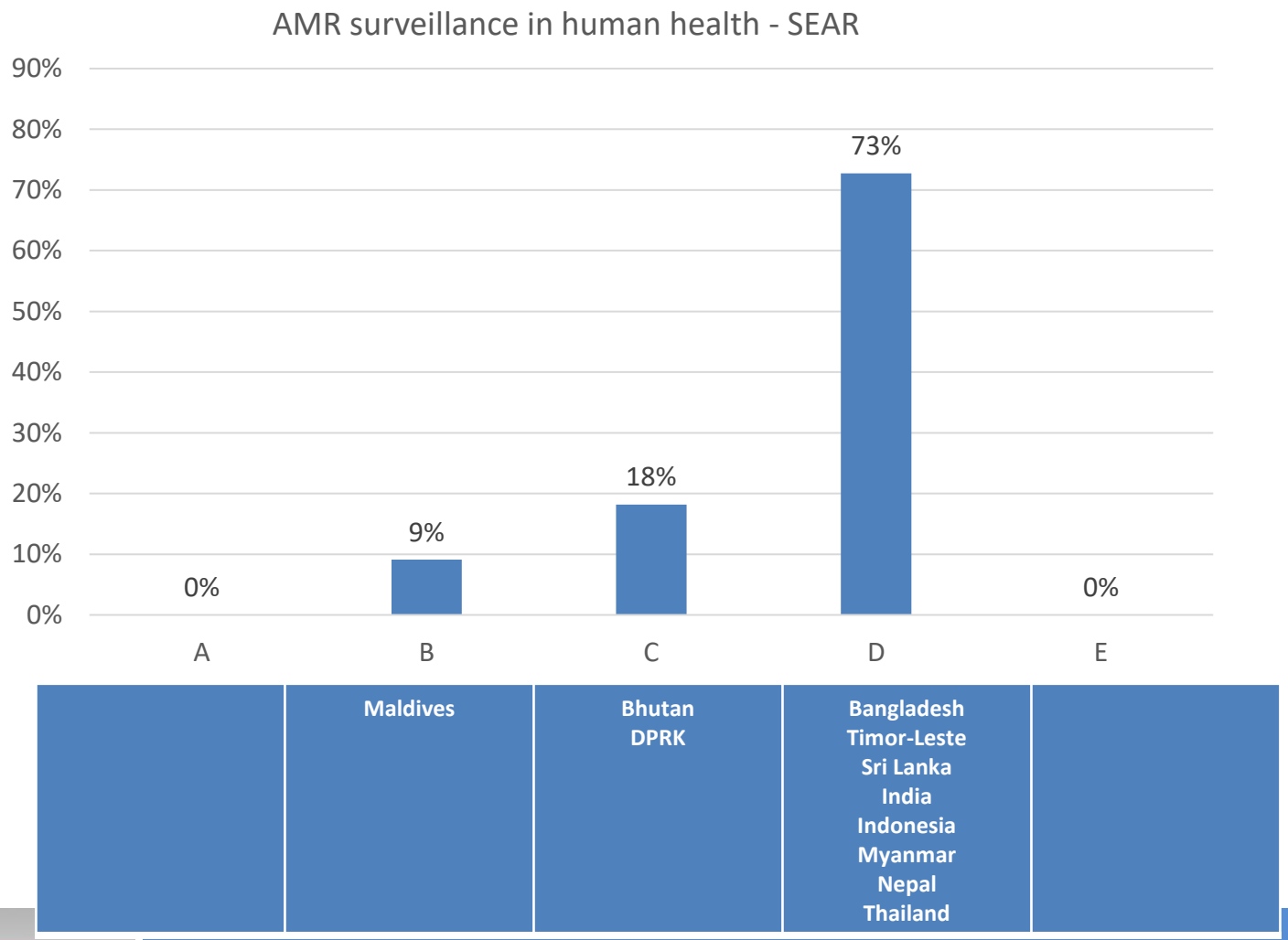
Source: TrACSS 2021 SEAR data, n=11

82% (n=9) of countries are offering some pre- and in-service training on AMR, but no country has formally incorporated AMR in training curricula for healthcare workers in human health

- Opportunity to target a key stakeholder group

A	**No training for AMR.**
B	**Ad hoc AMR training courses.**
C	**AMR is covered in curricula of some pre-service training and in 2) some in-service training or other continuing professional development (CPD) for human health workers.**
D	**AMR is covered in pre-service training for all relevant cadres. In-service training or other CPD covering AMR is available for all types of human health workers nationwide.**
E	**AMR is systematically and formally incorporated in pre-service training curricula for all relevant human health cadres. In-service training or other CPD on AMR is taken up by relevant groups for human health nationwide, in public and private sectors.**

GAP OBJ 2: AMR SURVEILLANCE



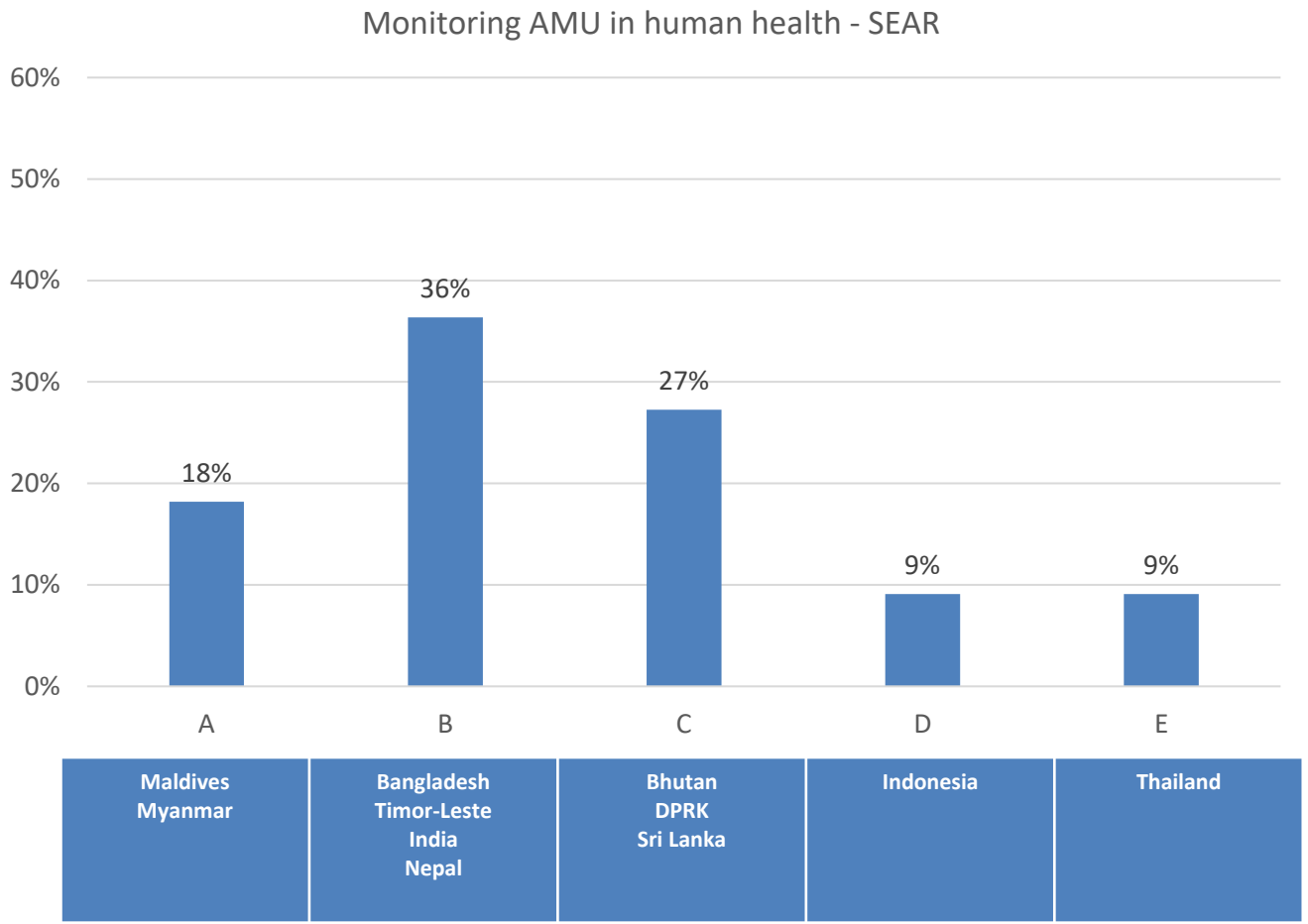
Source: TrACSS 2021 SEAR data, n=11

Around 73% (n=8) countries in the region report having a standardized national AMR surveillance system that collects data on hospitalized and community patients.

- these countries also have an established network of surveillance sites, a national reference laboratory, and national coordinating center producing reports on AMR

A	**No capacity for generating data (antibiotic susceptibility testing and accompanying clinical and epidemiological data) and reporting on antibiotic resistance.**
B	**AMR data is collated locally for common bacterial infections in hospitalized and community patients, but data collection may not use a standardized approach and lacks national coordination and/or quality management.**
C	**AMR data are collated nationally for common bacterial infections in hospitalized and community patients, but national coordination and standardization are lacking.**
D	**There is a standardized national AMR surveillance system collecting data on common bacterial infections in hospitalized and community patients, with established network of surveillance sites, designated national reference laboratory for AMR,, and a national coordinating centre producing reports on AMR.**
E	**The national AMR surveillance system links AMR surveillance with antimicrobial consumption and/or use data for human health.**

GAP OBJ 2: MONITORING SYSTEM FOR ANTIMICROBIAL CONSUMPTION AND USE



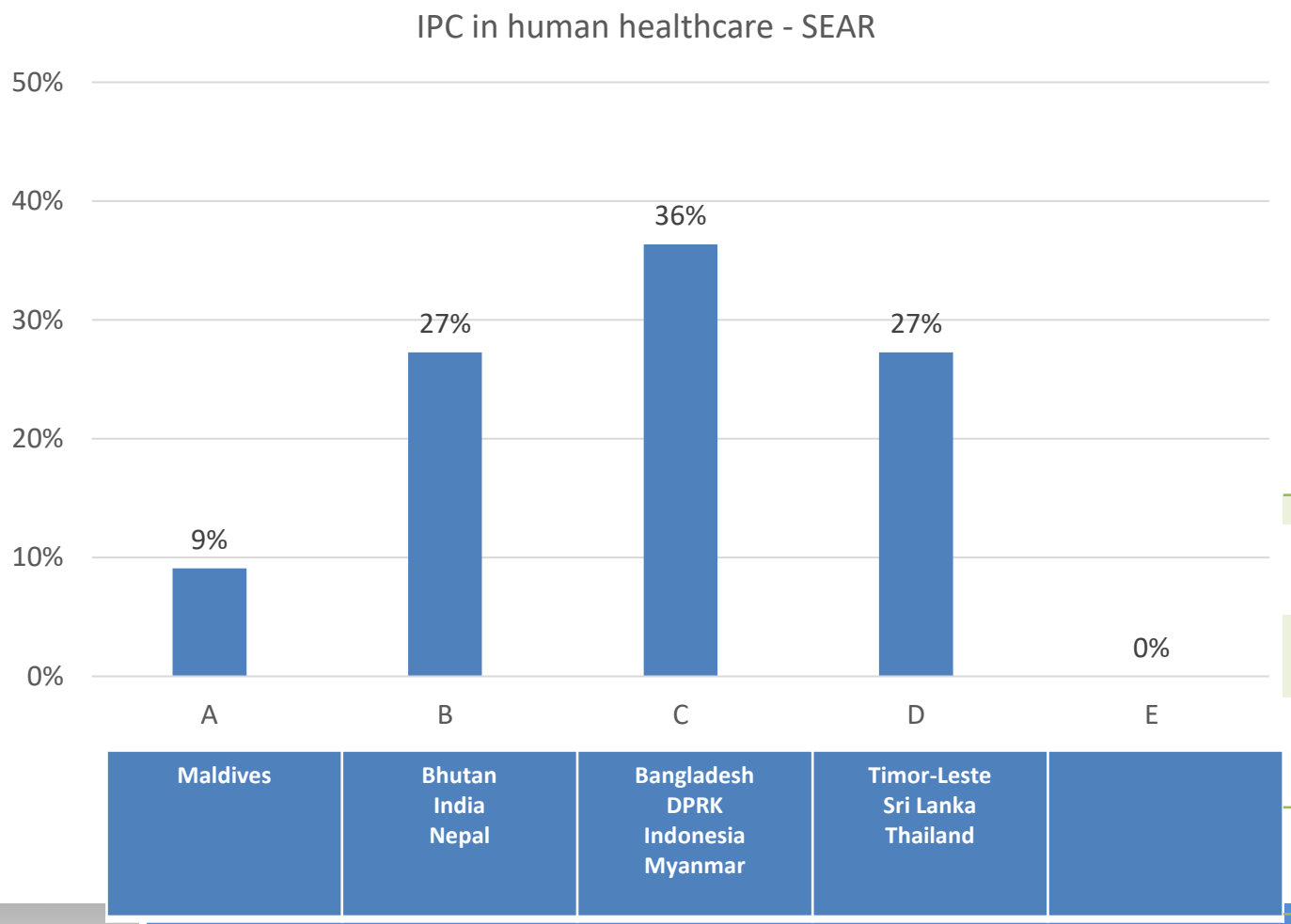
45% of countries (n=5) in the region report having systems to monitor total sales of antimicrobials at the national level

Globally, this indicator has seen little progress over the years

A	**No national plan or system for monitoring use of antimicrobials.**
B	**System designed for surveillance of antimicrobial use, that includes monitoring national level sales or consumption of antibiotics in health services.**
C	**Total sales of antimicrobials are monitored at national level and/or some monitoring of antibiotic use at sub-national level.**
D	**Prescribing practices and appropriate antibiotic use are monitored in a national sample of healthcare settings.**
E	**On a regular basis (every year/two years) data is collected and reported on:** **a) Antimicrobial sales or consumption at national level for human use; and** **b) Antibiotic prescribing and appropriate/rational use, in a representative sample of health facilities, public and private.**

Source: TrACSS 2021 SEAR data, n=11

GAP OBJ 3: INFECTION PREVENTION AND CONTROL



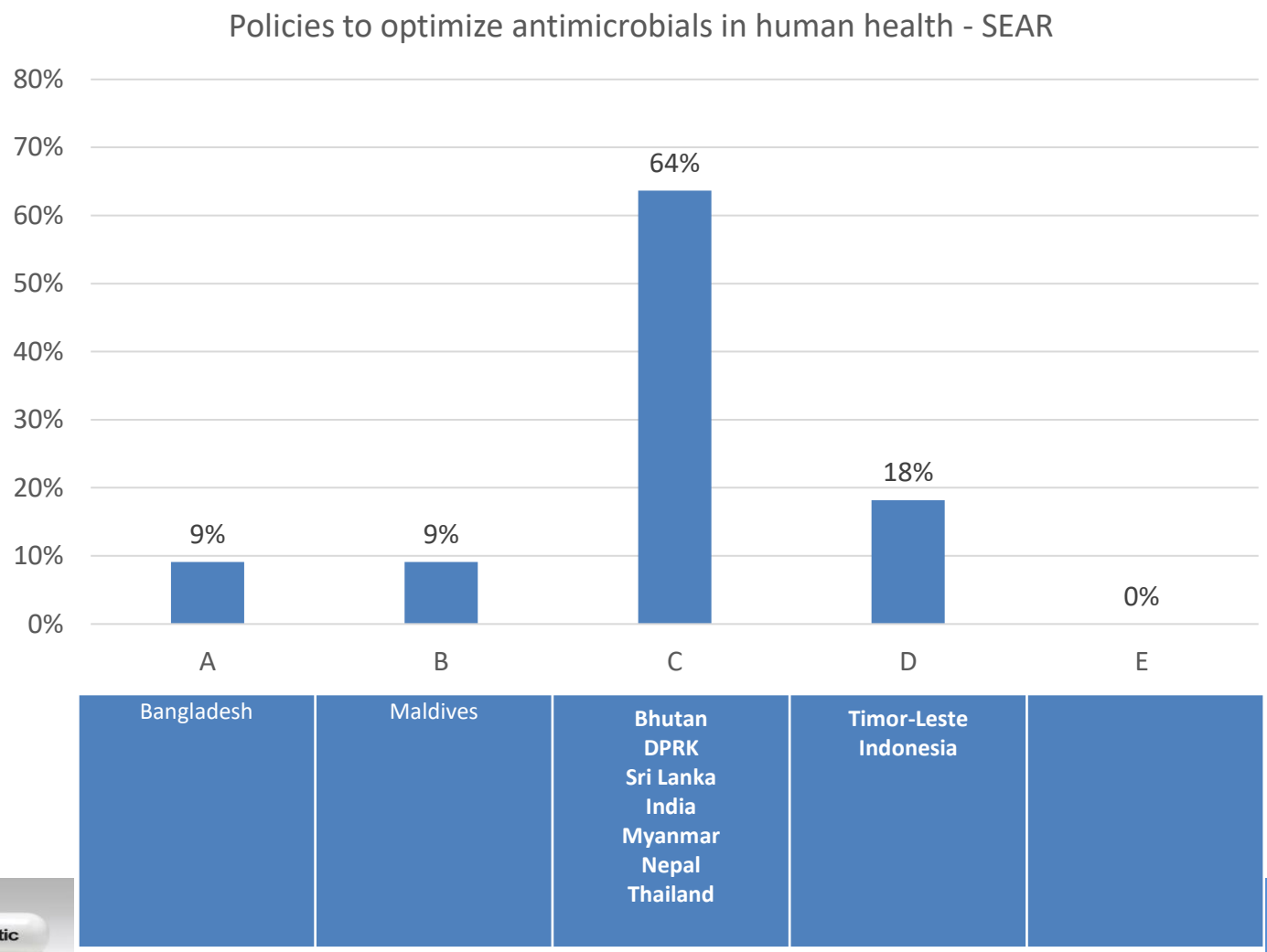
Most countries in the region report having national IPC programme available (63%, n=7), but not yet implemented in all healthcare facilities

Around 27% (n=3) countries in the region report having national IPC programmes available that are implemented in **all** healthcare facilities

A	**No national IPC programme or operational plan is available.**
B	**A national IPC programme or operational plan is available. National IPC and water, sanitation and hygiene (WASH) and environmental health standards exist but are not fully implemented.**
C	**A national IPC programme and operational plan are available and national guidelines for health care IPC are available and disseminated. Selected health facilities are implementing the guidelines, with monitoring and feedback in place.**
D	**National IPC programme available according to the WHO IPC core components guidelines and IPC plans and guidelines implemented nationwide. All health care facilities have a functional built environment (including water and sanitation), and necessary materials and equipment to perform IPC, per national standards.**
E	**IPC programmes are in place and functioning at national and health facility levels according to the WHO IPC core components guidelines. Compliance and effectiveness are regularly evaluated and published. Plans and guidance are updated in response to monitoring.**

Source: TrACSS 2021 SEAR data, n=11

GAP OBJ 4: OPTIMIZING ANTIMICROBIALS IN HUMAN HEALTH

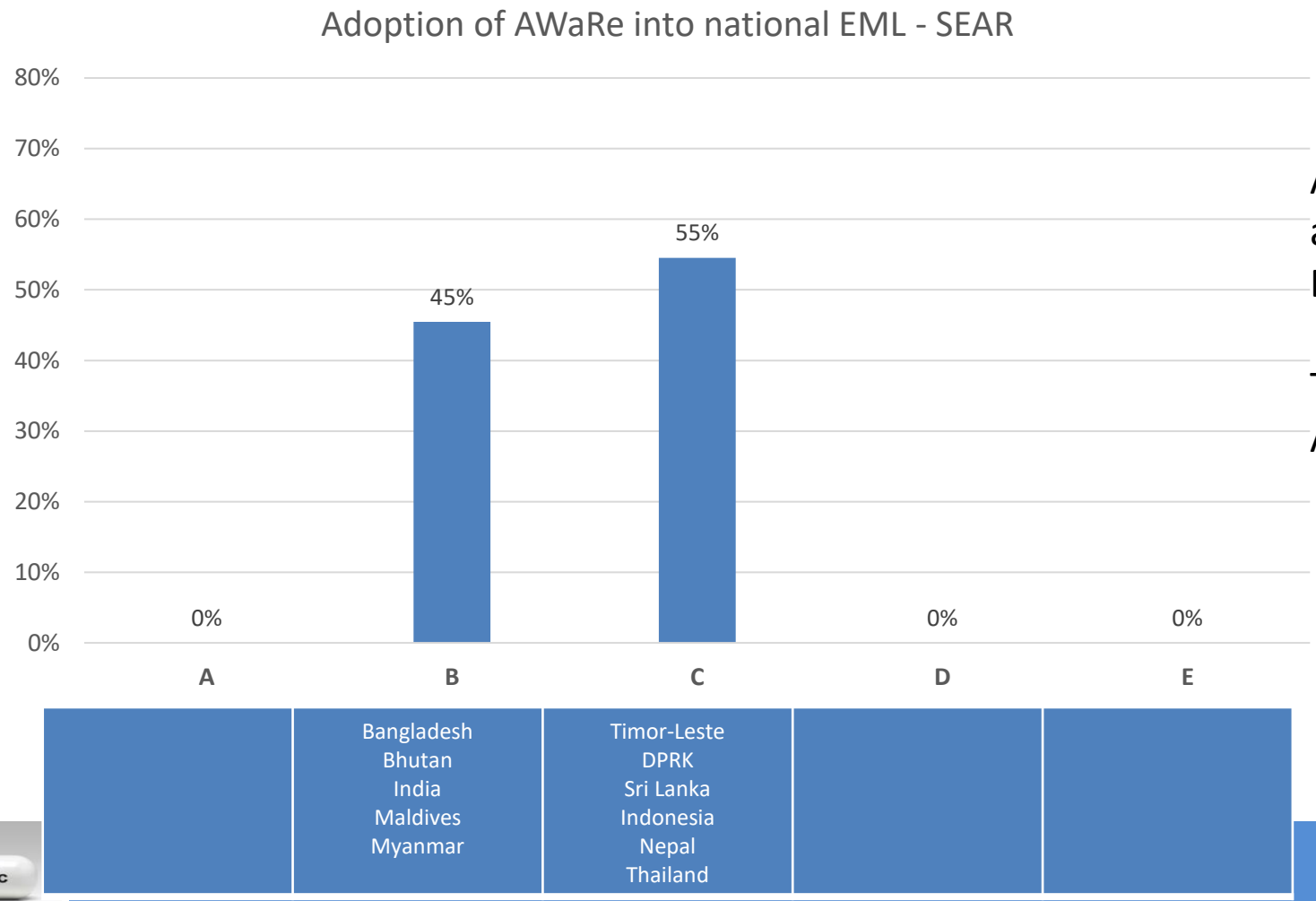


Majority of countries in the region (64%, n=7) report implementing practices to assure appropriate antimicrobial use in some health care facilities, but not all

A	**No/weak national policies for appropriate use.**
B	**National policies for antimicrobial governance developed for the community and health care settings.**
C	**Practices to assure appropriate antimicrobial use being implemented in some healthcare facilities and guidelines for appropriate use of antimicrobials available.**
D	**Guidelines and other practices to enable appropriate use are implemented in most health facilities nationwide. Monitoring and surveillance results are used to inform action and to update treatment guidelines and essential medicines lists.**
E	**Guidelines on optimizing antibiotic use are implemented for all major syndromes and data on use is systematically fed back to prescribers.**

Source: TrACSS 2021 SEAR data, n=11

GAP OBJ 4: ADOPTING AWaRe INTO NATIONAL ESSENTIAL MEDICINES LIST



Source: TrACSS 2021 SEAR data, n=11

Access
1ST OR 2ND CHOICE FOR TREATMENT, SHOULD BE AVAILABLE AT ALL TIMES.

Watch
RECOMMENDED ONLY FOR SPECIFIC, LIMITED INDICATIONS.

Reserve
"LAST RESORT" OR W
HEN ALL OTHER ALTERNATIVES HAVE FAILED

As of 2021, 6 countries in the region had adopted the AWaRe classification into national EML

The remaining 5 countries had knowledge on AWaRe and plan on adopting in coming years

A	**Country has no knowledge or information about the AWaRe classification of antibiotics.**
B	**Country has knowledge about the AWaRe classification of antibiotics and country has intention to adopt it in the next few years.**
C	**Country has adopted the AWaRe classification of antibiotics in their National Essential Medicines List.**
D	**Country is monitoring its antibiotic consumption based on the AWaRe classification of antibiotics.**
E	**Country has incorporated AWaRe classification of antibiotics into its antibiotic stewardship strategies.**

Antibiotic

World Health Organization
REGIONAL OFFICE FOR South-East Asia

Recommendations to enhance AMR efforts

01

Strengthening multisectoral coordination and collaboration

02

Promoting targeted AMR awareness-raising campaigns

03

Increasing the monitoring and enforcement of legislation involving antimicrobials

04

Strengthening access to essential antimicrobials and diagnostics

05

Strengthening data monitoring and reporting

Thank You

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