WHO-EM/CSR/111/E

Summary report on the

First intercountry meeting of national focal points for antimicrobial resistance in the Eastern Mediterranean Region

Casablanca, Morocco
14–17 March 2016

World Health Organization
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1. Introduction

Acknowledging the threat of antimicrobial resistance to global health security, the Sixty-eighth World Health Assembly in 2015 adopted resolution WHA68.7 and endorsed the draft global action plan on antimicrobial resistance. Resolution WHA68.7 urges Member States to: (i) implement the proposed actions for Member States in the global action plan on antimicrobial resistance, adapted to national priorities and specific contexts; (ii) mobilize human and financial resources through domestic, bilateral and multilateral channels in order to implement plans and strategies in line with the global action plan on antimicrobial resistance; (iii) and have in place, by the Seventieth World Health Assembly in 2017, national action plans on antimicrobial resistance and with standards and guidelines established by the relevant intergovernmental bodies.

In order to facilitate development and implementation of national action plans for implementation of the global action plan on antimicrobial resistance, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized the first intercountry meeting of national focal points for antimicrobial resistance in the Eastern Mediterranean Region. The meeting was held in Casablanca, Morocco from 14 to 17 March 2016. The objectives of the meeting were to:

- strengthen capacities for situation analysis, concepts and tools, governance and an intersectoral approach to antimicrobial resistance;
- empower national focal points with the skills needed for developing and implementing national action plans on antimicrobial resistance;

- discuss opportunities and challenges at the country level, outline a road map for antimicrobial resistance and identify priority actions;
- establish the foundations of a multisectoral network of national focal points for antimicrobial resistance in the Region.

The multisectoral meeting was attended by 26 antimicrobial resistance focal points from 16 countries of the Region (Afghanistan, Bahrain, Egypt, Iraq, Jordan, Kuwait, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen), as well as representatives from the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), experts from WHO headquarters, WHO regional and country office staff, partners and observers.

Dr. Yves Souteyrand, WHO Representative in Morocco, presented a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his speech, Dr Alwan thanked the Government of Morocco and H.E. the Minister of Health of Morocco for hosting the meeting. The agenda of the meeting included principles and practices of antimicrobial resistance, tools to be used in planning and implementation of national action plans and group work sessions to map the challenges.

2. Summary of discussions

Global overview of antimicrobial resistance

Antimicrobial resistance creates fundamental health, agriculture, social, political and development risks to all countries; however, low- and middle-income countries will be most severely affected. A study

from a developing country with a population of 70 million reported overall social costs of antimicrobial resistance in humans at around US$ 84.6–202.8 million for direct costs and over US$ 1.3 billion for indirect costs. In the United States of America, the overall societal costs of antimicrobial resistance has been reported as up to US$ 20 billion for direct costs and up to US$ 35 billion for indirect costs, in a population of 300 million.

The multifold drivers of antimicrobial resistance include: overuse, misuse and abuse of antibiotics in human health, animal health and food and agriculture sectors; lack of sufficient national and global capacities in health, agriculture, research and development, and communications, etc.; the “dry pipeline” for new antimicrobials and products; and underlying political, social and economic issues.

The use of antimicrobial medicines is on the rise. Total global antimicrobial consumption in humans, animals and agriculture increased by 30% between 2000 and 2010 from 50 billion to 70 billion standard units. In 2010, at least 63 200 tonnes of antimicrobials were consumed by livestock – presumably much more than all human consumption – which is partly driven by the growth in countries’ gross domestic product and an increased demand for animal food products.

Antimicrobial resistance is a reality: it is everywhere, it affects everyone and is happening now. It is a true multisectoral problem and a huge burden on human and animal health as well as the economy. Within public health, it is a dominant global infectious disease concern; and within non-health sectors, the impediment of development process is a concern. Antimicrobial resistance demands multisectoral collaboration and cooperation, and requires a clear

vision with a common goal as well as sustainable resources to be addressed effectively.

Regional overview of antimicrobial resistance

The Eastern Mediterranean Region suffers from serious antimicrobial resistance-related problems and the impact on health and the economy is increasing. Based on WHO's 2014 *Antimicrobial resistance: global report on surveillance*, antimicrobial resistance of common bacterial pathogens to commonly prescribed antibiotics is highly prevalent in the Region.

All of the driving factors of antimicrobial resistance have been reported to exist, to a varying degree, in the countries of the Eastern Mediterranean Region due to partially underdeveloped or overburdened health care systems. A survey in 2012 revealed that no country in the Region had an approved national action plan on antimicrobial resistance, only two countries had a national coordinating mechanism, only three countries had a nominated national focal point for antimicrobial resistance, only two countries have antimicrobial resistance policies or strategies in place, and no country had issued a progress report on antimicrobial resistance in the previous 5 years. Only eight countries in the Region had conducted surveillance for resistance in bacteria. Available data on the use of antimicrobial medicines in the Eastern Mediterranean Region demonstrate significant issues: in 43% of the countries antimicrobial medicines are available without a prescription, in only 33% of countries can the restriction of prescription-only medicines be enforced; only 33% of countries had standard treatment guidelines, and in only 19% of countries has the use of antimicrobial medicines been monitored in the previous 5 years.

Narrative reviews for the Region have demonstrated an inappropriate knowledge and attitude about antimicrobials among the general population, which reflects in inappropriate use. Those studies have also revealed that there are wide disconformities between the knowledge and practices of prescribers.

With regards to antimicrobial resistance in animal health and agriculture, significant gaps have been identified through a narrative review for the Region, including: poor awareness among farmers; lack of good agriculture and husbandry practices; a widespread occurrence of antimicrobial resistance in animals; poor data availability on antimicrobial resistance and antimicrobial use; and lack of surveillance and monitoring systems in the animal health sector and along the food chain.

It is important to recognize the key cultural drivers of using and prescribing behaviours, and to incorporate these into educational and stewardship programmes. Appropriate specific interventions are required to improve knowledge and change attitudes among the general population, as well as to reinforce prescription laws and adherence to clinical guidelines. Interventions to address antimicrobial resistance should not differ from other regions, but be tailored to the particularity of the socioeconomic level, culture and geopolitical situation of countries in the Region.

Resolutions and commitments to address antimicrobial resistance

In May 2015, the Sixty-eighth World Health Assembly adopted resolution WHA68.7 on the Global action plan on antimicrobial resistance, which was endorsed by separate resolutions from FAO

(Resolution 4/2015) and OIE (Resolution No. 26, 2015). Resolution WHA68.7 urges Member States to prepare respective multisectoral, comprehensive and approved national action plans on antimicrobial resistance aligned with the Global action plan on antimicrobial resistance by May 2017. WHO, FAO and OIE shall together support and assist in development and implementation of national action plans.

Member States and national focal points for antimicrobial resistance can and should use resolutions for advocacy, stimulating national authorities (since the resolutions are commitments made by ministers at the global level) and having an overview of the technical road map. International commitments and initiatives can for used to supplementing national financial resources, capacity-building and accessing global expertise and information.

The onus is now on the national focal points for antimicrobial resistance to use these resolutions as tools for advocacy, allocation of resources and intercountry cooperation – adapted to the country context – for combating antimicrobial resistance at the national level.

One Health concept

Prevention and control of antimicrobial resistance requires a collaborative “One Health” approach by the human health, animal health and environment sectors. The One Health concept and approach is defined as the “collaborative effort of multiple disciplines working locally, nationally, regionally and globally to promote optimal health of humans, animals and the environment”.

In 2008, a reference framework based on this concept was drawn up by WHO, FAO, OIE, United Nations Children’s Fund (UNICEF),

United Nations System Influenza Coordination (UNSIC) and the World Bank. In 2010, FAO, OIE and WHO reiterated the importance and usefulness of this approach in a tripartite concept note on "Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces". The vision developed is, "A world capable of preventing, detecting, containing, eliminating, and responding to animal and public health risks attributable to zoonoses and animal diseases with an impact on food security through multi-sectoral cooperation and strong partnerships".

The tripartite concept note recognizes that the interactions between animals, humans and ecosystems impacts, inter alia, public health and global health security, and that collaborative and complementary efforts are needed. This approach was confirmed and developed at policy level by the G20 meeting of agriculture ministers held in Paris from 22 to 23 June 2011. The One Health collaboration brings together FAO (global leader for food and agriculture), OIE (global leader for animal health and welfare standards) and WHO (global leader for human health). A complementary agenda and new synergies have been created with collaboration and joint priorities in governance, normative work, technical capacity-building, overall strengthening of public health systems including pathogen detection and disease surveillance, public communication, risk assessment and management, and research development.

Global action plan on antimicrobial resistance

The Global action plan on antimicrobial resistance was developed by WHO to ensure that all countries have the capacity to combat antimicrobial resistance. The development process was inclusive with multisectoral participation, strategic and technical consultations that

strengthened the tripartite collaboration between FAO, OIE and WHO, consultation with Member States and online consultations.

The aim of the Global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality assured, used in a responsible way, and accessible to all who need them.

The five principles guiding the development of the Global action plan on antimicrobial resistance are: whole of society engagement and One Health; prevention first; access not excess; sustainability; and incremental targets for implementation. It was stressed that these principles should also flow through national action plans on antimicrobial resistance.

The global action plan includes a set of five strategic objectives and provides a framework of action defined at three levels: Member State action, WHO Secretariat action, and international and national partners' action. The five strategic objectives are:

1. improve awareness and understanding of antimicrobial resistance through effective communication, education and training;
2. strengthen the knowledge and evidence base through surveillance and research;
3. reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures;
4. optimize the use of antimicrobial medicines in human and animal health;
5. develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines , diagnostic tools, vaccines and other interventions.

As countries of the Region are in different stages of health systems development and availability of resources, they are encouraged to begin planning and implementation of national action plans on antimicrobial resistance based on their country context.

Regional operational framework for implementation of the global action plan on antimicrobial resistance

The WHO Regional Office for the Eastern Mediterranean, in consultation with Member States, has developed a regional operational framework for the implementation of the global action plan on antimicrobial resistance in countries of the Eastern Mediterranean Region. It provides an operational basis for planning and implementation of national action plans on antimicrobial resistance by identifying steps for preparing national plans, and providing prioritized interventions, proposed timelines and key resources for countries to use in developing their plans.

Step 1 of the regional operational framework identifies key strategies that are prerequisites for developing national action plans. These are: establishing intersectoral coordinating mechanisms for addressing antimicrobial resistance at the country level; and, conducting a comprehensive situation assessment of antimicrobial resistance at the country level. Establishing intersectoral coordination mechanisms for antimicrobial resistance at the national level should include: assigning one or more national focal points (nominated by ministers, with clear terms of reference); establishing and improving capacities of a multisectoral national steering committee for antimicrobial resistance (with clear terms of reference, membership criteria, and roles and responsibilities); and establishing a technical advisory group on antimicrobial resistance composed of experts from relevant disciplines and sectors, with the possibility of establishing specialized

subcommittees where required (with clear terms of reference, membership criteria, and roles and responsibilities). A comprehensive situation assessment (or country capacity review) on antimicrobial resistance, conducted at the country level, will provide baseline information and inform the development of a comprehensive national plan including: barriers to enforcement of regulations or self-regulation; data on antimicrobial usage and maps of the situation of counterfeit antimicrobials at the country level; and identification of non-health uses of critically important antibiotics.

Step 2 of the regional operational framework suggests specific interventions for the development of national action plans as per country context and priorities. The framework provides 41 specific interventions to choose from, together with proposed timeframes for implementation, following the five strategic objectives and 10 key areas of the global action plan.

Governance of antimicrobial resistance: roles and responsibilities

Solid governance will warrant success in addressing antimicrobial resistance. There are many stakeholders and key players in the field of antimicrobial resistance that should be on board. These include: (i) politicians and governmental entities (ministries of health, animal husbandry, agriculture, environment and education, and other national regulatory authorities); (ii) teaching and training institutions; (iii) medical, veterinary, dental and pharmacy professional bodies; (iv) prescribers and consumers of antimicrobials; (v) medical and veterinary councils; (vi) national medical, agriculture and veterinary research organizations; (vii) health care facilities; (viii) civil society, nongovernmental organizations and international nongovernmental organizations; (ix) community opinion leaders; (x) mass media and communication experts; (xi) the pharmaceutical industry including

manufacturers, wholesalers and retailers; (xii) international agencies; (xiii) regional cooperation and political organizations (Organisation for Economic Co-operation and Development, G7, G20, Association of Southeast Asian Nations Plus Three, South Asian Association for Regional Cooperation); and others.

WHO has developed generic terms of reference for national focal points, multisectoral coordination groups and technical advisory groups, which can serve as templates when developing national terms of reference.

Support and buy-in from key stakeholders is an essential requirement for an effective and sustainable national programme on antimicrobial resistance. National coordination of antimicrobial resistance response requires the three “3Ps”: political will and coordination; programmatic coordination through a national stakeholder alliance; and persons, i.e. national focal points.

National focal points have key roles and responsibilities in addressing antimicrobial resistance, including: coordinating within and outside the health/agriculture sectors (including stakeholder mapping and managing multi-stakeholder partnerships); being a member and secretary of the national antimicrobial resistance task force or coordination mechanism; facilitating establishment of technical working groups; mobilizing resources; ensuring information clearing, evidence generation and data analyses; initiating and organizing monitoring and evaluation; facilitating intercountry cooperation; and, bridging with the global community and stakeholders.

The national multisectoral coordination group (or antimicrobial resistance steering committee) should be an alliance for strategic planning and oversight. It should be multisectoral, including the

private sector, and comprise officials who are decision-makers, opinion leaders or “champions”. It should meet frequently and regularly, document discussions, and be responsible for guiding, strategic planning, and monitoring and evaluation of antimicrobial resistance programmes, and should suggest course correction if needed.

The technical advisory group should assist the national multisectoral coordination group/steering committee in technical components and is responsible for advising them on operational planning, implementation and oversight, as well as for establishing technical working groups on different aspects of human and animal health.

Technical working groups are formed on demand for specific areas (such as infection prevention and control, laboratories, research, surveillance, antimicrobial/diagnostics stewardship, education and awareness), tasked with providing a detailed road map for operational planning, and commissioned with development of a national operational manual, with an aim to have consensus.

Each country should avoid duplication and establishing parallel mechanisms. Instead, they are encouraged to approach governance by integrating, as much as possible, all relevant committees and coordination mechanisms functioning at the national level. It will be essential to revise the membership of the multisectoral coordination group to include decision-makers from different sectors to ensure implementation of the decisions and sustainability.

Nationally coordinated efforts are difficult to build, but are critical and essential. Antimicrobial resistance has to be high on the national health agenda with efficient and effective multisectoral partnerships.

Strong leadership from the ministries of health is needed to initiate and take forward coordination among relevant stakeholders.

Developing a national action plan on antimicrobial resistance

The planning process starts from governance. The establishments bank on systematic stakeholder analysis and management. Once established, a country capacity review should be conducted to map the local situation regarding drivers of antimicrobial resistance, available capacities, challenges/obstacles and baselines.

During the planning phase of national action plans, top-level priorities/objectives for antimicrobial resistance interventions should be defined. When formulating priorities, the results of the country situation analysis should be considered as well as the five strategic objectives of the global action plan across 13 key areas. The regional operational framework for implementation of the global action plan and the national action plan checklist provide further useful guidance.

In this phase, national policies and strategies will guide the national action plan for antimicrobial resistance, including: a national antimicrobial resistance strategy vision; high-level goals/objectives (in line with the five global action plan strategic objectives), as well as an operational/action plan with concise activities for each goal/objective; timelines for implementation; budget plan; and monitoring and evaluation plan. Resource mobilization at the national and international levels relies on such detailed plans.

In addition, antimicrobial resistance-related policies and regulations, standards, procedures and guidance documents should be developed by the concerned technical working groups, overseen by the national multisectoral coordination group. Input should be ensured through

regular consultation meetings, and progress should be monitored and documented regularly. Sufficient capacity and resources for national action plan development should be provided through available sources.

National action plans on antimicrobial resistance and other core documents (e.g. standards, policies) that are developed should be validated and approved by the appropriate national and local authorities. Resolution WHA68.7 gives a timeline for approved national action plans on antimicrobial resistance to be in place by May 2017. Initiatives and activities, as identified in the approved national action plans, are then begun and implemented. Periodic review and monitoring and evaluation activities should be conducted in parallel, and lessons learned incorporated into the plans.

3. Action points

- National focal points will coordinate the development of national action plans on antimicrobial resistance and related standards and guidelines, with the aim to have an approved, comprehensive and integrated plan, which is aligned with the Global action plan on antimicrobial resistance, in place by May 2017;
- National focal points will advocate and request Member States' governments to mobilize human and financial resources through domestic, bilateral and multilateral channels in order to develop and implement national action plans for antimicrobial resistance;
- National focal points will request WHO/FAO/OIE to provide further support including consultation, training, tools and regional coordination, to facilitate the development and implementation of national action plans for antimicrobial resistance.

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