

Regional meeting to review antimicrobial resistance country programmes*

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Introduction

The Eastern Mediterranean Region (EMR) has been faced with systemic and structural challenges that affect antimicrobial resistance (AMR) control activities. The region has a large unregulated private sector and over-the-counter sales of antibiotics is common (1). With the support of WHO and partners, some progress has been made in developing capacity to address AMR in the region, however, EMR countries need to advance from awareness-raising about AMR towards behaviour change. Healthcare workers and the public need to understand that antibiotics are not a substitute for good hygiene and infection prevention and control (IPC) practices, and accurate diagnosis (2). There is a need for better coordination and collaboration across communicable disease programmes to enhance multisectoral action on AMR and the adoption of a strong results-based management approach to AMR control.

In 2015, EMR Member States endorsed the Global Action Plan on AMR (3), and during the 7 years following, all countries in the region developed their national action plans (NAPs) (4) on AMR and built a strong foundation for AMR surveillance and IPC (5). In June 2023, WHO/EMRO facilitated a meeting to review AMR country programmes in the region, including a review of progress in implementing the AMR national action plans and identification of gaps and priority actions for the next biennium.

Summary of discussions

Member States shared experiences and lessons on implementation of their national action plans. Egypt, Jordan and Sudan had begun updating their AMR NAPs; the Islamic Republic of Iran, Iraq, Morocco, Pakistan, and Tunisia committed to evaluating and updating their AMR NAPs over the next 2 years; and Egypt, Jordan, Islamic Republic of Iran, Iraq, Morocco, Pakistan, and Tunisia had initiated or were planning to review their AMR multisectoral governance structures.

Experiences from Member States indicate that several context-specific factors are necessary for the establishment of a successful, functional and sustainable

AMR governance structure. These include strong engagement of the Minister (and Ministry) of Health, seizing the momentum of One Health to advance the AMR agenda, development of joint proposals and funding plans as in the AMR Multi-Partner Trust Fund project in Morocco, commissioning of AMR champions at national and subnational levels, and institutionalization and enforcement of AMR legislation. It is important to establish an AMR coordination committee that would be accountable to a ministerial committee or a higher body.

Partnerships between the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), WHO, and World Organisation for Animal Health (WOAH) have enabled the adoption of One Health approach in tackling AMR issues globally (6), however, linking One Health and AMR governance structures remains a challenge in EMR. Multisectoral collaboration remains difficult in many EMR countries, there is limited capacity for AMR within the ministries of health, legal frameworks on AMR are lacking, and there are limited resources for AMR due to the limited political commitment to AMR control. Member States are therefore encouraged to identify mechanisms for better coordination of existing One Health and AMR governance structures and resources. They should facilitate sharing and use of AMR and antimicrobial consumption data to inform health sector actions in the region.

To raise awareness and promote behaviour change towards AMR control, efforts should focus on educating the healthcare workforce, engaging with young health professionals, and securing high-level political support at country level. To link IPC and AMR at country level, Member States should systematically address AMR by strengthening systems for the prevention, diagnosis and treatment of infections and by integrating IPC and antimicrobial use at facility level.

Antibiotics represent a substantial proportion of total medicine costs, and they are effectively a substantial part of the health system infrastructure (7). It is therefore essential to enhance and advance antimicrobial stewardship along the antibiotic value chain. One way to do this is to encourage monitoring of antibiotic

* Summary report on the Regional meeting to review antimicrobial resistance (AMR) country programmes, <https://applications.emro.who.int/docs/WHOEMCSR665E-eng.pdf?ua=1>.

consumption and use, in addition to analysing relevant data, to provide clear recommendations and inform programmatic actions.

Recommendations to Member States

- With support from WHO, Member States should implement awareness and advocacy activities on AMR using patient-centred stories and evidence-backed communication to elicit sustained political commitments and mobilize resources for AMR at country level.

Recommendations to WHO

- Support the development and rollout of relevant AMR tools and guidelines, such as model governance

structures, and training and monitoring systems that explicitly link IPC and AMR at facility level.

- Facilitate piloting in selected EMR countries of the WHO guidelines on how to better use AMR surveillance data for action, when it is released.
- Support rollout of the WHO Antibiotic Book (8) at country level.
- Support the development and rollout of an antibiotic prescription course for new prescribers.
- Promote networking and experience sharing on antimicrobial stewardship and other related activities to boost capacity for AMR control in the region.
- Share the World Antibiotic Awareness Week 2023 social media toolkit with country offices, Member States and partners for prompt action.

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