

Meeting on scaling up hospital antimicrobial stewardship in the Eastern Mediterranean Region^a

Keywords: antimicrobial resistance, antimicrobial stewardship, lower-middle-income countries, Eastern Mediterranean

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Introduction

Antimicrobial stewardship (AMS) aims to promote responsible and sustainable use of antimicrobials in order to obtain the best clinical outcome with minimal side-effects (1–3). Antibiotic consumption rates are higher in the WHO Eastern Mediterranean Region (EMR) than in any other WHO region (4). Although there is interest, capacity and infrastructure for hospital AMS in lower-middle-income EMR countries, implementation level is low and needs to be scaled-up (5).

In March 2024, the WHO Regional Office for the Eastern Mediterranean held a meeting for 8 EMR lower-middle-income countries (Egypt, the Islamic Republic of Iran, Iraq, Jordan, Lebanon, Morocco, Pakistan and Tunisia) to review progress and experience in implementing AMS and develop an action plan for scaling up AMS in the region.

Summary of discussions

The meeting discussed the report of an interview conducted with 35 experts and organizations prior to the meeting, which identified major barriers and enablers for the scale-up of hospital AMS in the 8 countries. These include variations in human resource capacities, health system structures, governance, and political interest in AMS as well as the absence of a sustainable AMS networking and engagement platform. The report highlighted the need to integrate AMS with infection prevention and control; provide clarity on the roles and responsibilities of AMS team members; urgently scale-up knowledge and capacity to address the lack of AMS expertise; provide mentorship for AMS professionals; disseminate available operational tools and develop new ones; establish patient safety and quality assurance mechanisms, including accreditation, regulation, or a combination of both; have clearly defined national and hospital medication formularies as well as guidelines for antimicrobial use or infectious disease treatment; ensure

access to, and optimal use of, available diagnostics; and develop antimicrobial resistance (AMR) and AMS research and surveillance capacity (4–6). The meeting highlighted the need for collaboration, training, advocacy, and to harness pre-existing resources from other AMS interventions.

Recommendations

Participants in the meeting made the following recommendations:

To Member States

- Promote the inclusion of AMR and AMS in pre-service and in-service education and training.
- Encourage the rollout of AMS through networking among centres of excellence using a hub and spoke model.
- Refine quality assurance mechanisms to include actions to address AMS in health facilities as a way of monitoring and improving performance.
- Identify and empower networks that can support AMS networking and mentorship.
- Use the essential medicines list and AWARe classification to inform the procurement and distribution of antibiotics.

To WHO

- Support the establishment of systems and structures for AMS implementation.
- Support AMS training and capacity-building, including continuous professional development.
- Promote the development of new, and use of available, AMS operational tools.
- Support networking and engagement on AMS issues.
- Support the identification and implementation of AMS regional research priorities.

^a Summary report on the meeting on scaling up hospital antimicrobial stewardship in the Eastern Mediterranean Region. <https://applications.emro.who.int/docs/WHOEMCSR736E-eng.pdf?ua=1>.

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